Preventing preceptor burnout

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New graduate nurses are vital to the success of healthcare organizations. We need their “new blood” to fill workforce gaps.

But it’s not easy to help novice nurses become confident and safely functioning members of the healthcare team. It could take at least a year for them to feel comfortable enough to work on their own without relying on someone else to back up their decisions.

Recently, many hospitals have been decreasing their new-nurse orientation programs and assigning responsibility for staff nurses to nurse preceptors. In fact, our profession relies heavily on preceptors to build the bridge that takes new graduates from the educational environment to the clinical workforce. Educational preparation simply can't cover all the possibilities new nurses might encounter when caring for patients.

So preceptors are an invaluable resource. But are they treated that way?

Profile of a preceptor

An experienced nurse with good communication skills, a preceptor may have various roles—teacher, instructor, supervisor, and role model for the new nurse graduate or the student nurse. In a formal preceptor program, the preceptor and novice nurse develop a relationship that lasts for a designated period, during which the preceptor serves the dual roles of practitioner and educator.

The preceptor and novice nurse commonly function as one unit, with both parties taking a full assignment. The preceptor is responsible for ensuring safe patient care and overseeing the novice, whose career may depend on this first experience. Not surprisingly, some preceptors may find the pressure of these duties overwhelming—especially in today’s healthcare environment, which often calls for complex patient interventions.

Why preceptors may experience burnout

In some cases, the stress of being a preceptor can lead to burnout. All experienced nurses know the feeling of being burned out, when workday pressure becomes too great to handle. Nurses (especially those working on difficult units) may feel they can’t possibly accomplish everything their patients need. They may worry they’re providing substandard care and their patients deserve more. Unless the situation changes, some may leave the unit, the facility, or even the nursing profession.
Traditionally, nurses who serve as preceptors are those who’ve been on the unit the longest, have the most experience, and possess excellent nursing judgment. Many are charge nurses. They also may assist in departmental projects and committees and may help provide education to new nurses.

Obviously, such nurses are an asset. Besides performing direct patient-care activities, they act as leaders and educators, adding significant value to any organization. Yet these very nurses, who meet the highest standards of nursing care, may grow disillusioned with the preceptor role. The reasons vary from program to program and from nurse to nurse. If you work directly with new nurses on the front line, you may know some of the reasons from firsthand experience. Below is a list of common reasons.

**Causes of preceptor burnout**

- Expansion of the staff nurse role to include preceptor duties
- Insufficient time to complete one’s assignment successfully
- Dual assignments, sometimes with a larger patient load
- High acuity of patients assigned to the preceptor and novice nurse
- Lack of support and guidance from management
- Failure of the facility to formalize the preceptor program
- Attitude that the new nurse is a helper or a hidden worker
- Lack of education and preparation for the preceptor role—specifically, teaching skills as they apply to the role and what the novice nurse needs when working on the unit, as well the skills required to evaluate the novice nurse and provide constructive criticism
- Students who aren’t prepared or motivated to work on the nursing unit
- Lack of formal recognition or acknowledgement of the preceptor’s value
- No pay adjustment or other compensation for serving as preceptor

**Enhancing preceptor satisfaction and retention**

Being committed to serving as a preceptor is difficult, yet many preceptors find their role quite rewarding. Nurses who educate novice nurses are an important component in nurse retention and ultimately, patient safety. The responsibility of retaining such preceptors lies with the facilities where they work.

Today’s nurses are expected to possess excellent clinical skills, communicate well, meet regulatory requirements, and care for patients and families efficiently and safely despite limited resources. Expecting preceptors to take on the additional—and crucial—responsibility of nurturing a novice through her first nursing job may be unrealistic.

Recruitment strategies for new nurses often include the promise of a structured orientation program with someone to assist them through difficult times. But this promise doesn’t always pan out. Due to staffing difficulties and lack of experienced nurses, a preceptor may not have much time available to devote to the novice nurse.

However, certain strategies can help administrators retain and validate the work of nurse preceptors, as shown in the list below. And although monetary support is helpful, it’s not absolutely necessary to retention.

**Strategies for retaining preceptors**

- Create a structured orientation and preceptor program so everyone knows what to do and when.
- Appoint someone to oversee the preceptor program and serve as a mentor for preceptors.
- Provide administration support to acknowledge that the preceptor needs time to work with the orientee.
- Resist the urge to give the preceptor-orientee pair an increased patient assignment.
• Collaborate with colleges and universities to provide classes for preceptors and to give college and/or continuing education credits commensurate with the preceptor’s experience. Offer decreased tuition for preceptors seeking advanced degrees.

• Establish a regular schedule for preceptors to meet as a group so they can gain knowledge and support each other. Make sure preceptors have time to attend the sessions.

• Show appreciation for preceptors by offering them free lunches, parking, snacks, and gifts.

• Honor preceptors by holding ceremonies or arranging to have articles written about them.

• Rotate the preceptor role among nurses on the unit.

• Consider nurses with fewer years of experience but good clinical skills for the preceptor role.

• Provide a structured team approach, switching preceptors according to a designated schedule.

• Schedule regular meetings where managers, preceptors, and educators discuss new nurses’ progress and find out how the preceptor is doing. Sticking to the schedule helps preceptors have confidence in the orientation program, which can help reduce their stress.

The role of the nurse preceptor is more challenging than ever. While performing their normal job responsibilities, they are expected to support and mentor those with less experience—in short, help mold a novice into an experienced nurse who can serve as a valuable healthcare team member.

To prevent burnout, preceptors should be given the resources they need to work effectively with orientees, including management support for their work, arranging for classes to prepare them for the role, showing appreciation and acknowledgement, and providing them with a mentor.

Selected references


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