

PREPARING AND SUPPORTING PRECEPTORS OF
SENIOR UNDERGRADUATE NURSING STUDENTS

CENTRE FOR NEWFOUNDLAND STUDIES

**TOTAL OF 10 PAGES ONLY
MAY BE XEROXED**

(Without Author's Permission)

BEVERLEY A. JANES



**PREPARING AND SUPPORTING PRECEPTORS
OF SENIOR UNDERGRADUATE NURSING STUDENTS**

by

Beverley A. Janes

A thesis submitted to the
School of Graduate Studies
in partial fulfilment of the
requirements for the degree of
Master of Education

Faculty of Education
Memorial University of Newfoundland

February, 1996

St. John's

Newfoundland



National Library
of Canada

Acquisitions and
Bibliographic Services Branch

395 Wellington Street
Ottawa, Ontario
K1A 0N4

Bibliothèque nationale
du Canada

Direction des acquisitions et
des services bibliographiques

395, rue Wellington
Ottawa (Ontario)
K1A 0N4

Your file *Voire référence*

Our file *Notre référence*

The author has granted an irrevocable non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of his/her thesis by any means and in any form or format, making this thesis available to interested persons.

The author retains ownership of the copyright in his/her thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without his/her permission.

L'auteur a accordé une licence irrévocable et non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de sa thèse de quelque manière et sous quelque forme que ce soit pour mettre des exemplaires de cette thèse à la disposition des personnes intéressées.

L'auteur conserve la propriété du droit d'auteur qui protège sa thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

ISBN 0-612-13910-7

Canada

ABSTRACT

There is little research investigating the preparation and support needs of nurses who assume responsibility for preceptoring nursing students. The descriptive literature identifies important strategies for preparation and support, but little verification has come from preceptors themselves as to the value of these strategies. Because preceptorship experiences are commonly employed as a clinical teaching strategy for undergraduate nursing students, it is important to investigate the needs of the nurses who act as preceptors in order to better assist them to feel satisfied with their contributions.

The purpose of this study was to describe the current methods of preparation and support provided to nurses who preceptor senior undergraduate nursing students in Newfoundland, and to explore, from the preceptors' perspectives, if these methods met their needs. A naturalistic mode of inquiry was employed using two sources of data; written preceptor preparation documents used by schools of nursing in the province, and interviews with 18 preceptors from a variety of practice settings across the province.

A major finding of the study is that not all preceptors received the preparation and support desired during their preceptorship experiences. Many of the preparation and support strategies desired by preceptors were identified in written school of nursing documents. However, there was incongruence between what was stated that preceptors received as preparation and support, and what preceptors felt they received. Other findings indicate the need for schools of nursing to closely evaluate the network of communication strategies used to prepare and support preceptors. Interaction among

nurse educator, nurse administrator, and preceptor was identified as critical to the preceptor's feelings of being supported in the role. Key support elements are identified in a model that also includes the importance of interaction among preceptor, nurse educator, and student as well as among preceptor, nurse educator, nurse administrator, and preceptor co-worker.

ACKNOWLEDGEMENTS

I first wish to extend a sincere thank you to the members of my thesis committee, Dr. Jean Brown (chairperson) and Shirley Solberg for the time and support so freely given by both. Their guidance and insight in helping me complete this thesis has been invaluable.

A special thank you to the preceptors who volunteered to participate. Listening as they shared their experiences with me confirmed my belief in the value of this clinical teaching model.

To the many friends and co-workers who offered their support and encouragement, I extend my gratitude. A special thank you to my sister-in-law Heidi Janes who assisted me in the final editing of this thesis and to Rene Wicks for his assistance in the development of the model. I especially want to thank Joan Dicker and Verna Clouston, my valued friends and co-workers, for their encouragement and support throughout my graduate studies. My appreciation to Denise Waterman and Lori Stokes for their assistance in the typing of the interview transcripts and to Gail Piercey who completed the typing during the final drafts of this thesis.

Finally to my family; husband Colin, children Laura and Michael, mother and mother-in law, I extend my love and gratitude for their patience, understanding, and encouragement during the completion of this thesis and throughout my entire Master's program.

TABLE OF CONTENTS

	Page
ABSTRACT	ii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS	v
LIST OF FIGURES AND TABLES	x
LIST OF APPENDICES	xi
CHAPTER 1: OVERVIEW OF THE STUDY	1
Introduction	1
Statement of the Problem	2
Background to the Study	2
Purpose of the Study	4
Significance of the Study	5
Research Questions	6
Definition of Terms	6
CHAPTER 2: REVIEW OF THE LITERATURE	8
Introduction	8
Preceptor Responsibilities and Role Adjustment	9
Preceptor Preparation	12
Communication and Administrative Support Strategies	14
Preceptor Benefits and Rewards	19

Summary	22
CHAPTER 3: METHODOLOGY	23
Naturalistic Inquiry as a Methodology	23
Data Sources	24
The Documents	24
The Sample	25
Ethical Considerations	27
Interview Approach	28
Data Analysis	30
The Documents	30
The Interview Data	30
Credibility	33
CHAPTER 4: RESOURCES AND SOURCES OF SUPPORT:	
THE FINDINGS	34
Introduction	34
Section I: The Context. Feeling Responsible for Student Development ..	35
Section II: Research Questions 1 and 2. Support Mechanisms	
Available to Preceptors	38
Being Prepared for the Preceptor Role	38
Written Guidelines: Document Analysis	39
Written Guidelines: The Preceptors' Perspectives	44

Orientation Schedules: Document Analysis	47
Preceptor Orientation: The Preceptors' Perspectives	49
Knowledge of the Student	52
Being Supported in the Preceptor Role	54
Workplace Administrative Support	54
Co-worker Support	57
Support as it Relates to the Student	61
School of Nursing Support	64
Being Acknowledged in the Preceptor Role	70
Preceptor Rewards	71
The Benefits of Preceptoring	73
Preceptor Input for Program Improvement	75
Section III: Research Question 3. Support Mechanisms Needing	
Improvement	76
Being Prepared for the Preceptor Role	76
Needing an Orientation	77
Evaluating the Student	80
Legal Issues related to Preceptoring	82
Knowledge of the Student	83
Being Supported in the Preceptor Role	86
Workplace Administrative Support	87

Co-worker Support	90
Support as it Relates to the Student	93
School of Nursing Support	95
Being Acknowledged in the Preceptor Role	101
Preceptor Input	101
Preceptor Rewards	103
A Model for Preceptor Support	105
Summary	107
CHAPTER 5: DISCUSSION, IMPLICATIONS AND LIMITATIONS	109
Summary of the Study	109
Discussion of the Findings	111
Implications of the Study	121
Implications for Nursing Education	122
Implications for Nursing Practice	124
Implications for Nursing Research	126
Limitations of the Study	127
Concluding Remarks: A Time to Collaborate in Providing Support to Preceptors	127
REFERENCES	129
APPENDICES	133

LIST OF FIGURES AND TABLES

	Page
Figure 1: Model for Preceptor Support	106
Table 1: Summary: Occurrence/Preceptor Satisfaction with Support Mechanisms	108

LIST OF APPENDICES

	Page
Appendix A: Letter to Directors, Schools of Nursing	134
Appendix B: Letter to Nursing Service Department	136
Appendix C: Preceptor Volunteer Request Form	138
Appendix D: Letter to Agencies	140
Appendix E: Interview Consent Form	143
Appendix F: Interview Guide	146

CHAPTER 1

OVERVIEW OF THE STUDY

Preceptorship, as a strategy for the clinical teaching of undergraduate nursing students, has become widespread in many nursing education programs across the country. Newfoundland Schools of Nursing have made preceptorship a major component for the clinical teaching of senior undergraduate nursing students. In the past, nursing programs relied too heavily on faculty from academic institutions to provide clinical learning experiences for nursing students (Baumgart and Larsen, 1992). They noted that with the increasing acuity of client care, it is becoming more difficult for faculty to safely supervise students. These authors stressed that health care agencies must become more intimately involved in the clinical education of nursing students. Preceptorship, as a model for clinical teaching, provides an opportunity for health care agencies, specifically nurses in practice, to become involved. However, such involvement alters the roles and responsibilities of these nurses thus requiring strategies for their preparation and support.

As we move toward the Year 2000, there needs to be a concerted effort from nurses in education and practice to work together to enhance existing clinical teaching strategies such as preceptorship so they remain viable and rewarding for all concerned. In order to improve and enhance the delivery of clinical preceptorships for nursing students, it is essential that nurse educators collaborate with nurses in practice in both the design and delivery of these programs. By collaborating with nurses in practice, nurse

educators can develop a better understanding of the elements of support that can assist preceptors to function more effectively in the role.

Statement of the Problem

Background to the Study

Preceptorship provides for a clinical teaching-learning relationship to develop between a nurse working in a health care agency and a nursing student. Working alongside the preceptor the student is able to receive individualized attention and subsequently develop the confidence and skill to function in a more independent capacity. This clinical teaching-learning strategy is fostered through the guidance provided by nurse educators who facilitate the developing relationship by acting as a resource person to both the preceptor and the student.

Shamian and Inhaber (1985), in their review of the literature on preceptorship, identified many benefits of this clinical teaching strategy. The advantages and disadvantages of the preceptor's role were identified in a survey report by Aispach (1989). The literature is replete with descriptive overviews and evaluation reports of preceptorship program designs and orientation strategies. However, little research was found that explores the support systems required as identified by those who precept. As well, of the studies reported, many focus on preceptors who work with nurses orienting to a new practice setting. Little emphasis has been placed on identifying the needs of nurses who act as preceptors for nursing students. Are nurse educators placing

increasingly difficult demands on their nurse colleagues in practice by asking them to assume the multi-dimensional roles encompassed by preceptorship? These added dimensions place increasingly difficult demands on the preceptor's time and workload (Alspach, 1989; Chickerella & Lutz, 1981; Clayton, Broome, & Ellis, 1989; Goldenberg, 1987/88; Stuart-Siddell & Haberlin, 1983). Goldenberg observed, "Some preceptors complain that time and energy must be divided between patient care responsibilities and the needs of the learner" (p. 13). The expanded role of the preceptor position points to the need for supportive networks and mechanisms from the nursing education community as well as from administrators and peers in the preceptor's workplace (Alspach, 1987; Bizek & Oermann, 1990, Davis & Durham-Barham, 1989; Hsieh & Knowles, 1990; Limon, Bargagliotti, & Spencer, 1982).

It is essential that nurse educators increase their awareness of the support required to enable preceptors achieve personal as well as professional role satisfaction. Davis and Durham-Barham (1989) noted that in the design of a preceptorship program, the creation of support systems to provide structure and direction to the preceptor is often a neglected feature. Bizek and Oermann (1990), in a descriptive correlational study of critical care preceptors, found a positive correlation between level of job satisfaction and the amount of support that preceptors perceived they received from within their agency. They recommended, as a follow-up to their study, the need for further research to examine the effects of preceptor preparation programs on expectations related to the preceptor role.

They also suggested further research to determine the type of support most useful for increasing job satisfaction and retention of staff.

If support systems are not available to foster preceptor role satisfaction, could it result in a lack of available preceptors who are committed to assuming this role? Does the support and guidance that is now provided to nurses who assume the role of preceptor enable them to feel comfortable with and capable of performing adequately as clinical teachers of nursing students? As schools of nursing in Newfoundland continue to rely on and plan for increasing use of preceptorship, it is necessary to address these questions in order to maintain the viability of this teaching model.

Purpose of the Study

The purpose of this study was to explore support mechanisms for preceptors of undergraduate nursing students. Specifically, the perceived needs for support as identified by preceptors of senior undergraduate nursing students, the type of support and guidance provided to preceptors by schools of nursing and affiliating agencies in the province, and how the preceptors perceived it facilitated their clinical teaching relationship with the student were examined. The investigation attempted to identify the type of support preceptors of undergraduate nursing students desire from nursing education faculties and clinical agencies as it related to helping them balance their roles and responsibilities as student teachers and patient care providers. The overall purpose was to determine how schools of nursing and the nursing practice community can foster

preceptorship experiences that are rewarding for the preceptors and provide for their long-term motivation in the role.

Significance of the Study

If nurse educators are going to continue to rely on preceptorship as a viable option for the clinical teaching of students in nursing, it is essential that collaborative working relationships exist between nurse educators and nurses in practice. The gap that exists between the academic world in nursing education and the realities of the practice settings needs to be bridged. This study was based on the perspective that in order to effectively bridge that gap open communication must exist between both. Nurse educators must explore the issues and concerns presented by nurse preceptors in order to help them deal with the challenges, demands, and opportunities of preceptorship. This study was designed to give the nursing education community further insight into how to assist preceptors to feel supported and satisfied in a preceptorship experience. Ultimately, the knowledge gained can assist the nursing education community to recruit and retain preceptors who will collaborate with faculty in the delivery of clinical learning experiences that will effectively prepare graduates for professional practice.

Research Questions

This study was guided by the following research questions:

1. What type of support mechanisms are presently available to nurses in practice who preceptor senior undergraduate nursing students?
2. Of the support mechanisms presently in place for preceptors of senior undergraduate nursing students, which are perceived, by these preceptors, as beneficial to enhancing their role satisfaction?
3. What other sources of support do preceptors of senior undergraduate nursing students desire from nurse educators, administration, and their colleagues?

Definition of Terms

The following definitions provided a glossary of terms for use in this study:

Faculty Liaison: A school of nursing faculty member who acts as a consultant/advisor to preceptors and students.

Nurse Administrators: Individuals, in health care agencies where students are preceptored, who negotiate with nurse educators and accept students for clinical preceptorship placements.

Nurse Educators: Individuals in schools of nursing who are accountable for the administration, planning, implementation, and evaluation of preceptorship programs.

Nurse Manager: The preceptor's first line of authority in the clinical practice setting. Other terms used throughout the study that are synonymous with the term include supervisor and head nurse.

Preceptor: A nurse¹ who works in a one-to-one relationship with a senior undergraduate nursing student from either a diploma or generic baccalaureate program.

Preceptor Role Satisfaction: The preceptor's contentment with his/her responsibilities and ability to effectively carry out the preceptor role.

Senior Undergraduate Nursing Student: A student in either the last year in a diploma or generic baccalaureate nursing program or a student completing the Year 3, extended clinical component, of the generic baccalaureate nursing program.

Support: The educational, advisory and administrative assistance provided to preceptors as they perform the responsibilities of their role.

¹Because the sample is overwhelmingly female, and to ensure anonymity, all study participants are treated as female, and feminine pronouns are used throughout.

CHAPTER 2

REVIEW OF THE LITERATURE

Preceptorship programs offer potential benefits to the practice setting as well as to the academic component of a nursing program. However, such mutual benefits are more likely to occur when preceptorship is a collaborative effort between nursing education and nursing practice (Davis & Durham-Barham, 1989). Since the outcomes of collaborative efforts between nursing education and practice can enhance both the practice and learning milieu, it is essential to investigate the factors that enhance the collaboration process. More specifically, there is a need to investigate those factors which enhance the preceptor's contribution to this clinical teaching model. Preceptorship as a collaborative teaching model provided the framework for this study.

As a collaborative teaching model, preceptorship can assist the nursing community to bridge the current theory-practice gap by fostering working relationships between nurses in education and in practice that are supportive and based on mutual trust. Central to effective collaboration between education and nursing practice is the presence of good communication processes, rapport, mutual trust and respect (Kirkpatrick, Byrne, Martin, & Roth, 1990). Organizational commitment and support for nurses who precept are the key factors contributing to the success of the preceptorship model (Brehaut & Turik, 1994; Davis & Durham-Barham, 1989). To enhance the collaborative efforts and outcomes of preceptorship, there must be a commitment to providing opportunities for interaction and those participating must reap some benefits (Kirkpatrick et al., 1990).

The literature provided an overview of the types of preparation and support considered important in assisting preceptors to perform in the role. Little information related to how preceptors perceive their experience was reported. As well, little research was found that identified the actual relationship between support and preceptor role satisfaction. However, several anecdotal and evaluation reports of specific preceptor programs identified numerous strategies for preparing and supporting preceptors (Dale & Savala, 1990; McKnight, Black, Latta, & Parsons, 1993; Shogan, Prior, & Kolski, 1985; Woodtli, Hazzard, & Rusch, 1988). These strategies point to the need for collaboration between nursing education and nursing practice in developing systems of support for preceptors.

The literature review begins with a discussion of preceptor responsibilities and role adjustment. This discussion provides the context for understanding the importance of preceptor preparation and support. The remainder of the literature review is organized under the following categories: preceptor preparation, communication and administrative support strategies, and preceptor benefits and rewards.

Preceptor Responsibilities and Role Adjustment

Preceptors in nursing apply their teaching, counselling, coaching, assessment, evaluation, management and organizational skills as they assist the preceptees to develop their own nursing competence (Jackson & Mott, 1993; Stuart-Siddall & Haberlin, 1983). The preceptor facilitates the neophyte's learning by acting as the primary teacher, role

model, and supervisor (Andersen, 1990). Preceptorship is a complex function, however, and the type of leadership required to effectively precept is not a part of the typical undergraduate curriculum (Piemme, Kramer, Tack, & Evans, 1986). Preceptors may not have all the skills expected in the teaching role, thus requiring that their needs in this area be investigated (Ferguson & Calder, 1993).

Critical to the pattern of interaction in a preceptorship program and the level of job satisfaction for the preceptors is their ability to feel comfortable and confident in their expanded role. Pond, McDonough, and Lambert (1993) surveyed 137 nurse preceptors (83% response rate) who evaluated their experiences with a specific preceptorship program. Comparative content analysis was used to analyze the narrative responses to open-ended questions included on the evaluation questionnaire. An independent analysis conducted by two of the researchers resulted in 95% agreement. The preceptors' responses to the questions indicated that lack of self-confidence, role uncertainty, and conflicting responsibilities between the preceptor role and the service delivery role were three of the least positive aspects of the experience.

Hsieh and Knowles (1990) conducted a qualitative study examining the development of the preceptorship relationship. Direct observations of instructor visits with 12 preceptor-student pairs were conducted weekly, over a 4 week period. As well, as part of the final evaluation, preceptors and students were asked to respond in writing to questions about the developing relationship. Content analysis of the data from the observation notes and written responses identified seven themes important to the

development of a positive relationship. One theme identified was the importance of clearly defined role expectations. Both preceptors and students expressed considerable uncertainty in relation to their new roles and expectations. Responses from both groups revealed that one of the most helpful actions by the instructor was the defining of expectations (Hsieh & Knowles, 1990).

Hardy and Conway (1988), in their writings on role theory and the health professions, suggested that when professionals moving into new positions are not sufficiently socialized, they experience role stress and role strain. They suggested that role transitions would occur more easily and with a greater probability of successful performance if the incumbents were provided with programs designed to enhance their knowledge and behaviour. In order to perform adequately, incumbents assuming new roles must receive information about role expectations. This information should include the rights, duties, and responsibilities of the roles as well as the activities which would acceptably fulfil the responsibilities of the positions (Rheiner, 1982). The development of role expectations and role conceptions are achieved through interaction between the incumbents and their reference groups. The expectations of reference groups such as those outside the work situation, immediate colleagues, administration, and the self, help to determine the norms of role behaviour for the incumbents (Gaines, 1981 as cited in Rubin, 1988).

In applying the assumptions of role theory to the preparation of preceptors, it is evident from the literature that incumbents need to be adequately prepared to fulfil the

responsibilities of their positions. Preceptors are often chosen because of their clinical competence, patient teaching skills, and leadership abilities; however, this does not ensure success in the role (Bizek & Oermann, 1990). Although precepting builds on the teaching component inherent in nursing practice, preceptors still require additional preparation for their role (Bizek & Oermann, 1990; Limon et al., 1982; Young et al., 1989). Davis and Durham-Barham (1989) suggested that although preceptors may have been selected for their interest and clinical expertise, they may be neophytes in the role of teacher and guide for nursing students. They recommended that strategies to define, refine, and support this expanded teacher role be used in order to make the experience positive and allow for the professional growth of the preceptor.

Preceptor Preparation

The descriptive literature is replete with anecdotal reports of preceptor orientation programs and other strategies used to provide initial and ongoing assistance to preceptors. It is essential that preceptor orientation programs be delivered prior to commencement of the preceptorship and that subsequent follow-up sessions or strategies for advanced preceptor preparation be provided (McKnight et al., 1993; Myrick & Barrett, 1994; Nederveld, 1990). Zerbe and Lachat (1991) reported that separate workshops for new and returning preceptors are delivered in their program. Davis and Durham-Barham (1989) suggested that preceptors attend student orientation programs in order to initiate

the student-preceptor relationship and to prevent misinformation and communication gaps.

Myrick and Barrett (1994) stressed the importance of an orientation program that addresses critical content such as teaching strategies, adult learning, evaluation techniques, and conflict management. Other preceptor orientation content areas discussed in the descriptive literature include reality shock, role descriptions, legal issues (Borland, Bone, Harlow, Parker, & Platou, 1991); reality shock, helping relationships, feedback principles, needs assessment, goals setting and values clarification (Piemme et al., 1986); review of basic teaching-learning principles, the difference between basic guidance and supervision, techniques of evaluation, and strategies for conflict resolution (Davis & Durham-Barham, 1989).

In an evaluation study of a preceptor preparation program, Westra and Graziano (1992) used a pre- and post-questionnaire design to determine if the program met the perceived needs of the preceptors. Evaluating novice performance was the one area where statistically significant differences were found. A major conclusion was that the one day workshop prepared preceptors for their role, but evaluation of the novice's performance was the one area in which the preceptors perceived a learning need. The workshop subsequently placed a stronger emphasis on the principles of adult learning, assessing the learner's needs, and evaluating performance.

Yonge, Krahn, and Trojan (1992) conducted a study of nurses who serve as preceptors to nursing students. The purpose of the study was to describe characteristics

of preceptors, their preparation, and the identified advantages and problems associated with the role. Two hundred and ninety-five preceptors in the province of Alberta responded to a researcher-constructed questionnaire. The questionnaire was reviewed by a panel of 11 experts and pilot tested on 30 preceptors in order to establish face and content validity. On the questions related to evaluating students, only 28.8% of the preceptors reported having been taught how to write an evaluation. Over 92% of the preceptors felt evaluating a student was their responsibility. Of those who felt they should not evaluate students, problems with time, the form, and preparation were cited.

Communication and Administrative Support Strategies

The establishment of an effective communication network is an essential component of the support mechanisms provided to preceptors. The anecdotal literature described the use of reading materials as a method of preparing and providing guidance to preceptors (Alspach, 1989; Dale & Savala, 1990; Gardiner & Martin, 1985; McKnight et al. 1993; Woodtli et al., 1988). These reading materials varied in the depth and breadth of their content.

Myrick and Barrett (1994) stressed the importance of providing time for the preceptor to work closely in a one-to-one relationship with the faculty liaison. An underlying concept of a preceptor development program is that the faculty liaison or staff development instructor is a peer coach or role model to the preceptor (Holly, 1992). Since peer coaching includes observation followed by feedback, Holly recommended that

the faculty liaison observe the preceptor's working relationship with the student and subsequently discuss the observations with the preceptor. By modelling and reviewing teaching behaviours with preceptors, faculty can assist preceptors to improve their teaching (Holly, 1992).

Other means of support to preceptors is through the use of preceptor-faculty collaboration in resolving problems that arise in the clinical setting in relation to student learning and performance (Brehault & Turik, 1994; Andrusyszyn & Maltby, 1993; Zerbe & Lachat, 1991). In describing faculty-preceptor collaboration in a specific program, Andersen (1990) indicated that openness, flexibility, and compromise are methods of collaboration that provide essential means of support to the preceptor through dialogue with the faculty member. Faculty members, in the program described by Andersen, meet on a regular basis with preceptors to discuss student progress and to provide guidance in the planning of individual student learning experiences. Faculty can also be involved in providing feedback to the students with the preceptor (Holly, 1992). If instructors periodically assist the preceptor in providing feedback to the student, this experience provides an opportunity for the preceptor to develop and refine feedback skills. Such feedback sessions with the faculty member present can also encourage the preceptor and preceptee to address any conflict issues (Holly, 1992).

The frequency of faculty contact with the preceptor, as reported in the literature, varies from daily (Zerbe & Lachat, 1991; Limon et al., 1982), weekly (Brehault & Turik, 1994) to periodically (Shogan et al., 1985). Limon et al. (1982) stressed that

contact with faculty and other preceptors is essential. It is also recommended that a faculty resource person be available by beeper or by telephone when preceptors and students are working together (Limon et al., 1982; Zerbe & Lachat, 1991).

In the study of preceptor characteristics by Yonge et al. (1992), it was reported that up to one-quarter of the preceptors surveyed did not feel supported during their preceptorship experiences. This lack of support was attributed mainly to lack of availability of school of nursing faculty. Yonge et al. also reported specific problems which caused stress for preceptors, such as working with students who were having clinical performance problems. As well, students not suited to the clinical area because they demonstrated lack of motivation and preparation caused stress for the preceptors. Pond et al. (1993) also reported that for preceptors one of the least positive aspects of a preceptorship experience was lack of student preparedness. Pond et al. also reported that students with a strong knowledge base and willingness to learn created a positive experience for the preceptor.

Young et al. (1989), conducted a questionnaire survey (n=19) of a specific preceptorship program for new graduate nurses. The purpose of the survey was to identify, from the preceptors' point of view, specific factors that contributed to preceptor satisfaction. Analysis of preceptor responses to the questionnaire revealed that preceptors did not believe their co-workers fully understood the overall purpose and benefits of a preceptorship program, and thus were not always supportive. They indicated that strategies to communicate the purpose and value of preceptorship programs to all nurses

in practice could help bridge this lack of understanding. They identified strategies that would enhance administrative support and commitment and thus provide a means to increase the success of preceptorship.

In the study by Hsieh and Knowles (1990), the preceptors reported that their usual co-worker support systems did not function as usual because co-workers lacked an understanding of the concerns and problems of the preceptorship experience. When verbal suggestions were made by the faculty liaison, preceptors tended to talk to each other more frequently, using each other for support. Hsieh and Knowles also found that preceptors considered dialogue with faculty, co-workers, and head nurses as essential forms of support. When faculty discussed with preceptors the preceptor's problem situations, such as unit or agency-specific politics, it was also perceived as a form of preceptor support. Likewise, if head nurses discussed with other unit staff their recognition and awareness of the stresses associated with preceptorship, it was perceived as a source of support by the preceptors. Hsieh and Knowles reported that when this support was not provided, preceptors frequently felt misunderstood and frustrated by their co-workers lack of understanding.

Analysis of preceptor responses to the questionnaire survey by Young et al. (1989) also revealed the need for strategies to enhance preceptor support as it relates to workload during the orientation period. Fifty-seven percent of respondents did not feel the workload was fairly distributed during the orientation period. Preceptors reported that the preceptee's first orientation day to the unit should be a formal planning day with

the preceptor. This day would allow the preceptor to be free of patient care responsibilities, thus allowing the preceptor and preceptee to review the preceptee's learning needs and formulate goals and objectives for the experience. Preceptors also reported their dissatisfaction with having little input into how to individualize the orientation program.

In their study, Bizek and Oermann (1990) examined the relationships among job satisfaction, educational experiences, and the support received by 73 critical care preceptors. Support was measured as role recognition, benefits, and sources of guidance available to preceptors. A significant finding from this study was that job satisfaction increased as support for the preceptor increased. Preceptors reported that one of their chief sources of support came from other preceptors, indicating the need to provide for interaction and communication between and among preceptors. While less than half of the preceptors indicated their superiors and educational coordinators as sources of support, a weak but significant correlation existed between the amount of perceived support from the agency and the level of job satisfaction.

While the research literature measuring support for preceptors is inconclusive, there is preliminary evidence that support needs are multidimensional and important to preceptor role satisfaction.

Preceptor Benefits and Rewards

Those responsible for planning and implementing a preceptorship model of clinical teaching must be aware of the benefits inherent in the preceptor role in order to understand the sources of support required by these nurses. Much is written in the descriptive literature about the benefits to the preceptor as well as the forms of recognition used to acknowledge the preceptor's contribution to the program. Several sources described the opportunity for professional growth as a major benefit to the preceptor (Brehault & Turik, 1994; Chickerella & Lutz, 1981; Dale & Savala, 1990; Davis & Durham-Barham, 1989; Limon et al., 1982). These and other sources identified the many benefits inherent in the preceptor role which contribute to both the personal and the professional growth of the preceptor. These inherent benefits to the preceptor included: reflecting on their own practice, seeking out new knowledge and skills, and becoming motivated to advance their careers (Brehault & Turik, 1994); providing intellectual stimulation through discussion with students (Andrusyszyn & Maltby, 1993); recognition by the nursing education community and the institution of the preceptor's expertise and the opportunity to work in collaboration with nurse educators (Kirkpatrick et al., 1990); the building of collegial networks with nurse educators, nurse administrators, other preceptors and students (Davis & Durham-Barham, 1989); and the opportunity to develop their mentorship, leadership and teaching roles (Andrusyszyn & Maltby, 1993).

There were no empirical studies cited in the literature specifically examining preceptor benefits and rewards. However, of the studies which examined a specific preceptorship program or characteristics of preceptors, the importance of the personal and professional benefits of preceptoring were supported. These benefits to the preceptor included: re-examining their nursing knowledge and reflecting on their own nursing practice (Yonge et al., 1992); keeping current clinically and stimulated in their thinking (Bizek, Oermann, 1990); job enrichment and personal growth gained from assisting others in their development (Young et al., 1989); and the stimulus to further their education (Pond et al., 1993).

Discussed in the descriptive literature is the need to develop reward systems for preceptors in order to help increase their role satisfaction (Goldenberg, 1987/88; Kirkpatrick et al., 1990; Turnbull, 1983). Nurse administrators and others responsible for the planning of a preceptorship program should consider how positive rewards can reinforce desired behaviours of preceptors (Goldenberg, 1987/88; Turnbull, 1983). Turnbull emphasized that attention to reward mechanisms in preceptorship programs encourages continued involvement of volunteer preceptors.

Sources of rewards cited in the literature, as used in specific programs, included: acknowledgment and a thank-you in the agency newsletter as well as a letter of appreciation from the school of nursing (Kirkpatrick et al., 1990); a refreshment break and the opportunity to view student poster displays (Weber, 1993); an additional .50 cents/hour while working in the preceptor role, and formal recognition by title as staff

nurse preceptor (Mooney, Diver, & Schnackel, 1988); paid attendance at continuing education programs, better evaluations toward advancement on a clinical ladder, and a certificate of appreciation, or special name tag (Alspach, 1989).

Goldenberg (1987/88) recommended other incentives or means of recognition that could be considered or are in place in selected nursing settings. These included preceptor involvement in program planning and evaluation as well as ongoing inservice education opportunities. It was suggested that these types of incentives help to establish recognition of the preceptor's expertise. Tuition waivers, listing in school catalogues as part-time faculty, and access to library facilities and media resources are other recommended sources of incentive and reward. Mooney et al. (1988) recommended that consideration be given to incorporating the preceptor role into the agency's merit system for evaluation of staff nurses.

Empirical studies which examined a specific preceptorship program or characteristics of preceptors across many programs also supported the need for rewards as a means to recognize preceptors for their contributions. Bizek & Oermann (1990) identified role recognition and rewards to preceptors as measures of support that may influence the job satisfaction of preceptors. However, of the nineteen nurses included in the study by Young et al. (1989), 53% did not perceive that they received recognition while in the preceptor role. The study by Yonge et al. (1995) also supported this finding and further revealed that when rewards were received, they did not always match what the preceptors considered to be appropriate. Yonge et al. identified that most preceptors

want, as a means of professional recognition, a letter of acknowledgement from the school of nursing to be placed in their personnel file. Preceptors in this study also identified opportunities for professional growth, such as access to a workshop or a journal subscription, as important reward mechanisms to recognize preceptors.

Summary

The literature on support for preceptors identifies the importance of preceptor preparation, rewards, and ongoing contact and communication between preceptors and nurse educators. The descriptive literature is replete with overviews of preceptor program designs and identification of support mechanisms to enhance the collaborative nature of this clinical teaching model. However, only a few studies exist that directly or indirectly address the availability and/or suitability of the support mechanisms as identified by preceptors. While the research literature is scarce, there is preliminary evidence that preceptor support needs are multi-dimensional and important to their role satisfaction. The literature review supports the need to investigate the types of support that are presently in place and considered beneficial by those who precept, as well as the types of support identified by preceptors as needing further development.

CHAPTER 3

METHODOLOGY

Naturalistic Inquiry as a Methodology

The research outcome for this inquiry was to provide an interpretive description of the resources and sources of support perceived as valued and/or needed by those who act as preceptors. The naturalistic inquiry research methodology was therefore chosen to guide the design of the study. The purpose of naturalistic inquiry is to understand rather than to predict and control (Lincoln & Guba, 1985). In a naturalistic inquiry, knowledge is gained from individual perceptions of reality within a specific context. The premise behind the naturalistic inquiry methodology is that there is no single objective reality; rather, there are multiple realities based on subjective experience and circumstances (Lincoln & Guba, 1985).

The naturalistic mode of inquiry was chosen as the methodology for conducting this study because of the need to study multiple, context dependent realities in an area where little research has previously been undertaken. The aim of naturalistic inquiry is not to focus on similarities that can be developed into generalizations, but to describe the many specifics that give the context its uniqueness (Lincoln & Guba, 1985). Because preceptorship experiences occur in a variety of settings and under a variety of conditions, a need was identified early in the study design to obtain participants from multiple settings. This approach allowed the researcher to maximize variation because access to preceptors in these settings had been established. As data collection proceeded within

one context or setting, the need to obtain more detail or contrasting information from preceptors within the same or another setting could be accommodated.

Data Sources

The data sources for this study included interviews with eighteen nurses who have preceptored senior undergraduate nursing students from either a diploma or generic baccalaureate nursing program. As well, documents used by schools of nursing in the province where preceptorship or a preceptorship type of teaching model is used were analyzed in order to determine the written resources provided to facilitate the orientation and preparation of these nurses.

The Documents

Each of the schools of nursing in the province use preceptorship or a clinical teaching model similar to preceptorship at some point during the final two years of the program. The five schools of nursing forwarded documents such as written guidelines and orientation schedules used to prepare nurses who work as preceptors or resource persons to student nurses. The letter requesting use of these documents is appended (see Appendix A). Approval was subsequently obtained from all of the schools of nursing to use these documents for the study. In one case the teaching model used is not defined as preceptorship. The model involves the assignment of a senior student to a nurse who is willing to act as a resource person to the student during the designated clinical time

frame. Many of the responsibilities of the student and resource person are consistent with the definition of preceptorship as used for the purpose of this study. Documents received from all of the schools of nursing in the province were therefore used in the description of resources for the preparation of preceptors.

The Sample

The interview sample consisted of eighteen nurses who had preceptored senior undergraduate nursing students from either a diploma or generic baccalaureate nursing program. Five health care agencies in the province, where nurses who had acted as preceptors for these students were employed, gave approval to the researcher to conduct interviews with those nurses who volunteered to participate. The use of multiple sites ensured a diverse sample with nurses participating from a wide variety of clinical practice settings and regions of the province.

Once approval to conduct the study was obtained from each health care agency, the respective nursing service department was contacted and their assistance requested in helping the researcher obtain volunteers (see Appendix B). Preceptor volunteer request forms were made available with a request that they be brought to the attention of those nurses who had preceptored in their agency (see Appendix C). Within each agency, the method of communicating the request for volunteers varied. In some circumstances the notice requesting volunteers was posted and/or a copy made available to all nurses who had preceptored. In other situations, nurse administrators or staff

educators brought the request directly to the attention of the nurses and encouraged their participation. Still in other situations, both mechanisms were used. Five of the participants called the researcher directly and volunteered to participate. The other participants informed a contact person in their nursing administration or staff education departments that they were interested in participating. These individuals gave permission to be contacted and subsequently agreed to participate when approached by the researcher. Only one person chose not to participate once the study purpose and procedure was explained during this initial contact stage.

The nurses interviewed were from across the province; however the majority represented health care agencies in the eastern portion of the island. The sample included seven nurses from an acute care hospital which is the parent agency of a diploma school of nursing, five nurses from community health and six nurses from among three acute care agencies separated from any of the schools of nursing in the province by at least a two hour drive.

The nurses interviewed had a wide range of clinical practice experience across many settings. The number of years these nurses had been in practice ranged from two to thirty-two with equal distribution of experience between the three categories of under five, between five, and fifteen and over years of experience. The nurses who had been in practice for under five years had spent the majority of their time in their present work setting. For those nurses who had been in practice for over five years, only one had been in her present work setting for under five years. Although, this nurse had a number

of years' experience in her present area of nursing practice, she had just recently experienced a change in work setting.

The majority of the nurses interviewed had preceptored a number of times and six had preceptored for two schools of nursing. The students these nurses had preceptored represented four of the schools of nursing in the province. All preceptors stated that they had preceptored within the past year. Some of those interviewed had a student assigned at the time of the interview. The length of the individual preceptorship experiences varied from three to twelve weeks.

Three of the nurses had preceptored post-basic baccalaureate nursing students or re-entry nurses as well as basic students in nursing. During the interviews with these nurses, there were references made to their experiences with other than the basic students in nursing. In the analysis of the interview data, only the information relevant to the basic students was included.

Ethical Considerations

Following approval from the Ethics Review Committee of the Faculty of Education, Memorial University of Newfoundland, each of the involved agencies where preceptor volunteers were sought was contacted (see Appendix D). Once the volunteer sample was obtained, an initial contact was made to outline the purpose of the study and the procedures involved for obtaining the interview data. Subsequently, written consent was obtained prior to commencement of each interview (see Appendix E). The

researcher kept the signed copy of the consent form and the participants were given a copy for their records.

Through the written consent form and the researcher's verbal explanations, participants were informed of the measures to ensure anonymity such as the use of codes rather than names on interview transcripts. The participants' freedom to withdraw from the study at any time and/or refrain from answering any questions they preferred to omit was also explained. Participants were told and subsequently given the opportunity to read any of their direct quotes used in the final report. This measure was included in order to ensure anonymity as well as accuracy of the quote and its interpretation. Participants were reassured that the interview was not intended to evaluate their performance nor the performance of their students. It was explained that the interview was designed to obtain information from preceptors that would give nurses in education and practice an insight into the support needed to enhance preceptorship experiences.

Interview Approach

Personal face-to-face interviews were conducted, when feasible. In some instances, arrangements were made to conduct interviews by telephone. Of the eighteen nurses interviewed, nine were interviewed by telephone and nine in person. Participants selected the setting and time for the interviews. Six of the personal interviews were held in an office within the participant's place of employment, two were held in the offices of the participants, and one was held at the researcher's home. Six of the telephone

interviews were conducted while the participants were home from work, while three were conducted from their place of employment. All arrangements made were to ensure convenience for the participants. Three of the interviews had to be rescheduled at the participants' request; these interviews were arranged for another time most appropriate for these individuals.

The interviews were planned for 45 minutes to 1 hour. The researcher tested the interview guide with a volunteer who was known to the researcher as having preceptored. The purpose of the pilot test interview was to establish the clarity of the questions as well as the time frame for the interview. The interviews took place over a period of 2 months. Each interview was transcribed verbatim except for the opening portion of the interview when the researcher was explaining the purpose of the study to the participant. The interviews varied in length; the majority lasted approximately 1 hour, but the length varied from 35 to 90 minutes. All interviews were audiotape recorded.

The questions that guided the interviews were developed by the researcher (see Appendix F). These broad questions were formulated following a review of the literature. Preceptors were asked to describe actual experiences in relation to being supported in or prepared for preceptoring and to relate these experiences to how they felt about the support that was provided at the time. Prompts such as "tell me more about that", and "how did you feel about that?" were used to encourage participants to share their experiences and to help identify those sources of support or preparation they felt

needed further development. The participants' descriptions of their experiences were clearly articulated during the interviews and follow-up interviews were not required.

Data Analysis

The Documents

Documents from the schools of nursing, which included written guidelines and orientation schedules, were read prior to starting the interviews. This gave the researcher some knowledge of the resources available from each school of nursing for the purpose of exploring their implementation in the interviews. Actual document analysis took place following analysis of the interview data. Identification of the categories from the interview data helped direct the final reading and analysis of these documents. All of the documents were analyzed for similarities and differences in their content. Both the written guidelines and orientation schedules were summarized for the findings.

The Interview Data

As each interview was completed it was transcribed. The researcher used secretarial support for interview transcription. The interview tapes did not contain any characteristics that would permit the identity of the participants to be revealed to the transcribers. Participants were informed, prior to commencement of the interview, that

individuals other than the researcher would be transcribing; none of the participants objected to this process.

As each interview was transcribed, it was saved on a computer disc which was subsequently given to the researcher. The researcher then listened to the audiotape while reading the transcribed interview from the computer screen. This allowed the researcher to correct any misinterpretation of words that were transcribed and ensured accuracy of the transcribed tape. As well, the researcher listened to each of the participant's words, while reflecting on what was being said, how it was being said and, why it was being said. This process permitted the researcher to identify themes that were emerging from the data so as to ensure they were subsequently explored with other participants. Many of these themes emerged early in the data collection process, and they supplemented the interview guide as the participants' varied experiences with preceptor resources and support were explored.

The interview data were analyzed using a modified version of the constant comparative method of data analysis (Chenitz & Swanson, 1986; Glaser & Strauss, 1967). The constant comparative method was used as a method to process the data rather than as a means to generate theory.

Following the final transcription of the interviews, each interview was read several times. During the first reading of each interview, units of data (Lincoln & Guba, 1985; Streubert & Carpenter, 1995) were identified to determine whether the participant's comments addressed either of the research questions. These units of data

were identified through words, sentences, and/or statements that reflected an answer to one, or more than one, of the research questions. These units of data were highlighted and the right-hand margin of each transcript was used to identify the appropriate research question(s) answered. Memoing was also included in this margin to explain some of the thoughts and questions of the researcher in relation to how the unit of data contributed to answering the research question(s) and why. Some early recurring themes were identified that reflected the researcher's thoughts as to why participants were feeling a certain way about the experience and how it was related to the research questions. These themes were especially related to research questions two and three; those questions designed to examine each participant's satisfaction with existing support mechanisms and to identify other needed sources of support. This early analysis of themes helped the researcher to reflect on the reasons for commonalities and variations in the data.

Following identification of units of data as they related to answering the research questions, further reading of the data resulted in the assignment of these units of data into categories. In doing this, the units of data within each interview transcript were reread and assigned to categories that developed as the analysis proceeded. Rules of inclusion were developed as the categories were defined. Units of data were continually compared to previously categorized units, resulting in similar categories being clustered. Category generation and clustering occurred until all the themes were exhausted. As a result of this clustering, categories of data to answer research questions one and two became similar and were subsequently grouped together. The categories of data related to

research question three, although similar in some ways, were different in other respects from those categories related to research questions one and two. The categories of data to answer research question three were subsequently organized into another group of data. Commonalities and differences in categories existed between these two groups of data. This reflected a finding that emerged as the data were analyzed: there was variation in the availability and type of support provided to these preceptors.

Credibility

Methods to establish credibility were built into the research design of this study. First, the data sources were triangulated to achieve a more complete and accurate portrayal of the subject matter (Talbot, 1995). This was accomplished by analyzing both the written documents for preceptor preparation and questioning the participants during the interview process about the written guidelines and orientation provided to them.

Other methods to establish credibility included a detailed data base and thick description as well as inclusion of the participants in the data analysis phase of the inquiry. The latter was achieved by going back to the participants and giving them a summary report of the findings. Participants were also given sections of the report where they were quoted, the accompanying analysis, and they were asked to support or contradict the analysis. Establishing credibility by this measure enabled the researcher to capture the data as constructed by the participants, or to correct, amend or extend it (Lincoln & Guba, 1985, p. 136).

CHAPTER 4

RESOURCES AND SOURCES OF SUPPORT: THE FINDINGS

This chapter is divided into three sections. Section I describes a common theme that emerged among the preceptors as they each talked of their experiences and feelings related to preceptorship and how these affected their needs for support. The common theme that emerged was the preceptor's sense of responsibility for the student's development. While the preceptors' work experiences, work settings, and experiences with preceptorship varied, they all shared this sense of responsibility for student development. It became clear that in order to answer the research questions, it must be grounded first that preceptors bring this sense of responsibility to the role. This sense of responsibility is described in Section I and provides a context for understanding the meaning that preceptors attach to the various support mechanisms that are in place or desired to help them feel satisfied in the role. Section II addresses research questions one and two. The current resources and sources of support available to preceptors are identified and those perceived as beneficial are described. Section III addresses research question three by describing those resources and sources of support perceived by the preceptors as needing further development in order to assist them fulfil their sense of responsibility to the student.

Section I: The Context

Feeling Responsible for Student Development

It was clearly articulated by preceptors that, in a preceptorship experience, they felt a personal sense of responsibility for student development. Preceptors often expressed their sense of responsibility by talking about the need to be a good role model. Role modelling behaviours expressed by preceptors were consistent with those identified by Stuart-Siddall and Haberin (1983). These behaviours included professionalism, self-responsibility, clinical expertise, and peer acceptance. The following examples demonstrate this sense of responsibility:

I just felt like I wanted to be a good role model I wanted her to look at me and say gee that's what I want to be like kind of thing you know cause that's how I felt when I was a student.

You know that you have somebody who is looking up to you. So the first priority is to be a good role model...to maintain your professionalism and to be a good example to the student.

Another important element of the preceptors' sense of responsibility was the concern that their student gained an optimum learning experience. Preceptor dialogue in relation to feeling responsible for providing optimum learning reflected their commitment to enabling this for the student. At times, other factors influenced the preceptors' ability to facilitate optimum student learning; this caused some stress and frustration for preceptors. The following accounts by different preceptors reflect these concerns:

If it's a really hectic workload and you don't have a lot of time to be [sic] stopping and explaining and teaching, that can be frustrating. But you know, I don't find frustration from the student themselves. I actually feel bad for them because you know we're in this particular situation at a given time.

Sometimes I myself wonder if I'm teaching that person properly or you know is there any other way...then I kind of question myself, am I capable enough to teach this, to do this.

And if they didn't have a good experience it certainly...I think it reflects back on you as a preceptor because I think you're responsible to make their experience here as rewarding as possible for them.

A common thread underlying this sense of responsibility for student learning was that sometimes the stress associated with precepting was not a product of the relationship with a student; rather, it was a product of the frustration associated with being unable to provide the best teaching and learning environment. Added to this sense of responsibility for student development was the need to maintain quality client care. Preceptors had to balance these responsibilities, which at times resulted in the need to postpone student learning opportunities because the preceptor was too busy and did not have the time to assess student readiness for the experience. These situations occurred more frequently during the beginning phases of the relationship when the preceptor was unsure of the background of experiences and competency level of the student. However, preceptors did not always feel they were adequately informed of each student's level of skill development and learning needs. When this was combined with a busy client-care workload, it caused a sense of frustration for preceptors because they felt they were not

meeting their responsibility to the student. This sense of responsibility to both student and client was reflected in the following statements:

So it's some big responsibility in that sense that you're trying to give the student the best experiences but not to jeopardize the patient care.

It impacts on your day in that regard and in your planning for the months ahead, really, because you have to consider this other person, their needs and their...abilities and their past experiences and everything. And then you also have to consider the families and the people you are nursing...so I guess it's like a co-ordination effort that you're considering all the time.

As professional nurses, the preceptors expressed their overall responsibility to clients but recognized and were committed to their responsibility to help the student. This personal sense of responsibility provoked some feelings of stress among preceptors. This stress was related to their need to know that they were providing the type of learning experience and feedback that the student required and the school of nursing expected. The preceptors' accounts of their feelings in relation to being able to fulfil this responsibility to the best of their ability was often influenced by other forces. These other forces emerged as themes which reflected this overall sense of responsibility by the preceptors. These themes included the preceptors' feelings in relation to being prepared for their role, the support given while in the role, and the recognition received for assuming the role. These themes are explored as the data in each of Sections II and III are presented. Categories of support mechanisms are identified under each theme in both sections. These categories reflect the commonalities, differences, and subsequent patterns of resources and support available to and needed by preceptors. Overall, the

themes and categories reflect preceptors' needs for clear role expectations, reference group support, and collaboration in order to assist them fulfil their responsibilities for student development. Description of the resources and sources of support is framed within the context of preceptors' work situations.

Section II: Research Questions 1 and 2

Support Mechanisms Available to Preceptors

The answers to research questions one and two are described in this section. Three broad headings are used to organize the support mechanisms available to and perceived as beneficial by the preceptors. These headings are: Being Prepared for the Preceptor Role, Being Supported in the Preceptor Role, and Being Acknowledged in the Preceptor Role.

Being Prepared for the Preceptor Role

The type of preparation made available to preceptors and their perceptions of its benefits varied according to their work location, the school of nursing preceptored for, and their previous experience with preceptorship. As a mechanism for support, preparation was perceived by the preceptors as a means to clarify their responsibilities and help them adjust to the role. Following analysis of the interview data and the documents from the schools of nursing, three categories of preparation were determined. These categories include written guidelines, preceptor orientation, and knowledge of the

student. In the description of these categories of preparation and their benefits, both interview data and document analysis are presented.

Written Guidelines: Document Analysis

Similarities and differences existed in the written guidelines used to prepare nurses who become preceptors for the various schools of nursing. Each of the schools have developed an information handout or manual which includes, in all of the documents submitted, the overall purpose and objectives of the clinical experience as well as a role definition and list of responsibilities for individuals involved in the experience. Terminology varied among the schools in the name used to denote the role positions defined in their documents. However, for the purpose of this discussion, a common term is used when referring to each of the following positions; the student, the preceptor, the faculty liaison, and the nurse manager. In all but one of the documents submitted, the nurse manager's role is defined. All other roles, as discussed here, are identified and defined in the documents from the five schools of nursing.

In outlining the responsibilities of student, preceptor, faculty liaison, and nurse manager, documents varied in terms of how specific responsibilities were described. In outlining the responsibilities of the preceptor, the documents identified that the preceptor assists the student in identifying and modifying clinical learning objectives. As well, the documents outlined that the preceptor helps the student meet these objectives or develop the strategies to meet them. All of the documents referred to the preceptor's

responsibility for providing feedback to the student and input into the evaluation of the student. The preceptor was generally identified as the individual who provides the unit orientation and assists the student in becoming familiar with nursing policies and procedures of the area. The preceptor's responsibility for the direct clinical supervision of the student was not specifically identified in all of the documents reviewed. However, in these cases, broad references were made to the preceptor providing guidance to facilitate student attainment of the objectives.

Throughout each of the documents, the expectation is that the preceptor works in collaboration with the faculty liaison who consults with the preceptor in the planning and evaluation of the student's learning and progress. Generally, the documents also indicate that the faculty liaison maintains open communication with the student and nurse manager. Reference is frequently made to the faculty liaison's contact with the preceptor and, in some cases, it is identified when or how often these contacts are to be made. In general, the documents outlined that assistance is available to the preceptor from the faculty liaison in order to discuss student performance. One of the documents specifically identified how the faculty liaison, in consultation with the preceptor and the student, would deal with a problem should it occur during the clinical experience. Some of the documents outlined how the faculty liaison could be accessed by phone or beeper when not available in the clinical setting. In some cases, on-call rosters and/or telephone numbers of the faculty liaisons were included in these documents. One document specifically identified that the faculty liaison and the nurse manager acknowledges the

preceptor's contribution to the school's nursing education program. This same document also outlined that the faculty liaison and the nurse manager promote the benefits of the preceptorship program.

Some of the documents outlined that the nurse manager acts in a consultative capacity by assisting the preceptor with student objectives, learning experiences, and evaluation. Other schools of nursing more broadly defined the nurse manager's role as acting in an advisory capacity to the preceptor.

All schools of nursing identified student responsibilities and contributions to the preceptorship process. Throughout all of the documents, it was evident that students are expected to be active participants in the learning process. The documents outlined that students are responsible for developing and revising their own learning objectives, evaluating their own progress throughout the experience, and seeking feedback to promote their development and improvement. Two of the documents made reference to the student's accountability and responsibility to maintain positive, professional attitudes. Three of the documents made reference to student responsibility for increasing their independence in the management of client care. Most of the documents referred to student participation in evaluating the preceptorship program or individual preceptorship experience.

Over and above identification of the roles and responsibilities of participants involved in the preceptorship process, the schools varied on other details included in their documents. Three of the documents included information related to the program of

studies in general, as well as specific information on the preceptorship course. Documentation from the other schools focused only on the course in which the preceptorship experience is provided. Three of the documents made reference to the preceptor selection process or attributes and abilities of effective preceptors. Three of the documents included a component on the benefits of preceptorship to the preceptor, preceptee, nursing education, nursing practice, and the profession.

Some of the documents included information related to student policies in general as well as policies related to the clinical component. In the majority of documents submitted, however, reference was made to the student's responsibility to inform the preceptor or faculty member of any nursing skill which the student is not competent to perform. Generally, it was defined that the preceptor and/or faculty member would provide guidance to the student in such a situation. Three of the documents defined nursing skills which students are not permitted to perform and, in some cases, those which can be performed only under direct supervision. One school submitted a copy of the clinical skills list which students are responsible for keeping up to date as they perform the skills listed. This skills list directs the preceptor and/or faculty liaison to initial and date the skill when the student achieves competency. This skills list is included among the information packages given to preceptors.

The majority of documents included general guidelines for evaluating students during their preceptorship experience. The evaluation process is described as ongoing and based on the participation of the preceptor, faculty liaison, and the student. The

guidelines, in most of the documents submitted, included reference to the component parts of the evaluation process, as well as the preceptor's and the faculty liaison's responsibilities in evaluating the student. The student's responsibilities in the evaluation process were often defined. In one of the documents, some guidelines were included in relation to giving feedback regarding student performance. This same document also included examples of comments that could be used to summarize student performance in certain performance areas of the evaluation.

Two of the documents included reference to accountability and the legal implications of precepting. Both documents made reference to student and preceptor accountability in the provision of client care within the context of the preceptor/preceptee relationship. As well, these documents made reference to the "ARNN Position Statement on Preceptorship" and the "Standards and Criteria of Professional Competence for Beginning Practitioners of Nursing in Newfoundland" in either their discussion on the legal implications of precepting or the information material available to preceptors.

Three of the documents included a reference reading list on preceptorship and, in some cases an article or a written guideline prepared by the school on the skills of precepting.

Other documents submitted included schedules and outlines for preceptor orientation sessions, as well as designated materials to be distributed during the sessions. These documents are discussed under the Preceptor Orientation category.

Written Guidelines: The Preceptors' Perspectives

Preceptor recall of the documents received and available to them varied. In many cases, preceptors remembered receiving or having available written guidelines to assist them, but they differed in their recall of the contents. In their discussion of the written documents, very few of the preceptors spontaneously recalled if information related to their roles and responsibilities had been included. When directly questioned if these were outlined, most of the preceptors were able to recall their inclusion in the handouts received. One preceptor recalled that the handbook included "legality things on what the student was covered for, what they were expected to do, what the philosophy of the school was", and another explained that the handbook included "what to expect of us as preceptors". Another preceptor, when discussing the written guidelines the school gave her, made reference to an article regarding working as a preceptor and giving feedback to students. This preceptor valued this source of preparation and talked about how she used the principles in her interactions with students.

What most preceptors clearly recalled was that, at some point in their experience with preceptoring, they had received, or their nursing unit had received, some documentation as to which nursing skills students in a particular preceptorship program could perform.

Individual preceptors varied in their confidence level as to their recall of the written guidelines and other resources provided. Several preceptors explained how they had not had the opportunity or time to read the entire manual or the handouts given to

them as part of their preceptor preparation. However, in cases where they knew the guidelines for the supervision of students were either available on their nursing units and/or the students or faculty could supplement these reading resources, they expressed confidence in their knowledge.

When preceptors knew where the guidelines were kept on their nursing unit, they referred to them as a reading resource when their ability to recall these guidelines was vague. The preceptors' confidence in having these guidelines available was communicated in statements such as, "Yes, there are guidelines...and if you have any problems with your student, what they should be doing or what they're allowed to do, there are manuals there," and, "We did refer to the manual a couple of times just to see it in writing."

Some of the preceptors related their perception that students are usually aware of the guidelines governing their performance of certain skills. These preceptors relied on the student as another source. These views were expressed in statements such as, "Usually the students have a pretty good idea of what they're allowed to do and what they're not allowed to do," and, "I asked her, now was this something she was allowed to do"?

In the case of preceptors who received regular contact from the school of nursing, some would seek out the faculty liaison to answer their questions if they could not recall the guidelines. The availability of this resource person was another important support for these preceptors. The confidence in knowing this source of support was available

was expressed in the following quote by one preceptor, "If you're ever in doubt, you can call the faculty person."

In the discussion of the written guidelines concerning student evaluation, preceptors varied as to how satisfied they felt with the preparation they received. A brief discussion of the preceptor's evaluation responsibilities provides a background to review the document guidelines for evaluation. In the majority of situations, the preceptor was responsible for evaluating student performance. However, expectations for the preceptor's involvement in the evaluation process varied. In situations where there was regular contact with a faculty member from the school of nursing, the preceptor completed several formative evaluations that were discussed with the student on a regular basis. These formative evaluations then provided data for the summative evaluation which was completed by the faculty liaison. Preceptors in community health settings and those in clinical settings geographically distanced from a school of nursing completed an evaluation form provided by the school. In most cases, these completed forms were given to the student at the end of the preceptorship.

Preceptors described the type of evaluation form they worked with explaining that it was often a checklist that focused on aspects of clinical performance such as psychomotor skills, communication skills, and the nursing process. The student usually gave the form to the preceptor at the beginning of the experience. Not all preceptors were provided with guidelines to assist them in completing the evaluation.

Preceptors varied in their degree of satisfaction with the assistance provided to help them complete the evaluation form. One preceptor commented on the usefulness of the guideline in helping her clarify the meaning behind each evaluation component. Another preceptor explained that the guidelines were discussed in the teleconference session that helped to prepare her for the experience. Some preceptors explained that the evaluation form was easy to understand and relatively easy to complete. This seemed to be the case when preceptors were given guidelines, when they had preceptored students who progressed without difficulty, and when the form used was primarily a checklist with room for comments. If either of these conditions was not present, preceptors expressed some difficulty with the evaluation process.

Orientation Schedules: Document Analysis

The orientation schedules from three schools of nursing were made available to the researcher. This analysis includes a synopsis of these schedules and any supporting documents submitted.

The document analysis revealed different schedules and time-frames for orientation sessions. These differences even occurred within the same school. Various reasons exist for these differences; for example, many of the schools use preceptors both within their own agency and in agencies geographically distanced from their location. One school of nursing document indicated that travelling orientation sessions are offered. Another school's document indicated that half-hour teleconference sessions are offered

to all outside affiliating agencies where preceptors are used. As well, some of the documents indicated that besides an annual one-day orientation session, additional sessions are available to complement the orientation program. For example, one school of nursing submitted four orientation session schedules ranging in length from 1 hour 30 minutes to 7 hours. These sessions varied in response to the experience of the preceptors being oriented. In situations where the preceptor's workplace was the parent organization of the school of nursing, the initial orientation session ranged in length from 4 to 7 hours.

The orientation schedules indicated that the sessions begin with a short introduction to the nursing program followed by an overview of the preceptorship program. This overview frequently included the objectives of the preceptorship program and a description of the roles and responsibilities of the participants. One of the schools framed the roles, responsibilities, and relationships by using the Jackson/Mott model adopted from the video "Preceptorship: A Model Based on Trust." This school also used a handout with an overview of this model and allowed time for discussion following the video.

Common to all of the orientation schedules was a segment on the principles of teaching, learning, and/or adult education. Descriptors of these orientation session segments differed, but they appeared to focus on providing preceptors with an overview of how to create a positive learning environment. In some of the orientation schedules, time was allotted for discussing student policies, competencies, and the legal implications

of preceptorship. Some of the orientation schedules incorporated small group discussions and work-sheet sessions as teaching strategies. All of the schedules included a segment on the student evaluation process.

The data presented related only to the initial orientation schedules. Information was not available on supplemental sessions or travelling and teleconference orientation sessions provided to outside agencies.

Preceptor Orientation: The Preceptors' Perspectives

Preceptor recall of the content covered during their orientation sessions varied. However, when preceptors received an orientation session, they were positive about its value in helping prepare them for the role. Of the preceptors interviewed, nine had participated in an on-site or teleconference orientation session prior to their most recent preceptorship experience. One preceptor had received an orientation session in the past but not for the most recent experience. The remaining eight preceptors had never received a formal orientation session.

For those who had never participated in an orientation session, feelings varied depending on the expectations for them, how they had been introduced to these expectations, and their subsequent contact or lack of contact with the school of nursing. These feelings are discussed in more detail throughout Section III of this chapter. This present discussion focuses only on preceptor recall of the orientation session contents and

their perception of its value in helping them fulfil their role and responsibilities to the student.

For many of the preceptors, one of the more important features of the orientation session was that it helped to clarify their role and responsibility for the student. As one preceptor noted, "Yes my role, and that was the biggest thing I took from it and that was probably the biggest thing that I was looking for." Another preceptor expressed how the orientation helped to clarify her role when she stated, "What we should expect of them as students and what they should expect from us as preceptors." For many of the preceptors, feelings of responsibility for the student were reflected in their discussions on how they became prepared through the orientation session. For example, one preceptor summed this up as follows:

You know it wasn't just that I was going to take someone under my wing and watch them work. It was a responsibility of mine to ensure that they learned according to the standards of the hospital and the school, that sort of thing. And a whole lot more but this is what I remember clearly about it. And that was a good thing to know because that helped develop my philosophy towards how I act as a preceptor.

Some of the preceptors were shown a video during their orientation session. For those who had preceptored before, there were positive feelings about how the video helped to clarify common feelings of uncertainty among new preceptors. One preceptor also felt the video confirmed frustrations associated with preceptoring, especially from other nurses who did not understand the preceptorship program and the preceptor's responsibility for the student.

Many preceptors valued the opportunity for dialogue during the orientation session. Frequently, preceptors discussed how they had not had the time or opportunity to read the entire preceptor manual. Some of the preceptors recalled that school of nursing faculty stressed the important sections of the manual to read. Helping preceptors focus on important aspects of the manual and stressing these points during the orientation session helped preceptors know where to obtain required information.

Many of the preceptors who received an orientation session recalled that it helped them define their responsibilities for the student and identify the student's level of competence. As well, many preceptors noted that their session included only a small number of people and this facilitated group discussion and the sharing of experiences. One preceptor specifically recalled working with case scenarios relating to different experiences between preceptors and students. This preceptor noted that the scenarios assisted preceptors in developing strategies to work with students and facilitated the sharing of experiences among those in attendance.

Preceptors valued the opportunity to meet and dialogue, during an orientation session, with a delegate from the school of nursing. In one situation, a preceptor was unable to attend a refresher orientation workshop offered in that particular academic year. However, one of the faculty members took the time to meet with her and review important aspects of the preceptorship program to refresh her knowledge from previous years. A preceptor who worked for an agency geographically distanced from schools of nursing recalled that the opportunity to meet with a school of nursing delegate was highly

valued. Feelings related to the need for contact with school of nursing personnel are further explored under the category, Being Supported in the Preceptor Role.

Knowledge of the Student

A recurring issue expressed by preceptors was the need to know the individual student's level of knowledge, skill, and learning needs. Written documents and interview data in relation to this category are discussed together. In all of the documents, reference was made to the student's responsibility for identifying and reviewing learning needs by developing objectives. In some of the documents, it was specifically outlined that the student is expected to review these objectives on a regular basis with the preceptor and/or the faculty liaison.

When students provided preceptors with learning objectives, preceptors felt knowledgeable concerning students' capabilities and needs for guidance. Preceptors frequently discussed the value of the student objectives in helping them assess learning needs and subsequently plan experiences. Consequently, these preceptors expressed more satisfaction with their ability to guide the student and in turn, they felt more in control of the learning environment. The objectives also helped the preceptor to feel that the student was an active participant in the relationship. This was expressed by one preceptor as follows:

I find that really good because I feel like it's coming from them and then if I know that...this week we need to work on this...or over the next couple of

weeks, I find that good to have a focus on where they want to go with it because they are the ones really responsible for their learning.

Frequently, preceptors explained how they discussed learning objectives with the student on a regular basis. In some cases, preceptors related how objectives became more specific as the student progressed throughout the experience. As a result, preceptors were able to plan for learning experiences to meet specific objectives as the student moved toward attainment of broader goals.

One preceptor in community health stated that she preferred broad student objectives because they are more obtainable. Other preceptors in community health explained that when learning objectives were discussed between preceptor and student, unrealistic objectives for the particular setting were identified early and revised as necessary. When one preceptor was asked how she would feel if students did not come to her with objectives, she responded, "I couldn't...I have objectives for myself and so therefore...I'm used to working with objectives, so I think I would find it very difficult."

Besides valuing student learning objectives, preceptors found it beneficial when they had some knowledge of a particular student's level of achievement. In many cases this knowledge was available through a skills list that the student brought to the clinical setting. This skills list provided an account of the student's past experiences and level of competence in the identified areas.

Some preceptors explained that having the skills list available helped them to define exactly where the student was in relation to level of clinical skill development.

This helped the preceptors in knowing where to focus attention in seeking out learning experiences. One preceptor expressed that it also prevented her from believing a student had little knowledge in certain areas of nursing practice, when in reality, the student's knowledge was well developed. This opinion was expressed in relation to wanting to ensure a good working relationship existed between the preceptor and student. Another preceptor explained that the student was expected to have the skills list in the clinical setting at all times so the preceptor could update it as the student became competent in new areas of skill development.

Being Supported in the Preceptor Role

The sources of support provided to preceptors came from nurse administrators and co-workers within their own agency, the school of nursing, and the student. The type of support available to preceptors varied with the school preceptored for, the preceptor's workplace, and its location relative to the school of nursing. In identifying these sources of support, the preceptors described how they assisted them perform and feel satisfied in the role. Each of these sources of support is addressed in terms of the need for understanding and clarification from others of the preceptor's teaching approach.

Workplace Administrative Support

The amount and type of support that preceptors required from their administration varied. A common thread was the need for administration to understand the preceptor's

responsibility for the student and the demands this created on the preceptor's normal working day. Many preceptors in the acute care settings explained that, as a rule, they were never assigned higher workloads because they had a student. One preceptor who felt administration understood and supported the preceptor's responsibility for the student stated:

I've never seen a case yet where, you know, we've say been short of staff, but they'll make up with the fact that you might have 3 or 4...preceptees up there...we try not to go with that because it's, first of all we know that's not to be...and you know, these students are up here to learn, they're not up here as staff members.

In another situation, a preceptor was asked by her immediate supervisor if the student could help out on another unit. The preceptor felt confident enough to explain that the student was not there for that purpose. She expressed satisfaction in her ability to advocate for the student's learning needs, and appreciated that the supervisor understood and no longer made such requests. The preceptor explained that this incident occurred when her nursing unit first became involved with the preceptorship program, and her supervisor probably did not understand the overall purpose of the experience because it was new to everyone. Another preceptor expressed appreciation that her nursing unit supervisor had "staffed accordingly", when she became aware of the difficulty this particular preceptor was experiencing in a preceptor-student relationship.

In two of the agencies geographically distanced from the schools of nursing, administration has designated a contact person to assist in arranging the student placement and/or orientating the student to the agency. In some circumstances, the unit supervisor

gave the general orientation to the hospital, and the preceptor was responsible for orienting the student to the unit. Most of the preceptors expressed satisfaction with this arrangement.

Preceptors working in the parent organization of a school of nursing did not seek administrative advice in matters relating to the supervision of students as frequently as their counterparts in other agencies. Instead, these preceptors usually sought support from the school of nursing or other preceptors. However, in community health agencies and in agencies geographically distanced from schools of nursing, the supervisor was often the first person preceptors identified when asked who they would approach if they needed a question clarified about a student. These preceptors expressed confidence that their supervisors would provide them with direction when questioned. Frequently, the preceptors perceived this support as their administration sharing some responsibility for the student. These feelings of confidence were expressed in statements such as:

I mean it's good because I wasn't doing it sort of in an isolated way, like you know, sort of worried that if something happened it was completely on my shoulders and I had to deal with it.

Well we've called our supervisor and she's gotten in touch with the School of Nursing. Oh yes, there's still channels we can go through, we're not stranded.

In some situations, when a preceptor observed that a student was not performing as well as expected, the preceptor sought advice from the supervisor. This occurred most frequently in situations where contact from the school of nursing had not been directly established with the preceptor. Two preceptors, in an agency geographically

distanced from schools of nursing, had observed some problems in student performance. In requesting their respective supervisor's advice, these preceptors received clarification as to whether their assessment of the student's performance was clearly communicated on the evaluation form. One of these preceptors also requested the supervisor to observe the student's performance in order to clarify the accuracy of the preceptor's assessment. This need for clarification was a recurring pattern throughout many of the interviews.

Co-worker Support

Preceptor experience with co-worker support varied. From analysis of the interview data, it is clear that co-worker support was important to preceptors. Especially important was the opportunity to work with others experienced in preceptoring. These opportunities provided preceptors with avenues to share ideas and concerns, generally allowing them to feel, as one preceptor stated, "You know you're not alone."

Some preceptors did not experience support when working with others who had never preceptored. Others, however, expressed that while nurses on their unit were not interested in assuming the role, this did not interfere with the preceptor's ability to work with a student. As one preceptor stated, "They have no problem with me being on a unit with them...but they don't want to be part of it. A lot of them find it too much responsibility."

Most of the co-worker support that preceptors received came from others who preceptored. All of the nurses in acute care agencies had worked as a preceptor either

at the same time another nurse on their unit was precepting or they had nurses on their unit who had previous experience with precepting. Nurses in community health either worked in offices where other nurses were precepting or, worked alone but had the opportunity to discuss, at general staff meetings, their preceptorship role with others who precepted. Most of the nurses perceived the support they received from other preceptors as valuable.

The type of support valued by preceptors included co-worker understanding of the time commitment and added responsibilities of the preceptor role, feedback from co-workers on how the preceptor was working with the student and how the student was performing, assistance from co-workers in helping the preceptor access learning opportunities for the student, and sharing by co-workers of their own preceptorship experiences.

For some preceptors, understanding from their co-workers came following a transitional period to the preceptorship program, as more staff became familiar with the philosophy behind precepting. As one preceptor stated, "A lot more people are doing preceptorship and they know it's more of a teaching role than it is having your own personal worker with you." Another preceptor, in discussing the time commitment involved in precepting and the subsequent need for understanding from others, explained that working with a student sometimes slows down her work pace. As a result, the other nurse she is working with has to "pick up the slack a bit, as I do when she has a preceptee." This same nurse stated that since she and her co-worker are

familiar with the demands of preceptoring, they understand the time commitment and provide the workload support for each other on a reciprocal basis.

Being able to dialogue with others who are preceptoring was a valued resource to most preceptors. One nurse in an agency geographically distanced from the schools of nursing specifically remarked, "It helped that there was somebody else in our institution that was preceptoring at the same time...we used to talk about the different experiences and things like that." Some of the preceptors explained how they sometimes discussed their concerns about an individual student's performance with another preceptor or co-worker. In most of these situations, the purpose of this sharing was to seek feedback from others on the student's level of functioning. These preceptors explained that seeking another opinion assured them that they were being fair and objective about the student's performance. The preceptors expressed their need for, and appreciation of, this type of support through statements such as:

I'll say to the other nurse on the unit a lot of times, how are you finding her, how do you think she's doing. Because if you really like that person, sometimes you're probably not seeing some of the things they are doing wrong. So I always find it good to get someone else's opinion.

I several times asked different nurses in our department what had they done in that situation when they had a student and, you know, not really specific things. Just in general, like, how did they handle their student doing this or that.

I found myself questioning my other co-workers like, do you think that I'm a bit too hard on her, or do you think I'm looking for something wrong...would you just watch her and just see what you think sort of thing. I was doubtful of myself in a lot of times like that.

Preceptors found feedback from others helped confirm that they were carrying out their responsibilities to the individual student. This support assisted preceptors in feeling comfortable with the assessment of and guidance given to the student.

Preceptors in community health and those in agencies geographically distanced from schools of nursing appreciated that their co-workers often helped them provide learning experiences for their student. These situations usually occurred when the preceptor was busy and unable to spend time with the student or when the co-worker's assignment on a particular day provided better learning opportunities for the student. Sometimes, the preceptor and the co-worker planned these learning experiences; other times they occurred spontaneously. One preceptor explained her satisfaction with this type of co-worker support when she stated, "My co-workers were marvellous with the student, anything that I wasn't assigned to and something interesting was happening, then my student would just go to that."

Most preceptors in community health related how other nurses helped them plan activities to meet student learning objectives. One nurse, who had jointly preceptored a student with another nurse in her office, expressed that the sharing allowed them to "pick the best experience", for the student; this relieved the preceptor, to a certain extent, of the continuous responsibility of planning learning experiences. As another preceptor expressed:

You're not responsible for that student and making sure that there's something scheduled right throughout the day...so if you want to allot yourself...a day for

paperwork...you don't have to worry that, well what am I going to get the student to do for that half day or whatever.

Because nurses in community health found they were precepting frequently, they appreciated that they could rely on each other to help out when trying to arrange student learning experiences. As one community health nurse explained, "We run to each other, what do you think...or do you have anything...in your school that she might want to do. So there is a lot of sharing."

As the preceptors talked of their experiences with co-workers, the importance of being able to share concerns, questions, and ideas surfaced. When co-workers with previous experience in precepting shared their knowledge and background with those new to precepting, it was highly valued. This was especially important in situations where the preceptor had little or no contact with the school of nursing. As one preceptor expressed, "But most of your support, and where you found what you were supposed to do came from talking to those other people who had done it before."

Support as it Relates to the Student

Preceptors often described the types of experiences they had with students. Many of the preceptors had been involved in more than one preceptorship experience and were exposed to students who performed at different levels of proficiency. In fact, some preceptors had worked with students who experienced difficulty in their performance; these preceptors had also worked with students who achieved at the expected level of

performance or above. Preceptors who had worked with both types of students appreciated how less stressful it was when working with a student who was performing well.

Preceptors who worked with students who performed well felt positive about their relationship with such students, and confident about their preceptorship role. In particular, they valued how the student demonstrated confidence, showed initiative in seeking out learning opportunities, and communicated openly with the preceptor.

In describing the value of working with a student who demonstrated confidence, the element of developing trust in the student was frequently expressed. One preceptor explained the development of this trust, "One student in particular was from day one, he was...very confident and I could trust him and the relationship was really good." Many of the preceptors developed confidence in a student because the student was knowledgeable of his/her limitations and accountabilities. One preceptor explained, "She knew what she was doing...she didn't overstep into what she wasn't allowed to do." Another preceptor compared working with students who had performed well with a student whose performance she never felt comfortable about. She characterized the good students in this way, "They were quite verbal about telling you if there were certain things they couldn't do or had already done and that kind of thing. They were quite different to work with, actually."

Many preceptors expressed how they appreciated working with students who demonstrated initiative and actively pursued new learning experiences. Not only did

these students challenge the preceptor, they also helped the preceptor in the planning of learning events. As one preceptor explained, "They can tell you and they are anxious to learn...then that makes a difference...rather than if they are looking for you to provide them with an experience." Another preceptor expressed how much she valued student participation and initiative when she stated, "I don't like it when they come in with their objectives and we sit down and they say okay...there's no input. I would like them to take an active role."

Another source of support valued by preceptors was feedback from students as to whether the preceptor was providing the needed guidance. Although student feedback was not frequent, many preceptors noted its importance in assisting them to provide the student with the best learning experience. When a preceptor did receive feedback, it was because the preceptor had developed a self-initiated mechanism to facilitate it. For example, one preceptor indicated that she often sought feedback from the student when participating in the formative evaluation. Another preceptor arranged feedback sessions part-way through the shift. As this preceptor explained, "I felt it was no good after six weeks...to come back and find out that no, I did it wrong. The students wanted to be more in control of what they were able to do."

When preceptors received feedback from their students, they were very positive about its effect on their teaching style. The preceptors often expressed how the feedback helped them to reflect about what they had done and how they could improve. One

preceptor explained that she welcomed constructive criticism from a student and found the feedback a motivating factor in her preceptorship experiences.

School of Nursing Support

School of nursing support appreciated by preceptors included availability of contact with a school of nursing faculty member, support when they had concerns about student performance, and guidance in evaluating and providing feedback to students. Whether these supports were available and how they were provided was contingent upon the school of nursing preceptored for and the proximity of the school to the agency. In presenting the data, the amount of contact available to preceptors from schools of nursing is addressed. This is followed by the support provided in cases where the preceptor had concerns about a student or questions about the preceptor's teaching approach with the student.

While not all preceptors felt they received the required support, it was highly valued by those who did. This section addresses the feelings of those who experienced satisfaction with the type and amount of support received from schools of nursing. Some data is presented that represents the need for more contact but is included only as a representation of what is available to the total group interviewed.

Preceptors working in the parent organization of a school of nursing received regular contact with a faculty member. The majority of these nurses expressed a great deal of satisfaction with the availability of faculty contact. Because there was frequent,

sometimes daily contact, some of these preceptors were comfortable with and confident about the relationship with the faculty liaison. Visibility of the faculty liaison on the unit gave the preceptor an opportunity to ask questions and as one preceptor stated, "There is always someone around that you can sort of talk to, to ensure that everything is okay."

Some of the preceptors experienced situations where they had to contact the faculty liaison when she was not available on the unit. These preceptors appreciated and felt comfortable with the faculty member's availability at these times. Access through a beeper number and in some cases through being able to contact a faculty member at home was valued. As one preceptor stated, "Yes, I feel that's good, especially if something drastic happens that you need the instructor. We know they are there for us."

Some of these preceptors also commented that having a faculty member on call was important. Several of these nurses had been in circumstances where their regular faculty liaison was not available but someone else was on call in her place. Generally, it was felt that having a designate from the school available at all times was important. As one preceptor expressed, "You know you gotta have another liaison...I mean this is new to me."

Two nurses had preceptored for both the parent organization's school of nursing as well as another school of nursing outside the parent organization. While the contact with the other school of nursing was not as frequent, the preceptor stated, "It was a weekly basis. They'd call and...they met half way through and then they met at the end." This particular preceptor was pleased with the contact made from this school of

nursing. Although her experience with the student's performance had been positive, she still felt it was important for the school of nursing faculty member to keep in contact. This preceptor summed up her feelings related to the importance of this contact when she stated, "Yes, it was valuable just to touch base, I think, cause you are given a lot of responsibility."

Another preceptor had experience with both preceptor initiated contact and faculty initiated contact. This preceptor, in comparing the two experiences, expressed a preference for faculty initiated contact by saying, "It's nice when somebody comes to you and asks you how it's going."

The amount of contact provided to preceptors in agencies geographically distanced from the schools of nursing and to those in community health agencies varied. Of the six nurses in agencies geographically distanced from schools of nursing, two had received some type of contact from the school of nursing either prior to or in the early phases of the preceptorship experience. One preceptor's contact was in person and another's via teleconference. Both of these nurses stated, that besides this initial contact, they were given the assurance they could contact the school if they had any problems. One of these nurses explained, "We had her instructor's name and phone number and we were told, you know, at any time to contact them if there was a problem." This same preceptor explained that because of the initial meeting with the instructor, she felt comfortable about contacting the school should the need arise.

Of the four nurses in outside agencies who had never experienced any personal contact from a school of nursing, two expressed no feelings either way in relation to this. These nurses noted that had they experienced problems in their preceptor-student relationship, they would have contacted the school of nursing. The other nurses, however, because they had experienced difficulty in a preceptor-student relationship, were critical of the lack of contact.

Of the five preceptors working in community health, three had received personal contact from a school of nursing during some of their preceptorship experiences. The contact was part of their orientation or it occurred sometime during the experience with a student. The preceptors valued the contact with a school of nursing faculty member and stated they would like to see more of this. The two preceptors in community health who never experienced any personal contact with a school of nursing representative were critical of this lack of support.

There was variation in the contact made available to preceptors in agencies geographically distanced from schools of nursing and to preceptors in community health. In some cases, the variation depended upon the school of nursing; in other cases it varied with each individual experience for the same school of nursing. For example, two nurses who preceptored for the same school of nursing had never received any personal contact from a faculty member, either in person, by telephone, or teleconference. Two preceptors in another agency had preceptored for this same school but had received personal contact from a faculty member. In some circumstances, preceptors had personal

contact with a faculty member during some of their experiences and no contact during others. All of these preceptors highly valued those experiences where the faculty member had made contact. As one preceptor stated, "It seemed like when I had contact with the instructor...it was really positive." In describing the benefits of the contact, this preceptor stated, "I think maybe even just being able to air some of the concerns I had."

Of the eighteen preceptors interviewed, seven had experienced varying degrees of difficulty in a preceptor-student relationship. Five of these nurses were satisfied with the support received from the schools of nursing. The support included general direction for student development and, in some cases, discussion of the preceptor's concerns about the student's ability and its subsequent effect on client care. In such situations, the preceptor and faculty liaison discussed which client assignment would provide learning opportunities for the student, but still allow the preceptor to feel confident in the student's ability to provide safe client care.

Faculty contact also provided preceptors with encouragement and feedback about how they were working with a student. One preceptor noted that the experience would have been more difficult if she had not received support from the faculty liaison. As this preceptor stated, "It kind of kept it all in perspective...you need someone there to bounce ideas off and clarify and verify." Another preceptor who experienced conflict in her relationship with a student was grateful for the support received from both the faculty liaison and her co-workers. Although the experience was stressful, the advice received

from the faculty liaison helped her deal with the conflict within this preceptor-student relationship.

Sometimes preceptors expressed that even if a concern was of a minor nature, it helped when the faculty member was making regular contact because it facilitated discussion. One preceptor expressed this satisfaction as follows:

She came to me one day, just asked me how things were going and I was going to speak to her anyway, and that was my opportunity at that time to say...I did have a couple of little concerns and we spoke together privately then at that time.

Not all preceptors felt comfortable in giving negative feedback to their student, even if the student was performing well. In these situations it helped when the faculty liaison was available to help with the approach. As one preceptor indicated:

It was a very big help because I'm sort of new to this role, I'm not new as a preceptor now but new to trying to communicate criticisms to another individual in a positive way. You have to handle things like that gingerly, you don't want to tell a good student that something they're doing is not right and tell them that in a very wrong way and possibly shatter their confidence or totally disinterest them in their career. You have a large responsibility.

One preceptor requested assistance from the faculty liaison when giving feedback to a student in one specific preceptor-student relationship. Because the student did not always accept the preceptor's assessment of her performance, the preceptor found the faculty liaison's presence assisted her in dealing with the conflict that sometimes surfaced in her relationship with the student.

The need for faculty advice to help preceptors evaluate and provide feedback to the student was a common thread. When such advice was available, the preceptor saw

it as a source of support. One preceptor, who worked with a student experiencing performance problems, found the evaluation difficult. This preceptor was conscious of the need to substantiate her assessment, so she frequently sought the faculty liaison's advice. Another preceptor stated that she sought advice from the faculty liaison when completing formative evaluations on a student who was experiencing difficulty in the clinical setting. This preceptor indicated that she would go to the faculty member and ask, "We have to bring out this point...how do you think I should put it there." Both these preceptors expressed concern, that in completing the evaluation, the student's performance was clearly communicated so the student understood her weaknesses and subsequent needs for improvement. This need to ensure that students receive feedback to help them in their development, is an example of the sense of responsibility preceptors feel when working with students.

Being Acknowledged in the Preceptor Role

Many of the preceptors identified strategies used by schools of nursing, as well as inherent benefits of preceptoring, that helped them feel acknowledged and subsequently satisfied in the role. Several preceptors talked about the tangible rewards received from schools of nursing. As well, many were positive about the benefits gained from working with students. While the tangible rewards were welcomed, it was the appreciation shown by students that the majority of preceptors found most satisfying and motivating. Some of the preceptors appreciated the opportunity to provide input to the

school of nursing about their preceptorship experience and their evaluation of its component parts. The rewards provided to preceptors, the benefits derived from working with students, and the opportunity to provide input into preceptor program planning are discussed as categories representing the measures used to assist preceptors feel acknowledged in the preceptor role.

Preceptor Rewards

The rewards received by preceptors came from either the school of nursing or the student. Most of the preceptors felt the rewards were given as a token of appreciation for their efforts.

While many of the rewards were valued by the preceptors, the most important were the expressions of appreciation from students. Some preceptors noted that their student had given them a gift as a measure of thanks. These preceptors appreciated this gesture, but did not feel it was necessary for the student to do this. What was most important to the preceptor was the written or spoken word of thanks from the student. Many received a card or letter of appreciation from their student, either at the end of the experience or following the completion of the experience. When preceptors worked with students who freely expressed their gratitude for the time and experience shared by the preceptor, it was their most motivating force. As one preceptor expressed, "But for the students themselves to thank-you and say they've had a wonderful experience...then that's the most rewarding thing you can get from it."

Other sources of reward or acknowledgment provided to preceptors included a pin to wear on the uniform designating their status as a preceptor; an invitation to a tea or luncheon planned by a school of nursing to formally acknowledge preceptors; and a certificate or letter from the school of nursing thanking them for their contribution to the preceptor program. Some of the preceptors also noted that their letter of appreciation was placed on their human resources' file. One preceptor remarked that her performance appraisal specifically noted her role as a preceptor. Only two of the preceptors recalled receiving a preceptor pin although several had preceptored for the same school of nursing that issued these pins. The preceptors who did recall receiving this pin did not remember it as being a valued reward.

Most of the preceptors received an invitation to a school of nursing reception. Many were unable to attend because of their work schedule or because the location of the reception was too far for them to travel. Several remarked, however, that they appreciated this gesture from the school. One preceptor expressed this appreciation as, "But it's been very nice that they've invited us to these...to show appreciation...It's nice to know, that they know, that we're there for them."

Many of the preceptors received a certificate of appreciation from the school and some received a thank-you letter. The preceptors' degree of satisfaction with these forms of appreciation varied. Some preceptors expressed their gratitude as, "But the written word means a lot to me too." and, "It's nice to be recognized...for the time and effort that you put into it. But you know just a little letter of appreciation is fine." One

preceptor received special thank-you letters from the school after she preceptored a student with performance problems. This preceptor was pleased that the school recognized the extra effort she took in working with the student.

The Benefits of Preceptoring

Many preceptors valued the intrinsic benefits gained from their experiences in preceptoring. The preceptors spoke highly of how the preceptorship experience and working with students who were motivated to learn was a very satisfying experience. The opportunity to view nursing through the eyes of those about to enter the profession was a positive experience for many. Two preceptors expressed this as follows:

They've got some very fresh innocence sort of thing that's really nice...they're just starting out I guess and they're so full of dreams and ambitions and that, and it's just, it gives you a different perspective on things.

It's like a rejuvenation of everything that you...hoped to do when you were a student and that sort of thing and...it's a positive experience from the point of teaching and learning, and somebody who wants to learn and it's a positive experience for nursing.

Several preceptors expressed satisfaction from seeing the student's knowledge and skill develop under their guidance. As one preceptor noted, "It gives you...personal satisfaction...that I could help someone and...you see such an improvement in them...it's a good feeling." Another preceptor further explained this sense of satisfaction by linking it to her work motivation and job satisfaction. This preceptor explained, "You're helping her get through...It's almost like you know you've done the best with your

patients...when you go home at the end of the day...you get job satisfaction." Another preceptor valued the respect shown by students when she stated, "It makes me motivated to want to work, knowing that I have someone there who's going to listen to me and learn from me."

Some preceptors explained that preceptoring allowed them to share their expertise with someone else. They expressed their satisfaction in statements such as, "Being able to offer her what I could," and, "I like to think that I'm good at what I do and it's just nice to be able to...I don't know if show-off is the word for it."

For many preceptors, seeing the student develop and knowing the student had achieved was a motivating force in their wanting to continue preceptoring. One preceptor stated, "You know, if my supervisor were to ask me come Monday morning would I take another student I would, without hesitation at all." Even after preceptoring students who had performance problems, preceptors stated they would do it again. All of the preceptors who experienced difficulty in a preceptor-student relationship had also worked with a student who performed well. One preceptor stated, "Well when they do well, it makes you feel good and they feel great and the satisfaction is there."

Preceptors identified the knowledge gained from students and the stimulus to reflect on their own practice as other benefits of preceptoring. Several stated that preceptoring motivated them to keep up to date in their knowledge and skill. One preceptor noted, "I do a nice bit of reading about obstetrics and any new updates...there's nothing worse than trying to teach someone if you don't know it."

Preceptors also appreciated the knowledge gained from students; this was expressed in statements such as, "It exposes you to new and current things," and, "Some of the students will come out with a wealth of experience as to resources in the community, even that I'm not aware of sometimes."

Preceptor Input for Program Improvement

Document analysis previously revealed that two schools of nursing include preceptors in their program evaluation process. Another school of nursing document identified that preceptors are given the opportunity to make suggestions for program improvement.

Three of the preceptors described situations where they had been given the opportunity to provide input for program improvement. These preceptors had either discussed needed changes with a school of nursing representative or they had seen changes made following their suggestions. These preceptors had developed a good relationship with the school of nursing faculty liaison and were comfortable in suggesting areas for improvement. Some noted that changes had been made following their suggestions. Two preceptors expressed satisfaction with being able to suggest areas for improvement when they stated, "They asked me for a lot of input and I think they respected my opinions," and, "It makes me feel good. Somebody is listening to me."

Having the opportunity to provide input for program improvement allowed preceptors to feel integral to the process of program delivery. What is evident about the

preceptors' suggestions for improvement was their desire to see the best possible learning experiences for the student.

Section III: Research Question 3

Support Mechanisms Needing Improvement

The answers to research question three are described in this section. Three broad headings are used to organize the support mechanisms identified by preceptors as needing improvement. These headings are: Being prepared for the Preceptor Role, Being Supported in the Preceptor Role, and Being Acknowledged in the Preceptor Role.

Being Prepared for the Preceptor Role

As the preceptors talked about their needs for additional preparation, it was evident that needs varied. Most of the variation was related to the different resources used to prepare preceptors. Data analysis revealed categories of common questions and concerns as they related to needs for preparation; these categories included needing an orientation, evaluating the student, legal issues related to preceptoring, and knowledge of the student. In some cases, the needs for preparation were common among preceptors across all sites. However, some concerns and questions were specific to those preceptors who were given no preparation to assist them in the role. These differences are discussed as the data is presented.

Needing an Orientation

Eight of the preceptors had never received an orientation to precepting. Five received an orientation at some point since beginning to preceptor, but had not received one prior to their first preceptorship experience. The majority of the preceptors expressed the need for an orientation and many identified preparation needs which could be met during such a session. One preceptor, explained her feelings about the lack of preparation:

Your orientation as a preceptor, well that's non-existent. I didn't have an orientation as a preceptor. There isn't any, so yes, lots of needs on my part as to what I should be doing and what I shouldn't be doing with this person.

Another preceptor, in expressing the lack of preparation provided her, stated, "It was just one of those things that was expected of you as a public health nurse."

Of the preceptors who had never received an orientation, the majority expressed the need for one. Initial contact from a school of nursing faculty member or a formal session to prepare them for the experience were suggestions made. As one preceptor stated:

I think in the beginning, when you have somebody who has offered to preceptor...a one on one contact with somebody from the school of nursing who kind of can answer some of those questions.

In discussing the need for an orientation session, or initial contact as orientation, many preceptors explained that it would help them know and understand their responsibilities for the student. One preceptor expressed her uncertainty as to the

school's expectations for the learning experiences she should provide the student.

Subsequently, she explained why she felt the following information was important:

So if we had some guidelines to what was expected of you in your role...then you'd feel more confident in what you're doing, you know you'd feel more comfortable in assessing what they did as well.

Many of the preceptors who felt an orientation would help in their initial adjustment expressed the need for background knowledge in teaching as it relates to guiding students. These preceptors recognized they had skills in patient teaching. However, they expressed the need for information and assistance on teaching and coaching students who are becoming socialized into the profession and its associated work demands.

One preceptor felt confident in her ability to assist faculty with the more junior nursing students who visit her unit. However, she noted that other skills are required when preceptors work one-on-one with senior students especially those who require extra guidance. These are the skills she felt should be included in a preceptor orientation session. Several participants noted the importance of preparing preceptors in the skills of providing constructive criticism to students. One preceptor noted that both she and her colleagues, who also precept, have often discussed the need for preparation in providing feedback to students. A preceptor explained her concerns about giving feedback to students when she stated:

But when you've got to give someone negative feedback and you're not really used to giving someone negative feedback...I have difficulty going about, how do I come out to the student and say, I think you should take more initiative...I

found that hard because I don't have, like again, I don't have the teaching aspect of it.

Some of the preceptors noted that lack of time in their busy schedules prevented them from finding the time to read detailed information from the school. The provision of an orientation session, to complement written documents, and the need to stress essential information would make it easier for preceptors to understand and retain the information. As one preceptor explained:

I think if people were more aware of what their roles and responsibilities were...you know how many pieces of paper we get across our desks. And maybe the night before you get the student you go through this...an orientation would be really good.

Other aspects of an orientation session preceptors desired was the opportunity to, "allow the preceptors to ask questions and to increase their comfort level." Some preceptors expressed that an orientation could also provide them with the opportunity to dialogue and learn from each others' experiences. Another preceptor expressed that students, faculty, and preceptors should come together during an orientation session as a means to clarify roles and expectations.

Of the preceptors interviewed, one had never received any information to prepare her for the preceptor experience. The only document she received was the evaluation form given to her by the student. Another preceptor, although not provided with her own documents in relation to preceptoring, was aware that information had been provided to her agency. When this preceptor tried to access these resources in her most recent preceptorship experience, she was unable to locate them. Other preceptors who had

preceptored several times for the same school were provided with a preceptor manual during their earlier experiences, but had not received any information during the most recent. Another preceptor expressed the need for annual updates as a means to keep preceptors informed of policy changes.

Evaluating the Student

The majority of preceptors made reference to the need for more assistance from schools of nursing in the area of student evaluation. This need was generic and not restricted to preceptors in any particular setting, the school preceptored for, or the level of student performance. Some preceptors were never given any preparation in evaluating; they were given the form by the student or it was forwarded to them by the school prior to the students commencement of the experience. One preceptor who never received evaluation guidelines stated, "No there were none, and that was another drawback to preceptoring." Some preceptors remembered receiving information on evaluating students during their orientation session. However, these preceptors still expressed some concerns related to the actual process of doing the evaluation. As one preceptor explained:

We didn't really get anything...I knew almost from the beginning what her evaluation consisted of. But as far as actually how to do it, we weren't really told. But I suppose that was kind of left up to us...and not having done very many evaluations, and not having been in a management kind of position where you're doing evaluations, it wasn't something I was really comfortable with.

Some preceptors commented that the evaluation was lengthy. A few had to complete their evaluations at home in order to give attention to the process that was needed. Several preceptors expressed concern that in evaluating students, they clearly articulated their assessment of the student's performance so both the student and the school of nursing were able to understand how the student had performed. Some preceptors, however, had difficulty understanding the purpose behind some of the evaluation components identified on the form. These concerns were expressed by a number of preceptors through statements such as, "I don't understand half of them questions...I don't understand what they want me to answer," and, "There were certain things in there that you weren't quite sure of how they wanted you to respond to it." One preceptor expressed concern that the evaluation identified, for the student, the important elements of the preceptor's assessment. This preceptor stated, "I find sometimes...even my student...sometimes they don't understand it very well either."

Many of the preceptors expressed concern that, in writing comments related to the student's performance, they were able to clearly communicate their assessment. One preceptor, in discussing her adjustment to evaluating students, stated:

I wanted to be sure that what I was saying was...what they were looking for in terms of evaluating her...That wasn't 100% clear...finally after having spoken to one or two of the other nurses who had done it in the past, I had a better idea of what exactly I wanted to say.

While many of the preceptors understood that student evaluation requires a period of adjustment, they still reflected on the need for further assistance from the schools.

What most preceptors requested, in order to assist them provide the student and the school with the most effective evaluation of the student's performance, were written guidelines to complement the evaluation form. Some of the preceptors also commented that their colleagues have expressed a desire for such guidelines. What preceptors desired from these written guidelines were explanations of the meaning behind each evaluation component and examples that further described the components. As one preceptor explained:

Then with evaluation, if they want us to write something or to answer questions just to give us an idea about what they are looking for, and I don't think that needs to be that formal, other than it's written out.

Legal Issues related to Preceptoring

A small number of the preceptors expressed concern over their responsibilities for supervising the student and the legal implications of passing a student in various nursing skills. These preceptors questioned who was responsible if the student made an error at a point and time after a preceptor had assessed his/her readiness to perform the skill independently. As one preceptor explained:

I'm not quite sure if I like the fact that I'm going to say you're okay to take orders off all the time, because if she makes a mistake two weeks down the road after I've passed her on doing orders, who's fault is it that she made the mistake. I'm not saying anyone is right or wrong, but for me that is a grey area and I still don't know the answer.

Some of these preceptors were concerned because they were not given direction as to whether they should record when a student was passed on a particular nursing skill.

As one preceptor explained:

I mean they come to us and they'll make a list of what they need done or they need to do, and of course I'll go through that list and I'll get as many experiences for them as possible. But, if I say it's okay that you can go ahead and do something...where is the legal aspect in me signing for something.

These preceptors were not clear on the student's accountability in the preceptor-student relationship. Feelings of vagueness in relation to their accountability for the student caused some stress for these preceptors. This especially occurred when the preceptor had worked with a student who was not performing at the level expected. As one preceptor explained:

That was a situation I had in which the student was involved in medications and I wondered ultimately if something had happened to that patient who would have been responsible...I mean I don't know. They say the student would have been but I doubt it, I have my doubts. I think you know I'm the R.N. there, I'm supposed to be overseeing, so I'm not clear and I don't think anybody is.

Knowledge of the Student

As discussed in Section II, many preceptors expressed the need for students to identify learning objectives for their preceptorship experience. One preceptor commented that in her recent experiences, students were not as conscious of the need to identify their objectives and to discuss them with the preceptor. Another preceptor stated that she had never received learning objectives from any of the students. This preceptor's perception

was that students really do not come to the experience with their learning objectives defined. Another preceptor expressed her perception of the value of these objectives when she compared her experiences with students who had identified their learning objectives with those who had not. The following quote identifies the importance of these objectives to this preceptor:

You could go to their objectives and say, now we'll cover this and we'll cover this and have this done. But when you don't have anything to follow, you're not sure if you're covering everything that's expected of you.

As indicated in Section II, all school of nursing documents outlined the student's responsibility for identifying learning needs through the development of learning objectives. However, not all students fulfilled this responsibility for their learning needs and subsequently their responsibility in the student-preceptor relationship. From the interview data, it appears that this occurred with students from many of the schools of nursing.

Besides valuing student learning objectives, preceptors appreciated knowing the student's level of skill development. Some preceptors obtained this information through a clinical skills list brought to the clinical setting by the student. Some preceptors indicated that students did not always make these skills lists available. Preceptors explained that when they were unaware of the student's level of skill development, it affected their ability to plan for the most effective learning experiences. As one preceptor explained:

If I know what she knows, I can teach her the things she doesn't know because these other things have already been covered. And there may be other areas that need a lot of work and if I was going over ground that has already been covered, I may not be able to give the time to the thing that she really needs to learn here, not the same amount of time.

One preceptor expressed the desire for a skills list that included information specific to the setting where the student was being preceptored. Because time is critical in trying to plan and balance client care and student needs, this preceptor explained that such a condensed list would facilitate a more effective experience. This preceptor explained, "I know these students have skill books, but they can almost be like a small novel and a lot of times I don't have the time to completely go through the whole thing."

Some of the preceptors expressed the desire to meet the student before they commenced working together. These preceptors viewed such a meeting as a means to get to know the student and his/her level of skill development. This would facilitate the planning of learning opportunities during the beginning stages of the preceptor-student relationship.

Finally, some preceptors expressed the need for more information on the student's clinical background of experiences and, in some cases, their strengths and needs for development. As one preceptor explained:

I find they only know the bad ones. So if you've got like a run-of-the-mill student, you really don't hear anything about them, or what their needs are or things like that. And all their needs, yes. If they're a shy person even, you know, all those types of things, I find that good to know that up front.

A preceptor, who was not provided any information on a student who required extra guidance in the clinical setting, further explained the need for such information when she stated:

Looking back on the preceptorship, to me that was the thing that was lacking most. If I had had some idea of what he had done beforehand and the level he was at or let's say his weaknesses or strengths, or whatever, then I could have helped him more to work on these areas that he needed. That's the way I felt, and at the end of it, I still felt that way.

Preceptors were careful to include that such information would provide them with "some kind of baseline," as it relates to "where have they come from," and, "what can I expect from this person." The preceptors who requested this type of information expressed its importance in helping them decide where to focus the guidance offered the student.

Being Supported in the Preceptor Role

Preceptor satisfaction with the support provided was dependent on factors such as the preceptor's workplace and its location to the school of nursing, the school preceptored for and its expectations, and the relationship established with the individual student. When preceptors were dissatisfied with the support received, it was related to lack of effective communication with a school of nursing or between a school of nursing and the agency, and a general lack of understanding from others of the time required to guide students.

In presenting the type of support perceived by preceptors as requiring further development, the categories identified in Section II are used. These include support derived from the agency administration, co-workers, the student, and the school of nursing.

Workplace Administrative Support

Although some preceptors felt supported by their workplace administration, others expressed the need for more understanding. These preceptors expressed concern that their immediate supervisor was not always sensitive to the amount of time needed to guide a student. Some of these preceptors explained, that at times, their student was considered in the staffing count when things became busy on the unit and extra staff were needed. One preceptor expressed her concern, "It's just that when I got a student with me, I want the supervisor to know, and she is not counted as staff. That is a big thing." Another preceptor questioned if the lack of administrative understanding was reflected in how her co-workers viewed her role. This was reflected in the following statement:

I still find in reality that there are comments made, oh the student is on, it's a body anyway...I mean it's great to help them, but there are times that it takes you longer to do things because you're teaching and I don't really think that administration or the supervisors of the floor sometimes understand that.

The need for administration to understand the time involved in teaching a student, especially in the beginning phases of the preceptorship relationship, was a concern among some nurses. One preceptor stated:

Even if it was just for the first three or four shifts. Like I wish they'd look at it and say, well "X" has a new student, we won't put her in charge tonight. We'll let her teach her student.

This same preceptor remarked that immediate supervisors should receive an orientation to precepting in order to help them understand the preceptor's teaching responsibilities and the time involved in carrying out the role. This preceptor displayed her concern and commitment to helping the student when she stated:

Like, getting a new student and then coming on and you're in charge. I mean you can't do much with a student and you're in charge and you've got to put them off with somebody else.

Another preceptor was not satisfied with statements made by her supervisor that reflected how much she underestimated the amount of time preceptors need to spend with students. This preceptor explained that it goes beyond just being there for the student should he or she need you, which is generally how the supervisor sees the role. This preceptor felt responsible for what the student learns in the experience and explained that if a student does not meet the objectives, then it reflects back on her.

Some preceptors expressed the need to decide themselves whether or not they precepted a student when a school makes requests. Some preceptors noted, that at times, it felt like they were always having students. Many of the preceptors who expressed these concerns worked in community health. These preceptors explained that they enjoyed working with students and understood the restrictions faced by schools of nursing when arranging placements. However, each of them had experienced situations where they were told a school of nursing was looking for preceptors and that they would

be assigned a student. One preceptor expressed her dissatisfaction with this method of recruiting preceptors when she stated:

Yes we got a little bit of a break because we did say, we were really tired you know. But again this year now, we didn't have a choice. I don't think anybody likes it when their choice is taken from them.

Another preceptor expressed her concern about not having a choice in deciding whether to preceptor or not. This preceptor explained how she felt this approach was actually detrimental to fostering the value of preceptorship. In explaining this she stated:

It's a different feeling when you're forced to do something...preceptorship is a relatively new role...if it was encouraged and, and fostered...nurses would become more aware.

A preceptor in an agency geographically distanced from the schools of nursing expressed the need for her administration to take more responsibility in the preceptorship program. This preceptor had never been contacted by a school of nursing representative and in her recent preceptorship experience was unable to locate any of the school of nursing documents she knew were available the first time she preceptored. This preceptor never received an orientation to preceptoring and even when a teleconference from the school of nursing was offered, she was not relieved from her nursing care responsibilities to attend. This preceptor expressed the need for her administration to take more responsibility when she stated:

If the hospital is going to take on these students from the schools of nursing, then I think they should be willing to take some of the responsibility in preparing their nurses.

This preceptor perceived that more administrative interest and involvement would facilitate an environment where school of nursing contact would be fostered with subsequent support and advice to the preceptors.

Co-worker Support

Five preceptors expressed feelings related to lack of support from their co-workers. Some of these preceptors also noted that had they received more administrative understanding to support them in their role, it may have fostered support from their co-workers. Generally, the feelings expressed by these preceptors resulted from a perception that their co-workers did not understand the time demands involved in preceptoring, nor the preceptor's commitment to fostering the student's development.

One preceptor in explaining why preceptoring can take up so much time stated:

I don't know if they'll ever understand that. You don't have two people doing one person's work, you've got two people, one person learning and one person teaching. And that takes a bit of time out of your day.

This same preceptor further explained her co-workers lack of understanding:

I find it very frustrating when that's said...you can take that patient because you have so and so with you...and I'm the type of person that I'll probably just go ahead and take the patient...I won't say no, and I got mad at myself...and then I look at my poor student who is probably frustrated because she or he is trying to do it all...and I don't expect them to do it all.

Another preceptor expressed a desire for others to understand the workload demands of preceptoring:

I want understanding from them that I'm not going to be running around and pulling my workload as fast because everything now is twice as long. Like doing nursing histories, whereas I would just go in the room, I've got to go through everything with her when she goes in and comes out. So that's, I think that's where my main problem with this program is, getting the respect from my co-workers.

Most of the preceptors who felt lack of support from their co-workers explained that, as a rule, this was prevalent mainly among those nurses who did not precept. One preceptor, in trying to reflect on why these nurses lacked understanding, talked about her experiences with these nurses when they did help out. She explained that when help was provided by these nurses, it often occurred when the student was nearing the end of the learning experience. The help came at these times because the preceptor went in charge in the latter part of a shift, and someone had to work with the student as a result. The preceptor explained that in these situations, the student was nearing the completion of the learning experience and was much more proficient than when he or she began the rotation. As a result, the co-workers were still not getting a true picture of the amount of teaching and time involved with precepting. This preceptor explained, that in helping these nurses to understand the time and commitment behind precepting, preceptors themselves are the ones who can best explain the need for support from their co-workers. Another preceptor, in expressing her concern about lack of co-worker support, explained that the only way attitudes could possibly be changed in those who do not precept is to inservice everyone.

Other preceptors explained that some co-workers considered the student as an extra; they often offered experiences to the student from their own workload using the learning experience for the student as their rationale. These preceptors found such circumstances resulted in the student being overloaded with work demands, which altered the effectiveness of the learning environment. One preceptor explained:

They think, oh well a student is here, the student will do that. It's experience for the student you know so, which...it puts pressure on the student too. Cause the student then feels like they can't say no to the nurse if the nurse asks them, do you want to do this, when really you know they can do that another day. Or right now we have this, this and this to do you know, so in all ways it doesn't make for a good situation.

Another situation some preceptors found difficult was the negative attitude toward precepting that was sometimes expressed by those who had not precepted. A preceptor who had experienced difficulty in a preceptor-student relationship was disturbed by the negativism expressed by her co-workers when she sought advice about the student's performance. This preceptor expressed her feelings in relation to this:

Maybe I just spoke to the wrong people but...if I was having some problems...I'd talk to somebody about it and what do you think I should do or what do you think of this. And I don't know, they were just too negative or something and it just wasn't the right advice...I'm trying to improve the student and I just got advice that just wasn't very objective or helpful at all.

Some preceptors explained that their co-workers' negative attitudes were sometimes reflected in verbal remarks made about why a person was precepting. These negative attitudes are reflected in the following remarks which two preceptors cited as typical of those from their co-workers, "You don't get paid to do that," and, "What

do you want to take on that for...you've already got enough work as it is." One of the preceptors noted that because of her co-workers general lack of understanding toward preceptoring, she no longer sought advice from anyone in her immediate work setting. Another preceptor explained that, at times, some of her co-workers commented negatively on her willingness to perform in the role by making remarks that indicated they felt she was feeling superior because she was preceptoring. This preceptor explained that even though some of these nurses held this attitude about someone who is preceptoring, it is not a true reflection of why she herself volunteered to assume the role. She explained that her desire to share her knowledge base with another was her reason for preceptoring and if others did not choose to do the same, then she wished they would not share their opinions with her.

Support as it Relates to the Student

Many of the preceptors wanted students to become more involved in providing feedback to the preceptor. Wanting feedback from students was reflective of the preceptors' feelings of responsibility for student learning and their need to provide the best possible experience for each student. Many of the preceptors who expressed this need had never received any written feedback from students in relation to how they valued their learning experience. Some preceptors received only occasional, informal comments from the student.

For the preceptors who talked about the need for feedback, their main objective was to receive clarification of their teaching approach and the learning opportunities provided to the student. These preceptors explained that such feedback would allow them to evaluate how and where they could improve in the present experience and in future interactions with students. Two preceptors expressed their reasons for wanting feedback through statements such as, "If I don't know how I'm doing, I'll keep doing the same things all the time," and, "I'd rather see...where I could have expanded in the learning experience...how could I have made it a little bit better."

One preceptor remarked how students never wrote comments on the formative evaluation form. This preceptor also noted that students very seldom responded verbally about their learning experiences when these formative evaluations were discussed. Other preceptors who expressed a need for more feedback also described the same situation with students they had preceptored. Some of the preceptors understood how students may feel uncomfortable in discussing learning opportunities which they feel the preceptor is not providing. However, one preceptor, in describing the importance of creating an environment where such discussion could occur, commented as follows:

I'd like for them to feel comfortable enough to come to me to say...either maybe you're expecting too much from me or maybe you're not expecting enough from me. Cause some students kind of feel threatened if you do everything and...sometimes I don't know when to let go, and let them go, and that's something I'm learning too.

Another preceptor explained that students should be made aware of the value of feedback to the preceptor-student relationship. This same preceptor commented that

some students may feel it is not their responsibility to provide feedback, but as she explained, "Really they're the only ones that know."

Many preceptors felt the best approach for gaining feedback would be for the school to make the process for obtaining it more formalized. Some of the preceptors suggested the student be required to give them written feedback; others further explained that the student and preceptor should discuss the learning experiences gained, how they met the student's needs, or how they could be improved. The preceptors, in discussing this strategy for feedback, focused on its value for preceptor learning and development. Through this more formalized method for providing feedback, the students would be given more responsibility to provide feedback to the preceptor. In turn the school, through its inclusion in the preceptorship program expectations, would be acknowledging and stressing its importance.

School of Nursing Support

When preceptors were dissatisfied with the support received from schools of nursing, it was related to lack of communication between the school and the preceptor. These concerns were expressed by nurses working in community health and by some of the nurses working in agencies geographically distanced from the schools of nursing. This lack of communication was not isolated to one school or to one practice setting.

The type of communication desired by the preceptors was the establishment of a more clearly defined mechanism of contact. Preceptors explained that contact with, or

knowing who and when to contact someone from the school would assist them as they worked with their assigned student.

Two nurses, in agencies geographically distanced from schools of nursing, were critical when discussing the lack of written or verbal contact from a school of nursing representative. These nurses had both experienced difficulty in a preceptor-student relationship and expressed the need for access to someone from the school. One of these nurses had preceptored several times for the same school. In describing her lack of uncertainty as to the school's communication network, she stated:

If you don't have contact with the School of Nursing, you don't know what is their policy. Do I go through my supervisor, who goes through her supervisor, who goes through the school of nursing?...So do I go through that chain or, you know, do I just wait it out...you know it's just really hard to do.

In further describing this uncertainty, she stated, "I wouldn't even know who...I'd phone the School of Nursing, but who I'd talk to I wouldn't have a clue." Another preceptor, who also shared the same concerns, explained her perception of the lack of communication and how it could be improved. She stated:

If there was more contact with the agency, between the nurse and the nursing school. I think that right from the beginning, I think the reason I never contacted them, is that I didn't really know that I could contact them. The relationship hadn't been established before I actually had gotten the student, so then you were kind of, you know, you didn't feel comfortable.

This preceptor also explained that initial contact from the school of nursing could improve the communication network for preceptors. She stated:

If you just got a call at the beginning identifying a person that you could call if you ran into any problems at any time during the experience...then I think that you would get more of the preceptors calling in.

Two preceptors in community health had never experienced any written or verbal contact with a school of nursing representative. Both expressed the need for such contact; one stated, "I think if there were more personal contact from the person who is coordinating this or the instructor themselves. Just give you a call every now and again."

Another preceptor talked about a specific situation where she felt access to a school of nursing representative could have assisted her in working with the student. This preceptor was concerned that she had used the right approach when guiding a student through a new and complex experience. She expressed the need for accessibility to someone from the school of nursing:

Well if I had a number, even a number that you could call and you know ask, now is this right, am I doing the right thing or do you think I should just leave it and...not push it...just some little words of encouragement...if they said well fine...just do as you feel is best. Even little words like that, you wouldn't feel so alone.

This preceptor also explained that telephone contact, just prior to the student starting the experience, would help to prepare the preceptor for the student's arrival. She explained how this contact could serve as a reminder of the student's start date and provide her with the opportunity to have initial contact and discussion with a school of nursing representative.

Several preceptors questioned whether a breakdown in communication sometimes occurred between the school of nursing and their agency. Some questioned whether important information to assist preceptors was made available to the agency but not subsequently forwarded to them. One preceptor talked about the different levels of contact that are made when preceptorship experiences are arranged:

Four different levels. You don't know what gets lost in between and this is what I'm wondering if there is some information that I'm not getting, not passed down through to me.

Another preceptor noted that in one situation, she was informed by the school of nursing that she would be precepting a student, before she was notified by her own agency.

Two preceptors experienced a situation where they had worked with a student but were not asked to evaluate the student's performance until after the student had completed the experience. Neither of these preceptors had been given any direction, by the student or the school, that this was one of the preceptor's responsibilities. During these preceptorship experiences, these preceptors questioned whether they were expected to evaluate the student. However, because an evaluation form had not been given to them by the school or the student, they assumed it was not their responsibility.

Of the preceptors who were dissatisfied with the level of contact and communication from a school of nursing, some were especially concerned because they had experienced difficulty in a particular preceptor-student relationship. Seven of the nurses interviewed had experienced some difficulty in a preceptor-student relationship. Two of these nurses had received no contact from the school of nursing to assist them

as they worked to improve the performance of their student. These nurses talked about their feelings of stress, frustration, and self-doubt during these particular preceptor-student relationships. The lack of contact with the school of nursing, to help clarify their concerns about student performance and to validate the approach they had taken in working with the student, was identified as a problem for these preceptors. Even the five preceptors who were satisfied with the support they received from the school of nursing expressed the same types of feelings when they talked about working with such students. The following quotes in relation to working with students who are not performing as expected are reflective of the feelings expressed by these preceptors:

Maybe I wasn't giving her proper direction and things like that. You know, you start questioning yourself and that's stressful.

I didn't see a change in his performance from the first when he got there until the end. It still stayed pretty much the same. I don't know if that was my part or his...It was very frustrating. By the time it was finished, I was glad it was over.

The need for clarification of their assessment of the student's performance and the approach taken to assist the student were concerns brought out by most of the preceptors who had worked with a student who was not achieving at the expected level of performance. Those preceptors who were able to discuss their concerns with a faculty member expressed appreciation that this support had been provided. However, the two preceptors who had received no contact from the school of nursing were critical of this lack of communication. These preceptors expressed that contact and communication, had

it been provided by the school of nursing, would have assisted them in guiding the student and in dealing with their own feelings of uncertainty.

Besides the need for contact and effective communication strategies, preceptors from across the three practice settings used in the study expressed the need for a mechanism of follow-up that would provide feedback on the preceptor's work with the student and the student's final progress. Most of the preceptors who expressed a desire for feedback on a student's final progress were those who had worked with a student requiring extra guidance. The preceptors' need to know if and how the student finally achieved was related to the need for clarification of their teaching approach and if it had helped the student meet the program objectives. As one preceptor explained, "I never knew if she had really greatly improved for the next floor or if she got more organized...I never found out."

A few of the preceptors expressed the need for performance feedback from the school in relation to how they had worked with the student. A preceptor who was satisfied with the availability of a faculty liaison to assist her expressed her desire for more feedback when she stated, "I've never really gotten feedback from the instructor saying...you're doing good or you're not doing good." This same preceptor also identified the need for student feedback to validate her teaching approach. Another preceptor, who had never received contact from a school of nursing representative, also expressed the need for feedback when she stated, "I still didn't know if I had worked to help him to overcome his weaknesses in certain areas. No one had ever told you."

Being Acknowledged in the Preceptor Role

When preceptors expressed the need for more acknowledgement, it was primarily related to their desire for further input into the planning and timing of the clinical experience. Some of the preceptors expressed the need to have their student evaluation input more highly valued and recognized. Also important was the need for informal and formal recognition of their efforts by their agency administration. These needs are explored under the categories of preceptor input and preceptor rewards.

Preceptor Input

When preceptors expressed the need for input into the planning of the preceptorship experience, it was often related to the timing of the rotation and the frequency with which they were expected to participate. Some expressed concern because they were expected to work with a student each time a request was received from a school of nursing. These preceptors explained that it seemed as if they were always getting students, especially at times of the year when they were in the midst of their peak busy period. For some, being expected to act as a preceptor whenever a school of nursing requested volunteers was something they wished they had some control over. As one preceptor explained:

I think it was last year or the year before our supervisor did say...guess what, we're not giving you any students this term. They made the decision from the top whether they're going to give us the students or whether they weren't. It would have been nice to say, well how do you feel, would you like a break

or...you feel you want the students but they say, guess what we have no students for you.

While this nurse expressed the importance of preceptors not being expected to assume the role whenever requested, she still felt it was important that the preceptors have some input into when they could or could not accommodate students. This preceptor, when dialoguing about the benefits of preceptoring, was positive about the personal and professional benefits she gained from working with students. However, she viewed the need to have preceptor input acknowledged as a means to enhance the participation of preceptors, and subsequently improve the quality of the learning experiences. As this preceptor explained:

I think overall it's a very rewarding experience for both, but I think you need some good input from both. You need it from your school and from your own agency as well and we should have more input into it. I think that would make it a lot less stressful and I think you could be more productive as a preceptor.

One preceptor expressed some dissatisfaction with the recognition given her during the process of evaluating a student. This preceptor explained that although she worked with the student and completed the final evaluation, she was not invited to attend the meeting to discuss the experience and the evaluation with the student. The meeting was held between her own supervisor and the student; although she requested to attend and expressed her reasons for wanting to do so, she was told it was not necessary. In expressing her need to be present at this final session, this preceptor explained how being present would have permitted her to clarify the evaluation for the student had there been any questions. This preceptor noted she had voiced her concern in relation to this

process. She still was not certain why and from where the direction to conduct the evaluation meeting in such a way had come. This preceptor summed up her feelings in relation to this process when she stated, "Cause it seems like that's it, just get's chopped off. Do your evaluation, pass it in, thank you very much." Not only did this preceptor express the need to have input into components of the preceptorship process, she also expressed the need to be seen as a contributing participant who should be acknowledged for her efforts.

Preceptor Rewards

Several preceptors expressed the need for their agency administration to provide them with more recognition for their contributions as a preceptor. The recognition desired by those who talked about its absence was the need for verbal recognition from their immediate supervisor, and the need for their contributions to the preceptorship program to be noted on their performance evaluation, and subsequently placed in their human resources file.

When preceptors talked about needing more recognition from their immediate supervisor, it was because they felt their supervisor was not fully aware of the responsibilities involved with preceptoring. These preceptors also noted their supervisor was not always cognizant of the amount of time and effort involved in preceptoring. Many of the preceptors recognized that not everyone wanted or was suited to the role of preceptor. However, because they saw preceptoring as part of their own professional

responsibility, the need to be recognized from within their own nursing practice setting was important. The following quotes demonstrated the concerns of these nurses:

Like the supervisor on the floor...you know I want understanding from them too and like I want them to know that I'm doing a good job at it. That I'm not just in it for something to do. Like I am doing something worthwhile here.

I don't know if the, if the administration understands too much about precepting. I suppose they do...You don't get any feedback from them, you know your supervisor or anything...I guess she knows your precepting. I don't really know if she does or not.

Many of the preceptors who expressed the need for more recognition from their supervisor explained that just to be acknowledged for their time and effort was what they saw as important. Two preceptors expressed this as, "I don't think there's enough recognition from the top...I don't think there's enough said to us, but you know you're doing wonderful. You did a great job or we're pleased you took them," and, "If she came along and asked how are you getting on with your preceptee."

Personal recognition from their own administration and from the schools of nursing was a need among some of the preceptors. One nurse, in discussing the value of a thank-you letter received from the school of nursing, summed up the importance of personal recognition when she stated, "Yes I would like it to be more personal. It just felt like a form letter to me." As well, because some preceptors expressed the desire to know how their student had achieved in meeting the final objectives of the program, including this on the preceptors' letter of recognition would have made it more personal.

Some of the preceptors commented that their performance appraisal had not acknowledged their contributions to the preceptorship program. Others expressed the desire for it to be noted in their human resources file. Only a few of the preceptors expressed the need to be acknowledged for their efforts through this formal method of recognition. However, because these preceptors viewed this form of recognition as one factor that could influence their future employment opportunities, it is important that it be noted as a means to acknowledge their contributions.

A Model for Preceptor Support

The findings of this study support the need for consistent interaction and communication among those participating in a preceptorship experience. The results support the need for ongoing interaction among the preceptor, nurse educator and the student. This interaction should focus on providing support that prepares preceptors to assume the responsibilities of the role; that allows preceptors the opportunity to receive feedback that clarifies their teaching approach; and that acknowledges the preceptors' valued contributions to the program and the students' development. Figure 1 represents a model for preceptor preparation and support that is based on the findings of this study.

The model identifies key words that represent the essential elements of support needed by preceptors and from who this support should come. Key words illustrate the important communication strategies that must be in place between preceptor and student as well as between preceptor and nurse educators. The model also identifies the

importance of interaction among these participants in a preceptorship experience. As well, the model depicts the importance of workplace support from co-workers and nurse administrators and the need for nurse educators to communicate to nurse administrators the responsibilities assumed by preceptors as they take on the role of guiding a student. When nurse educators and nurse administrators provide recognition and support to preceptors, it fosters general workplace support thus enhancing the conditions for a rewarding preceptorship experience.

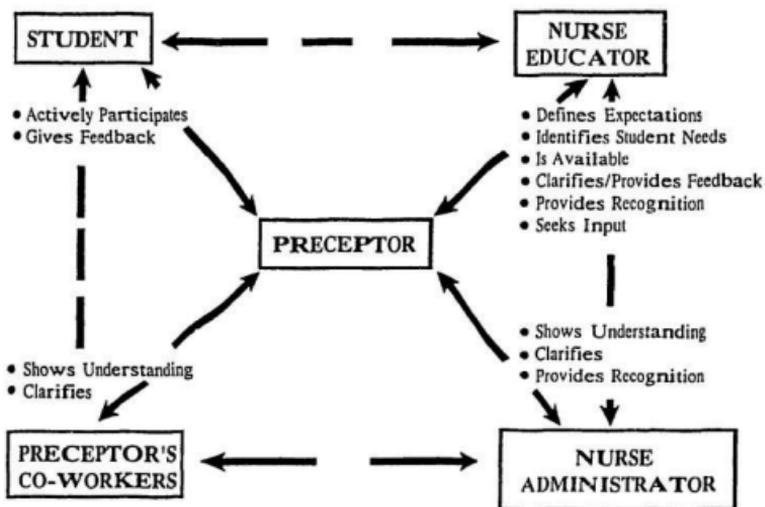


Figure 1: Model for Preceptor Support

Summary

This chapter presented the findings and described the themes that emerged from the preceptors' experiences with precepting and their level of satisfaction with the resources and support provided. The themes reflect how these nurses understand preceptorship and how they see themselves as being able to fulfil their role. These themes provided a framework for the identification of resources and sources of support that are working and that need to be improved as they relate to the various contexts where preceptors work.

From the interview data, it is evident that support mechanisms in place and needs for such varied among the preceptors interviewed. Table 1 summarizes the occurrence of, and the preceptors' satisfaction with certain elements of preparation and support provided to preceptors by schools of nursing. This table outlines some of the similarities and differences in the preparation and support available to preceptors in each of the three broad practice settings used in this study. The similarities and differences in the findings as well as their implications for preceptor support and role satisfaction are discussed in the final chapter of this report.

Table 1**Summary: Occurrence/Preceptor Satisfaction with Support Mechanisms**

Support Mechanism	Preceptor's Workplace		
	Parent Organization	Distanced Agency	Community Health
All preceptors received an orientation	Yes	No	No
All preceptors satisfied with orientation when provided	Yes	Yes	Yes
All preceptors received information about student	Yes	No	No
All preceptors satisfied with information about student	No	No	No
All preceptors received evaluation guidelines	Yes	No	No
All preceptors satisfied with evaluation guidelines	No	No	No
All preceptors able to consult a faculty member for clarification and feedback	Yes	No	No
All preceptors satisfied with clarification and feedback provided by faculty member	No	No	No
All preceptors acknowledged for their contribution	Yes	Yes	Yes
All preceptors satisfied with the acknowledgement provided	No	No	No

CHAPTER 5

DISCUSSION, IMPLICATIONS AND LIMITATIONS

Summary of the Study

The preceptorship model, as a clinical teaching strategy for the preparation of undergraduate nursing students, is an accepted method in many nursing education programs in the province of Newfoundland. As the nursing education community plans for continuation and expansion of this model of clinical teaching, it is essential that the needs for support of those who precept be explored.

Although the research literature studying the needs for support from those who precept is limited, preliminary evidence suggests that support for preceptors is essential to their job satisfaction and to decreasing their stress while in the preceptor role (Bizek & Oermann, 1990; Yonge et al., 1992).

Because preceptorship experiences are offered in a wide variety of clinical practice settings and locations throughout the province, the resources and supports available to the nurses within these diverse contexts may vary. The need to explore the perceptions of the nurses from more than one practice setting was realized early in the design of this study.

A qualitative research design was chosen in order to gain insight into the individual needs of nurses, across many practice settings, as they described the support provided and/or desired as they assumed the role of preceptor. The purpose of this study

was to describe the resources and needs for support from the preceptors' perspective, rather than from the position of those in the academic world. The researcher realized that such understanding is essential to fostering the collaborative interactions essential to enhancement of the preceptorship model.

The data sources used for this study included document analysis and interviews with individuals who had preceptored. Schools of nursing in the province provided the researcher with documents used for the orientation and preparation of preceptors. Nurses who had preceptored senior undergraduate nursing students from either a diploma or basic baccalaureate program were interviewed using a semi-structured interview format. Eighteen nurses from among community health and acute care settings across the province volunteered to participate. As an exploratory study, the purpose was to describe the perceptions of those interviewed, not to make generalizations.

The research questions that guided the study focused on the type of support mechanisms available to preceptors, the preceptors' satisfaction with these support mechanisms, and the other sources of support desired by these preceptors.

The findings of the study were described in Chapter Four. This present discussion focuses on the major findings by integrating the answers to each of the research questions in order to describe the fundamental needs for preparation and support of those who precept. Implications for nursing education, nursing practice and nursing research are also included.

Discussion of the Findings

The personal sense of responsibility for the student felt by preceptors was a major theme unravelled in this study. This sense of responsibility was focused on providing an optimum learning environment for the student. For many of the preceptors, there was a transition period as they began to take on the expanded responsibilities of student teacher and evaluator. Before and during their moving into the preceptor role, the sense of responsibility they were assuming for the student began to take on meaning for them. For many, it was during their initial experiences with preceptorship that they began to develop their own expectations for the role as well as trying to internalize the students', the schools', and the agencies' expectations.

As preceptors talked about their preceptorship experiences and their adaptation to the role, many concerns related to their responsibilities for the student surfaced. Often, their concerns focused on whether they were capable and adequately prepared to guide and evaluate a student; whether they had enough background knowledge related to the student's learning needs, knowledge and skill level; and whether the learning opportunities they were providing the student was what the school expected and the student needed. As preceptors talked of these concerns they were able to reflect on which sources of preparation and support were most effective in helping them to adjust and perform in the role.

Resources and support mechanisms in place and needs for such varied among preceptors. A number of factors influenced these variations. These factors included:

the preceptor's place of employment, its location relative to the schools of nursing, the preceptor's experience with precepting, the support systems in place and the communication between the agency and the schools of nursing, the ability of the student, and the preceptor's relationship with the student.

From the data, it is evident that much of the written information and guidelines that preceptors desire have been developed by the schools of nursing. However, some of this documentation is not always accessible to preceptors. As well, expectations for the faculty liaison and student, as outlined in schools of nursing documents, are not always being followed through and facilitated during preceptorship experiences. For example, each school of nursing document outlines that the student is responsible for developing and revising his/her own learning objectives. The majority of documents also include that the preceptor assists the student in identifying and modifying the learning objectives throughout the experience. However, some preceptors had worked with students who did not identify their learning objectives. This made it difficult for the preceptor to plan those learning experiences that best met student needs. Many of the preceptors valued these objectives and saw them as evidence of the students' active participation in the learning process. Previous studies have found that students who are not prepared create added stress to the preceptors' responsibilities (Pond et al., 1993; Yonge et al., 1992). In this present study, when students did not identify their learning objectives and actively seek out learning opportunities, it added stress to the preceptors' feelings of responsibility.

Another discrepancy between what is outlined in preceptor documents and what is occurring in practice is the support provided by the faculty liaison. Schools of nursing documents identify that the faculty liaison is available to consult with the preceptor in the planning of the learning experiences and/or in matters related to student performance. In practice, this is not always occurring as some of the preceptors received no contact from a school of nursing representative during all or some of their preceptorship experiences.

Preceptors in community health and those in agencies geographically distanced from schools of nursing did not always receive an orientation to their role or the opportunity to consult with a school of nursing representative. This is consistent with the findings in the study by Yonge et al. (1992), that lack of instructor availability is attributed in many instances to preceptorship experiences occurring at a distance from the school. In a recent publication of their study, Yonge, Krahn, Trojan and Wilson (1995) also reported that the preceptor's perception of adequate support from nursing education was related to the availability of a school of nursing representative and the preparation and guidance provided to the preceptor. In the study by Hsieh and Knowles (1990), the need for clearly defined role expectations and the opportunity to interact with an instructor were seen as the most helpful action provided to preceptors by schools of nursing.

Pond et al. (1993) found that the least positive aspect of a preceptorship experience is role uncertainty with resulting lack of confidence. As indicated in the

literature on role theory, roles are induced when individuals learn, through the socialization process, what behaviours are expected (Rubin, 1988). Individuals become socialized into new roles when they receive information related to the responsibilities and activities of the role. As well, the opportunity to interact with and receive support from reference groups is necessary for role socialization (Gaines, 1981 as cited in Rubin, 1988). Not all preceptors, in this present study, felt they were provided the opportunity to develop a clear understanding of their role and responsibilities in guiding the student. This lack of understanding was attributed to a lack of preparation for the role which preceptors attributed to inadequate orientation, inadequacies in written guidelines, and initial as well as follow-up interaction with a school of nursing representative. While preceptors recognized the difficulty that distance creates to providing an orientation for preceptors, it was those who had received no contact or guidelines who were most critical. The necessity of providing initial contact through either personal visits, telephone or teleconference approaches was articulated by preceptors as a means to provide them with an orientation to the expectations of the role.

What preceptors considered most critical in helping to prepare them for the role was information related to their roles and responsibilities in guiding the students and information related to evaluating student performance. This is consistent with the findings in the studies by Westra and Graziano (1992) and Yonge et al. (1992). In this present study, those preceptors who had received some type of orientation to preceptorship were more comfortable in their knowledge of the role as compared to those

who had not received an orientation. However, many of the preceptors from across all three broad practice settings expressed the need for more written guidelines and ongoing faculty support during the evaluation of students. The preceptors' desire to receive school of nursing support in helping them to objectively evaluate a student's performance is a reflection of their sense of responsibility for student learning and growth. The need for schools of nursing to provide this support is critical.

Preceptors in this present study also desired more information related to the student's level of performance; this would help them better understand student learning needs and plan experiences accordingly. Preceptors also expressed the need for clearly defined guidelines related to the supervision of students and accessibility for interaction with a faculty member in situations where they were in doubt. If initial contact had been made and ongoing interaction established, preceptors were comfortable with the support provided and confident they could seek out and obtain answers to questions should they arise.

Preceptors who had worked with students experiencing difficulties in their performance identified the importance of interaction and consultation with a faculty liaison. Many of the preceptors had worked with a student who was not performing at the level expected. These preceptors talked about the stress and feelings of uncertainty associated with such experiences. These findings are consistent with previous reports that students who demonstrate poor nursing skills in a preceptorship experience create increased stress or less than an ideal experience for the preceptor (Yonge et al., 1992).

In this present study, all the preceptors who had worked with students who were experiencing difficulties in the clinical setting talked of the associated stress. However, those who had received an orientation and were aware of their roles and responsibilities were appreciative of the support provided through interaction with school of nursing faculty. The opportunity for the preceptor to clarify, through interaction with a faculty liaison, the guidance they were providing the student was seen as supportive. However, preceptors who received no contact from the school during such preceptorship experiences talked frequently of the need to have their teaching approach and assessment of the student's performance clarified.

Interaction with a faculty liaison as a means to clarify role expectations and to gain feedback on their teaching approach is a common need for preceptors. The availability of school of nursing faculty and the opportunity to interact with and receive feedback are perceived as elements of support (Hseih & Knowles, 1990; Yonge et al., 1992). In this present study, when preceptors did not receive the critical interaction to provide them with the feedback desired, they often expressed feelings of isolation and lack of control in the preceptorship experience. This was especially evident when preceptors worked with students who experienced performance difficulties and the preceptor had not seen any significant signs of improvement. However, when preceptors perceived they had adequate contact with a resource person in the school of nursing, they tended to feel the preceptorship was a shared responsibility.

Being able to interact with a faculty liaison to receive feedback and clarification of their teaching approach is important to how preceptors perceive their role performance (Yonge et al., 1995). In this present study, when preceptors were not given the opportunity to discuss and clarify their concerns about student performance with a faculty liaison, they expressed some feelings of lack of satisfaction. These situations occurred most frequently with preceptors in agencies geographically distanced from the schools of nursing. When preceptorship experiences are completed at a distance from the school of nursing it is critical that a system of communication be developed so as to provide preceptors with access to faculty support.

Another study finding is the importance of support from within the workplace. This support needs to come from nurse administrators and co-workers. Recognition of the preceptor's commitment to the student's learning needs, dialogue and clarification of the preceptor's approach with the student, and an understanding of the time involved in a preceptorship experience are the important support mechanisms needed within the workplace. When preceptors felt their unit or agency administration underestimated the time and workload demands of a preceptorship experience, they did not feel supported in their work environment. When nurse managers failed to acknowledge preceptors' responsibilities for the student, it was perceived by preceptors as one reason why their co-workers misunderstood their role. This is consistent with the findings in the study by Hsieh and Knowles (1990) that, without the support of the head nurse group, preceptors felt misunderstood and frustrated by the misconceptions of their co-workers.

With the added responsibility of a preceptorship experience, preceptors need to feel they can rely on the usual systems of support within the workplace. It is important that nurse administrators acknowledge the time commitment and responsibility involved in a preceptorship experience. Recognition from this level can foster support within the entire unit setting. Preceptors in this present study expressed the need for nurse educators and nurse administrators to work together to help foster a more supportive work environment for the preceptors.

The need for nurse educators and nurse administrators to work together in providing effective resources and support for preceptors is critical to enhancing their satisfaction while in the role. The initial planning of preceptorship experiences and the associated support begins with nurse educators. However, educators need to more effectively communicate to nurse administrators the objectives of the preceptorship experience and the associated responsibilities of the preceptor and the nurse manager. While school of nursing documents identify these objectives and responsibilities, they must be followed up with discussion that will enable the nurse administrators' group to more fully understand the preceptors' responsibilities and workload demands. By promoting an understanding at the nurse manager level, the development of support from co-workers could then be fostered.

While school of nursing and workplace support is critical to preceptor satisfaction, so is the relationship developed with the student. When preceptors worked with students who were able to identify their limitations and accountabilities, a trusting relationship was

established that allowed preceptors to feel more comfortable in their role. However, preceptors still expressed the desire to receive feedback in relation to their teaching approach and whether they had provided the student with the appropriate learning opportunities. Preceptors further explained that such feedback would help them reflect and develop new ways to help students meet their learning needs. Schools of nursing must promote the importance of information exchange between student and preceptor. Students should be encouraged to provide preceptors with more feedback as learning objectives are being identified and discussed.

Feedback, besides helping the preceptor learn new approaches to guiding the student, helps the preceptor to know when the guidance offered is beneficial. This serves as a form of reward and motivation for the preceptor and a subsequent source of support. This is consistent with the findings as reported by Yonge et al. (1995) that feedback to preceptors is one aspect of the ongoing relationship between preceptor, student and schools of nursing. Yonge et al. (1992) also reported that it is important to establish formal and consistent mechanisms of acknowledgment to preceptors. In this present study, because preceptors value the benefits obtained from observing the student's knowledge and skill development, it is imperative that schools of nursing develop a formal mechanism to provide preceptors with feedback that acknowledges their sense of responsibility for student learning and growth. Also of importance is acknowledging individual preceptors who have worked with students requiring extra guidance during a preceptorship experience. Knowing if students achieved in meeting the final program

objectives is important to preceptors, especially when they had worked with students who experienced difficulty in their performance. Formal acknowledgment and the inclusion of feedback to preceptors are sources of support that can enhance preceptors' intrinsic rewards because the important contributions they have made to their student's achievement are recognized.

The need for preceptors to be acknowledged by their agency administration is another critical element of preceptor reward and subsequent support. As discussed previously, an understanding from the nurse manager of the time and effort required to guide a student is an element of recognition that preceptors perceive as essential to their feelings of satisfaction. Nurse administrators, at all levels, need to recognize that the process of preceptoring is an added responsibility for those who assume the role. Subsequently, nurse administrators need to provide support to preceptors before and during their taking on the role. Can support for preceptors from nurse administrators best be achieved by nurse educators more effectively defining and communicating the preceptors' responsibilities to nurse administrators? More effective interaction between nurse educators and nurse administrators may enhance the work environment for preceptors and help to endorse the importance of formal methods of preceptor recognition.

Another important element of preceptor acknowledgement and support is having the opportunity to provide input into elements of the preceptorship program design. While the opportunity for input was not a frequent occurrence, when it was provided,

preceptors felt it was evidence that the school of nursing valued the preceptors' input and considered it integral to the implementation of an effective preceptorship program. When preceptors expressed the desire to become involved in the process of planning preceptorship experiences, they felt they had a significant contribution to make because of their frontline understanding of the process of preceptoring.

Another element of input considered important to preceptors was the freedom to choose when and if they could preceptor. When preceptors felt compelled to take a student, they sensed that their administration and the schools of nursing did not fully understand the time commitment involved in preceptoring and its subsequent influence on their workload. When preceptors are expected to assume the role whenever requests are received from schools of nursing, it creates a work climate that causes preceptors to feel their input is not valued nor their contributions acknowledged. Based on these findings, it is important that nurse educators and nurse administrators seek input from preceptors and subsequently acknowledge receipt and consideration of their suggestions.

Implications of the Study

The findings of this study have implications for nursing education, practice and research. Trying to balance the demands of the workplace with the needs of the learner in a preceptorship experience presents many challenges for preceptors. The need to acknowledge their needs for preparation and support and to implement strategies to enhance their ability to feel satisfied in the role is critical.

Implications for Nursing Education

With the changing context of nursing education environments and the move toward increased use of preceptorship experiences in this province, schools of nursing need to work collaboratively with nurses in practice in the planning of these experiences. To begin, nurse educators need to understand that strength in a preceptorship experience, for both preceptor satisfaction and enhanced student outcomes, lies in the preparation, support and recognition provided to the preceptor. While preparation and support for preceptors may be planned and identified in written documents, their implementation needs to be monitored in order to identify gaps and to ensure individual preceptors are satisfied with the support and preparation received. Monitoring for implementation demonstrates to preceptors, that nurse educators are committed to the provision of effective preceptorship experiences for both students and preceptors. This commitment to implementation of planned strategies for preparation, support, and recognition can help foster work relationships that enhance the collaborative nature of preceptorship.

An essential element of support and guidance for preceptors is the establishment and maintenance of opportunities for communication between the preceptor and a designate from the school of nursing. Opportunities to communicate allows the preceptor to consult with and establish an ongoing relationship with someone who understands the needs of the preceptor in a specific preceptor-student relationship. While the need for communication between the preceptor and a school of nursing representative may be acknowledged in a preceptor program plan, it is most effective when the frequency and

means of communication are established at the beginning of each preceptorship experience. Nurse educators and preceptors, within each preceptorship experience, should jointly review and define a plan for contact that is based on the individual preceptor's need within the context of his/her work setting and the student-preceptor relationship. Contact between nurse educator and preceptor should focus on the developing preceptor-student relationship, student preparation and performance, and feedback to assist the preceptor in the guidance and evaluation of the student.

Initial contact and orientation to the role from nurse educators is another essential element of support that is critical to increasing the preceptor's level of satisfaction. Preceptorship experiences in community health and in agencies distanced from schools of nursing provide particular challenges to nurse educators. It is important to ensure that all preceptors receive the written documentation and guidelines to prepare them for the experience. Travelling orientation workshops, telephone contact or teleconference are useful strategies to supplement the written documentation provided to preceptors. As well, schools of nursing, in the development of their preceptor documents, should ensure they target the primary components of preceptor preparation and do not place undue emphasis on documentation that is extraneous. Nurse educators should also devise means to obtain input from preceptors in order to identify the critical elements of preceptor preparation that need to be covered in a distanced preceptor orientation program. This strategy can enhance the degree of preparation provided to these preceptors by

overcoming the limitations of restricted time and monetary resources which are characteristic of such placements.

Preceptors need the opportunity to provide input into the planning of preceptorship experiences through regular program evaluation. Program evaluation tools need to focus on expectations, preparation, support, and reward and should be developed in cooperation with a sample of preceptors who can help to identify the important questions to be addressed.

A final implication for nursing education is the need for follow-up recognition as a means of continuing support for the preceptor's contribution to student development and success. Schools of nursing need to collaborate with nurse administrators and preceptors to ensure preceptors are recognized through such formal mechanisms as performance appraisals and acknowledgement in their human resource file. As well, when nurse educators openly communicate and provide feedback to preceptors throughout each individual preceptorship experience, they are acknowledging the importance of the preceptor to the learning environment created in a preceptorship experience. Such communication and acknowledgment creates the essential trust and respect that is essential to collaboration in preceptorship.

Implications for Nursing Practice

This study demonstrates that support for preceptors should also come from within the workplace. To begin, nurse administrators need to share more responsibility with

preceptors for the learning environment created for students. To foster shared responsibility within the workplace, nurse educators need to initiate efforts to get nurse administrators more involved in preceptorship. Schools of nursing, besides offering orientation sessions for preceptors, should also devise means to more clearly communicate the essential nature of the nurse manager's role in a preceptorship experience. Where possible, nurse administrators, especially managers, should attend preceptor orientation programs offered by schools of nursing. Nurse managers need to communicate, through their actions, that they understand the inherent responsibilities of the preceptor role and the associated time demands. Preceptors need to feel they can communicate, to their nurse managers, the need for specific work assignments that will assist them in meeting their student's learning needs. Work assignments should not be increased because a preceptor has a student to share the workload.

Nurse administrators, because they accept responsibility by offering preceptorship experiences within their agency, should ensure that schools of nursing provide the nurses with the essential preparation and support required to fulfil the preceptor role. As well, nurse administrators need to work in partnership with nurse educators and develop ways to communicate to other nurses within the agency, the important role that preceptors play in student development. Use of preceptor appreciation programs, which focus on acknowledging preceptors to others, can also serve to educate co-workers of the added responsibilities assumed by preceptors. Such programs can heighten awareness, within the workplace, of the important contributions made by preceptors. The presence of such

work conditions can help to foster a work climate where preceptors feel supported by their colleagues as well as their administration.

Implications for Nursing Research

It is necessary to further investigate the elements of preceptor preparation and support considered, by preceptors, most beneficial to enhancing their role performance and subsequent satisfaction in the role. This investigation should be quantitative in design and carried out on a sample that is representative of preceptors in this province. Variables such as the preceptors' educational preparation, number of years in nursing, number of years in their present work setting, and experience in preceptoring, should be built into the study design. This can help those who plan preceptorship experiences to understand the varied needs for preceptor preparation and support thus heightening awareness of the importance of incorporating such differences into their plans.

Issues related to the preceptor's workload and the expectations within the workplace need to be investigated. Questions that address whether preceptors are being coerced or expected to precept and how this affects their satisfaction in the role need to be asked. As well, there is a need to study the frequency of preceptors being expected to assume an increased patient assignment and the effect this has on preceptor role satisfaction. There is also a need to explore the perceptions of staff nurses and nurse administrators who work with preceptors in order to determine the adjustments required within the workplace during preceptorship placements. Such investigations can give

nurse educators a better understanding of the broader issues within the nursing practice setting that influence the delivery of a preceptorship program.

Limitations of the Study

Although the purpose of naturalistic inquiry is not to generalize results, it is important to note that study participants did not represent all of the clinical service areas where preceptorships are used in nursing education.

Another limitation is related to recall of information. Not all preceptors were working with a student at the time of the interview, although all had preceptored within the last year. Some preceptors had difficulty recalling the rewards received as well as what had been included in their orientation session or the written documents provided to them. As well, because some preceptors had more experience than others, they were able to provide more information because they could compare and contrast experiences.

A final limitation is that, for some of the participants, their most recent experience in preceptoring had not been with undergraduate nursing students from a basic program in nursing. At times these participants made reference to these other preceptorship experiences because they were easier to recall. Although this data was not included in the analysis, some distortion of the actual preparation and support provided during preceptorships with basic nursing students may have occurred.

Concluding Remarks:

A Time to Collaborate in Providing Support to Preceptors

The purpose of this study was to describe, from the perception of those who assume the role of preceptor, the elements of support considered beneficial to enhancing their ability to perform in the role and to helping them feel satisfied with their efforts. The findings support the need for schools of nursing to closely evaluate the network of communication strategies used to prepare and support preceptors. The findings also suggest that schools of nursing need to collaborate more effectively with clinical agencies and nurses in practice in the development and delivery of preceptorship programs. A focus on interaction and sharing of responsibility, so critical to collaborative efforts, can help to enhance the supportive networks considered most essential to preceptor satisfaction and reward.

REFERENCES

- Alspach, J.G. (1987). The preceptor's bill of rights. Critical Care Nurse, 7 (1), 1.
- Alspach, J.G. (1989). Preceptor survey report: Part 11. Critical Care Nurse, 9 (6), 10-11, 14.
- Andrusyszyn, M.A., & Maltby, H.R. (1993). Building on strengths through preceptorship. Nurse Education Today, 13 (4), 277-281.
- Andersen, S.L.(1990). Senior preceptorship: Faculty-preceptor collaboration. Nursing Connections, 3 (4), 21-30.
- Baumgart, A.J., & Larsen, J. (1992). Canadian nursing faces the future (2nd ed.). St. Louis: Mosby.
- Bizek, K.S., & Oermann, M.H. (1990). Study of educational experiences, support, and job satisfaction among critical care nurse preceptors. Heart Lung: The Journal of Critical Care, 19 (5), 439-444.
- Borland, K., Bone, C., Harlow, M., Parker, M.N., & Platou, T. (1991). Collaborating to develop a student intern program. Nursing Management, 22 (10), 56-59.
- Brehaut, C.J., & Turik, L. (1994). The clinical assistant: A collaborative model for public health nursing education. Journal of Nursing Education, 33 (3), 139-141.
- Chenitz, W.C., & Swanson, J.M. (1986). From practice to grounded theory. Menlo Park, CA: Addison-Wesley.
- Chickerella, B.G., & Lutz, W.J. (1980). Professional nurturance: Preceptorships for undergraduate nursing students. American Journal of Nursing, 81 (1), 107-109.
- Clayton, G.M., Broome, M.E., & Ellis, L.A. (1989). Relationship between a preceptorship experience and role socialization of graduate nurses. Journal of Nursing Education, 28 (2), 72-78.
- Dale, M.L., & Savala, S.M. (1990). A new approach to the senior practicum. Nursing Connections, 3 (1), 45-51.
- Davis, L. L., & Durham-Barham, P.D. (1989). Get the most from your preceptorship program. Nursing Outlook, 37 (4), 167-171.

- Ferguson, L.M., & Calder, B.L. (1993). A comparison of preceptor and educator valuing of nursing student clinical performance criteria. Journal of Nursing Education, 32 (1), 30-36.
- Gardiner, M., & Martin, L. (1985). Preceptorship over three years, it really works (Part one). AARN Newsletter, 41 (6), 1-5.
- Glaser, B.G. & Strauss, A.L. (1967) The discovery of grounded theory: Strategies for qualitative research. New York: Aldine publishing.
- Goldenberg, D. (1987/88). Preceptorship: A one-to-one relationship with a triple "p" rating (preceptor, preceptee, patient). Nursing Forum, 23 (1), 10-15.
- Guba, Y.S. & Lincoln, E.G. (1985). Naturalistic Inquiry. Beverly Hills, CA: Sage Publications.
- Hardy, M.E. & Conway, M.E. (1988). Role Theory: Perspectives for health professionals (2nd ed.). Norwalk, CT: Appleton & Lange.
- Holly, C.M. (1992). A program design for preceptor training. Nursing Connections, 5 (1), 49-59.
- Hsieh, N.L., & Knowles, D.W. (1990). Instructor facilitation of the Preceptorship relationship in nursing education. Journal of Nursing Education, 29 (6), 262-268.
- Jackson, F., & Mott, M. (June, 1993). Jackson/Mott preceptorship model: A model based on trust. Calgary, AB: Mount Royal College.
- Kirkpatrick, H., Byrne, C., Martin, M.L., & Roth, M.L. (1990). A collaborative model for the clinical education of baccalaureate nursing students. Journal of Advanced Nursing, 16, 101-107.
- Limon, S., Bargagliotti, A., & Spencer, J.B. (1982). Providing preceptors for nursing students: What questions should you ask? The Journal of Nursing Administration, 12 (6), 16-19.
- McKnight, J., Black, M., Latta, E., & Parsons, M. (1993). Preceptor workshops: A collaborative approach. Nursing Connections, 6 (3), 5-14.
- Mooney, V. A., Diver, B., & Schnackel, A.A. (1988). Developing a cost-effective clinical preceptorship program. Journal of Nursing Administration, 18 (1), 31-36.

- Myrick, F., & Barrett, C. (1994). Selecting clinical preceptors for basic baccalaureate nursing students: A critical issue in clinical teaching. Journal of Advanced Nursing, *19*, 194-198.
- Nederveld, M.E. (1990). Preceptorship: One step beyond. Journal of Nursing Staff Development, *6* (4), 186-189, 194.
- Piemme, J.A., Kramer, W., Tack, B.B., & Evans, J. (1986). Developing the nurse preceptor. Journal of Continuing Education in Nursing, *17* (6), 186-189.
- Pond, E., McDonough, J., & Lambert, V.A. (1993). Preceptor's perceptions of a baccalaureate preceptorial experience. Nursing Connections, *6* (1), 15-25.
- Rheiner, N.W. (1982). Role theory: Framework for change. Nursing Management, *13* (3), 20-22.
- Rubin, S. (1988). Expanded role nurse: Part 1 role theory concepts. Canadian Journal of Nursing Administration, *1* (2), 23-26.
- Shamian, J., & Inhaber, R. (1985). The concept and practice of preceptorship in contemporary nursing: A review of the literature. International Journal of Nursing Studies, *22* (2), 79-85.
- Shogan, J.O., Prior, M.M., & Kolski, B.J. (1985). A preceptor program: Nurses helping nurses. The Journal of Continuing Education in Nursing, *16* (4), 139-142.
- Streubert, H.J. & Carpenter, D.R. (1995). Qualitative research in nursing: Advancing the humanistic imperative. New York: Lippincott.
- Stuart-Siddall, S., & Haberlin, J.M. (1983). Preceptorships in nursing education. Rockville, MA: Aspen.
- Talbot, L.A. (1995). Principles and practice of nursing research. St. Louis: Mosby.
- Turnbull, E. (1983). Rewards in nursing: The case of nurse preceptors. The Journal of Nursing Administration, *13* (1), 10-13.
- Weber, J.R. (1993). Collaborative teaching: Preparing for the reality of nursing. Nursing Management, *24* (12), 47-52.

- Westra, R.J., & Graziano, M.J. (1992). Preceptors: A comparison of their perceived needs before and after the preceptor experience. Journal of Continuing Education in Nursing, 23 (5), 212-219.
- Woodtli, A., Hazzard, M.E., & Rusch, S. (1988). Senior internship: A strategy for recruitment, retention and collaboration. Nursing Connections, 1 (3), 37-50.
- Young, S., Theriault, J., & Collins, D. (1989). The nurse preceptor: Preparation and needs. Journal of Nursing Staff Development, 5 (3), 127-131.
- Yonge, O., Krahn, H., & Trojan, L. (1992). Perceptions of preceptors toward preceptorship in nursing undergraduate education programs. Edmonton, AB: Alberta Foundation for Nursing Research.
- Yonge, O., Krahn, H., Trojan, L., & Wilson, S. (1995). Acknowledging preceptors: Not an easy task. Journal of Continuing Education in Nursing, 26 (4), 150-157.
- Zerbe, M.B., & Lachat, M.F. (1991). A three tiered model for undergraduate preceptor programs. Nurse Educator, 16 (2), 18-21.

APPENDICES

APPENDIX A

Director
School of Nursing

I am a graduate student in the MEd program at Memorial University. I am conducting research for my thesis under the guidance of Dr. J. Brown, Faculty of Education and S. Solberg, Faculty of Nursing, Memorial University. My study will explore the type of support and guidance provided to preceptors by Schools of Nursing and affiliating agencies in the province and how the preceptors perceive it facilitates their clinical teaching relationship with the student. The investigation will also attempt to identify the type of support preceptors of undergraduate nursing students desire from nursing education faculties and clinical agencies as it relates to helping them balance their roles and responsibilities as student teachers and patient care providers. The overall purpose will be to determine how schools of nursing and the nursing practice community can foster preceptorship experiences that are rewarding for the preceptors and provide for their long-term motivation in the role.

Two types of data will be gathered for the purpose of this study. These data sources will include: semi-structured interviews with nurses who have acted as preceptors and the collection of documents used by schools of nursing for the preparation of their preceptors.

I am contacting each of the schools of nursing in the province and requesting a copy of the documents used by the school for preceptor preparation as well as written approval to use them as data sources for my research. As part of my study, these documents will be analyzed in order to determine what written resources are provided by schools of nursing to facilitate the orientation and development of preceptors.

This study has received approval from the Faculty of Education's Ethics Review Committee, Memorial University. I am now requesting a copy of the preceptor preparation documents used by your school as well as written approval to use them as data sources for my research. These documents can be forwarded to me at my home address as indicated or I can arrange to pick them up.

All steps will be taken to ensure the anonymity of your school in the analysis of these documents. If you have any questions or wish to discuss the proposal with me I can be contacted at 778-6649 (work) or 722-8256 (residence). If you wish to contact a resource person not associated with this study, please contact Dr. Patricia Canning, Associate Dean (Research and Development), Faculty of Education at 737-3401. Please be advised that your agency will be notified when the study is complete and a copy of the results made available upon request. Thank-you in anticipation of your support.

APPENDIX B

Assistant Executive Director
Patient Care Services
Agency Name

Dear

I am a graduate student in the MEd program at Memorial University. I am conducting research for my thesis on the perceived needs for support of preceptor's of senior undergraduate nursing students. The study will explore the type of support and guidance provided to preceptors by schools of nursing and affiliating agencies in the province and how the preceptors perceive it facilitates their clinical teaching relationship with the student. The investigation will also attempt to identify the type of support preceptors of undergraduate nursing students desire from nursing education faculties and clinical agencies as it relates to helping them balance their roles and responsibilities as student teachers and patient care providers. The overall purpose will be to determine how schools of nursing and the nursing practice community can foster preceptorship experiences that are rewarding for the preceptors and provide for their long-term motivation in the role.

The sample for this study will include nurses who have preceptored senior undergraduate nursing students from either a diploma or generic baccalaureate nursing program. Informants will be interviewed using an open-ended interview format with permission to tape record the interviews from the informants. My plan is to interview a total of 15 to 20 nurse preceptors from community health and acute care agencies in St. John's and other areas of the province where preceptors are utilized.

I am requesting that the letter seeking preceptor volunteers be circulated to those nurses in your agency who have acted as preceptors for students enrolled in a diploma nursing program or the basic program at Memorial University School of Nursing. I have enclosed copies of this letter. **Would you please ask your nurse managers to bring my request to the attention of these nurses and provide them with a copy or access to this letter.**

I have also enclosed, for your information, a sample consent form and a sample interview guide. If you have any questions or wish to discuss the proposal with me, I can be contacted at 778-6649 (work) or 722-8256 (residence). Thank-you.

APPENDIX C

REQUEST FOR VOLUNTEERS TO PARTICIPATE IN A STUDY ON PRECEPTORSHIP

I am a graduate student in the MEd program at Memorial University. I am conducting research for my thesis on the perceived needs for support of preceptors of senior undergraduate nursing students. The investigation will attempt to identify the type of support preceptors of undergraduate nursing students desire from nursing education faculties and clinical agencies as it relates to helping them balance their roles and responsibilities as student teachers and patient care providers. The overall purpose will be to determine how schools of nursing and the nursing practice community can foster preceptorship experiences that are both satisfying and motivational for the preceptor.

I am requesting that nurses who have preceptored senior undergraduate nursing students from either a diploma or generic baccalaureate nursing program, volunteer to participate in my study. My plan is to interview a total of 15 to 20 preceptors from community health and acute care agencies in St. John's and other areas of the province. Each preceptor volunteer will be interviewed by myself with the interview planned to last approximately one hour. If, during the analysis of the data, I feel the need to further explore certain issues, I may need to spend a short period of time interviewing some of the participants again. The interview times will be arranged at the convenience of those who volunteer.

If you are interested in participating in my study or wish to ask me some questions before you make a decision, please contact me by phone at 778-6649 Monday to Friday during regular working hours, at 722-8256 after 6 PM on weekdays or any time during the day on weekends. For those who live outside the St. John's area, please feel free to call me collect at the 722-8256 number only. Once I have reached the quota of volunteers that I require for my study I will notify your agency. Please do not hesitate to contact me in the interim.

If you do volunteer to participate, you will be given a consent form to sign which will explain the purpose of the study and the conditions of agreement between you as the volunteer and myself as the researcher. Please be assured that all information gathered in this study is confidential and at no time will you be identified. Thank-you.

APPENDIX D

Executive Director
Agency Name

Dear

I am a graduate student in the MEd program at Memorial University. I am conducting research for my thesis under the guidance of Dr. J. Brown, Faculty of Education and S. Solberg, Faculty of Nursing, Memorial University. My study will explore the type of support and guidance provided to preceptors by Schools of Nursing and affiliating agencies in the province and how the preceptors perceive it facilitates their clinical teaching relationship with the student. The investigation will also attempt to identify the type of support preceptors of undergraduate nursing students desire from nursing education faculties and clinical agencies as it relates to helping them balance their roles and responsibilities as student teachers and patient care providers. The overall purpose will be to determine how schools of nursing and the nursing practice community can foster preceptorship experiences that are rewarding for the preceptors and provide for their long-term motivation in the role.

Two types of data will be gathered for the purpose of this study. These data sources will include: semi-structured interviews with nurses who have acted as preceptors and the collection of documents used by schools of nursing for the preparation of their preceptors.

Each of the Directors of the Schools of Nursing in the province will be contacted and a copy of the documents used by the school for preceptor preparation will be requested. These documents will be analyzed in order to determine what written resources are provided by schools of nursing to facilitate the orientation and preparation of preceptors.

The interview data for this study will be obtained from nurses who have preceptored senior undergraduate nursing students from either a diploma or generic baccalaureate nursing program. My plan is to conduct personal interviews with a total of 15 to 20 preceptors from community health and acute care agencies in St. John's and other areas of the province. The interviews will last approximately one hour, will be conducted by myself and will be audiotaped. If, during the analysis of the data, I feel the need to further explore certain issues, I may need to spend a short period of time interviewing some of the participants again. All interview tapes will be discarded once the study is complete.

Written consent will be obtained from each participant prior to the interview. Participants will be informed that all information gathered in this study is strictly confidential and at no time will they be identified. Participants will be assured that their participation is voluntary, that they may withdraw at any time, and/or refrain from answering any questions they may prefer to omit.

This study has received approval from the Faculty of Education's Ethics Review Committee, Memorial University. I am now requesting **written approval** from your agency to conduct interviews with some of your staff nurses who have preceptored undergraduate nursing students while in your employ. Following your approval, I will contact your Nursing Services Department to arrange for volunteers from your institution. I have enclosed, for your information, a copy of the letter to be forwarded to your Assistant Executive Director, Patient Care Services, a sample of the letter requesting volunteers, a sample of the interview guide, and a sample consent form.

If you have any questions or wish to discuss the proposal with me, I can be contacted at 778-6649 (work) or 722-8256 (residence). If you wish to contact a resource person not associated with this study, please contact Dr. Patricia Canning, Associate Dean (Research and Development), Faculty of Education at 737-3401. Please be advised that all steps will be taken to ensure the anonymity of your agency and those interviewed in this study. Your agency will be notified when the study is complete and a copy of the results made available upon request. Thank-you in anticipation of your support.

APPENDIX E

INTERVIEW CONSENT FORM (PRECEPTOR SUPPORT)

I am a graduate student in the MEd program at Memorial University. I am conducting a study in which I hope to identify and describe the type of support preceptors of nursing students desire from nursing education faculties and clinical agencies as it relates to helping them balance their roles and responsibilities as student teachers and patient care providers. The overall purpose will be to determine how schools of nursing and the nursing practice community can foster preceptorship experiences that are rewarding for the preceptors and provide for their long-term motivation in the role.

My plan is to interview, for approximately one hour, nurses who have preceptored senior undergraduate nursing students. If, during the analysis of the data, I feel the need to further explore certain issues, I may need to spend a short period of time interviewing some of the participants again.

If you agree to participate in my study, I request your permission to audiotape the interview(s) and make a transcript of the audiorecording. Please be aware that all information gathered in this study is strictly confidential and at no time will you be identified. Your participation is voluntary, you may withdraw at any time, and/or you may refrain from answering any questions you may prefer to omit.

Other conditions that are part of this agreement include:

1. all personal identifying characteristics will be removed from the transcript(s).
2. all transcripts will be destroyed following completion of the study.
3. if you are directly quoted in the final report, you will be given the opportunity to read these quotations to ensure: (a) you have been quoted accurately, (b) you have not been quoted out of context, and (c) no personal identifying characteristics have been inadvertently included.

This study has received approval from the Faculty of Education's Ethics Review Committee, Memorial University. Approval has also been received from your place of employment.

If you agree to participate in this study please sign below and return to me by _____ . The other copy is for you.

If you have any questions or concerns, please contact me at 722-8256 or my thesis supervisor Dr. J. Brown at 737-7561. If you wish to contact a resource person not associated with this study, please contact Dr. Patricia Canning, Associate Dean (Research and Development), Faculty of Education at 737-3401.

Sincerely,

Beverley Janes, B.N.,R.N.

.....
I AGREE TO PARTICIPATE IN THIS STUDY AND TO HAVE A VERBATIM TRANSCRIPTION MADE OF THE INTERVIEW. I UNDERSTAND THAT MY PARTICIPATION IS ENTIRELY VOLUNTARY, I MAY WITHDRAW FROM THE STUDY AT ANY TIME AND/OR REFRAIN FROM ANSWERING ANY QUESTIONS WHICH I MAY PREFER TO OMIT. I ALSO UNDERSTAND THAT ALL INFORMATION IS STRICTLY CONFIDENTIAL AND I WILL NOT BE IDENTIFIED.

(signature of interviewee)

(date)

(signature of interviewer)

(date)

APPENDIX F

Interview Guide

- 1) I would like you to talk about the different roles and responsibilities you have taken on as preceptor. Can you tell me how they differ from your roles and responsibilities as a staff nurse?
(Teacher role, evaluator role, mentor role...Do they feel prepared for these roles?)
- 2) Tell me about the preceptor orientation program you received and how you would evaluate its effectiveness. Did it help prepare you for your role as preceptor?
- 3) From your experience, how useful were the teaching strategies used for these orientation sessions? What else would have been useful to you?
- 4) Do you find you often have questions related to your roles and responsibilities as a preceptor? From which sources do you receive your answers? Tell me if you find these sources meet your needs?
- 5) Can you tell me what you feel causes the most stress for you as a preceptor?
(Balancing patient care and student guidance responsibilities, evaluating students, students experiencing difficulties...ask them to provide examples if they can.)
- 6) Did you ever personally experience any difficulty/conflict as a result of a specific preceptor-student relationship? Tell me about it (them). How was it resolved? What would you have liked done in the situation? (Sources of support appropriate to the situation.)
- 7) Has preceptorship interfered with your normal sources of support in the workplace? Tell me in what way and how you dealt with this.
(Coworker support systems, support from nurse managers)
- 8) How much opportunity have you had to talk to other preceptors about their experiences? Do you feel this would be beneficial and why?

- 9) How do you think schools of nursing can best help you establish a good working relationship with your preceptee?
(Input into planning, contact with faculty)

- 10) How do you feel preceptorship is beneficial to you both personally or professionally?
(Explore their feelings concerning this and if they feel there are sufficient strategies to reward them.)

- 11) Are there other support strategies that could be used which we have not discussed today?



