PERCEPTIONS OF CRITICAL CARE NURSE PRECEPTORS
RELATED TO REWARDS, BENEFITS, SUPPORT
AND COMMITMENT TO THE PRECEPTOR ROLE

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ABSTRACT

RESEARCH PAPER: Perceptions of Critical Care Nurse Preceptors Related to Rewards, Benefits, Support and Commitment to Preceptor Role

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Preceptors are frequently used to orient nurses to new roles in critical care units. Factors that enhance and sustain preceptorship models in critical care units have not been clarified. Specifically, more information is needed about critical care nurse preceptors’ perceptions related to the preceptor role. The purpose of this study is to explore the inter-relationships among critical care nurse preceptors’ perceived rewards, benefits, support, and role commitment. This study is a partial replication and extension of research conducted by Dibert and Goldenberg (1995) and Hyrkas and Shoemaker (2007). The random sample for the study is drawn from a national pool of critical care nurses who function as preceptors of new nurse graduates in critical care units (n = 100). The conceptual framework is Kanter's (1977) model of Structural Determinants of Behaviour in Organizations. Instrumentation for the correlational study included the Preceptor’s Perception of Benefits and Reward Scale (Dibert & Goldenberg, 1995), the Preceptor’s Perception of Support Scale (Dibert & Goldenberg, 1995), and the Commitment to the Preceptor Role Scale (Modway, Steers, & Porter, 1979). Findings of the study will add to what is known about preceptors’ perceptions and may help guide the development of preceptorship programs in critical care units.
Chapter 1

Introduction

Introduction

Preceptorships are an integral piece of professional education and a common element in role transitions in the discipline of nursing. Preceptorships are short-term relationships intended to assist a newly qualified nurse to adjust to the nursing role. Preceptorships provide access to an experienced and competent role model and a means to build a one-on-one teaching relationship. Preceptorship models are used frequently in clinical settings for student nurse education, as well as in orienting new nurses to professional practice. Preceptorships may also provide support to experienced nurses who are transitioning into new roles or settings (Kaviani & Stillwell, 2000; Billay & Myrick, 2008).

There has been no other time in history when the nursing shortage has been more severe, and, during this time, hospitals must utilize ways to recruit and retain competent nursing staff (Boswell & Wilhoit, 2004). It is reported that 3 of 10 nurses under the age of 30 years are planning to leave the profession within 1 year (Murphy, 2008). This shortage is due to an aging workforce of nurses, lower wages compared to other professionals, and the combination of supply issues related to stringent demands on
hospitals to care for older, sicker patients with state of the art technology and budget constraints. Hospitals must ensure recruitment and retention of nursing staff to reduce patient mortality and maintain a competitive edge. New nurses who perceive themselves as unable to provide competent care result in costly attrition and decreased performance for the health care agency. It is for these reasons that it is important for nursing leaders and staff to become involved in helping new nurses transition from novice to staff nurse. Additionally, the literature indicates that new nurses become more satisfied and productive members of the team when they are precepted by more experienced nurses (Boswell & Wilhoit, 2004).

There are many challenges inherent with precepting including time management, decreased productivity, perceived lack of administrative support, workload adjustments, and additional responsibilities for the preceptor. While precepting, nurses are also expected to fulfill the responsibilities for a full patient assignment. Preceptors provide one-to-one support to their preceptee by acting as a role model, evaluator, and teacher. Functioning as a preceptor in the critical care setting includes great responsibility and can be very stressful, especially when nurses feel unprepared for the role (Fothergill & Kerr, 2007).

Valuable knowledge has been gained from studies on registered nurses’ preceptorship experiences; however, there remains a lack of research on how to retain and support preceptors, especially critical care nurse preceptors. To create effective preceptorship programs, foster and support professional relationships, and promote evidence based teaching at the bedside, more research is needed. As the research evidence base is built, there will be a greater understanding of the roles of the student and
preceptor, better utilization of human and fiscal resources, and optimization of nursing curricula.

The purpose of this study is to explore the inter-relationships among critical care nurse preceptors’ perceived benefits, rewards, support, and role commitment. Findings of the study will add to what is known about preceptors’ perceptions and may help guide the development of preceptorship programs in critical care units.

*Background and Significance*

The importance of nursing preceptorships was first recognized by Turnbull in 1983. Goldenberg’s studies followed in 1987 and 1988 and showed that self-esteem was enhanced by serving as a preceptor. Furthermore, being selected as a preceptor was an acknowledgement of teaching abilities, clinical expertise, and professionalism by peers, supervisors, and managers (Hyrkäs & Shoemaker, 2007). Over the past two decades, preceptorships have been adopted as a valued and appropriate model for professional preparation (Billay & Myrick, 2008). Preceptorships have become an important component of education that provides new graduates with reality based, skill-oriented experiences. The preceptorship model provides new nurses the opportunity to develop self-confidence, increase competence, and socialize into the nursing profession. The three participants in the preceptor model include the preceptor, the preceptee, and the agency or institution; each has responsibilities within the triad relationship. Hallin and Danielson (2008) also recommend a preceptor model to facilitate learning environments that ensures flexibility and meets the needs of all parties involved.

There are many challenges inherent within this method of teaching such as recruitment, selection, orientation, and meaningful preceptor support. In order to create
effective preceptorship programs, foster support between the preceptor and institution, and promote evidence-based teaching in the clinical area, much research is still needed (Yonge, Hagler, Cox, & Drefs, 2008). Preceptors, especially critical care nurse preceptors, have to balance the needs of nursing students or new graduates and critically ill patients in a work environment with high care technology, high turnover, and demands for cost effectiveness. Studies suggest that preceptors better meet these demands when they are supported (Yonge, Krahn, Trojan, Reid, & Haase, 2002).

Dibert and Goldenberg (1995) were among the first to study preceptorships in nursing and intrinsic and extrinsic rewards associated with internships. The authors listed the most often cited intrinsic rewards in the literature, which included the opportunity to: share and broaden one’s own knowledge base; stimulate thinking; influence and teach practice; evaluate and reflect on one’s own practice; and participate in the growth and development of a novice nurse into a competent and confident professional. Extrinsic rewards were also cited and included pay differentials, educational advantages, luncheons, journal subscriptions, letters of recommendation, tuition fee waivers, and opportunities to attend conferences.

There is recognition of the energy, patience, and time required of preceptors in addition to the need of support to fulfill their role efficiently (Yonge et al., 2008). The need for support rises due to the demands from both patients and preceptees. Support is facilitated by several different means such as providing extra education and training for the preceptor role, allowing schedule and assignment adjustments, and establishing clear guidelines for the role. Preceptor educational programs which extend over several
months and have an evaluation at the end are considered systematic, strong and consistent forms of support (Dyer & Pardue, 1999).

Support from the education staff is crucial and is where a majority of the responsibility to provide support lies. Support from educators includes information and reassurance about curriculum and education, clarification of details during the preceptorship process, specific information regarding remediation to improve deficient performance. Without this support, preceptors tend to lose commitment (Ferguson, 1995).

The creation of a preceptor program includes an expenditure of institutional resources, such as fiscal and human resources. If preceptors fail to be supported, the investment will be lost. Support for preceptors was identified in research by Dibert and Goldenberg (1995) as essential to the success of preceptor programs. Support is established by preceptor training including learning and teaching strategies, principles of adult education, values and role clarification, conflict resolution, communication skills, assessment of individual learning needs, and evaluation of novice performance.

In order to develop effective preceptorship programs, it is important to understand the inter-relationships among nurse preceptors’ perceived benefits, rewards, support, and role commitment. Further study on preceptor support can contribute to increased knowledge of preceptor programs and their benefit to nurse preceptors.

**Problem Statement**

Preceptors are frequently used to orient nurses to new roles in critical care units. Factors that enhance and sustain preceptorship models in critical care units have not been
clarified. Specifically, more information is needed about critical care nurse preceptors’ perceptions related to the preceptor role.

Purpose of the Study

The purpose of this study is to explore the inter-relationships among critical care nurse preceptors’ perceived benefits, rewards, support, and role commitment. Findings of the study will add to what is known about preceptors’ perceptions and may help guide the development of preceptorship programs in critical care units. This study is a partial replication and extension of research conducted by Dibert and Goldenberg (1995) and Hyrkäs and Shoemaker (2007).

Research Questions

The following research questions guided this study:

1. What relationships exist among critical care nurse preceptors’ perceptions of perceived benefits and rewards and their commitment to their role?
2. What relationship exists between critical care nurse preceptors’ perceptions of support and their commitment to their role?

Theoretical Framework

The conceptual framework for the study will be Kanter’s (1977) model of Structural Determinants of Behavior in Organizations. According to Kanter, the underlying concepts of an integrated structural model of human behavior in organizations are opportunity and power. Opportunity refers to advancement possibilities, the chance to increase skill and competency, and rewards and recognition. Power, or support, refers to the access to information and supplies, access to support, and the ability to mobilize the opportunities to attain goals of the organization. In Kanter’s model, individuals who
perceive themselves as having access to opportunity and power, or support, are likely to be committed to organizational goals. As a result, the individual’s work effectiveness is positively affected (Dibert & Goldenberg, 1995). This study explores variables based on the concepts of power and opportunity and indirectly tests relationships among tenets in Kanter’s model.

Definitions of Terms

Conceptual Definitions

Preceptor: an experienced nurse, resource person, and role model who facilitates complex relationships, evaluates learning, fosters independence, develops orientees’ skills, competencies, and confidence, and assists with socialization of newly hired nurses or nursing students into a teaching-learning process in clinical settings over a predetermined time period that is defined by the educational institution or employer (Fothergill & Kerr, 2007).

Benefits: positive outcomes associated with services (Dibert & Goldenberg, 1995).

Rewards: positive outcomes associated with services (Dibert & Goldenberg, 1995).

Support: Perceptions of preceptors related to the conditions that enabled the performance of their preceptor functions. Access to resources, information, supplies, in addition to the ability to meet organizational goals when these resources are mobilized (Dibert & Goldenberg, 1995).

Commitment: A combination of attitudes that reflect one’s dedication to a role (Dibert & Goldenberg, 1995).
**Operational Definitions.**

**Benefits:** Total score on the Preceptor’s Perception of Benefits and Reward Scale (PPBR) (Dibert & Goldenberg, 1995).

**Rewards:** Total score on the Preceptor’s Perception of Benefits and Reward Scale (PPBR). Benefits and rewards are considered one concept (Dibert & Goldenberg, 1995).

**Support:** Total score on the Preceptor’s Perception of Support Scale (PPS) (Dibert & Goldenberg, 1995).

**Commitment:** Total score on Commitment to the Preceptor Role Scale (CPR) (Modway, Steers, & Porter, 1979).

**Limitations**

Several limitations are noted in this study. The convenience sample may introduce bias into the study. For example, those who participate may be those who are most enthusiastic about precepting or those who are most negative about precepting. A second limitation is that the instruments used in this study have not been tested in samples of preceptors who work solely in critical care clinical areas.

**Assumptions**

This study is grounded by the following assumptions:

1. Increased support is related to preceptorship success.
2. Preceptor programs will promote support for the preceptor role.
3. Participants will answer all questions honestly.

**Summary**

Preceptorships are a vital aspect of role transition for nurses. Nurse satisfaction and job retention may depend in part on experiences nurses have in preceptorships.
Because of the high stress associated with the preceptor role, strategic approaches to retention of preceptors are needed. Hospitals are challenged to provide skilled and dedicated preceptors by taking a proactive approach to preparing, recognizing, and rewarding preceptors. Little research has been conducted on the benefits, rewards, desired support and role commitment of preceptors. A particular void in knowledge is present among preceptors in critical care settings. The purpose of this study is to explore the inter-relationships among critical care nurse preceptors’ perceived benefits, rewards, support, and role commitment.
Chapter 2
Review of Literature

Introduction

Preceptors are frequently used to orient nurses to new roles in critical care units and may provide a valued method for enhancing nurses’ satisfaction with new roles. Popularity of the preceptor model increased in the 1980s and is now used in both the educational and clinical settings (Dibert & Goldenberg, 1995). Factors that enhance and sustain preceptorship models in critical care units have not been clarified. Specifically more information is needed about critical care nurse preceptors’ perceptions related to the preceptor role. The purpose of this study is to explore the inter-relationships among critical care nurse preceptors’ perceived benefits, rewards, support and role commitment. This study is a partial replication and extension of research conducted by Dibert and Goldenberg (1995) and Hyrkäs and Shoemaker (2007).

Organization of Literature

The review of literature contained many research studies pertaining to preceptors’ perceptions of benefits, rewards, support, stress, and commitment to the preceptor role.
The literature review is divided into six sections:

1. Theoretical Framework: Kanter’s (1977) Structural Determinant of Behavior in Organizations
2. The definition and characteristics of preceptors
3. Benefits, rewards, support and commitment to the preceptor role
4. Stress associated with the preceptor role
5. Clinical faculty, staff nurses, and students’ perspectives of precepting
6. Preceptor models

_Theoretical Framework_

The conceptual framework for this study is Kanter’s (1977) model of Structural Determinants of Behavior in Organizations. According to this model, power and opportunity are the basis for a structured model of human behavior in an organization. Power includes the ability to receive support, information, and supplies and to achieve organizational goals by mobilizing these resources. Opportunity includes the ability to advance, increase competence and skills, and to receive recognition and rewards as a result. Individuals who perceive they have access to power and opportunity are most likely to commit to attaining organizational goals and, thereby, increase work effectiveness (Dibert & Goldenberg, 1995).

Sarmiento, Laschinger, and Iwasiw (2004) stated that workplace attitudes and behaviors, according to Kanter (1977, 1993), are not determined by personal predispositions but by social structures in the workplace. When workers perceive that their work environments provide opportunity for access to power and growth, they are more empowered. However, when these conditions are lacking, employees feel
powerless. Powerless individuals are more susceptible to reduced job satisfaction and thus burnout, which threatens organizational productivity (Kanter, 1977).

Faulkner and Laschinger (2007) reported that Kanter (1977, 1993) identified six structural organizational conditions conducive to workplace empowerment: support, access to information, learning opportunities, resources, and formal and informal power. Faulkner and Laschinger re-iterated Kanter’s tenets that workplace characteristics influenced employees’ attitudes more than their own personal characteristics and that opportunity within a workplace reflected advancement possibilities. Faulkner and Laschinger noted that support was perceived when helpful feedback was received from managers, colleagues, and subordinates. Accessibility to resources was perceived when the necessary time and materials to complete a job effectively and efficiently were available. Formal power was achieved by workplace positions that were essential and visible in attaining organizational goals. Organizational peer alliances and relationships facilitated goal accomplishment in an organization. Work could be accomplished in meaningful ways, according to Kanter, when these structures empowered employees and motivated them to be more committed to organizational goals. Conversely, those who did not have access to such structures were less committed and had lower aspirations (Laschinger, 2004; Laschinger & Finegan, 2005).

Sarmiento et al. (2004) also stated that job-related activities that were exceptional, attracted attention of others, and were relevant in solving pressing organizational problems were defined as formal power. Informal power was defined as social and political alliances with peers, sponsors, coaches, mentors, and teachers who held higher level positions in the organization and who also provided approval, support, or prestige to
the individual, leading to mobility within the organizational hierarchy. Therefore, alliances with peers were necessary for any individual, because hierarchies could change from day to day (Brown & Kanter, 1982).

There has been considerable support for Kanter’s theory found in nursing research (Laschinger, 1996). For example, there are numerous studies, according to Faulkner and Laschinger (2007), that found relationships among important nursing outcomes and structural empowerment, such as job satisfaction (Laschinger & Havens, 1996; Laschinger, Finegan, & Shamian, 2001), work effectiveness (Laschinger & Wong, 1999, Laschinger, Wong, McMahon, & Kaufman, 1999), and organizational commitment (McDermott, Laschinger, & Shamian, 1996; Laschinger et al., 2001). Job satisfaction has been attributed to organizational outcomes secondary to empowerment (Whyte, 1995; Kutzscher, Sabiston, Laschinger, & Nish, 1996; Laschinger & Havens, 1996; Laschinger et al., 2001), lower levels of stress (Laschinger & Havens, 1996; Laschinger et al., 2001), and perceived nursing practice control (Laschinger & Havens, 1996). Hatcher and Laschinger (1996) found that all aspects of burnout were significantly related to staff nurse empowerment and structural access: depersonalization, emotional exhaustion, and personal accomplishment. Nurses from Sarmiento et al.’s study reported moderate empowerment on a scale ranging from 4 to 20. O’Brien’s (1997) results were similar (Sarmiento et al., 2004).

Sarmiento et al. (2004) concluded that Kanter’s (1993) propositions on the structure of the workplace did have positive effects on employees. Furthermore, the study suggested that work empowerment strategies increased job satisfaction and reduced burnout. More satisfied nurse educators engaged in their work with greater happiness
and accomplishment in their academic careers. As a result, student learning and the profession of nursing were more likely to recruit higher qualified nursing graduates that ensured quality patient care.

Sarmiento et al. (2004) hypothesized in their study that college nurse educators’ perceptions of informal and formal power in a workplace were positively related to workplace empowerment perceptions. This hypothesis was consistent with Kanter’s (1993) assertion that combined formal job characteristics and informal alliances in the organization influenced the employees accessibility to sources of information, support, opportunity, and resources that enabled them to accomplish work more effectively. This hypothesis was supported in Sarmiento et al.’s study. A second hypothesis stated that in part college nurse educators perceived workplace empowerment as negatively related to feelings of emotional exhaustion and depersonalization. That hypothesis was consistent with Kanter’s (1993) argument that power evolved from availability of work empowerment structures and assisted employees in accomplishing their work. Educators who were more empowered were more likely to meet students’ needs by working towards organizational goals. Emotional exhaustion was due to limited access to empowerment structures as well as frustration and failure, which resulted in depersonalization. These aspects of the second hypothesis were supported in the study. The final hypothesis in the study stated that college educators who were perceived to have an empowering workplace with low levels of burnout also had higher job satisfaction. Kanter (1993) explained that empowered individuals had access to empowerment structures that enabled them to utilize resources necessary to accomplish
work. Therefore, they were more productive, less likely to burn out, and thereby experienced increased job satisfaction. The final hypothesis was supported in the study.

Kanter’s (1977) theory can be also applied to preceptors and their commitment to their role in this current study. Preceptors who perceive they have access to power, such as information, support, and resources, and to opportunity, such as advancement, increased competence and skills, and recognition or rewards for the skills, would have an increased commitment to the preceptor role. On the other hand, preceptors who do not perceive they have access to power and opportunity would experience diminished commitment and preceptor programs would therefore decline (Dibert & Goldenberg, 1995). Rewards, benefits and support, which are variables in the current study, could be conceptualized as aspects of power and opportunity. Therefore, Kanter’s (1977) theory provides a logical framework for the current study.

*The Definition and Characteristics of Preceptors*

Preceptors and mentors share a closely related evidence base. While the focus of this literature review is on preceptors, selected studies on mentors and mentoring help to clarify what is known about the variables in this study. Therefore, in the process of defining the preceptor role and describing the characteristics of preceptors, literature on mentoring was also reviewed. It is summarized first in this section.

Published research on mentoring has focused primarily on what mentoring is and the roles of mentors and mentees in general, using quantitative methods. Research on mentoring has not included many studies using qualitative methods and has not addressed mentoring from a feminist perspective. Research also has not been directed to women’s experiences in particular. Alternative ways of knowing and sharing in relation to
mentoring need to be explored. A study by Glass and Walter (2000) focused on the relationship between personal and professional growth and peer mentoring with female nurses only. It intended to contribute to the current evidence base by investigating a peer mentoring process with female nurses using qualitative methods. The question that guided the study was, “What was the relationship between professional and personal growth and mentoring of peers?” The authors used the paradigm of critical social science and feminist theory based on the belief that women and nurses are oppressed but can become empowered in environments that are supportive, caring, and foster self-awareness and self-growth (Glass & Walter, 2000).

This study was conducted at Southern Cross University in Australia. Respondents for the study were six undergraduate nursing students in their second year of the program and the degree coordinator, ranging from ages 26-45 years (n = 7) (Glass & Walter, 2000).

The research consisted of two qualitative methods, focus group interviews and individual reflective journaling. After ethical approval, the group met for one hour on twelve occasions weekly. During each session, the participants discussed any professional or personal issues that may or may not be impacting their lives during that particular week. The issues that were discussed were taken from their respective journals or they openly disclosed the information at that time. The focus group interviews were audio taped. The data were transcribed verbatim and were returned to the participants to check for accuracy and to make any corrections as necessary. All the participants agreed that the data were accurate and represented their disclosures. A thematic analysis was then conducted (Glass & Walter, 2000).
There were five themes that arose from data analysis: being acknowledged, feeling validated, sensing belonging, verbalizing vulnerability, and understanding dualisms. The first four themes dealt with personal connections within the group and consistently demonstrated how these connections provided a supportive and safe climate, enabling the participants to explore personal or professional issues. The theme of understanding dualisms pertained to the dualistic academic performance for self and performance for others, which involved both personal and professional issues. “It appeared that the supportive nature of each individual participant towards each other and the group in totality created and enhanced the ultimate strength of the group” (Glass & Walter, 2000, p. 157).

The most striking evidence from this study was that peer mentoring provided a nurturing climate for personal growth. The strength of the group and the interactive, supportive nature of the members, made it much easier and safer for participants to disclose and work through their emotional issues. This process of feeling safe to speak out reflects women’s transformation from silence to non-silence. The article stated that an important strategy for effective nursing is for students to be able to resolve personal issues before effectively caring for others. The author further noted that the tool that nurses bring to the environment of health care is their self, so nurses should commit to caring and healing themselves as well as each other (Glass & Walter, 2000).

The article illustrated that learning, caring, and reciprocity were major traits of peer mentoring. Support of each other was made possible by the mentoring relationships, which was a strong survival skill needed to improve positions of both nurses and women. There was power in numbers who join together, validate themselves, and support each
other. “This research is important primarily because it uncovers new dimensions on a previous research topic and that through the public dissemination of this critical research we advance nursing education and ultimately nursing practice” (Glass & Walter, 2000, p. 159).

Several underlying themes from the work of Glass and Walter are explored further from the perspective of precepting in a study by Henderson, Fox, and Malko-Nyhan (2006). Henderson et al. contended that in order for preceptors to be successful, there must be a supportive relationship among staff and preceptors. The preceptor’s role is an integral part of new staff’s development of skills. They are also viewed as a counselor, role model, coach and an inspiration to new staff. Their relationship continues until the new staff reaches a predetermined level of competence. There is limited research in assessing preceptor effectiveness, and it cannot be assumed that all practitioners can function automatically as a preceptor. The purpose of this study was to explore the usefulness and appropriateness of managerial and educational support provided to preceptors within a specific organization. Concepts explored in a study by Henderson et al. consisted of preparation of preceptors with education programs to help them expand their role; ways to deal with the added pressure of precepting; willingness to take on the precepting role; attitudes of senior personnel and the environment and their influence on professional development and acceptance of new students or staff; and horizontal violence. This study explored usefulness and appropriateness of managerial and educational support which was provided to preceptors within the organization. No theoretical framework was cited for the study (Henderson et al.).
A two-day preceptor preparation workshop was offered to all registered nurses with at least one year of experience within the organization who possessed the desire and aptitude to be preceptors at Royal Brisbane and Women’s Hospital Health Service District in Australia. Participants reviewed roles, responsibilities, needs of preceptees, performance assessment, adult learning, effective teaching, support available, and were given a resource book. Afterwards, there were two-hour update sessions offered periodically by educators. Participants were identified from the list of attendees at these workshops. Recent attendees, as well as senior nurses, were invited to be among the semi-structured focus group interviews (n = 36). Six focus groups included two to four nurses, and were conducted at two to three months and six to nine months after workshop attendance and lasted approximately one hour. All interviews were audio-taped (Henderson et al., 2006).

Responses were analyzed by themes, which were labeled: lack of satisfaction with support, satisfaction with preparation for the precepting role, and satisfaction with the precepting role. Mainly, the lack of satisfaction resulted from the organizational standpoint. Preceptors felt that there was a lack of structure and time allocation to provide effective guidance. Also, the need for a preceptor network was discussed where preceptors could share knowledge and coordinate efforts. Results found that most of the preceptors were satisfied with the course preparation for their role. Concerning satisfaction with their role, further categories emerged. Many of the preceptors felt satisfaction from acting as a preceptor while they also enjoyed the extension of their activities and interacting with new staff. In addition, the staff enjoyed learning from others (Henderson et al., 2006).
Overall, preceptors enjoyed their role and understood characteristics needed for their role. Educational programs provided guidance to these groups and were well received. There were concerns, however, expressed by many of the respondents regarding perceived support for their role that caused some negativity towards the role. Solutions to this problem included: decreasing workloads, synchronizing schedules, establishing clinical preceptor networks, and implementing a reward system consisting of educational opportunities (Henderson et al., 2006).

In conclusion, the article stated that preceptors play an instrumental role in preparing new staff. Organizations should recognize the positive contribution of preceptorships and ensure support by providing effective scheduling, appropriate education, and allowing adequate time for teaching and feedback. Relying on only intrinsic awards will most likely be insufficient to sustain preceptorships. Preparation, continuing education, and support are vital for valuable and experienced preceptors (Henderson et al., 2006).

**Benefits, Rewards, Support and Commitment to the Preceptor Role**

Preceptor programs are widely used to integrate students and newly hired nurses into new roles and for preceptors to share knowledge with these individuals. The possibility of losing the human and fiscal investment made in the creation and maintenance of preceptor programs, when such programs failed to be supportive of preceptors, is evident. The purpose of the article was to study the relationship between preceptors’ perceptions of benefits, rewards, and support in relation to the preceptors’ commitment to the role. Dibert and Goldenberg (1995) identified Kanter’s (1977) model of Structural Determinants of Behaviour in Organizations as their framework for this
study, which stated that persons who have opportunity and power are more committed to the organization as well as their own work effectiveness as a result. Research questions were:

1. What is the relationship between the preceptors’ perceptions of benefits and rewards associated with the preceptor role and the preceptors’ commitment to the role?

2. What is the relationship between the preceptors’ perceptions of support for the preceptor role and the preceptors’ commitment to the role?

3. What is the relationship between the preceptors’ years of nursing experience and the preceptors’ (a) perceptions of benefits and rewards associated with the role, (b) perception of support for the preceptor role, and (c) commitment to the role?

4. What is the relationship between the number of times the preceptor has acted as a preceptor and the preceptors’ (a) perceptions of benefits and rewards associated with the preceptor role, (b) perception of support for the preceptor role, and (c) commitment to the role? (Dibert & Goldenberg, 1995, p. 1146)

The convenience sample consisted of 59 preceptors, 90% of whom had attended a program for preceptor training in the last 10 years. Educational levels of this group ranged from a college diploma to bachelors degree and 4 were “other.” The ages of the sample were 20 years or older. Everyone in the sample had been a nurse for 3-28 years and had had precepting experience for 1-8 years. Those studied had had experience precepting nursing students and newly hired nurses and/or both. No inclusion or exclusion criteria were mentioned (Dibert & Goldenberg, 1995).
A descriptive, correlational design was used in this study. The instrument consisted of a four-part questionnaire, which used a 6-point Likert scale, with answers ranging from strongly disagree to strongly agree and included: demographics, measurement of the Preceptors’ Perception of Benefits and Rewards (PPBR) (Dibert & Goldenberg, 1995), Perception of Support (PPS) (Dibert & Goldenberg, 1995), and Commitment to the Preceptor Role (CPR) (Modway, Steers, & Porter, 1979).

The PPBR Scale measured the opportunities perceived by the preceptor associated with the role and contained 14 items rated on a 6-point Likert-type scale (1 – strongly disagree) to (6 – strongly agree). The scale was developed using guidelines from the preceptor program currently being used in the study setting (Dibert & Goldenberg, 1995).

The PPS Scale measured the support perceived by the preceptor. It was composed of 17 items rated on a 6-point scale to measure preceptors’ perceptions of support for the preceptor role (Dibert & Goldenberg, 1995).

The CPR Scale (Modway et al., 1979) measured the commitment of the preceptor to her role and was comprised of 10 items adapted from the (OCQ) Organizational Commitment Questionnaire (Modway et al., 1979). The OCQ scale was modified by the researcher to a 6-point CPR Scale to measure commitment to the preceptor role by exchanging terms ‘preceptor program’ or ‘preceptor’ for ‘organization’ (Dibert & Goldenberg, 1995).

Internal consistency reliability coefficients of 0.91, 0.86 and 0.87 were reported. A pilot study was conducted to assess project feasibility and to test the instrument (Dibert & Goldenberg, 1995).
The data were analyzed using the SPSS-PC Statistical Package for Social Sciences program. The demographic data were analyzed using descriptive statistics and the remainder of the data were analyzed using inferential statistics. The level of significance was 0.05. Pertaining to the first research question, the more preceptors perceived benefits and rewards for precepting, the more they were likely to commit to this role (n = 52, r = 0.6347, p = 0.000). In relation to the second research question, the researchers found that there was a perception of support for newly hired nurses that was correlated with their commitment to the role (n = 30, r = 0.4644, p = 0.010). Regarding the third research question, years of experience of the preceptors in relation to perceptions of benefits and rewards did not show a statistical significance. Finally, findings related to research question four resulted in no significant relationship between the number of experiences by the preceptors and or their perception of support for their role. A significant positive relationship was found between commitment and in the number of times precepting (n = 24, p = 0.019), the number of times for precepting new nurses (n = 20, P = 0.003), and the number of times precepting nursing students was (n = 25, p = 0.061) (Dibert & Goldenberg, 1995).

The highest scores for benefits and rewards were in helping the preceptees to integrate into the unit, teaching new students and nurses, improve in teaching ability, and sharing of knowledge with the students and new nurses (Dibert & Goldenberg, 1995). In relation to support of the preceptors by staff and management, the preceptors felt that staff did not really understand the whole picture, in other words, what the goals of the preceptorship meant. The preceptors also felt that they had precepted too often and that administration did not highly commit to the preceptor program (Dibert & Goldenberg).
The study found that the preceptors tended to be committed to their role when there were worthy benefits/rewards/supports. The most highly regarded benefits/rewards of being a preceptor were opportunities to help preceptees integrate into the nursing staff, sharing knowledge and skills, teaching, and personal satisfaction. On the other hand, preceptors reported that the goals of precepting were misunderstood by nursing staff and that administration lacked commitment to the precepting program. Furthermore, the need for nursing coordinator support, preceptor development programs and help with identifying preceptee problems were also found in this study (Dibert & Goldenberg, 1995).

In conclusion, it was imperative to support preceptors and ensure that benefits/rewards/supports are identified and established to sustain them. Many human resources as well as time and money are involved with the precepting program, and, for it to prove to continue to be successful, administrators and educators must be involved in recognizing preceptors’ contributions and should try to determine what steps are necessary to sustain preceptor programs (Dibert & Goldenberg, 1995).

In a partial replication of Dibert and Goldenberg’s (1995) study, Hyrkäs and Shoemaker (2007) examined relationships between preceptors’ perceptions of benefits, support, rewards and commitment toward the role of the preceptor among a group of newly hired nurses and graduating nursing students. The authors further explored the intrinsic and extrinsic benefits and rewards of nursing preceptorships. The theoretical framework for this study, like Dibert and Goldenberg, was Kanter’s (1977) Structural Theory of Organizational Behavior. The research questions that guided the study were very similar to Dibert and Goldenberg’s and specifically asked:
1. What is the relationship between preceptors’ perceptions of benefits and rewards associated with (a) the preceptor role and (b) commitment to the role?
2. What is the relationship between preceptors’ perceptions of support for the (a) preceptor role and (b) the preceptor’s commitment to the role?
3. What is the relationship between the preceptor’s years of nursing experience and the preceptor’s (a) perception of benefits and reward associated with the preceptor role and (b) perceptions of support for the preceptor role and (c) commitment to the role?
4. What is the relationship between the number of times the preceptor has acted a preceptor and the preceptor’s (a) perceptions of benefits and rewards associated with the preceptor role (b) perceptions of support for the preceptor role and (c) commitment to the role? (Hyrkäs & Shoemaker, 2007, p. 516).

There were 82 participants and two data collection phases for this study. The first phase consisted of assessing preceptor sub-group A. Participants in sub-group A had attended preceptor workshops and could then work as preceptors for recently hired nurses. The response rate for this group to mailed questionnaires equaled 32.4% (n = 55). The second phase targeted 56 preceptors in sub-group B and consisted of those involved in fourth-year clinical practice courses within an undergraduate nursing course from a nearby university. The response rate for this sub-group was 48.2% (n = 27). Both mailing lists were checked for overlaps, and those discovered were excluded from the study. Overall, the response rate was 36.3% (Hyrkäs & Shoemaker, 2007).

Work experience of participants ranged between 2-38 years (mean = 16.8) and the length of preceptorship experiences ranged from 1-36 years (mean = 7.5). The age of
participants ranged from 23-61 years (mean 46.11). Participants were predominantly female and worked in a variety of different healthcare organizations. Preceptor workshop attendance was higher in sub-group A; however, 80.5% of all respondents had previously attended workshops for preceptors (Hyrkäs & Shoemaker, 2007).

The instrument utilized in this study consisted of a four-part questionnaire including the Preceptor’s Perception of Benefits and Rewards (PPBR) Scale (Dibert & Goldenberg, 1995), the Preceptor’s Perception of Support (PPS) Scale (Dibert & Goldenberg, 1995), Commitment to the Preceptor Role (CPR) Scale (Modway, Steers, & Porter, 1979) and a demographic information sheet. The scales were pilot tested with 17 staff nurses. The reliability of these scales was reported as Cronbach’s alpha coefficients of 0.90, 0.75, and 0.86, respectively (Hyrkäs & Shoemaker, 2007).

The PPBR Scale measured benefits and rewards, which were considered positive outcomes linked with services. It included 14 items, which were rated on a 6-point Likert scale and measured preceptors’ perceptions of opportunities related to the preceptor role. The scale ranged from 1, equaling strongly disagree, to 6, strongly agree (Hyrkäs & Shoemaker, 2007).

Conditions that allowed the performance of a function, or support, were measured by the PPS Scale. It included 17 items also on a Likert scale format, which measured preceptors’ perceptions of support for the role (Hyrkäs & Shoemaker, 2007).

Commitment, which implies a range of attitudes reflecting dedication to the preceptor role, was measured by the CPR Scale. The CPR Scale was adapted from Dibert and Goldenberg (1995) and measured commitment to the preceptor role by 10 items rated on the 6-point Likert scale (Hyrkäs & Shoemaker, 2007).
The demographic information sheet included education, years of nursing, experience as a preceptor, number and type of preceptor experiences, age, and gender. Further questions incorporated employment type, professional designation, graduation year and place, workplace type and location, and type of nursing care provided (Hyrkäs & Shoemaker, 2007).

Scores on the PPBR and CPR scales showed that the more the preceptors perceived that there were benefits and rewards, the more they were committed to the role \( (r = 0.60, p < 0.001) \). There were no significant correlations between the number of precepting experiences, commitment to the role, or perceptions of support (Hyrkäs & Shoemaker, 2007).

There were also no significant correlations between the years of nursing experience and scores on the PPBR, PPS and CPR Scales. In subgroup B, however, preceptors’ nursing experience was statistically significantly correlated with perceptions of support. Subgroup B ranked higher than subgroup A on: availability of the nursing coordinator \( (p < 0.05) \), comprehension of goals of preceptor program by other staff \( (p < 0.05) \), appropriate amount of workload for a precepting assignment \( (p < 0.01) \), and sufficient time for patient care while functioning as a preceptor \( (p < 0.05) \). In addition, significant differences regarding perception of support compared to preceptors’ graduation year \( (p < 0.04) \) were also discovered. Conversely, there were no relationships between number of experiences as a preceptor, number of types of preceptorship, educational background, or age on the three scales (Hyrkäs & Shoemaker, 2007).

On the PBR Scale, however, there were significant differences in benefits and rewards among preceptors based on graduation year \( (p = 0.04) \), workplace \( (p = 0.02) \) and
type of nursing work ($p = 0.04$). The preceptors who had graduated between 1981-1990 scored benefits and rewards higher than those who graduated in 1991-2000, or late 2001, and comparatively, those whose workplace was in homecare or nursing home settings, where long term or elder care was the primary issue scored higher versus those based in community health ($p = 0.02$) (Hyrkäs & Shoemaker, 2007).

When the results of Hyrkkä and Shoemaker’s (2007) study were compared to the earlier study performed by Dibert and Goldenberg (1995), there was much consistency between the findings. Mean scores for 40 answered questions were presented for the PPBR, PPS and CPR scales and were compared to the previous study. Most items were in the same rank order. There were some differences in the ranking order, which may suggest changes in preceptors’ perceptions over time, showing that respondents today have a higher perception of benefits and rewards from preceptor participation than those in previous studies. Overall, preceptors were committed to their role and more so when benefits are available. The findings may be somewhat biased within the sample due to the fact that the most active or enthusiastic preceptors or those who were supported by members of the faculty might have participated in preceptor workshops and completed the questionnaire (Hyrkäs & Shoemaker).

The trend suggested that preceptor appreciation and commitment of non-extrinsic benefits are increasing over time. For long-term development of the preceptor role, continuous facilitation of preceptor workshops and education programs would appear to be a vital, consistent form of support but not a replacement for ongoing support (Hyrkäs & Shoemaker, 2007).
The author concluded by stating that preceptors need continuous and ongoing support with preceptor relationships. Also, workshops were viewed as definitely beneficial, but only a starting point for a much larger preceptor program. Lastly, efficient support systems or networks for preceptors should be formulated and implemented for nurses in clinical settings (Hyrkäs & Shoemaker, 2007).

In a further study of the support required for nurses who professionally guide student nurses, Watson (2000) designed a study to speak to issues not previously addressed in research concerning the nature of support that mentors required to perform their duties to students. The setting was a large city trust in the United Kingdom. The design was ethnographic in nature. Data were first collected by means of 13 short, unstructured interviews with experienced mentors. It was the intention to collect data so that a questionnaire could be constructed and distributed to mentors within the trust so that the trust and higher educational institution could work on developing better support systems for mentors. The interview data were analyzed and items constructed for the final self-administered questionnaire, which was pre-piloted with university staff and trust managers. The questions were designed to ask the subjects their opinion on key topics that arose in the interviews (Watson, 2000).

After the pilot test, adjustments were made, and a full pilot study was completed within a ward in the trust. The instrument was a 61-item questionnaire. Fifteen of the questions were open-ended (Watson, 2000).

During the main study, 994 questionnaires were administered and 237 were returned, for a response rate of 24%. Findings indicated 48% of participants had taken a class titled Teaching and Assessing in the Clinical Setting, which prepared them for
mentoring. Regarding time to study for continuing education, or a study leave of five days over a 3 year period, 16.3% had received less than that. In addition, 39% of the participants felt they were inadequately prepared for their mentoring role. Despite these findings, 93.5% of those who responded enjoyed mentoring students, but less than half felt that they were given adequate time with their students. Concerning the preparation of the student for placement, 60.3% felt the students were inadequately prepared, and 73.5% felt that students’ basic nursing knowledge base was lacking. Two-thirds of the participants felt their colleagues were helpful (Watson, 2000).

Those mentors who had taken the Teaching and Assessing in the Clinical Setting class felt more prepared for their role as a mentor. Concerning the qualitative findings, staffing increases (n = 13), more time with the students (n = 22), accessibility of the educator (n = 14), mentor workshops (n = 13), and updating knowledge (n = 8) were all mentioned as ways to improve mentoring (Watson, 2000).

The author concluded that the trust and higher education institution provided inadequate support to their mentors. Simply being more accessible to and investing more for the mentors would be beneficial. For example, providing improved and more comprehensive mentor preparation, a general study leave, and valuing the mentor were found to be significant improvements to the subjects. Student support would be facilitated by making time for and being supportive of their mentors (Watson, 2000).

Stress Associated with the Preceptor Role

Nursing is a profession that relies on the clinical supervision of preceptors to instruct novice nurses in their clinical setting. Nurses report workload and staffing as significant factors related to turnover in the nursing profession. Nurses who already have
a full patient load and are given the additional responsibility of precepting another nurse
state that the time consuming nature of precepting in addition to their normal
responsibilities is a disadvantage. The purpose of Hautala, Saylor, and O’Leary-Kelley’s
(2007) study was to explore if staff nurses perceived stress when precepting new staff,
and, if so, how much. In addition, the study sought to determine if preceptors received
adequate support from other staff for their roles. Benner’s (1984) theory, which
highlighted the need for clinical experts who can provide teaching for novice nurses in
their beginning practice, was the framework for this study. The research questions were

1. Do experienced staff nurses experience stress when precepting?
2. If so, how much stress do preceptors experience?
3. What are the primary reasons for preceptor stress?
4. Do preceptors perceive that they receive sufficient support from other staff?

(Hautala et al., p. 65).

This was a descriptive, exploratory study using a questionnaire developed by the
investigators, which was distributed to a convenience sample of nurses (n = 65), who
were employed in an acute care setting in the San Francisco Bay area. The questionnaire
used a Likert scale to measure open-ended quantitative and qualitative questions. The
inclusion criteria were nurses who precepted students and/or new nurses and were
recognized as preceptors by their nurse manager (Hautala et al., 2007).

There were four parts to the questionnaire utilized in this study. The first part
consisted of demographic information. Secondly, perceptions of stress in the preceptor
role using a Likert-type scale developed by Yonge et al. (2002) were assessed, followed
by an open-ended question pursuing why precepting is stressful. The third section used
Dibert and Goldenberg’s (1995) Preceptors’ Perception of Support Scale (PPSS) to measure perceived support for the preceptor role using a Likert-type scale. Finally, the fourth part allowed for additional comments or viewpoints pertaining to their views of stress and support while precepting. Qualitative data were analyzed by grouping and coding like responses into frequent themes. Descriptive statistics were used to examine perceptions of stress and support as well as the sample (Hautala et al., 2007).

This study was limited due to the fact that it was a small sample, which precluded generalizing findings to all preceptors in nursing, and the two hospitals may not have fully represented the views of other hospitals. Furthermore, the participants may have been biased because participation was voluntary and may have been those who experienced more stress and/or less support and felt more inclined to participate (Hautala et al., 2007).

The demographics in this study by Hautala et al. (2007) consisted of predominantly women over the age of 40 years who worked more than 30 hours a week. Most of the participants had baccalaureate degrees and had worked as a nurse for over 10 years. The units in which they worked were critical care, general medicine, and specialty units where a majority indicated that precepting was part of their job description and part of their annual review. Forty-eight participants denied any special recognition from management for being a preceptor such as advancement, shift differential or a bonus (Hautala et al., 2007).

Most of the respondents reported perceiving stress while precepting. Mild to moderate stress was reported 83% of the time and 11% reported no stress. Years of nursing experience were not related to stress levels. Participants (92%) listed one or
more reasons for stress as a preceptor. Some of those reasons included increased time demands, heavy patient assignment, increased responsibility, high patient acuity, inadequate preceptee clinical competence, inadequate resource support, lack of guidelines, lack of acknowledgement/reward, and inadequate preceptor clinical confidence (Hautala et al., 2007).

Many of the participants (88%) reported that they had adequate preparation for the preceptor role and had adequate and clearly defined goals for precepting students (83%). Sixty-five percent felt that they received an appropriate workload and felt that coworkers (91%) and management (88%) were supportive to their preceptor role. Also, a nursing coordinator (49%) or educators (46%), were available to assist in preceptor development (Hautala et al., 2007).

Overall, most preceptors felt that precepting was stressful and increased the normal workload due to the extra responsibility for the work of the preceptee. Also, stress was also caused by competency or skill of the preceptee, support from coworkers, and self confidence. The study did indicate that there was a commitment to the preceptor role by coworkers, educator, nurse managers, and clinical nurse specialists on units who all wanted to see the preceptor program succeed, yet the preceptors still experienced mild to moderate stress (Hautala et al., 2007).

The article recommends addressing challenges that preceptors face. One suggestion was to consider workload when making assignments to allow for adequate teaching, especially in the beginning of orientation. Other suggestions included formulating written guidelines for precepting, offering feedback, and instituting preceptor classes. Preceptors are probably the most significant link for new nurses or students in
their orientation process as well as for recruitment and retention of new graduate nurses (Hautala et al., 2007).

There are many other challenges associated with preceptorships as an integral part of professional education. Among these are recruitment, selection, orientation and support of preceptors. In order to create, support and foster professional relationships and promote evidence-based teaching in the clinical areas between the agency and educational institution, research is needed to allow for a greater understanding of the roles of student, preceptor, and the institutions. A study by Yonge et al. (2008) focused on qualitative findings of focus groups of nurse preceptors. Many concepts, such as benefits, rewards, challenges, values, support, and increases in stress and workload, were explored and became the basis for the research by the authors. No theoretical framework was noted.

The sample consisted of 86 nursing preceptors who responded to a survey. A majority of the sample were female (n = 82) with an average age of 41.94 years and who worked mostly full time for an average of 18.4 years. Among the preceptors, 60.5% worked in acute settings and 31.4% worked in the community. Fifty-three percent held post-secondary certificate or diplomas, 43% had undergraduate degrees, and 2.3% had master’s degrees. They had precepted on average 1.53 students each (Yong et al., 2008).

A survey was distributed one time by mail in 2003 which collected both qualitative and quantitative data and was analyzed using SPSS 11.5. The pilot study yielded certain questions that were particularly relevant in providing perspective for numerical ratings. No mention of reliability or validity of the survey was reported (Yonge et al., 2008).
Respondents mostly reported that the preceptor role was an additional responsibility added to their job description, which created an overwhelming workload due to time required for teaching. Furthermore, most preceptors felt unprepared and reported three specific problems: students were not placed according to their future goals and interests, inappropriate materials were provided by the university for some areas, and the lack of advanced notice to preceptors of student placement. Preceptors felt that the university should give more advanced notice of student placement, as well as background information on knowledge, learning styles, previous clinical experience, and future goals. Also, preceptors felt the materials provided to the preceptors by the university were inappropriate for community, home palliative and operating room settings (Yonge et al., 2008).

Preceptors attributed their assignment to the role (n = 40/78) mainly to past experiences as a preceptor. Many times preceptors supplemented their experience by attending courses or in-services on precepting, reading materials from the university, or using other preceptors as role models (Yonge et al., 2008).

Lastly, deciding whether to continue to precept was based on financial compensation, formal certificates for their file, viewing the student’s growth and development, constructive feedback, and future educational opportunities. Some respondents believed that the experience alone was rewarding enough (Yonge et al., 2008).

The researchers concluded that precepting is valuable and time-consuming work and needs to be viewed as such. Precepting may possibly deserve its own job description with appropriate compensation. Furthermore, better preparation and professional
development in the form of in-service or a workshop is indicated. Advancement or the implementation of a clinical ladder could also be considered as a reward system. Advanced notice of student placement and precepting is also essential so that scheduling, education, expectation and evaluation techniques can be explored and decided. Evaluation tools need to be developed for evaluation of preceptees with longer and more appropriate placement of the student. The authors further noted that, even though the literature showed that preparation, rewards, and benefits have been recognized as extremely important for preceptorships and student learning, they are largely unaddressed. Consequently, this shortcoming may unfortunately have negative implications for institutions to prepare nursing students to perform in their roles as competent staff nurses and eventually as preceptors themselves (Yonge et al., 2008).

Clinical Faculty, Staff Nurses, and Students’ Perspectives of Precepting

Expectations of staff nurses in ever-changing healthcare systems have increased markedly in recent years, due to the escalating acuity and complexity of clients, increased care intensity, decreased hospital stays, and increased early discharges. In addition to routine expectations, nurses must also find time to teach new students. The purpose of a study by Langan (2003) was to examine the perceptions of clinical nurse faculty and staff nurses about the roles staff nurses play in student learning. Furthermore, the study aimed to explore how faculty practice affected the perception of nurse faculty roles and staff nurses who participated in student learning. Kahn, Wolfe, Quinn, Snoek, and Rosenthal’s (1964) role episode model was the organizing framework used in the study. Role is defined as a set of behaviors or activities which is performed by a person occupying a position in an organization. The role episode model is a complete cycle of
the role delineation or sending of the expectations to the focal person, the focal person response, and the effects of the response.

This study encompassed a convenience sample of faculty \( n = 30 \) from two nursing schools with baccalaureate nursing programs in the middle Atlantic region who expected clinical faculty to engage in faculty practice and two schools that did not. In addition, 44 staff nurses were involved in the study. Inclusion criteria for the registered nurse participants were that they were employees of the hospital that accepted nursing students from the target schools in the study and who had experience for at least one semester within the last year in an acute care unit where the baccalaureate nursing students and their faculty visited. Clinical faculty inclusion criteria were that they were full time employees and had taught baccalaureate nursing students for at least one clinical course on an acute care unit within the last year (Langan, 2003).

All participants completed a questionnaire and focus groups were conducted. Focus group discussion focused on role expectation, role overload, role ambiguity, and role conflict. Content validity was reported by the authors by asking expert opinions as to whether the interview discussion guides measured the correct constructs. Those consulted were doctorally prepared nursing administrators, a nurse faculty with 25 years experience in clinical teaching, and a bachelor prepared staff nurse with 10 years of experience. The sessions were taped and transcribed verbatim, coded and analyzed. Interrater reliability was 85% for the analysis. Demographic data were analyzed using Statistical Procedures for Social Sciences software. Quantifiable data were measured by descriptive analyses of frequencies and measures of central tendency (Langan, 2003).
Findings indicated that job descriptions of all clinical faculty mentioned faculty practice. There were inconsistencies among the hospitals involved concerning staff nurses’ job descriptions, but all levels of staff nurses stated that working with students was expected. Two of the hospitals, one a teaching hospital, did not mention working with nursing students. Six of 15 faculty members worked on units in which they taught as staff nurses. Nine were employed at institutions other than the one at which they taught. Fourteen of 15 had received master’s degrees. Three were instructors, 2 were associate professors, and 10 were assistant professors. Among the staff nurses, 4 had diplomas and 2 had associate degrees, 13 had bachelor degrees in nursing, and 3 had master’s degrees (Langan, 2003).

Concerning role expectations, both groups agreed that the clinical faculty should be the teacher, supervisor, and guide of the nursing students, as well as the one responsible for preparing the student to deliver safe patient care. There was disagreement on who was to supervise or teach nursing students’ first time skills. It was agreed, however, that staff nurses have complete responsibility for patient care and that staff nurses should teach nursing students and faculty new technologies. Overall, faculty members felt they had an advantage if they also practiced clinically on the same units in which they taught, but that it did increase their already heavy workloads (Langan, 2003).

Concerning role overload, some staff nurses reported less work overload if they worked with a clinical faculty who had maintained practice clinically compared to those who did not. Clinical faculty reported that they had feelings of role overload, ambiguity and conflict due to time constraints to accomplish objectives for the course or activities with the students (Langan, 2003).
Role ambiguity was discussed. Staff nurses did not feel that instructors always communicated their expectations with them, which increased their uncertainty. Clinical faculty experienced role ambiguity when they were not given adequate information concerning patient care from staff nurses or crucial updates on changes in patient conditions (Langan, 2003).

In regards to role conflict, staff nurses felt more demands were placed upon them when clinical faculty were not able to be supervisors or teachers to the students or were not safe, competent and knowledgeable clinicians. Clinical faculty felt it was not easy to meet all expectations of both the employing agency and staff nurses of the clinical agency, but that the expectations were at least compatible. Furthermore, clinical faculty found it extremely difficult to improve their teaching, pursue further education, conduct and publish research, and serve on multiple committees (Langan, 2003).

The article concluded by stating that nursing schools should utilize a formal tracking system of activities of faculty members to maintain professional competence. If the faculty decides not to participate in faculty practice, then they should collaborate with the school’s leader for support and guidance. Guidelines and expectations of clinical faculty should be available in a resource book or computer file and reviewed periodically. Communication between the nursing school, practice sites, and all interested persons should occur concerning nursing placement. Duties of clinical faculty and staff nurses in student learning should be written and communicated to all clinical faculty and staff nurses and included in the job descriptions. A recommendation included that staff nurses receive a detailed list for each nursing student including objectives, goals, skills they possess and still need. Also, rewarding and motivating faculty will encourage them to
remain as expert clinicians. All members are vital, valued members of the endeavor. Role expectations must be reviewed, reinforced, and communicated to all involved, including nurse leaders in both education and practice and to student nurses, to achieve student learning and safe patient care (Langan, 2003).

In a related study focused on nursing students’ clinical experiences, it was proposed that nursing students’ anxiety in the clinical setting and their perceptions of clinical instructors’ teaching behaviors affect both their ability to learn and to perform effectively and safely. Previous studies have not specifically explored the relationships between teaching behaviors and student anxiety in the clinical setting. The purpose of a study by Cook (2005) was to compare junior and senior students’ perceptions of clinical faculty teaching behaviors and the students’ self-reported state anxiety levels during interactions with faculty. The theoretical frameworks were the Invitational Education theory by Novak and Purkey (2001), State-Trait Anxiety theory by Spielberger (1972), and the Synthesized Theoretical Framework derived from both the Invitational Education theory and the State Trait Anxiety theory.

The Invitational Education theory (Novak & Purkey, 2001) is based on the principle that education was intended to be a process where people are encouraged to reach their potential in a courteous, cordial, and creative fashion. The State Trait Anxiety theory (Spielberger, 1972) stated that anxiety was an emotion that was variable in intensity and fluctuating. It further stated that anxiety was a condition that was subjective, consciously perceived, and results in autonomic nervous system activation. A person’s anxiety was generally high when threatening circumstances were perceived (Cook, 2005).
The Synthesized Theoretical framework (Cook, 2005) proposed that when behaviors of both the student and faculty are perceived as inviting or positive, then the state of anxiety will be decreased and performance capabilities and learning will be increased. On the other hand, if the behaviors were perceived as dis-inviting, then there was an increase in anxiety and a decrease in performance and capability of learning.

Research questions for Cook’s study were:

1. What are the relationships among nursing students’ perceptions of personally and professionally inviting teaching behaviors of clinical nursing faculty and students’ state anxiety while interacting with faculty during clinical experiences?

2. Do junior and senior generic baccalaureate nursing students differ in their perceptions of personally and professionally inviting teaching behaviors of clinical nursing faculty?

3. Do junior and senior generic baccalaureate nursing students differ in their levels of state anxiety while interacting with clinical nursing faculty during clinical experiences?” (Cook, 2005, p. 158).

The population for this study consisted of junior and senior generic baccalaureate nursing students enrolled in nursing courses involving a clinical experience component. The students in the sample were enrolled in a nursing program accredited by the National League for Nursing Accreditation Commission (NLNAC) in the United States. The nursing programs represented were from the Middle States, the North Central, and Northwest regions of the United States. A majority of the students were in their medical-surgical rotation (n = 145) and had spent more than 6 clinical days (n = 161) with an
instructor. The sample consisted of 229 students (123 juniors and 106 seniors) from 10 different nursing programs. The ages of the students ranged from 20 to 52 years (mean age = 26.3). The total participants consisted of 22 men and 207 women (Cook, 2005).

A descriptive, correlational, and comparative design was used for this study. Three instruments were used to conduct this study: a 15-item demographic data questionnaire, the Clinical Teaching Survey (CTS) (Ripley, 1986), and Spielberger’s State Anxiety Scale (S-Anxiety Scale) (Speilberger, 1983). The questionnaires were distributed within 6 to 12 weeks into the semester, which allowed time for the students to become familiar with the instructor. The data were analyzed using the Statistical Package for Social Sciences (Cook, 2005).

The CTS contained 44 items and measured students’ perceptions of inviting teaching behaviors of clinical faculty using a 5-point Likert-type scale. Content validity was reported by having a panel of 6 clinical nursing faculty review the instrument as well as the original authors of the Invitational Teaching Survey (Amos, Purkey, & Tobias, 1984) from which it was created. The Cronbach’s alpha reliability coefficient was 0.97 (Cook, 2005).

The S-Anxiety Scale measured students’ perceptions of their own state anxiety when interacting with the clinical faculty member. The S-Anxiety Scale consisted of 20 items using a range of 1 (not at all) to 4 (very much so). Characteristics measured by this scale included nervousness, worry, tension, and apprehension. The Cronbach’s alpha reliability coefficient was 0.96 (Cook, 2005).

A negative, moderate correlation (r = .64, p < .01) between nursing students’ perceptions of faculty’s personally inviting teaching behaviors (r = -.64, p < .01) and
professionally inviting behaviors ($r = .59, p < .01$) and state anxiety was indicated by results of the Pearson’s correlations. Results also indicated a significant difference between junior and senior students’ perceptions of personally and professionally inviting teaching behaviors by faculty ($p < 0.05$) indicating junior students rated faculty as more inviting. No significant difference was found between junior and senior students pertaining to anxiety levels during clinical experiences (Cook, 2005).

In conclusion, these findings supported that the perceptions of students concerning faculty inviting teaching behaviors, do influence their anxiety levels in a clinical setting. As a result, the authors suggested that clinical faculty should strive to consistently and consciously portray inviting teaching behaviors to alleviate student’s anxiety during clinical experiences (Cook, 2005).

In a subsequent study, Kilcullen (2007) examined student nurses’ perceptions of mentorship in clinical learning. Kilcullen proposed that the clinical learning environment and the mentor both play an integral role in the enhancement of student learning in a variety of ways. The training of nurses has been based on the apprenticeship model since the entrance of nurse training. This model has been known to have limitations in preparing nurses for their careers and has been criticized by nursing as well as other professions. The research question in Kilcullen’s study was, “How do student nurses understand the term ‘mentor’?” (Kilcullen, p. 97).

The sample consisted of 29 third-year, diploma nursing students and was chosen on the basis of their clinical experience and level of education. The setting was in a British university partaking in Project 2000 courses the aim of which was to prepare practitioners for future healthcare needs. Inclusion criteria were student nurses in the
third year of training who had experienced mentorship over the last 3 years (Kilcullen, 2007).

A qualitative descriptive research design was used in this study. Focus group interviews were done over a 1.25 hour span of time and used as the data collection method in this study. Three focus group interviews were utilized. Two of the groups had 10 students and the third group had 9 students. An interview guide was used to keep the interview focused. Data from the interviews were transcribed word-for-word by the researcher. The data were then analyzed by content analysis. The transcripts were open-coded, and the themes were analyzed into clusters and broad categories. The roles of the mentors were not measured in this study. An adapted version of the Darling Measuring Mentoring Potential tool (Darling, 1984) to explore student nurses’ perceptions of the role of mentors was used in this study. The tool helped students derive meaning in relation to the role of a mentor (Kilcullen, 2007).

Focus groups were developed and guided interviews were performed. In prior studies it had been found that analyzing the interaction of group participants had great value and was a great source for interpreting and analyzing data. In this study, the adapted Darling Measurement Mentoring Potential (Darling, 1984) tool was used to explore student nurses’ perceptions concerning mentoring. These interviews were taped and later transcribed verbatim by the researcher. These transcripts were then coded into clusters based on words or phrases found in the interviews. As themes were discovered, they were made into headings or categories. Statements and data were then placed into the appropriate categories (Kilcullen, 2007).
Findings of this study suggested that the “mentor” concept was linked more closely to the mentor role and emerged as a learning facilitator. Major responsibilities that mentors held to facilitate learning for students included acting as role models, performing socialization roles, supporting students, and acting as assessors. Mentors were often times junior staff nurses since senior staff nurses were scarce. This proved to have advantages as well as disadvantages. Mentors who had recently taken Project 2000 classes proved to be good mentors, but they had less experience than more senior nurses. On the other hand, more senior nurses had a poor understanding of the course which affected the student nurses’ learning, and younger mentors found it difficult to challenge more assertive staff that had more seniority on the unit. Quality of the clinical environment for learning was also found to have a large impact on student learning. Students were aware of time constraints that mentors experienced, and they commented that lack of support and recognition of mentors affected their learning. They also discussed conflicts between education and management. Socialization was perceived as a way to enhance student learning by helping students acclimate into their clinical area. Students felt that mentors supported them by setting and achieving objectives and offering feedback. Furthermore, the students felt they learned from mentors as role models, whether it was perceived as good or bad. Increased confidence and decreased stress were reported by students when they were assessed by one mentor instead of a group. With all of this in mind, the question emerged of whether or not mentors could perform their role in a clinical environment that lacked recognition and support and where workloads were usually increased and heavy. This question had further
implications for recruiting and retaining future, well-motivated staff nurses (Kilcullen, 2007).

The author concluded that the clinical learning environment and the mentor both played an integral role in the enhancement of student learning. Overall, students reported that the greatest need from mentors was assistance in developing problem solving and analytical skills to better prepare them for future healthcare needs (Kilcullen, 2007).

*Preceptor Model*

The preceptor model within the clinical teaching and learning environment provided an opportunity for students to develop skills and competencies that facilitated their integration into the healthcare team. This article is a review of literature from 1994 to 2005 on preceptorships (Billay & Myrick, 2008). Ganong’s framework for literature review and synthesis (1987) was used to guide this study, along with Sparbel and Anderson’s (2000) expansion of Ganong’s framework, which resulted in ten steps for constructing reviews of literature. The ten steps included: formulating a purpose in regards to research questions, describing exclusion and inclusion criteria, reviewing the literature, developing a tool for data collection, identifying rules for interpretation and data analysis, revising tools for data collection as needed, reviewing studies with the data collection tool to gather information, analyzing the data systematically, discussing and interpreting data, and reporting the findings. Research questions for the literature review included:

“1. How is preceptorship described in the allied health literature between 1994 and 2005?”

English journals between 1994 and 2005 were sampled. The inclusion criteria for the first research question included: theoretical articles as well as descriptive research articles with both quantitative and qualitative designs. A computer-guided search for articles with the keywords of preceptor, preceptors, teaching and learning, nursing and preceptorship was conducted and yielded 5311 articles. With such a large number of articles, the authors sampled every tenth article (n = 313) (Billay & Myrick, 2007).

The inclusion criteria for the second question were published English articles between January 1994 and January 2005 and which consisted of theoretical articles and descriptive articles with quantitative or qualitative data collection methods. The same keywords were utilized, and a large number of articles were discovered (n = 2102). Again, every tenth article was sampled. Every item from the preceptorship data collection tool was scrutinized for relevancies, themes, and data availability (n = 31). Exclusion criteria consisted of unpublished books, tapes, articles published outside the predetermined time frame, and electronic media (Billay & Myrick, 2008).

Regarding the first research question, preceptorship was considered a valuable model to prepare nursing professionals. Other significant findings included that preceptors, initially, were better able to promote knowledge of theory pertinent to their clinical area than nurse teachers. Another theme focused on hindrances to preceptors, which included increased workload, lack of time, and insufficient training. Furthermore,
many of the barriers of the past still occurred today, according to the literature (Billay & Myrick, 2008).

A majority of the studies collected data by means of researcher-designed interview schedules, surveys and questionnaires. Designs included grounded theory, randomized control trials, mixed methods, and phenomenology. There was a proliferation of articles regarding preceptorship within the area of nursing, as well as medicine, and pharmacy, in the last decade (Billay & Myrick, 2008).

Overall, a preceptorship in the clinical setting was commonly used as a teaching-learning method in the profession of nursing. Preceptors were utilized as the main teaching-learning method to socialize nursing students into their profession. There appeared to be a need for service providers and education to collaborate and partner together. The greatest assets of a preceptor were experience and knowledge, and, in order for the preceptor model to succeed, a thoughtful and well constructed curriculum that accommodated clinical practice was needed. Attitudes of preceptors that were integral to student success included attentive listening, meaningful and early involvement of the preceptor, constructive feedback, facilitated learning, and socialization professionally (Billay & Myrick, 2008).

The authors concluded that 75% of the articles sampled addressed preceptors within the practice setting in relation to teaching and learning. The review of preceptorship literature demonstrated many implications for nursing clinical practice. Clinical preceptorships were a common and frequently used method of teaching and learning used in nursing. Furthermore, findings suggested that education and service providers should partner and work collaboratively. In addition, the experience of the
Preceptor proved to be a major asset to student learning. Also, in order for a preceptorship model to have been successful, a curriculum that was thoughtful and well developed was essential to clinical practice. Finally, many preceptor attitudes and approaches were identified including: attentive listening, meaningful and attentive involvement of the preceptor, facilitated learning opportunities, constructive feedback on performance, and professional socialization that were appropriate (Billay & Myrick, 2008).

In extending what is known about preceptorships, Hallin and Danielson (2008) explored nurses’ experiences as preceptors over time and the effects of preceptorship programs. Hallin and Danielson asserted that precepting is a challenging and stressful experience for nurses, and success depends on the support received. Nurses who act as preceptors must balance their workload and the needs of the nursing student. As an additional stressor, nurses do not feel fully prepared for precepting. Factors that influence the preceptor’s commitment to the role include self-awareness, self-confidence, interest in precepting, age, experience, and taking a preceptor course.

Hallin and Danielson (2008) chose the preceptor model by Anderson-Thorell, Westlund, and Athlin (1998) to use in their study. This model is based on preceptor and teacher collaboration who both support students. The preceptor model was derived from John Dewey’s (1964) theoretical and philosophical thoughts concerning practice, theory, acting, and reflecting as incorporated unities. It states that students must be active and participatory learners and that educators must foster the students’ critical thinking and problem solving abilities.
Hallin and Danielson (2008) compared registered nurses’ (RNs’) experiences as preceptors for nursing students from the year 2000 to the year 2006 after the introduction of a preceptor model. They also explored the preceptors’ experiences and personal or clinical traits. Research questions were as follows:

1. To what extent do RNs in 2000 and 2006 differ concerning: preceptor preparation and support from teachers, colleagues, chief nurses, and enrolled nurses?

2. What relationships exist between RNs’ experiences of preceptoring and their personal and clinical characteristics? (p. 163)

The preceptor model was implemented in a county hospital in central Sweden in 2000 and, by 2006, had been introduced to nearly all of the nursing units (n = 16). It was designed to support preceptors and nursing students and to close the gap between practice and theory and showed to have some strengths. Collaboration between teachers and preceptors facilitated support for both students and preceptors and role descriptions were precisely delineated to prevent conflicts. The implemented preceptor model gave RNs the opportunity to progress as preceptors professionally (Hallin & Danielson, 2008).

There were between 12 and 40 RNs employed per unit. Both data collection periods had the same inclusion criterion, which was precepting at least 2 nursing students in the last 2 years, and were collected in the same manner. Chief nurses selected nurses who met the criteria and gave the names to the researchers. Self directed questionnaires were mailed to the RNs and returned in sealed envelopes. The response rate for 2000 was 70.6% and for 2006 was 70.8% (Hallin & Danielson, 2008).
The questionnaire consisted of 83 items covering multiple topics. Among these were clinical and personal characteristics such as age, gender, specialist-education, preceptor preparation, and number of semesters as a preceptor. Additionally, experiences of support from teachers, experiences of support from colleagues, chief nurses, and enrolled nurses, experiences of preceptor preparation, and use of offered support were among the questions. A four-or five-point response scale was used. Validity was assessed by known-groups technique. The tool was pilot tested with 4 teachers and 4 senior nurses. Cronbach’s alpha reliability coefficient ranged between 0.83 and 0.95 (mean 0.87) (Hallin & Danielson, 2008).

There were no statistical differences found between the 2000 data and the 2006 data related to gender, clinical experience, those who had taken preparation courses for preceptors, or RNs interested in precepting. The main differences between nurses in the groups were that the 2006 group was younger \((p = 0.02)\), had less nursing experience \((p = 0.0001)\), had a higher level of academic education \((p < 0.001)\), and there were fewer specialists \((p < 0.001-0.036)\). In regards to demands on preceptors, 92.7\% realized the demands of precepting and 95.4\% thought they were a role model for students. A large number of respondents (84.4\%) felt that they could offer guidance and 78\% felt secure in their role. Many of the preceptors (74.3\%) reported that the work was stimulating and felt they received adequate support (56\%) and appreciation (54.1\%). In comparison, the 2006 group felt that they received more constructive feedback, yet the total was only 29.4\%. There were also differences between the groups regarding support from enrolled nurses \((p < 0.001-0.004)\), teachers \((p < 0.001)\), colleagues \((p < 0.006-0.033)\), and chief
nurses (p < 0.001-0.004). The 2006 group reported more support for each category compared to the 2000 group (Hallin & Danielson, 2008).

It was noted that preceptors who had taken preceptor courses were significantly more prepared than those who had not. More preceptors in the 2006 group felt more secure in their role (p = 0.007) (Hallin & Danielson, 2008).

The article continued noting the differences between 2000 and 2006 in regards to personal and clinical characteristics such as females compared to males (p = 0.20), age (p = 0.02), specialization in education (p = 0.01), preparation for precepting (p = 0.68), their interest in precepting students (p = 0.27), and number of semesters as preceptors (p = 0.11). It further noted that RNs felt more secure being preceptors after the introduction of the preceptor model. The 2006 RNs were aware of the demands as preceptor and were confident and secure with precepting. The 2006 RNs were only satisfied with the constructive feedback at 29%. There were also improvements in perceived support from 2000 to 2006, and the majority of the support came from colleagues rather than chief or enrolled nurses. Participants who were interested in precepting were significantly different from those who were not interested: those interested were younger (p = 0.02), had worked fewer years in the nursing field (p = 0.001), had a higher level of education (p < 0.001), and were less likely to be specialists (p = 0.01) (Hallin & Danielson, 2008).

Benefits of the preceptor model were discovered in this study. These benefits include collaboration between teachers and preceptors, distinct role descriptions, less conflict, and the ability to assist the RNs to advance to professional preceptors. A future benefit, as a result, was increased collaboration between the hospital and university which will promote collaboration to refine the preceptor model (Hallin & Danielson, 2008).
The authors concluded by recommending the preceptor model to facilitate learning environments despite the time involved in implementing and refining one. Ideally, the model would be flexible enough to incorporate teachers, nurse preceptors, and nursing students (Hallin & Danielson, 2008).

Summary

The definition and characteristics of preceptors.

Glass and Walter (2000) demonstrated that caring, sharing, reciprocity and learning were characteristics of peer mentoring and that women nurses felt safe to speak, listen, and validate others and themselves. These affirming processes facilitated support through peer mentoring relationships. Opportunities were then created to more deeply reflect upon professional issues.

Preceptors voiced concerns regarding perceived lack of support, which caused some negativity towards the preceptor role. Organizations should recognize the value and significance of preceptors and realize that intrinsic rewards will not sustain preceptor participation. Preceptors should be provided effective scheduling, appropriate education, and adequate time for teaching and feedback (Henderson et al., 2006).

Benefits, rewards, support and commitment to the preceptor role.

Support, benefits, and rewards are essential to preceptors’ commitment to their role. Research has shown a relationship among these variables in preceptors who precept new nurses. However, these variables have not been explored among preceptors in critical care settings. Dibert and Goldenberg (1995) concluded that establishment of a preceptor program required a great investment of time, human resources, and money, so it is very important that administrators and educators determine the support, benefits, and
rewards that are necessary to sustain such programs across clinical areas. The authors further recommended that effective preceptor programs be developed.

Similarly, Hykräs and Shoemaker (2007) recommended that preceptors be supported in the same manner as their students. Preceptor workshops were mentioned as beneficial to preceptors by increasing their confidence and critical awareness of their role and promoting support. They concluded that more attention was needed to support preceptors and that a network support system was required to develop such support and that awareness of the importance of the preceptor role and continued support was a necessity for preceptorships’ success. Furthermore, facilitation and continued benefits of preceptor workshops were vital for sustained, long term preceptorships.

Providing better opportunities for more comprehensive mentor preparation, and improved support systems for those who facilitated the learning of others was also recommended by Watson (2000). The author further suggested that overtly valuing mentoring as a staff development strategy provided a feeling of support by the preceptor. There emerged a need for more research concerning the lack of support that mentors received in order to explore the real concerns related to increased stress and lack of retention among preceptors.

*Stress associated with the preceptor role.*

A majority of nurses stated that it was stressful to precept. Reasons for this increased stress included increased workload and responsibility for the work of the preceptee, skill or competence of the preceptee, and confidence in their role as preceptor. It was further mentioned that it was the responsibility of the institution to provide a program to facilitate preceptors (Hautala et al., 2007).
Yonge and colleagues (2008) concluded that the need for general preceptor support, preparation of the preceptor role, and teaching and evaluation strategies were clearly supported by the literature. Furthermore, preparation, benefits, and rewards were identified by preceptors as an important component in their decision to precept, which increases the value of future research on preceptors’ perceptions of support, rewards and benefits.

Clinical faculty, staff nurses, and students’ perspectives of precepting.

From educational settings focused on students to nursing leadership in practice settings and education, the role expectations of preceptors should be communicated, reviewed, and reinforced. The endeavor required all participants in the student learning process to have perceived themselves as vital, valued members. Langan (2003) recommended including precepting in job descriptions which should also be included and rewarded during staff evaluations. It was further suggested that preceptors receive a detailed list of the nursing students’ goals, objectives, and skills that they can and cannot perform without their instructor.

Nursing students’ perception of preceptors also affected the student learning process. It was concluded by Cook (2005) that students’ perceptions of inviting teaching behaviors of their preceptor contributed to anxiety levels in clinical settings. Cook recommended that preceptors strived to consistently and consciously convey inviting behaviors so students managed their anxiety while participating in clinical learning.

Similarly, Kilcullen (2007) conveyed that clinical learning environments conducive to learning in addition to mentor preparation had major implications in enhancement of student experience. Mentor and mentee relationships were influenced by
the mentor’s perception of their own worth or value. Findings further indicated that mentors played an important role in enhancing the students’ learning by support, performing socialization roles, and acting as role models and assessors.

*Preceptor model.*

Clinical preceptorships remained a common teaching method utilized in the nursing profession both historically and presently. There evolved a need for collaboration and partnerships between the education and service providers to facilitate preceptorships for students. Preceptors’ greatest contribution to the partnership is their experience and knowledge. Early and meaningful preceptor involvement, appropriate professional socialization, attentive listening, facilitation of learning opportunities, and constructive performance feedback were also identified as requirements for preceptor contribution. In addition, a successful preceptor model was essential and included a well developed curriculum to accommodate clinical practice (Billay & Myrick, 2008).

Hallin and Danielson (2008) also recommended a preceptor model which included a partnership to facilitate learning environments and the ability to accommodate many different nursing students, teachers and preceptors. Furthermore, successful models included supporters with a strong interest in collaboration and precepting. The authors further stated that a preceptor model required continued support, refinement, and time.

The role of the preceptor was found to be complex, multi-faceted and ever-evolving. Preceptors required support form managers, administrators, colleagues, and faculty. Benefits and rewards of preceptorships were important, and preceptors were more committed to their role when they were perceived. Preceptorships were found to be
vital to instill familiarity, confidence, and competence of new nurses joining a new healthcare environment. In order to formulate high quality preceptorships, a preceptor model was essential and included a well developed curriculum to accommodate clinical practice (Billay & Myrick, 2008).

Since research to date has suggested that precepting is stressful and that perceptions of rewards, benefits and support are related to commitment to the role, further study is needed to clarify the inter-relationships among key perceptual variables in high stress clinical settings. The purpose of this study is to extend what is known about preceptorships by exploring the inter-relationships among critical care nurse preceptors’ perceived benefits, rewards, support, and role commitment.
Chapter 3
Methods and Procedure

Nursing is the largest and fastest growing health care-related occupation, and, according Murphy (2008) the U. S. Department of Labor, Bureau of Statistics (2006), stated that it is projected to have over one million new or replacement positions by the year 2014. New nurses typically report the role transition to an entry-level professional position to be stressful. The staff nurse preceptor has an enormous influence on the development of student nurses and new nursing staff. The preceptorship is a crucial component of role socialization and provides in-depth, supervised experiences in patient care. Adequate support and preparation are crucial for staff nurses who assume the precepting role (Murphy, 2008). Research has not yet clarified the barriers and facilitators to the preceptor role, especially among critical care nurses. Furthermore, little research has reported the perceptions of preceptors regarding their role. The purpose of this study is to explore the inter-relationships among critical care nurse preceptors’ perceived benefits, rewards, support, and role commitment. This study is a partial replication and extension of research conducted by Dibert and Goldenberg (1995) and Hyrkäs and Shoemaker (2007).

Research Questions

1. What relationships exist among critical care nurse preceptors’ perceptions of perceived benefits and rewards and their commitment to their role?
2. What relationship exists between critical care nurse preceptors’ perceptions of support and their commitment to their role?

Population, Sample, and Setting

The random sample for the study will be drawn from a national pool of critical care nurses who function as preceptors of new nurse graduates in critical care units (n = 100). Inclusion criteria will include nurse preceptors in critical care who have had precepting experience for at least one year, who have precepted at least two orientees, and who have successfully completed The Preceptor Challenge course offered by the American Association of Critical Care Nurses (AACN). There are no exclusion criteria based on age, gender, years of nursing experience, or ethnicity. A power analysis will be computed to determine the exact target sample size. It is estimated to be about 100 respondents.

Volunteer participation and the rights of the participants will be fully explained and all data will remain anonymous. Full disclosures will be included in the cover letter. Minimal risks are identified related to participation in the study. Ball State University Institutional Review Board will review the study for approval prior to beginning data collection. Findings of the study will add to what is known about preceptors’ perceptions and may help guide the development of preceptorship programs in critical care units.

Protection of Human Subjects

Participation is voluntary and the nurses may withdraw from the study at any time. All data will be confidential and anonymous and will be seen only by the researcher and data entry personnel. Respondents will be instructed to not write their names on the survey. The only possible risk to participants is the risk of being identified by the
demographics reported. The demographic variables will include age and ethnicity. In the national random sample pool of approximately 1000 nurses, there is a wide range of ages. Ethnicity is also anticipated to be diverse. The participants will be informed that they can skip any demographic questions that they wish, if they do not wish to disclose demographic information.

There are no benefits to the participants other than to contribute to professional knowledge for the discipline. The importance of the study will be cited in the cover letter and informed consent and will include gaining knowledge about preceptorships that will assist nurse leaders in understanding the benefits, rewards and support for nurse preceptors. No one can provide these data except nurse preceptors.

Participants will place the completed instrumentation in a sealed envelope and mail it to the researcher. Signed consent forms will be placed in a second envelope and returned to the researcher. Neither surveys, consent forms, nor envelops will be coded in any way.

Signed consent forms will be kept secured by the primary researcher in a locked file. The completed study instrumentation will be kept in a separate locked file. No one will see the data but the researchers. Data will be destroyed at study completion.

Procedure

Upon receiving IRB approval for this research project, AACN will be contacted to post the study on their website at www.aacn.org to assist to seek volunteers for participation in the study. Chapter officers from AACN will also be contacted via email to distribute information to their members regarding the study and to request members to contact the researcher if interested in participating. The researcher will randomly select
400 participants to join the study and mail them a full disclosure of the study by postal mail. Participants will sign an informed consent form and return it to the researcher in an envelope provided with a return address and prepaid postage. All participants will also receive via postal mail the Preceptor’s Perception of Benefits and Reward Scale (Dibert & Goldenberg, 1995), the Preceptor’s Perception of Support Scale (Dibert & Goldenberg, 1995), the Commitment to the Preceptor Role Scale (Modway et al., 1979), and a demographic questionnaire. Participants will complete the instrumentation and return to the researcher in a pre-addressed, postage paid envelope, separate from the envelope in which the informed consent is returned. Participants will be instructed to not write their names on the instrument. Participants will be encouraged to complete study materials within one month.

Design of Research

This will be a correlational study. The purpose of this study is to explore the inter-relationships among critical care nurse preceptors’ perceived benefits, rewards, support, and role commitment. A correlational study will be appropriate for this research since it involves a systematic investigation of the association between two or more variables that have been observed in practice (Burns & Grove, 2005).

Reliability, Validity, and Instrumentation

The instrument will consist of a four-part questionnaire. Items on the questionnaire have a 6-point Likert scale, with answers ranging from strongly disagree to strongly agree. The four sections include: the Preceptor’s Perception of Benefits and Reward Scale (PPBR) (Dibert & Goldenberg, 1995), the Preceptor’s Perception of
Support Scale (PPS) (Dibert & Goldenberg, 1995), and the Commitment to the Preceptor Role Scale (CPR) (Modway et al., 1979).

The PPBR Scale will measure the opportunities perceived by the preceptor associated with the role and will contain 14 items (1 = strongly disagree) to (6 = strongly agree) (Dibert & Goldenberg, 1995). The PPS Scale will measure the support perceived by the preceptor. It will be composed of 17 items rated on a 6-point scale to measure preceptors’ perceptions of support for the preceptor role (Dibert & Goldenberg, 1995). The CPR Scale will measure the commitment of the preceptor to their role and will be comprised of 10 items rated on a 6-point Likert-type scale to measure commitment to the preceptor role (Modway et al., 1979). All data from the first three sections of the instrumentation are interval level data. As the fourth section of the instrumentation, each participant will receive a demographic questionnaire. Demographic data will include age, gender, ethnicity, years of experience as a nurse, and years of experience as a preceptor. In previous studies, the reliability of the PPBR, PPS, and CPR scales was reported as Cronbach’s alpha coefficient of 0.90, 0.75, and 0.86 respectively by Hyrkäsi and Shoemaker (2007) and 0.91, 0.86, 0.87 by Dibert and Goldenberg (1995). Both studies utilized a pilot study with sample staff nurses to test the feasibility of the project and to test the instrument.

Measures of Data Analysis

Inferential statistics will be used to analyze all data. Pearson’s Product Moment Correlation Coefficients will be calculated between measured variables among the three scales. Analysis of relationships among demographic variables and scores on the PPBR, PPS, and CPR will be accomplished through t-tests for interval level data and non-
parametric tests for non-interval level demographic data. The level of significance of 0.05 will be selected for data analysis.

*Summary*

Findings of this correlational study will add to what is known about preceptors’ perceptions and may help guide the development of preceptorship programs in critical care units. The methods and procedures have been described within this chapter for this correlational study. Variables specific to this study include support, benefits, and rewards to nurse preceptors, and their commitment to their role. Three scales will be used to collect data, including: the Preceptor’s Perception of Benefits and Reward Scale (Dibert & Goldenberg, 1995), the Preceptor’s Perception of Support Scale (Dibert & Goldenberg, 1995), and the Commitment to the Preceptor Role Scale (Modway et al., 1979). Inferential statistics and correlational analyses will be used to analyze data from these scales. Level of significance is set at .05. This study is a partial replication and extension of research conducted by Dibert and Goldenberg (1995) and Hyrkäs and Shoemaker (2007).
References


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<tr>
<td>Dibert &amp; Goldenberg (1995)</td>
<td>Preceptor programs cost money and require human resources, yet are often perceived as ineffective. Preceptors report that the goals of precepting are misunderstood by nursing staff and that administration lacks commitment to the precepting program. Little research has examined the perceptions of preceptors.</td>
<td>To examine preceptors’ perceptions of rewards, benefits, commitments, and supports in relation to their role as preceptors.</td>
<td>Kanter’s (1977) model of Structural determinant of behavior in organizations. Opportunity and Power were the specific concepts explored.</td>
<td>A convenience sample of 59 preceptors from a 400 bed urban teaching hospital in southwest Ontario. 90% had attended a preceptor training program within the last 10 years.</td>
<td>Descriptive, correlational design was used. A pilot study.</td>
<td>A four-part questionnaire was used to collect the data. Preceptor’s Perception of Benefits and Rewards (PPBR) Scale, a demographic information section, Commitment to the Preceptor Role (CPR) Scale, and Preceptor’s Perception of Support (PPS) Scale (Dibert &amp; Goldenberg, 1995).</td>
<td>Support was found for Kanter’s framework, specifically that persons who have opportunity and power are more committed to the organization as well as their own work effectiveness. Preceptors perceived benefits as important to commit to their role (n = 52, r = 0.6347, p = 0.000).</td>
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<td>Cook (2005)</td>
<td>Students’ anxiety affects learning. Little research has examined nursing students’ anxiety in the clinical setting and their perceptions of clinical instructors’ teaching behaviors.</td>
<td>To explore differences between junior and senior students’ perceptions of teaching behaviors of faculty and anxiety while interacting with faculty.</td>
<td>Invitational Education Theory (Novak &amp; Purkey, 2001), State Trait Anxiety Theory (Spielberger, 1972), and Synthesized Theoretical Framework (Cook, 2005)</td>
<td>Convenience sample of 229 junior and senior baccalaureate nursing students enrolled in 10 different nursing courses with a clinical component.</td>
<td>Descriptive, correlational, and comparative design.</td>
<td>A 15 item demographic data questionnaire, the Clinical Teaching Survey, and Spielberger’s State Anxiety Scale were used. Cronbach alpha’s was 0.97 and 0.96. Content validity was verified by being reviewed by a panel of six junior students vs. senior students perceived faculty to be more inviting in their teaching behaviors (p &lt; 0.05) while anxiety levels were similar in both groups of students.</td>
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<td>Glass &amp; Walter (2000)</td>
<td>A clear definition of mentoring has not been formulated for nursing. Women’s experiences and alternative ways of knowing have not been explored in relation to peer mentoring.</td>
<td>To contribute and add to the current research by investigating a peer mentoring process in females from a feminist perspective.</td>
<td>No theoretical framework cited. Peer Mentoring and Women’s experiences.</td>
<td>Convenience sample of seven women of which six were undergraduate nursing students and the academic degree coordinator.</td>
<td>Descriptive design, Qualitative data collection.</td>
<td>A 15-item demographic questionnaire, the Clinical Teaching Survey (CTS) (Ripley, 1986), and the S-Anxiety Scale (Spielberger, 1983). A thematic analysis was conducted.</td>
<td>A thematic analysis was applied to all the data. The results demonstrated that friendship was linked with the peer mentoring to provide a nurturing climate for personal growth. The strength of the group and the interactive supportive nature of the clinical nursing faculty members and original authors of the Invitational Teaching Survey from which it was derived.</td>
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members made it much easier and safer for peers to disclose and work through their emotional issues. The article illustrated that learning, caring, and reciprocity were major traits of peer mentoring. Support of each other was made possible by the mentoring relationships which is a strong survival skill needed to improve positions of both nurses and women.
| Watson (2000) | The role of mentoring is stressful and support is needed if it is to be fully effective. Little research has explored the support that mentors receive in the clinical setting in order to perform their duties. | To examine the causes of stress within mentoring relationships and to look at the nature of the support required by mentors to help them perform their duties to the students. | Conceptual Framework: The experience the subjects have of mentoring and how well the students were prepared on arrival to the ward. | A convenience sample of 994 mentors within a large city trust at a university in the United Kingdom from 20 clinical areas. A total of 237 questionnaires were returned, for a response rate of 24% | Descriptive design. | Short series of unstructured interviews of 12 selected subjects to enable the construction of a 61 item questionnaire with 15 of those items open-ended. No reliability or validity of the tool was reported that was submitted to mentors. | Findings indicated 48% of participants had taken a class, Teaching and Assessing in the Clinical Setting, which prepared them for mentoring. Of the participants 39% felt they were inadequately prepared for their mentoring role, 93.5% enjoyed mentoring students, less than half felt that they were given adequate time with their students, 60.3% felt the students were |
inadequately prepared, and 73.5% felt that students’ basic nursing knowledge base was lacking. Two-thirds of the participants felt their colleagues were helpful. Those mentors who had taken the Teaching and Assessing in the Clinical Setting class felt more prepared for their role as a mentor. Concerning the qualitative findings, staffing increases (n = 13), more time with the students (n =...
22), accessibility of the link lecturer (n = 14), mentor workshops (n = 13), and updating (n = 8) were all mentioned as ways to improve mentoring. Trust and higher education institutions provided inadequate support to their mentors. Simply being more accessible to and investing more for the mentors would be beneficial. For example, providing
| Langan (2003) | Little is known about the perceptions of staff nurses and clinical faculty on student learning in clinical settings. In addition, research has not explored how faculty practice requirements in schools of | To determine the perceptions of staff nurses and clinical nurse faculty on the roles they play in nursing student learning and to explore how faculty practice affected these roles. | The role episode model of Kahn, Wolfe, Quin, Snoek, and Rosenthal (1964) was used. | A convenience sample of faculty and nurses associated with two schools of nursing was used, one where faculty clinical practice was expected and one where it was not. Clinical faculty | Qualitative methods, focus group interviews. Exploratory design study. | Data were analyzed with Statistical Procedures for Social Sciences computer software. Descriptive analyses of frequencies and measures of central tendency were used for quantifiable data. Interrater agreement | Staff nurses reported less role overload when working with clinical faculty who maintained clinical practice while clinical faculty reported increased role overload due to lack of time to complete all objectives with each |
nursing affect perceptions of student learning or faculty teaching in clinical settings

members (15) and (4) nursing education administrators from Saint Louis University School of Nursing participated. Staff nurses (22) and (4) nursing service administrators from each school’s related hospital.

reliability was recorded as 85%. Credibility was ensured by member checks, to establish whether participants recognized summarized findings as true experiences.

Schools of nursing should have a formal system of tracking faculty members’ activities to maintain their competence. Written guidelines/expectations

Clinical faculty need a resource book

student and to meet demands of teaching, continuing education and maintaining competence. Staff nurses did report role ambiguity when they did not understand expectations when they had a student.
| Kilcullen (2007) | Students need more emphasis on the acquisition of analytic skills and problem solving to prepare them for demands of clinical practice. | The aim of this study was to elicit student nurses’ perceptions of the impact of mentorship on clinical learning. | The purposive sample of 29 third-year, diploma, and graduate students and were chosen on the basis of their clinical experience and level of qualification. | Qualitative and quantitative data collection. Descriptive design. Focus group interviews. | Participants completed an adapted version of The Darling Measuring Mentoring Potential tool (1984). Focus group interviews. | Themes which emerged from student perceptions were discussed. Mentors played a major role in enhancing learning for students. |
practice. The usefulness of mentors on clinical learning requires further investigation, especially from the perspective of student nurses.

solving. education. The setting was in a British university partaking in Project 2000 courses which aimed to prepare practitioners for future healthcare needs. Inclusion criteria were student nurses in the third year of training who had experienced mentorship over the last 3 years.

Data from interviews were transcribed verbatim by researcher. Data were analyzed by content analysis. Themes were analyzed and clustered into broad categories. Credibility, transferability, dependability, and confirmability of focus group data were considered to enhance the trustworthiness of the study. No reliability and validity information provided.

students, through support, acting as role models, performing socialization roles, and acting as assessors. Students concluded there is a greater need for mentors to assist them in developing problem-solving and analytical skills to prepare them for future healthcare needs. Conflicts between education and management were a major factor.
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<th>Authors</th>
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<td>Hyrkäs &amp; Shoemaker (2007)</td>
<td>The role of the preceptor is complex, multi-purposed, and ever-evolving. Perceptions of preceptors have not been fully explored in research.</td>
<td>The purpose of the study was to examine relationships among preceptors’ perceptions of benefits, support, rewards and Kanter’s (1977) model of Structural determinant of behavior in organizations.</td>
<td>N = 82 There were 82 preceptor participants and two data collection phases for this study. The first phase entailed preceptor sub- A descriptive, correlational design was used. Questionnaire in four parts was used for data collection. A Preceptors’ Perception of Benefits and Rewards Scale, a Preceptors’ The more that preceptors perceived there were benefits and rewards, the more committed to the role they were (p &lt; 0.001).</td>
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| Do preceptors commit to their role more when they perceive that the rewards for precepting are personally meaningful or professionally beneficial? | commitment towards the role of the preceptor among a group of newly hired nurses and graduating nursing students. The authors further explored the intrinsic and extrinsic benefits and rewards of nursing preceptorships. | group A, who had attended preceptor workshops and could then work as preceptors for recently hired nurses. The second phase targeted 56 preceptors in sub-group B and consisted of those involved in fourth-year clinical practice courses within an undergraduate nursing course from a nearby university. | Perception of Support Scale and a Commitment to the Preceptor Role Scale, and demographic information sheet. Reliability and Cronbach’s alpha coefficients are 0.90, 0.75, & 0.86. A pilot study was done with 17 staff nurses. | Preceptor’s perception of their role were positively related to their commitment to it (P = 0.01). No significant correlation between the preceptors’ years of nursing experience and other study variables. No significant relationship between the number of experiences as a preceptor, number of preceptorships and score on the scales. The respondents today have
| Billay & Myrick (2008) | Preceptorships are a valued but complex arrangement for preparing professionals for new roles. Published reports do not include a recent review of research and literature on preceptorships. Furthermore, a framework for reviewing literature proposed by Ganong (1987) and Sparbel & Anderson (2000). | The purpose was to explore current knowledge regarding preceptorships, and to trial a framework for reviewing the literature. Research questions included (p. 258): 1. How is preceptorship described in allied health literature from 1994-2005? 2. What new Framework for literature reviews in general was (Ganong, 1987), which was later expanded by (Sparbel & Anderson, 2000). Conceptual framework for the substantive review was preceptors, teaching-learning, benefits, role and evidence-based. | The sample for the literature review consisted of studies from English journals between 1994 and 2005. The inclusion criteria included: theoretical articles as well as descriptive research articles with both quantitative and qualitative designs (n = 83). | Literature review. No research design. | A tool was used to collect information from each article. The tool was proposed by Ganong (1987) and adapted by Sparbel & Anderson (2000). No further testing of tool has been published? Psychometric testing of this type of tool is not needed. | Preceptorship in the clinical setting is commonly used as a teaching-learning method in the profession of nursing. Preceptors are utilized as the main teaching-learning method to socialize nursing students into their profession. There higher perceptions of benefits & rewards from participating in preceptorship than prior years. |
Sparbel & Anderson (2000) is worthy of further testing, in order to build professional knowledge. Knowledge or information in relation to preceptorship has surfaced in the literature from 1994-2005? (n = 313) and (n = 31) focused on preceptorships in nursing. Exclusion criteria consisted of: unpublished books, tapes, articles published outside the predetermined time frame, and electronic media. In order for the preceptor model to succeed, a thoughtful and well constructed curriculum that accommodated clinical practice was required. Attitudes of preceptors that were shown to appeared to be a need for service providers and education to collaborate and partner together. One of the greatest assets of a preceptor is his/her experience and knowledge. In order for the preceptor model to succeed, a thoughtful and well constructed curriculum that accommodated clinical practice was required. Attitudes of preceptors that were shown to
In order for preceptors to be successful, there must be a supportive relationship among staff and preceptors. Preceptors are viewed as a counselor, role model, coach. This study identified usefulness and appropriateness of managerial and educational support which was provided to preceptors within the organization. Concepts explored in this article consisted of horizontal violence and organizational culture, morale, and type of transition program offered to. A convenience sample of thirty six registered nurses who had attended a 2-day preceptor preparation workshop at Royal Brisbane and. Longitudinal descriptive design. Semi-structured focus group interviews were completed (n = 36). Six focus group included 2 to. An interview guide for the focus group sessions was used but not published. Authors report the intention of stimulating a reflective process from a set of on a range of areas. Preceptors enjoyed their role and understood characteristics needed for their role. Educational programs provided guidance to these groups and were well be integral to student success included attentive listening, meaningful and early involvement of the preceptor, constructive feedback, facilitated learning, and socialization professionally.
and an inspiration to new staff. There is limited research on the support required for preceptors to be effective. It is imperative that preceptors are selected appropriately and prepared using educational programs to assist them in their role.

- Women’s Hospital Health Service District in Australia, and had at least one year of experience within the organization and possessed the desire and aptitude to be preceptors.
- 4 nurses, and were conducted at 2 to 3 months and 6 to 9 months after workshop attendance and lasted approximately one hour.
- All interviews were audio-taped, and themes were developed to help with data analysis. There were concerns, however, expressed by many of the respondents regarding perceived lack of support for their role which caused some negativity to the role. Solutions to this problem included: decreasing workloads, synchronizing schedules, establishing clinical preceptor networks, and implementing a reward system consisting of educational received.
Some nurses report that precepting is a challenging and stressful experience and success depends on the support received. Nurses who act as preceptors must balance their workload and the needs of the nursing student. Often times the nurses do not feel fully prepared for precepting. Factors that influence the preceptors’ commitment to the role include self-

| Hallin & Danielson (2008) | Some nurses report that precepting is a challenging and stressful experience and success depends on the support received. Nurses who act as preceptors must balance their workload and the needs of the nursing student. Often times the nurses do not feel fully prepared for precepting. Factors that influence the preceptors’ commitment to the role include self-
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<td>Studying the comparison of Registered Nurses’ experiences of acting as preceptors for nursing students in 2000 to 2006 as well as exploring the relationships between preceptors’ experiences and personal/clinical characteristics.</td>
<td>The preceptor model (Anderson-Thorell, K., Westlund, A., &amp; Anthlin, E. (1998). A model with joint appointments for the clinical practice element of nurse education. <em>The County Council of Jamtland.</em>) The model was influenced by John Dewey’s (1964) philosophical and theoretical thoughts about education as integrated unities of</td>
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awareness, self-confidence, interest in precepting, age, experience, and taking a preceptor course.

Preceptor preparation? Support from teachers, colleagues, chief nurses and enrolled nurses?"

2. “What relationship exists between RN’s experiences of preceptoring and their personal and clinical characteristics?”

reflection, practice, theory, and acting.

opinion” was added to the fifth area. Validity was assessed by means of the known-group technique and alphas ranged between 0.8 and 0.95 for the different subscales. The 2000 version of the tool was pilot tested in 1999 with four teachers and four senior nurses who were not involved in the study. Cronbach’s alpha reliability coefficient ranged from 0.83 to 0.95 for the experiences of preceptor such as demands, confidence, support, appreciation, feedback, offering guidance, and acting as a role model. Significant differences were also noted between the groups regarding support from teachers (p < 0.001), colleagues (p < 0.006-0.033), chief nurses (p = 0.007-0.032), and enrolled nurses (p < 0.001-0.004) preparation. The preceptor model offers
| Yonge, Hagler, Cox, & Drefs (2008) | There are many challenges associated with preceptorships as an integral part of professional education. Among these are recruitment, selection, orientation and support of preceptors. In order to create, support, foster professional relationships, and promote Preceptor benefits, rewards, challenges, values, supports, and workload. No mention of a theoretical framework was noted. | The convenience sample consisted of 86 nursing preceptors. A majority were female (n = 82) with an average age of 41.94 years. The sample had worked mostly full time for an average of 18.4 years. Among the preceptors, 60.5% worked in acute settings and 31.4% worked in other settings. | Descriptive design. | A survey was distributed one time by mail in 2003. Both qualitative and quantitative data were collected. No mention of reliability was reported. The survey gathered data regarding precepting in the job description, the role of the university in student placement, preparation and facilitating preceptors and develops cooperation between the hospital and university. |

It was found that most preceptors believed that they were unprepared for being preceptors based on the lack of advance notice, poorly placed students regarding the students’ goals and interests, and inappropriate material provided by the university. Most
evidence-based teaching in the clinical areas between the agency and educational institution, research is needed to allow for a greater understanding of the roles of student, preceptor, and the institutions.

became the basis for the research by the authors such as benefits, rewards, challenges, values, supports, and increases in stress and workload.

in the community. Fifty-three percent held post-secondary certificate or diplomas, 43% had undergraduate degrees, and 2.3% had master’s degrees. They had precepted on average 1.53 students.

for the preceptor role, influences on the decision to precept, and evaluation strategies.

preceptors attributed their preparation to their role from past experiences. Preceptors would continue to precept if they received recognition in the form of payment or certificates. Most respondents believed evaluating their student was best accomplished by daily student observation. Administrators and faculty need to formulate strategies for these issues.
| Hautala, Saylor, & O’Leary-Kelley (2007) | Precepting may be perceived as an increase in workload and stress on nurses who are already overburdened with their current workload. Nurses who already have a full patient load and are given the additional responsibility of precepting state that the time consuming nature of precepting in addition to... | To describe he extent to which staff nurses perceive stress when precepting and, if so, to describe the amount, and what they find stressful, as well as their perception of support from other staff, nurse managers, educators and nursing faculty. 1. Are experienced staff nurses experiencing stress when... | Based on Benner’s (1984) theory of the experienced nurse precepting the novice. | Convenience sample of 65 RN’s who work as preceptors in acute care settings in two large hospitals in San Francisco Bay Area. Predominantly women > 40 working > 30 hours/week with > 10 years experience. The two hospital settings may not be representative of other hospitals. | Descriptive design. | 4 Part questionnaire: 1-demographics 2-perceptions of stress using a Likert scale developed by Younge, Krahm, Trojan, Reid, & Hasse, (2002) and a follow up open-ended question asking for reasons for stress 3-Preceptors Perception of Support Scale (Dibert & Goldenberg, 1995) 4-Additional comments and... | Results indicate that nurses perceive stress when precepting students/new nurses due to increased workload/responsibility, and the required skill/competency level/confidence in their roles (83%). Many nurses feel adequately supported (88%); however, there was still moderate-to-... |
| their normal responsibilities is a disadvantage More research is needed on experienced preceptors’ perceptions of stress in the preceptorship experience, so that nurse leaders can provide support for preceptors. | precepting? 2. If so, how much stress do these preceptors experience? 3. What are the main reasons for stress? 4. Do the preceptors perceive they receive enough support from the other staff? | remarks regarding views of stress and support in preceptor role No reliability or validity were cited for the tool. | above levels of stress reported as a result of workload, preceptee skill level, organizational support, and preceptor confidence. The authors recommend that workload be considered when making preceptors assignments to allow for adequate teaching, especially in the beginning of orientation. Preceptors may be the most significant link the nurses/students will
have in orientation and can assist in recruitment and retention of graduate nurses as well.