Role Modeling Compassion
During the Crimean War in 1854, Florence Nightingale volunteered to care for British soldiers and was put in charge of nursing at the military hospital. The doctors were hostile toward Florence and the hospital was filthy, but she dug in her heels and began caring for patients. Florence used the provisions she had brought and undertook a correspondence campaign to restock the hospital. She spent many hours each day in the wards, caring for virtually every man who entered the hospital. The comfort she gave on nightly rounds earned the nickname of “The Lady with the Lamp.” Florence’s selfless giving eventually made her name synonymous with compassionate nursing care.

Compassionate nursing care is giving the time to connect and our touch to our patients. The time does not have to be hours. Rather, it is about the quality of the time in which we give each patient our true presence of attentive listening and compassion to meet their needs.

Compassion often is the reason we chose to be a nurse, and it is not taught in any book. It is learned and perfected over time through our experiences and from those we have observed and admired who have role modeled this behavior.

As preceptors, we are “role modeling” the compassion that is nursing. We are leaving a legacy for future generations; we are the modern day Florence Nightingales. What will history say about us?

Wearing the ‘Role Model’ Hat in Patient Advocacy
According to the American Nurses Association, a nurse “promotes, advocates for and strives to protect the health, safety, and rights of the patient” (ANA Code of Ethics). Since the time of Florence Nightingale, nurse advocacy has been encouraged and discussed in both the clinical setting and the classroom. Yet, there is limited understanding on how to teach this role. Nurses generally learn the advocacy role by watching other nurses who provide a positive role model by standing up for patients’ needs and promoting improvements in nursing practice and patient care environments.

This is where the nurse preceptor “role model” hat has an enormous effect. During orientation, new nurses learn the values and expected behaviors essential to a successful role transition to their new settings and the nursing profession. For this reason, the preceptor is pivotal in not only “talking the talk” but also “walking the walk” in leading by example.

Frequently, new nurses are afraid of rocking the boat and repercussions. They sometimes do not know what to do when they are no longer with their preceptor and a questionable circumstance arises on patient care. This may involve having a difficult conversation with a co-worker about a practice issue, concerns about compromised patient care or a physician who is unresponsive to concerns related to a patient’s condition.

As with all aspects of precepting, this “role” also must be discussed. The new nurse must know and understand that the proverbial monkey never has to stay on the staff nurse’s back. The organizational chain of command (charge nurse, nurse manager, house supervisor) is the mechanism by which patient advocacy is achieved when it appears that decisions and judgments are not consistent with the standard of care.

It is the preceptor’s role to impress upon new nurses about their accountability for intervening and making those up the chain of command aware of unethical behavior and/or potential harm to patients. It can be as simple as a physician not responding to multiple pages or a physician breaking sterility during a central line insertion, to the reasonable suspicion of a co-worker diverting narcotics, verbally abusing a patient or habitually not following policy and procedures. Anything that puts a patient at risk requires the advocacy and follow through from the nurse observing the behavior to the appropriate chain of command.

As the preceptor, your role modeling of acceptable expectations and behaviors helps preceptees gain the confidence to perform in the advocate role.