

A STUDY OF THE ADMINISTRATION
AND BENEFITS OF A NURSING
PRECEPTORSHIP PROGRAM

CENTRE FOR NEWFOUNDLAND STUDIES

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A STUDY OF THE ADMINISTRATION AND BENEFITS OF A
NURSING PRECEPTORSHIP PROGRAM

by

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In Partial Fulfillment of the
Requirements for the Degree
Master of Education

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Abstract

The purpose of this study was to investigate the benefits of preceptorship programs in reducing reality shock by easing the transition of inexperienced nurses into the work environment; and to examine nurse administrators' perspectives in designing and implementing preceptorship programs for nurses. The conceptual model utilized for this study was the preceptor model as delineated by Morrow (1984).

Data for this study were obtained by means of questionnaires completed by nursing students

(preceptees), preceptors and faculty liaison members; and from structured interviews conducted with head nurses, nurse administrators and nursing education administrators during an internship spent at four well recognized schools of nursing in Canada and the United States.

Additionally, informal discussions held with key personnel throughout the internship provided valuable insights and information utilized in compiling data and in drawing conclusions in this study. Information gathered dealt with the effectiveness of preceptorship programs in easing transition of inexperienced nurses into the work environment, the administrative and financial support available for preceptorship programs, the benefits of such programs to hospitals and nursing

schools, the most suitable nursing units for the conduct of preceptorships, roles and responsibilities of those involved in such programs, the selection of preceptors and problems encountered in preceptorship programs. Through frequency distributions, patterns of the data were examined and displayed.

The overall findings indicated that preceptorship programs are very successful in easing the transition of the inexperienced nurse into the work environment. Specific benefits to hospitals and nursing schools were delineated. It was further revealed that administrative support exists for preceptorship programs. However, inadequate financial support exists for such programs in Canadian hospitals. With respect to problems associated with preceptorship programs, unions have complained about non-payment of preceptors for their role. However, funds are unavailable for such remuneration and, moreover, professional nursing organizations believe that socialization of new nurses into the work environment is a professional responsibility which should not be remunerated.

Several recommendations were made including the introduction of preceptorship programs in Newfoundland nursing schools, and that financial support for such programs be provided to hospitals and nursing schools by the provincial government.

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The Preceptor Model

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CHAPTER I

INTRODUCTION

Bureaucratic organizations have become a dominant influence in the industrialized world. They are not restricted to the employment of skilled or semi-skilled workers but encompass many professionals as well. Incorporation of professionals into the ranks of organizational employees has provided a source of bureaucratic-professional conflict.

Scott (1974) describes four areas of conflict that arise because of different organizational principles of the professional and bureaucratic systems. These are: resistance to bureaucratic rules due to the professional's specialized competence to exercise independent judgement and autonomy; rejection of concrete bureaucratic standards because of the professional's need for flexibility to incorporate new knowledge into practice; resistance to bureaucratic supervision based on the fact that professionals are frequently supervised by individuals in authority positions who have little or no knowledge of the professional's area of competence; and conditional loyalty to the bureaucracy. The bureaucratic system rewards members for loyalty to a given institution

while professions provide mobility opportunities and sanctions through internalization and loyalty to their behavioral expectations. The two loyalties are often in conflict; thus the professional's loyalty to bureaucratic institutions tends to be conditional and temporary.

A large majority of nurses work in bureaucratic institutions, having been educated in the professional behavior mode. This gives rise to a bureaucratic-professional interface with the potential for serious conflict. To minimize this potential, preceptorship programs have been developed in some instances to assist inexperienced nurses in coping with bureaucratic-professional interface by having experienced graduate nurses work on a one-to-one basis with these novices.

Statement of the Problem

Disillusionment and frustration of beginning nursing practitioners are common due to bureaucratic-professional conflict. Kramer (1974) describes this phenomenon as "reality shock". These nurses experience difficulties in setting priorities of patient care, given an increased patient load. Finding themselves in a leadership role with other staff reporting to them in this hierarchial setting is another new experience. Communications with other professionals, within the

formal or official organization, are other areas in which the neophyte requires assistance.

This study endeavoured to examine four preceptorship programs currently operational in schools of nursing in California, British Columbia and Ontario. Attention was focussed on the effectiveness of and satisfaction with these programs from student, preceptor, faculty and nursing administrator perspectives.

More specifically, the following questions were addressed,

1. Are preceptorship programs beneficial in fostering independence and easing the transition of the inexperienced nurse into the work environment?
2. What is the administrator's role both in design and implementation of a preceptorship program?
(a) Financing; (b) Program organization;
(c) Participant orientation; (d) Selection of suitable nursing units; (e) Selection of preceptors.
3. What are the faculty and staff roles and responsibilities within a preceptorship program?
4. What changes must be made in an existing hospital and/or school setting to effectively operationalize a preceptorship program?

(a) Staffing; (b) Scheduling.

5. Which sources of conflict potential and/or problems must be addressed to ensure a successful preceptorship program?
6. What are the benefits of preceptorship programs to hospitals and nursing schools?
7. How are preceptors rewarded for their role and is the reward satisfactory?
8. What are the implications of the findings for design and implementation of a preceptorship program?

Rationale for the Study

Nurse internes and graduates of a nursing program face adjustment problems as they move from a closely supervised student environment to the work environment. A variety of factors are responsible for the difficulties encountered: the bureaucratic nature of hospitals; the economic environment with its scarce resources resulting in staff shortages; consumer attitudes which demand accountability; lack of expertise on the part of the new graduate in applying theoretical concepts; the high technology environment of today's hospital; and the life and death nature of nursing which demands that split-second decisions be made calmly and correctly. At

the same time, nurses are taught that they must fulfill a patient advocacy role and be warm, caring individuals concerned about patients on a personal level.

Bureaucracies are characterized by a hierarchy of authority, rules and regulations, division of labour, work efficiency and an impersonal orientation.

Professionals are characterized by specialized competence having an intellectual component, autonomy,

responsibility and accountability in exercising this specialized competence and decision-making governed by internalized standards.

Corwin (1973) writes that:

The professional employee...denies the principle that his work always must be supervised by administrators and controlled by laymen. Because of his training, pressures from his colleagues, and his dedication to clients, the professionally oriented person considers himself competent enough to control his own work. Hence, he sometimes must be disobedient toward his supervisors precisely in order to improve his proficiency and to maintain standards of client welfare. (p.165)

Inexperienced nurses repeatedly express their dismay at being confronted with the reality of this-bureaucratic work environment and lack of help in coping with it.

In recent years, preceptorship programs have been developed in schools of nursing on the mainland of Canada and in the United States. These programs bridge the gap between student and practitioner roles by utilizing

experienced nurses as preceptors. These individuals serve as role models in the work environment to socialize beginning practitioners into bureaucratic institutions, thus helping them deal effectively with bureaucratic-professional conflict.

Morrow (1984) maintains that the preceptor role encompasses four major areas of responsibility: clinical practice, teaching, consulting and research, as presented in the preceptor model. (Figure 1)

The Preceptor Model

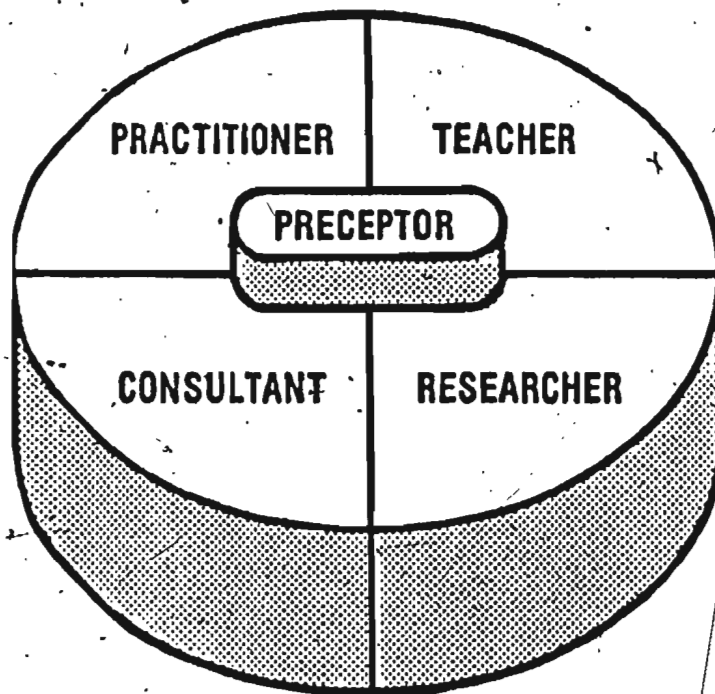


Figure 1. Source: Morrow, 1984

Each section of this model is representative of the skills required of a preceptor. She must be a competent practitioner, knowledgeable and clinically comfortable with the range of patients on her unit. She must possess teaching ability which includes identification of learning needs in conjunction with the learner, the planning and implementation of activities to meet those needs and evaluation skills. Consultation becomes important as the learner progresses. Initially, the preceptor serves primarily as a role model and teacher. As the novice gains self-confidence, the preceptor's role of teacher changes to that of a resource person available for consultation. The fourth aspect of the model is research. This does not imply research in the traditional, formal scientific manner. Rather, it is the perpetual search for effective nursing interventions based on scientific principles and past experience. The investigation of the novice's learning needs and the search for methods or experiences to meet those needs are also areas of the preceptor's research.

Schools which offer preceptorship programs find that their graduates are more able to cope with the expectations of nursing departments and these graduates report that they enjoy their work. The students find that having a consistent resource person from whom they

can seek help makes the work environment less confusing and more satisfying. The preceptor, functioning as a role model, provides support and guidance thus helping the student gain confidence and skill in a bureaucratic environment while continuing to grow as a caring person in her professional role.

Moreover, the beginning practitioner is better able to function in the work environment which is beneficial to the employer who does not have to put as much time or money into lengthy orientation programs for the new graduate. Thus, hospital administrators are generally supportive of such programs.

Significance of the Study

Since preceptorship programs do not exist in most Newfoundland nursing schools, this study provides these organizations with insights concerning administrative issues and concerns related to such programs. The study, additionally, provides direction in the development of these programs. Therefore, direct observation in centers which have developed successful programs was timely and relevant.

The study is, also, significant since scarce resources restrict funds available for inservice education within health care institutions. This creates a need for cost effectiveness and thus a need for nurses

who are well socialized into the bureaucratic system so that excessive time and money do not have to be spent on lengthy orientation programs. Also, many nurses leave nursing because of their frustrations with the system. A preceptorship program, by providing greater ease of entry into the system, helps reduce this outflow, thus saving institutions the additional costs of staff recruitment and orientation.

Delimitations of the Study

This study was delimited to four college-based nursing programs in California, British Columbia and Ontario which offer preceptorship programs. These nursing programs are located in the following colleges: Ohlone College, Fremont, California; British Columbia Institute of Technology, Burnaby; Ryerson Polytechnical Institute, Toronto; and Seneca College, Toronto.

Particular emphasis was placed on the effectiveness of and satisfaction with these programs from the student perspective in terms of reducing reality shock in the work environment. Additional attention was focused on the administrative perspective of such programs with attention placed on problems encountered, support for such programs, availability of preceptors and scheduling of preceptors. No attempt was made to carry out a cost analysis of preceptorship programs.

Limitations of the Study

A study of this nature has limitations. The more dominant ones are:

1. Dependence on a restricted sample.
2. Time.
3. Dependence on the cooperation of respondents.

Definition of Terms

Clinical Practice. Practice in providing patient care in a hospital setting.

Faculty Liaison. Teaching members of nursing schools who in this case are responsible for the organization and supervision of preceptor programs as well as liaising with the hospital staff members who are participating in the preceptorship program.

Head Nurse. The nurse in charge of one nursing unit who is responsible for all nursing activities on that unit.

Hospital Administrator. The chief executive officer and assistants who are charged with the overall daily operation of a hospital.

Nurse Interne. A senior, third year nursing student who is broadening her nursing experience during a period of extended clinical practice.

Nurse Registration Examinations. Formal, written examinations administered by a nursing licensing body in a province or state. These examinations must be written and passed by nurses, at the end of their nursing program, before they are legally permitted to practice nursing and use the designation 'registered nurse'.

Nursing Administrator. The Director of Nursing and assistants who are responsible for the daily operation of a nursing department.

Nursing Education Administrator. The Director of School of Nursing and assistants who are responsible for the daily operation of a school of nursing

Nursing School. A post-secondary educational institution in either a college or hospital setting, which offers a diploma program in nursing, preparatory to writing nurse registration examinations.

Preceptee. A student nurse who is receiving assistance and guidance in a preceptorship program.

Preceptor. An experienced graduate nurse who voluntarily works with an inexperienced nurse to socialize her into the work environment.

Preceptorship Programs. Programs designed by schools of nursing to assist senior nursing students through their adjustment to the work environment by utilizing an experienced graduate nurse to guide these students in the hospital setting.

Senior Student. A nursing student in the final year or segment of the nursing program.

Student. A post-secondary student enrolled in a registered nurse program.

CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

This study's review of literature focuses on the American and Canadian scenes with particular emphasis on professional-bureaucratic conflict and other sources of conflict for nurses. Reality shock in nursing and the role of preceptorship programs in easing the transition of the new graduate into the work environment are discussed. Considerations in planning a preceptorship program are reviewed. These include: roles and responsibilities of persons involved; changes necessary in hospitals and nursing schools to operationalize such a program; potential conflict sources; benefits of a preceptorship program and the nature of satisfactory preceptor rewards.

Professional- Bureaucratic Conflict

Professional-bureaucratic conflict is a phenomenon which occurs within members of a profession who are employed in bureaucratic organizations. It is not specific to the nursing profession but rather cuts across all professions. According to Kramer (1974), with the advancing tide of bureaucratization has come increasing

awareness and study of the conflict which is experienced by professionals employed in bureaucratic settings, and the adaptations of both man and organizations to the conflict.

Professional-bureaucratic conflict has been recognized for some time. Scott (1969), through his research into professional-bureaucratic problems of social workers, identified four areas of conflict with respect to task:

1. Resistance of professionals to bureaucratic rules. Rules are required in bureaucratic systems in order to more efficiently organize the work environment. Professionals are educated to exercise independent judgement rather than render service to clients based on sets of rules and regulations. Loss of autonomy which is contrary to the professional's orientation results from bureaucratic structure.
2. Rejection of bureaucratic standards by professionals. The standards of bureaucratic organizations are precise and concrete while the professional's orientation is based on changing standards which are flexible to allow for incorporation of new knowledge and ideas. Moreover, acceptance of new ideas in the

practice setting frequently lags behind the incorporation of these ideas into the learning setting. Thus individuals transferring from a learning to a practice setting are likely to experience conflict in standards.

3. Professionals tend to resist bureaucratic supervision where authority arises from position. In the professional realm, authority arises from knowledge and competence. In a bureaucracy, those in authority in the hierarchy frequently have little knowledge of the professional practice they are supervising. This is a primary source of professional-bureaucratic conflict.
4. Conditional loyalty to the bureaucracy exists for the professional. While the bureaucratic system rewards members for loyalty to a given institution, the professional system promotes opportunities for mobility for its members. Sanctions are maintained through internalization of the professional code which requires loyalty to its behavioral expectations. Conflict between the two loyalties serve as a source of dissatisfaction.

Kramer (1974) holds that professional-bureaucratic conflict results from increased bureaucratization and professionalization as well as an increase in the number of professionals employed in bureaucratic organizations. She also maintains that professional and bureaucratic systems of work organization lead to conflicting loyalties.

Corwin (cited in Kramer, 1974), from his study of professional-bureaucratic role conflict in nurses, maintains that not only do professional conceptions interfere with bureaucratic values but also, that both of these interfere with traditional nursing values. Any professional can and does hold these value orientations simultaneously. The nurse, Corwin contends, holds some loyalty to each of; the institution, the patient, and the profession. The relative emphasis and priority of loyalties give rise to potential conflict.

Corwin found that a period of great conflict occurs for the nurse upon graduation from nursing school and employment into a hospital setting. Professional ideals stressed in school now confront bureaucratic principles. Corwin asserts that this conflict exists for diploma nursing graduates as well as degree graduates, perhaps to a greater extent in the latter. Indeed in his study of professional-bureaucratic conflict in nurses, he found

this to be the case. Kramer (1974) contends that much has happened in nursing since the Corwin study which would tend to bring diploma and degree graduates closer in orientation with both experiencing similar problems in role transition.

Other Sources of Conflict for Nurses

Blau and Scott (cited in Hanson, 1976) identified internalized ethical code and peer control structure of professional systems as potential sources of conflict for nurses. Another source of conflict for nurses identified by Benne and Bennis (cited in Kramer, 1974) is the nurse-doctor conflict. Nurses on the one-hand have been primarily oriented in the behavioral sciences while doctors have been oriented in the biological sciences. Nurses thus value communication principles and skills as the basis of their relationships with patients; doctors utilize a biological approach. The dilemma for the nurse is that she expects to function with professional independence of judgement which is behaviorally oriented while the doctor expects her to function as an obedient extension of his biologically-based professional judgement. Nursing schools and nursing associations reinforce the nurse in her self-image as an autonomous professional while many doctors do not hold this image of the nurse as a professional colleague.

Reality Shock in Nursing

Morrow (1984) describes 'reality shock' in nursing as the discrepancy between expectations and actual reality. She believes that all of us go through the stages of reality shock in each new job but the effects are most pronounced in our first professional position.

Minor and Thompson (1981) cite the four phases of reality shock experienced by new nursing graduates. The first is the honeymoon phase when everything is wonderful; the job, the supervisors and the patients. Everything is seen through rose-colored glasses. Gradually this phase passes and the shock phase sets in. During this phase depression occurs, the job does not seem great any more, the supervisors are harsh and cynical, and the patients become ungrateful and demanding. Nurses in this phase are frequently exhausted, apathetic and unhappy. There is a wide discrepancy between how they believe nursing ought to be and how it actually is. The third phase of recovery occurs through various means. The nurse may move from job to job looking for the ideal situation, she may abandon values learned in nursing school and accept the organizational prevailing values, she may return to school to escape the real world or she may abandon the profession altogether. The final phase is one of

resolution in which methods of coping with the conflicts are found and internal conflicts become resolved. A compromise is struck between the ideal and reality.

Bushong and Simms (1979) identify the problems encountered by new members of the nursing profession when they first enter today's arena of nursing practice as a lack of clinical competence to cope with the responsibility resulting from an increased patient load. The knowledge base exists but the technical skills necessary to cope with the fast pace of most clinical settings are not well developed. The student is responsible for caring for one to three patients. It comes as a great shock when after graduation, this responsibility expands to eight to fifteen patients. The skill potential is present but practice is needed.

The knowledge explosion and increased technology in the health care field add their share of stress. Additional shock arises from the organizational framework of the practice setting. Most new nurses have little knowledge of governance, budgeting, staffing and politics of the health care system. Moreover, students have been prepared by their schools for idealized practice which many educators argue is necessary if high ideals are to be strived for in nursing practice. In many instances, new graduates are expected to perform as

experienced nurses due to the budgetary restraints which result in nurses being in short supply. Kramer (1974) describes the resulting phenomenon which arises in new graduates as reality shock.

May (1980) found that new nurses use words such as 'frightening', 'confusing', 'demanding', 'strange', and 'stressful' to describe their first work experience.

Schmalenberg and Kramer (cited in Morrow, 1984) found in their study of the effects of 'reality shock' and 'bicultural training' on role transformation in new nurses that role conflict exists and role transformation from student to graduate nurse is inhibited.

Waters, Limon and Spencer (1983) contend that difficulty experienced by neophyte nurses experiencing their first job leads to some graduates changing jobs within a few months while others withdraw from nursing practice. These nurses are unable to resolve role conflict and their job performance leads to dissatisfaction.

Nursing service and nursing education have for many years disagreed over whose responsibility it should be to prepare nurses to cope with the demands of realistic nursing practice. Many other professions provide for the transition from student to competent practitioner through practice in the workplace under the supervision of a

competent member of that profession, for example; law, medicine, engineering, accounting. Minor and Thompson (1981) believe that new graduates need a structured environment in which to make the transition from student to employee to enable them to operationalize school ideals and develop their abilities in the areas of judgement, problem solving and organization.

The Effectiveness of Preceptorship Programs

Preceptorship programs have been developed to minimize the conflicts and problems experienced by new graduates entering the work force. Morrow (1984) reports that preceptorship is based on the mentor concept traditionally used in business and industry. This is a formal or informal relationship between an older, successful, established individual and a younger one with the established person counselling and supporting the inexperienced one to promote orientation and advancement in a business or professional career. The mentorship concept has been common for many decades in the business community but is a relatively recent one in the nursing field. The preceptor in nursing is generally a staff nurse who guides, teaches, counsels, supports, role models and inspires the novice for a fixed and/or limited period of time.

Morrow further asserts that a variety of factors have brought about recent interest in preceptorship programs. These factors include today's environment of economic restraint in the health care sector with resultant staff cutbacks, the inability of new nurses to assume responsibility for large patient loads and the lack of advancement opportunity for experienced nurses on a clinical level at the bedside.

McGrath and Keowing (1978) found that a preceptorship program helped 'bridge the gap' between student and graduate nurse roles. They reported that at their institution preceptors, students, staff, administration and physicians believed that the preceptorship program was successful and should be continued. Friesen and Conahan (1980) have found that a preceptorship program is a viable and efficient mechanism of assisting new graduates to assume the role of a professional nurse.

Chickerella and Lutz (1981) state that preceptorship in nursing provides professional nurturance to inexperienced nurses through exposure to everyday practice and frustrations of nursing. It provides opportunities for discussion and working through professional-bureaucratic conflict with a role model.

Taylor and Zabawski (1982) report in their study of a preceptorship program that it is a cost effective

approach to solving the problem of reality shock. Lee and Raleigh (1983) report that a significant decline in the attrition rate of registered nurses (from 37 percent to 25 percent) occurred during the two and one-half years in which a preceptorship program had been in place in their institution.

Waters et al. (1983), in a summary of the evaluation study of Ohlone College's preceptorship program, concluded that nursing graduates who experienced this program had an improved transition from student to staff nurse. They held a realistic view of their registered nurse role, remained longer in their first jobs and received greater satisfaction from direct patient care. Walters (1981) found that students rate preceptorship programs very favourably in assisting their transition into the work setting. Hartin (1983) reported that students reported that role modelling by experienced nurses increased their sense of competence and confidence and much of the reality shock dissipated.

The Role of the Administrator in Designing and Implementing a Preceptorship Program

Waters et al. (1983) report that implementation of a preceptorship model is a more complex undertaking than most curriculum changes because of the requirement for

inceptive, detailed planning with nursing service departments. The responsibilities of hospital and school administrations must be clearly identified and joint responsibilities negotiated. Responsibilities of the school relate to class scheduling, establishment of student learning objectives, preparation and assigning of faculty liaison members and preparation and support of the preceptors. The hospital's responsibilities relate to recruitment of preceptors, work assignment scheduling, recognition and rewarding of the preceptors. Joint responsibilities relate to contractual agreements between the school and hospital, communication channels and financial arrangements.

The school administration must seek the support of hospital administration if a preceptorship program is to be implemented. In other words, the concept of the program must be marketed to hospital administrations. Kotler (cited in Morrow, 1984) sets out three conditions for successful marketing: (1) two or more parties must be potentially interested in making an exchange; (2) each party must possess something of interest to the other; and (3) each party must be capable of communication and delivery of the valued item. School administration must consider the ramifications of a preceptorship program and attempt to anticipate where

resistance to change will be encountered: Acknowledging the other parties' concerns and responding to them in a positive factual manner are essential. Identifying key people in the organization whose support is crucial is important; for example, nursing supervisors⁴ and head nurses. If these persons are involved in planning the project, they will tend to support it.

The Nature of Faculty and Preceptor Roles and Responsibilities in a Preceptorship Program

Waters et al. (1983) outline the faculty liaison role in a preceptorship program as one of providing training, guidance and support for preceptors. They meet daily with preceptors to evaluate students' progress, discuss their learning needs, and act as a sounding board and resource person for preceptors. Faculty liaison members are responsible for assisting with the selection of preceptors, organizing and conducting seminars for preceptors to educate them regarding their role and for assisting with student evaluation throughout the program.

The role of the preceptor is one of role model, supervisor, guide and teacher. She retains her responsibility for patient care and additionally assumes the responsibility of guiding the student. She is responsible for reviewing the student's weekly objectives

and guides her through selected clinical learning experiences to meet the objectives. She provides daily feedback to the student regarding her performance and provides a written evaluation to the student at mid-rotation and at the end of the experience. She confers with the faculty liaison throughout the experience.

Morrow (1984) concurs with the preceding description of role and responsibilities of faculty liaison and preceptors. She adds that preceptors act as social facilitators, easing the integration of students into unit functioning.

Helmuth and Gurberski (1980) identify further guides to the preceptor role. These include demonstrating collaborative practice with other members of the health team, and stressing patient and family education utilizing community resources.

Changes Necessary in Hospitals or Schools to Effectively Operationalize a Preceptorship Program

Limon, Bargagliotti and Spencer (1982) state that preceptorship programs necessitate changes in the staff nurse and faculty roles. The staff nurse in assuming a preceptor role is no longer responsible solely for patient care but also assumes the mentor role in guiding the student. Changes occur for the preceptor in the

amount of time needed for meetings, to guide the student and to provide feedback. The faculty liaison members in acting as resource persons must meet regularly (usually daily) with the preceptors. They must also be available to them by phone or tracers for the entire shifts that students and preceptors work together. This is a change in the faculty role in terms of required availability.

The hospital has a responsibility to schedule preceptors and students for one joint assignment and to develop a work schedule for preceptors so that double shifts are avoided and "floating" to other wards where staff shortages exist is kept to a minimum. The School has a responsibility to prepare an orientation program for the preceptors that includes descriptions of roles, communication skills, teaching/ learning theory, providing feedback, evaluation and values clarification.

Sources of Conflict Potential and/or Problems

Associated with Preceptorship Programs

Inadequate selection or preparation of preceptors is one area where problems may arise. Murphy and Hammerstad (1981) state that in order for preceptors to be able to function effectively they must be competent clinical nurses, have demonstrated leadership skills and teaching ability and be warm, sincere, caring individuals. The

orientation program for preceptors should include knowledge of reality shock in nursing, role transformation which the new nurse must undergo, the helper and counsellor role and how to provide feedback.

Another potential problem area is that of not providing sufficient time for the preceptor to carry out her role. Goldsberg (1977) notes that adequate time is necessary to carry out the preceptor role.

Morrow (1984) says that a common pitfall of preceptorships is that insufficient time is allocated to school coordinators and faculty liaison who organize the programs. Adequate time is required to organize the program's teaching content, choose preceptors and train them, to provide for ongoing support and guidance of preceptors, to discuss student's progress and to review and revise the program periodically. She also cautions regarding interpersonal conflicts among those involved in the program. Negotiating with others and incorporating them into the planning phase of the program can help reduce conflict. Preceptor burnout also must be watched for. They should be offered periodic breaks from precepting. Obtaining adequate time away from the clinical area for preceptor training can be another conflict area which needs to be negotiated with nursing administration.

The Benefits of Preceptorship Programs

Preceptorship programs have been shown to be beneficial in several areas. Waters et al. (1983) cited the following benefits of the program instituted at Ohlome College: the students were able to practice nursing skills in a real work situation as well as use problem-solving techniques; it increased the nursing role accountability for nursing students; initiation into the hospital protocol occurred and the students began to develop a peer group and support group system within the hospital; they learned to function within organizational constraints imposed on nursing practice in hospital settings; they had an opportunity to practice the nurse role as it exists not as they are taught it should be; it afforded students the opportunity to practice and assess their own performance in a real life setting.

May (1980) believes that the preceptor role gives opportunity to formally recognize and promote clinical competence of the staff nurse. Additionally, it fosters among nurses the attitude of collegial sharing of knowledge and ideas with new members of the profession.

Chickerelle and Lutz (1981) state that preceptorships provide professional nurturance to students. Other benefits noted include: the student's exposure to everyday nursing practice with its

frustrations; opportunities to discuss and work through professional-bureaucratic conflict with a mentor; opportunity to assume increasing responsibilities in a controlled situation.

Roell (1981) states that new nurses are competent in clinical nursing skills and are more familiar with standards of nursing practice once they complete a preceptorship program. She added that preceptorships permitted a gradual transition from the student to practitioner role in a controlled atmosphere of progressive responsibility.

Dobbie and Karlinsky (1982) believe that a preceptorship affords the benefit to the student of assessing professional attributes and values of a role model in a realistic setting. Walters (1981) has found that a preceptorship program allows the development of considerable trust between faculty and preceptors which often carries over into exploration of other areas of professional concern to both parties.

The Nature of Satisfactory Rewards for Preceptors

Preceptors rarely receive monetary rewards for their role. However, there are other rewards which have been found to be satisfying to them. Dell and Griffith (1977) report that nursing staff who act as preceptors are recognized by other staff members as having increased

status in the institution and the preceptors themselves report greater job satisfaction.

Morrow (1984) says that generally only hierarchical advancement has been available to staff nurses.

Selection as a preceptor recognizes the staff nurses clinical skills and provides personal rewards through assisting the socialization process of a new and inexperienced nurse, although generally no monetary reward is given. Knauss (1980) believes that the preceptor role allows the nurse an opportunity to verbalize her own reality shock and to participate in a positive manner to reduce it for others.

Turnbull (1983) states that the reward aspect of nursing work is not well identified nor developed to support professional or organizational goals. She believes that reward mechanisms need to be an integral part of planning preceptor programs. Preceptors often state that working with students, sharing their professional knowledge and experience and watching the students grow professionally is rewarding. However, preceptors themselves identify the need for additional rewards. Some additional rewards suggested by Turnbull are: inviting preceptors to participate in curriculum development, involving them in workshops or inservice education related to their area of expertise, providing

them with classroom and seminar teaching opportunities, as well as seeking their assistance in other aspects of clinical teaching. The educator may also consult the preceptor for advice on materials for publication or public presentation.

CHAPTER III

THE INTERNSHIP

An internship is intended to promote and develop professional administrative competence and skill by assigning the intern meaningful tasks to fulfill. The internship is designed for competent candidates who have limited administrative experience in educational leadership experiences.

In order to complete the Master's degree in Educational Administration at Memorial University of Newfoundland, an internship may be undertaken. The University identifies three major types of internship acceptable to the Department of Educational Administration. The diversified internship emphasizes experience in a variety of areas to give the intern a broad overview of the field of educational administration. The specific internship emphasizes more focused experiences leading to exposure to one particular area of administration. The third type of internship, that of the integrated approach, combines both the diversified and the specific.

This internship made use of the specific approach to study preceptorship programs in selected colleges.

Special emphasis was given to the nature of effective preceptorship programs, the administrator's role in design, implementation and reduction of conflict potential in operationalizing a preceptorship program, and changes deemed necessary in existing hospitals and nursing schools to accommodate preceptorship programs.

Placement and Duration of Study

The internship took place in four well-recognized college based nursing schools offering preceptorship programs. These colleges were located at Ohlone College, Fremont, California; British Columbia Institute of Technology, Burnaby, British Columbia; Ryerson Polytechnical Institute and Seneca College both in Toronto, Ontario. Visitations to these colleges gave exposure to a variety of programs based in the United States and Canada. The Ohlone College program was one of the first preceptorship programs and was developed with the assistance of a Kellogg Foundation grant.

The nursing programs visited closely parallel the hospital-based diploma nursing programs in Newfoundland in length and in program content. Students graduating from these programs are eligible to write nurse registration examinations in their province or state and practise as registered nurses upon successful completion.

While visiting these colleges, issues related to structure and organization of successful preceptorship programs were explored as were sources of conflict potential. Additionally, the administrator's role both in the design and implementation of such a program was addressed. The changes required in existing institutions and/or school settings in order to successfully operationalize a preceptorship program were also explored. One week was spent at each of the colleges and their affiliated hospitals as an observer and to collect data.

Objectives of the Internship

As indicated in Chapter I, the following are the objectives of this internship:

1. To determine the effectiveness of preceptorship programs in fostering independence and easing the transition of the inexperienced nurse into the work environment.
2. To determine the administrator's role in design and implementation of a preceptorship program.
3. To ascertain the nature of faculty and staff roles and responsibilities within a preceptorship program.
4. To determine what changes must be made in an existing hospital and/or school setting to

effectively operationalize a preceptorship program.

5. To ascertain sources of conflict potential and/or other problems associated with preceptorship programs.
6. To ascertain the benefits of preceptorship programs to hospitals and nursing schools.
7. To determine the nature of satisfactory rewards for preceptors.
8. To consider the implications for the design and implementation of a preceptorship program.

Methodology

The method of research planned for this study was that of observer as nonparticipant. Vidich (1955) has this to say of the technique:

The participant-observation technique has been offered as one of the best techniques on which to base prearranged observational and structured interview categories. The assumption is that, with his greater familiarity with the respondent's experiences and their meanings, the participant observer is in the best position to draw up meaningful categories. (p.85)

Becker and Geer (1967) also endorse the method for gathering data:

...the observer participates in the daily life of the people under study, either openly in the role of researcher or covertly in some disguised role observing things that happen, listening to what is said, and questioning people over some length of time. (p.322)

In this study, structured observation, that method which couples the flexibility of open-ended observation with the discipline of seeking certain types of structured data, was supplemented with informal discussion with key administrative personnel. Opportunity was provided during the internship to visit the hospitals utilized by the schools for their preceptorship programs.

Ohlone College School of Nursing had forty-four students. Students who had completed their preceptorship program were located in hospitals in Fremont and San Jose, California. A convenience sample of eight of those students who had completed the preceptorship program, and who could be located at the time of the visit, completed the preceptee questionnaire. Eight preceptors who were on duty at the time of the visits to three hospitals in the area completed the preceptor questionnaire. These hospitals were: Washington Hospital, Fremont; Alexian Brothers Hospital, San Jose; and San Jose Hospital, San Jose.

BCIT School of Nursing had sixty students during the year. Half of these were in the process of completing their preceptorship program the remainder having previously completed. A random selection of those in the preceptorship and a convenience sample of previous

students completed eight preceptee questionnaires. Eight preceptors who were on duty at the time of the visit completed the preceptor questionnaire. Hospitals visited in the Vancouver area were: St. Mary's Hospital; Burnaby General Hospital; Lions Gate Hospital; Vancouver General Hospital; and St. Paul's Hospital.

Seneca School of Nursing had one hundred and forty-seven students. The preceptorship program was in progress during the visit and fourteen students, randomly selected, completed the preceptee questionnaire. Twelve preceptors, selected from those who could be located on duty during visits to hospitals, completed the preceptor questionnaire. Hospitals visited which are associated with the Seneca program were North York General Hospital and York Central Hospital.

Ryerson School of Nursing had one hundred and fifteen students. A convenience sample of eleven students who had completed their preceptorship program were located in local hospitals and completed the preceptee questionnaire. Twelve preceptors were also located, and completed the preceptor questionnaire. The hospitals visited were Doctor's Hospital and Wellesley Hospital.

Nurse administrators and head nurses from each of the hospitals visited participated in structured

interviews. A total of eleven nurse administrators and fourteen head nurses who had participated in preceptorship programs were interviewed. Four nursing education administrators, one from each of the schools visited, also participated in structured interviews. A total of eight faculty liaison members from the four schools of nursing visited completed questionnaires.

An opportunity was offered throughout the internship to carry on informal discussion with key administrative people and others involved in preceptorship programs. Also, interactions between preceptees and preceptors were observed. This was very helpful in supplementing the structured data and in providing valuable insights into the effectiveness and administration of a preceptorship program. Additionally, printed materials related to the preceptorship programs were furnished by each of the schools visited.

Instruments

Six instruments were used in this study: questionnaires administered to preceptees, preceptors and faculty liaison members; and structured interviews conducted with head nurses, nurse administrators and nursing education administrators. Structured interview items were developed based on the conceptual model, the review of literature, and the researcher's experience as

a nursing education administrator in a school of nursing, where students experience reality shock in their transition to the work environment. The questions in the preceptee, preceptor and faculty liaison questionnaires were adapted from a study of a preceptorship program pilot project conducted by Ryerson School of Nursing.

Items in the questionnaire for preceptees dealt with orientation to the preceptorship, amount and type of assistance received, ability to meet program objectives and satisfaction with the program. Items in the preceptor questionnaire dealt with orientation to the program, ability to teach preceptees, time allocation, input into preceptee evaluation, and satisfaction with the preceptor role.

Items in the faculty liaison questionnaire dealt with criteria for preceptor selection, the impact of preceptorship on the teacher role, teaching ability of preceptors, time availability and utilization, and the benefit of preceptorships. Items in the structured interview for head nurses and nurse administrators dealt with benefits to the hospital and school of providing a preceptorship program, financial implications, support from funding agencies, effectiveness of preceptorship programs, problem areas encountered and their resolution, effect of preceptorships on hospital and school staff, and the nature of a successful preceptorship program.

Validity

The basis for the questions incorporated into the questionnaires for preceptee, preceptor and faculty liaison was obtained from a study of a preceptorship program pilot project conducted by Ryerson Polytechnical Institute. Nursing staff, faculty and nurse administrators in Newfoundland were asked to review items in the questionnaires and structured interviews and comment on their clarity, precision, and appropriateness. Revisions were made to the questionnaires and structured interviews as deemed necessary.

Analysis of Data

Data from all completed questionnaires and structured interviews were arranged in frequency and percentage distributions. The proportions of total responses to the items are given and discussed.

CHAPTER IV

FINDINGS OF THE STUDY

This chapter sets forth the findings of this study. The analysis of data is carried out in keeping with the research questions of this study, directed towards an analysis of the benefits of preceptorship programs in nursing schools and the nursing education administrator's role and knowledge required in designing and implementing a preceptorship program.

Findings are based on data obtained from questionnaires administered to preceptees, preceptors and faculty liaison members and from structured interviews conducted with head nurses, nurse administrators and nursing education administrators. Material in this chapter is organized so that each question posed in the statement of the problem is discussed in sequence.

Effectiveness of Preceptorships in Easing Transition into the Work Environment

Question 1: Are preceptorship programs beneficial in fostering independence and easing the transition of the inexperienced nurse into the work environment?

The following items were designed to determine an answer to this question (See Appendix B):

Preceptee questionnaire, items 1, 2, 4-7, 11.

Faculty liaison questionnaire, item 12.

Head nurse structured interview, item 20.

Nurse administrator structured interview, item 6.

Nursing education administrator structured interview, item 1.

Item 1 of the preceptee questionnaire asked "Has the preceptorship program assisted you in being able to carry a patient assignment similar to that of a beginning graduate?" Of the forty-one returned questionnaires, thirty-eight responded in the affirmative, one in the negative and two did not answer the question. Item 2 of the questionnaire asked "Was the preceptor or another staff member the primary person involved in assisting you to meet your learning needs?" Thirty-nine responded that the preceptor was the primary person involved and two indicated that another staff member was the primary person involved. Item 4 asked "Was the assistance you received from your preceptor too much, too little or just about right?" Thirty-eight respondents felt that the assistance received was just about right, one felt it was too much, one felt that it was too little and one

student who had two preceptors, one in the first half of the rotation and another in the second half, felt that one preceptor gave too little help and the other gave too much help. Item 5 asked respondents to "Comment on the teaching ability of the preceptor." Table 1 details the response to this item, showing the majority of respondents made comments indicating their preceptor had good or excellent teaching ability.

Table 1
Teaching Ability of Preceptors

Comments	Number n=41
Good or excellent teaching ability.	28
Gave good insight into the real world (of nursing).	1
Helpful and not overpowering.	1
Kind, willing to help and answer questions.	3
Knew work, corrected me without embarrassing.	1
Adequate teaching ability.	2
Too quiet, did not give enough feedback.	1
Did not answer questions.	1
Did not have good teaching approach.	1
Had two teachers during experience, one good, one poor.	2

Item 6 of the preceptee questionnaire asked "How many shifts was your preceptor absent?" Thirty-one respondents indicated that their preceptors were absent 0-2 shifts. Table 2 displays the responses to the question.

Table 2:
Preceptor Absences

Number of Shifts Preceptor Was Absent	Responses	n=41
0	12	
1 - 2	19	
3 - 4	4	
5 or more	6	

Item 7 of the preceptee questionnaire asked "If your preceptor was absent, from whom were you able to get the assistance you needed?" Twelve students indicated that their preceptor was not absent and therefore the question was not applicable, twenty-eight indicated that they received help from another graduate nurse, and one indicated that she received help but did not specify from whom. Item 11 asked "Do you feel the preceptorship program should be used for senior students in the future?" All forty-one respondents answered 'yes'. Some added comments such as: "Absolutely"; "Definitely"; "I can't imagine a nursing program without one"; "It was the

best experience I had throughout nursing school and it helped to build my confidence as a nurse a great deal"; "It's the only way to adequately prepare you to work as an R.N."; "... prepares for the real world".

Item 12 of the faculty liaison questionnaire asked "What is your opinion about the effectiveness of a preceptorship program in easing the transition of senior nursing students into the work environment?" There were eight respondents to the questionnaire. All eight felt that the program was effective in easing the transition of senior nursing students into the work environment. Their comments were as follows: "An excellent method and with properly selected preceptors and sufficient liaison support, [it is] most effective"; "Very necessary [and] beneficial for senior students to decrease stress. Without preceptors the senior students go from dependency to inappropriate independency too quickly resulting in fear, possible unsafe practice and disillusionment with nursing"; "The very best way if carefully monitored by the faculty person"; "Essential"; "Essential!! Students feel more confident and their credibility is definitely enhanced!"; "It is an all [a]round good experience, [it] demonstrates reality. Students like the independence"; "For most, it eases them into a reality situation with some assistance. For a few this much reality is almost

too much"; "Excellent approach, has many advantages for students, preceptors, agency and school".

Item 20 of the head nurse structured interview asked the question "In your view how does a preceptorship program ease the transition of the inexperienced nurse into the work environment?" The fifteen head nurses who were interviewed stated that it eased the transition by introducing them to team work, shift work and basically the reality of nursing, from the dependency of a student to the autonomy required of a graduate nurse permitting them to fit into their role upon employment. Typical of their comments were "Students are more aware of the reality of a situation because they are working more closely with a staff member but yet without the total responsibility of an R.N. They become acquainted with hospital policies and procedures, the staff and the workings of the unit"; "I think it makes her [student] feel more competent, she has a person to whom she can feel allied, who will help. They work well together. The R.N. [preceptor] will keep a close eye on the student, give her advice on how to handle the work load, set priorities"; "It makes them more comfortable with independent decision-making, it offers additional clinical experience, it helps ease the pain of 'reality shock' with the resource of an experienced nurse

available to them. Also, there is the consistent resource of a role model and it helps them see light at the end of the tunnel. Having a consistent role model encourages them to keep plugging. As a student you do not feel part of the decision-making process, the preceptorship helps them feel part of the health team".

Nurse administrator structured interview question 6 asked "In your view, does a preceptorship program ease the transition of the inexperienced nurse into the work environment? Could you please comment?" Of the eleven nurse administrators interviewed, one stated that it was difficult to isolate the reason for adjustment to the work environment of new nurses as being related to preceptorship. The remaining ten stated that they believed that a preceptorship program eased the transition of the inexperienced nurse into the work environment. They made comments such as: "Definitely. It is a valuable experience in the reality of the work world. Without preceptorship, we hire people, invest a lot of money in their orientation. After a couple of months these people quit because they can't handle it. Many of these students in their academic performance are so concerned with principles, skills and basic clinical theories that they do not get enough experience in problem-solving and organizational activities. When they

work with a role model they can see how all these activities can be done and they are aware that skills and theory don't suffer. They can meet all of the standards set down by the college but they don't know how to do it when they get out in the work environment and how to integrate it into an eight-hour day. By watching a preceptor, those kinds of questions and concerns can be answered. The professional-bureaucratic interface can be addressed."; "Yes, I find they are more competent in dealing with decisions, in planning and implementing the nursing process. They are more adaptable to change because they are more confident in themselves."; "Yes, no question about it, it is one of the biggest factors in nurses coming back to work here."

Nursing education administrator structured interview question 1 asked the question "In your view, does a preceptorship program ease the transition of the inexperienced nurse into the work environment? Would you comment please?" Four nursing education administrators were interviewed and all four believe that a preceptorship program eases the transition of the inexperienced nurse into the work environment. Comments were: "Yes, I really think it does.... We used the buddy system from the start of our pre-graduate experience ... in general we felt [it] was valid enough that we moved to

a more rigorous form, preceptorship, that became much more prescribed."; "In the case of our students we know that from the follow-up with the students themselves and from their new employers that the students do adjust more readily to the work world. That's evidenced by the fact that it takes them about half the time to go through the hospital orientation program, and the hospitals feel more comfortable putting them on nights and allowing them to assume more management type of skills and higher level decision-making skills."; "Yes, I think it provides an opportunity during preceptorships for them to apply their knowledge, to integrate their learning, to increase their speed, to increase their confidence and basically to make a bridge between being a student and being a practising nurse."

Nurse Administrator's Role in Designing and
Implementing Preceptorships

Question 2: What is the nurse administrator's role both in design and implementation of a preceptorship program? (a) Financing; (b) Program; (c) Participant orientation; (d) Selection of suitable nursing units; (e) Selection of preceptors.

The following items were designed to elicit answers to this question (See Appendix B):

Preceptee questionnaire, items 3, 10.

Preceptor questionnaire, items 1-4.

Faculty liaison questionnaire, items 1-3.

Head nurse structured interview, items 2-8,
12, 14.

Nurse administrator structured interview,
items 2-4, 8.

Nursing education administrator structured
interview, items 3-7.

Financing considerations were addressed in the following items: Head nurse items 12 and 14; Nurse administrator items 2-4; Nursing education administrator items 3-5. Item 12 of the head nurse structured interview asked "Is it necessary to hire additional staff for the unit while the preceptorship is in progress?" Fourteen head nurses responded to the question and all fourteen replied that it was generally not necessary to hire additional staff for the unit during the preceptorship. Item 14 of the head nurse questionnaire asked "Is time off duty granted to preceptors to attend preceptor orientation classes or do they have to utilize their days off?" Twelve of the fourteen respondents said that nurses receive paid time off to attend preceptor orientation classes. Of the remaining two head nurses, one said, "In some cases they go on duty time, sometimes

on their days off, depending on the day on which orientation is held."; the other head nurses commented, "They have a one-day course and that is a big problem; it is not funded by the hospital or [the school]. That means they have to go on their own time ..."

Item 2 of the nurse administrator structured interview asked "What are the financial implications for the hospital of a preceptorship program?" Nurse administrators from eleven hospitals were interviewed. Variations exist in cost to the hospitals for orientation of preceptors to their role and responsibilities. Orientations varied in the hospitals visited from one-half day to one full day. Nine of the eleven hospitals grant preceptors paid educational leave to attend orientation sessions, one requires preceptors to attend orientation on their own time and one will grant paid time, if it is a working day. If it is held on a day off, they are required to attend on their own time. A weekly preceptors' conference is held in the three hospitals associated with one of the nursing schools visited. Preceptors are given paid time off to attend these conferences, and their absent time from the nursing units is covered by the other staff working on the unit. Additional nurses are not hired to cover this absent time. Absent time on orientation days is generally

covered by the staff on the nursing unit in all of the hospitals visited. However, extra staff may be brought in to cover absent time depending on the number of patients and acuity of care on the unit. Item 3 of the nurse administrator structured interview asked "Does the funding source support the preceptorship program by providing adequate funds to the hospital?" In response to this question, eight of the nurse administrators who were employed in Canadian hospitals replied that they do not receive additional funds from the funding source to provide for preceptorship. For example, funds to hire additional staff in order to relieve preceptors for the orientation session are not provided. The three nurse administrators in American hospitals responded that they do receive funds to replace preceptors during their orientation period; but the nurse administrators use their discretion in deciding if replacement is necessary based on the number of patients and acuity of care. One of these nurse administrators stated that "... revenues from provision of patient care provides funds to cover preceptor costs." This is a different system of funding than exists in Canada where hospital costs are funded under the provincial government hospital insurance programs.

Item 4 of the nurse administrator structured interview asked "In what way is the hospital

administration supportive of the program?" All eleven respondents reported basically that their administrations are supportive by making their clinical facilities available and permitting their nurses to act as preceptors. Typical of their response was, "From the point of view of participation, [we] participated right from the inception of preceptorship programs. The hospital is very cognizant of the fact that as a community hospital we should be working with community colleges to prepare nurses for the future. They [hospital administrators] are very supportive of all concepts of educational programs." Also, indications were that hospital administrators support these programs because they see them as an effective way to recruit new staff members. Additionally, these new staff members are better oriented to the work environment.

Program considerations were addressed in the following items: Head nurse items 2-6 and preceptee questionnaire items 3 and 10. Items 2-5 of the head nurse structured interview asked "How many patients do you have on this unit?" "What is the level of care for these patients?" "How many staff nurses do you have?" "How many preceptees can be comfortably handled at one time on your unit?" Table 3 outlines the responses to these questions of the fourteen head nurses interviewed.

Additionally, the responses give direction in program planning, regarding the number of preceptees that can comfortably be handled on various types of nursing units. All head nurses indicated that the preceptees are scheduled on different shifts to optimize their learning opportunities.

Table 3

Number of Preceptees Accommodated By Nursing Units

Number of Patients	Type of Care	Number of Staff Nurses	Number of Preceptees	n=14
34	Medical-Acute Care	10	3	
40	General Surgery	5	2	
48	Orthopaedics-Neuromedical/Surgical	10	5	
41	ICU-CCU Step-Down	30	7	
20	Post-Partum	10	2	
35	Surgical-Orthopaedics	25	3	
25	Medical Observation-Intense	11	1	
32	Post and Antepartum	14 Full time 10 Part time	2	
48	Medical-Acute Care	12 Full time 10 Part time	3	
34	Medical Acute and Extended Care	12 Full time 10 Part time	2	
36	General Surgery	12 Full time 20 Part time	3	
32	General Surgery	15	4	
40	General Surgery	12	4	
28	General Surgery	8	2	

Item 6 of the head nurse structured interview asked "What are the implications for unit functioning?" All of the fourteen head nurses interviewed felt that preceptorship is a positive experience for their staff which enhances unit functioning by providing opportunities for growth of staff. It does not interfere with unit functioning as preceptor and preceptee are assigned to the same shifts and work together in providing care for the patients. Examples of their comments were: "It does not interfere with functioning of the unit, if anything it enhances and this is what my staff feel. It is good to have students, it is stimulating, it is challenging. You have to seek out answers, you have to refresh your memory, you have to go back to the books and ask yourself why you are doing that. In some instances, the students will raise questions that will make you take a look at [what you are doing]."; "They [preceptees] gave to the staff and received from the staff certain knowledge. They took an interest in conferences. They gave inservices. So, I think they gave a lot to the unit. The staff came to feel more competent and able to do things they never thought they could."; "It is a very positive, advantageous thing because it is a means of grooming a student for a potential position on our ward or another

ward, and it eliminates very long, extended orientations for new graduates'"

Item 3 of the preceptee questionnaire asked "Was shift work a meaningful experience?" Of the forty-one respondents, thirty-nine replied in the affirmative, one stated that she did not do shift work but wished that she had, and one did not answer the question. Comments were: "Organization and what's to be accomplished is different for each shift and the best way to learn this is to experience it first hand."; "Gave a realistic picture of what nursing is like."; "It enabled me to see all aspects of care ... the day did not end at 3 p.m." Preceptee questionnaire Item 10 asked "Are there any changes which you would suggest for preceptorship programs of the future?" One student who changed preceptors at mid-point in her preceptorship program suggested that only one preceptor should be assigned for the whole experience. Another student believed they should be paid minimum wage during the program. Another suggested that the program, which was fourteen weeks in length, could have been shortened to ten weeks, while another student from the same program believed fourteen weeks was satisfactory. A fourth suggestion was that head and staff nurses should be educated not to use preceptees as staff and not to overwork the preceptor. Another felt that preceptors

should be provided with an outline of skills which preceptees are permitted to perform. It was also suggested that students should not be posted to chronic care settings. Another student felt that a better training program was needed for preceptors to educate them to the fact that preceptorship was supposed to be an educational experience. Also, greater preceptor awareness of students' limitations was required. A student from a sixteen week preceptorship recommended that it be lengthened by two months to allow for greater development of leadership skills. It was further recommended that the instructor (faculty liaison) play a more visible role so she can really evaluate the student, and not base her judgement of the student on knowledge from previous clinical rotations.

Participant orientation considerations were addressed in the following items: Nursing education administrator item 7; Head nurse item 13; Faculty liaison items 2, 3; Preceptor items 1 and 2. Nursing education administration item 7 asked "What is the nature of the orientation program for those involved in the preceptorship?" Three of the four schools visited offer a one-day workshop for preceptors, the remaining school offers a three-hour orientation. All orientations are conducted by the School faculty. Some hospitals free

preceptors for the whole day to attend the orientation, others for only three hours. If preceptors wish to attend the remainder of the orientation, they must do so on their own time. Topics covered during the orientation are: the role of the preceptor; expectations of the preceptee; how to evaluate; teaching-learning theory; legal aspects; role-playing regarding how to give positive and negative feedback; conflict resolution. They are also provided with a manual which outlines their role. The full-day orientation was felt to be preferable, but the three-hour orientation which is minimal does allow preceptors to function adequately in their role. Experienced preceptors receive approximately a 1½ hour updating of policies and expectations. Preceptees receive an orientation to the preceptorship as well. Expectations are reviewed with them, as is a manual outlining roles and responsibilities in the preceptorship. Additionally, hospital policies are reviewed with the preceptees.

Item 13 of the head nurse structured interview asked "How effective is the orientation program for preceptors?" All fourteen of the head nurses interviewed stated that the preceptor orientation was effective. Some of their comments were: "Very effective"; "They are adequately prepared for their role"; "It was effective: They were clear as to what was expected of them."

Faculty liaison item 3 read "Comment on the effectiveness of the orientation program for the preceptor." Six of the eight respondents rated the orientation of preceptors as effective. Two of these six members felt that the three-hour orientation conducted for their preceptors was adequate and commented thus: "Three hours was good but minimal. Everyone got on track at least."; "Three hours [gives] ... sufficient time to review and discuss roles and expectations. More time [is] needed in small groups to share previous experiences as preceptors, focus [is] on teaching-learning." The remaining two faculty liaison members did not indicate effectiveness of the orientation but commented as follows: "Too much redundant information. More questions from preceptors and answers from us [would be a] better format."; "Vital - must be thorough and effective. Preceptors should evaluate. Must be theory based and practical."

Faculty liaison item 2 read "Comment on the effectiveness of the orientation program for the preceptee." Four respondents of eight rated it as effective, a fourth rated it as somewhat effective. The remaining three commented as follows: "The preceptee does need orientation on objectives and expectations, role of preceptee and preceptors. They need agency and

unit orientation and an individual conference with preceptors as to mutual goals and expectations."; "Major goal [is] to decrease anxiety and explain the rules. Emphasis on instructor support even though [she] will not be available as usual."; "I wouldn't call it an orientation program in our school. They were simply introduced and worked through it."

Preceptor item 1 asked "Did you receive an adequate orientation to the preceptorship program including teaching/learning principles?" Of the forty respondents, thirty-six replied 'yes'. However, one said that teaching-learning principles were not adequately covered. Two of the remaining preceptors said 'no' and their comments were: "The orientation was adequate for the amount of time we can spare from ward duty. However, more teaching information [is needed] to better guide ... the student ..."; "I have been a preceptor three times. The first time no orientation was offered, the second time an orientation was given. However, it seemed that emphasis of the meeting was in detailing what the consolidation nurse [preceptee] was not allowed to do. A brief discussion was given on evaluating the student and where to turn if difficulties were encountered. I would have appreciated having an idea of how to start the

student off, for example, how many patients [should be assigned] and how [to] build the skills gradually and in logical order." Two respondents did not receive an orientation due to lack of sufficient new preceptors to warrant conducting it.

Preceptor item 2 asked "What other aspects were included in your orientation?" Nineteen of the forty respondents did not add new topics. The remaining twenty-one respondents listed various topics. Included were: History of preceptorship; Review of hospital policies and procedures; Application of nursing process; Decision making and problem-solving; Principles of adult education; Guidelines on preceptee needs and expectations; Dealing with emotions and stress; Professional responsibilities; Evaluation of self-behavior at work and how to modify to enhance preceptorship experience; Listening skills; Legal aspects; Assessment of student performance; Role playing of preceptee and preceptor roles; Discussions with previous preceptors.

Selection of suitable nursing units was addressed in nursing education administrator item 6 and nursing administrator item 8. Nursing education administrator item 6 asked "What types of nursing units would you recommend for use in preceptorship programs?" Responses

were; "In our program the emphasis is on making the transition from student to staff nurse and what students need to do is practice management theory and concepts and application.... It is difficult to meet management objectives unless students have an opportunity to care for groups of patients. Because of that, we don't use specialty areas like intensive care, coronary care, emergency room or operating room. We use larger units like general medical/surgical, obstetrics, psychiatry and paediatrics."; "We believe our graduates should be qualified to work in the general practice of nursing. By that we mean care of the adult in a general hospital setting.... We choose our preceptorship placements as strictly the mainline of nursing, medical-surgical nursing, eight weeks medical and eight weeks surgical ..."; "In Ontario, the College of Nurses and Ministry [of Education] have required that six weeks of pregraduate experience [preceptorship] must be continuous on what we consider an active medical/surgical unit. The rest of the time can be in any other kind of a unit."

Item 8 of the nursing administration structured interview asked "What specific nursing units would you use or not use for preceptorship?" Table 4 outlines the responses.

Table 4

Nursing Units Recommended For Use
In Preceptorship Programs

Nursing Units	Number Respondents, n=11
General medical/surgical units, paediatrics, obstetrics excluding critical care.	1
General medical/surgical units, paediatrics, obstetrics including critical care.	3
General medical/surgical units, and extended care (if student desires).	2
General medical/surgical units only.	2
General medical/surgical units, paediatrics, obstetrics, psychiatry and critical care.	1
General medical/surgical units, obstetrics, psychiatry and critical care.	2

All nurse administrators felt that medical/surgical units could be utilized; five agreed with use of paediatrics; seven agreed with use of obstetrics; three felt psychiatry could be utilized, seven recommended critical care and two recommended extended care. It was felt that the use of any specific nursing unit was predicated on the specific objectives of the preceptorship program. Critical care, for example, could be utilized depending on the program objectives.

Likewise extended care could be utilized but it was recommended that the use of these units should be based on preceptees desire to gain experience there.

Selection of preceptors was addressed in faculty liaison questionnaire item 1 and head nurse structured interview items 7 and 8. Faculty liaison item 1 read "Describe the criteria for preceptor selection." One faculty liaison member attached a copy of the Ohlone Program criteria for preceptor selection. The major components include:

1. Registered nurse employed full time in a participating agency, working either day shift or evening shift. OR
Regular part-time registered nurse scheduled a minimum of four shifts/week, who can arrange to work consistently on one unit for the entire clinical rotation. Arrangements must be made for one designated substitute to supervise the student on each of the preceptor's day off.
2. Expresses desire to function as a preceptor and role model for the student.
3. In the opinion of the immediate supervisor, the preceptor:
 - A. Is recognized as a competent clinician, able to apply nursing theory to nursing practice.
 - B. Communicates and relates effectively with patients, students, nurses, physicians, and other members of the health team.

- C. Demonstrates self-confidence and realistically evaluates her/his own nursing performance.
- D. Demonstrates an interest and ability in facilitating the learning of students and new staff.
- E. Demonstrates ability to delegate to other staff members and collaborates effectively with other team members.
- F. Able to give negative as well as positive feedback to others in a constructive manner.
- G. Agrees to a full-time commitment to the preceptorship (ie. does not take educational leave during the entire period.)

Other faculty liaison members concurred with the items included above. The following additional criteria were noted:

1. Displays personal integrity.
2. Has had at least two years nursing experience.
3. Demonstrates leadership qualities.

Head nurse item 7 asked "How are preceptors selected?" Typical of the fourteen respondents' comments were: "We normally ask staff if any are interested in being a preceptor. There are a number for whom this

would not be a good role in my view and they would be ported out. Basically those who apply have leadership ability to undertake the role. We have a large complement of staff who have been in practice for some time and they are feeling secure themselves in terms of hospital routines and organization.... They must be a clinically competent role model in terms of attitude, care, dealing with patients and families."; "We ask for volunteers because I feel it is important that they really want to do this; that they feel they have something to share. It takes a lot of commitment of time and energy. They must have good working habits and generally a good attitude about their work. If there was a concern about someone who had volunteered to act as a preceptor, [I] would make that clear to the [Director of Nursing] and to the [school] staff."; "We try to find people with good communicating skills who like the teaching-learning process. I have some very motivated nurses who want to do this. There is a lot of commitment and accountability on the individual's part."; "They volunteer and must have good bedside skills, have proven to me that they make wise nursing care decisions and can cope well in emergency situations. [They must have] teaching abilities."; "Basic nursing ability, teaching skills, time management skills are all considered as well as a caring attitude ... Flexibility is needed also."

Head nurse item 8 asked "How are preceptors and preceptees paired?" Four hospitals attempt matching. A typical response included: "It is desirable to try to pair personalities if you know a little bit about the student. We have not had problems, but potentially you could, you can minimize problems by matching as much as possible." Eleven other hospitals randomly assign preceptors and preceptees.

Faculty and Staff Roles and Responsibilities within
a Preceptorship Program

Question 3: What are the faculty and staff roles and responsibilities within a preceptorship program?

The following items were designed to elicit answers to this question (See Appendix B):

Preceptor questionnaire, items 3-9.

Faculty liaison questionnaire, items 4-11.

Head nurse structured interview items 1, 9, 10, 19.

Nurse administrator structured interview, items 12-14

Nursing education administrator structured interview, item 8.

Item 3 of the preceptor questionnaire asked "Did you feel you had sufficient time to supervise your

preceptee?" Thirty-one of the forty preceptors responded 'Yes'. Six responded 'No' primarily because of a heavy patient workload. Three responded 'Yes' and 'No' depending on how busy the unit was.

Item 4 of the preceptor questionnaire asked "Did you feel you had sufficient skill to supervise and teach your preceptee?" Thirty-nine of the forty respondents replied 'Yes'. One respondent replied 'Yes' and 'No'; her comment was, "I was always fearful I had not taught enough, that I was not patient enough. Since the preceptee was successful, I believe that I was successful, but they came to me with so much knowledge and skill it is hard to assess ..."

Item 5 of the preceptor questionnaire asked "Were you able to give your preceptee daily consistent feedback?" Thirty-seven of the forty respondents replied 'Yes'. Two replied 'No', one because of being too busy in the unit some days, the other felt the preceptee was a problem in that she did not accept criticism well. One respondent replied 'Yes' and 'No', depending on how busy the unit was.

Item 6 asked "Was the faculty liaison available when you needed her?" Thirty-four of forty respondents said 'Yes'; one said 'No'; four said they had no need to

contact her; and one said 'Yes' and 'No' commenting that it was sometimes difficult to contact her.

Item 7 of the preceptor questionnaire asked "Did you have sufficient input into the evaluation of the student's clinical performance?" Thirty-six of the forty respondents replied 'Yes'; two replied 'No'; one stated she had not yet completed the preceptee's evaluation; and one did not appear to understand the question since the comment was an inappropriate response.

Item 8 of the preceptor questionnaire asked "What did you find to be the most satisfying features of your role as preceptor?" Thirty of the forty respondents said that the most satisfying aspect was watching the student grow professionally to a secure, confident nurse and to know that they had been instrumental in bringing about the growth. Eight of the remaining ten respondents had various positive comments. One respondent indicated that she could not recall any satisfying features of her role as a preceptor. The remaining respondent did not answer the question, presumably not finding any satisfying features of her role as a preceptor.

Item 9 of the preceptor questionnaire asked "What were the difficulties in your role as preceptor?" Comments varied as shown in Table 5.

Table 5
Difficulties Encountered in Precepting

Comments	Number of Responses	n=40
Nursing office did not always understand that student was there for learning experience and not to staff the unit.	2	
I found it hard to tell someone their weakness, that is, give constructive feedback.	5	
Personality differences.	1	
Hectic schedule at work not allowing sufficient teaching time	5	
Preceptee felt I demanded too much - this was very frustrating.	1	
My preceptee was not overly inclined to listen - seemed bored.	1	
As student becomes more efficient it becomes difficult to sit back and watch.	4	
Co-workers take advantage of fact that you have a student and feel you should be available for extra duties.	3	
The sometimes over-zealous attitude of the student.	1	
Difficulty in knowing level at which preceptee should be functioning at a given point in time.	1	
Difficulty in assessing student's needs.	1	
Conflict between 'reality' and 'idealism', given time and budget restraints.	1	
The fear that I might not measure up to the needs and expectations of the preceptee.	1	
The preceptee did not want to be in our particular unit.	1	

(table continues)

Comments	Number of Responses	n=40
It is difficult when students do not do well.	1	
A decrease in patient census poses problems in providing adequate experience.	1	
Allowing sufficient time for preceptee to initiate and follow through with nursing care.	1	
Overchecking the student due to insecurity.	1	
Explaining details of unit routine and hospital routine.	1	
Being able to explain things in sufficient detail to satisfy the preceptee.	1	
Sometimes difficult to balance the amount of supervision needed while also trying to instill independence in the student.	1	
Some difficulty in teaching organizational skills.	1	
No problems indicated	2	
Question unanswered	2	

Faculty liaison question 4 asked "How many preceptees can be comfortably handled by one faculty liaison person?" The eight respondents gave a wide range of responses to this question. Table 6 indicates the responses. The faculty liaisons who gave lower ratios, work in a program with such a ratio and spend the greater percentage of their day in the clinical setting in one particular hospital. Other faculty liaison members cover more than one hospital and are used to

working with large numbers of students. Discussions throughout the internship indicated that the personal contact in these settings is less than in the settings with a smaller ratio.

Table 6

Number of Preceptees Per Faculty Liaison

Respondent Number	Number of Preceptees	n=8
1	8 - 12	
2	12	
3	12	
4	15	
5	20	
6	20	
7	25	
8	75	

Faculty liaison question 5 read "Comment on the teaching skills of the preceptor." Generally the comments indicated that preceptors have varying levels of teaching skills and they need some help from faculty liaison members. The following comments identify areas where help is needed. "Liaison needs to help them identify, label what they are doing, increase the effective skills and decrease the less effective"; "They are quite good, most need help in how to give feedback."; "Almost all are excellent role models, some question

students rigorously, others need a push to do so; most are very patient and will allow the student to problem-solve on their own; some reluctant to seek assistance with teaching role, others seek readily."

Item 6 on the faculty liaison questionnaire read "What is the role of the head nurse in a preceptorship program?" Table 7 outlines the items identified by the eight respondents as being important aspects of the head nurses' role.

Table 7

Role of the Head Nurse In Preceptorship

Item Identified in Role	Number of Respondents Identifying Item	n=8
Set tone and morale of unit.	1	
Discuss problems with preceptor/ faculty liaison.	2	
Awareness of student limitations.	3	
Awareness of standards of practice for preceptees.	3	
Awareness of preceptors role/function.	3	
Support of the program and the preceptor.	3	
Selecting or recommending preceptors.	3	

Faculty liaison Item 7 asked "How did you participate in the preceptee evaluation?" The following comments identify ways in which faculty liaison participated: "At the seminar, explained purpose of

anecdotal [notes], feedback, etc. [I was] available for discussion on ongoing basis during weekly rounds - discussed how to deal with problems and answered any questions as to actual writing of [evaluations]."; "Daily discussions with preceptor regarding objectives being worked upon. Received written evaluation before [it was] given to student."; "... assisted preceptors in interpreting clinical objectives and in making and writing an objective evaluation. The faculty liaison made the final decision regarding pass or fail [of preceptee]."; "The preceptors wrote evaluations and sought feedback before presenting it to the preceptor."; "Solicited advice/concerns/evaluation from preceptors; interview [conducted] with student who wrote self evaluation at midterm and final."; "Student wrote own self-evaluation, consulting with preceptor. I tried to keep on-going notes of preceptor's comments as well so that I had specific items when student presented herself and her self-evaluation to me." Two other respondents did not answer the question as they had not completed their first experience with the preceptorship program.

Faculty liaison item 8 asked "How frequently were you consulted by the preceptors for assistance in dealing with problems?" The faculty liaison members from the schools with the lowest faculty liaison/preceptee ratio,

1:8-12 responded that they had daily contact with their preceptors. Their responses were as follows: "Every day they worked, we connected! Often we dealt with real issues which came up when I would probe a bit."; "... I consulted with preceptors on a daily basis for update on student's progress in meeting objectives."; "Frequently regarding clarification of concerns, which in effect, prevents problems!" The faculty liaison members from other schools indicated there was no definite frequency, it depended on the student but weekly sessions were generally held.

Faculty liaison item 9 asked "How much of each day did you need to be available in the hospital?" The faculty liaison members from the school with the lowest faculty liaison/preceptee ratio indicated that they were available in the hospital 8-12 hours each working day. Faculty liaison from the other schools indicated a range of 1-4 hours daily and available by phone at other times.

Faculty liaison item 10 asked "Is there a need for faculty liaison on all shifts worked by preceptees?" Seven of the eight respondents said 'Yes' and further clarified their response by saying that the availability could be by phone through tracers. However, an attempt should be made to personally 'touch base' with preceptors periodically. One respondent answered 'No'.

Faculty liaison item 11 asked "How often was a preceptor absent and arrangements had to be made for an alternate preceptor?" Six respondents indicated that this occurred only occasionally. Of the other two responses, one indicated 'many, many times' at one particular hospital and the other stated 'weekly'.

Head nurse item 1 asked "What effect does this program have on your time and role as head nurse?" All fourteen respondents indicated that it consumed very little of their time. The following comment is indicative of the comments made by the head nurses. "It is not time consuming. The students are assigned with a preceptor on a one-to-one basis. They work through all shifts with the RN [preceptor] and she basically is their resource person for clinical decision-making and care. My contact with them is that I am the liaison to make sure it is going alright. Sometimes students come to me if the preceptor is not available right at that moment. Also, at morning report, I have contact with the preceptor and student; I am able to fill in for the student and preceptor what has happened since they were last on duty. It is not a time consuming experience for me but a very valuable one. I feel that at conferencing time, having a preceptor student gives an opportunity to explore care concepts and attitudes towards care."

Head nurse item 9 asked "What effect does precepting have on the preceptor's role as a unit nurse?" Table 8 outlines responses from the fourteen head nurses interviewed.

Table 8

Effect of Precepting on the Preceptor's Role as Unit Nurse

Responses	Number of Respondents n=14
No specific effects, the preceptee and preceptor assigned to the same patient.	6
Initially it takes a lot of the preceptor's time, less so as time goes on.	1
It makes preceptor re-think what she is doing and maybe rearrange things, for example, it improved quality of care plans.	1
Additional responsibility of having a preceptee.	2
Additional responsibility of preceptee is stressful and less acute patients were assigned initially.	1
It increases the preceptors' teaching ability, very positive effect.	2
New preceptors need a lighter workload even at the end of rotation.	1

Head nurse item 10 asked "Does the preceptor still carry responsibility for a full patient load?" Eleven of the fourteen respondents answered 'Yes'. The remaining three said that a reduced workload is required at first

then the usual workload is generally assumed after a couple of weeks.

Item 19 of the head nurse structured interview asked "Is there a written description of the responsibilities of the preceptor and head nurse responsibilities in regard to selecting learning experiences, supervision and evaluating the preceptee's progress?" All fourteen respondents indicated that the respective schools furnished them with a manual which detailed these responsibilities.

Nurse administrator item 12 asked "How was the faculty liaison helpful in the preceptorship?" All eleven respondents were very positive about the faculty liaison role. The following are typical comments: "She is in a unique position and a most valuable asset to the program. She has an awareness of the students and their backgrounds. She has a good feel for the preceptors and their capabilities. She is a resource, she provides guidance to the preceptors and many times can be instrumental in problem-solving if there becomes a kind of personality conflict. A concern on the part of the preceptor is that she may be evaluating the student too closely ... so, they sit down and have a discussion. What we found was that it basically ends up resolving the problem. The liaison is available by beepers to the preceptor at all times. So she's got a safeguard

there... at all times."; "It depends on the relationship the faculty liaison has with the institution. Our liaison is just super. Everyone works well with her; she works well with us. She knows the hospital and it's a very good relationship. If it was someone who did not like the hospital or had negative relations, that would come out in the preceptorship program more than in a normal instructor to hospital relationship and that would be detrimental. I think it is critical that the liaison be available. They don't have to be in the hospital at all times but I think the preceptors have to be able to feel that there is someone that they can contact if they have a problem. That's not necessarily the minute it happens, but they have to be able to discuss it with someone."; "It has met all of our needs in terms of the support that we require. We have had an excellent relationship with the school at all levels. They have always been available when needed."

Nurse administrator item 13 asked "What ratio of faculty liaison/preceptee would you recommend?" Of the eleven respondents, two did not specify a specific number. The remaining nine gave a range of 1:6 to 1:15-20.

Nurse administrator item 14 asked "What is the role of the head nurse in preceptorship?". Typical of their comments were: "The head nurse's ultimate responsibility

is for the safety of the patients on her unit, to assure that appropriate and safe care is being rendered to patients. With that responsibility, she has to oversee what preceptors and preceptees are doing. She has to have her finger on the pulse of care. So the student in a sense does have the assurance and acknowledgement that the head nurse is overseeing and supervising the activity taking place. She also has the liaison nurse overseeing the activity taking place."; "Close liaison with the instructor, close liaison with the R.N. who is acting as a preceptor. She really provides communication between the R.N. and the preceptor, and oversees the R.N.'s role as a preceptor. She is also involved in preceptor selection."

Nursing education administrator item 8 asked "What is the faculty liaison/preceptee ratio?" The following ratios were given: 1:10, 1:15, 1:30 and 1:70.

Changes Required in Hospitals and Schools to Effectively Operationalize a Preceptorship Program

Question 4: What changes must be made in an existing hospital and/or school setting to effectively operationalize a preceptorship program? (a) Staffing; (b) Scheduling

The following items were designed to elicit answers to this question (See Appendix B):

Head nurse structured interview, items 15-18

Nurse administrator structured interview,
item 7.

Nursing education administrator structured
interview, item 9.

Head nurse item 15 asked "How is the preceptor's absent time from the ward covered?" Seven of the fourteen respondents stated that the absent time is covered by other on-duty staff. Five said that extra staff is brought. Two respondents said the hospital does not grant paid time-off to attend preceptor orientation sessions.

Head nurse item 16 asked "What time scheduling implications are associated with the preceptorship program?" All fourteen respondents replied that there are none as the preceptee is slotted into the preceptor's time schedule.

Head nurse item 17 asked "Are preceptors re-scheduled, if necessary, to meet unit demands?" Seven respondents of the fourteen said 'Yes' but only if absolutely necessary. Seven said 'No'.

Head nurse item 18 asked "If the preceptor is re-scheduled, what arrangements are made for the preceptee?" Five of the respondents, who would re-schedule the preceptor, said they would re-schedule

the preceptee to work along with the preceptor. The remaining two head nurses, who would re-schedule the preceptor, said they would assign the preceptee to another nurse. The question was not applicable for the remaining seven head nurses who would not re-schedule preceptors.

Nurse administrator item 7 asked "What time scheduling implications are associated with the preceptorship program?" All eleven respondents stated that there are no time scheduling problems as the preceptee is slotted into the preceptor's time schedule. The only problem raised by three of the respondents was that of scheduling different groups of students from various programs who are seeking experience at the same time.

Nursing education administrator item 9 asked "What changes were required in your school in order to incorporate a preceptorship program?" One respondent whose school has a four week preceptorship program indicated that the continuous nature of the preceptorship does not allow students to take other courses while the preceptorship is in progress. Therefore, the students are advised to take all of their general and elective courses before the last semester of the program when the preceptorship is conducted. The other respondents

indicated that no changes were required as preceptorship was an add-on to the program or the program was originally designed to include it.

Sources of Conflict Potential

Question 5: Which sources of conflict potential and/or problems must be addressed to ensure a successful preceptorship program?"

The following items were designed to elicit answers to this question (See Appendix B):

Preceptee questionnaire, item 8.

Preceptor questionnaire, item 10.

Head nurse structured interview, item 11.

Nurse administrator structured interview, items 9-11.

Nursing education administrator structured interview, item 10-13.

Preceptee item 8 read "Describe the major difficulties that arose as a result of being a preceptee." Eighteen of the forty-one respondents stated that they did not have any difficulties. The others had various difficulties which are outlined in Table 9.

Table 9

Problems Encountered By Preceptees

Responses	Number of Respondents n=41
Not being permitted to carry out certain aspects of the nurses role because of student status.	8
Not receiving pay.	4
Some staff members not treating you as an equal, resulting in low self-esteem.	2
Difficulty in breaking ties with preceptor at the end of the experience.	2
Being 'used' when the unit was short-staffed.	1
Not given enough freedom by the preceptor.	1
Lack of feedback.	1
Size of patient load.	1
Communications with the preceptor.	1
Trusting the preceptor to be truly working for you.	1
Decreased social contact with peers.	1
No difficulties reported	18

Preceptor item 10 asked "What problems did you encounter in your ward duties as a result of the added task of precepting?" The responses are outlined in Table 10.

Table 10

Preceptors Problems In Relation To Ward Duties

Responses	Number of Respondents n=40
Sometimes difficult to give negative feedback.	1
Frustration of not being available when needed by preceptee.	1
Added workload of supervising preceptee.	6
Other staff expecting your assistance for their assignments.	3
Time limitations as students are slow in performing nursing duties.	2
Other staff thinking you aren't doing work, that it is all being done by the student, actually load is increased.	8
Other staff feeling too much time was spent with preceptee.	1
Difficulty in organizing everything during first week.	1
Finding suitable experiences for the preceptee.	1
No problems encountered.	16

Head nurse question 11 asked "What effect does the preceptorship program have on other staff?" Twelve of the fourteen respondents indicated that there was no effect on or friction between preceptors and other staff. One respondent stated that the preceptor role gives the preceptor increased status among her peers. One respondent reported that other staff feel that the preceptor has free time to help with their workload.

Nurse administrator question 9 asked "What problems have developed with unions as a result of the preceptorship program?" Question 10 asked "How have these problems been handled?" Seven of the eleven respondents indicated that they have not encountered any problems. Four stated that unions believe nurses should be paid for their role as preceptor but it is a background problem not a real problem at the moment. The professional body believes that part of the professional nurses' role is to socialize new members into the work environment, and this does not require extra pay.

Nurse administrator item 11 asked "What other problems have been associated with the preceptorship program?" Six of the eleven respondents indicated no problems. Four indicated problems existed with students who were not meeting the objectives but these were dealt with through the school. One respondent indicated that a personality clash existed between a preceptee and preceptor.

Nursing education administrator item 10 asked "What problems have developed with unions as a result of preceptorship program?" Question 11 asked "How have these problems been handled?" Two of the four respondents reported no problems. Two indicated that there have been complaints from the unions that preceptors

should be paid for their role but it has not become a major issue. The professional body has stated firmly that they believe it is part of the nurse's role as a professional to assist those who are entering the profession, and they should not be remunerated. One respondent indicated that a problem would exist if students were paid because it would be perceived by unions that they were taking jobs away from other people.

Nursing education administrator item 12 asked "What other problems have been associated with preceptorship?"

Item 13 asked "How have these problems been handled?"

All four respondents reported no other problems.

The Benefits of Preceptorship Programs

Question 6: What are the benefits of preceptorship programs to hospitals and nursing schools?"

The following items were designed to elicit responses to this question (See Appendix B):

Preceptee questionnaire, item 9.

Nurse administrator structured interview, items 1 and 5.

Nursing education administrator structured interview, item 2.

Preceptee item 9 read "Describe the major benefits you received from being in the preceptor program?" The responses of the respondents are outlined in Table 11.

Table 11

Major Benefits to Preceptees of Preceptorship Program

Responses	Number of Respondents n=41
Independence and confidence increased.	11
It provided an introduction to the reality of nursing and eased transition.	10
Role modelling and resource role of preceptor.	4
Availability of preceptor to guide and prevent mistakes.	3
It prepared for and led to employment.	3
It improved organizational skills.	3
It sharpened skills.	2
Acceptance as a member of the staff evident as ability of preceptee improved.	1
Learning was increased.	1
It increased communication skills and confidence.	1
Provided needed nursing experience.	1
Preceptor eased preceptee gradually into the staff nurse role.	1

Nurse administrator item 1 asked "What are the benefits to the hospital of providing a preceptorship program?" The following comments are typical of the eleven responses. "The hospital benefits by being able to participate in an educational process for a student. ... You enhance recruitment efforts. Staff have a feeling of accomplishment from a preceptorship program. ... They [preceptors] have taken a frightened young student and [observed] her become fairly competent and

capable of carrying out team leadership responsibilities for patients."; "The key benefit is for the nursing staff; they have to be on their toes if they are going to have students. It stimulates them. I feel with hospital cutbacks, we really have had to become a business in providing care. With that, there are very few financial benefits that we can give to nurses.... [In the preceptor program] you are giving them the benefit of the [school] orientation and of working closely with the instructor. They are singled out in their peer group as someone special.... I think it helped their self-esteem. They get to learn the newer concepts."; "The student ... comes out better prepared to deal with the real world of nursing.... It puts us at an advantage because we know them ... and who we want to employ."; "It's a good experience for ... preceptors because it is a learning experience for them ... they benefit from having been a preceptor and that in turn is benefiting the way they provide patient care."; "The preceptorship arrangement not only provides support for the new nurse but enables her to become a safe practitioner."

Nurse administrator item 5 asked "What is the rate of return to your hospital of nurses who have received their preceptorship experience at your hospital?" In responding to this question the respondents could not

give a specific rate of return but indicated that they are very happy to hire their preceptorship students if they have openings.

Nursing education administrator item 2 asked "What are the benefits to the school of a preceptorship program?" Responses included, "...[it] improves the relationship with ... the hospitals.... We've always had students on units trying to practice management theory, but the faculty never had an opportunity to see students implement that theory in a way that compares to how they will do it as a new graduate. It is really gratifying for the faculty to see them being successful in a role that the faculty has been trying to prepare them for."; "We feel the student gets better support.... By having one specific person assume responsibility for the student, I feel we get a clearer assessment of where the student is at ..."; "I think the best benefit for our school is that our graduates are better prepared to become more successful in practice."

Preceptor Rewards

Question 7: How are preceptors rewarded for their role and is the reward satisfactory?

The following items attempted to determine the answer to this question (See Appendix B):

Preceptor questionnaire, items 11-13.

Nursing education administrator structured interview, items 14, 15.

Preceptor item 11 asked "How were you rewarded for your role as preceptor?" Twenty-five of forty respondents felt they were rewarded by feeling they had been helpful, or a feeling of satisfaction on observing progress/growth and accomplishment in the preceptee. Three felt rewarded by having learned from the student. Ten of the remaining respondents made various comments such as being rewarded by a tea sponsored by the school, receiving a thank-you letter from the school, receiving a gift from the preceptee, receiving continuing education credits which is mandatory for state licensure, etc. Two of the preceptors did not answer the question.

Preceptor item 12 asked "Were you satisfied with this reward?" Thirty-four of forty respondents answered 'Yes'. One respondent answered 'Yes' and 'No' and made the comment that personally she felt rewarded but she felt some tangible recognition should have been given. However, she did not specify what that should be. Three respondents said, 'No' they were not satisfied. One felt that two days off should have been given following the experience as she found it mentally and physically exhausting. Another expressed satisfaction in observing progress in the preceptee but felt that a monetary reward

should have been given. The third did not make any comment and did not answer the preceding question which asked how she had been rewarded. Two preceptors did not answer the question.

Preceptor item 13 asked "Would you be willing to participate again as a preceptor to a pre-graduate student?" Thirty-nine of forty respondents replied 'Yes'. One said 'No' because she was taking a course and that was all she could handle.

Nursing education administrator item 14 read "How are preceptors rewarded for their role?" Respondents indicated that monetary rewards are not given as funds are not available for this. Rewards include: a thank you letter; a letter of commendation which is placed in their personnel file; an afternoon tea; a luncheon; continuing education credits; school library privileges; named as clinical associates in a faculty manual or college calendar that lists the entire faculty of the college. Item 15 of the nursing education administrator structured interview asked "Are there any plans to change the reward system?" All respondents indicated 'No'. However, they indicated that the question of providing satisfactory rewards had been discussed on several occasions. The schools are not entirely satisfied with the reward system but have not been able to find a more suitable solution to the problem.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The intent of this study was two-fold: (1) to investigate the benefits of preceptorship programs in reducing reality shock by easing the transition of inexperienced nurses into the work environment, and (2) to examine the administrator's perspectives of preceptorship programs. This study attempted to assess:

1. If preceptorship programs are beneficial in fostering independence and easing the transition of the inexperienced nurse into the work environment.
2. The administrator's role both in design and implementation of a preceptorship program:
 - (a) Financing; (b) Program organization;
 - (c) Participant orientation; (d) Selection of suitable nursing units; (e) Selection of preceptors.
3. The faculty and staff roles and responsibilities within a preceptorship program.
4. The changes that must be made in an existing hospital and/or school setting to

effectively operationalize a preceptorship program: (a) Staffing; (b) Scheduling.

5. The sources of conflict potential and/or problems which must be addressed to ensure a successful preceptorship program.
6. The benefits of preceptorship programs to hospitals and nursing schools.
7. The nature of the preceptors' rewards for their role and if the rewards are satisfactory.
8. The implications of the findings for design and implementation of a preceptorship program.

The conceptual model utilized for this study is the preceptor model as delineated by Morrow (1984). This model is based on the premise of the preceptor being a competent practitioner, knowledgeable and clinically comfortable with the range of patients on her unit. She must possess teaching ability to assist the inexperienced nurse in becoming a competent nursing practitioner. As learning progresses, she takes on a consultative role as she becomes a resource person available to the preceptee. The fourth aspect of the model, that of research, is played out not in the traditional sense of formal scientific research, but rather through the investigation

of the preceptees' learning needs, and the search for methods or experiences to effectively meet those needs.

Schools which offer preceptorship programs find that their graduates adjust more readily to the work environment. The preceptees find that having a consistent role model and resource person makes the work environment less confusing and more satisfying.

The related literature review supported the findings of this study. The literature indicated that preceptorship programs are effective in reducing reality shock, by easing the transition of the inexperienced nurse into the work environment. Additionally, in today's climate of economic restraints in the health care sector, where monetary rewards are not feasible, preceptorship programs create an opportunity to provide clinically competent nurses with recognition and greater job satisfaction through the preceptor role.

From a sample of forty-one preceptees, forty preceptors, eight faculty liaison members, fourteen head nurses, eleven nurse administrators and four nursing education administrators, responses to questions posed were utilized in this study. Questions were posed in the form of questionnaires or structured interviews conducted by the researcher during an internship spent at four diploma schools of nursing which offer preceptorship

programs. The structured interviews were developed from the conceptual model, literature review, and the researcher's experience as a nursing education administrator in a school of nursing where students experience reality shock in their transition to the work environment. The questions in the preceptee, preceptor and faculty liaison questionnaires were adapted from a study of a preceptorship program pilot project conducted by Ryerson School of Nursing. Informal discussions with key personnel throughout the internship provided valuable information and insights utilized in compiling data and in drawing conclusions in this study.

Summary of Findings

The research questions of this study were addressed through an analysis of the data from questionnaires and structured interviews. Frequency distributions, indicating subject responses, were displayed.

Findings indicated that preceptorship programs are effective in easing the transition of the inexperienced nurse into the work environment. From the preceptee group, thirty-eight of forty-one respondents felt their preceptorship program had eased their transition into the work environment. All forty-one preceptors responded to

the question in the affirmative. The eight faculty liaison members also agreed. Fifteen head nurses interviewed felt the program eased the transition of the inexperienced nurse, as did ten of the eleven nurse administrators and all four of the nursing education administrators. Informal discussions throughout the internship, elicited an extremely positive regard for preceptorship programs, and a belief that any school without such a program should develop one for the benefit of all concerned.

Thirty-nine preceptees responded that the preceptor was the main person who assisted them in meeting their learning needs, and that the assistance received was the amount needed, not too little or too much. Seventy-five percent of the preceptees indicated that their preceptors were absent no more than two days throughout the program. Eighty-eight percent of preceptees felt that their preceptors had sufficient teaching skills to adequately help them adjust to the work environment. However, faculty liaison members felt that preceptors varied in their level of teaching skills, some needing help from faculty liaison members. When asked if they believed a preceptorship program should be used for senior students in the future, one hundred percent of the preceptees answered yes. Some believed it was the best experience

they had had throughout nursing school. This positive feeling for the program was also evident in informal discussions held with preceptees during the internship.

The data further revealed that those Canadian hospitals visited are not funded to cover preceptorship programs, while American hospitals visited do receive funding from patient care revenues. Note should be made that Canadian hospitals are funded through provincial government hospital insurance programs rather than through direct revenues from patient care. Canadian hospitals do not receive funds from provincial governments to reimburse them for time off-duty for preceptors to attend preceptor orientation sessions or conferences. These conferences ranged from one-half day to one day. One day was felt to be an adequate orientation by the majority of respondents. However, informal discussions throughout the internship indicated that up to three days is needed to better prepare preceptors for their role. Where time off is granted, other on-duty nurses generally must provide care for the patients of that nurse. In cases where extra nurses are brought in to help, the funds for salary must come out of the hospital's budget. In an era of budgetary restraints this is not feasible for many hospitals.

Hospital administrations in all hospitals visited are aware of, and supportive of, the need to provide educational programs to ease the transition of the inexperienced nurse into the work environment. This is evidenced by the fact that they make their clinical facilities available to preceptees, and permit their staff to act as preceptors. Also, some hospitals provide funds to cover preceptor orientation. Intrinsically tied to this, is the fact that the preceptorship program is a benefit to the hospital, in that it enhances recruitment efforts, providing new employees who are well-oriented to the hospital environment, thus ensuring safer practitioners. Additionally, it provides job enrichment for those who act as preceptors and enhances their job satisfaction. Moreover, because they must seek out answers to preceptees questions, it is a learning experience for the preceptors, and it improves the way they provide care to patients.

Nursing units recommended for use in preceptorship programs were primarily medical-surgical units. However, paediatric, obstetric, psychiatric, critical care, and extended care units could be utilized depending on preceptorship program objectives and/or the preceptee's desire to obtain experience in such units. The size of the nursing units varied from twenty to forty-eight

patients, with an average of thirty-five beds. The number of preceptees accommodated on these units is one to seven, with an average of three per unit.

Preceptees responded that shiftwork was a meaningful experience for them, providing a realistic picture of what nursing is like. The organization of work on various shifts was learned by the preceptees who participated in shift work. A minority of preceptees indicated that the two most frequent difficulties which arose as a result of being a preceptee were: not being paid, and not being able to carry out certain aspects of the nurses' role because of their student status. Preceptees as a group did not have any major changes to recommend in relation to preceptorship programs. However, individuals did make a variety of comments on minor changes which might be made.

Responses related to criteria for preceptor selection indicated that preceptors must be full-time employees who, in the opinion of their head nurses, are clinically competent nurses, able to apply nursing theory to practice, communicate well, demonstrate leadership ability, flexibility, and are able to give feedback and evaluate others. They should possess a minimum of two years nursing experience and express a desire to function as preceptors. Most hospitals ask for volunteers for

this role, and the selection from those volunteering is made by the head nurse. A majority of hospitals and/or schools randomly assign preceptees to preceptors.

Seventy-eight percent of preceptors felt that they had adequate time to teach preceptees, and ninety-eight percent of them believed that they had sufficient skill to supervise and teach the preceptees. They also indicated that they were able to give daily, consistent feedback to their preceptees. Ninety percent of preceptors felt they had an opportunity for sufficient input into the preceptee's clinical evaluation. Faculty liaison also had input into the preceptees' evaluations, and generally made the final decision regarding pass or failure.

Preceptors indicated various difficulties encountered in their role. The most frequently reported difficulties were: a hectic schedule at work, not allowing sufficient teaching time; other staff members expecting assistance with assignments because they perceived the preceptor to have free time; difficulty in telling the preceptees about their clinical weaknesses; and difficulty in sitting back and letting the preceptees take over the nursing care as they became more proficient. Seventy-five percent of preceptors felt that the most satisfying feature of their role as preceptor

was the gratification of watching the student grow professionally to a secure, confident nurse, knowing that they had been instrumental in bringing about that growth.

Faculty liaison members perceived the number of preceptees which they could adequately handle to range from a ratio of 1:8 to 1:75, with an average of 1:23. The ratio of faculty liaison to preceptee recommended by nurse administrators ranged from of 1:6 to 1:15-20 with an average of 1:12. Faculty liaison who had a lower ratio spend more of their time in the hospital than did those with a higher ratio. Informal discussions revealed that there is less personal contact with a higher ratio (although most tried to arrange daily contact either in person or by phone), and thus a lower ratio is more desirable and satisfying to hospital staff, allowing for greater issues clarification. Too, in the event of problems arising, faculty liaisons need to be available to preceptors on all shifts, but this could be accomplished by phone through tracers. Nurse administrators felt that faculty liaison members played a key role in the preceptorship programs by serving as a resource person to provide guidance to preceptors and by being instrumental in problem-solving, should the need arise.

The role of the head nurse in a preceptorship program is to set the tone and morale of her unit; to provide support for the program and preceptors working on her unit; to select and recommend preceptors; to be aware of standards of practice for preceptees; to be knowledgeable of the preceptor's role; and to discuss problems which arise with the preceptor and/or faculty liaison. All head nurses indicated that their role in the preceptorship program is not very time consuming. Basically, they act as a resource person to ensure that everything is going alright.

Seventy-nine percent of head nurses indicated that preceptors still carry a full patient assignment while precepting. Others indicated they have a lighter load initially. They also indicated that there are no time scheduling implications of the preceptorship program, since preceptees are slotted into the preceptors' schedule. Nurse administrators concurred with this response. Fifty percent of the head nurses said that they do not re-schedule preceptors to meet unit demands, while the remaining fifty percent said they do only if absolutely necessary. For those who would re-schedule if necessary, the majority would re-schedule the preceptee along with the preceptor. For those who would not, the preceptee would be assigned to another graduate nurse.

They also believe that the preceptorship program has no adverse effect on other staff working in their unit.

Nursing education administrators indicated that no major changes were required in their programs in order to incorporate preceptorship programs. The programs were add-ons to their existing program, or the original program was initially designed to include preceptorship.

Nurse administrators and nursing education administrators stated that there have been complaints from unions regarding non-payment of preceptors for their role. However, these are not actual problems at the moment. Professional nurses' organizations believe that part of the professional nurses' role is to socialize new members into the work environment, and this does not require extra pay. No other major problems with preceptorship programs were reported by either group.

The question of preceptor reward for their role is one which has been debated within schools of nursing. A majority of preceptors reported that the intrinsic reward of observing growth and accomplishment in the preceptee was enough. Schools have provided teas, given thank you letters, and provided use of school facilities to preceptors. However, they would like to have a more satisfactory way of rewarding them. Finances are not available to provide monetary rewards. To date a more suitable reward system has not been identified.

Conclusions

Based upon the data presented in this study, the following conclusions can be drawn,

1. Preceptorship programs are beneficial in easing the transition of the inexperienced nurse into the work environment.
2. Hospital administrations are supportive of preceptorship programs by making their clinical facilities available to preceptees and by permitting their staff to act as preceptors.
3. Preceptorship programs are beneficial to hospitals because they enhance recruitment efforts, and provide new employees who are well-oriented to the hospital environment, thus ensuring safer practitioners. Additionally, the preceptor role provides job enrichment for participating employees, leading to greater job satisfaction. Moreover, preceptors must research the literature for answers to preceptees' questions which increases the preceptors' knowledge and the way they provide care.
4. Hospitals are not adequately funded to release preceptors from duty time to receive orientation to their role and responsibilities in

preceptorship programs. In Canadian hospitals where budgets are becoming more restrictive each year and staff shortages are commonplace, it will become increasingly difficult for preceptors to be released from their nursing duties, to attend preceptor orientation, without additional funding to the hospitals.

5. Medical-surgical nursing units are the areas best suited to the conduct of preceptorship programs. Other types of nursing units can be utilized depending on program objectives. An average of three preceptees can be accommodated in a nursing unit averaging thirty-five beds.
6. Preceptors are the primary persons who assist inexperienced nurses (preceptees) in adjusting to the work environment. The preceptors generally have sufficient teaching skills and knowledge of their role and responsibilities, following a one-day orientation session, to adequately function as preceptors. A three-day orientation session would better prepare preceptors for their role.
7. Preceptors must be full-time employees who have a minimum of two years nursing experience and in the opinion of their head nurse, must be

clinically competent nurses, who are able to apply nursing theory to practice; communicate well; demonstrate leadership ability and flexibility; provide feedback; and evaluate others. They should be asked to volunteer, for the preceptor role.

8. A majority of preceptors have adequate time to teach preceptees and give daily, consistent feedback to them.
9. The arrangement for preceptee evaluation, joint responsibility between preceptors and faculty liaisons, is satisfactory to both groups.
10. The most frequently encountered difficulties of preceptors were related to: a hectic work schedule not permitting sufficient time to teach; other staff members expecting assistance with their work; difficulty in telling preceptees about their clinical weaknesses; and difficulty in permitting preceptees to function independently as they become more proficient.
11. Preceptors find their role gratifying, particularly observing the student grow professionally to a secure, confident nurse; and knowing they (preceptors) had been instrumental in bringing about the growth.

12. Shift work is a useful learning experience for preceptees as it provides them with a realistic picture of what nursing is like on shifts other than day shift.
13. A faculty liaison to preceptee ratio of 1:15 - 20 permits greater personal contact between the faculty liaison and hospital staff than do larger ratios. This is more satisfying to hospital staff and allows for greater issues clarification and guidance of preceptors.
14. In the event of problems, faculty liaisons need to be available to preceptors on all shifts. This could be accomplished by telephone through tracers.
15. The role of the head nurse in preceptorship programs is to set the tone and morale of her unit; to select preceptors; and to act as a resource person to ensure that the preceptorship is proceeding smoothly.
16. Preceptors generally carry a full patient assignment while precepting, and may be re-scheduled, if absolutely necessary, to meet unit demands. Generally, preceptees would be re-scheduled with their preceptor.

17. Preceptorship programs have no adverse effect on other staff working on the nursing unit. If anything, preceptorship programs enhance the functioning of nursing units.
18. No major changes are required in hospitals to incorporate preceptorship programs.
19. A potential problem with unions exists in the area of preceptor remuneration. However, funds are not available to reimburse preceptors for their role.
20. Schools of nursing are not entirely satisfied with the nature of current preceptor rewards. A more suitable reward system has not yet been identified.

Recommendations

Preceptorship programs are relatively new in nursing, having been introduced approximately ten years ago. However, in the short time they have existed, all have played a significant role in reducing reality shock for the neophyte nurse, and in easing her transition into the work environment. In view of the success of preceptorship programs in the schools visited, the following recommendations are made:

1. That consideration be given to the introduction

of preceptorship programs in Newfoundland schools of nursing, where they do not exist.

2. That hospitals be funded by the provincial government to cover costs involved in providing orientation for preceptors to their role and responsibilities.
3. That schools of nursing be funded to cover the costs of preceptorship programs. These costs would include: salaries for faculty liaison members; and the cost of providing rewards for preceptors, for example, a luncheon in their honor.
4. That hospital administrators provide support for the introduction of preceptorship programs. This support could be demonstrated by actively seeking funding for such programs from government, and by making their clinical facilities and staff available for the conduct of preceptorship programs.
5. That medical-surgical nursing units be primarily utilized for preceptorship programs. Other units such as obstetrics, psychiatry, paediatrics, critical care and extended care should be utilized if program objectives warrant their use, or if preceptees desire experience there.

6. That shift work be incorporated into a preceptorship program to provide a realistic view of nursing.
7. That those selected as preceptors have a minimum of two years of nursing experience. They should: be clinically competent nurses in the opinion of their head nurses; be able to apply nursing theory to practice; communicate well; demonstrate leadership ability and flexibility; and be able to give feedback and evaluate others.
8. That head nurses and/or supervisors be actively involved in selecting suitable preceptors.
9. That preceptors and faculty liaison members jointly evaluate the preceptees.
10. That faculty liaison to preceptee ratio be not more than 1:20 and that the provincial government provide adequate funding to maintain this ratio.
11. That nursing unit staff be educated regarding the role of preceptors to avoid placing extra demands on them.
12. That the work load of preceptors be carefully monitored by head nurses and a reduced patient load be assigned if the preceptor does not have sufficient time to teach the preceptee.

13. That discussion be held between the Newfoundland nurses' union and schools of nursing to clarify the role of preceptors and their professional responsibility to orient new members to the work environment.

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APPENDIX A

Correspondence



MEMORIAL UNIVERSITY OF NEWFOUNDLAND

St. John's, Newfoundland, Canada A1B 3X8

*Department of Educational Administration**Telex: 016-4101**Tel.: (709) 737-7647/8*

September 3, 1985

Mrs. Verle Waters, Assistant Dean
Health and Science Department
Ohlone College
43600 Mission Blvd.
Fremont, California 94539

Dear Madam:

The purpose of this letter is to request your permission for my graduate student, Elizabeth Adey, to visit your college and affiliated hospitals during the week of September 23 - September 27, 1985. While there, Ms. Adey will be meeting with you and other selected college and hospital members so as to acquire knowledge of preceptorship programs in nursing.

We are most anxious to receive your permission to visit your college, since the findings will greatly assist in developing a preceptorship program for Newfoundland nurses patterned on your successful experience.

I would appreciate hearing from you at your earliest convenience.

Elizabeth Adey
Graduate Student

Dr. D.L. Treslan
Associate Professor



MEMORIAL UNIVERSITY OF NEWFOUNDLAND

St. John's, Newfoundland, Canada A1B 3X8

Department of Educational Administration

Telex: 016-4101

Tel.: (709) 737-7647/8

September 3, 1985

Ms. Margaret Neylan
Department Head, Nursing
B.C. Institute of Technology
37700 Willington Avenue
Burnaby, BC
V5G 3H2

Dear Madam:

The purpose of this letter is to request your permission for my graduate student, Elizabeth Adey, to visit your college and affiliated hospitals during the week of September 30 - October 4, 1985. While there, Ms. Adey will be meeting with you and other selected college and hospital members so as to acquire knowledge of preceptorship programs in nursing.

We are most anxious to receive your permission to visit your college, since the findings will greatly assist in developing a preceptorship program for Newfoundland nurses patterned on your successful experience.

I would appreciate hearing from you at your earliest convenience.

Elizabeth Adey
Graduate Student

Dr. D.L. Treslan
Associate Professor



MEMORIAL UNIVERSITY OF NEWFOUNDLAND

St. John's, Newfoundland, Canada A1B 3X8

Department of Educational Administration

Telex: 016-4101

Tel.: (709) 737-7647/8

September 3, 1985

Ms. Donna Wells
Dean, Health Sciences
Seneca College of Applied
Arts and Technology
1255 Sheppard Avenue East
Willowdale, ON
M2K 1E2

Dear Madam:

The purpose of this letter is to request your permission for my graduate student, Elizabeth Adey, to visit your college and affiliated hospitals during the week of October 7 - October 11, 1985. While there, Ms. Adey will be meeting with you and other selected college and hospital members so as to acquire knowledge of preceptorship programs in nursing.

We are most anxious to receive your permission to visit your college, since the findings will greatly assist in developing a preceptorship program for Newfoundland nurses patterned on your successful experience.

I would appreciate hearing from you at your earliest convenience.

Elizabeth Adey
Graduate Student

Dr. D. D. Iresian
Associate Professor



MEMORIAL UNIVERSITY OF NEWFOUNDLAND

St. John's, Newfoundland, Canada A1B 3X8

Department of Educational Administration

Telex: 016-4101

Tel.: (709) 737-7647/8

September 3, 1985.

Ms. Irmajean Bajnok
Chairperson, Nursing Dept.
Ryerson Polytechnical Institute
350 Victoria Street
Toronto, ON
M5B 2K3

Dear Madam:

The purpose of this letter is to request your permission for my graduate student, Elizabeth Adey, to visit your college and affiliated hospitals during the week of October 14 - October 18, 1985. While there, Ms. Adey will be meeting with you and other selected college and hospital members so as to acquire knowledge of preceptorship programs in nursing.

We are most anxious to receive your permission to visit your college, since the findings will greatly assist in developing a preceptorship program for Newfoundland nurses patterned on your successful experience.

I would appreciate hearing from you at your earliest convenience.

Elizabeth Adey
Graduate Student

Dr. D.L. Treslan
Associate Professor

Fremont-Newark
Community College
District



September 16, 1985

Dr. D.L. Treslan
Associate Professor
Dept. of Educational Administration
Memorial University of Newfoundland
St. John's, Newfoundland, Canada A1B 3X8

Dear Dr. Treslan:

It will be our pleasure to have Ms. Eliabeth Adey visit our college and affiliated hospitals September 23-27.

Sharlene Limon, Nursing Program Coordinator, is arranging visits for Ms. Adey with faculty, hospital personnel, an Ohlone graduates.

The nursing preceptorship has been a successful addition to our program, and we appreciate the opportunity to share our experience.

Sincerely,

Verle Waters
Assistant Dean
Health & Science

VW:rk
NUR00030

43600 Mission Blvd.
P.O. Box 3909
Fremont, CA 94539

September 17, 1985

Dr. D. L. Treslan
Associate Professor
Department of Educational
Administration
Memorial University of
Newfoundland
St. John's, Newfoundland
A1B 3X8

Dear Dr. D.L. Treslan,

In response to your letter of September 3, 1985, permission has been granted for Elizabeth Adey's visit during the week of September 30 - October 4, 1985.

Please find a partial schedule for the week. Mary Whitehead C.I. for Term 5 will be arranging for the presently unscheduled intervals. The finalized schedule will be available when Elizabeth Adey meets with me at 9:00 a.m. on Monday, September 30, 1985 in my office 2N 418 at BCIT. A map of the campus is enclosed.

I am pleased to note that the findings from Ms. Adey's visit are to be used to assist in developing a preceptorship program for Newfoundland nurses. The agencies and ourselves would be interested in having a copy of the report.

Sincerely

Margaret S. Neylan
Department Head
General Nursing

c.c. Brian Gillespie
Mary Whitehead
Joan Belfry
Elizabeth Adey

Enclosures

MSN:cms



SENECA COLLEGE OF APPLIED ARTS AND TECHNOLOGY

1255 SHEPPARD AVENUE EAST, NORTH YORK, ONTARIO M2K 1E2

• 491-5050

September 18, 1985

Dr. D.L. Treslan
Associate Professor
Department of Educational Administration
Memorial University of Newfoundland
St. John's, Newfoundland
A1B 3X8

Dear Doctor Treslan:

We would be most pleased to have Elizabeth Adey visit our College and affiliated hospitals during the week of October 7th to October 11th.

We trust the arrangements made by Kathie Janzen, Chairman, Clinical Nursing will be most beneficial for Elizabeth, and look forward to seeing her again.

Sincerely yours,

Donna M. Wells
Dean, Health Sciences

DMW:cg

September 12, 1985

Dr. D. L. Treslian
Associate Professor
Memorial University of Newfoundland
Department of Educational
Administration
St. John's, Newfoundland A1B 3X8

Dear Dr. Treslian,

I am most happy to welcome Elizabeth Adey to Ryerson to complete project requirements for her graduate studies. I have sent Elizabeth particulars about the time frame and what we could possibly arrange and have attached a copy of my letter to her for your information.

I certainly have not at this time, made any arrangements with hospitals and would anticipate that once Elizabeth is here, specific arrangements could be made and interviews established. I am certainly happy to be involved with Memorial University in this way. Please feel free to contact me again, should you require any further information.

Sincerely,

Irma Jean Bajnok
Chairman

IB/ap

Enc.

APPENDIX B

Questionnaires and Structured Interviews

PRECEPTOR QUESTIONNAIRE

In order to assist in the analysis of preceptorship programs, your completion of this questionnaire would be greatly appreciated.

1. Did you receive an adequate orientation to the preceptorship program including teaching/learning principles?

Yes ___ No ___

Comments: _____

2. What other aspects were included in your orientation? _____

3. Did you feel you had sufficient time to supervise and teach your preceptee?

Yes ___ No ___

Comments: _____

4. Did you feel you had sufficient skill to supervise and teach your preceptee?

Yes ___ No ___

Comments: _____

5. Were you able to give your preceptee daily consistent feedback?

Yes _____ No _____

Comments: _____

6. Was the faculty liaison available when you needed her?

Yes _____ No _____

Comments: _____

7. Did you have sufficient input into the evaluation of the student's clinical performance? Yes _____ No _____

Comments: _____

8. What did you find to be the most satisfying features of your role as preceptor? _____

9. What were the difficulties in your role as preceptor? _____

10. What problems did you encounter in your ward duties as a result of the added task of precepting? _____

11. How were you rewarded for your role as preceptor? _____

12. Were you satisfied with this reward? Yes _____ No _____

Comments: _____

13. Would you be willing to participate again as a preceptor to a pre-graduate student? Yes _____ No _____

Comments: _____

Thank you for completing this questionnaire.

PRECEPTEE QUESTIONNAIRE

In order to assist in the analysis of preceptorship programs, your completion of this questionnaire would be greatly appreciated.

1. Has the preceptorship program assisted you in being able to carry a patient assignment similar to that of a beginning graduate? Yes ____ No ____

Comments: _____

2. Was the preceptor or another staff member the primary person involved in assisting you to meet your learning needs?

3. Was shift work a meaningful experience? Yes ____ No ____

Comments: _____

4. Was the assistance you received from your preceptor (in your opinion)

(a) too much ____ (b) too little ____ (c) just about right ____

Comments: _____

5. Comment on the teaching abilities of the preceptor.

6. How many shifts was your preceptor absent? _____
7. If your preceptor was absent, from whom were you able to get the assistance you needed?

8. Describe the major difficulties that arose as a result of being a preceptee. _____

9. Describe the major benefits you received from being in the Preceptor Program? _____

10. Are there any changes which you would suggest for preceptorship programs of the future? _____

11. Do you feel the preceptorship program should be used for senior students in the future? Yes _____ No _____

Comments: _____

12. Any other comments? _____

Thank you for completing this questionnaire.

FACULTY LIAISON QUESTIONNAIRE

In order to assist in the analysis of preceptorship programs, your completion of this questionnaire would be greatly appreciated.

Please comment on:

1. Describe the criteria for preceptor selection _____

2. Comment on the effectiveness of the orientation program for the preceptee.

3. Comment on the effectiveness of the preceptor orientation program

4. How many preceptees can be comfortably handled by one faculty liaison person?

5. Comment on the teaching skills of the preceptor. _____

6. What is the role of the head nurse in a preceptorship program?

7. How did you participate in the preceptee evaluations?

8. How frequently were you consulted by the preceptors for assistance in dealing with problems? _____

9. How much of each day did you need to be available in the hospital?

10. Is there a need for faculty liaison on all shifts worked by preceptees?

Yes _____ No _____

Comment: _____

11. How often was a preceptor absent and arrangements had to be made for an alternate preceptor? _____

12. What is your opinion about the effectiveness of a preceptorship program in easing the transition of senior nursing students into the work environment?

Thank you for completing this questionnaire.

HEAD NURSE STRUCTURED INTERVIEW

Would you please outline the criteria for preceptor selection?

1. What effect does this program have on your time and role as Head Nurse?
2. How many patients do you have on this unit?
3. What is the level of care for these patients?
4. How many staff nurses do you have?
5. How many preceptees can be comfortably handled at one time on your unit?
6. What are the implications for unit functioning?
7. How are preceptors selected?
8. How are preceptors and preceptees paired?
9. What effect does precepting have on the preceptor's role as a unit nurse?
10. Does the preceptor still carry responsibility for a full patient load?
11. What effect does the preceptorship program have on other staff?
12. Is it necessary to hire additional staff for the unit while the preceptorship is in progress?
13. How effective is the orientation program for preceptors?
14. Is time off duty granted to preceptors to attend preceptor orientation classes or do they have to utilize their days off?
15. How is the preceptor's absent time from the ward covered?
16. What time scheduling implications are associated with the preceptorship program?
17. Are preceptors re-scheduled, if necessary, to meet unit demands?

18. If the preceptor is re-scheduled, what arrangements are made for the preceptee?
19. Is there a written description of the responsibilities of the preceptor and head nurse in regard to selecting learning experiences, supervision and evaluating the preceptee's progress?
20. In your view how does a preceptorship program ease the transition of the inexperienced nurse into the work environment? Could you comment please?
21. Are there any other comments regarding preceptorship programs which you wish to make?

Thank you for your assistance.

NURSE ADMINISTRATOR STRUCTURED INTERVIEW

1. What are the benefits to the hospital of providing a preceptorship program?
2. What are the financial implications for the hospital of a preceptorship program?
3. Does the funding source support the preceptorship program by providing adequate funds to the hospital.
4. In what way is the hospital administration supportive of the program?
5. What is the rate of return to your hospital of nurses who have received their preceptorship experience at your hospital?
6. In your view, does a preceptorship program ease the transition of the inexperienced nurse into the work environment? Would you comment, please?
7. What time scheduling implications are associated with the preceptorship program?
8. What specific nursing units would you use or not use for preceptorship?
9. What problems have developed with unions as a result of the preceptorship program?
10. How have these problems been handled?
11. What other problems have been associated with the preceptorship program?
12. How was the faculty liaison helpful in the preceptorship?
13. What ratio of faculty liaison/preceptee would you recommend?
14. What is the role of the head nurse in preceptorship?
15. Do you have any other comments or suggestions that would be helpful in developing a preceptorship program.

Thank you for your assistance.

NURSING EDUCATION ADMINISTRATORSTRUCTURED INTERVIEW

1. In your view, does a preceptorship program ease the transition of the inexperienced nurse into the work environment? Would you please comment?
2. What are the benefits to the school of a preceptorship program?
3. What are the financial implications for the school of a preceptorship program?
4. Does the funding source support your preceptorship program by providing adequate funds to the school?
5. Is your college administration supportive of your preceptorship program?
6. What types of nursing units would you recommend for use in preceptorship?
7. What is the nature of the orientation program for those involved in the preceptorship?
8. What is the faculty liaison/preceptee ratio?
9. What changes were required in your school in order to incorporate a preceptorship program?
10. What problems have developed with unions as a result of preceptorship programs?
11. How have these problems been handled?
12. What other problems have been associated with preceptorship?
13. How have these problems been handled?
14. How are preceptors rewarded for their role?
15. Are there any plans to change the reward system?
16. Do you have any other advice or suggestions which would be helpful in developing a preceptorship program?

Thank you for your assistance.



