The Dynamic Relationship

Preceptees view the clinical world through the preceptor’s eyes. During orientation, preceptees see firsthand how experienced nurses demonstrate caring and compassion. They also observe leadership qualities of compassion, care and empathy in the preceptor’s interactions with patients, colleagues and preceptees. The relationship between preceptors and preceptees shapes student preceptees’ clinical experiences or new orientees’ experiences of the real nursing world. A good working relationship greatly benefits the preceptees, preceptors and patients.

A model of the preceptor/preceptee relationship proposed by Zilembo and Monterosso (2008) explores the interactions between preceptors and nursing students. This model can easily be applied to new graduate nurses and other nurse preceptees. The framework helps to conceptualize the interactions between the preceptor as leader in a clinical setting and as learner in the environment. Variations in personalities influence leadership skills and can determine the approach used by preceptors to create a positive learning environment. Therefore, personality should be considered an important factor in the relationship between a preceptor and preceptee.

What If I Don’t Get Along With My Preceptee?

It is well understood that preceptees demonstrate greater growth, confidence, competence and socialization in their roles as nurses because of their healthy relationships with preceptors and mentors. The Zilembo and Monterosso synergy model of preceptorship for learning and care links the learning environment and positive outcomes to a preceptor’s leadership skills, noting that individual personalities could be a factor in this relationship. However, differences in personalities can cause conflicts and could possibly lead to a preceptee/preceptor mismatch that can create a barrier to a satisfying learning experience. Preceptors with strong leadership skills understand the potential for personality mismatches, recognize situations in which mismatches occur and identify strategies for handling mismatches. Ultimately, it is the preceptor’s responsibility to work with nurse managers and educators to foster a conducive learning environment. Preceptors can learn strategies to manage personality differences, conflict and preceptor/preceptee mismatches.

1. Primary strategies focus on preventing conflicts associated with personality mismatches. This involves communicating a clear set of expectations, including the expectations of orientation and the learner’s expectations, role and behavior during orientation. Recognizing the personalities of the preceptors and preceptees, as well as the potential for conflict, is imperative.

2. Secondary strategies include detecting problems early to initiate an early intervention and better outcome. Preceptors should know that problems associated with mismatches do occur, and the significance of the problem should be evaluated early. Early warning signs, clues and hunches should be considered a potential indicator of a significant issue; they should not be ignored or downplayed. Using open and honest communication strategies enables preceptors to manage potential issues of mismatches. Giving specific feedback and close monitoring are other secondary strategies.

3. Tertiary strategies may be required when problems persist. When other strategies have been attempted and preceptors feel defeated, it may be time to seek help. When a mismatch negatively affects your practice, colleagues or patients, seek help from nurse managers or nurse educators. Allowing a negative experience to continue is not beneficial to either the preceptors or preceptees. Clear and concise documentation will help others understand the significance of the issues. It should include subjective and objective data about observed behaviors and your assessment of the problem.

References:

Dealing with difficult learning situations.
http://www.oucom.ohio.edu/fd/monographs/difficult.htm

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