

PRECEPTORSHIP IN THE TRAINING OF NURSES IN PRIMARY CARE: A QUALITATIVE STUDY IN BASIC HEALTH UNITS IN RORAIMA

Preceptoria na Formação de Enfermeiros na Atenção Primária: Estudo Qualitativo em Unidades Básicas de Roraima
Preceptoría En La Formación De Enfermeros En La Atención Primaria: Estudio Cualitativo En Unidades Básicas De Roraima

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ABSTRACT

Preceptorship in nursing constitutes a strategic space in the training of nurses, integrating theory and practice and strengthening critical and humanistic competencies during the Mandatory Supervised Internship (MSI). In Boa Vista, Roraima, cultural diversity and local peculiarities demand a specific approach. This study aimed to analyze the challenges and perspectives of preceptors in the training of nurses in Primary Care Units (PCU). This is a descriptive, cross-sectional, and qualitative study, carried out in the second semester of 2025, with seven preceptors from PCU linked to the state and federal universities of the capital. The results highlighted the central role of preceptorship in professional training, strengthening knowledge, identifying weaknesses, and guiding the deepening of studies. The scarcity of material, technological, and pedagogical resources compromises the consolidation of essential competencies. Even so, the preceptors demonstrated creativity and resilience in adapting practices and mobilizing institutional and community resources.

Keywords: Preceptorship. Nursing. Health Education.

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RESUMO

A preceptoria em enfermagem constitui espaço estratégico na formação do enfermeiro, ao integrar teoria e prática e fortalecer competências críticas e humanistas durante o Estágio Supervisionado Obrigatório (ESO). Em Boa Vista, Roraima, a diversidade cultural e as peculiaridades locais exigem abordagem específica. Este estudo objetivou analisar desafios e perspectivas dos preceptores na formação de enfermeiros nas Unidades Básicas de Saúde (UBS). Trata-se de estudo descritivo, transversal e qualitativo, realizado no segundo semestre de 2025, com sete preceptores das UBS vinculadas às universidades estadual e federal da capital. Os resultados evidenciaram o papel central da preceptoria na formação profissional, fortalecendo conhecimentos, identificando fragilidades e orientando o aprofundamento dos estudos. A escassez de recursos materiais, tecnológicos e pedagógicos compromete a consolidação de competências essenciais. Ainda assim, os preceptores demonstraram criatividade e resiliência na adaptação das práticas e mobilização de recursos institucionais e comunitários.

Palavras-chave: Preceptoria. Enfermagem. Educação em Saúde.

RESUMEN

La preceptoría en enfermería constituye un espacio estratégico en la formación del enfermero al integrar teoría y práctica y fortalecer competencias críticas y humanistas durante la Pasantía Supervisada Obligatoria (PSO). En Boa Vista, Roraima, la diversidad cultural y las particularidades locales exigen un enfoque específico. Este estudio tuvo como objetivo analizar los desafíos y perspectivas de los preceptores en la formación de enfermeros en las Unidades Básicas de Salud (UBS). Se trata de un estudio descriptivo, transversal y cualitativo, realizado en el segundo semestre de 2025 con siete preceptores de UBS vinculadas a las universidades estatal y federal de la capital. Los resultados evidenciaron el papel central de la preceptoría en la formación profesional al fortalecer conocimientos, identificar fragilidades y orientar la profundización de los estudios. La escasez de recursos materiales, tecnológicos y pedagógicos compromete la consolidación de competencias esenciales. Aun así, los preceptores demostraron creatividad y resiliencia en la adaptación de prácticas y movilización de recursos institucionales y comunitarios.

Palabras clave: Preceptoría. Enfermería. Educación en Salud.

INTRODUCTION

Nursing is a science based on the processes of assisting, administering, teaching, researching, and participating politically. The assisting process refers to the care provided to patients, families, groups, and communities. Administering involves the management of human, material, and logistical resources used in care. Teaching corresponds to the interaction between teacher and student to train and qualify nursing professionals. Research consists of applying quantitative and qualitative methods and critical thinking to improve nursing processes. Participating politically concerns the ethical performance of the nurse, integrated into the multidisciplinary team and aimed at improving nursing practices¹.

From this perspective, nurses play essential roles in Primary Health Care (PHC). Therefore, it is crucial that nursing students are taught through theoretical and practical disciplines to work in Primary Health Care Units (PHCUs), since the assistance provided by the municipal level is relevant to improving the population's quality of life. Nursing occupies a significant role in PHC, particularly in activities aimed at promoting healthy habits and preventing diseases².

Preceptorship is a process established in the nursing profession for decades, dating back to the era of Florence Nightingale. Since then, it has been widely and continuously used, demonstrating its relevance to this day³.

In general terms, preceptorship is represented by a teaching activity based on monitoring the assisted student, inserting him/her into the work environment, stimulating their practical professional development

through supervision, taking into account ethical, humanistic and social principles, as well as the socioeconomic and health reality of the population, also evaluating their emotional control and interpersonal relationship in the work environment⁴.

It is worth highlighting that Boa Vista, the capital of Roraima, is a region characterized by its cultural diversity, potential, and challenges of various kinds. Certainly, in this context, nursing preceptorship, represented by the figure of the preceptor, becomes even more relevant, as they are responsible for shaping professional behaviors, ethical stances, critical and supportive practices for nursing practice in varied care settings⁵. In addition to providing guidance, supervision, support, and evaluation of future nurses during their mandatory supervised internship, they contribute to the training of professionals with profiles suited to the needs and health policies of the country⁶.

Although preceptorship is recognized as an essential element in the training of future nurses, especially in the development of skills and abilities during the Supervised Internship⁷, the practice still faces numerous challenges, including resource scarcity, work overload, lack of standardized protocols, and the continuous need for team training. Analyzing these issues in light of the scientific literature makes it possible to identify gaps, potential, and strategies aimed at improving nursing management in this context⁸.

Considering the sociocultural, geographic, and structural particularities of the region, it becomes relevant to expand scientific production that contemplates this reality, contributing to the strengthening of public health and education policies. Thus, this study aims to analyze preceptorship in Nursing in the Amazonian and border context of Roraima, seeking to support the construction of more inclusive training strategies aligned with regional specificities.

METHOD

This is a descriptive, cross-sectional study with a qualitative approach, grounded in the interpretative perspective of health research. This type of investigation seeks to understand social phenomena based on the experiences, perceptions, and meanings attributed by the subjects, valuing the subjectivity and complexity of the sociocultural relations involved in the health training process⁹.

The study was conducted in the municipality of Boa Vista, capital of the state of Roraima, located in the Brazilian Amazon region and characterized by sociocultural diversity and structural challenges in the area of Primary Health Care.

The empirical setting of the research comprised Primary Care Units (PCU) that constitute practice fields for the Mandatory Supervised Internship (MSI) of undergraduate Nursing courses at the Federal University of Roraima and the State University of Roraima. These public institutions play a relevant role in the training of professionals to work in the Unified Health System (UHS), configuring strategic spaces for teaching-service integration.

Seven nurse preceptors working at the Santa Luzia, Cambará, Raiar do Sol, Dr. Sílvia Leite, and Rubeldimar Maia primary health care units participated in the study. Professionals included those directly supervising students during their mandatory supervised internship, with a minimum of one year of experience in preceptorship, approval in a formal selection process by higher education institutions, and a minimum academic qualification at the postgraduate level (*lato sensu*) in Nursing. Professionals who were absent from clinical activities during the data collection period or who did not directly supervise students were excluded.

The selection of participants was based on availability and voluntary acceptance. The number of participants was defined based on the criterion of thematic saturation, considering the point at which the discourses began to show recurrence and interpretative stability.

The production of the empirical material took place between October 6th and 20th, 2025, through semi-structured interviews conducted individually at the Primary Health Care Units themselves. The interviews were held in a private setting, guaranteeing the privacy and freedom of expression of the participants.

The interview script was composed of two parts: the first aimed at characterizing the sociodemographic and professional profile of the participants, including age, sex, marital status, academic background, specialization, length of time in preceptorship, and participation in training in the area; and the second consisting of open-ended questions aimed at understanding the experiences of nurse preceptors in the training process of students, addressing challenges, pedagogical strategies, and perceptions about student training in the context of the Brazilian Unified Health System.

The interviews lasted an average of 30 minutes and were recorded on a mobile device with the prior authorization of the participants. Subsequently, they were transcribed in full, constituting the analytical corpus of the research.

The data analysis was conducted based on the thematic content analysis proposed by Bardin. The analytical process followed three stages: pre-analysis, exploration of the material, and treatment of the results with interpretation. Initially, a preliminary reading of the transcripts was carried out to familiarize oneself with the empirical material. Then, the units of meaning present in the discourses were coded, identifying recurrences and thematic convergences. Subsequently, the codes were grouped into analytical categories that express the meanings attributed by the participants to the practice of preceptorship.

The interpretation of the results was conducted in light of the theoretical framework of health education, continuing education, and preceptorship within the Brazilian Unified Health System, seeking to understand the relationships between pedagogical practice, institutional context, and professional training.

The study was approved by the Research Ethics Committee of the Federal University of Roraima, under Substantiated Opinion No. 7,869,110 and CAAE No. 87934125.2.0000.5302. All participants signed the Informed Consent Form, in accordance with the ethical principles governing research with human beings.

RESULTS

Seven nurse preceptors affiliated with public higher education institutions in Boa Vista, Roraima, participated in the study. The majority were female, with a mean age of 35.6 years and an average of three years of experience as preceptors. All held postgraduate specializations (*lato sensu*), with one participant also holding a master's degree (*stricto sensu*). The most frequent areas of specialization were Public Health and Family Health Strategy. The sociodemographic and professional characteristics of the participants are presented in Table 1.

Table 1 - Sociodemographic and professional characteristics of nurse preceptors linked to public educational institutions in Boa Vista, Roraima, 2025 (N = 7).

Variables	n	%
Affiliated institution		
Federal University of Roraima	5	71.4
State University of Roraima	2	28.6
Basic Health Unit		
Santa Luzia	2	28.6
Cambará	1	14.3

Raiar do Sol	1	14.3
Dr. Silvio Leite	1	14.3
Rubeldimar Maia	2	28.6
Age range (years)		
26–30	2	28.6
31–40	2	28.6
41–43	3	42.8
Average age	35.6 years	—
Marital status		
Single	4	57.1
Married	3	42.9
Sex		
Feminine	5	71.4
Masculine	2	28.6
Education		
Postgraduate specialization	6	85.7
Postgraduate studies (<i>lato sensu</i> and <i>stricto sensu</i> , Master's degree)	1	14.3
Area of specialization		
Public health	3	42.9
Primary Health Care	1	14.3
Family Health Strategy	2	28.6
Indigenous Health	1	14.3
Epidemiology	1	14.3
Teaching/Education in Health	2	28.6
Time spent in preceptorship		
1–2 years	4	57.1
3–6 years	3	42.9
Average performance	3 years	—
Specific training in preceptorship		
Has specific pedagogical training.	5	71.4
Does not have specific pedagogical training.	2	28.6

Participants could report more than one area of specialization. For presentation purposes, specializations with related areas were grouped into the same category, such as Teaching/Education in Health. Thus, the same participant may be represented in more than one category, which is why the sum of frequencies and percentages may exceed the total number of participants (N = 7).

The emerging themes were organized using a semi-structured interview guide, composed of 12 open-ended questions aimed at understanding the challenges of preceptorship, pedagogical strategies in the Brazilian Unified Health System, and perspectives related to student training in Primary Care Units.

Based on the responses provided by the preceptors to the questionnaire, central thematic areas were identified: (1) development of technical skills and competencies in the training process of future nurses; (2) pedagogical strategies used in the UHS setting in nursing preceptorship; (3) challenges related to the diversity of student profiles in clinical settings; (4) impacts of resource scarcity on the quality of teaching and learning in the training of nurses in primary health care units; and (5) influence of pedagogical practices on the professional training of nurses.

In the first thematic area, the instructors placed central emphasis on the development of technical skills articulated with communication abilities and ethical conduct. Training was understood as a process that goes beyond the execution of procedures, involving clinical reasoning, comprehensive patient assessment, and professional responsibility.

Ethics emerged as a cross-cutting and structuring dimension of care and formative practice. Participants emphasized the need to guide students regarding professional conduct, confidentiality, information handling, and interpersonal behavior in the clinical setting. It is clear that the development of professional competence is understood as an integration of technical knowledge, relational sensitivity, and social commitment.

"The first step I ask them to take is to have empathy, so that they can put themselves in the other person's shoes and understand their pain. Our nursing profession works a lot with care, so this care begins with how you welcome the patient. So, I reinforce with them that this is the first initial role they play when they arrive at the primary health care unit. And after they learn [...], they are able to conduct the work, applying their technical knowledge and skills, but the first step is to welcome the patient." (P3 /UFRR)

Diversity was observed in teaching styles, with approaches ranging from progressive models of accountability and encouragement of supervised student autonomy, while maintaining as a common axis the integration between technical knowledge and professional conduct.

"So, really encouraging doing [...]. Let's practice what you've seen, so it makes sense to you. So, the mentorship is precisely for that, to have that practical moment." (P4/UFRR)

This perception highlights the value placed on experiential learning and the student's active participation in the training process, favoring the progressive consolidation of professional skills.

In the second thematic area, the integration between theory and practice stood out as a structuring axis of preceptorship. Participants emphasized that the consolidation of knowledge occurs through concrete experience within the Brazilian Unified Health System, where the student articulates academic fundamentals with the real demands of care.

"[...] it can't be just practice; it can't be just theory. These two things need to go hand in hand." (P1/UFRR)

Pedagogical strategies such as clinical case discussions, direct supervision, and active methodologies aimed at stimulating critical thinking and student autonomy were reported. Although employed heterogeneously, these approaches indicate a movement towards overcoming the exclusively transmissive model.

Practical experience in the field was understood as an irreplaceable element for the holistic development of nurses, especially with regard to the relational dimensions of care.

The third core finding highlighted that the diversity of student profiles constitutes a recurring challenge in the practice of preceptorship. Differences were mentioned regarding the level of engagement, academic maturity, and receptiveness to feedback, requiring pedagogical flexibility and mediation skills on the part of the preceptor.

"I had a student who, I think it was a great resistance, kept a closed face, didn't accept things very well [...]. So, I talk to them, I guide them, if I see that they are continuing in the same mistake, with the same intention, I refer them to the supervising professor, who also talks and guides them, because there are things that are beyond our control, we need to ask for support [...]." (P4/UFRR).

The presence of behaviors such as passivity, resistance to guidance, or relational difficulties was interpreted as a multifactorial phenomenon, involving individual, institutional, and contextual dimensions. In this scenario, the role of the preceptor as an ethical mediator and educator is reinforced.

"I think the main challenge is when the student isn't interested. Unfortunately, we encounter these situations regardless of the institution, because if the student isn't interested, if they don't understand the importance, they won't care about it, they won't want to do it. And then when the student comes just to fulfill the workload, to meet the schedule, it becomes very difficult because they become passive, sometimes they are apathetic to what is happening in the sector [...]." (P1/UFRR).

Furthermore, the challenges related to the diversity of student profiles in clinical settings go beyond individual differences among students and also involve sociocultural and communicational aspects present in the territory of Primary Health Care in Roraima. In this context, one of the preceptors reported difficulties related to the language barrier between Venezuelan users, students, and health professionals, especially in the communication and reception process during care practices.

"The girls at reception have a lot of difficulty because there are Venezuelans who are newly arrived [...]. Then they call one of my students who speaks Spanish [...]. I thought: 'Oh, thank God, you're going to help us here.' And it helps a lot [...]. Depending on where they came from in Venezuela, the Spanish is even more difficult [...]. When a Venezuelan sees someone who understands Spanish, they grab that person and don't let go." (P2/UFRR)

This situation highlights the state's regional and border specificities, demanding greater adaptability, cultural sensitivity, and communication strategies from preceptors and students in healthcare.

In the fourth core area, the scarcity of material and structural resources was identified as one of the main obstacles to the quality of care and the training process. The limited availability of clinical supplies and teaching resources restricts practical experience and impacts the development of skills.

"The scarcity of resources deprives the student of practical experience [...]. Now in this context we are without speculums, so the students will not have access to preventive care, to a gynecological exam [...]." (P1/UFRR)

Given this scenario, the preceptors reported adaptive strategies and reorganization of activities, demonstrating creativity and ethical-professional commitment, even though such solutions do not replace the need for structural investments.

The fifth core group showed consensus regarding the positive impact of pedagogical practices on professional training. Supervised integration into Primary Health Care Units fosters autonomy, critical thinking, and the consolidation of clinical skills.

"Yes, absolutely [...]. It contributes in every aspect, from recognizing signs and symptoms that he studies theoretically in academia, he is able to recognize them here in patients [...]. So, I say that the UBS (Basic Health Unit) is an extension of the school." (P6/UERR)

The effectiveness of these practices, however, proved to be dependent on student engagement, reinforcing the relational and shared nature of the formative process.

In summary, the findings showed that preceptorship in Primary Health Care is a fundamental element in the training of nurses, as it favors the integration of theory and practice, the development of technical and relational skills, and the consolidation of critical thinking within the context of the Brazilian Unified Health System. However, challenges related to the diversity of the student profile, the sociocultural specificities of the territory, and the limitation of structural resources directly interfere with the teaching-learning process. Even so, the preceptors demonstrated adaptability, ethical commitment, and the mobilization of pedagogical strategies aimed at improving professional training in Primary Care Units.

DISCUSSION

Education is a social and universal phenomenon, crucial for the functioning of society as a whole. It is also a continuous and dynamic process in the construction of knowledge and experience, based on critical awareness and free thought⁹.

Therefore, nursing preceptorship in Primary Health Care in Boa Vista, Roraima, is configured as a strategic space for professional training, articulating technical, ethical, and pedagogical dimensions within the scope of the Unified Health System. This pedagogical strategy consolidates a formative process based on the critical analysis of situations experienced in the daily routine of health services¹⁰. The findings indicate that the development of clinical competencies is intrinsically associated with communication skills and ethical posture, demonstrating that the training of nurses goes beyond the execution of procedures and involves professional responsibility and social commitment.

The literature reinforces this perspective. Campos¹¹ points out that communication skills directly influence the quality of care, while Cavalcante¹² highlights ethical commitment as the foundation of professional practice in health. These references resonate with the participants' accounts, who understood ethics and communication as inseparable dimensions of technical competence.

The integration between theory and practice emerged as a structuring element of training, consolidated in the concrete experience of the Brazilian Unified Health System. Preceptorship was recognized as a mediator of the transition between the academic space and professional practice, favoring clinical reasoning, autonomy, and internalization of the principles of comprehensiveness. This finding converges with studies that defend the teaching-learning interface as a fundamental axis of health training, especially in contexts marked by territorial vulnerabilities^{13-14,17}.

Regarding pedagogical strategies, the adoption of approaches aligned with active methodologies was observed, albeit in a heterogeneous manner. The use of clinical cases and dialogical supervision indicates a movement towards overcoming the exclusively transmissive model¹⁵. However, the differences in the systematization of these practices suggest a need for greater pedagogical qualification of the preceptors.

The diversity of student profiles and the scarcity of structural resources constituted significant challenges. The limitation of supplies and material conditions impacts both assistance and the training process, a reality already described in Brazilian Primary Care, especially in peripheral and border regions¹⁶. Despite this, the reports highlighted adaptive strategies and ethical commitment from professionals, even though such initiatives do not replace structural financing and management policies.

Beyond structural challenges, the findings show that nursing preceptorship in Primary Health Care in Roraima is influenced by the specificities of the Amazonian and border context, marked by intense migratory flow and high sociocultural diversity. The presence of migrant users, especially from Venezuela, increases the need for the development of cultural and communication skills on the part of preceptors and students, favoring care centered on the needs of individuals and respectful of their linguistic and cultural differences.

Studies carried out on the northern border of Brazil demonstrate that Venezuelan migration has directly impacted the organization of health services and the practices of professionals, requiring greater preparation for intercultural care and for addressing the social vulnerabilities of this population¹⁸⁻¹⁹. In this context, cultural competence constitutes an essential component of nursing education, contributing to effective communication, strengthening the therapeutic bond, and offering equitable care to migrant and vulnerable populations²⁰⁻²¹.

Overall, the results demonstrate that preceptorship constitutes a powerful formative tool, but one that is strained by institutional and structural challenges. Strengthening it requires investments in pedagogical training, improvements to the material conditions of health units, and more consistent integration between universities and services.

CONCLUSIONS

Nursing preceptorship in Primary Health Care in Boa Vista, Roraima, is configured as a strategic training device by articulating teaching and service and developing technical, ethical, and relational competencies within the scope of the Brazilian Unified Health System. It was evidenced that the integration between theory and practice, mediated by the preceptor, favors autonomy, clinical reasoning, and the consolidation of professional identity.

However, challenges such as the diversity of student profiles, the language barrier present in serving the Venezuelan migrant population, and the scarcity of structural resources strain the training process, requiring constant adaptations from both preceptors and students. Creative strategies and ethical-professional commitment mitigate some of these limitations, but do not replace institutional investments and policies that value the role of the preceptor.

Limitations include the small number of participants and the geographical scope of the study. Nevertheless, this research broadens the understanding of preceptorship in nursing by highlighting that the geopolitical and migratory dynamics of the Amazonian border region impose specificities on the training process, demanding from preceptors and students ethical, cultural, and communicational competencies necessary to work in different sociocultural realities, which are poorly addressed in traditional training models. By highlighting these particularities, the study contributes to the improvement of training strategies, the integration between teaching and service, and policies for the qualification of preceptorship in border contexts, in addition to reinforcing the need for multicenter studies and longitudinal investigations aimed at deepening the understanding of training dynamics in Primary Health Care.

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