



RESEARCH ARTICLE

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## THE CHALLENGES EXPERIENCED BY NURSE PRECEPTORS IN A RESIDENCY PROGRAM IN OBSTETRICS

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### ABSTRACT

**Objective:** To analyze the challenges of nurse tutors in a residency program in obstetrics at a Public Teaching Hospital in the metropolitan region of Pará, northern Brazil. **Method:** Descriptive study with a qualitative approach, developed in a Public Hospital of Clinics, of medium and high complexity, located in the metropolitan region of Belém, northern Brazil. The sample consisted of nine preceptor nurses and four resident nurses participated in the study, from a residency program in obstetrics. The semi-structured interview was used as a data collection technique and as an interview guide, with two categories opened. The data were treated according to the TRS methodology of Serge Moscovici and his followers. **Results:** Throughout the study it was noticeable that the professionalization of preceptorship is out of date, since most of the preceptors are unaware of the meaning of being preceptor, its importance as trainers and educators, as well as their roles in the professional training of residents. **Conclusion:** It is suggested that preceptorship needs to be stimulated and institutionalized through policies that stimulate and demonstrate pedagogical development for the integral formation of qualified preceptors and committed to the teaching-learning process. That said, it is necessary that the training institutions can contribute for the profession of preceptorship to evolve towards professionalization.

## INTRODUCTION

The residency in a professional health area, which covers other non-medical professions, requires that the preceptor has specialization in the area or experience of at least three years, in the corresponding professional area (Brasil, 2005). Thus, several health professionals act as preceptors in the training of residents. Among these professionals, there are nurses who, elevated to the condition of educators, become preceptors without any pedagogical training for the exercise of this activity (Oliveira and Daher, 2016). In view of this problem, the nurse preceptors enrich the university's capacity to provide subsidies for its preparation, such as the offer of courses and research support, necessary instruments for the improvement of the professional as a nurse, educator and preceptor, with improvement in the quality of the services provided to the population (Carvalho and Fagundes, 2008). To guarantee preceptors a non-fragmented training process that contributes to a systematic and well-founded reflection on the health care model, institutional support and an educational strategy that favors an emancipatory perspective is essential (Senna, Gouvea and Moreira, 2016). However, the institutions' incipience regarding the supply of qualifications, added to the overload of service and the accumulation of functions, leads to a deficient preceptorship, because, to manage their time effectively, they choose to perform some procedures, instead of teaching and guide, compromising teaching to residents (Cunha et al. 2010). The importance of preceptors and the recognition of their teaching work seem to be neglected at the secondary level both by the university institution and by the service (Silva, Garanhani and Guariente, 2014).

**Objective:** Therefore, this study aimed to analyze the challenges of nurse tutors in a residency program in obstetrics at a Public Teaching Hospital in the metropolitan region of Pará, northern Brazil.

## MATERIALS AND METHODS

**Participants:** Nine preceptor nurses and four resident nurses participated in the study, from a residency program in obstetrics, in the Northern Region of Brazil. All signed the Free and Informed Consent Form.

**Ethical aspects:** Study approved by the Ethics and Research Committee of Fundação Hospital de Clínicas Gaspar Vianna, under opinion No. 3107.517 and CAAE: 04037318.0.0000.0016, on January 7, 2019.

**Study type:** Descriptive study with a qualitative approach.

### Methodological procedure

**Study scenario:** Public Hospital of Clinics, medium, and high complexity, located in the metropolitan region of Belém, northern Brazil.

**Source of data:** 13 nurses participated in this study and what happened through the data saturation technique, which concerns the repetition of speeches as a way of delimiting the sample of this study (Minayo, 2017). The inclusion criteria for the participants were: obstetric nurses from the maternity under study, who had a contractual bond or had been hired for at least one year as obstetric tutoring. In addition, nurses

residing in obstetrics were included, attending between the 2<sup>nd</sup> and 4<sup>th</sup> semesters of residence in the maternity ward. Those who did not show interest in participating in the study, as well as those who differ in participating, were excluded.

**Data collection and organization:** The reports were recorded in media using a smartphone, based on the previous authorizations of the interviewees. The semi-structured interview was used as a data collection technique and as an interview guide, with two categories opened by the researchers.

**Analysis of the interview data:** The data were treated according to the TRS methodology of Serge Moscovici and his followers, to guide the analysis of the data. Among the broad segments of the theory, we chose to use a procedural aspect to proceed with the collected data, since the form of this methodology is to reveal the representations through empirical interpretations (Moscovici, 2007). Therefore, it is considered that this type of research constitutes the most appropriate option for knowing and unraveling the relevant problems in life, in addition to identifying their emotional and psychological state and the repercussion of these social and personal problems. In addition, resolutions 510/16 of the National Health Council (CNS) and the National Commission for Ethics and Research (CNEP) were respected. The Free and Informed Consent Term was explained individually to all research participants, who were identified with the following alphanumeric names: "P1, P2, P3..." (Preceptors) and "R1, R2, R3..." (Residents) and the number in the order in which they were treated, to preserve anonymity and confidentiality of information.

## RESULTS

Of the 13 participants in this study, four were obstetrics residents and nine were obstetrics tutors. Among the residents, three were female and one male, aged between 25 and 32 years. In addition, residents were between the second and fourth semesters of the residency program. As for the preceptors, seven were female and two males, most were between 41 and 50 years old. The length of experience as a nurse ranged from 5 to 20 years and the length of professional experience in the institution studied from one to five years. In continuity, 88.9% of the preceptors did not have the title of master and 77.8% did not have pedagogical training to exercise the activities of preceptor. However, 88.9% claimed to know active teaching methodologies in preceptorship. Most of the preceptors (55.65%) admitted that they entered the preceptorship by determination of the service institution and only 33.3% entered by free choice. In addition, 88.9% stated that they were acting as preceptors concurrently with the institution, 66.7% of the preceptors carried out the planning of activities in isolation, without the involvement of residents. As for the number of residents supervised by each preceptor, 77.8% stated that they accompany two students per residence. Regarding the activities of the preceptors carried out with the residents, the majority (34.6%) of the preceptors stated that they performed the demonstration of techniques and procedures in obstetrics, 23.1% performed the oral explanation, 19.2% performed the review and the study of medical record, 15.4% indicated complementary readings and only 7.7% discussed published scientific works. In addition, it was observed that there was no integration between higher education institutions, residents, and tutors, as reported by

77.8% of tutors. All preceptors stated that there are no periodic meetings between the educational institution and the maternity unit, to discuss issues related to the curriculum, the preceptor's difficulties, and active methodologies. From this context, the corpus of the study allowed the organization of the content in two empirical categories, grouped according to the theme extracted from the responses of the preceptors and the residents, about the challenges observed during the obstetrics residency program of a public hospital in the municipality of Belém, northern Brazil.

Preceptors' reports on the difficulties in the obstetrics residency program: In this first category, the preceptor nurses report the obstacles that hinder the adequate development of teaching-learning and health in the maternity ward of a residency program in obstetrics. From that, it is observed that the preceptors conclude that the program presents a fragile formation of obstetric nursing, even though the residency in obstetrics has been structured and consolidated for years, as evidenced in the following statements:

*"[...] I see obstetric training very weak, weakened" (P1, P4, P8).*

*"[...] Currently you have a student graduating in the field, but he is very loose, without content and has no exchange between the university and the places of practice, and this is a difficult service relationship, that is, there is no security or commitment. I, as a tutor, do not feel safe leaving the professional, who is learning, alone" (P2).*

*"[...] Obstetric training influences knowledge, performance, if you had the opportunity to master care or not, then this part of professional training becomes delicate, it will depend a lot on the curriculum, on the practice in the internship area, whether in public health or in the hospital area" (P3).*

Expectations, fears, and uncertainties of nurses who enter the residency in obstetrics: In this second category, the speeches of resident nurses about expectations, fears and uncertainties when entering the residence and meeting the demands of preceptors are expressed. Therefore, it is observed that the residents expect the preceptors to be welcoming, receptive and have updated knowledge for the exchange of experiences during the care practice, as evidenced in the following statements:

*"[...] preceptors must have up-to-date knowledge, both theoretical and practical, we are residents and arrived with a lot of theoretical knowledge, but we do not have the practice, following the recommendations of the World Health Organization" (R1).*

*"[...] Residence is the practice that graduation did not provide. We study hard and when we arrive at the practice and try to pass on this knowledge, the tutor refuses to listen to the resident. The tutor must be patient and see the resident as a working partner. Like it or not, we are already nurses" (R2).*

*"[...] The first quality is that the preceptor wants to be a good professional and teach the residents, because most of the time the preceptors do not like to teach the residents, they think that the residents are there to disturb the service and not to contribute" (R3).*

## DISCUSSION

The preceptorship in nursing has its essence in the pedagogy of care, since the preceptor is responsible for teaching that permeates the different social, cultural and educational contexts of care, in addition to having individual and collective experiences within a residency program and through acquired bonds at the profession's boarding school (Silva et al., 2010). Therefore, in this research it was observed that the preceptor is highly demanded, however, in general, there is no training program, qualification, pedagogical and didactic training, nor differentiated remuneration for these professionals. Like these findings, a survey identified that, among the preceptors interviewed, the majority reported that they did not have formal training for teaching during the university course or after graduation, and that, even so, he acts as a preceptor (Farjado, 2011). In this context, Costa et al. (2014), points out that the field of work requires more and more qualification, and graduate education has offered this differential in the market, a fact that generates greater professional insertion, higher remuneration and the development of different skills. Therefore, the search for specialized knowledge around education and preceptorship enables personal improvement and improves the applicability in professional practices, for the advancement of a society.

In addition, another study analyzed the teaching-learning process in a residency program, based on the statements of active preceptors. Among the main findings of the study, there was a lack of incentive and investment in training and pedagogical training of the surveyed preceptors (Cruz and Lima, 2017). To improve the qualification of preceptors, the educational strategy is to develop active methodologies, which should be used to problematize the reality of integration experienced by preceptors, in this way, it is possible to develop teaching and assistance efficiently (Dias, 2015). Although many preceptors dominate hospital knowledge and practices, these professionals are not familiar with pedagogical knowledge, in this case, intuitive and reproducible actions of the model are common (Oliveira et al. 2017). Therefore, the preceptor cannot limit himself to just passing on his clinical practice. For that, this professional must invest in their pedagogical training, to keep themselves updated and be able to provide a learning space for their residents. What should be a joint process between the academy and the service, the training and development of this professional for the preceptorship. In continuity, it was found in this research that the preceptorship is still seen as a task juxtaposed to the work and not as an opportunity to improve the care and educational practice, that is, in the place of the research it was observed that the preceptorship does not have the capacity for simultaneous teaching and assistance during the resident tutoring program. These results are worrying since the importance of the preceptors and the recognition of their teaching work seem to be neglected and placed in the background by the university institution and the service. Thus, it is necessary to guarantee preceptors a non-fragmented training process that contributes to a systematic and grounded reflection on the health care model, in addition to institutional support and an educational strategy that favors an emancipatory perspective (Missaka, 2010).

In the context of the teaching-learning process, the preceptor is a service professional who assumes the role of bond builder and coordinator of the teaching-service meeting, with the aim of training people who transform society (Oliveira and Daher,

2016). However, this professional is not a character who actively participates in discussions about building residents' learning, especially in pedagogical discussions, and the lack of participation in building teaching-service integration partnerships opens gaps for different ways of being and doing the preceptorship (Almeida, 2016). Therefore, it is believed that an improvement in this relationship is necessary, for this there must be a partnership between preceptors and residents, important subjects of the health education process, so that there are no gaps in the teaching-learning of residents. In addition, this research has shown that nurse preceptors do not feel the support of the academy in guiding how they should lead residents in the field of practice. The lack of participation by the preceptor in the planning of the internship and the lack of knowledge about his role, reveal great weaknesses in the construction of the internship proposal. Often, what is required of the preceptor is only his technical competence and professional experience, but he is not responsible for didactic-pedagogical competence (Albuquerque et al. 2008). Therefore, it is observed that among the preceptor nurses, there is a lack of empowerment so that it is possible to think of themselves as an educator, at levels like those of nurse teachers. The empowerment of these professionals can occur through a creative and transformative spirit, that is, these professionals must behave as subjects with a feeling of control of their life and with the ability to change and review situations to transform them (Franco, 2015). The preceptor has a responsibility to contribute to the moral and ethical training of its residents, however, they need to be better prepared to know how to act. It is necessary to know what to do, that is, to act in a less intuitive way and with more pedagogical properties (Soares and Ferreira, 2017). Therefore, there are some positive aspects that accompany the experience of being a preceptor of residents, mainly the contact with the updated theory maintained by the students, which consequently provoke the update of the nurse-preceptor in the field of practice. In this training scenario, it is a great educational challenge to be faced by residency programs. Reflecting on the pedagogical praxis of experienced preceptorship can bring to light the possibilities and challenges that nurses have in the clinic's daily life, in addition to pointing out ways to be followed and successful ways of doing preceptorship. For obstetric nursing preceptors, it is important to guarantee the strength of the speech, value their participation and recognize their efforts in scientific production through the qualification of professionals. Because they are service people and do not receive financial bonuses or facilitate adjustments in their work/tutoring processes (Soares and Ferreira, 2017). Therefore, professional practice is directly influenced by the educational system, in this case, health units and fields of action in residency programs have become in-service training environments, spaces for the development of technical and intellectual skills, capable of enabling the application of knowledge with a critical and reflective view. Therefore, the obstetric nursing preceptor acts as a mediator between theory and practice, and it is up to this professional to signal the profile to be developed by future specialists.

## Conclusion

When exploring the effective preceptorship process of the Obstetric Nursing Residency Program, we understand that there are potentialities that conceptualize the program and, worryingly, there are limitations that portray the adversities to be overcome. In addition, throughout the study it was noticeable that the professionalization of preceptorship is out of date, since most of the preceptors are unaware of the

meaning of being preceptor, its importance as trainers and educators, as well as their roles in the professional training of residents. In this context, it is suggested that preceptorship needs to be stimulated and institutionalized through policies that stimulate and demonstrate pedagogical development for the integral formation of qualified preceptors and committed to the teaching-learning process. That said, it is necessary that the training institutions can contribute for the profession of preceptorship to evolve towards professionalization. Finally, we emphasize that preceptorship directly impacts on the training of residents, since residents exercise the knowledge assimilated throughout their training. Therefore, for preceptors, the need to implement permanent education is evident, to qualify them in relation to pedagogical teaching methods. Thus, there will be beneficial changes in the teaching-learning process within the Obstetric Nursing Residency Program studied.

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