



Description Competencies of Medical Surgical Nursing Preceptors at Naval Center Hospital Dr. Ramelan Surabaya, Indonesia

Imroatul Farida^{1*}, Wahyu Rizka Yolanda Putri², Bahtyar Hardyansyah Syihab³
Sekolah Tinggi Ilmu Kesehatan Hang Tuah Surabaya

Corresponding Author: Imroatul Farida imroatulfarida@stikeshangtuah-sby.ac.id

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ABSTRACT

This study evaluated the competence of preceptors in surgical medical nursing. The research method uses quantitative descriptive with a cross-sectional research design. The sample number was 100 respondents doing clinical practice in medical-surgical nursing at the Navy Central Hospital. Dr. Ramelan Surabaya. The sampling technique uses Simple Random Sampling. The questionnaire used is the Preceptor Competency Questionnaire, which is a *self-assessment*. The results showed that all preceptors had good competence in all indicators. These indicators include knowledge competence, clinical skills, teaching ability, communication skills, personal characteristics, leadership, professional behavior, and ethics. However, a small percentage of receptors need to improve the ease of consultation. This research provides new insights into the practice of clinical guidance in surgical medical nursing. It can be applied to enhance the quality of clinical learning in hospitals and nursing education institutions.

INTRODUCTION

Clinical education, especially in medical-surgical nursing, is a critical aspect in shaping the competence of nursing students. The clinical learning process involves interaction between the preceptor (experienced clinical educator) and the preceptee (student or learner). This learning focuses on developing knowledge, clinical skills, and interpersonal skills in providing patient care (Rohendi et al., 2020). The importance of the role of preceptors in guiding students during clinical practice is the key to successful clinical learning. Preceptors act as educators and mentors who help preceptors overcome challenges in dealing with patients and apply their theoretical knowledge to clinical practice (Lestari et al., 2019). Some of the obstacles for preceptors to carry out the preceptorship guidance method include some preceptors not understanding the purpose of this guidance method. Hence, they find it challenging to carry out their role, the workload of preceptors increases when they have to act as preceptors, there is a lack of training on preceptorship, and inadequate facilities such as the unavailability of rooms for preceptors (Manginte et al., 2019).

Several universities that are practicing at the hospital found that the clinical guidance process has so far not been as expected. Preceptees sometimes feel confused because of the difference between the theory obtained in academia and the implementation of practice in the field (Amalia et al., 2022; Amalia et al., 2022). Based on the researchers' observations, some of the roles of preceptors have not been carried out properly because of the routine of preceptors in the room. Hence, the opportunity for preceptors to learn with preceptors is minimal, and there are difficulties regarding consultation. The preceptee also feels almost neglected because the preceptor is more preoccupied with various activities in the room and the treatment that cannot be left, so the preceptee does not get support/motivation from the preceptor.

The results of Azizah & Ropyanto's research (2012) stated that 40.4% of nursing students were dissatisfied with the clinical guidance obtained, so when students did nursing care, they were not confident (Azizah & Ropyanto, 2012). Although the preceptorship guidance method aims to improve the competence of the preceptee, there are still many preceptors who have not implemented this guidance method properly. This can be found in the results of research by Sari et al. (2017) at STIKes Hang Tuah Pekanbaru, showing that 18 preceptors (47.4%) have not implemented the preceptorship guidance model properly (Sari et al. (Sari et al., 2017). Based on a preliminary survey, as many as ten preceptors serve in the Medical-Surgical Nursing Room at the Dr. Ramelan Navy Central Hospital Surabaya. Seven preceptors (70%) out of 10 preceptors said they were less satisfied with preceptors in guiding clinics in clinical learning platforms, and a small percentage of preceptors three people (30%) said they were satisfied with guiding in clinical learning platforms.

The success of clinical learning plays a significant role in the receptors and the learning methods used, so the receptors must be able to provide innovation in the learning process (Noviati et al., 2021). The development of clinical competence of clinical preceptors should improve the clinical

competence of preceptors. Nursing organizations are expected to provide sufficient support in preceptorship activities and create a representative learning atmosphere. Efforts to maintain the quality of clinical learning remain good and require evaluation of the performance of preceptors in order to improve quality on an ongoing basis.

The purpose of this study is to evaluate the competence of preceptors in aspects of knowledge, clinical skills, teaching ability, communication skills, personal characteristics, leadership, professional behavior, ethics, and ease of consultation. This is important because preceptor competence directly affects the quality of clinical learning and preceptee competency development, affecting patient care quality.

LITERATURE REVIEW

Clinical learning is a cognitive or thinking process used by healthcare professionals, such as physicians, to make informed decisions when evaluating and treating patients (Isnayanti, 2018). Clinical reasoning is one of the abilities that must be possessed by health professionals and involves various aspects of human life, such as ethics, emotions, and communication (Kurniawaty & Faiz, 2022). The concept of preceptor in clinical education refers to a clinical educator who guides learners in applying science, theory, and technical skills to clients directly through an internship program (Mariatul Fadhillah et al., 2016). The clinic receptor, in this case, is an experienced health practitioner responsible for ensuring the delivery of quality patient services and the competence of learners (Farida, 2022). They also help reduce the stress that learners may experience as recent graduates and ensure that the responsibility does not rest entirely on the learners (Buhari et al., 2020). Clinical receptors also play a role in evaluating students to ensure they have the competencies and can run them independently. In the context of clinical education, the role of preceptors is critical to ensure that learners can develop skills and knowledge effectively through hands-on guidance in the field (Buhari et al., 2020)

The preceptor is the one who receives learning. Preceptors will receive guidance from a preceptor, an expert in providing practical training (Buhari et al., 2020). The clinical learning process is essential to preceptors because it provides hands-on experience in patient care. It includes the development of communication skills, technical skills, clinical decision-making, and the ability to work in healthcare teams (Pangesti et al., 2020). Learning for preceptors is often hands-on, where they are directly involved in patient care under supervision. This approach helps them develop confidence and critical interpersonal skills in patient care (Rumbo et al., 2021). Preceptees are assessed based on predetermined competencies. This evaluation may involve an assessment of clinical practice, the ability to communicate with patients and healthcare teams, and skills in managing clinical cases (Aryanti et al., 2020). Adult education involves formal and non-formal processes that enable them to develop their abilities, skills, and knowledge and enhance professional qualifications (Hidayat et al., 2023). The goal is to achieve personal development and participate in social, cultural, economic, and technological

development in a free and balanced manner (Mustangin, 2019). The principle of adult education recognizes the need for individuals to be independent and have a self-identity. They do not want to be treated like children and expect recognition of their autonomy. Adult education aims to establish their identity (Budiwan, 2018).

The learning characteristics of adults are different from those of children. They focus more on self-development through experiments, discussions, problem-solving, and practical exercises (Haryanto, 2007). Learning materials should be relevant to their life problems, and they should have control over the learning process. The principles of adult teaching include understanding and agreeing to learning objectives, motivation to learn, creating a friendly and informal atmosphere, active participation of learners, and using varied learning methods (Makki & Aflahah, 2019). Adult learning conditions are adequate if the instructor does not dominate, listens to learners, respects their opinions and ideas, creates an atmosphere of openness, and respects differences in opinions and values (Budiwibowo, 2016). Implications in the adult learning process include creating a conducive learning climate, diagnosing learning needs, involving learners in planning, setting goals, developing appropriate learning models, and selecting participatory learning methods and techniques (Sihombing, 2013). Perception is a cognitive process experienced by each person in understanding information about his environment through vision, hearing, passion, hearing, and smell (Novinggi, 2019). Perception is an essential part of the lecture process on campus, where the preceptee receives information as a stimulus and then responds to that input by involving the experiences of objects related to the information he receives. Through his cognition and affection abilities, a preceptee can finally recognize, judge, and draw conclusions about the information/stimuli he receives. The preceptor needs a good perception in viewing a learning process so that the preceptor can enjoy the learning process and not feel pressured or objected to all learning activities (Nisa et al., 2023).

METHODOLOGY

This study used a quantitative descriptive method with a cross-sectional research design. Descriptive methods are used to identify and describe the competence of Medical-Surgical Nursing preceptors. Data were collected through the use of questionnaires as the main instrument. The instruments of this study are a social demographic questionnaire and a preceptor competency questionnaire.

Sociodemographic questionnaires include: (1) Age; (2) Gender; (3) *Preceptee education*; (4) Preceptee practice premises; (5) Consumables practice facilities or equipment; (6) Non-consumables practice facilities or equipment; (7) The physical environment of clinical learning; (8) Preparation of daily activities based on competence; (9) Communication with the preceptor; (10) Participate in the activities carried out by nurses; (11) Activeness in carrying out daily activities; (12) Collection of clinical practice assignments; (13) A sense of motivation to carry out KMB practices; (14) Fear and anxiety when discussing with the preceptor; (15) Preparation before clinical practice; (16) Preceptee

practice experience; (17) *Preceptee expectations* during practice at Medical Surgical Nursing.

The Preceptor Competency Questionnaire uses an instrument developed by (Asriyadi et al., 2016): preceptor competence is *self-assessment*. Consists of (1) Knowledge, (2) Clinical Competence, (3) Teaching Skills, (4) Interpersonal Relationships and Communication, (5) Personal Characteristics, (6) Leadership, (7) Professional and Ethical Conduct, (8) Ease of Consultation. Assessment using the Likert scale score, which is 5. Very good, 4. Good, 3. Hesitating, 2. Not Good, 1. Bad.

The study population consisted of 134 preceptors practicing medical-surgical nursing at the Navy Central Hospital, Dr. Ramelan Surabaya. The research sample of 100 preceptors was randomly selected using the Probability Sampling (Simple et al.) technique. The data collected, sociodemographic and preceptor competency data, were analyzed using SPSS statistical software. Data analysis includes categorical univariate and descriptive analysis. The analysis results were used to describe the competence of Medical-Surgical Nursing preceptors at the Clinical Learning Center of the Navy Central Hospital Dr. Ramelan Surabaya clearly and comprehensively. This research has been conducted by the Ethics Committee of Assistant Intelligence Commander Lantamal V Navy at Surabaya with reference number SC/1274/XII/2021 dated December 21, 2021.

RESEARCH RESULTS

Characteristics of Respondents

Table 1. Characteristics of Medical-Surgical Nursing Respondents At Navy Central Hospital Dr. Ramelan Surabaya Clinical Learning Center (n = 100)

Characteristics of Respondents	Frequency (f)	Percentage (%)
1 Age		
Late Teens (17-25)	98	98.0
Early Adulthood (26-35)	2	2.0
Late Adults (36-45)	0	0.0
2 Gender		
Woman	92	92.0
Man	8	8.0
3 Class		
S1 Nursing	78	78.0
Profession News	22	22.0
D3 Nursing	0	0.0
4 Room		
Room A1	12	12.0
Room B1	5	5.0
Room B2	13	13.0
Room C1	12	12.0
Room C2	9	9.0
Room G1	7	7.0
Room H1	15	15.0

	Heart chamber	11	11.0
	Pav Room 7	15	15.0
	Chemotherapy Room	1	1.0
5	Facilities or Equipment Consumables Practice	Yes	93
	Not	7	7.0
6	Facilities or Equipment Non-Consumables Practice	Yes	87
	Not	13	13.0
7	Physical Environment of Clinical Learning	Yes	98
	Not	2	2.0
8	Preparation of Daily Activities Based on Competency	Yes	92
	Not	8	8.0
9	Communication with Preceptors	Yes	99
	Not	1	1.0
10	Follow the Activities of the Nurse	Yes	100
	Not	0	0.0
11	Activeness in Carrying Out Daily Activities	Yes	95
	Not	5	5.0
12	Collection of Clinical Practice Assignments	Yes	100
	Not	0	0.0
13	Sense of Motivation to Implement KMB Practices	Yes	100
	Not	0	0.0
14	Fear and Anxiety when Discussing with Preceptors	Yes	60
	Not	40	40.0
15	Preparation Before Clinical Practice		
	Preparing and PPE	29	29.0
	View skills on YouTube	24	24.0
	Learn SOPs	26	26.0
	Setting up your LP	21	21.0
16	Respondent's Practice Experience		
	One time	43	43.0
	Two times	37	37.0
	Three times	8	8.0
	≥ 4 times	12	12.0
17	Respondents' Expectations During KMB Practice		
	KMB's increasing skills	24	24.0
	Be able to understand SOPs in the	29	29.0

field		
Can add experience	21	21.0
Know various surgical medical diseases	6	6.0
The knowledge provided by preceptors is beneficial	8	8.0
Can be a skilled nurse	12	12.0

Based on the survey results of respondents, we analyzed the competence of medical-surgical nursing preceptors at the Dr. Ramelan Hospital Surabaya Clinical Learning Center. The results showed that most respondents, primarily women, were late adolescents aged 17-25. The majority of respondents came from S1 Nursing, which indicates a basic level of education in nursing, with a small percentage from the Nursing Profession. They are spread across various practice rooms, demonstrating diverse experience in various clinical settings. In addition, most respondents considered the facilities and learning environment adequate.

Table 2. Competency Assessment of Medical-Surgical Nursing Preceptor at Navy Central Hospital dr. Ramelan Surabaya Clinical Learning Center (n = 100)

No	Competence	Good	%	Enough	%	Less	%
1	Knowledge Competency	99	99.0	1	1.0	0	0.0
2	Clinical Competence	100	100.0	0	0.0	0	0.0
3	Teaching Skill Competency	99	99.0	1	1.0	0	0.0
4	Competence of Interpersonal Relationships and Communication	99	99.0	1	1.0	0	0.0
5	Competence Personal Characteristics	99	99.0	1	1.0	0	0.0
6	Leadership Competence	100	100.0	0	0.0	0	0.0
7	Professional Conduct and Ethical Competencies	100	100.0	0	0.0	0	0.0
8	Competency Ease of Consultation	94	94.0	6	6.0	0	0.0

Table 2 shows the competence of preceptors in medical surgical nursing clinic learning platforms. Overall, they have good competence in all indicators. These indicators include knowledge competence, clinical skills, teaching ability, communication skills, personal characteristics, leadership, professional behavior, and ethics.

DISCUSSION

Table 1, Characteristics of Medical-Surgical Nursing Respondents at Navy Central Hospital Dr. Ramelan Surabaya Clinical Learning Center: The high interaction between students and preceptors can be seen from the fact that almost all respondents communicate with preceptors and follow the activities carried out by nurses. Although most respondents feel motivated and active in learning activities, an important aspect to note is that most of them feel afraid and anxious when discussing with the preceptor.

The survey results also revealed respondents' different ways of preparation and practical experience. Their expectations during clinical practice include skill improvement, understanding of Standard Operating Procedures (SOPs) in the field, and medical-surgical knowledge.

Further discussion will focus on evaluating the extent to which preceptors have met respondents' learning needs and expectations, as well as which areas require further improvement or attention to improve the competence of medical-surgical nursing preceptors at Dr. Ramelan Hospital Surabaya Clinical Learning Center.

Table 1 Characteristics of Medical-Surgical Nursing Respondents in the Clinical Learning Center Dr. Ramelan Surabaya Navy Central Hospital shows a high interaction between students and preceptors, as seen from the fact that almost all respondents communicate with preceptors and follow the activities carried out by nurses. Although most respondents feel motivated and active in learning activities, an important aspect to note is that most of them feel afraid and anxious when discussing with the preceptor.

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Further discussion will focus on evaluating the extent to which preceptors have met respondents' learning needs and expectations, as well as which areas require further improvement or attention to improve the competence of medical-surgical nursing preceptors at the Dr. Ramelan Navy Central Hospital Surabaya.

Table 2 shows the competence of preceptors in medical-surgical nursing clinical learning platforms. Overall, they have good competence in all indicators. These indicators include knowledge competence, clinical skills, teaching ability, communication skills, personal characteristics, leadership, professional behavior, and ethics. Almost all preceptors (99%) have good knowledge, an essential foundation for guiding and teaching students. Knowledge competencies that preceptors must have, according to Kathleen B. Gaberson Marilyn H. Oermann (2010) that preceptors must have adequate knowledge about patients (types, problems, and management), new technologies, and research related to patient management (Kathleen et al.; Marilyn et al., 2010 *cit* Lestari *et al.*, 2021). As educators in clinical nursing education, preceptors must be experts in the subject they will teach. Preceptors, as educators, must have adequate knowledge about patient problems in the clinic. Preceptors must understand how to manage patients, the technology used in nursing care, and related studies (Smedley, Morey and Race, 2010);

All preceptors (100%) indicate a good level of clinical competence. This is a positive factor in guiding students in diverse clinical practice situations. A good preceptor has specialist clinical expertise and can maintain clinical expertise, show nursing care in real situations, and guide preceptors to develop clinical competence (Ariga, 2020). Preceptor clinical competence is an essential skill in effective nursing clinical learning. (Kathleen B. Gaberson; Marilyn H. Oermann, 2010 *cit*; Lestari *et al.*, 2021). The preceptor can use the nursing process in solving patient problems, starting from study evaluation, demonstrating clinical

skill procedures and using technology effectively, using up-to-date knowledge and techniques, providing nursing care well to patients, and having a good relationship with patients (Asriyadi et al., 2017).

Good teaching skills are also evident, with most preceptors (99%) able to effectively transfer knowledge and skills to students. The preceptor is a figure who has a very decisive role in the learning process. To realize success in the learning process, preceptors must equip themselves with various aspects that support success, especially in providing reinforcement and arousing student learning motivation. Guiding preceptee activities and organizing the environment around the preceptee to encourage and foster the preceptee's spirit to carry out learning activities are skills *in teaching preceptors* (Maryance, 2017). The preceptor must have the ability to teach in the clinic. Clinical teaching skills are the ability of a preceptor to identify learning needs that students must obtain. The preceptor plans the learning instruction needed and encourages students to achieve maximum results in the clinical learning process. Receptors guide students in improving their clinical competence and evaluating learning outcomes (Kathleen et al.; Marilyn et al., 2010, *cited* Lestari *et al.*, 2021).

Good interpersonal and communication skills (99%) are essential in creating a productive and supportive learning environment. Competence of interpersonal relationships: Preceptors must have the ability to communicate effectively, have effective interprofessional relationships, have clarity in conveying words, and have good communication (Mingpun, Srisa-ard, & Jumpamoo, 2015). Interpersonal skills include creating comfort, providing support, empathy, and genuine attention to patients, and appreciating preceptors (Aritonang, 2005) (Sari & Laksmi, 2021). A preceptor is also expected to have unique competencies to provide quality guidance. Abreu & Interpreter (2015) explain the competencies that must be possessed by a preceptor, namely good instrumental and cognitive abilities (based on *evidence-based*), interpersonal competence (developing interactions with others), competencies according to the field (pathophysiology, treatment, health technology information systems and matters related to care) (Abreu & Inter-peeler, 2015) *cit* (Sari & Laksmi, 2021).

Communicating therapeutically well is one of the competencies that the preceptor must possess. Research conducted by (2017) states that therapeutic communication is an essential clinical competence and a tool in patient-focused care. Preceptors must have the ability to communicate therapeutically well and effectively, have effective interprofessional relationships, have clarity in conveying words, and have good communication (Asriyadi et al., 2017). Communication competencies include creating a relationship between nurses and patients, understanding the patient's perspective on their condition, opening consultations and clinical interviews, collecting information, sharing and discussing clinical information with patients, closing interview sessions or consultations, giving attention, nurse duties, and nurse ethics (Octaviani, 2021).

Good personal characteristics (99%) are essential for creating a productive and supportive learning environment. Personal characteristics of a preceptor must include the ability to be friendly, loving, not discriminating,

understanding, have good knowledge, have a good personality, provide support, have good communication skills (deep enthusiasm for the learning process, have a sense of humor, willing to admit mistakes and be honest if you make mistakes, patient and flexible, friendly and willing to share integrity, perseverance, and courage) (Reghuram & Caroline, 2014)(Regar et al., 2019)

Preceptors are also proven to have good leadership competence (100%). It is essential to guide students to clinical practice. The leadership skills that a preceptor must have consist of leadership abilities in the team, time management, motivation to work with the team, and prioritizing human rights (Risपालina & Suza Dewi Elizadiani Nurmaini, 2021) (Mingpun, Srisa-ard, & Jumpamoo, 2015).

Sound professional and ethical behavior (100%). This reflects their integrity in providing ethical guidance to students and supporting their professional development. Preceptors can be role models, display professional behavior, responsibility, maturity, confidence, and think positively (Asriyadi et al., 2017). A preceptor will be a role model for a student, so the preceptor must be able to display critical professional behaviors and values. Preceptors are expected to be able to account for what is done and account for all decisions taken. A good receptor displays maturity and self-confidence, so the approach taken to students is not threatening and non-judgmental. Preceptors take the questions asked by students well and do not interpret them as criticism or judgment of nursing services (Wittmann-Price et al., 2020)

However, a small percentage of preceptors (6%) need to improve the ease of consultation. Ease of access to preceptors is essential to student learning, and improvements can help students get more practical guidance. Based on the study's results, preceptors can analyze the needs of *preceptors*, use reflective methods to show empathy, are easy to find, and provide consultation (Risपालina and Suza Dewi Elizadiani Nurmaini, 2021).

ADVANCED RESEARCH

Further research in the context of medical surgical nursing preceptor competence in the clinical environment can focus on Optimizing Preceptor Accessibility for Consultation in Clinical Nursing Practice and Analysis of factors affecting Preceptor Accessibility for Consultation, preceptor motivation factors in supporting students, and the effect of preceptor competence on patient care quality. In addition, developing more effective clinical learning models and comparing preceptor competencies in various health institutions can also be the focus of research. These studies will contribute to improving the quality of education and health care in the future.

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