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THE PROCESS OF PRECEPTING NURSING STUDENTS: BALANCING RESPONSIBILITIES AND RELATIONSHIPS

by

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ABSTRACT

For the nurse preceptors in the study the core variable identified in precepting nursing students was 'balancing responsibilities and relationships'. Thus becoming a preceptor was a self-reflective and interactive process of learning to balance the responsibilities and relationships which resulted from being a preceptor. The basic social - psychological process consisted of five stages: 1) making the decision, 2) assuming precepting, 3) learning to be a preceptor, 4) gaining confidence, and 5) continuing on or taking a break. A period of personal and professional appraisal occurred as preceptors were deciding to take on the role. In balancing the responsibilities of staff nurse and educator and the relationships to patients and students the preceptors learned to interact with the school of nursing, nursing administration and colleagues. Some preceptors experienced frustration in trying to balance responsibilities and relationships because there was a sense of obligation to the student to provide clinical educational opportunities and at the same time preceptors had to balance the demands and responsibilities of staff nurse and practitioner. Furthermore, there was evidence that preceptors had to weigh the benefits to the student and the drawbacks to the patient in providing learning experiences.

There was variation within each of the stages and through theoretical sampling of data the researcher was able to identify the different factors which accounted for the variation. These factors could be divided into two main categories: 1) structural constraints in the workplace and 2) personal characteristics of student and/or preceptor. The perceived potential of the student fostered preceptor development and perceived student initiative guided the decision to be involved in preceptorship. There seems to be

a need to increase support for preceptors from school of nursing faculty and nursing service administration. Some informants indicated that they had to take a break and reevaluate their commitment to precepting nursing students.

CHAPTER 1

Preceptorship, a relationship and partnership in which a practising nurse acts as guide, role model, educator, evaluator, and supporter to a student or colleague assigned to her/him is widely used as a teaching - learning strategy in nursing education. While it has been mainly used to influence students' clinical performance and competency (Grantham et al., 1989; Joyce-Nagata, Reeb, & Burch, 1989; Limon, 1984; Myrick, 1989; Myrick & Awrey, 1988; Oermann & Navin, 1991; Perry, 1988; Sheetz, 1989), it has also been employed to socialize students to the nursing profession in order to diminish the reality shock of new graduate nurses when they enter the workplace (Chickerella & Lutz, 1989; Clayton, Broome, & Ellis, 1989; Dobbs, 1988; Horsburgh, 1989; Itano, Warren, & Ishida, 1987; Laschinger & MacMaster, 1992; Modic & Bowman, 1989).

Preceptorship as a teaching-learning strategy is not new to nursing. Myrick (1989) traced the origins of preceptorship back to 1882 to Florence Nightingale who believed ' . . . practical and technical training for nurses was to take place . . . under the supervision of nurses who were trained to train' (p. 589). Whatever its origins, precepting first began as an informal process when more experienced nurses shared their expertise with student nurses in selected clinical situations. The student learned clinical skills and gained an understanding of what the practice of nursing was like by working with these experienced nurses in the clinical settings. Preceptorship is also a formalized process (Douglass, 1988). In the 1960s preceptorship programs were established to prepare nurses to act as primary health care practitioners (Mahr, 1979). Nurse

practitioners were precepted by physicians in order to learn extensive physical assessment skills (Morrow, 1984). During the late 1970s formal preceptorship programs for nursing students were introduced into schools of nursing curricula. Nurses employed in clinical areas were assigned nursing students, taught them nursing skills and competencies, and helped socialize them to the nursing profession. The first preceptorship program for nursing students was initiated in the United States in 1979 at Ohlone College Nursing Program, Fremont, California funded by a Kellogg Foundation Grant (Limon & Spencer, 1983).

Since the late 1970s preceptorship programs in nursing education have been used widely in North America. Even though there is extensive use of preceptorship programs in nursing education, precepting nursing students by practising nurses is not well understood as a process. What is the experience of precepting like? Why do some practising nurses take on this added responsibility? How do they learn to incorporate the demands of preceptorship into their other workload? These are just some of the questions to answer in order to understand the process better. If preceptorship is to continue to be used to help prepare nursing students for future practice, research is needed to explore and understand why and how nurses are willing to take on and continue with what seems like additional work and responsibility.

Problem Statement

In Newfoundland, the use of formal preceptorship programs has increased in all nursing education programs. Precepting is seen as a way of strengthening the clinical component of the program, having students more widely spread over clinical resources

than can be attained if one clinical instructor supervises a group of students in a practice setting, and taking advantage of the clinical expertise of staff nurses who have much to offer in clinical teaching.

There has been extensive discussion in the literature and a considerable amount of research on preceptorship with the majority of studies focusing on its effectiveness for teaching nursing students (Adey, 1986; Myrick, 1989; Myrick & Barrett, 1992; Shamian & Lemieux, 1984; Sheetz, 1989). Other studies have emphasized the use of preceptorship in enhancing nursing students' socialization to nursing (Clayton, Broome, & Ellis, 1989; Itano, Warren, & Ishida, 1987; Joyce-Nagata, Reeb, & Burch, 1989; Laschinger & MacMaster, 1992; Myrick & Awrey, 1988; Shamian & Lemieux, 1984; Sheetz, 1989), or as a practical resource for orientation to the clinical environment especially during times of fiscal restraint (Everson, Panoc, Pratt, & King, 1981; Jones & Hamilton, 1992; Mooney, Diver, & Schnackel, 1988; Plasse & Lederer, 1981). Most researchers have examined student outcomes such as, acquiring and mastering skills in the clinical area, improving adaptive competencies to the work environment and learning different dimensions of the professional role of nursing (Clayton, Broome & Ellis, 1989; Itano, Warren, & Ishida, 1987; Joyce - Nagata, Reeb, & Burch, 1989; Laschinger & MacMaster, 1992; Myrick & Awrey, 1988; Shamian & Lemieux, 1984; Sheetz, 1989).

Most of the discussion in the literature has been about preceptorship as a program. Various authors have delineated the different components of a preceptorship program (Davis & Barham, 1989; Harrison & Price, 1987; Williams et al., 1993; Zerbe

& Lachat, 1991), or have presented how to set up a preceptorship workshop to prepare nurses to take on the role (Douglass, 1988; Shogan, Prior, & Kolski, 1985). Other authors have discussed the importance of collaboration between the key players in a preceptorship program, with orientation to the preceptor role identified as one of the most important collaborative endeavours of nursing education and nursing service (Payette & Porter; 1989; Helmuth & Guberski, 1980; Lewis, 1986; Modic & Bowman, 1989; Murphy & Hammerstad, 1981; Piemme, Tack, Kramer, & Evans, 1986; Welty, 1990; Westra & Graziano, 1992; Young, Theriault, & Collins, 1989). In many of the articles, authors suggested important characteristics of preceptors, who to involve in setting up a program, and the content to be covered in preparing preceptors.

Preceptors, themselves, have been the subject of research. Most of the studies have focused on satisfaction with the preceptor role (Bizek & Oermann, 1990), rewards experienced or desired (Alspach, 1989), or stress that may result from assuming the role (Burke, 1994; Young, Theriault, & Collins, 1989). While many staff nurses report satisfaction and rewards derived from the experience of being a preceptor (Alspach, 1989; Bizek & Oermann, 1990), some of the external or extrinsic rewards given to preceptors do not match their expectations (Yonge, Krahn, & Trojan; 1992). Precepting nursing students is often viewed as an additional work responsibility which may create a stressful work environment for the preceptor (Adey, 1986; Yonge, Krahn, & Trojan, 1992).

While an understanding of the satisfaction, stress and rewards nurses experience, as a result of becoming a preceptor provides insight into why nurses take on this added

responsibility, a more comprehensive understanding is required if the process of precepting is to be better understood. In times of fiscal restraint in health care and more limited resources, if preceptorship is to expand and be a viable option in nursing education, it is important to understand the entire process and not just some of the components such as support, rewards and stresses.

Purpose of the Study

There is minimal research on the preceptor role and how it develops, yet, we are increasingly using preceptorship as a teaching-learning strategy within nursing education. If preceptor programs are to be responsive and relevant to practising nurses who take on the precepting role, we need to address their needs and problems. The optimal method of finding out what these needs and problems are is to study the preceptor's experience with the process. Orientation programs and ongoing support for preceptors could benefit from such a study by incorporating nurses' identified needs into preparation and support for the role. The study of preceptors and precepting is timely and significant given that preceptorship programs are increasing and we do not fully understand the process of precepting nursing students; what the experience is like for preceptors and why they decide to take on and maintain the role. Nursing unions, both provincially and nationally, are advocating monetary recognition for preceptors (Maloney, 1991; Yonge, Krahn, & Trojan, 1992) but will these external rewards provide the recognition that preceptors require? Previous research indicates that intrinsic rewards are most meaningful to preceptors (Adey, 1986; Zerbe & Lachat, 1991), yet these internal components have not been sufficiently explored. Furthermore, it is not clear how the

intrinsic factors influence preceptor motivation. While support for preceptors is thought to be an important component of a formal program, support for preceptors is not fully understood and it is important to explore how the preceptor's support network fits into the overall process of precepting.

In conclusion, the complexity of the process of precepting is not clearly understood. The main purpose of this study is to explore the process of being a preceptor and to develop a beginning substantive theory to explain the process more fully. A comprehensive description and explanation of the process of precepting may give new insights into what motivates nurses to become preceptors, what factors influence their decision, how they develop in the role, and what are some of the rewards and challenges they face.

CHAPTER 2

Literature Review

A review of the literature on preceptorship is presented in this chapter. There is a large body of literature on preceptorship and precepting in nursing. While most of the research is on precepting nursing students, other areas addressed include using preceptorship as an orientation strategy for graduate nurses, assisting nurses in reentry to the workforce, helping nurses who have displayed inadequate or poor performance of clinical and professional skills, and recruiting and retaining graduate nurses (Everson, Panoc, Pratt, & King, 1981; Gullatte & Levine, 1990; Jones & Hamilton, 1992; Mooney, Diver, & Schnackel, 1988; Plasse & Lederer, 1981). However, precepting graduate nurses is not the focus of the current study so this aspect of preceptorship will not be addressed in the literature review. Since the present inquiry concentrated on studying the process of precepting nursing students, the review of the literature is divided into three main areas: preceptorship as an educational strategy for student nurses, support for the preceptor role, and rewards for preceptors.

Preceptorship as an Educational Strategy

Much of the literature in this category is related to the perceived benefits of preceptorship as a teaching - learning strategy and how aspects of students' learning were positively affected by being in a preceptorship program. A number of studies compared the learning that occurred under a preceptor with that which occurred with a traditional method of teaching nursing students clinical skills; the use of a clinical nurse instructor.

A quasi - experimental design was used by Myrick and Awrey (1988) to examine the effectiveness of preceptorship. The purpose was to determine the difference in clinical competency of preceptored and non-preceptored basic baccalaureate nursing students. Seven fourth year students were assigned to preceptors and five were supervised by a clinical instructor from the school of nursing. Schwerian's Six Dimension Scale of Nursing Performance, a self-assessment instrument, was administered to all participants as a pre-test to measure students' perceived adequacy of nursing school performance and as a post-test, to obtain self evaluations of performance, on the first day of the clinical experience, three weeks after the experience and during the final week of the clinical experience. In the final week of the study, all participants were randomly assigned to either the researcher or a research assistant and administered the Slater Nursing Competencies Rating Scale which measured the competencies displayed by students in performing nursing actions for patient care. Although there were no statistically significant differences in clinical competency of preceptored and non-preceptored baccalaureate nursing students, there was evidence that preceptored students perceived that their clinical performance would be better than non-preceptored students. The study used a small sample size and non - random assignment to the preceptored and non-preceptored groups which limited generalizability of the findings. The results of the study were, therefore, inconclusive regarding the usefulness of preceptorship as an effective teaching - learning strategy for nursing students. Itano, Warren, and Ishida (1987) conducted a study using a multiple time series design to compare the role conceptions and role deprivation of preceptored students with students in a traditional

faculty supervised group. All participants were administered Corwin's (1961) Nursing Role Conception Scale which measures bureaucratic and professional role conceptions and role deprivation. Bureaucratic role conceptions referred to the organizational protocols that govern nurses' practice in a specific organization, whereas professional role conceptions referred to professional principles that guide nursing practice. Role deprivation was the perceived lack of ideal role conception in nursing practice. Additionally, role conceptions and role deprivation of faculty and preceptors were explored. The sample consisted of one hundred and eighteen students in the upper division of a baccalaureate nursing program, thirty nursing faculty and twenty-four preceptors. Students in the senior class were administered the scale at the commencement and end of the preceptorship program and four months following graduation. The non-preceptored students were administered the tool six times during the two year program. There were no statistically significant differences in role conceptions and deprivation between the preceptored and non-preceptored students during the school year. However, the preceptored group displayed higher scores than the non-preceptored group in role conception four months after graduation. The non-preceptored group did not show a statistically significant difference in role conceptions or deprivation during the school year, yet, they scored lower on the scale four months after their graduation. This suggests that the preceptored group probably experienced less reality shock than the non-preceptored group. The findings were limited by small sample size, short duration of data collection and no validity testing of the research tool beyond content validity. While the research did not indicate that preceptorship may be the most

effective teaching - learning strategy for nursing students, preceptorship may ease the transition from student to graduate nurse.

Sheetz (1989) used a pre-test - post-test design to investigate the effect of nursing student preceptorship programs on clinical competency. The theoretical framework for the research was Bloom's (1981) model of mastery learning. A convenience sample of seventy-two baccalaureate nursing students participated in the study. Study participants were equally divided between a preceptorship program and a noninstructional summer placement clinical program where students worked with various staff nurses. Data were collected using the Participant Information Survey, the Clinical Competency Rating Scale, and the Summer Experience Survey. There were no statistically significant differences as measured by chi-square in clinical competency between the preceptored and noninstructional summer placement group. Clinical competency improved for both groups with a greater gain for the preceptored students. Preceptor/preceptee assignment was set up by the instructor in the preceptorship program. In the noninstructional summer placement group, a preceptor/preceptee like - relationship evolved throughout the experience which may have had a positive impact on clinical competency of these students. Furthermore, in the noninstructional summer placement group, staff nurses were not involved in evaluation of student performance and students did not have supplementary classroom instruction as with the preceptorship program. The preceptors received intrinsic and extrinsic rewards for functioning in the role and the authors suggested that this incentive may have enhanced preceptor productivity and performance, therefore, providing the student with more learning opportunities. The findings were

limited by a small sample size. The authors questioned if preceptorship is the most effective teaching - learning strategy for nursing students since students without preceptors did show improvement in clinical competency. They also suggested that rewards were integral to the process of being a preceptor.

Other studies on preceptorship as an educational strategy were designed to examine the influence of preceptorship on socialization or transition to the nursing role. Adey (1986) investigated the benefits of preceptorship in easing the transition from student to graduate nurse and the nurse administrator's perspectives in designing and implementing preceptorship programs for nurses. The conceptual framework for the study was the preceptor model delineated by Morrow (1984). Random and convenience sampling was used to elicit participation from four diploma schools of nursing in Canada and the United States. Data were collected from nursing students, preceptors, and faculty liaison through questionnaires and structured interviews with head nurses, nurse administrators, and nursing education administrators. The questionnaire and questions for the structured interviews were developed by the researcher using Morrow's (1984) preceptor model. The instruments had content and face validity since they were reviewed for precision and clarity by experienced nursing staff, nursing faculty, and nurse administrators prior to data collection. Data were analyzed using frequencies and percentage distribution of responses. The researcher concluded that 1) preceptorship was a beneficial teaching - learning strategy, particularly in medical surgical nursing units, to ease the transition of inexperienced nurses to the workplace, 2) nursing service supported preceptorship by providing clinical placements for students and permitting staff

to act as preceptors, 3) the preceptor role created job enrichment and satisfaction by increasing preceptor knowledge in response to student learning needs and seeing preceptor contribution to the professional growth of students, 4) funding was needed for health care institutions to provide preceptor orientation, 5) student evaluation was most effective as a joint endeavour between preceptors and faculty liaison members, 6) faculty liaison availability helped guide preceptors in role responsibilities, 7) dual preceptor role responsibilities as staff nurse and educator created difficulties for preceptor and student, 8) the role of the head nurse in preceptorship programs was to set the tone, select preceptors and act as a resource to facilitate preceptorship in the clinical area, and 9) a reward system was needed for preceptors. Reliability of the instruments was not reported which could be considered a limitation of the study's methodology. The results of this research lead to the initiation of a pilot project preceptorship program at a school of nursing in Newfoundland which was funded by a grant from the provincial government. This program set the blueprint for other provincial schools of nursing preceptorship programs with senior year students.

Clayton, Broome, and Ellis (1989) used a pre-test/post-test quasi - experimental design to study the effect of preceptorship on the socialization of baccalaureate nursing students into the roles of professional nurses. A nonequivalent control group was used because students could not be randomly assigned. Sixty-six senior nursing students completed Schwerian's Six - Dimension Scale of Nursing Performance prior to the clinical experience, immediately after the clinical practicum and six months following graduation in order to provide a self-evaluation of their performance. No significant

differences were observed in the pretest socialization scores of control and preceptored student groups. There was an increase in socialization scores immediately following the preceptorship experience and partial support for the hypothesis of an increase in socialization scores in the preceptorship group six months after graduation. The authors concluded that preceptorship was a useful strategy to socialize student nurses to the roles of professional nurse but further research was needed to determine any long term benefits. This research did concur with previous studies on preceptorship as an effective teaching - learning strategy for nursing students.

Jairath, Costello, Wallace, and Rudy's (1991) quasi - experimental study used Schwerian's Six Dimension Scale of Nursing Performance to determine the effect of preceptorship upon nursing student's performance of the professional nursing role. Twenty-two nursing students participated in the research. Nine had a preceptor and thirteen had an instructor supervised clinical experience. Preceptorship, according to faculty appraisal, was associated with improved nursing performance for teaching/ collaboration and planning/evaluation dimensions of the scale, however, student appraisal of preceptorship did not reveal a perceived improvement in nursing performance. The results were inconclusive regarding the effect of preceptorship programs on nursing performance and the authors recommended that nurse educators and researchers reevaluate the effectiveness of this educational strategy especially with respect to cost effectiveness and labour intensity.

Laschinger and MacMaster's (1992) exploratory study examined baccalaureate nursing student's perceptions of the effectiveness of preceptorship in facilitating

adaptation to the workplace. A convenience sample of fifty senior baccalaureate nursing students participating in a three month preceptorship experience was used. Data were collected using Kolb's (1984) Adaptive Competency Profile to measure learner's personal learning competencies and the Environmental Press Questionnaire to classify learning environments. The students completed the questionnaires before and after the preceptorship experience. The authors concluded that students perceived preceptorship as an effective program in enhancing the ability to adapt to the nurse's work environment and played a role in easing transition to the workplace environment. A larger sample size, a more representative sample and reported validity of data collection tools would strengthen the design of the study. The findings did support the value of preceptorship as an educational strategy for nursing students. Furthermore, there was evidence that preceptored students may adapt more effectively to the professional role.

Summary

Research findings are inconclusive on the effectiveness of preceptorship for positively influencing students' clinical competency and socialization to the professional role of nursing. Furthermore, cross-study comparisons are problematic due to the variations in the types of preceptorship programs, student attributes, time frames used to evaluate performance (Jairath, Costello, Wallace, & Rudy, 1991), theoretical frameworks, student/faculty populations and diversity in data collection instruments. There are methodological inconsistencies which restrict generalizability of the findings

such as questionable validity and reliability of instruments and the use of non - probability sampling.

Support for the Preceptor Role

Literature on preceptor support is important for understanding what motivates preceptors to assume and continue with the role. Support is a broad concept and can come from a variety of sources. Preceptors require support from colleagues, nursing administration, and nursing education (Bizek & Oermann, 1990; Hinshaw, Smeltzer, & Attwood, 1987; Yonge, Krahn, & Trojan, 1992).

Young, Theriault, and Collins (1989) conducted a survey to identify factors which contributed to preceptor success and satisfaction. A questionnaire developed by the authors was distributed to a convenience sample of current and past preceptors. Factors such as adequate preparation for the role, clear definition of the role, job enrichment, professional growth, and tangible rewards such as appreciation luncheons, continuing education opportunities and paid education days, had a positive influence on preceptor satisfaction. Lack of support from immediate supervisor, minimal support from colleagues, increased workload, and limited time for ongoing evaluation of preceptee had a negative effect on preceptor satisfaction. Based on the knowledge gained from Young, Theriault, and Collins' (1989) study, further research is needed regarding the types of support that preceptors perceived as beneficial.

Bizek and Oermann (1990) proposed that educational preparation, support for the role, and continuing education were factors that influenced job satisfaction of preceptors in critical care areas. In a descriptive correlational study, a convenience sample of

seventy-three critical care nurses were surveyed. Job satisfaction was measured by Slavitt's (1969) Job Satisfaction Questionnaire. Support for the preceptor role was the only factor that had a significant influence on job satisfaction. These results indicated the importance of support for promoting preceptor satisfaction with the role.

In a descriptive study, Hsieh and Knowles (1990) examined preceptorship relationships. Data were collected from twelve preceptor/preceptee pairs through participant observation and semi-structured interviews. Seven themes emerged from the content analysis: 1) trust, 2) clear definition of expectations, 3) support systems, 4) honest communication, 5) mutual respect and acceptance, 6) encouragement, and 7) mutual sharing of self and experiences. This study demonstrated the importance of the preceptor/preceptee relationship. The researchers recommended that nursing service and nursing education foster and support the preceptee/preceptor interaction to enhance satisfaction with preceptorship experiences. This exploratory/descriptive study provides incentive for a more indepth inquiry of relationships in preceptorship since satisfaction in the role seems to be facilitated through a supportive network.

Rittmann (1992) sought to understand preceptor development through narratives with four preceptors. Each preceptor wrote two narratives - one describing an unforgettable experience as a student, and the other, the meaning of the preceptor role. Thematic analysis of the narratives revealed that: 1) 'an unforgettable experience as a student' may influence preceptors current teaching practice by helping them to be more cognizant of the importance of displaying a caring attitude to students; 2) preceptors require support from colleagues and patients to fulfil role expectations; and 3) the timing

of teaching and learning experiences are crucial to students. This researcher concluded that students' experiences must be appropriately paced to balance student and patient needs, and that support for preceptors is essential.

Yonge, Krahn, and Trojan (1992) conducted a study to examine characteristics of preceptors, ascertain preferences in precepting certain students, review preceptor preparation, and determine drawbacks and advantages in precepting students. The findings suggested that guidance was often inadequate for conducting student evaluations, the added workload responsibility of precepting was stressful, preceptors valued appreciation for precepting and support was influenced by interactions with the school of nursing through phone calls, visits, unplanned meetings, and a favourable orientation to the role. Colleagues were the most supportive of preceptors. Yonge, Krahn, and Trojan's (1992) study indicated that school of nursing faculty are an important source of support and outlined ways that support can be consistently provided to preceptors.

Ferguson and Calder (1993) investigated differences in how educators and preceptors evaluated the importance of student performance. One hundred and forty-five preceptors and nineteen educators were administered the Clinical Competence Criteria Valuing Scale. There was no statistically significant difference evident between the two groups. Educators and preceptors placed greater value on student's ability to recognize symptoms, report significant information, seek assistance, maintain client's safety, act nonjudgementally, and accept responsibility for their own actions. Orientation to the preceptor role by educators, the narrow scope of the clinical competency criteria, and the unequal sample sizes of educators and preceptors may be considered limitations of this

study. The authors suggested that consideration should be given to preceptors' and educators' perception of students which may help provide guidelines to preceptors as they strive to fairly evaluate students.

Summary

Researchers investigating the preceptor role indicated that support is needed for the role. There is no indepth discussion on how such support can be provided or who should provide it. There was, also, no consensus about the meaning of support and how it enriches the experience of being a preceptor. Yonge, Krahn, and Trojan (1992) emphasized that support should come from nursing education but more research is required to determine whether this is the most appropriate source. More research is needed to understand preceptor support systems in order to more fully comprehend the process of being a preceptor.

Rewards for Preceptors

Preceptor support and rewards are closely linked and are important to the growth and survival of preceptorship (Mundinger, 1982; Burke, 1994). Motivation in any endeavour is influenced by perceived and actual rewards (Weiner, 1980). Rewards may be intrinsic or extrinsic and are determined by the individual and the situation. Intrinsic or internal rewards are defined as enthusiasm to teach, intellectual challenge, opportunity to influence the future, professional stimulation, professional pride, recognition by colleagues, personal enthusiasm, commitment to the profession, opportunity to demonstrate competency as practitioner and educator, and opportunity to reexamine

clinical practice (Alspach, 1989; Bizek & Oermann, 1990; Cotugna & Vickery, 1990; Limon, Bargagliotti, & Spencer, 1982; Redland, 1989; Rodzwic, 1984; Spears, 1986, Stuart-Siddall & Haberlin, 1983, 1985; Yonge, Krahn, & Trojan, 1992). Extrinsic rewards are derived from the external environment and include written recognition, financial compensation, opportunity for ongoing education, diminished workload, schedule changes, luncheons, journal subscriptions, and tokens such as pins, books, cards and pens (Alspach, 1989; Bizek & Oermann, 1990; Estey & Ferguson, 1985; Hitchings, 1989; Lee & Raleigh, 1983; Yonge, Krahn, & Trojan, 1992). It is important to examine rewards for preceptors to understand what factors may enhance the quality of the experience for the preceptor, and thus, for the student.

A structured questionnaire was given to a convenience sample of preceptors by Alspach (1989). Intrinsic rewards identified included enjoyment in working with students, sharing knowledge with students, contributing to quality patient care, and enhancing education of students. Extrinsic rewards included paid inservice education and academic appointment. The authors suggested that it is important to identify rewards that preceptors value so that preceptors can receive meaningful recognition. Failure to report reliability and validity of the instrument and the use of a nonrepresentative sample is a weakness in the study's methodology.

In a survey, Yonge, Krahn, and Trojan (1992) identified advantages of precepting students which included tangible rewards and intangible rewards. Seventy-eight percent of the respondents indicated that opportunity to reexamine clinical practice was the greatest advantage of precepting. Fifty-six percent of the preceptors stated that other

benefits included teaching students the reality of nursing, and seeing how students change and answer questions. A precepting experience was considered least rewarding if: 1) the student had poor skills, 2) the preceptor was too busy to educate students, and 3) the rotation was too short. The authors indicated that further study is required to determine the differences in the rewards that preceptors receive and those that they value and desire.

Summary

There is limited research available on rewards for preceptors. Most studies provide a list of intrinsic and extrinsic rewards but do not priorize them as least and most beneficial. Only one study (Yonge, Krahn, & Trojan, 1992) indicated that further inquiry was needed on what preceptors perceive as appropriate rewards. A reward system developed in collaboration with preceptors may provide a greater source of motivation for preceptors to assume and maintain the role and help ensure meaningful and timely recognition for preceptors.

Summary of Literature Review

Preceptorship has been used extensively in nursing education to influence student's clinical performance and socialization to the professional nursing role, however, research findings have been inconclusive regarding its effectiveness. Although research findings suggest that preceptors need appropriate support and rewards, it is difficult to determine how these factors influence the process of being a preceptor. A comprehensive understanding of precepting nursing students is needed to facilitate preceptor

satisfaction in the role, identify and provide the support needed, identify the formation of meaningful rewards for preceptors and provide preceptors with insight into role development.

As nursing education increases the demand for preceptors for nursing students and nursing administration increases the responsibilities of staff nurses, the dual responsibilities of preceptors as educators and practitioners may adversely affect the willingness of staff nurses to assume the preceptor role. It is very important that within the nursing profession we develop an understanding of the complexity of the precepting role. Furthermore, more data is needed to explore the process of precepting as a teaching - learning strategy for nursing students and to more clearly understand the influence of support and rewards for preceptors. A qualitative inquiry is needed to more clearly capture the preceptor experience and investigate the support, rewards, and recognition that preceptors require so that the experience may be more satisfying and enriching.

The purpose of this qualitative study is to examine the process of being a preceptor to nursing students and to increase the knowledge base about precepting so that nurse educators and administrators are more sensitive to preceptor needs and experiences.

CHAPTER 3

Methodology

A grounded theory approach was used in this study. This approach is most appropriate since the inquiry is aimed at discovering a theory generated from the data collected from preceptors. The purpose of the study is to explore and explicate the process of precepting nursing students through a series of indepth interviews with nurses who have precepted nursing students.

Participants

Ten preceptors participated in the study. Participants were nurses who: 1) had precepted nursing students, 2) provided written consent to participate in the study and agreed to the use of an audiotape recording of the interview, 3) were able to verbally communicate in English, and 4) were willing to participate in subsequent interview, and/or review the study's findings.

In this study a preceptor was defined as a graduate nurse who facilitated student learning by teaching clinical skills and acting as a professional role model and clinical resource person. The researcher chose a group of participants who were integral to the phenomenon being studied from a list of potential participants obtained from Nursing Administration of a local acute care hospital. Each preceptor on the list was contacted in writing, had the purpose of the study explained and was requested to participate in the study (see Appendix A). Eleven preceptors were willing to participate but one did not

meet all criteria since she had precepted graduate nurses for reentry to the profession, not nursing students.

The number of participants who volunteered was sufficient for theoretical saturation of the categories and the formation of an emerging theory. Thus, it was unnecessary to recruit more preceptors as the researcher did not require additional participants once the categories of data were exhausted.

The Setting

The setting for data collection was decided by the participants. It was felt that confidentially and security in sharing their experience would be facilitated if participants chose the setting. Seven of the interviews were conducted in the researcher's home, two were conducted in the researcher's office, and one was conducted in the preceptor's workplace. There were no interruptions during the interviews.

The program at the school of nursing further describes the setting and presents the context of the study. All informants in the study were preceptors for nursing students from a three (3) year diploma program School of Nursing in Newfoundland. The researcher interviewed the nurse intern coordinator and the third year instructor facilitating the preceptorship program to acquire a clear description of the program. The preceptorship manual of the School of Nursing provided additional information. The preceptorship program at the School of Nursing began in 1986. Initially the program consisted of large groups of third year students who were preceptored in all areas of the hospital. Due to the limited availability of preceptors, the program was revised and the

clinical placement of students was limited to specialty areas. The rotations were three weeks in length.

In September 1993, based on feedback from students and preceptors, the preceptorship program was revised again. The revised program focuses on specialty areas (in the hospital) and in the community setting. Student placements are available in twenty-eight sites in the community throughout the province of Newfoundland and in the following specialty areas in the acute care setting of the hospital; intensive care, coronary care, psychiatry, recovery room, operating room, and emergency. In 1994, for the first time, a preceptorship experience was offered in Occupational Nursing. The students are preceptored by occupational nurses who work at a site of an oil rig company outside the urban setting. Each preceptorship rotation is six weeks in length and the students choose the area in which they would like to be preceptored.

At least once a year an overview of the program is presented by the School of Nursing faculty to senior administration and senior nursing management of the Hospital, to the unit nursing supervisors, and to the community based nurse managers. The nurse managers are integral to the program and are essential in motivating the staff to be preceptors.

The School of Nursing faculty have developed a list of preceptor attributes which are included in the School's Preceptorship Manual. According to the criteria developed, the effective preceptor should demonstrate clinical competency, display an interest in teaching student nurses, have a positive and professional attitude, demonstrate effective interpersonal, leadership and communication skills, display an interest in professional

growth, and show professional respect for colleagues. Preceptors should be able to use the nursing process effectively, apply the concept of caring in the practice setting, possess a current and indepth knowledge of nursing practice and demonstrate an understanding of the conflicts that may occur in the transition from student to beginning practitioner. Personal characteristics of honesty, patience, enthusiasm, knowledge, humour, maturity, self-confidence, self-awareness, and a positive attitude were considered essential attributes of preceptors. The nursing supervisor of the clinical area recommends staff nurses to be preceptors and consults with the faculty member to select preceptors. Essentially, the school of nursing accepts nurses who have had at least two years clinical experience and who volunteer for the preceptor role.

Preceptors are given a one day workshop by the faculty of the school of nursing yearly. This is done on site and through teleconference for preceptors in the community. Supplementary seminars are given as needed to compliment the orientation. The workshop incorporates the principles of adult learning and focuses on ways to make learning a positive experience for students. In September 1994, the process of evaluating students was added to the preceptor orientation. During orientation the preceptors are notified of the faculty contact person for their clinical area. This person makes weekly visits to the assigned clinical area for contact with the student, preceptor and/or nursing supervisor.

During the rotation the students keep a diary of their experiences and this is verbally presented to faculty involved in the preceptorship program and to nurse managers of the hospital based specialty areas and the community. A formative

evaluation with the preceptor, student and faculty liaison takes place midway through each rotation. This occurs via teleconference for the community based preceptors and students. A summative evaluation is done by each preceptor and given to the student by the preceptor at the completion of the rotation in the clinical area. The school of nursing evaluated the preceptorship program with input from preceptors, students, and nursing unit supervisors. The responses were incorporated into the revisions to the program in September 1994.

Ethical Considerations

It is important to consider the ethical implications of a research study. Approval to conduct the study was obtained from the Human Investigation Committee of Memorial University of Newfoundland (see Appendix B) and the ethics committee of the local hospital (see Appendix C) where the preceptors were recruited. The researcher chose a hospital other than where she was employed to help diminish any bias in data collection and analysis. Prior to data collection, the purpose of the study was explained both verbally and in writing by the researcher to each potential participant. Written, informed consent to be interviewed and tape recorded was obtained prior to each interview (see Appendix D).

All data collected (on audiotapes and transcriptions) were kept confidential. No information linking a participant to any data was placed on the transcribed interviews or the demographic sheets. Each demographic sheet was coded. All identifying data were destroyed at the completion of the research project.

Data Collection and Analysis

Audiotaped interviews were conducted with the preceptors from February 1994 to May 1994. The first interview lasted approximately one hour. The total amount of taped material for all interviews was nine hours and thirty minutes. Data collection and analysis were facilitated by the use of an audio tape recorder. Tape recording the interviews seemed to be the most effective way of ensuring accuracy of data, eliminating researcher bias and recall error, and ensuring a more interactive interview with minimal distractions which may occur if the researcher had to take copious notes. Prior to the interview, each participant was asked to provide demographic information on sex, age, marital status, educational preparation, number of times as preceptor, length of each preceptor experience, source of request to take on the role and time spent in the role (see Appendix E).

Although an open - ended unstructured interview was used, the preceptors were told that the researcher had a tentative list of questions to be asked during the interview to ensure that certain areas were covered (see Appendix F). They were informed that additional questions could be used to prompt dialogue depending on the information generated from them. Interview questions were required for ethical review in order to give a sample of likely questions to be asked and they were developed by the researcher to facilitate the interview process and to probe the respondents to tell more of their experience as a preceptor. Silence was used as a probe but most often the researcher utilized verbal probes such as " ummm...," "tell me more", "hmmm...", and " I understand".

The researcher was the primary source of data collection. Throughout each interview, the researcher was sensitive to the preceptor's experience. Rew, Bechtel, and Sapp (1993) consider it appropriate to use self - as - instrument in qualitative research because the researcher is: 1) authentic and genuine in caring about the informants experience, 2) credible and is trusted by the informant, 3) receptive and open to feedback, and 4) not overpowering and functions on a reciprocal level with the informant.

Data analysis was ongoing starting with the initial interview and continuing until after participants reviewed a summary of preliminary findings. A constant comparative method of data analysis (Glaser & Strauss, 1967) was used in the study. Following each interview, the tapes were transcribed. The researcher reviewed the original tapes, corresponding transcribed documents, and personal notes throughout data collection and analysis. The preceptors' responses were coded, analyzed, categorized and compared based on the evolving process of being a preceptor. **The Ethnograph** (Seidel, Kjolseth, & Seymore, 1988) computer program aided the researcher in arranging the large volume of data. The program facilitated data analysis by allowing the researcher to number each line of the interviews and assign codes to various line groups (see Appendix G). The coded lines were then entered into the computer program and the data sorted (see Appendix H) and printed. The coded and sorted data were analyzed for similarities and differences, frequency and consistency. A description and examination of the responses within the categories was used to capture the process of being a preceptor with nursing students.

Initially sixty categories were identified from the data. Categories were subsequently collapsed and organized to capture the evolving process of the experience of precepting nursing students. Ongoing data analysis helped elicit new questions, identify gaps and construct thematic categories. Two researchers with expertise in qualitative methodology examined each interview for similarities and differences. Subsequently, the researcher met with these experts to validate thematic categories and discuss possible relationships among the categories. In September 1994, the researcher developed a tentative outline of a model of the process of precepting nursing students, and asked the participants to confirm this. The researcher contacted each participant by telephone and asked them to review a copy of the summary of preliminary findings. All agreed to do so and a summary was mailed to each participant. The researcher telephoned the participants two weeks after they received the document and asked for feedback. The comments given by the preceptors were integrated into the final description. Resulting feedback confirmed model assumptions and ensured consensus of the categories.

Credibility and Auditability

Morse (1990) indicated that reliability and validity in qualitative research is concerned with the conditions under which the data is collected, sources of data, and the accuracy of the researcher in documenting and analyzing data. Sandelowski (1986) discussed the scientific merit of qualitative research and presented "strategies to achieve rigor in qualitative research" (p. 27). Sandelowski (1986) suggested that credibility, not internal validity, measures the accuracy of qualitative research. A qualitative study is

credible when the interpretation of the experience is easily recognized by study participants and by others who have had the experience.

At the commencement of the current study, there was a concern that informants may seek to provide a correct or desired answer to the interview questions. The researcher stressed that each participant's experience was of interest and whenever possible asked participants to give actual examples from their experience of precepting nursing students. Prior to and following each interview, time was spent with each preceptor discussing worklife issues and establishing rapport.

Credibility of the researcher's analysis of the data was enhanced by the informants reviewing a summary of the preliminary findings of the study and confirming the researcher's interpretation. The preceptors' responses to the summary indicated that the researcher had captured the important aspects of precepting nursing students. Minimal modifications were requested and subsequently incorporated into the findings. Congruence between researcher and respondent's interpretation enhanced the credibility of the study's findings.

Credibility of the study was strengthened because the preceptors had a personal investment in the research. They expressed a need to reevaluate the role of preceptor and revise the preceptorship program. The preceptors felt that it would be beneficial to them if the results of the study were shared with the School of Nursing and with Nursing Administration. Preceptors found that participation in the current study gave them an opportunity for self reflection, possibly, enhancing credibility.

According to Sandelowski (1986) a study's findings are auditable when another researcher can follow the rationale for the evolving process developed by the investigator. Furthermore, this author contends that 'auditability' in qualitative inquiry is the criterion related to reliability in quantitative research. In the current study, each interview was examined by the researcher to compare and categorize responses to similar or related questions. The results of this categorization was presented by the researcher to members of the thesis committee. Consensus among thesis committee members was reached on all emerging thematic categories prior to proceeding further with analysis of the data.

CHAPTER 4

Findings

This chapter describes the process of precepting nursing students and the factors that affect the decision to assume and maintain the preceptor role. First the characteristics of the participants will be presented and a discussion of the program at the diploma School of Nursing will be provided as a background to understanding the process of precepting nursing students in the current study.

Characteristics of Participants

Demographic data was obtained from each preceptor prior to the interview (see Appendix E). Seventy percent of the participants were diploma prepared, between 30 - 39 years of age, and all but one were female. All were from the specialty areas of coronary care, recovery room, palliative care and psychiatry. They varied in frequency of being a preceptor with fifty percent having precepted between five to ten times.

Findings of the Study: The Process of Precepting

Analysis of the data revealed that the core variable in being a preceptor to nursing students was learning to balance responsibilities and relationships. This process encompassed five stages: 1) making the decision, 2) assuming precepting, 3) learning to be a preceptor, 4) gaining confidence in the role, and 5) continuing on or taking a break. Throughout the process there were two factors; worklife constraints of preceptors and personal attributes of preceptors and students, which intertwined at each stage to account for some of the variation in preceptor experiences. Other important components

were student initiative, support for the role, and rewards and recognition for being a preceptor (see Figure 1).

Stage One: Making the Decision

Precepting, whether it was the first time a nurse was assigned a student or subsequent assignments, began when the nurse was approached by a nursing supervisor or educator to take on the role. At the beginning of the third year of the program when preceptors were required for the senior class, the school of nursing contacted nursing service and requested staff nurses for precepting of nursing students. This was a formal process and preceptors recognized it as such:

> At the beginning of the school year the school of nursing sends a form in which we put our names down if we want to be a preceptor. That's approved by our head nurse and then it goes back to the school.

There was an informal level at which preceptor recruitment took place. Nursing supervisors recognized certain characteristics in the staff nurse which they believed were beneficial in a preceptor, so the supervisor initiated recruitment of a particular individual. Many times nursing supervisors approached individuals who had previously taken part in the preceptor program, who had acted as a preceptor in another institution or who served as informal preceptors to new graduates or students in the clinical area. In other situations the initiative came from nursing education in order to increase the number of preceptors or enlist the participation of a particular individual:

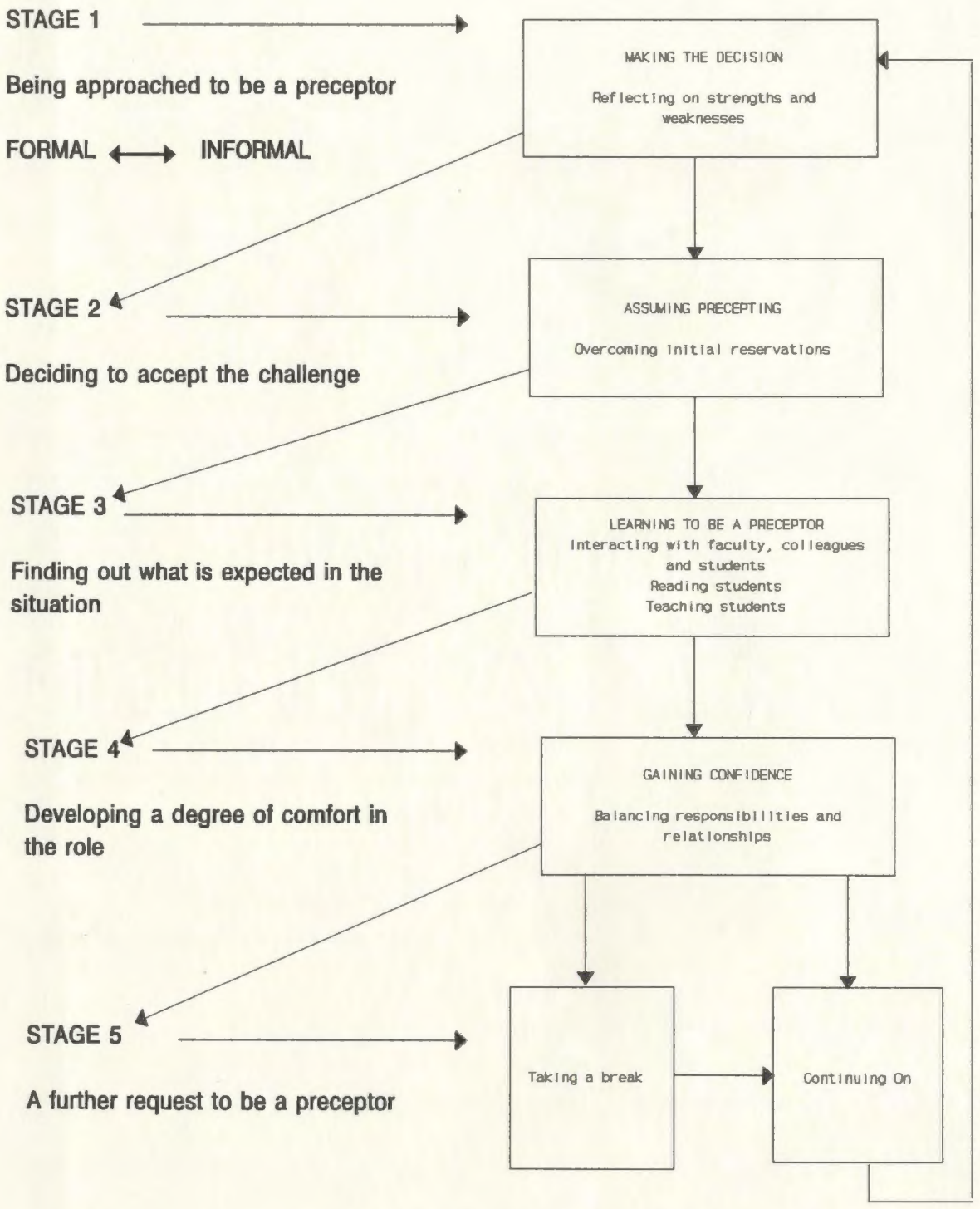

Figure 1: The Process of Precepting Nursing Students: Learning to Balance Responsibilities and Relationships

> I was approached basically by the school of nursing to see if we would help the students and give them some guidelines of what to be expected of them [students] if they worked in the area and to teach them what we felt they needed to know.

In the present study most preceptors either volunteered for the role or were assigned by their immediate nursing supervisor. Sometimes there was competition for the role because few students rotated through the clinical area. For some preceptors, the role was considered to be prestigious since it inferred that the nurse was knowledgeable of the clinical area and confident in performance of skills:

> In our specific unit we find that everybody is 'fighting' over who is going to be a preceptor . . . everyone is 'lined up' wanting to be a preceptor. I just can't wait for the next time . . . like everyone else in our unit.

Although some pressure could be exerted by nursing supervisors to have a nursing student assigned to them, the nurses in this study did recognize the voluntary nature of the commitment. They also acknowledged that not all nursing staff may want this responsibility:

> It's a voluntary type thing, not all staff want to do it. It's only the staff who want to do it, who undertake it.

Nurses had to decide for themselves whether or not to be a preceptor. The main strategy used in the decision making was reflecting on their strengths and weaknesses. As the preceptor was making the decision to take on the role, a period of self-reflection occurred. Self-analysis consisted of examining personal attributes and reviewing knowledge of the clinical field, teaching abilities, and clinical practice. This questioning period was considered an opportunity for professional growth and was essential in

deciding to become a preceptor. If the examination revealed a positive sense of personal and professional self, then the preceptor felt more comfortable assuming the role.

Other factors influenced the participants decision making. Some informants considered it as a part of their job, did not go through a period of self-reflection and accepted the role as a work responsibility. Others actively sought out the experience:

> I've actually looked for the experience. I would ask the head nurse if I could have a student.

Worklife constraints of preceptors was a factor in the decision making stage. Some participants were influenced by the shifts they worked. If the opportunities for students were to be compromised because of the shifts the preceptor had to work due to personal reasons, then participants did not agree to precept. A previous personal experience with preceptorship, such as, having been preceptored in their own nursing program, did not have a big influence on deciding to be a preceptor with nursing students. Overall, those who decided to take on the role felt it was an opportunity for development and this facilitated the decision making:

> Basically I thought it was a good opportunity for staff.

Stage Two: Assuming Precepting

Those nurses who decided to accept the challenge of being a preceptor entered the second stage, that of assuming precepting. In assuming the role of precepting nursing students, participants reflected upon personal and professional capabilities and growth, reviewed the relationship with the school of nursing and examined their perception of students' interest in learning. Furthermore, taking on a new role was frequently

accompanied by a number of reservations: how will they perform in the role, what will the role entail and how will it fit with their other roles. Depending on the period of self reflection and assessment some preceptors were comfortable because they were familiar with students and had less reservations about assuming the role:

> I was comfortable with it [precepting] before I did it. I felt I knew what I was dealing with and what level [of students] I was dealing with. Some people don't know what to expect.

Others had to overcome initial reservations because they were unsure what to expect from the experience. They wondered what students needed to learn and they questioned their ability to meet student learning needs. This contributed to a feeling of uneasiness in taking on the role:

> I would say I was pretty nervous. I was afraid that they [students] would ask me something that I would not know even though I had been there a while.

> I guess you doubt yourself. I guess you know you have the knowledge but you don't know if you are capable of expressing it to someone else to get the point across exactly what you want to teach them, show them or want them to know in your area. When you first become a preceptor you are not quite sure... am I giving them [students] too much or not enough?

Teaching students through expertise in practice and role modelling was a considered a necessary attribute of precepting, however, it was very different from the kind of work with which preceptors felt most familiar and prepared. In assuming the role, participants had to deal with this challenge and wondered how it would affect students:

> I was a little nervous because I am not a teacher by any means and trying to get things across I was worried that I may confuse the students or are they going to learn from me.

All participants talked about personal characteristics they believed were important for nurse preceptors. The personal characteristics of the preceptor that were identified concurred with those in the school of nursing preceptorship manual. There was general agreement on the following preceptor attributes: 1) patience, 2) desire and ability to teach, 3) ability to get along with others, 4) knowledge of the clinical area, 5) self-confidence, and 6) ability to communicate. Some added the following as factors integral to a preceptor's profile; 1) ability to listen, 2) encouraging to students, 3) ability to express self at student's level, 4) enthusiastic, 5) receptive to questions, 6) minimum of three years experience in nursing, 7) willingness to learn, and 8) humility and kindness. For some preceptors the ability to easily interact with others was most important to precepting:

> I think you should be a 'people person' because it would be pretty hard if you could not get along with other people. So from a personal standpoint that would be a number one quality.

For most preceptors the ability to develop a good relationship with students was integral to precepting. Having a patient attitude with students and displaying the ability to impart knowledge at the student's level of understanding were significant attributes:

> Patience . . . a lot of patience! They have to have knowledge of the area that they are working in . . . They have to be able to get their thoughts out to the student and to have patience. They should also have the ability to teach.

> You've got to have a way of explaining things in terms that the student can understand. You have to be able to teach and teach at their level is a big thing.

Competence in clinical skills and communication were important characteristics, as well as, enthusiasm for work:

> They [preceptors] have to be interested in their field. They should be competent at what they are doing and read more in their area of nursing, more than the average nurse. I think that you have to be interested, enthusiastic, and open to questions.

Others felt that precepting was facilitated by the preceptor's dedication to nursing:

> I suppose you have to be dedicated too . . . dedicated to your profession.

Some preceptors, even though dedicated to the nursing profession, emphasized the importance of self-confidence to adequately fulfiling the responsibility of assuming precepting nursing students:

> I think basically you have to have a lot of confidence in yourself.

The preceptors saw student initiative as central to precepting and student's interest in learning as instrumental in deciding to assume the role. Some gained their perception from colleagues who had previously precepted students and others developed their own ideas about student's interest in learning. But whatever the source, if preceptors perceived that students had minimal motivation to learn in the clinical setting then they were reluctant to assume the role.

However, some did take on the role with reservations and experienced frustration and questioned why some students were there at all:

> It's great when they take the initiative but the ones that you have to lead by the hand . . . it's very frustrating.
>
> It's a challenge in some ways but in other ways it is very frustrating. You can only do so much. If they don't take the initiative, you sometimes feel "why am I doing this?" . . . I feel that they should take more initiative.
>
> Initiative is a big thing! If they don't have the interest to ask to do or see something, then you wonder why they are there.

In assuming the role, informants had some reservations based on either previous experience as a preceptor or reported experiences of colleagues. A number of the reservations centred around the structure of the preceptorship program, especially preparation for preceptors. Even though the school of nursing faculty seemed to provide a comprehensive program, preceptors experienced structural constraints related to the school of nursing and nursing administration of the hospital. At times, preceptors expressed frustration with the school of nursing because orientation to the role was done infrequently, at inconvenient times, and faculty did not give the type of support expected. The informants indicated that the education sessions did not focus enough on teaching preceptors how to evaluate students and felt that the school of nursing did not provide sufficient guidance and support:

> They [school of nursing] give you such little formal training as a preceptor that you don't have a set of guidelines to go by.
>
> It's a hard thing to do . . . to evaluate another nurse when you are given no formal training as an instructor, no formal training as to how to evaluate a person. You are an RN, working as a staff nurse . . . and you are expected to evaluate someone else's performance as a student and that's probably the toughest part of the preceptorship!

Stage Three: Learning to be a Preceptor

The challenges of precepting nursing students occurred while learning to be a preceptor. This stage was a distinct aspect of the process and to a large degree dominated other stages. Learning to be a preceptor had three main dimensions of learning: 1) learning to interact with faculty, colleagues, and students, 2) learning to read students, and 3) learning to teach students.

learning to interact.

In assuming the role of preceptor, nurses added an additional component to their nursing role. Not only did they have to get used to having an additional person around them as they went about their various duties, but they had to communicate to a wider array of people. Now, the nurses in the study had to learn to interact with the school of nursing faculty and develop a different relationship with colleagues and students.

The relationship with the school of nursing varied among informants. Those preceptors who expressed an appreciation for the school of nursing and its responsibility to students felt that the faculty helped them meet the objectives of the preceptorship experience. Others delighted in the contact with the school of nursing and found this interaction to be a rewarding aspect of precepting nursing students:

> You know what to expect from the students themselves and that the school has objectives for them so you have a fair idea when they are coming through what to show them.

Other preceptors were not encouraged by what they saw as minimal support given by faculty and emphasized that more guidance was essential especially regarding evaluation of student performance and completion of evaluation forms. More

communication with the school of nursing was considered beneficial for the preceptor at this crucial learning stage and, most importantly, for the student:

> So there is not a lot of interaction between us [preceptors] and the school and I think there should be more. I don't know if we are meeting their [school's] guidelines or if they have a set of guidelines for every student.

Some preceptors were frustrated that preceptor input, especially regarding student evaluation, was not respected by the school of nursing. Other informants felt that interactions between preceptor and the school of nursing could be improved upon if preceptors were involved in developing guidelines and planning the experience:

> There needs to be more communication between the school and the preceptors. I think there has [sic] to be better guidelines. And yet when we go to meetings and say that we really don't understand the evaluation forms and what are we supposed to do with them . . . they [faculty] never change them. They agree with us but they never change them [evaluation forms] so that's really frustrating.

While the relationship with the school of nursing was necessary, a preceptor's interaction with colleagues was essential to the experience of precepting nursing students. Participants and colleagues interacted as a team in a dependent and interdependent relationship. A close relationship was formed as colleagues served as professional role models and helped socialize the students to the unit. Most commonly, preceptors depended on nurse colleagues to share their knowledge and expertise and to help facilitate student learning:

> The student was not focused and we had to continually refocus her so she was split between two part time staff who were preceptors. And this really worked because she would have been really draining on one person for six weeks.

> If a student has a question, you answer the question even though you are not their preceptor . . . you want to teach them . . . you may say "want to come and see this?" even though I am not their preceptor.

Preceptors found the interdependent relationship with clinical colleagues to be helpful in evaluating student performance and learning how to be a preceptor. The most appropriate evaluation was collaborative especially if the student presented many challenges or was repeating a rotation in the same clinical area:

> When you have a student that has to be told over and over again about a certain thing and still doesn't get it, we [preceptors] get together and say "how am I going to write this?" Maybe it [evaluation] should not be left up to one person.

> I find we interact amongst ourselves . . . and you need the feedback from the other nurses. Preceptorship is not just one nurse and one nurse intern. If someone came up to me and said that my nurse intern really helped them today, then I take that into consideration. There's a lot of camaraderie between the nurses themselves and I think that's the way it should be because I don't think the evaluation should be based on one nurse who is not a nursing instructor.

Learning to interact with the students was also integral to preceptor development. Some informants fostered a peer relationship which was beneficial to integrate the student to the clinical area and to diminish their initial anxiety. A peer relationship did have its drawbacks though. It reduced the likelihood of forming a formal association between preceptor and student and made it more difficult to evaluate student performance because an informal social relationship existed:

> It's not like a formal teacher - student relationship so you know something about their lives and they seem to be more comfortable with you.

> They do not have the same respect for us as they would for their second, third or first year instructors and that sometimes is very frustrating because we are supposed to teach them and evaluate them on the same

> basis that every other instructor evaluates them. That part is a problem because everything is so casual and informal between the preceptors and preceptees. You don't want it to be too formal yet there is a fine line and a lot of times it just goes past it.

Others facilitated a more formal relationship by keeping themselves distant and apart from students. This made student appraisal more formal and easier, especially if the student had difficulties:

> A student who comes into our area under a preceptor versus an instructor who doesn't work in the area there is definitely a 'plus' but they [students] still have to know their position in that situation.

learning to read students.

Learning to read students was the second dimension of learning that occurred in this stage. Nurses had to be able to feel confident that, when the student was performing nursing care to patients, the student was capable of safely and competently carrying out any procedures entrusted to him/her. In order to do this, the preceptor had to be able to assess the particular student's abilities as well as any weaknesses.

In learning to read students the participants developed the ability to sense student's interest and initiative in the clinical setting while attempting to provide clinical experiences that fostered student learning. Most participants learned to guard against any preconceived opinions about student performance which could negatively impact on the precepting experience. When preceptors felt confident with the student's ability to practice safely in the clinical area a sense of trust was present in the relationship. The majority of informants possessed an intuitive sense about student performance and

initiative. Preceptors varied in how and when they determined how the students would perform depending on the student's personal attributes:

> It's really interesting with so many different individuals because sometimes you deal with so many types of personalities over a period of time and you learn over time that different ways work better with different people to get the point across. Some of them you have to continually remind them whereas others you can just stand back and you can see that she's got this. There are others who you think... she hasn't got this; she wasn't paying attention . . . and you can usually see that.

There was variation in the amount of time that preceptors could predict student motivation. Some were able to tell by the first day yet others said that they needed a week:

> Some of them [students] are comfortable with you right away and others you know that it is going to take at least a week before he/she is comfortable with you.

> It's usually around the second shift that you can really tell what their performance will be like . . . By the time the shift is over you see a difference. A lot of times you are right and you'll be right for the rest of the experience with them. Other times you are right after the first shift but by the second twelve hour shift that you work with them it's almost a whole different picture.

Others were cautious in reading student's abilities and tried not to have set ideas of student performance, to be as objective as possible and to control any 'advance feelings' towards students:

> If I do have any 'advance feelings' about them, I try to keep them out of how I deal with them . . . I try to be fairly objective toward them . . . I try to deal with them as a person and an individual. Any feelings that I have about their performance initially . . . most are anxious in a new area anyway . . . I sort of leave [sic] go.

However, at times this was too difficult for preceptors. Based on clinical expertise and previous precepting experience, one informant shared a situation where the student's ability and performance was predicted and read accurately:

> This one particular student got caught thinking she could do that and I knew it was going to happen. She was trying to do more than I had asked her, but she had not done this particular procedure before in its entirety by herself. Before she knew it, she was way behind and the procedure was over before she was even ready.

Learning to read students began with the first preceptor/student interaction. When a student began his/her experience, the preceptor had to assess that particular student. They needed to keep in mind that there was a great deal of variation among individual students and groups of students at the beginning and the end of their final year in nursing when they were in the preceptorship program.

Initially, preceptors had to learn to fit students into the clinical setting by reviewing unit protocols, touring the physical space, and introducing students to staff members:

> It can sometimes take a little time to find the happy medium where they fit in. I don't find that staff generally reject students, however, they will reject them quickly if they become too personal, too quickly.

> I start them [students] off on some basic principles to give them the groundwork and the duties of the nurse in our department . . . to work out some of the kinks.

Next preceptors had to develop the ability to space learning experiences so that the student did not become overanxious and compromise learning opportunities. Students who were overzealous had to be drawn back by preceptors to avoid potential mistakes:

> Sometimes they [students] are blocked a little bit and you realize that after the fact. They say "oh, yes, I understand" but when they go to apply it, they do it totally wrong. Then you have to keep drawing these individuals back. Other then that, you just watch them and give them a little bit of space after you have gone over the basic principles for your area.

In learning to read students, preceptors had to sense students who were timid and stressed in the clinical setting and draw them out so they would not miss learning opportunities. Some informants had to pace student workload and responsibilities so they could maximize learning by judging student ability and determining the appropriate environment to foster learning. The patience of the preceptor was pivotal in giving the student a chance to prove capabilities. All informants experienced a sense of pride with student accomplishments. The informants indicated that as they learned to read the student and trust student capabilities, a process of letting go occurred and they felt that the student could practice safely in the clinical setting:

> It's no good for you as a preceptor to do all the things and keep doing all things and tell her about it when she does not get any hands on. Until she does the hands on and makes a few mistakes then you have not accomplished what your goal is as a preceptor.

> I find that once you can trust the student you let them go and do things and say, "I've seen you do that before. You can go and do it yourself". Then their overall speed increases, their work improves and their view of themselves is more positive.

learning to teach students.

While it was important to learn to read students accurately, the nurses also identified a third dimension of learning which they felt was very important; learning to teach students. Although, the nurses felt they had developed competency in caring for

patients and performing other duties associated with being a staff nurse, they were not necessarily prepared to teach these skills to nursing students. They recognized that specific learning needed to occur in order to fulfil this aspect of being a preceptor. Learning to teach developed over time as preceptors worked through their role. It was only by working through the precepting role that they were able to find out what was expected in the situation.

The ability to plan learning experiences did not occur easily for preceptors who depended on the unit's acuity and patient care needs in the practice setting to facilitate student's learning. Preceptors had to learn to teach by developing the ability to 'learn by ear' which meant that most learning for students occurred through picking up on experiences available to preceptors in the practice setting that would be a good learning experience for the student. Unfortunately, the unit acuity was unpredictable and patient care needs varied. If the clinical experience was unavailable, then the student experience was compromised and the preceptor's plan had to be changed. However, if the clinical experience was there, then the preceptor and student were given the assignment and an opportunity for teaching students was made available:

> A lot of it [learning] has to do with the experience in the area when the student goes through.
>
> It's really nice if a patient comes in and they [students] get to see all this. If we have a really sick patient, we give the nurse preceptor that patient so that the student gets a lot of hands on experience.

Most often, preceptors directed student learning because they felt that students and faculty expected it. In preceptor - directed learning, informants used the literature,

hospital policies, and personal and clinical experience to guide student learning and develop learning objectives:

> So that was my concern, that I was getting my point across and that they [students] were seeing things the way that I was and learning it the way that I wanted them to learn it.
>
> I kinda [sic] got into the pattern and I had a list written of what I wanted them to do. And whether the school has that or not, and I don't believe that they do, this was something that I made up myself. So I kinda [sic] go by that.
>
> [Preceptors are responsible] for directing the students. Giving them the best information, education and skills that they can get in this short period of time.

If the student was perceived as self-directed and displayed initiative, the student set the objectives for learning in the clinical setting. Even though this situation occurred infrequently, when it was evident that students had a keen interest in the clinical area and possessed some of the skills involved in caring for patients and developing as a professional, it was fostered by preceptors:

> They should write up their own goals of what they want to accomplish. . . It makes the student think about their goals and what they are here for. Then you have to have more concrete evidence that you have accomplished the goals.

Almost all of the informants felt that teaching students created a bond between preceptor and student. As preceptor and student learned together, the student tended to rely on the preceptor for current knowledge and skills. Preceptors did not want to embarrass themselves in front of the students, therefore, the preceptors prepared in more depth and decided to read more:

> If you don't know, then you go and look it up together then if I didn't know, it will be of benefit to me and to the student. . . [Being a preceptor] has made me want to educate myself more. You are constantly reading because you are with the students.
>
> I find it [precepting] keeps me on my toes. You've got to be up-to-date because you don't know what the students are going to ask you and you don't want to be embarrassed. You realize the little things that you never questioned.

Most expected students to question them about procedures, policies, and pathophysiology, therefore, requiring the preceptor to seek accurate and current answers in the literature and to 'brush up' on skills and procedures most common to the clinical area:

> If I cannot get it [physiology] across to the students, then it's a challenge because I have to go to the books, ask if they understand and I'll try to break it down.
>
> If the nurse intern doesn't know the policies, then you are always learning yourself. You tend to 'brush up' on your own skills to ensure that you are passing on the right information to these students. You end up researching. You spend a lot of time in the literature finding up-to-date reference material for the student.

The relationship that developed was exciting for students and preceptors as participants developed in the role and learned how to precept nursing students. There was a realization that being a preceptor was a continuous process of learning and over time with each experience participants became more comfortable in working with students and seeing them develop:

> I think there are things that you learn as you go along. Your first experience you weren't as good at it and the more you do the better you get and you kinda [sic] know right where to start and where to go with

> it . . . the more [students] you have. You get more used to working with students.
>
> I'm probably more patient than I was at the beginning. At first you expected them [students] to be at the same level as you are. You learn over time that this is not going to happen so you become more patient.

In learning to be a preceptor for nursing students the informants developed in their role and became more confident in precepting. Preceptors evaluated the aspects of interacting with the school of nursing, colleagues, and students to facilitate the preceptorship experience for the student and the preceptor. Some participants had an innate ability to sense student performance and initiative. However, in learning to read students the informants attempted to objectively predict student performance and interest therefore enhancing the value of the precepting experience. As the informants learned to teach students, a sense of comfort evolved and allowed preceptors to trust students in the clinical setting therefore permitting students to practice some skills independently. In learning together, preceptor and student developed a dependent relationship. Inquisitive students in the clinical setting stimulated preceptors to seek new knowledge or to review current skills and theory. Furthermore, the student depended on the preceptor to be a well informed and proficient practitioner.

Stage Four: Gaining Confidence

The core variable in precepting nursing students was learning to balance responsibilities and relationships which emerged as preceptors entered the stage of gaining confidence in the precepting role. Participants learned how to precept nursing students in the previous stage through interacting with faculty, colleagues, and students

and developing the ability to sense student interest and motivation. Confidence in the role was gained as preceptors were able to balance the responsibilities as educator and staff nurse as well as balancing the expectations of students for learning and patients for caregiving. Confidence was also gained as preceptors learned to incorporate the presence of students into their professional lives while maintaining the informal relationships and camaraderie of co-workers.

balancing responsibilities and relationships.

Balancing occurred between the dual roles of preceptor as staff nurse/educator and the benefits between student learning and patient (see Figure 2). In order to meet the responsibilities of staff nurse and the expectations of students, participants had to balance time and energy needed for each role. This often became a source of frustration for the informants. As staff nurse, the preceptor was caregiver, patient advocate, hospital/unit committee member, and sometimes charge nurse on the night shift and weekends. The demands of the role of staff nurse had to be balanced with the commitment to the student as educator, supporter, role model, and resource person. The informants indicated that they experienced a sense of guilt and failure when they could not balance the dual roles.

There was a desire to provide students with valuable clinical experiences, yet a realization that other responsibilities as staff nurse were necessary such as attendance at meetings, policy development for the clinical area and duties associated with unit routines. This often used up a lot of the preceptor's time and energy:

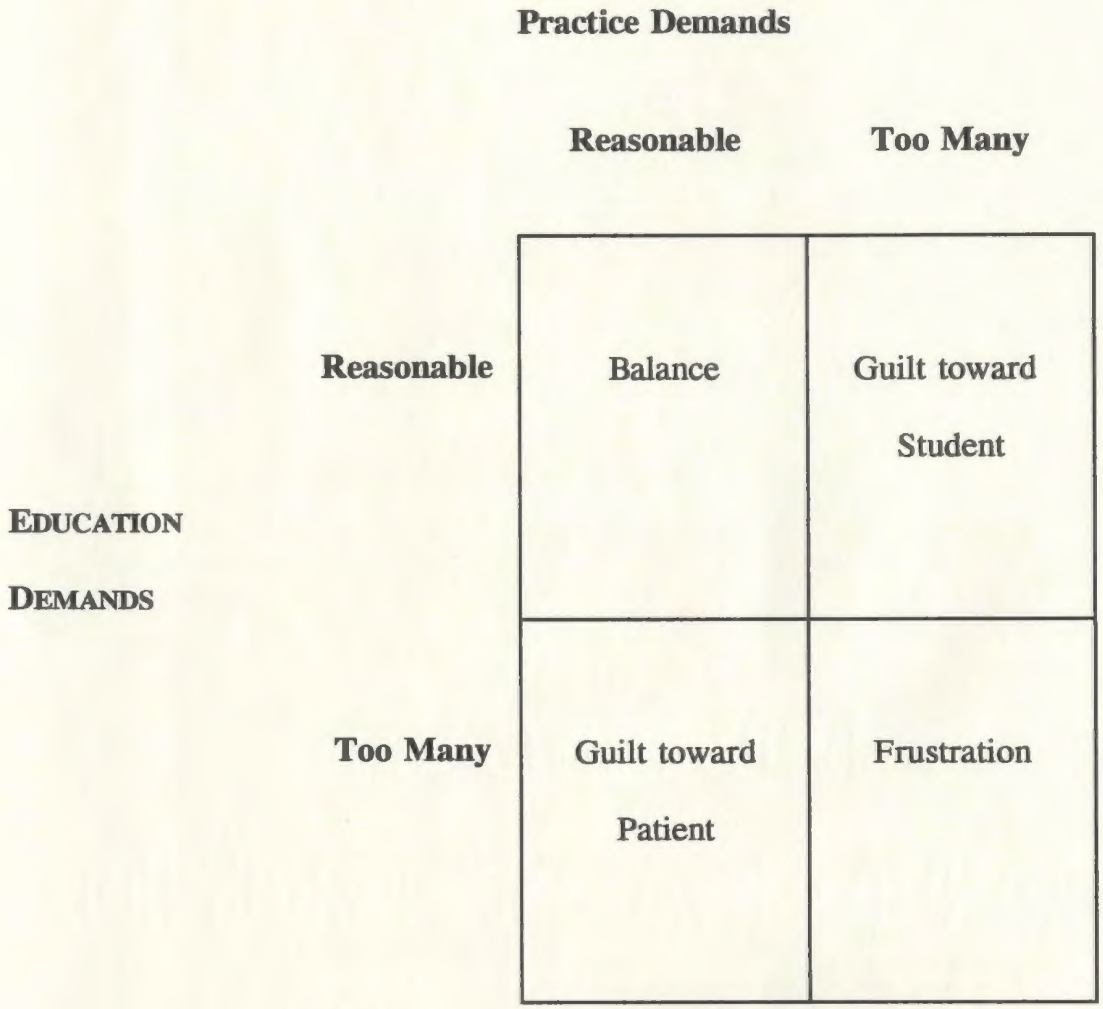

Figure 2. Balancing Responsibilities and Relationships

It's difficult sometimes. There may be a lot going on in the unit that may not have anything to do with patients, like policy/procedure and staff meetings that has [sic] your mind not on it . . . after the shift I have the 'guilts' because my mind was not on it and the student didn't learn anything today because I was so preoccupied.

Along with working in your day to day activities and nursing duties, you have to teach this student everything you are doing and why you are doing it, so it does mentally take a lot from you.

A sense of guilt for not always meeting student's needs was further accentuated in stressful and acute clinical situations when the preceptor was very busy and actively involved. Learning to balance responsibilities and relationships was most difficult in these circumstances and often preceptors became frustrated because there were too many demands. During these times, participants felt that they could not balance the needs of students, patients and families:

> I have to realize that I am part of the staff and part of the resuscitation team and I have to do certain things but also realize that this student needs to see every experience too. I want them to see what's going on in a code 9 but I also have things to do during the code. I want to say "she's here with me and I want her to see everything."

> It's not fair to them [students] when it is busy, they can see so much and really learn but you don't have the time when it is busy, that's the sad part. It would be nice if you had more time to devote to them but you don't.

For one informant the frustration in not being able to balance the responsibilities was evident in a particular clinical situation when a patient died:

> I found that with the last student that I had. The first patient that she had, he died an awful death. It was the worst death that I have dealt with in ten years and it was her first experience with death. She found it very difficult and she was upset and crying. I found that a challenge because I had to deal with the patient, family and the student. It wasn't a big burden but I found that I wanted to give her [student] the attention and that was critical because she was so upset.

Most preceptors felt they needed to weigh the benefits to student and patient when planning learning experiences. There was a desire to provide the students with the best environment to learn but this had to be balanced with patients' rights and needs. As the

preceptors developed their teaching skills, they learned to 'balance' what the student should learn without overburdening them:

> No matter how much you want the student to learn, you have to realize that in the middle of the night you cannot go and wake up a patient to review things with a student!
>
> You have to outweigh [sic] the benefits to the student and the benefits to the patient especially when you are dealing with patients who are on the edge . . . you've got to be careful and sometimes that is touchy.

The need to facilitate student clinical education was compromised at times by the availability and appropriateness of the experience in the practice setting. Sometimes preceptors were frustrated in determining responsibilities to student, patient and self as staff nurse. There was a sense of guilt when the balancing could not be achieved.

In gaining confidence in precepting, informants had a responsibility to the student to act as a professional role model and to foster opportunities for student learning. Most preceptors had to be responsible for positive professional conduct and seriously considered the impact on the student if their deportment was more relaxed:

> You have to stay professional around them [students], because they are students, so you keep an eye out for that sort of thing.
>
> You have to have respect for your colleagues and the supervisor and not be 'carrying on' all the time. You can have fun but you don't let it get out of hand. We have a good morale in the unit and everybody is [sic] friends even outside work. So that's good for the students to see, that even when you're out of nursing school and not under the same stressors, then you can still be friends.

Others indicated the difficulty in acting in what would be described as a 'professional manner' at all times. Some preceptors distanced themselves from students and felt that students should accept the preceptor's need to be reserved in this

relationship. The distance developed between preceptor and student represented the preceptor's need to be relieved of stress in the workplace and was considered appropriate. At times, unfortunately, the distancing by preceptors compromised the portrayal of teamwork among colleagues since the student may not experience a sense of camaraderie among nurses:

> I always speak to the students about maintaining a level of professionalism, even though you may see that other people are calling each other by the first name and there is a relaxed atmosphere. We have earned that respect and until you are told as such, you don't do the same as you see. And also it is a high stress area and therefore there is a certain amount of 'carrying on' at certain times but people know when to turn it on and off.

Informants experienced a sense of responsibility to foster the student's personal and professional growth and to develop clinical knowledge and skills. In so doing, most informants wanted to protect students from: 1) administrative constraints, 2) school of nursing discipline, and 3) unit specific restrictions. Because preceptors wanted to provide students with the best clinical experience, there was a sense of frustration with, and a perceived lack of support from nursing administration when students were 'floated' to other areas for staff coverage. In the study, the participants were somewhat dissatisfied with nursing administration when this occurred. This was clearly conveyed to the school of nursing when preceptors refused to complete evaluations on students who had been floated to other units most of the time:

> When I first started, it was really frustrating because the students were never there. The students would come for two or three weeks. It was ten shifts and you would have to evaluate them but they were being floated a lot and then it was hard to evaluate them. So, we returned our evaluations blank because they may have worked there for four hours and we couldn't evaluate them.

It was demotivating and annoying when preceptors were given a heavier work assignment because of the students. Some informants indicated that, at times, students were given an assignment by colleagues and/or immediate nursing supervisor that was considered 'menial work' and undermined the use of preceptorship as an educational strategy:

> I think some staff want students sometimes to do their work for them. The students are not counted as staff so the preceptor may say "you go and do that for me!" To me that's awful because it is not the purpose of preceptorship.

Protecting students from unit specific restrictions was a part of the preceptor's responsibility to students. Even though the informants had to balance staff nurse and preceptor roles, the participants felt responsible to provide the student with a valuable clinical experience and protect them from some colleagues who did not support or understand preceptorship and from situations that seemed to interfere with learning:

> Some nurses take the student for granted and are not teaching them anything. They will say to me, "I need some blood. Get your student to go and get it". And I say " She's busy right now". That tends to be a conflict between the staff nurses . . . When students come through, they are there to be educated not to be a 'gopher'.

As confidence was gained in precepting nursing students, realistic expectations were developed by preceptors so that students did not become overwhelmed. Most felt the need to protect students from becoming too involved with patients and ensuring that colleagues did not take advantage of student interest and availability. Protecting students was considered important to preceptor development.

Preceptors were frustrated with nursing administration when they had charge nurse responsibilities, their patient assignment was lighter and less acute which diminished the clinical learning opportunities for students:

> We're put in charge on weekends and nights because we are senior nurses. Yet you have a student with you and because you are in charge you don't get the sickest patients and the students lose out on some valuable experience.
>
> [If] we have really sick patients and I've come on in charge and the student and I have the easiest patient, then she [student] missed the opportunity to take care of a patient with a swan ganz.

Some informants did attempt to deal with the issues of floating students to other areas and preceptors having charge duties. They confronted nursing administration with their frustrations and concerns. As a result, floating was diminished and most preceptors were relieved of charge duties.

In balancing responsibilities and relationships, preceptors wanted to protect students from the discipline of the school of nursing especially regarding negative evaluations. Being cognizant of the effects of discipline on the students, preceptors sought ways to avoid this for the student's sake. Performance appraisal of students was one of the most difficult aspects of precepting. Every attempt was made to avoid upsetting the student and confronting the school of nursing with student performance concerns. Prior to a written evaluation, some preceptors attempted to speak to students to deal with the difficulties:

> You're trying to be fair and to speak to them about things so that it may not have to go on the evaluation.

> . . . the evaluation [is difficult] Trying to determine what to put on paper and how to put it down; What is the school looking for? I don't want to disappoint the student. That is difficult, especially in the beginning. I find I am more comfortable now . . . but still, if you give them too many negatives, you feel that it is because of you that the student may have to sit before someone or a board. So that is always in the back of your mind.
>
> . . . rather then go to her instructor about the problems, I made several attempts to get her to myself, to talk to me, but she never returned my messages . . . I'm sure the school told her anyway but still you don't like to give a negative evaluation.

Preceptors also had to recognize personal and professional limitations and how these might affect the quality of the student's experience:

> It makes you more aware of your limitations and that you can't be everywhere at once and you can't know everything. You have to accept your limitations and realize that you can't know everything. You've got to swallow your pride and say that you don't know . . . It makes you more aware of your limitations.
>
> There are different psychological and ethical things like code status of a patient who is ninety years old, is really sick and has been for a long time, and there is a full code. Trying to explain that . . . and you can't explain it . . . again knowing your own limitations.

In gaining confidence in precepting nursing students, informants attempted to balance dual responsibilities of staff nurse/educator and to weigh the benefits to student and patient, which were frustrating aspects of precepting since the support for each role was not considered sufficient. The participants also were responsible for their professional conduct and to protect students from administrative constraints, school of nursing discipline and unit specific restrictions, to enhance the effectiveness of precepting nursing students. The responses from students on the evaluation of preceptorship helped

also to motivate preceptors to assume the role and strengthened the commitment to precepting:

> [The responses from the students on our evaluations] were encouraging and stated that they learned a lot . . . So I know I can do it with ease the next time.

Stage Five: Continuing On or Taking a Break

Preceptorship, as shown in Figure 1, is a cyclical process. Because preceptors were frequently requested to act in that capacity a number of times a year, each episode of precepting involved a period of self-evaluation. Preceptors in this stage needed to decide either to continue on with another student or take a break in the process.

continuing on.

In the study, continuing on with precepting nursing students was influenced by 1) perceived student initiative, 2) support for the role, and 3) rewards and recognition. In this stage, most of the discussion on rewards and recognition occurs since these aspects of precepting are important to maintenance of the role.

Student initiative was also a key factor to 'continuing on'. Informants were willing to support students in their learning but there had to be evidence of genuine effort by the student for preceptors to feel satisfied in the role:

> I think that as long as they have the initiative, knowledge is something they can gain but if you have initiative to learn then that's the biggest part. That's what makes preceptorship fulfilling!

Preceptors continuously reexamined their motivation for and commitment to the role. Preceptors often continued on when a difficult student situation was followed by a student who was perceived to display initiative and interest in learning:

> [If you have a bad experience] the next student that you get is probably great and that motivates you to keep taking students.

As in other stages, support for the role was significant to continuing on. All informants discussed structural constraints related to the school of nursing, nursing administration, legal issues, and union issues that influenced support for precepting. Support from the school of nursing was perceived differently by participants. Some felt that faculty provided only minimal guidance about evaluating student performance and, therefore, did not value the relationship with the school of nursing. When input was requested regarding student clinical evaluation, preceptors neither believed that their suggestions were appreciated nor saw evidence of recommended changes being incorporated on the evaluation forms. Others had a closer relationship with the school of nursing, valued this relationship through the preceptorship program and went to the school to recruit students to come to their area, especially when there was a decrease in the number of students in the rotation. All informants indicated that preceptors and nursing administration differed in the perception of the preceptor role. Many felt that support for the role was not always evident especially when nursing administration viewed students as a source of staff coverage. When preceptors were assigned a heavier patient load, they found this to be demotivating, believing that students could not learn as effectively if considered part of the unit's staff:

> When you know that staffing is low, you know when you get a student that [heavier work assignment] will happen, then the motivation changes . . . my wanting to work with students doesn't change, at least not at the moment.
>
> The motivation is always there because it's something that I've always wanted to do but the motivation changes with the staffing . . . The problem is that sometimes you end up doing two peoples workload because of the staffing . . . It's not the idea of preceptorship but what they [administration] are making it out to be. I've often been given double patient workload and the students are generally on their own.
>
> So that's a problem especially when they [students] are weak and you get a heavier assignment. They [students] are counted as the extra person [because] the supervisor forgets.

Even though most preceptors received substantial support from their immediate nursing supervisor, support from other sources was not as evident. Also, some felt that at times the immediate nursing supervisor was not as sensitive to the demands and responsibilities of precepting and this was not considered encouraging:

> I don't think that the supervisors recognize how this [heavier assignment] can affect us as well. The first week you can be late getting off and the supervisor will say "you're late getting off again!"

Some informants were concerned with their professional liability in delegating student's responsibilities and tasks. Preceptors perceived that there were legal implications related to students practising on their professional license, whereas, if students were capable of performing the responsibilities and tasks, preceptors should not be as concerned with their professional liability. One preceptor indicated that the monetary difference between a preceptor and an instructor salary may not be worth the risk to precept nursing students:

> Another problem is that not everybody likes to be a preceptor. You're not being paid to be an instructor and you're taking someone on your license and that is not worth the risk if they [students] make a mistake.

The influence of provincial and national unions on preceptor's perception of the role was evident as some expressed dissatisfaction. They felt that preceptors may possibly take away jobs from their union colleagues, nurse educators:

> It's a legitimate concern because one does not want nurses who could have a job as an instructor to be taken away from them because of a program.

Precepting nursing students presented challenges and at times was discouraging and frustrating, however, all preceptors experienced enjoyment in the role. Being able to deal with and overcome the challenges was a part of the whole process and helped preceptors gain confidence and motivation to continue on in the role:

> I enjoy it! If you don't enjoy it, you shouldn't be doing it because then it's a chore and it shouldn't be. If I didn't enjoy it, I wouldn't be at it because I would not be offering anything to the student. I'd be hindering them more then anything.

As the nurses continued with precepting, a sense of commitment became evident as the self blended with the role:

> I've had preceptors say that at the end of a rotation you almost feel ownership of the students and you want to protect them and you don't want anything to happen to them. Probably because you share so much of yourself!

Commitment to the role and continuing on as preceptors was facilitated by reward and recognition. The school of nursing recognized preceptors through tangible rewards such as luncheons, free tuition for courses, written acknowledgement and certificates.

Most preceptors reacted positively to these tokens and appreciated the recognition for their efforts:

> At the end of the year they have a luncheon and the preceptors are all invited and they give the preceptors a certificate that indicates that they have been a preceptor and that it was appreciated by the school. . . [preceptors] are interested overall in education and are probably doing part time studies, or are considering doing it and some probably cannot afford it and it [college credit or university scholarship] would be a nice way to say 'thank you'.

> We had a preceptor [appreciation] luncheon last week... They gave out appreciation certificates and had a professional photographer hired and individually... There was a booklet made up with each preceptor's name about the event as a keepsake. After going to that I said, "How can anybody not be a preceptor when it is shown how appreciated you really are?"

Even though these tangible rewards were valued, most preceptors considered them to be inadequate. Most felt that the commitment of time and energy to the role outweighed the tangible rewards provided. It was evident that a sense of 'unbalanced reciprocity' existed:

> Some nurses don't like being preceptors because they feel they should be paid for it.

All preceptors felt that intangible rewards and internal motivating factors were key to continuing on in the role. Intangible rewards balanced preceptor commitment and investment in the student. Preceptors felt honoured and satisfied by the challenges of teaching, seeing students develop skills and professional attitudes, sharing self and clinical expertise, and seeing self develop as educator and clinician:

> It's rewarding to see the students achieving and that what you have taught them they now know and can apply it in the appropriate places . . . they know when and how to do that. So that's rewarding to the preceptor.

> Hopefully, I am a good role model and there is greater satisfaction for the student and the staff in relation to teaching. As a staff nurse, the preceptor role reinforces what you are doing in your own role and the positives that come along with that.

Others were encouraged by having a positive effect on staff recruitment as students returned to the unit as graduates. These immeasurable components were rewarding in themselves and motivated preceptors to maintain the role:

> Since preceptorship . . . five or six of them [students] have come back there as casuals so it has enhanced the staffing. So I find that a rewarding experience. You see what your work [as a preceptor] did, because if you have been able to influence somebody, as a preceptor, and they want to come back and work in that area ... to me, that's the ultimate reward!

Being a preceptor was an insightful experience for some informants. As preceptors ascertained if they wanted to maintain the role, they realized that they experienced a feeling of relief when the student was not with them in the clinical setting. The constant presence of the student was difficult and exhausting at times and created a sense of obligation to be continuously providing learning experiences:

> You have to get used to having a 'shadow' and that sometimes can be difficult. Getting used to having someone there all the time, even during a slow period and you feel like sitting down, but then you feel that you should be doing something with the student . . . you get tired of that. . . So that part was interesting in getting used to having this person with you all the time and having to explain everything that you do, and explain why you did things in a certain way especially when they [students] would ask you questions, and that you would be constantly teaching. Sometimes you feel that you have a day off and have an easier day when the student is not with you.

taking a break.

Even though most preceptors maintained the role, others needed at times to take a break. In 'taking a break' once again self-reflection was evident as some participants did not volunteer or accept the role for personal and professional reasons. They needed to reevaluate their commitment to precepting nursing students and felt that the time needed to do so was beneficial to self and, most importantly, the student:

> I feel now that I need more experience in my own area yet before I can take another student with me and teach her what I know in that area. It's just me... something personal and inside that said, "You're not giving the best that you can". I need a little bit more time and get over the hump to feel comfortable in doing it again . . . not immediately but maybe a year down the road.

Some preceptors decided not to volunteer or accept precepting the next time it was offered because of a previous bad experience with a student and thus they took a break from the role:

> When you have a bad one [student], you need to take a break to get motivated again to take another one. The last nurse intern that I had was great. She was a really good nurse . . . nice to work with, she got along well with the other staff members, . . . that was last year and this year I immediately put my name down. Because it was an enjoyable experience. But as far as the one that was painting her nails during the night shift, I just took a break. I just asked my head nurse to take care of it and put someone else down because I've just got to take a break after that!

Sometimes the break was not complete in the sense that the preceptor would accept some students yet declined to accept students with challenges:

> I think if I had to have a student that didn't have initiative or didn't want to learn, then I don't think that I would have continued. I think because of the student I had . . . she was really bright and interested and knew

what she was doing . . . I think that is the reason that I tried the next time.

Summary of Findings

In this study, informants demonstrated that precepting nursing students was a self reflective and interactive process of learning to balance responsibilities and relationships. The social - psychological process identified consisted of five stages; 1) making the decision, 2) assuming precepting, 3) learning to be a preceptor, 4) gaining confidence, and 5) continuing on or taking a break. Structural constraints in the work environment and personal attributes of preceptor and/or student accounted for variation within the stages. These constraints were intertwined with three factors: 1) student initiative, 2) support, and 3) rewards.

The process began when nurses were approached either formally by a representative of the school of nursing or nursing administration or informally by a nursing colleague when preceptors were being recruited. In some instances, the nurse volunteered for the role without being approached. Regardless of how approached, all nurses went through a period of reflecting on their strengths and weaknesses in order to move on to the second stage; assuming precepting. Assuming precepting was influenced by the school of nursing program, personal characteristics of preceptors and students, and the perceived initiative of students. Preceptors continued to self-reflect and had to deal with reservations related to personal and professional capabilities. Once these reservations were overcome or dealt with appropriately, preceptors accepted the challenges of precepting nursing students.

The stage of learning to be a preceptor encompassed three different dimensions of learning; learning to interact with the school of nursing, colleagues, and students; learning to read students; and, learning to teach students. In this stage, the preceptors found out what was expected of them in the situation. Students had to be incorporated into the nurse's worklife and it was only by working through an instance of precepting that the nurses learned what to expect and how precepting worked.

The preceptors learned to develop an intuitive sense of student ability and initiative, teach students based on student initiative and availability of educational experiences in the clinical setting, and develop a relationship with students which fostered the ability to learn together. For informants in the study, the need to fairly and properly evaluate student performance was a challenge and a frustration. For this they depended on the school of nursing faculty but mostly on colleagues. There was a sense that more guidance was needed from the school of nursing to help preceptors appraise student performance. If the student was to receive a negative evaluation, preceptors tried to protect students from school of nursing discipline by providing a verbal evaluation, but sometimes the students were not available for this opportunity.

When preceptors felt they learned some of the necessary attributes to teach students, they moved into a new stage whereby they gained confidence in the role. It was in this stage that the nurses were able to develop a degree of comfort with the role in general and each instance of precepting in particular. Here, the core variable ' balancing responsibilities and relationships' was evident. The ability to balance expectations as educator and practitioner was central to the process of precepting nursing

students. Even though this was often frustrating, informants recognized its importance. If they could satisfactorily balance their caregiving responsibilities to patients and education expectations to students, then proficiency in precepting was gained and commitment to the role evolved. In gaining confidence in the role, preceptors also felt responsible for evaluating their own professional conduct.

As participants became committed to precepting, they wanted support and recognized its importance to them. Most felt that support should come from the school of nursing and from nursing administration. They needed more contact with the school throughout the experience and required more guidance with student evaluation. Nursing administration was required to remove structural constraints such as floating students to other areas and giving preceptors in charge duties while precepting. For the informants in the study, patient assignment varied. At times, too heavy an assignment was given because the immediate nursing supervisor perceived that the student was part of staffing. In other situations, preceptors desired a more challenging workload to provide students with extensive learning opportunities. Preceptors in the study discussed with the nursing supervisor the most appropriate patient assignment to foster student learning and to meet the expectations of staff nurse, therefore, learning experiences were more available to them and preceptors were stimulated and encouraged.

Stage five was both a beginning and an end. As each rotation with a particular student was completed, plans were underway for new students to begin. Nurses who had just finished precepting would be asked to continue on, that is, take on a new student. During this stage, the participants when faced with a further request to precept, had to

decide to whether they would continue on or take a break. One of the important determining characteristics of which way they would choose was student initiative. If the preceptor felt students displayed minimal interest to learn, the preceptor would more likely opt to take a break, however, a high level of perceived initiative on the part of students led to the nurses continuing on in the role.

CHAPTER 5

Discussion of Findings

In this chapter, the process of precepting nursing students will be discussed in relation to the study findings and pertinent literature. While it is evident that there is overlap between the current study's findings and previous research, new insights are gained from the present inquiry particularly from the basic social - psychological process that preceptors experience.

At present, little is known about what process or processes the nurse clinician experiences in being a preceptor for nursing students. Most of the research has focused on the usefulness of a preceptorship program as an educational strategy to enhance student's mastery of clinical and adaptive skills and to learn dimensions of the professional nursing role. When preceptors have been studied, the emphasis has been on support or reward systems. The latter studies, while helping to understand some of the mechanisms that need to be put in place to facilitate preceptor programs, give us an incomplete picture of the complexity of the role.

The main purpose of the study was to explore the process of precepting nursing students and develop a beginning substantive theory to explain the process more fully. Why do some nurses take on the role? What is the experience of precepting like? How do preceptors learn to incorporate the demands of precepting into their current workload? Responses to these questions were provided by preceptors in the current inquiry. The core variable, balancing responsibilities and relationships, was described in the social - psychological process of precepting nursing students.

The Process of Precepting

The findings of the study confirm that preceptorship is a complex process. It is difficult to capture the process as a linear developmental model because of some overlap among the various stages, nevertheless, there were distinct stages where transitions could be identified.

The goal of grounded theory is to generate a theory that accounts for a pattern of behaviour which is relevant and problematic for those involved (Glaser, 1978). In this study, the goal was to account for preceptorship as a pattern of behaviour and to account for the variation that occurs in precepting nursing students. The core variable that accounted for this variation was balancing responsibilities and relationships.

While it was clear that extra responsibilities such as student's learning, evaluating student's performance, incorporating students into the workplace and reviewing practice standards and unit policies were added, nurses who took on the preceptor role had to determine what worklife adjustments were required to accommodate the expectations of being a preceptor. Personal, professional, and worklife adjustments had to be considered and sometimes begun as nurses were making the decision to assume the role. In making the decision, preceptors experienced uncertainty and reflected on personal and professional strengths and weaknesses related to clinical and interpersonal skills and required knowledge to precept. They questioned their ability to take on the role but through a satisfactory self-appraisal, the decision was made to accept the challenges of precepting. Since role taking is a self-reflective process and role expectations are identified, modified, and confirmed by feedback from social interactions and through

self-reflection (Horrocks & Jackson, 1972), preceptors decided to take on the role not only following an acceptable self evaluation but also with the realization that it was expected by their immediate nursing supervisors and the school of nursing. Deciding to precept seemed to be influenced by the symbolic value associated with the role. Being approached to precept seemed to portray appreciation and respect to nurses for their clinical and professional skills and conveyed a sense of increased 'status' related to being a preceptor. The status of being a preceptor was evident further as some nurses competed for the role. In the current study, being a preceptor was considered prestigious and this intrinsic recognition tipped the balance toward a positive decision to accept the challenge.

Precepting nursing students is a process of learning to balance responsibilities and relationships with the immediate nursing supervisor, colleagues, students, patients and the school of nursing. The relationship with the immediate nursing supervisor was important to assuming the role and throughout the experience most preceptors were encouraged and supported by their nurse manager in the unit. Information from colleagues about the benefits of motivated students also helped preceptors determine if they wished to assume the role. An interdependent relationship with colleagues was formed and preceptors 'teamed up' or worked together with colleagues to facilitate student evaluation, provide students with an added resource for clinical knowledge, skills, and professional role modelling, and help socialize students to the practice setting. Preceptors used the strengths and experiences of colleagues to learn more about being a preceptor and emphasized the importance of interaction with and support of colleagues

especially regarding teaming up to evaluate student performance and enhance preceptor development.

Previous experiences with interested and motivated students helped preceptors decide if they wished to take on the role. Forming an appropriate and effective interaction with students was considered an essential ingredient for promoting and maximizing student learning. Positive bonds between students and preceptors were viewed as enhancing the desire of preceptors to more astutely assess the learning opportunities in the practice setting and increasing motivation of students to seek clinical learning experiences. Two types of relationships were evident between students and preceptors. An informal relationship facilitated student integration to the clinical area and alleviated potential student anxiety. Unfortunately, a social relationship often made evaluation of student performance more difficult for preceptors because it was harder to provide constructive criticism about performance and clinical knowledge. If a formal preceptor/student relationship evolved, similar to an instructor/student association, then preceptors found it easier to evaluate student performance. However, a formal relationship compromised student's opportunity to sense camaraderie and closeness among professional nurses. Preceptors had to learn to balance distance and closeness in preceptor/student relationships and this often presented a challenge.

Interaction with students also involved identifying measures to maximize learning opportunities. This was accomplished as preceptors 'learned to read' student's potential and interest in learning. Even though some preceptors attempted to be objective, most experienced 'intuitive' feelings about student potential and interest in performing skills

and learning about the nursing profession. Developing the ability to accurately sense student's potential and depending on colleagues to integrate students into the practice setting was essential to 'reading' students. When preceptors were able to accurately 'read' students, there was trust in the relationship and students became more independent in their practice. Intuition is "the immediate sense of knowing without a rational basis" (Miller & Rew, 1989, p. 85). The literature suggests that the nursing profession needs to be more open-minded about the role of intuition in formal and informal nursing education (Rew & Barrow, 1989). Most preceptors in the current study seemed to use intuition effectively yet cautiously in predicting student's capabilities. This ability to sense student potential became an important aspect of preceptor development.

Responsibilities for facilitating student learning and professional growth had to be balanced with the need to protect students from administrative structural constraints, school of nursing discipline and unit specific restrictions as study participants became more comfortable in the preceptor role. Developing confidence seemed to be closely linked with preceptors assuming a more assertive approach to nursing administration and the school of nursing. Preceptors realized that they had to take on more responsibility for evaluating student performance and protecting students from inappropriate use in the clinical setting, such as being floated to other areas and used by staff in the unit to do menial tasks, which potentially compromised students's learning experiences. Hardy and Hardy (1988) defined role stress as being a product of difficult, impossible and conflicting demands imposed by the social structure. These authors defined role strain as the emotional, subjective response to role stress which diminishes commitment to the

role. Findings in the current study concurred with previous research on role stress and role strain since preceptors experienced unit specific demands and structures (role stressors) that had to be modified, if possible, to perform and continue with the role which seemed to create role strain. Preceptors felt that the experience for students was limited by unit specific restrictions and administrative constraints thus role stress and role strain affected preceptor motivation.

One of the most challenging aspects of precepting for nurses in the current study was learning to balance responsibilities to students and patients in the practice setting. Through gaining confidence in the role, preceptors had to learn to balance patient care needs and student learning needs to ensure that neither was compromised. The demands of dual roles were stressful for the preceptors. Adey's (1986) study supports this finding of dual responsibilities. Rittmann (1992) also supported the process of 'balancing' since the intricacies of precepting had to be balanced with the multiple demands on the unit. Furthermore, Burke (1994) stated that it was problematic for preceptors to fulfil two roles, teacher and practitioner, at the same time. Yonge, Krahn, and Trojan's (1992) findings indicated that the preceptor role was mildly stressful, with dual responsibilities of educator and practitioner/staff nurse the most common source of stress. Infante (1986) discussed the difficulties experienced during the transition from staff nurse to nurse educator and suggested that role change created conflict for the staff nurse who had been socialized to be a caregiver. The findings of the present inquiry reveal that role conflict was intensified for preceptors who had to learn to balance the responsibilities as caregiver and educator, while meeting the needs not only of patients but also of students.

Even though they recognized the responsibility of proper professional conduct, nurses who precepted were stressed at times by worklife and personal factors, and considered it appropriate to act in a more relaxed manner. Relationships in precepting nursing students in the current study add to the knowledge base on this particular aspect of preceptorship and suggest a need for further inquiry into preceptor, student, colleague and faculty interactions.

Previous Research

Previous research on preceptorship identified the importance of preceptor support and rewards for growth and survival of the program (Burke, 1994), but did not sufficiently explore the meaning and sources of support (Young, Theriault, & Collins, 1989). Preceptors in the present study concurred with prior research on the need for support for the role (Bizek & Oermann, 1990; Ferguson & Calder, 1993; Griepp, 1989; Infante, 1985; Lewis, 1990; Peirce, 1991; Rittmann, 1992; Zerbe & Lachat, 1991). In the current study, preceptors elaborated on the source and meaning of support. Colleagues and the immediate nursing supervisor were most supportive to nurses who precepted nursing students. This support was meaningful because there seemed to be familiarity and comfort in the relationships with colleagues and unit nurse managers. Also, immediate nursing supervisors and colleagues were readily available in the practice setting to provide support and rewards.

A previous study indicated that evaluating student performance was one of the most difficult aspects of precepting, that a relationship existed between the difficulty in evaluating student performance and instruction given to preceptors to write evaluations,

and that orientation to the role needed to be more comprehensive and well defined (Yonge, Krahn, & Trojan, 1992). In the current inquiry, preceptors perceived that minimal support was available from the school of nursing especially regarding performance appraisal of students. Faculty perceived that preceptors were supported since instructors provided preceptors with a comprehensive and timely orientation to the role and guided them in evaluating student's performance. The differences between educators and preceptors in providing support for precepting nursing students may be an area for further inquiry about this relationship. Actual and perceived support from faculty may influence the decision to assume and maintain the preceptor role and may be another area for further study. Staff nurses in the current study perceived precepting nursing students as an added workload and felt that faculty should be a significant part of the support network for preceptors.

Whether or not preceptors learned to balance responsibilities and relationships helped them decide to continue with the role or 'take a break' from precepting nursing students. Hardy and Hardy (1988) described two motivational forces to enhance role learning: external forces of reward and punishment from others, and internal forces of personal disposition and values. Previous research has identified tangible and intangible rewards that seem to positively influence preceptor motivation to assume and maintain the role. Yonge, Krahn, and Trojan's (1992) study suggested that there was a need for rewards for precepting, and indicated that professional recognition through written acknowledgment on the preceptors personnel file was considered by the majority of preceptors to be an appropriate reward.

Other literature discussed the tangible rewards that were available to preceptors. Appreciation was shown through luncheons, certificates, and tokens such as pens, pins, and nametags (Alspach, 1989; Turnbull, 1988) and the benefits of providing rewards in a timely manner to enhance a favourable individual response (Hardy & Hardy, 1988). The current study has further explored recognition and rewards that preceptors need and desire. For some who precepted nursing students, there was some satisfaction with the tangible tokens given in appreciation for precepting. The satisfaction, however, seemed to be derived more from the intent behind the token than the reward itself, that is, they realized that financial constraints limited the availability of tangible rewards, yet preceptors were satisfied that some tangible recognition was given. Others, however, were not as satisfied with the tangible rewards, saw them as tokens and felt that more extrinsic rewards were necessary. Provincial and national unions also supported the need for more tangible rewards and recognition for preceptors (Maloney, 1991). In the current study, drawbacks to being a preceptor were; the potential professional liability for preceptors in delegating responsibilities and tasks to students and the potential decline in job opportunities for nursing instructors.

As in previous research (Adey, 1986; Zerbe & Lachat, 1991), most preceptors in the current inquiry felt most rewarded by the intangible benefits such as personal satisfaction, challenges of teaching, student development in skills and professional attitude, sharing self and clinical expertise, self-development as educator and clinician, recruitment of staff, and gaining confidence in the role. The literature also indicated that role performance was motivated mainly by internal forces (Horrocks & Jackson, 1972;

Hardy & Hardy, 1988). In order to precept nursing students, nurses in the current study had to develop the ability to balance responsibilities of dual roles as educator and clinician and relationships among students, colleagues, faculty, and patients. Preceptors also had to learn to predict student's potential in the practice setting and determine student's learning needs, while balancing the needs as caregiver to patients and their families. Nurses in the current study experienced frustration because of the added workload and stress involved in the continuous balancing of responsibilities and relationships yet, most preceptors continued with the role and accepted the challenges, mainly because of the intrinsic rewards and satisfaction received.

Not all preceptors in the present study wanted to continue with the role. Some decided to take a break from precepting because at times, the constancy of students was burdensome. They recognized the need to 'take a break' and to reexamine their commitment to precepting. Taking a break consisted of not volunteering for the role, not accepting the role as preceptor or declining to undertake a difficult student situation. This finding is not supported in the literature. Yonge, Krahn, and Trojan (1992) suggested that preceptors did not view students who asked questions or shadowed them as creating problems. Maybe the recent changes in provincial and national health care have created more personal stresses and worklife demands than when Yonge, Krahn and Trojan (1992) conducted their study. Moreover, preceptors changing views of the constancy of students in the practice setting may be a reflection of the increasing difficulty in balancing the many responsibilities and diverse relationships for the role.

Summary

In the present inquiry, the process of precepting nursing students seemed to be a mark of status since the prestige associated with being a preceptor was a reflection of personal and professional attributes that faculty and the immediate nursing supervisor required and desired in a preceptor. This perceived increased status and a satisfactory self-appraisal of skills and professional conduct helped preceptors decide to take on the role. Being a preceptor seemed to be a learned role and developed through associations with colleagues, immediate nursing supervisors, and school of nursing instructors. However, most learning occurred by interacting with students and patients in the clinical setting where maximum preceptor and student development could take place. Confidence in precepting seemed to evolve as preceptors learned to balance the dual responsibilities as educator and practitioner with the frustration of personal and worklife stressors. Maintaining the role was motivated mostly by internal rewards, yet, there seemed to clear indication that external rewards were somewhat valued and appreciated. The constant presence of students, sometimes required preceptors to 'take a break' from the role, however, through self evaluation preceptors used the 'break' to reconfirm their commitment to precepting.

CHAPTER 6

Summary and Conclusions

The final chapter of this thesis begins with a summary of the study. The major limitations of the study will be outlined and the implications for nursing practice, administration, education, research, and theory development will be presented.

Summary

The experience of precepting students was investigated in this study, using a grounded theory approach, and new insights were gained through interviews with ten preceptors. The social-psychological process of precepting nursing students was explicated and analysis of the data revealed five stages of this process 1) making the decision, 2) assuming precepting, 3) learning to be a preceptor, 4) gaining confidence, and 5) continuing on or taking a break. Balancing responsibilities as practitioner and educator and relationships with nursing education, nursing administration, colleagues, and students was the core variable in precepting nursing students in the study. The present inquiry showed that there was a sense of enjoyment in the role and provided a clear indication that intangible rewards and support for the role were positive influences on being a preceptor.

Limitations

All the informants in the current study were from one local, urban hospital, therefore, only a beginning substantive theory of precepting nursing students could be derived. The structural constraints, characteristics of preceptors and students, school of

nursing program, rewards and recognition system, and support for the role may vary for other preceptors, therefore, there is limited theoretical generalizability of the findings. The effect of the participant's experience of being preceptored as a student was not addressed by the researcher in describing the process of precepting nursing students and could be considered a limitation of the study.

Implications for Nursing Practice

The findings of this study have implications for nursing practice, nursing administration and nursing education. Nursing practice may benefit from preceptorship because it seems to enhance the transition from student to graduate nurse. Support for preceptorship is necessary to help provide a cost effective and beneficial staff orientation and recruitment strategy. Nurses who become preceptors assume the responsibility for assessing learner needs, planning learning experiences, teaching, supervising, role modelling, and providing evaluative feedback. Precepting nursing students seems to strengthen clinical and professional development by providing staff nurses with diverse skills and enhancing skill competency in the practice setting.

Implications for Nursing Administration and Nursing Education

Nursing administration needs to evaluate the constraints and the practice setting restrictions that may hinder precepting nursing students. The literature suggested that preceptors found it rewarding when there was flexibility in their role and when relief was provided from other responsibilities (Shogan, Prior, & Kolski, 1985). This finding concurs with the experience of the preceptors in the current study. It is essential that

nursing administration evaluate preceptor responsibilities and relationships as staff nurse, caregiver, and educator, giving attention to the added workload of the role. It is important, also, that nursing administration and preceptor colleagues consider student learning needs so that students are not floated to other clinical areas and are not assigned menial tasks in the clinical setting.

Nurses who decided to precept nursing students acknowledged the usefulness of preceptorship as an educational strategy yet they felt it was an expectation of staff nurses to favourably respond to the formal or informal request. This high expectation from nursing education may be a reflection of the financial constraints in health care creating decreased hiring of clinical instructors and increased clinical workload for current faculty. Are preceptors being used excessively by nurse educators? This is a concern that requires closer monitoring by nursing education and nursing administration since overuse of preceptors may diminish staff nurses availability and interest in assuming and maintaining the role of precepting nursing students. Furthermore, the effectiveness of preceptorship as an educational strategy for nursing students may be diminished if educators and administrators are not cognizant of the added responsibilities and demands of staff nurses who precept.

Nursing education also needs to foster stronger and more interactive relationships among nursing administration, preceptors, and students for effective precepting. This study supports other research (Burke, 1994; Cox, 1988; Davis & Barham, 1989; Edmunds, 1983; Helmuth & Guberski, 1980; Lewis, 1990; Modic & Bowman, 1989; Murphy & Hammersted, 1981; Myrick, 1989; Myrick & Barrett, 1992; Payette &

Porter, 1989; Piemme, Tack, Kramer, & Evans, 1986; Roberson, 1992; Welty, 1990; Westra & Graziano, 1992; Young, Theriault, & Collins, 1989) and further explicates that preceptor selection and orientation be done collaboratively among all those actively involved in the process of precepting nursing students, not only between nursing education and nursing administration. It is essential that nursing education communicate more appropriately with preceptors and determine the most suitable time for orientation to the role. Orientation for preceptorship may be more beneficial if students were included which in turn may enhance expectations of students from faculty and preceptors, and may provide a clearer understanding of what motivates student learning in the clinical setting.

Nursing education also needs to foster a closer interaction with preceptors. Instructors need to be more accessible to preceptors. There is also a need to enhance communication between nurse educators and preceptors since preceptors perceive that their input is not valued. Faculty need to inform preceptors that they have incorporated preceptors' suggestions into the revisions to preceptor orientation and student evaluation. Preceptor's contribution to evaluation of student performance is needed to help provide clearer guidelines and recognition for precepting, thereby helping to motivate nurses to continue on with the role.

Personal characteristics of nurses need to be considered to guide the selection of preceptors and facilitate student learning. These attributes must be recognized by nursing education and nursing administration, and should be derived from preceptors who know

the competencies required for a successful precepting experience for student and preceptor.

Support is needed for preceptors from nursing education, nursing administration, and colleagues since this seems essential to the process of precepting nursing students and for preceptor satisfaction and recognition. The diverse responsibilities of precepting may cause frustration, therefore, support is needed to help integrate work and education values. The balancing of the dual roles as educator and caregiver may be overwhelming at times and preceptors need to be supported to effectively balance the responsibilities thus gaining confidence and satisfaction in the role.

Nursing education and nursing administration need to provide organizational and professional goals that focus on preceptor rewards to enhance preceptor satisfaction for taking on the role and to motivate them to continue with the role. Preceptor support must be recognized by colleagues in the practice setting, and provided by nursing administration and nursing education. Recognition and rewards must be provided with preceptor input, so that the acknowledgement given is appropriate and valued by preceptors. There is a clear indication that intrinsic and extrinsic rewards tend to increase preceptor satisfaction and more incentives are needed for preceptors.

There is a potential need to establish a support group for preceptors which includes colleagues, nursing education, nursing administration, and students, to enhance communication amongst those involved. Experienced preceptors could share advice about their experiences and new preceptors with a positive experience could be motivating for preceptors who are reexamining their commitment to the role.

Implications for Nursing Research and Theory Development

It is recommended that other studies be conducted to more closely examine the responsibilities and relationships of precepting nursing students. Preceptor frustration with dual role responsibilities as caregiver/educator and the responsibilities to student and patient require more research which, in addition to literature on precepting students in other professional realms, may help derive a formal theory of precepting students.

Additional research should be conducted to examine the relationship among preceptors, faculty, colleagues, and students. Misperception of the expectations of faculty and preceptors may deter the effectiveness of precepting. Subsequent inquiry into this interaction may strengthen the link between education and service. Preceptor and colleague relationships need to be examined since the interdependence between colleagues and preceptor is key to facilitating precepting nursing students. The relationship with students must be fostered to enhance student learning and to facilitate the preceptor motivation to assume and maintain the role. The support derived from the relationships may help diminish the stress that preceptors experience in the role. During and after the interviews, preceptors indicated that they appreciated the opportunity to be interviewed. This may infer that the interviews provided a sense of recognition for precepting nursing students. Furthermore, they expressed the benefit of relating their experiences and indicated that the interview allowed them to reflect on the role and their professional needs. Subsequent research is needed to explore the differences in actual and desired rewards of precepting. In the current study, reward and recognition for the role were important components of precepting nursing students. Other studies indicated that a

reward and recognition system for preceptors needed to be further explored and more clearly defined.

Preceptor educational requirements for the role and those perceived by nursing education should be compared in future study to provide an orientation to preceptors that is useful and that will equip them to the effectively precept. Research on student orientation to preceptorship is suggested to more fully understand student initiative and expectations in precepting.

Subsequent research is recommended on preceptor intuition and the ability to read student interest and ability in the clinical setting, since this aspect of precepting has not been previously explored. The effect of the constant presence of the student on precepting requires further study since there is conflicting evidence between the findings of the current inquiry and other research.

It is recommended that a study be conducted, similar to this one to help derive a formal theory of precepting nursing students. Additional qualitative research is recommended to support this study's findings and provide a more indepth understanding of being a preceptor with nursing students which may help determine the meaning of the experience for student and preceptor.

A clearer perception of preceptor's commitment to the role may contribute to knowledge development in nursing and may facilitate the use of preceptorship in nursing education.

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APPENDICES

Appendix A

Letter to Preceptors for Participation in Study

13 Wembley Crescent
Mount Pearl, NF
A1N 4T8

Dear Colleague:

I am a registered nurse in the Masters of Nursing Program at Memorial University of Newfoundland. I am interested in studying preceptorship in Nursing. My proposed thesis will investigate factors that motivate nurses to assume and maintain the preceptor role.

I am writing to request your participation in my study. As a participant, you will be interviewed by me. This interview will be audiotaped. The interview questions will focus on 1) your experiences as a preceptor, 2) your reasons for becoming a preceptor, and 3) the frequency in which you chose the preceptor role.

The interview will be conducted outside your regular work hours at a place and time of your convenience. You will be identified by a number and all information will be kept confidential.

If you agree to participate , please complete the attached form and return to your nursing supervisor.

Thank you.

Glenda Fagner BN RN

Memorial
University of Newfoundland

Letter of Approval to Conduct Study from Human Investigation Committee at MUN

Human Investigation Committee
Office of Research and Graduate Studies (Medicine)
Faculty of Medicine, The Health Sciences Centre

July 19, 1993

TO: Ms. Glenda Fagner

FROM: C.J. Michalski, Assistant Dean,
Research and Graduate Studies (Medicine)

SUBJECT: Application to the Human Investigation Committee - #1243

The Human Investigation Committee of the Faculty of Medicine has reviewed your proposal for the study entitled ***"Factors that Influence the Decision to Assume and Maintain the Preceptor Role: A Grounded Theory Approach"***.

Full approval has been granted from point of view of ethics as defined in the terms of reference of this Faculty Committee.

It will be your responsibility to seek necessary approval from the hospital(s) wherein the investigation will be conducted.

Notwithstanding the approval of the HIC, the primary responsibility for the ethical conduct of the investigation remains with you.

C. J. Michalski

C.J. Michalski, Ph.D.
Assistant Dean

cc: Dr. K. M. W. Keough, Vice-President, Research
Ms. M. Laryea, School of Nursing

St. Clare's Mercy Hospital
LeMarchant Road
St. John's, Newfoundland
Canada A1C 5B8
Phone (709) 778-3111
Fax (709) 738-0080

15 September 1993

Ms. Glenda Fagner
48 Tweedsmuir Place
St. John's, Newfoundland
A1N 2L8

Dear Ms. Fagner:

This is to inform you that at its meeting on Tuesday, September 14, 1993, the Medical Advisory Committee approved your application entitled "Factors that Influence the Decision to Assume and Maintain the Preceptor Role: A Grounded Theory Approach."

We wish you every success with your research study.

Yours Sincerely,

Sean Conroy, M.D.
Medical Director

SC/jec
cc: Dr. M. Scott
Chair, Human Investigations Committee
St. Clare's Mercy Hospital

Ms. Sandra Cotton
Director of Health Records

Directors of Nursing

Appendix D

Consent Form

I am a Registered Nurse completing a graduate nursing degree at the School of Nursing, Memorial University.

Purpose of Study:

I am interested in studying factors that motivate nurses to become preceptors and the factors that explain the frequency in which the preceptor role is chosen.

Description of Procedures and Tests:

Participation in this study is strictly voluntary. Initially, you will be interviewed by me for approximately one hour. Subsequent interviews may be required to clarify and/or elaborate on areas in the first interview. The interviews will take place outside your regular work hours at a site and time of your convenience. Each interview will be audiotaped. You will be identified by a number and all information will be kept confidential. The tapes will be destroyed at the completion of the study. I will be available at all times during the study should you have any questions or problems. You may withdraw from the study at any time by informing me in person or via telephone. I can be contacted at (709) 364-5289 or (709) 778-6706.

Duration of Subjects Participation:

Data collection will take place from February 1994 to June 1994 at a site selected by you. You may decide the exact date of the interviews. I will remind you of via telephone one week prior to the interview date.

Foreseeable Risks, Discomforts, or Inconveniences:

There are no foreseeable risks, discomforts or inconveniences to you for participation in this study.

Benefits Subjects may Receive:

There are no immediate or direct benefits to subjects for participation in the study. Information obtained may be indirectly beneficial to preceptors as it may provide a clearer understanding of the factors that motivate a nurse to assume and maintain the preceptor role. It may also help establish preceptor selection criteria. In doing so, the study will be of direct and immediate benefit to me.

I agree to participate in the above study, understand its procedures, understand that all material collected by Glenda Fagner will be held in strict confidence, and that I may withdraw from the study at any time.

Signature

Date

Witness

I consent to be tape recorded.

Signature

Date

Appendix E

Demographic Information

ID Code:_____

Date:_____

Location of interview:_____

Time of complete:_____

Audiotaped:_____

Gender: a) M ____ b) F ____

Age: a) 20-29 years of age _____

b) 30-39 years of age _____

c) 40-49 years of age _____

d) > 50 years of age _____

Marital Status:

a) Married _____

b) Widowed _____

c) Divorced _____

d) Separated _____

e) Never Married _____

Educational preparation:

a) Diploma _____

b) Baccalaureate _____

c) Post Graduate _____

Who asked you to become a preceptor?

a) Nursing Administration _____

b) Nurse Education _____

c) Other _____

Within one year, how many times have you been a preceptor?

a) Once _____

b) 2-5 times _____

c) > 5 times _____

What was the length of time in the preceptor role, ie. length of each experience?

a) < 1 month _____

b) 1-3 months _____

c) 3-6 months _____

d) > 6 months _____

Appendix F

Interview Guide

1. Tell me about the Preceptor Program in the institution where you work.

2. Tell me about the Preceptor Program in your clinical area.

3. Tell me about your first experience as a preceptor ie initially assuming the preceptor role.

4. Lets talk about your subsequent experiences as a preceptor.

5. Tell me about how the preceptor role has changed since your first experience.

6. I would like to hear about why you continue with the preceptor role.

7. Tell me about the challenges of the preceptor role.

8. Lets discuss the initial and subsequent factors that motivate you as a preceptor.

Appendix G

Ethnograph (data coding)

```
        point across. If the                    162  ö
        student is quiet and                    163  ö
        does not ask a lot of                   164  ö
        questions, you wonder                   165  ö
        if you are                              166  ö
        'getting through' to                    167  ö
        them so you are                         168  ö
        constantly asking                       169  ö
        " Are there any                         170  ö
        questions?; Do you                      171  ö
        understand? Is there                    172  ö
        something that I should                 173  ö
        be telling you that I                   174  ö
        am not telling you?                     175  ö
        Is there something that                 176  ö
        the other students are                  177  ö
        doing and you are not                   178  ö
        doing?" I am always                     179  ö
$-DOUBT      $-QUALITY
        asking them. If you                     180 -#-$
        have an inquisitive                     181    ö
        student, they are                       182    ö
        constantly asking                       183    ö
        questions so you feel                   184    ö
        that you are more                       185    ö
        'successful' than you                   186    ö
        do with a quieter                       187    ö
        student that you have                   188    ö
        to 'draw out'.                          189   -$


    I: Anything else about                      193
       your first experience?                   194


#-MAINTAIN
     P: I've enjoyed being                      197 -#
        with students. Nothing                  198 -#
        negative with regard                    199
        to students. I've never                 200
        said " Why did I take                   201
        this on?" and feel that                 202
        you are not getting                     203
        through. No, I have                     204
        never had any                           205
        negative things about it.               206
#-RECIPRO
        I have always enjoyed it ....           207 -#
        the little bit of teaching              208  ö
        aspect in nursing.                      209 -#
#-SHARE      #-RECIPRO
        I've always wanted to                   210 -#
```

Appendix H

Ethnograph (data sorting)

```
SORTED OUTPUT FOR FILE NUM9                                    Page 6
SORT VARIABLE: DOUBT
-------------------------------------------------------------------------

NUM9

C: #-DOUBT        #-DRAW

SV: DOUBT
                                                    # $ % * § ^
          So you are always                    159-#
          apprehensive that you                160 #
          are getting your                     161 #
          point across. If the                 162 #
          student is quiet and                 163 #
          does not ask a lot of                164 #
          questions, you wonder,               165 #
          if you are                           166 #
          'getting through' to                 167 #
          them so you are                      168 #
          constantly asking                    169 #
          " Are there any                      170 #
          questions?; Do you                   171 #
          understand? Is there                 172 #
          something that I should              173 #
          be telling you that I                174 #
          am not telling you?                  175 #
          Is there something that              176 #
          the other students are               177 #
          doing and you are not                178 #
          doing?" I am always                  179 #
$-DOUBT      $-QUALITY
          asking them. If you                  180-#-$
-------------------------------------------------------------------------
```