EXPLORATION OF RELATIONSHIPS AMONG NURSING PRECEPTORS’ DEMOGRAPHIC VARIABLES AND PERCEPTIONS OF BENEFITS, REWARDS, SUPPORT, AND ROLE COMMITMENT

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ABSTRACT

RESEARCH PAPER: Exploration of Relationships Among Nursing Preceptors’ Demographic Variables and Perceptions of Benefits, Rewards, Support, and Role Commitment

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Preceptor programs are widely used throughout the world in orienting new nurse graduates into health care roles. Perceptions of preceptors may influence the experiences of new graduates and outcomes of preceptorship programs. Research has not yet clarified interrelationships among preceptors’ demographic characteristics and preceptors’ role-relevant perceptions. The purpose of this study was to explore the interrelationships among preceptors’ views of benefits, rewards, support, role commitment, and demographic variables. Guided by Kanter’s (1977) framework, this correlational study replicated studies by Dibert and Goldenberg (1995) and Hyrkas and Shoemaker (2007). Preceptors (n=100) of new nurse graduates employed on medical-surgical acute care units completed the Preceptor’s Perceptions of Benefits and Rewards Scale (Dibert & Goldenberg), the Preceptor’s Perceptions of Support Scale (Dibert & Goldenberg), and the Commitment to the Preceptor Role Scale (Modway, Steers & Porter, 1979; Dibert, 1993). Findings add to existing knowledge about preceptors’ perceptions and provide guidance in designing effective programs for nurse preceptors.
Chapter 1

Introduction

Introduction

Preceptors are crucial participants in the education and socialization of newly hired nurses. The increasing shortage of registered nurses, demand for high quality patient care, and patient acuity put pressure on new nurse graduates to perform efficiently and independently. A new graduates’ preceptorship is a valuable opportunity for quickly and effectively learning the registered nurse role. Preceptors who are prepared and engaged are valuable assets to health care systems, as they assist new nurse graduates to become effective practitioners and enhance the job satisfaction and retention of new nurses in the workplace (Kemper, 2007).

Kramer (1974) first identified the challenges new graduates face in role transition. Delaney (2003) reported that 35% to 60% of new graduates change employment during their first year of work. This high turnover rate has been negatively affecting health care institutions. New graduate orientation programs that use preceptors have been increasing retention. Establishing preceptor programs requires significant financial and human resources, and the investment has been lost if preceptors were not supported in the preceptor role (Dibert & Goldenberg, 1995).

According to the statistics from the U.S. Department of Labor, nursing was “the largest health-related occupation with employment opportunities for
registered nurses growing faster than all others, with projections for almost 1 million new and replacement openings by 2014” (Murphy, 2008, p. 183).

Hospitals throughout the nation have been hiring more nurses with little to no clinical experience. Some nurses have been new graduates; others have been former employees of long-term care facilities or nurses who have returned to the workforce after an extended period of time. As student enrollment has increased, nursing programs have been struggling to find enough faculty. According to a report from the American Association of Colleges of Nursing (2009), the United States nursing schools turned away 49,948 applicants from baccalaureate and graduate nursing programs in 2008 due to lack of enough faculty, clinical preceptors, and budget constraints. Competition for student clinical placements from multiple geographic areas is becoming critical due to patient numbers and length of stay decline. Baby Boomers soon will begin to retire, and a reported 3 of 10 nurses under the age of 30 plan to leave nursing within the first year of practice (Murphy, 2008).

The nursing shortage is projected to increase over the next 20 years. According to Health Affairs (2009), the United States nursing shortage will grow to 260,000 registered nurses by 2025. The average age of registered nurses by 2012 is projected to be 44.5 years, and nurses in their 50s are expected to become the largest group in the nursing workforce. Demographic pressures are also reported as influencing both supply and demand. The ratio of nurses and other potential caregivers to the people needing care, primarily the elderly population, will decrease by 40% between 2010 and 2030. Demographic changes may limit access to health
care unless the nursing population grows in proportion to the increase in the elderly population (American Association of Colleges of Nursing, 2009).

To address the nursing shortage and ensure adequate care for patients, health care institutions have a responsibility to provide preceptors with the knowledge and skills necessary to teach and evaluate new nurses who can enter the workforce. Preceptor programs that provide practical and useful information are essential for the successful transition of new nurses into patient care environments. These programs should include: the importance of socialization, critical thinking facilitation, skill building techniques, and assignment management. The effectiveness of the preceptorship is based on the professional quality and capabilities of the preceptors. The preceptor-preceptee relationship holds benefits for the institution, the new nurse, and the preceptor. In a period of severe shortages, preceptorship programs are reported to at least partially mitigate the negative effects by providing an effective and efficient tool for maintaining quality patient care and retention of nurses (Baltimore, 2004).

**Background and Significance**

Historically, nursing education was derived from the principles set forth by the first Florence Nightingale school, where first year student nurses were taught in the hospital setting by nurses who were trained to train others. In the beginning of the discipline, students were learning from experienced nurses, sometimes by trial and error, while sharing the workload of the hospital as employees. By the 1950s, nursing education transferred into the general education system, and clinical instruction was introduced to deal with problems of inconsistency in hospital practice and classroom
teaching. In the clinical setting, students had moderate support from the clinical teacher, which became stronger as the role was assumed by the “ward sister” and gradually to the staff nurses through the development of the preceptor role (Mantzorou, 2004).

The term preceptor was first used in the 15th century as tutor or instructor. It was first used in nursing as a method of clinical teaching in the late 1960s. In 1985, 109 BSN programs incorporated preceptorship programs into the curriculum. Preceptorship programs emerged as more crucial when the “reality shock” experienced by students during the transition phase from student to professional nurse became recognized. The preceptorship program was adopted to prepare clinically competent new nurses who could assume full patient care as soon as possible in their new employment. In education, preceptorship was defined as individualized one-on-one learning and teaching between a student and staff nurse who acted as supervisor, role model, and resource person, and was always available during the orientation (Mantzorou, 2004).

The preceptor role has been reported in literature to have many advantages for the preceptor and institution. For the preceptors, the role offered stimulation and motivation and constituted a professional challenge. Precepting helped the nurse develop skills in mentoring students and improved skills needed in leadership and professional roles. While teaching new nurses, preceptors also reflected on old practices and learned new ideas from the preceptee. The promotion of higher standards of care resulted from the preceptorship, as well as recognition and reward.
for their skills. Preceptorship programs were reported as cost-effective by reducing staff turnover and increasing nurse retention (Mantzorou, 2004).

Preceptors were reported to have played an influential role in influencing the learning experience of students. Research supported that positive relationships between faculty, nursing students, and hospital staff enhanced student performance in the clinical setting. Through preceptor support, the student was provided with a professional nurturance and the development of socialization and professional roles, which led to a decrease in “reality shock” of this new experience. The student also had the chance to learn about the organization and the everyday frustrations of nursing and was able to discuss this with the preceptor. Students then gained independence and self-reliance, an outcome that ultimately affected the competency and quality of new nurses (Bourbonnais & Kerr, 2007). Furthermore, preceptorship programs during an educational curriculum acted as a recruitment tool for students, since many students sought employment in the same hospital (Mantzorou, 2004).

According to DeCicco (2008), one way to enhance nurse retention and recruitment was through increased job satisfaction. By providing nurses with the opportunity to precept new nurses, job satisfaction was enhanced. Training, education, and support from peers and supervisors were also identified as ways to improve the precepting work of staff nurses. Employees who had access to opportunities and support through preceptorship programs were empowered to achieve success in their work. Empowered individuals were more likely to influence others, which resulted in an overall organizational effectiveness.
Preceptorships have been viewed as more than just an orientation program; they were an ongoing commitment for the organization’s success. Preceptorship programs were cost-effective and enhanced long-term growth and retention of nurses through structured support systems that ultimately enhanced job satisfaction. Preceptors were valued by nurses, and nurses had a responsibility to the profession and patients to assist in the professional development of new nurses. With the current nursing shortage, a comprehensive response by health care institutions has been called for to re-examine current nurse retention strategies and redefine professional workplace values (Block, Claffey, Korow, & McCaffrey, 2005).

The literature suggested that preceptor/mentoring programs must consider the needs of all involved employees, and timely feedback, acknowledgment of efforts, and recognition for contributions should be provided. Most importantly, the organizational culture must support and embrace these initiatives and commit both human resources and finances for these programs. Further recommendations for successful internships included: (a) encourage organizations to provide funding for these programs, (b) encourage organizations to support education regarding the benefits of precepting/mentoring, (c) encourage recognition within the organizations’ nurses who act as positive role models, and (d) encourage additional evidence-based research to further bridge the gap between nursing practice and the theory of precepting/mentoring (Block et al., 2005).

Kemper (2007) supported the views of other experts in asserting that preceptorship programs required time, human resources, and money to ensure success. Kemper further specified that benefits, rewards, and support were vital to
sustain preceptors in their role. If preceptors perceived their role as having rewards and benefits, they were more likely to commit to the role. Experienced preceptors needed to be recognized for the contributions they provided to nursing education. Nurse managers needed to function as advocates for the preceptorship experience and their nursing staff. Nurse managers needed to remain aware of common stressors reported by preceptors and utilize strategies that resulted in a win-win situation for the staff, students, and organization.

Kemper’s (2007) ideas were grounded in research conducted by Dibert and Goldenberg (1995) and Hyrkas and Shoemaker (2007). There was early evidence from these two studies that preceptors perceived benefits, rewards and support as being very important to continue to commit to the role (Dibert & Goldenberg). However, more research is needed to explore the perceptions of preceptors regarding key aspects of the precepting experience, including benefits, rewards, support and role commitment (Hyrkas & Shoemaker).

Problem

Preceptors play a crucial role in orienting new graduate nurses who are transitioning into a beginning professional role (Hyrkas & Shoemaker, 2007). With the projected increase in a shortage of nurses and, therefore, a shortage of preceptors, it is imperative that health care organizations provide structures and processes that sustain preceptorships. Little is known about the perceptions of preceptors in medical-surgical clinical areas regarding key aspects of the preceptor experience, specifically perceptions related to benefits, rewards, support, and commitment to the precepting role. Furthermore, research has not yet clarified the influence of selected
demographic variables on preceptors perceptions related to the precepting role (Dibert & Goldenberg, 1995).

*Purpose*

The purpose of this study was to explore the interrelationships among preceptors’ views of benefits, rewards, support, role commitment, and preceptors’ demographic variables. This was a replication and extension of research conducted by Dibert and Goldenberg (1995) and Hyrkas and Shoemaker (2007).

*Research Questions*

1. What are the relationships among preceptors’ demographic characteristics and their role-relevant perceptions?
2. What rewards do preceptors in medical-surgical clinical areas think are important and most desirable?
3. What is the relationship between preceptors’ perceptions of the benefits, rewards, and support related to their role and their commitment to the role?

*Conceptual Framework*

Structural Determinants of Behavior in Organizations was the framework for this study (Kanter, 1977). The theory behind this model was that human behavior in organizations was influenced by four factors: formal power, informal power, opportunity, and organizational power. Formal power was defined as the characteristics that defined one’s job, and informal power concerned one’s relationship with other people within an organization. Formal and informal power affected one’s ability to access structures of opportunity and organizational power.
Organizational power allowed employees to act effectively and efficiently within the structure of the organization. Opportunity was the prospect and expectation for growth and development. Finally, behavior was affected by whether or not the individual was in a minority, either ethnic or gender, versus others in the same work environment (Kanter, 1977).

Per Kanter’s (1977) theory, if preceptors had access to power (information, support, resources, ability to mobilize) and opportunity (chance to increase competence and skills, advancement, recognition of skills and rewards), they had an increase in commitment to the preceptor role. If preceptors perceived that nurse managers or faculty did not support their decisions or if they lacked sufficient time and/or training to adequately perform their role, they tended to be less likely to continue in the role of preceptor. If rewards for precepting were not forthcoming, preceptors’ commitment to the role tended to decrease (Dibert & Goldenberg, 1995).

**Definition of Terms**

*Demographic Characteristics.*

*Conceptual:* Demographic characteristics included age, gender, ethnic background, educational background, and years of nursing and preceptor experience.

*Operational:* Demographic characteristics were measured by a series of single items on the study instrumentation.

*Benefits and Rewards.*

*Conceptual:* Benefits and rewards were defined as positive outcomes associated with service (Dibert & Goldenberg, 1995).
Operational: Benefits and rewards were measured by a total score on the Preceptor’s Perceptions of Benefits and Rewards Scale (Dibert & Goldenberg, 1995).

Support.

Conceptual: Support referred to the condition that enabled the performance of a function (Dibert & Goldenberg, 1995).

Operational: Support was measured by a total score on the Preceptor’s Perceptions of Support Scale (Dibert & Goldenberg, 1995).

Role Commitment.

Conceptual: Dibert and Goldenberg (1995) defined commitment as a combination of attitudes/perceptions that reflected dedication to the preceptor role.

Operational: The commitment to the preceptor role was measured by a total score on the Commitment to the Preceptor Role Scale (Mowday, Steers & Porter, 1979; Dibert & Goldenberg, 1995).

Limitations

Limitations included the non-random sample that limited generalizability to all preceptors. Another limitation was that this study occurred in one health care delivery system in one Midwest state, and responses might not have been reflective of preceptors in other institutions.

Assumptions

Underlying assumptions of this study included:

1. Respondents responded honestly to the study instrumentation.

2. Responses on a numerical scale adequately captured the perceptions of preceptors relevant to the variables in this study.
Summary

Preceptorships are a valuable approach to orienting new nurse graduates who are transitioning into a beginning professional role. New nurses benefit from rapidly acquiring new knowledge and skills. Health care systems benefit from increased job satisfaction of precepted nurses and increased retention in the workplace. However, precepting can be stressful for the preceptors, as they often provide direct care for patients while teaching novice nurses. Nursing administrators, managers, and educators need knowledge about how preceptors view the precepting experience so that appropriate structures and processes can be put into place to reduce stress on preceptors and sustain preceptorships. Research has not yet clarified the perceptions of preceptors regarding key elements of the precepting experience. Specifically, the perceptions of preceptors regarding benefits, rewards, support, and commitment to the precepting role in medical-surgical clinical settings have not been extensively explored. The purpose of this study was to explore the interrelationships between preceptors’ views of benefits, rewards, support, role commitment, and preceptors’ demographic variables. Kanter’s (1977) Structural Determinant of Behavior in Organizations was the theoretical framework for this study.
Chapter II
Review of Literature

Introduction

Preceptor programs are widely used throughout the world in orienting new nurse graduates into health care roles. The preceptor role is complex and multifaceted, and the significance of preceptorships is still not well understood (Hyrkas & Shoemaker, 2007). There was early evidence that preceptors perceived benefits, rewards, and support for their role as important to continue commitment to the preceptor role. Therefore, it is crucial for educators and administrators to recognize the value of preceptors and develop sustainable support systems for both new nurses and preceptors (Dibert & Goldenberg, 1995).

Purpose

The purpose of this study was to explore the interrelationships between preceptors’ views of benefits, rewards, support, role commitment, and preceptors’ demographic variables. This study was a replication and extension of research conducted by Dibert and Goldenberg (1995) and Hyrkas and Shoemaker (2007).

Organization of the Literature

The literature review was organized into five sections: (a) conceptual model; (b) preceptor benefits, rewards, commitment, and support; (c) preceptor/new nurse stress and support in preceptorship programs; (d) role of preceptor/mentor; and (e) preceptors/mentors and organizational support.
**Conceptual Framework**

Structural Determinants of Behavior in Organizations was the framework for this study (Kanter, 1977). In Kanter’s work, power was defined as the capacity to mobilize resources to get the job done. Kanter identified six organizational conditions necessary to achieve workplace empowerment: support, resources, access to information, learning opportunities, informal power, and formal power. Kanter claimed that these workplace characteristics influenced an employee’s behaviors and attitudes more than their personal predispositions (Faulkner & Laschinger, 2008). Workers felt empowered if they believed their work environment provided them with the opportunity for growth and access to power in order to effectively do their job. If these conditions were not met, employees felt powerless to do their jobs and less committed to the organization (Sarmiento, Laschinger, & Iwasiw, 2004).

Formal power was achieved by outstanding job performance that exceeded the expectations of others, was noticeable by others in the organization, and assisted in solving current problems within the organization. Informal power was the result of social and political relationships among peers, sponsors, and subordinates within the organization. Power was derived from three sources: access to resources, support, and information. Resources were the items necessary to accomplish organizational goals such as: supplies, money, equipment and time. Support was the guidance and feedback received from peers, managers, and subordinates, while information referred to expertise, data, and technical knowledge needed to effectively perform one’s job. Individuals who viewed themselves as having power tended to facilitate higher cooperation and morale,
provide opportunities to peers and others, delegate more control to subordinates, and were seen by others as helpers, not hinderers (Sarmiento et al., 2004).

Opportunity referred to an individual’s possibility of mobility and growth in the organizational structure and included growth, challenges, autonomy, and a chance to learn and develop in their profession. Individuals who perceived themselves as having opportunities strived to learn and invested in their work. Those who perceived low opportunities showed low self-esteem, became disengaged from work, and had low expectations (Sarmiento et al., 2004).

Multiple research studies have provided support for Kanter’s (1977) theory in the nursing profession. In studies by Whyte (1995), Kutzscher, Sabiston, Laschinger, and Nish (1996), Laschinger and Havens (1996), and Laschinger, Finegan, Shamain, and Wilk (2001), empowerment was linked to organizational outcomes, such as job satisfaction, a perception of control over nursing practice, and lower levels of stress through empowerment. The effects of empowerment on outcomes, such as burnout and job tension, have also been reported in a study by Hatcher and Laschinger (1996). According to Laschinger et al.’s (2001) expansion of Kanter’s theory, psychological empowerment was positively related to respect. If employees were given access to information, support, opportunity, and resources, they were more likely to feel psychologically empowered. Employees exposed to empowering working environments were more likely to perceive that their colleagues and managers were assisting in their ability to work effectively within professional nursing standards (Faulkner & Laschinger, 2008).
Kanter (1977) suggested that individuals who had access to opportunity and power structures could achieve organizational goals by accomplishing the tasks necessary to reach these goals. Kanter also maintained that because employees had the necessary tools, they were able to empower and motivate others and were highly motivated themselves. Individuals without access to power saw themselves as powerless and became less committed to their work and organizational goals (Sarmiento et al., 2004).

Using Kanter’s (1977) theory, one might hypothesize that, if preceptors had access to power (information, support, resources, ability to mobilize) and opportunity (chance to increase competence and skills, advancement, recognition of skills, and rewards), they would have an increase in commitment to the preceptor role. If preceptors perceived that nurse managers or faculty did not support their decisions or if they lacked sufficient time and/or training to adequately perform their role, they tended to be less likely to continue in the role of preceptor. If rewards for precepting were not forthcoming, preceptors’ commitment to the role tended to decrease (Dibert & Goldenberg, 1995).

**Preceptor Benefits, Rewards, Commitment, and Support**

Preceptorship programs have been widely used for teaching and coaching newly hired nurses and nursing students in the clinical setting. Preceptors have been noted to share knowledge, obtain workplace recognition, and facilitate the integration of newly hired nurses. However, research has been limited on preceptors’ perceptions of role satisfaction, and more information is needed to determine what factors influence preceptors’ role satisfaction. The purpose of Dibert and Goldenberg’s (1995) study was to examine the relationships between preceptors and their perceptions of the support,
benefits, rewards, and commitment to their role as preceptors. Kanter’s (1977) Structural Determinant of Behavior in Organizations was the theoretical framework for this study.

Four research questions were investigated in Dibert and Goldenberg’s (1995) study:

1. What is the relationship of the preceptors’ perceptions of the benefits/rewards associated with their role in comparison to their commitment to the role?
2. What is the relationship between the preceptors’ perceptions of support for their role and the preceptors’ commitment to the role?
3. What is the relationship between the years of experience in the preceptor role and perceptions of benefits/rewards, support, and commitment to the role?
4. What is the relationship between the number of times the preceptor acted in this role and the perceptions of benefits/rewards, support, and commitment to the role?

A convenience sample of 59 preceptors, 90% of whom had attended a program for preceptor training in the last 10 years, was recruited for this study. The location of the study was a 400-bed urban teaching hospital in southwestern Ontario, Canada. Educational levels of the sample ranged from a college diploma to bachelors degree. The age range of the sample was 20 years old and above. All of the participants had been a nurse for 3-28 years, had precepting experience for 1-8 years, and had experience in precepting newly hired nurses and/or nursing students (Dibert & Goldenberg, 1995).
To collect the data, Dibert and Goldenberg (1995) used a four-part questionnaire: The Preceptor’s Perceptions of Benefits and Rewards Scale (PPBR) (Dibert, 1993), the Preceptor’s Perceptions of Support Scale (PPS) (Dibert), the Commitment to the Preceptor Role Scale (CPR) (Mowday et al., 1979; Dibert), and a demographic information section. The PPBR Scale contained 14 items rated on a 6-point Likert-type scale (1 – strongly disagree) to (6 – strongly agree) and measured the opportunities perceived by the preceptor as associated with their role. The PPS Scale contained 17 items rated on a 6-point scale to measure preceptors’ perceptions of support for their role from management and other staff nurses. The CPR Scale comprised 10 items adapted from the Organizational Commitment Questionnaire (OCQ) (Mowday et al.). The OCQ 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’. The demographic questionnaire was pilot-tested with 10 staff nurses who precepted in an intensive care unit selected by the researcher. These nurses did not participate in the study. The information on this questionnaire pertained to age, education, years of nursing experience and precepting, and types/number of preceptor experiences with new nurses and nursing students.

The data were analyzed using a Statistical Package for Social Sciences (SPSS) program. Descriptive statistics were used for the demographic questions, and inferential statistics were used to analyze any remaining data. The level of significance selected for the data analysis was 0.05 (2-tailed significance). Reliability analysis of the 3 scales (PPBR, PPS, and CPR) yielded alpha coefficients 0.91, 0.86, and 0.87 (Dibert & Goldenberg, 1995).
Findings related to the first research question were that the more the preceptors perceived benefits and rewards for precepting, the more they were likely to commit to this role ($r = 0.6347$, $p = .001$). Findings related to the second research question were preceptors’ perceptions of support for newly hired nurses and nursing students were significantly related to their commitment to the role ($r = 0.4644$, $p = 0.010$). Findings related to the third research question were that there was no significant correlation between years of experience of the preceptors and perceptions of benefits and rewards. Findings related to the fourth research question were that there was no significant relationship between the number of precepting experiences the preceptors had and their perception of support for their role. A significant positive relationship was found between the PPBR, PPS, and CPR scales in the number of times precepting ($p = 0.019$), the number of times for precepting new nurses ($p = 0.003$), and the number of times precepting nursing students ($p = 0.061$). There was no significant correlation between age and educational preparation and the PPBR, PPS, and CPR scale scores (Dibert & Goldenberg, 1995).

This study found that the preceptors tended to be committed to their role when worthy benefits/rewards/supports were present. The most highly regarded benefits and rewards included integrating preceptees into the nursing staff (possible mean range = 1-6, mean = 5.30, SD = 0.99), sharing knowledge and skills with preceptees (mean = 5.02, SD = 0.89), teaching new nurses/students (mean = 5.12, SD = 1.05), and personal satisfaction (mean = 4.93, SD = 1.21). 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. The need for nursing coordinator support,
preceptor development programs and help with identifying preceptee problems were also important findings in this study (mean = 4.55 – 4.2, SD = 0.95 – 1.12) (Dibert & Goldenberg, 1995).

The definitions and framework of Kanter (1977) were consistent throughout Dibert and Goldenberg’s (1995) study. There was sufficient evidence to support the fact that preceptors perceived benefits, rewards, and support for their role as being very important to continue to commit to the role. It is crucial for educators and administrative staff to recognize the value and importance of the preceptor role. Precepting takes time, money, and education in order to sustain a preceptor program. Managers and educators must be committed to assisting preceptors in continuing their education in relation to the preceptor role, as well as valuing what the preceptor has to offer the units as a whole.

Because the preceptor role is complex and multifaceted, and the significance of preceptorships is still not well known, further clarification is needed to determine rewards and benefits for the preceptors’ role. Hyrkas and Shoemaker (2007) conducted a study to follow-up on Dibert and Goldenberg’s (1995) work. The purpose of the follow-up study was to increase current knowledge and understanding about preceptorships today, and preceptors’ perceptions of the benefits, rewards, support, and commitment to the role. Hyrkas and Shoemaker used Kanter’s (1977) Structural Theory of Organizational Behavior as the theoretical framework.

Hyrkas and Shoemaker’s (2007) sample consisted of two sub-groups of 82 preceptors. Group A (n = 55) preceptors were precepting undergraduate students, and Group B (n = 27) were preceptors working with newly hired nurses. The demographic data indicated that the respondents’ ages ranged from 23-61 years, and work experience
was between 2-38 years; they had worked in different types of healthcare organizations and were predominantly female. Two phases were used for data collection in this study. The first phase (group A) were all preceptors that had attended preceptor workshops and precepted undergraduate students. The second phase (group B) consisted of preceptors in 4th year clinical practice courses at a local university in an undergraduate program precepting newly hired nurses. Both phases were conducted over an 8-week period.

To collect the data, Hyrkas and Shoemaker (2007) used a four-part questionnaire. The Preceptor’s Perceptions of Benefits and Rewards Scale (PPBR) (Dibert & Goldenberg, 1995), the Preceptor’s Perceptions of Support Scale (PPS) (Dibert & Goldenberg), the Commitment to the Preceptor Role Scale (CPR) (Dibert & Goldenberg), and a demographic information sheet were used for data collection. All data were collected using a 6-point likert scale with answers ranging from strongly disagree to strongly agree. The PPBR Scale measured the opportunities perceived by the preceptor associated with his/her role. The PPS Scale measured the support from educators, managers and administrators as perceived by the preceptor. This support was for education, training, allowing for schedule and assignment adjustments, establishing clear guidelines for the preceptor role, and allowing preceptors to decline the position at intervals to prevent burnout/stress. The CPR Scale measured the commitment of the preceptor to his/her role. The demographic sheet included education, gender, age, types and number of preceptor experiences, nursing and preceptor years of experience, and additional focused questions on profession, type of employment, year/place of graduation, workplace type/location, and type of nursing care given by a preceptor.
Hyrkas and Shoemaker (2007) reported that they pilot-tested the scales to determine the relevance of the items. Seventeen staff nurses were utilized for the pilot test. Analysis of the data indicated that the Cronbach’s alpha was 0.85 for the PPS, 0.88 for PPBR, and 0.64 for the CPR Scale. Two questions in the CPR Scale were found to have a much lower correlation with the total scores, and participants were unfamiliar with some of the terminology used in the questions. In the primary study, these two questions were not changed; however, they used footnotes to explain the terms. With the clarifying footnotes, the data collection showed the Cronbach’s alpha coefficients to be: PPS 0.75, PPBR 0.90, and CPR 0.86.

Inferential and descriptive statistics were used to analyze the data collected. Kruskal-Wallis, Mann-Whitney, and non-parametric chi-square tests were utilized to see if any differences between the two sub-groups and their scores were found. The results showed a 2-tailed significance level of 0.05. There was a positive correlation between the two sub-groups on the PPBR and CPR scales (p < .01). The PPS scale also showed a positive correlation between the two sub-groups (p < 0.01). Significant differences between sub-groups were not found in regards to educational background or age; however, significant differences were found between sub-groups in regards to graduation year (p = 0.02), workplace (p = 0.02), and type of nursing provided (p = 0.02). These findings are similar to the results in the Dibert and Goldenberg (1995) study (Hyrkas & Shoemaker, 2007).

Some additional findings in Hyrkas and Shoemaker’s (2007) study did suggest that preceptors have increased perceptions of benefits and rewards, compared to the earlier study of Dibert and Goldenberg (1995). The demographic characteristics were
comparable with the study by Dibert and Goldenberg (1995); however, the number of preceptor experiences was 1-2 students per preceptor in this study compared with 4-8 students per preceptor in the Dibert and Goldenberg (1995) study. The current study confirmed the commitment of preceptors to their role when benefits are available and suggested that the rewards and benefits offered to preceptors have improved, since current perceptions were higher than reported in the Dibert and Goldenberg (1995) study. This study revealed that group B (undergraduate nursing students) preceptors rated their support as being higher (mean = 68.64, SD = 14.51) than group A (new nurses) preceptors (mean = 59.52, SD = 10.27, p = 0.04). A new finding from this study was that 11% of the preceptors had acquired their education from a country other than the United States.

This study represented perceptions of preceptors who had attended at least one workshop (73.2% of respondents). Education seemed to be highly perceived as a benefit. However, workshop prepared preceptors’ perceptions of support and commitment declined with a higher number of preceptees, whereas the undergrad preceptors had continuous support from the staff educators regardless of how many students they precepted. The implications for this study revealed that workshops might be highly regarded as a benefit and important for the commitment to the preceptor role but was not a replacement for ongoing support (Hyrkas & Shoemaker, 2007).

Hyrkas and Shoemaker (2007) concluded that providing adequate support for nurses and preceptors, particularly new graduates, needed more consideration and might include collaboration with staff educators. Although the preceptors in this study had higher perceptions of the rewards and benefits than reported in the Dibert and
Goldenberg (1995) study, their perceptions of support were lower than the findings in the 1995 study. Support for preceptors with new nurses needed to be just as effective as those who precepted undergraduate nursing students and also required collaboration with the staff educators. Although preceptor workshops played an integral part in increasing preceptors’ awareness and confidence in their role, this was just a starting point for a much broader programmatic need. More attention was needed to develop more efficient and sustainable support systems for both undergraduate and new nurses in preceptorship programs. Also, authors noted that more research was needed to explore preceptors from different cultural backgrounds and how they perceived the benefits of precepting. In addition, research was needed on preceptors who precepted in medical-surgical clinical settings, a group that was under-represented in many educational studies.

One of the earliest authors to describe the value of rewarding preceptors was Turnbull (1983). The literature selection pertaining to the single topic of rewarding preceptors remains at an immature stage. Most studies have focused on training and other factors of the preceptor role such as support, intrinsic rewards, recognition ceremonies, and wage increases. The purpose of this study was to ask preceptors exactly what rewards would be important and meaningful to them (Stone & Rowles, 2002).

Two research questions were used in Stone and Rowles’s (2002) study:

1. “Which rewards are important to preceptors?”
2. “Which rewards are ranked as the most desirable to preceptors?” (p. 163).

These questions focused on the feasibility of rewards that the organization could offer. The sample consisted of registered nurses currently practicing as a preceptor and employed in healthcare agencies utilized for a baccalaureate program. Eighty preceptors
from 5 community-based agencies and 4 hospitals in the area completed the survey. No demographic data were collected.

A review of the literature produced a detailed list of possible rewards for preceptors. A committee of staff development nurses, administrators, and school of nursing faculty reviewed the list to determine sensible and financially acceptable rewards. The list (17 items) was then compiled into survey format. Upon approval by the Indiana University Institutional Review Board, the survey was distributed to all RN preceptors who had worked with students or new employees in the role of preceptor. The purpose was for all participants to check all of the favorable rewards and then rank them in numerical order as their top five choices. The committee members distributed the surveys to the preceptors in the agencies until all surveys were gone. By completing the survey, implied consent was given by the participants (Stone & Rowles, 2002).

The findings from this study were similar to previous studies on preceptor rewards. The rewards thought to be most important were ranked in order of importance to the preceptors. The list was then ranked into points: 1st choice = 5 points, 2nd choice = 4 points, 3rd choice = 3 points, 4th choice = 2 points, and 5th choice = 1 point. At the top of the list was a preceptor appreciation day with a meal and continuing education credit (66.3% of respondents). Second on the list (52.5%) was having the ability to audit a certain classroom experience within the School of Nursing at the graduate level. The third choice was receiving letters of commendation or certificates, and lowest on the list was the appointment as adjunct faculty (Stone & Rowles, 2002).

Findings from the Alspach (1989) survey revealed 62% of 351 respondents did not receive any rewards for precepting. The last item on the survey asked what
preceptors would like to receive as rewards, and the most frequent answer was “any form of reward.” Paid time off, pay differential, and educational benefits were high on this author’s survey as rewards. In the current survey, educational benefits were also high on the list of rewards. The paid time off and pay differential were not included in the present study due to lack of feasibility of these rewards for most healthcare organizations.

In a study by O’Mara and Welton in 1995, the top ranked reward was a continuing education (CE) program, which was also at the top of the list in the present study. One of the top ranked items in the 1995 study was a special dinner with CE credit and project consultation. The results in the present study also ranked a meal high on the list by preceptors. The rewards listed in this survey were selective. Due to the financial availability of certain rewards for many organizations, only those that would be feasible were included. This “editing” did influence the results; however, the highest rewards selected by the respondents in this study were fairly similar to those in the literature (Stone & Rowles, 2002).

In conclusion, preceptors should be given rewards and be recognized for their work. Stone and Rowles (2002) reiterated the findings from Dibert and Goldenberg’s (1995) study, which showed that the more preceptors perceived rewards and benefit from their role, the more committed they were to the preceptor role. With staffing shortages in many organizations, all preceptors should be rewarded and recognized for their invaluable teaching and the contributions they provided to new graduates as well as new nursing staff. The challenge then was to find ways to reward preceptors in meaningful and yet affordable ways by healthcare organizations.
Several studies in the nursing literature discussed concerns about nursing students’ anxiety in the clinical setting because anxiety affected student performance and learning. Student anxiety and perceptions of faculty clinical teaching behaviors have been explored in several studies; however, research has been limited on the relationship of nursing students’ anxiety in the clinical setting and their perceptions of clinical instructor’s teaching behaviors. Furthermore, research has not explored how perceptions of anxiety and instructor behaviors change during a curriculum. This study had relevance for this literature review, since preceptors fulfilled a role similar to clinical instructors. The aim of Cook’s (2005) study was to explore differences between junior and senior students’ perceptions of teaching behaviors of faculty and anxiety while interacting with faculty. The Invitational Education Theory (Novak & Purkey, 2001) and the State Trait Anxiety Theory (Spielberger, 1972) comprised the theoretical framework for this study.

Three research questions were used in Cook’s (2005) study:

1. What are the relationships between 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? (p. 158)

A convenience sample of 229 junior and senior baccalaureate nursing students, enrolled in 10 different nursing programs with a clinical component, participated in Cook’s (2005) study. The students were enrolled in a nursing program accredited by the National League for Nursing Accreditation Commission (NLNAC) in the United States, excluding the Virgin Islands, Puerto Rico, and Guam. The nursing programs included 3 from the Middle States region, 3 from the North Central region, and 4 from the Northwest region of the United States. Age range was from 20 to 52 years of age; 22 were men and 207 were women. Thirteen were part-time students, and 216 were full-time students. The majority of students were enrolled in medical-surgical nursing courses and had spent more than 6 clinical days with an instructor they selected to rate for the study. Ethnicity was not included on the demographic questionnaire.

After gaining approval by the institutional review board, the researcher contacted directors, deans, and chairpersons of the randomly selected NLNAC-accredited programs. The informed consent form was read aloud to all participants as a group. Implied consent to participate was denoted by the participants’ completed and returned questionnaires, and confidentiality and anonymity of the participants and their schools were assured. The questionnaires were distributed within 6 to 12 weeks into the semester allowing time for the students to become familiar with the instructor they selected to rate on the CTS. The data from the completed questionnaires were analyzed using the Statistical Package for Social Sciences (SPSS) (Cook, 2005).
To collect the data, Cook (2005) used a 15-item demographic data questionnaire, the Clinical Teaching Survey (CTS) (Ripley, 1986), and Spielberger’s (1983) State Anxiety Scale (S-Anxiety Scale). The 44-item CTS measured nursing students’ perceptions of professionally and personally inviting teaching behaviors of clinical nursing faculty. The nursing students used the scale to rate one clinical nursing faculty member they were currently working with. A 5-point likert-type scale with scores ranging from 1 (very seldom/never) to 5 (very often/always) was used to rate the teaching behavior. The CTS was reported as consistent and reliable with Cronbach’s alpha calculated as .97. 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. The main characteristics measured by this scale include feelings of worry, apprehension, tension, and nervousness. The S-Anxiety Scale was reported as consistent and reliable with Cronbach’s alpha calculated as .96.

The findings from this study indicated a moderate correlation (p < .01) between nursing students’ perceptions of clinical faculty’s professionally and personally inviting teaching behaviors and state anxiety. If students perceived faculty to be inviting in their behavior in the clinical setting, the students’ anxiety was lower. Junior and senior students’ perceptions of professionally inviting teaching behaviors of clinical nursing faculty yielded a significant difference (p < .04), with junior students rating faculty as more inviting than senior students. In relation to all students’ perceptions of personally inviting teaching behaviors of clinical nursing faculty, a significant difference was found (p < .002) between groups, with junior students again rating faculty as more inviting than
senior students. No significant differences were found between junior and senior students’ perceptions of state anxiety while interacting with faculty during clinical experiences (Cook, 2005).

This study provided support to the theoretical framework that nursing students’ perceptions of professionally and personally inviting teaching behaviors of clinical nursing faculty do influence their state anxiety levels in the clinical setting. Furthermore, junior nursing students perceived clinical nursing faculty to be more professionally and personally inviting in their teaching behaviors than did senior nursing students. State anxiety levels were comparable in both groups of students, indicating that seniors might need just as much, if not more, support than juniors as they face more demanding and difficult clinical experiences (Cook, 2005).

In conclusion, additional research needs to explore why junior students perceived faculty as more inviting than senior students. Also, nurse educators concerned with the quality of a student/faculty relationship might consider using the CTS to gauge the perceptions of students on the faculty’s teaching behaviors. It is recommended that clinical faculty try to consistently and consciously convey inviting teaching behaviors to assist students in managing their anxiety while in the clinical setting. Further research is needed as well to determine how students’ perceptions of inviting teaching behaviors and their anxiety relate to performance and learning in the clinical setting, and how ethnic and cultural variables might influence these perceptions (Cook, 2005).

The role of preceptor is added to an already heavy workload, and nurses are at high risk for burnout if they are asked to precept repeatedly. The demands and expectations of precepting novice nurses have not been studied extensively. The purpose
of Hautala, Saylor, and O’Leary-Kelley’s (2007) study was to describe staff nurses’ perception of stress; the amount of stress when precepting new nurses; nurses’ perceptions of adequate support from other staff, managers, educators and faculty; and reasons nurses found precepting stressful.

This study addressed 4 research questions:

1. Do experienced nurses experience stress while precepting?
2. If yes, how much stress do they experience?
3. What are the primary reasons for their stress?
4. Do preceptors think they receive enough support from other staff?

Sixty-five registered nurses from acute care settings at two large hospitals in San Francisco Bay area were recruited for this study. The inclusion criteria consisted of nurses who precepted new nurses and/or students and who were identified as preceptors by their nurse managers. All preceptors obtained a study packet to be returned by mail, after materials met approval by the Institutional Review Board (Hautala et al., 2007).

To collect the data, Hautala and colleagues (2007) used a four-part questionnaire. The first part elicited demographic information, including age, gender, education, nursing experience, type of employment, and job description. The second part measured perceptions of stress using a likert-type scale developed by Yonge, Krahn, Trojan, Reid, and Haase (2002). The third part consisted of Dibert and Goldenberg’s (1995) Preceptor’s Perceptions of Support Scale, which measured preceptor’s perceived levels of support from other staff, managers, educators, and faculty for their role by using a Likert-type scale. The fourth section allowed respondents to comment on their views of support and stress in the preceptor role.
This study had some limitations in the sample and setting. The convenience sample cannot generalize findings to all preceptors. Also, participation was voluntary, and the sample may have been biased due to preceptors experiencing less support and more stress and therefore not wanting to complete the questionnaire. Lastly, the two hospitals in this study might not be a representation of all other hospitals (Hautala et al., 2007).

The findings from this study revealed that, of the 65 returned questionnaires, 92% were from women who worked 30+ hours a week (89%). Most held baccalaureate degrees (72%) and had 10+ years experience in nursing (68%). Critical care units were predominantly represented (65%), medical-surgical units were next with 23%, and specialty areas, such as hospice and oncology, were at 12%. In relation to job descriptions, 62% reported that precepting responsibilities were expected in their role, and 83% reported that the annual performance review included precepting experiences. Any special recognition from management, such as shift differential or bonus for precepting, was denied by 74% (Hautala et al., 2007).

The perceived levels of stress that most respondents (83%) reported were mild or moderate in severity in relation to their preceptor role. Only seven respondents reported no stress (11%). Pearson product-moment correlation coefficient was used to determine the relationship between preceptors’ years of nursing experience and the level of stress reported when precepting. The results did not show that years of experience were correlated to stress levels. A follow-up question was used to determine the reasons why precepting was stressful, and 92% listed at least one reason for stress. The reasons
The preceptors’ perceived levels of support revealed that 88% of respondents believed they were adequately prepared for the preceptor role, and their goals of instructing new nurses on procedures, policies, and clinical issues were clearly explained (83%). When functioning as a preceptor, 65% were in agreement that their workload was appropriate. Eighty-eight percent felt that management was committed to the preceptor program, and 91% thought their co-workers were supportive of the program. Finally, 57% were in agreement that opportunities to share information with other preceptors was adequate, and 49% agreed that staff and educators were available to assist in the preceptor development (Hautala et al., 2007).

This study primarily described the support and stressors that preceptors perceive as a result of their role. The most common reasons for stress were due to increased workload because of taking care of a normal patient assignment and teaching the preceptee at the same time. Also mentioned was not having clear-cut guidelines for what the preceptees are capable of doing in the clinical setting, therefore, causing more stress for the preceptor. Most of the respondents perceived educators, managers, clinical nurse specialists, and coworkers were committed to the success of the program. The nursing faculty could support preceptors by monitoring the student’s progress and being aware of the stressors of preceptors in order to provide strategies to be supportive (Hautala et al., 2007).

In conclusion, Hautala et al.’s (2007) study stated that preceptors were the most significant link in orienting new students/nurses, and the preceptorship programs were
very important in recruitment and retention of graduate nurses. The majority of the nurses in this study did perceive that precepting was stressful, and the majority of nurses believed management and staff were supportive of this role. This study did not focus on incentives to becoming a preceptor, however, previous studies have shown that rewards, recognition, and benefits were relevant to an increased commitment to the preceptor role (Dibert & Goldenberg, 1995; Usher, Nolan, Reser, Owens, & Tollefson, 1999). Finally, the authors stated that this study should be replicated and include different clinical settings and larger populations. Of note is that only a small portion of the sample precepted on medical-surgical units.

Role of Preceptor/Mentor

Research has shown that the preceptorship model has been an effective teaching and learning tool most frequently used to teach undergraduate and graduate students in various practice settings. More reviews and syntheses of the literature are needed to contribute to the body of knowledge related to new preceptorship programs. The purpose of Billay and Myrick’s (2008) review was to discuss the current knowledge found in the literature pertaining to preceptorships and to ensure objective, accurate, and a thorough analysis of this subject.

Two research questions were used in Billay and Myrick’s (2008) review:

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

2. “What new knowledge or information related to preceptorship has emerged in the literature between 1994 and 2005?” (p. 259).
Ten stages from Ganong’s (1987) integrative reviews of nursing research framework were used for completing this study. The stages were:

1. Formulating the purpose and relevant research question
2. Deciding upon inclusion and exclusion criteria
3. Literature review
4. Development of data collection tool
5. Identifying rules being inferred for data analysis and interpretation
6. Revising the collection tool as needed
7. Reviewing the studies for information gathering by use of the collection tool
8. Data analysis
9. Interpretation and discussion of the data
10. Reporting the findings

In looking at the first question, English journal articles between January 1994 and 2005 were viewed. To be included in this review, the articles had to meet the following criteria: (a) descriptive research with qualitative and quantitative designs and (b) contain the key terms of preceptorship, preceptor, preceptors, nursing, and teaching/learning. A large number of articles met the first criteria, so the authors sampled every tenth article, which led to a sample of 313 articles. For the second question, the authors again sampled every tenth article, which led to a sample of 31. The exclusion criteria for both questions were unpublished books, electronic media or tapes, and articles published outside the predetermined time frame (Billay & Myrick, 2008).
In Billay and Myrick’s (2008) study, research question one was addressed by reviewing all relevant preceptorship literature to identify definitions of preceptorship themes. Excel spreadsheets were then used to categorize the references and sort into themes. To answer research question two, information was collected on each article, including: author, journal, year of study, journal number and volume, date, title, study purpose, definitions related to preceptorship, conceptual model, type of research design, research question/hypothesis, instrument/tool, validity and reliability, conclusions and recommendations. Every article was reviewed for compliance with the inclusion and exclusion criteria.

The findings for question one reflected a broad array of themes and/or concepts pertaining to preceptorships from the literature on nursing education, pharmacy education and medical education. The nursing profession was at the top with 28% (65 articles), leading to the assumption that a preceptorship model is more highly valued in the nursing profession. The majority of the articles were published between the year 2000 and 2005 (35.8%), and 22 articles were related to teaching nursing curriculum. One significant finding was that preceptors were initially better able to promote theoretical knowledge in their clinical area than were nurse teachers. It is clear, stated Billay and Myrick (2008), that nursing, as well as other allied health professionals, valued the importance of clinical teaching/learning through preceptorship programs, as this study suggested (Billay & Myrick, 2008)

The findings for question two were drawn from the preceptorship data collection tool. The majority of publishers were found to be in nursing, illustrating the high value that nursing places on knowledge related to teaching/learning in the practice setting.
Interestingly, most of the publications were from Canada and the United States; however, a few were from the United Kingdom and Australia, leading to the conclusion that other countries recognized the growing importance of preceptorship models. The highest majority of articles were published in 2002 (32.3%). The articles revealed an increased understanding of the relevance of precepting by the researchers (Billay & Myrick, 2008).

The majority of research designs were quantitative (35.5%), while the rest were of mixed designs. Researcher-designed interviews and questionnaires were the most commonly used collection techniques (22.6%). Eleven (35.5%) quantitative articles did not report validity, and six (19.4%) did. Twelve articles (38.7%) did not report reliability, and four did (12.9%). Specifically addressed as current issues were: supporting the preceptor-preceptee-faculty relationship, the importance of preceptor orientation, and recommendations for research. Finally, nine articles concluded that further research in the area of preceptorships needs to be conducted, using increased sample sizes and reliable and valid tools (Billay & Myrick, 2008).

Billay and Myrick (2008) concluded that this review of the literature provided a variety of perspectives related to the preceptorship model for teaching and learning in nursing. Of all the samples, 75% addressed the preceptorship specifically in the practice setting and its relation to teaching/learning. Research designs and approaches were randomized control trials, phenomenological, mixed method, and grounded theory. Other types of studies, such as ethnographic and participatory action research (PAR), could provide a cultural perspective by which to view this teaching/learning method. The authors recommended further research on preceptorship from an interdisciplinary perspective within each of the helping professions: nursing, medicine, pharmacy, and
dentistry. This research could further illustrate the complexities of the practicum experience and enhance knowledge pertaining to the teaching/learning practice setting.

With rapid changes occurring in most health care delivery systems, the role of the staff nurse/preceptor is also changing. An increase in patient acuity/complexity, a decrease in length of stay, and early discharges have increased the scope of nursing practice and responsibilities. No published studies have comprehensively examined staff nurses’ perceptions regarding their role in nursing students’ learning (that is, the role of precepting). More research is also needed on the perceptions of clinical faculty about the role they play in student learning and how their role is affected by a requirement of faculty practice in a school of nursing. The purposes of a study by Langan (2003) were to determine the perceptions of staff nurses and clinical nurse faculty on the roles they play in nursing students’ learning and to explore how faculty practice affected these roles. Specifically, this study looked at faculty expectations and staff nurse role overload, role conflict, and role ambiguity in relation to faculty practice. The role episode model of Kahn, Wolfe, Quin, Snoek, and Rosenthal (1964) was used as the organizing framework for this study.

Faculty and staff nurses associated with nursing schools with baccalaureate nursing programs in the middle Atlantic region composed the study population. Clinical faculty members (n = 15) and four nursing education administrators from each school participated. In addition, as a second part of the sample, 22 staff nurses and four nursing service administrators from each school’s related hospital participated. Inclusion criteria for the registered staff nurses in the study were that they were employed by the hospital accepting the related school’s nursing students, and had at least one semester of working
on an acute care unit with the baccalaureate nursing students and their (nonprecepted) faculty in the year prior to data collection. Inclusion criteria for the clinical faculty were that they were full time and taught at least one clinical course with (nonprecepted) baccalaureate nursing students on an acute care unit in the year prior to data collection (Langan, 2003).

Focus groups and individual interviews, as well as demographic data, were used in Langan’s (2003) study. The demographic data collected on nurse faculty consisted of whether the faculty member had taught clinical courses on a specific unit before, whether they currently engaged in clinical practice, and if the school/college required faculty to maintain active status in clinical practice. The demographic data collected on staff nurses included type of nursing license, number of years held, level of education, years worked at the hospital, years worked on present unit, hours worked per shift and per week, days worked, current job description, and type of nursing delivery system in the hospital. The focus group discussion guides were used to channel the discussions toward role overload, role conflict, role expectations, and role ambiguity. Participants were asked to discuss their perceptions of faculty practice relative to the influence on expectations for both clinical faculty and staff nurses.

To determine content validity, experts were asked to give their opinion of whether the discussion guide questions measured the appropriate constructs. The experts were doctorally prepared administrators in nursing service and education, a baccalaureate prepared staff nurse with 10 years of clinical experience working with students, and a nurse faculty member with 25 years of clinical teaching experience. Modifications to the tools were made based on the reviews of the experts. All group sessions were tape-
recorded, coded, transcribed verbatim, and analyzed. The demographic data were analyzed with the Statistical Procedures for Social Sciences (Langan, 2003).

The findings in Langan’s (2003) study reported only two of the four schools of nursing expected faculty practice; however, it was one of the items on faculty job descriptions and evaluations in all four schools. Two of the participating hospitals were teaching hospitals, and all four were not-for-profit hospitals. All levels of staff nurses claimed that working with students was expected, even though the mention of staff nurses working with nursing students was inconsistent in job descriptions in all participating hospitals. Two hospitals’ staff nurse job descriptions did not mention working with nursing students, and one of these was a teaching hospital. Six of the 15 faculty members had worked as staff nurses on the same units where they taught nursing students. Nine of the clinical faculty were currently employed in the clinical setting outside their educational institutions and practiced technologies consistent with which they taught. Fourteen of the 15 clinical faculty had a graduate level education to prepare them for the nurse educator role, but only 8 reported receiving a formal practice/practicum to prepare for this role. Three faculty members held the title of instructor, 2 were associate professors, and 10 were assistant professors. Educational levels varied among the staff nurse participants. Two had associate degrees, 4 had diplomas, 13 had bachelor’s degrees, and 3 held master’s degrees.

The results for role overload stated that some staff nurses reported less role overload when working with faculty who maintained their clinical practice than working with nonpracticing faculty. Clinical faculty expressed role overload as lack of time to accomplish all course objectives or activities with the students. All staff nurse focus
group discussions expressed role conflict when nonpracticing faculty could not meet the
expectations of being safe, competent, and knowledgeable clinicians, as well as teachers
and supervisors of students. An overall feeling by staff nurses was that practicing faculty
maintained these expectations. Faculty members reported the expectations held for them
by the staff nurses, clinical agency, and employing organization were compatible. Role
conflict was felt by faculty only in relation to difficulty in continuing to practice
clinically, pursue a doctoral degree, serve on committees, and conduct and publish
research. The reasons given for role ambiguity were varied. Some staff nurses felt the
instructors did not communicate the expectations of staff nurses clearly, nor give enough
information. Other staff nurses in the focus groups expressed anger at not being included
in making decisions about what students were accepted to their units. Most clinical
faculty did not have an issue with role ambiguity. They felt their role expectations as
clinical faculty were clear. Three role expectations had total agreement by all
participants: clinical faculty person is to be guide, teacher, and supervisor of nursing
students, responsible for preparing students for the clinical setting to deliver safe patient
care, and provide teaching and supervision when first-time performance of technologies
on patients is provided (Langan, 2003).

In conclusion, staff nurses were unclear whether they had a professional
responsibility to teach students. Staff nurses proposed that working with students should
be an explicit item on all job descriptions and rewarded on staff nurse evaluations. A
strong recommendation was for staff nurses to receive a detailed list of student goals,
objectives each day, skills they can perform, and skills for which the instructor must be
present. All participants strongly valued faculty practice. Clinical faculty, as well as staff
nurses, verbalized support for faculty practice, and staff nurses stated the ideal situation was to have a relationship with faculty who worked on the unit where students were getting clinical experiences. Written guidelines/expectations for clinical faculty should be made available to everyone involved. From nursing leadership in practice settings and education to the student level, role expectations must be communicated, reinforced, and reviewed. All team players in achieving safe patient care and student learning must see themselves as highly valued, vital members of this comprehensive and somewhat challenging goal (Langan, 2003).

Research has shown that mentors play a huge role in enhancing student learning, yet a general consensus among students was that more emphasis was needed on the acquisition of analytic skills and problem solving to prepare them for the increasing demands of clinical practice. Research has not yet clarified the role of mentorships in developing the problem solving abilities of nurses. Furthermore, little research has examined how students view the concept of mentoring. The purpose of Kilcullen’s (2007) study was to obtain student nurses’ perceptions of the effects of mentorship on clinical learning.

A purposive sample of 29 student nurses in their third year of a diploma program (Project 2000) at a British university participated in Kilcullen’s (2007) study. The inclusion criteria were based on the students’ stage of education and clinical experience. The participants were deemed suitable for the study since they were in the third year of nurse education and had mentorship experience for those 3 years.

After obtaining permission from the Ethics Committee at the university to pursue the study, the Head of the Department of Nursing granted their approval as well. Once
permission was granted, the course leader invited the researcher to meet the eligible student nurses to request their participation in the study. The researcher explained the type of data collection to be used, the aim of the study, and the time involved in collecting the data. The researcher also asked permission to tape record the interviews for data transcription. Each student was provided with written information about the study and asked to sign a consent form if they wanted to participate in the study. Prior to the focus group interview, consent was obtained from each participant, and confidentiality and anonymity were assured for each student. No names were mentioned during the interviews, and publication of the findings was discussed with the study group (Kilcullen, 2007).

Focus group interviews were used as the data collection in Kilcullen’s (2007) study. Three focus group interviews were utilized: two groups had 10 students, and the third group had 9 students. Based on a literature review, an interview guide was constructed and used to keep the interview focused. The interviews were conducted over 1.25 hours duration. An adapted version of the Darling Measuring Mentoring Potential tool (Darling, 1984) was used to explore student nurses’ perceptions of the role of mentors. The roles of the mentors were not measured in this study; instead, the researcher explored the roles put forward based on the adapted tool with student nurses in the focus group interviews. The focus group interviews were reported as an ideal method to use the adapted tool to help students derive meaning in relation to the role of mentor. The concepts being explored were socialization roles, support in learning, role models and interpersonal relations of mentors, and problem solving.
Data from the interviews were transcribed verbatim and analyzed by content analysis based on Burnard’s approach (1990). The transcripts were then coded into headings based on words or phrases found in the interviews. As themes were discovered, they were made into headings/categories, and statements and data were then placed into appropriate categories. The researcher strived for validity in this study by using 4 different criteria to enhance trustworthiness: credibility, dependability, confirmability, and transferability. To enhance credibility, participants were asked to check themes emerging from the data analysis. Dependability was explored by auditing the research process, which was required a collection of materials and documentation of the data. Confirmability was enhanced by linking significant statements from the data to their sources in order for the reader to see how conclusions were drawn from the data. Transferability was how findings could be transferred or generalized from a sample of the population to a whole group. The findings from this study were not transferable since the sample was from one clinical setting in one university. No reliability or validity of Darlings’s tool was reported (Kilcullen, 2007).

The findings from Kilcullen’s (2007) study indicated that students’ understanding of the concept “mentor” was strongly linked to the mentor role and emerged as a facilitator of learning. Students were very aware of external constraints that mentors experienced in their role. Lack of support and recognition by management were perceived as important factors affecting learning. “When mentors are not given time to spend with students, they often feel worthless and just used, with no recognition from anybody” (p. 100). Students perceived the socialization role as important, since it enhanced their learning when initiating them into the clinical setting. If the students did
not feel like they fit in, they could not learn. The students’ perception of the ideal mentor was a mentor who supported learning by facilitating learning objectives and giving constructive feedback. Some of the students felt they were adequately supported in acquiring clinical skills, while others felt they were not supported in their clinical placements.

Role modeling was another concept found to be very important in learning for the students. Some of the mentors were good role models, as well as were other staff nurses. One participant stated that some mentors did not have the time and did not want to act as role models. In the role of assessor, the relationship with the mentor was perceived as having a major affect on assessment. “Assessment by the mentor is good if the relationship with the mentor is good; if the relationship is poor, it can have major implications for learning” (Kilcullen, 2007, p.101). Even though there were some difficulties with the mentor as assessor, students reported feeling secure in knowing who would be their assessor. The interpersonal aspect of the relationship between mentor and student had a huge impact on learning as well. Relationships were influenced by the mentors’ perception of their own worth and value as people and the clinical environment in which they practiced. When the relationship between mentor and student was poor, the learning was jeopardized.

Most students in this study felt they did not learn problem-solving skills in the clinical setting, because solving problems was a function of experienced mentors and senior staff nurses. “There is no chance to problem solve in the clinical area; staff just know the best solution. They know from their gut feeling what the answer is; if they cannot solve the problem, sister will” (Kilcullen, 2007, p. 102).
In conclusion, mentors played a significant role in enhancing learning for students as role models and assessors, through support, and performing socialization roles. A general consensus among students was the need for greater emphasis on developing problem-solving and analytic skills in the clinical setting to prepare them for future healthcare needs. While it is crucial to provide quality mentors for student nurses, the question remains as to whether or not mentors can fulfill their role in a clinical environment where lack of support and recognition, as well as a heavy workload, exists. Also, there is a need for a supportive environment as identified by students in this study in order to provide them with quality learning experiences. Creating supportive environments has a huge impact on financial institutions in terms of resources and recruitment/retention of well-motivated nursing staff who can empower their colleagues to create and maintain a supportive learning environment. These findings have implications for preparing mentors and providing clinical learning environments that are conducive to student learning (Kilcullen, 2007).

Despite an extensive number of studies focusing on the nature of mentoring in a clinical setting, regulatory bodies have given minimal effort to developing guidelines for the practice of mentoring in nursing. The purpose of a study by Myall, Levett-Jones, and Lathlean (2008) was to explore the role of mentor in nursing practice in the United Kingdom.

Myall et al.’s (2008) study was conducted by one Strategic Health Authority (SHA) in England, over a 15-month period from 2005-2006, in two phases of data collection. Phase 1 consisted of structured interviews with clinical, academic and other key stakeholders, and a survey of prequalifying nursing students. Phase 2 consisted of
surveys of practice mentors, academics, and prequalifying students. This study reported findings from Phase 2.

Ethical approval was obtained, and permission from the local Research Ethics Committee and internal Ethics Committee from the School of Nursing was obtained. All participants were assured of anonymity and confidentiality of the data. Students were invited to participate through the university website that offered a link to the online questionnaire and information about the study. A total of 161 (10%) of the questionnaires requested from the Web site were returned, but not all were fully completed. After an analysis of the demographics of respondents, the sample seemed to be representative of the student population as a whole. In order to guard against obtaining a mentor sample that would be over or under-represented in certain clinical areas or job types, a random sample of practicing mentors was identified from eight National Health Service (NHS) trusts within the SHA. A total of 156 (21%) of the questionnaires were returned, with 127 completed (Myall et al., 2008).

Surveys retrieved data from both students and mentors in Part 2 of the study, as reported in this publication. The student survey consisted of a 27-item questionnaire, which was a revision of a tool used in Phase 1. Open-ended and closed-ended questions were used to capture all the data pertaining to placement of students with mentors, the experience of mentoring, recruitment of mentors, and student participation in university life. A 31-item questionnaire, based on findings from interviews and the literature in Phase 1, were given to mentors. The purpose of this questionnaire was to collect qualitative and quantitative data to obtain mentors’ views on support received for mentoring, their precepting role, and their relationship with students. The Statistical
Package for the Social Sciences (SPSS version 14) was used to input the quantitative data from both questionnaires. Qualitative data from the open-ended questions from both the student and mentor questionnaires were coded, categorized, and analyzed to identify main themes (Myall et al., 2008).

The findings from Myall and colleagues’ (2008) study suggested the value of mentorship for nursing students and recognition of the importance of the role by mentors. In regards to mentorship experiences, 50% (n = 57/115) of students reported they received a named mentor before starting a new clinical placement, and 10% reported “never” being assigned a named mentor. From the qualitative responses, students identified numerous qualities they looked for in a mentor, as someone who was helpful, supportive, experienced, knowledgeable, enthusiastic about their role, and committed to their students. Most students felt they had a good relationship with their mentor (87%), and 61% stated their experiences with mentorships met their expectations. The majority of students (89%) considered their mentor to be skilled and knowledgeable in the practice setting, and 67% reported the mentor provided constructive feedback and time for evaluating their practice. Students also reported that quality time spent with the mentor was essential. Seventy-six percent of students reported they had worked 3 or more shifts out of 5 with the mentor, while 24% reported working less than 3 out of 5 shifts with their mentor. Almost all (96%) of students would have liked to spend more time with the mentor.

Half of the mentors’ had worked as a mentor for 5 years or more in several clinical areas. Sixty percent were mentoring one student at the time of participation in the study. In the mentoring role, 57% (n = 72/127) worked an average 3 to 4 shifts out of
5 with their students, and 17% worked 5 out of 5 shifts with their mentee. A small number (2%) did not work any shifts with their students. Welcoming students to a new clinical area was important as reflected in the preparation it took prior to their arrival in the clinical area. Ninety-two percent reported being assigned to a student prior to the clinical placement, and 68% reported that students were also assigned an associate mentor. Mentors were also aware of the importance of their role in providing students with their experience and clinical skills in assessment, evaluation and providing feedback on their performance. Ninety-seven percent thought assessment was a crucial element of mentoring, and 99% agreed on the importance of mentors providing students with assessment and learning opportunities. Continuous assessment of students was reported by 97% of mentors as important, and 98% stated always providing students with effective and constructive feedback as equally important (Myall et al., 2008).

Students viewed the role of mentor as beneficial in assisting them to feel connected and supported in the clinical area. Seventy-six percent stated the level of support was adequate to meet their needs. The qualitative data suggested that students viewed the mentors as playing a key role in creating opportunities to enhance their learning. Mentors were perceived as being a ‘good mentor’ if they provided a wide range of experiences and allowed the student to provide patient care even though under supervision. The majority of mentors (85%) also indicated these same qualities as benefits. Mentoring was reported by the respondents as being rewarding, having an increase in job satisfaction, and contributing to the future of the nursing profession (Myall et al., 2008).
Constraints on the role were reported by students as organizational and contextual, which had implications for the quality of their experience. Workload, staff shortages, and staff-student ratios influenced the amount of time a mentor spent with the student. Sixty-one percent considered the ratio between student and mentor to be sufficient, but 25% disagreed with this finding. Students’ responses to the qualitative questions suggested that students sometimes felt they were just an extra pair of hands, which kept them from getting good experiences in the clinical setting. A number of students reported working with mentors with an increased workload, which made them feel like a burden or an imposition. This perception led students to consider taking time out from their program. The mentors (68%) reported the same results for constraints, such as increased workload and not having enough time to spend with the student. Sixty-five percent of mentors felt the number of students they mentored to be ‘about right’, and 9% felt the number was ‘too many’. The contextual and organizational constraints imposed on the mentor role also contributed to low attendance at mentor updates. Less than half of mentors (49%) had attended an update in the past year and 28% had not attended an update for over a year. Thirty-eight percent of mentors felt the support provided by the university faculty to be adequate, while 38% considered the level of support to be inadequate (Myall et al., 2008).

Myall and colleagues (2008) concluded that this study confirmed mentorship to be integral to students’ clinical experiences, and mentoring had a significant impact on the quality of the students’ placements, their learning, and feeling a sense of connectedness. Some mentors and students reported negative experiences, suggesting unresolved issues in preparing mentors. This finding provided evidence that committing
to a successful mentoring program may lead to a narrowing of the gap between the reality and rhetoric of mentoring. Most students reported having positive and productive mentoring experiences with their assigned mentor and worked with this mentor on a regular basis. The majority of students also reported having a quality relationship with their mentor and feeling a sense of connectedness. The mentors made them feel welcomed and part of the team. This study also suggested the importance of allocating a mentor for all new student placements as a high priority.

The data suggested that mentors were aware of the importance and significance of their role in development of the students’ clinical skills and experiences and providing support for the mentee. However, many mentors felt they had organizational and contextual constraints in their role such as, staff shortages, increased workload, and lack of available time to effectively perform their role. The support the mentors received from the university faculty was reported by half of the participants as being adequate and half as not adequate. This finding led to the conclusion that not all of the mentors understood the role of the university faculty. This role needed to be clarified prior to student placement. Since the role of mentor was crucial to students’ learning experiences, it was necessary that mentors be given ongoing and adequate support to carry out their role. In turn, they could support students’ competence and confidence in the clinical setting. To achieve this goal, there needs to be recognition of the importance of the mentor role reflected in organizational support. This means allowing mentors time for training programs and updates, and effective partnerships between practice and higher education, such as establishing relationships between clinicians and academics responsible for educating nursing students (Myall et al., 2008).
While research studies reviewed in this section have explored a variety of aspects of mentoring, females’ experiences with mentoring have not been examined specifically. What it means to women nurses to become a mentor and the experiences surrounding the mentoring process have not been clearly explicated. The purpose of Glass and Walter’s (2000) study was to contribute and add to current research by investigating a peer mentoring process with women nurses.

The research question asked in Glass and Walter’s (2000) study was, “What is the relationship between personal and professional growth and peer mentoring with a group of women nurses?” (p. 156). This question focused on the belief that women and nurses were oppressed and that both women and nurses could become empowered by caring and supportive environments that enhanced self-awareness and self-growth. The sample consisted of 7 women from the Southern Cross University in Australia. Six students were enrolled in a bachelor of nursing degree program, and the seventh was the degree coordinator. The students were in their second year of the three-year program, and the age range of students was from 26 to 45 years.

Ethical clearance was sought from the university and granted before data collection. Prior to commencement of the research study, each participant was given a “plain language” statement describing the research, and all participants signed a written consent form. The participants could have withdrawn from the study without any penalty, if they chose to. All participants were informed that their anonymity would be protected (Glass & Walter, 2000).

Individual reflective journaling and focus group interviews were used for data collection. The group met weekly for one hour for twelve weeks. During each focus
group/interview, the participants discussed any professional or personal issues that might have impacted their lives. The issues being discussed came from their journals or openly disclosed information during the focus group/interview and were audiotaped. The focus group/interviews validated each woman’s stories and respected confidentiality and reflected honesty. The role of the research leader was to openly acknowledge participation, as well as be a researcher. This role was a central part in the group on an intellectual and reflexive level. After the data collection, the dialogue was transcribed verbatim, and a thematic analysis was conducted. The participants checked the transcription for accuracy, made any necessary corrections, and agreed that the data were accurately representative of their disclosures (Glass & Walter, 2000).

The findings from this study demonstrated that friendship was an integral link with the peer mentoring. Five themes emerged from the research: sense of belonging, being acknowledged, feeling validated, verbalizing vulnerability, and understanding dualisms. The first four themes highlighted personal connections within the group and consistently demonstrated that the connections provided a safe, supportive environment to explore any professional or personal issues. The last theme highlighted the academic performance issue of self/performance for others, involving professional and personal issues. An overarching theme of group strength and support was strongly evident for all 7 participants. It appeared that the supportive nature of each participant to each other and the whole group enhanced and created the strength of the group (Glass & Walter, 2000).

The most significant finding from this research was that peer mentoring provided a nurturing environment for personal growth. The strength and supportive nature of the group members enhanced safety for participants to disclose and work through any
emotional issues they may have had. The importance of the interwoven themes was also crucial as an educative process. This study introduced the participants to an educative, supportive climate where professional and personal ideas could be disclosed and explored constructively. This climate allowed the participants to care for each other, themselves, and their patients in health settings, and to obtain strong links between professional and personal growth. It also allowed for strong bonds between peer mentoring and friendship for these women (Glass & Walter, 2000).

In conclusion, the research clearly demonstrated learning, shared caring, and reciprocity as major characteristics of the peer mentoring process. This study validated and supported what nurses knew to be important characteristics of the peer mentoring process. The female nurses felt safe to openly speak, validated themselves and each other, effectively listened, and reclaimed their voices. The support of others was possible through engineering the peer mentoring relationships. The authors asserted that women and nurses have more power together than separately, and joining like-minded nurses who will assert their viewpoints will assist in advancing the discipline (Glass & Walter, 2000).

Preceptors/Mentors and Organizational Support

Preceptors are generally considered a valued resource in health care organizations. Some research has described preceptors’ perceptions or preferences related to organizational support for the preceptor role, but few evaluations have been published of preceptors’ perceptions of the usefulness of educational preparation for the role. The purpose of Henderson, Fox, and Malko-Nyhan’s (2006) study was to identify
the appropriateness and usefulness of managerial and educational support provided to preceptors.

Preceptors working in medical/surgical units, including oncology, in an acute 500+-bed center participated in this study. The study was conducted at Princess Alexandra Hospital in Australia. The potential number of participants identified from the attendees at a preceptor workshop was 70 registered nurses. A flyer was sent out to these 70 participants to invite them to participate. Thirty-six registered nurses who were acting as preceptors and had attended the preceptor workshop and participated in the interviews or focus groups. Each group consisted of two to four nurses (Henderson et al., 2006).

In Henderson et al.’s (2006) study, focus groups were used to evaluate preceptors’ perceptions of the program in relation to support by management and educational preparation. Six focus groups were conducted at 2 to 3 months after the preceptor education workshop and four focus groups repeated at 6 to 9 months. The education provided was a 2-day workshop designed to focus on interactive sessions, such as discussions, role-playing, and demonstrations to enhance learning. The focus groups were used to determine preceptors’ perception of the usefulness of their education and support by management over an extended time frame. Focus groups were used because group interaction produced insight and data that might not be accessible without the interaction found in such groups. The focus groups lasted about 1 hour, and the interviews took from 30 to 45 minutes. Seven questions were asked of the preceptors at the 2 to 3 month time frame:

1. What were your expectations of being a preceptor?
2. Were these expectations realized?
3. What difficulties did you face in your preceptor role?

4. What were some of the factors that helped you to fulfill your expectations?

5. Were there any factors that might have limited you in realizing your expectations?

6. Do you believe these factors were beyond your control?

7. How could you have been assisted more in your role?

An additional 3 questions were asked after 6 to 9 months:

1. Have you noticed a change in the individuals whom you have been precepting?

2. Why do you think this has occurred?

3. What changes do you perceive in your work environment as new graduates progress through their transition? (Henderson et al., 2006)

The study had prior approval by the Hospital Research Ethics Committee, and informed consent was obtained from all participants before the data were collected. All of the data were confidential and kept in a secure area in accordance with national research guidelines. All of the focus groups and interviews were audiotaped with the participants’ consent and later transcribed verbatim to aid in analysis of the data. A thematic analysis of the data by listening to the tapes and rereading the transcripts to identify themes occurred (Henderson et al., 2006).

The data in Henderson et al.’s (2006) study were collected and reported together, because the themes between the two time periods were consistent. The responses were categorized into the most prominent themes. The themes were: satisfaction with preparation for their role prior to precepting, satisfaction with their role, and lack of satisfaction with support of their practice. Satisfaction with the preparation given by the
The preceptor course was positive overall. The evidence was supported by such comments as: “The content covered during the training program prepared me for my role as a preceptor” (p. 133).

In relation to satisfaction with their role, the views expressed were categorized into symbiotic relationship and personal growth. One prevalent feature identified by the preceptors was feelings of satisfaction derived from acting as preceptor for transferring staff and new graduates. The preceptors believed they played a huge part in molding new staff members. One positive view expressed was: “I enjoy being a preceptor. It enables me to give more of myself and increases my personal self-confidence” (Henderson et al., 2006, p. 133). The view of satisfaction from learning opportunities yielded such comments as, “I have learned a lot from the grads. It is a two-way process. I got a lot from it personally” (Henderson et al., p. 133). The overall view from the learning opportunities was positive.

The last theme, lack of satisfaction with practice support, yielded some negative comments related to the organization’s lack of recognizing the importance of the preceptor’s role. Two major issues were identified as lack of assistance in the practice setting and lack of time to effectively perform the preceptor role. Comments included, “The ward educator needs to provide more support,” and “We need twice yearly preceptor update sessions rather than once” (Henderson et al., 2006, p. 133). The lack of time cited by some preceptors was the need for time allocated away from direct clinical practice in order to fulfill their duties as preceptors. Even if there was initially offline time, poor staffing and heavy workloads did not allow for consistently allocated time away. This was a very strong view posed by many and led to some feelings of
frustration. In addition, respondents noted not enough support and recognition from the organization.

In summary, the findings from both the 2 to 3 month and 6 to 9 month periods were consistent. There were positive reflections on the educational preparation, the enjoyment of preceptors in portraying their role, and the benefits to preceptees. The negative connotation from this study pertained to lack of support by the organization in allowing sufficient time to precept effectively. Reference was made to not enough time to perform their precepting duties because of poor organization of partnering with the preceptor, limited assistance in support and guidance within the clinical setting, and a heavy patient load (Henderson et al., 2006).

Henderson and colleagues (2006) concluded that preceptors played a very significant part in preparing new staff and assisting in the overall functioning of the unit. Continuing education, support, and preceptor preparation were essential for the experienced and new staff members. These elements contributed to improved job satisfaction and retention of new nurses in a supportive environment. Organizations needed to provide support through continuing education, adequate time for learning and feedback, and effective scheduling. They also needed to recognize the importance and positive contributions that precepting can lend to the organization.

The literature speaks of the importance of the mentor role to the nursing student, and research has shown that the mentor role is stressful and needs support to be fully effective. However, there has been little research into the nature and quality of support required by mentors and the effects of stress on the mentors’ performance. Therefore, the purpose of Watson’s (2000) study was to look at the nature of support required by
mentors to help in performing their duties with students and to examine the environment in which the mentor functions.

A short series of unstructured interviews of selected subjects was conducted to guide the development of a questionnaire for mentors. Interviews were used to explore issues surrounding mentorship and the clinical and learning environments of the wards. To ensure that equal representation was met, no more than one staff member was interviewed on each ward. The interviews continued until data saturation had occurred, thus providing data for the construction of the questionnaire. Thirteen interviews were conducted with one staff member from each of one pediatric ward, five medical wards, one outpatient department, and six surgical wards (Watson, 2000).

The questionnaire was pre-piloted with hospital managers and university staff, which led to several changes and amendments. A complete pilot of the questionnaire was then implemented on one ward in the hospital under study. Eight questionnaires were administered; four were returned, three were completed but lost, and the eighth was incomplete. Open and closed ended questions were used for data collection. The final questionnaire consisted of 61 questions; 15 were open-ended and the rest were single response or limited choice questions. The pilot test indicated it took 10 - 15 minutes to complete the questionnaire (Watson, 2000).

The first section of the questionnaire pertained to the preparation the mentors had received for their role, their intention of undertaking the Teaching and Assessing in the Clinical Setting (ENB 998/7) course, and how much time they had to study (study leave). The next group of questions pertained to the experiences the participants had had as mentors. Time as a mentor, number of students mentored, number and percentage of
positive and negative experiences were variables measured in this group of questions. A third group of questions pertained to the preparation the mentor felt the students had received before arriving on the wards, that is, whether or not they were adequately prepared. Items from this group of questions were: students’ knowledge of basic nursing skills, adequacy of students’ preparation, students’ prior hospital experience, and students’ knowledge of the specialty. The final section of the questionnaire related directly to the support the mentors felt they had received. Questions pertained to support from colleagues and the clinical faculty, frequency of the clinical faculty visits, and preparedness of the clinical faculty (Watson, 2000).

A population of 994 nurse mentors within a large city hospital and the University of Bradford in the United Kingdom were targeted for the study. Twenty clinical areas were used in the study. Completed questionnaires numbered 103. The participants were a self-selected sample in that only the staff that wanted to participate returned the questionnaires (Watson, 2000).

The findings from Watson’s (2000) study suggested that higher education institutions may provide inadequate support to mentors. In response to the preparation the mentors received for their role, 9.7% reported they had received no mentor preparation, 48% had attended a mentor workshop, and 46% had taken the ENB 998/7 course. Regarding time to study, 11.6% stated they did not have 5 days for study leave in 5 years, and 4.7% reporting no study leave during this period. In relation to experiences of mentors, the mean time spent as a mentor was 6.03 years, and the number of students mentored were 11.85. The percentage of positive experiences yielded a mean of 82.31%, whereas the percentage of negative experiences had a mean of 13.35%. Forty percent
stated that time spent with students conflicted with time spent delivering patient care, and 43% of mentors felt they did not spend enough time with their students.

In relation to how well the students were prepared for clinical, 60.3% of mentors stated the students were not prepared adequately, and 38.2% stated they were adequately prepared. Regarding students’ knowledge of basic nursing skill, 73.5% of mentors stated students did not have basic knowledge, and 25% stated they had basic nursing skill knowledge. Seventy-eight percent of mentors felt the students’ prior hospital experience was adequate, and 20.9% felt the students’ prior experience was not adequate. Students’ knowledge of the specialty was reported as negative at 75% by mentors and positive by 22.1% of mentors (Watson, 2000).

In the final section of the questionnaire pertaining to the support the mentors felt they received, 64% of mentors felt their colleagues were helpful and 5.7% felt their colleagues were not helpful. There was a strong association between feeling supported and being able to talk directly to the clinical faculty and between feeling supported relative to frequency of visits by the clinical faculty (p < .001). A positive correlation was also found between the preparedness of the clinical faculty in their role and the support given to mentors (p < .001) (Watson, 2000).

In conclusion, Watson’s (2000) study suggested that both the hospital and the higher education institution were providing inadequate support to their mentors. The clinical faculty needed to be more available and make time for mentors, and the hospital needed to invest more in their mentors by providing opportunities for more comprehensive mentor preparation and study leave time. Another important finding from this study was that change seems to be needed in relation to allowing the right to fail a
student being given to the mentor, and supporting the mentor in this assessment. The stress in failing a student was high for mentors, and it was during these times that a lack of support from both the hospital and/or clinical faculty was keenly felt by mentors. More research is needed in relation to inadequate support mentors receive and the associated high anxiety, low retention rates of preceptors and high sickness rates.

Summary

Three studies specifically looked at benefits, rewards, support, and role commitment in preceptors of new nurses. The benefits and rewards across studies included integrating new nurses into staff roles, sharing knowledge and skills, teaching new nurses, attending workshops for professional development, ongoing support from key persons, and personal satisfaction. Preceptors cited several needs, including more support, development programs and assistance with identifying preceptee’s problems. (Dibert & Goldenberg, 1995; Hyrkas & Shoemaker, 2007; Stone & Rowles, 2002). A key finding in the studies of Dibert and Goldenberg, Hyrkas and Shoemaker, and Stone and Rowles was that commitment to the role of precepting was significantly related to support the preceptors received and the rewards and benefits they perceived.

Kanter’s (1977) framework guided two of the studies, and the findings of both studies were consistent with Kanter’s model (Dibert & Goldenberg, 1995; Hyrkas & Shoemaker, 2007). Therefore, this model may be useful in conducting further research on precepting. Four scales used in these two studies to measure rewards and benefits, support, and role commitment were found to be reliable. These scales are ready for further testing and use in studies that explore these variables.
Two studies explored stress in preceptors and preceptees. The majority of preceptors in one study reported that the experience was stressful. The most common causes were cited as increased workload when having a preceptee and a normal patient assignment and lacking clear-cut guidelines about what preceptees could do (Hautala et al., 2007). A second study determined that students experience less anxiety when clinical nursing faculty demonstrated inviting teaching behaviors (Cook, 2005).

A small collection of studies explored mentoring as a role closely related to precepting. Students often viewed staff nurses and preceptors as mentors. In this role, mentors played an important part in student learning, especially in connecting theory to clinical practice and in providing support to students. Staff nurses serving as preceptors and mentors expressed a need for connection with course faculty (Langan, 2003; Kilcullen, 2007; Billay & Myrick, 2008; Myall et al., 2008). One study explored peer mentoring and concluded that, as in other studies, mentoring is a powerful mechanism for nurses to use to advance the discipline and achieve professional growth (Glass & Walter, 2000). Studies reviewed in this section called for more research to define the role and explicate factors related to effective mentoring and precepting experiences. A full review of literature on mentoring was not included in this scholarly endeavor.

Preceptors reported that support for the role was inadequate (Watson, 2000). Henderson et al. (2006) agreed with Watson that preceptors desired specific sources of support, specifically more contact with clinical faculty, more study-leave time, more education on the precepting/mentor role, appropriate scheduling, and meaningful recognition.
Given the widespread agreement that preceptors are essential to the transition of new nurses into staff nurse roles and given that rewards, benefits and support are crucial to preceptors’ commitment to the role, further study is needed to clarify factors related to role commitment and effectiveness. Research is needed in diverse samples with instruments that have adequate reliability. Therefore, the present study aimed to examine the relationships among perceived rewards, benefits, support, preceptor role commitment, and demographic variables in a sample of preceptors in a Midwestern regional teaching hospital.
Chapter III
Methodology and Procedures

Introduction

Preceptorship programs are widely used for socialization and orienting new nurse graduates and newly hired nurses into health care roles. Preceptors need to feel valued, respected, and perceive some type of benefits and rewards in order to have a positive impact on preceptorship programs. It is important to identify what rewards and support are important to preceptors and how changing demographics may have an impact on this perception. The purpose of this correlational study is to explore the interrelationships between preceptors’ views of benefits, rewards, support, role commitment, and preceptors’ demographic variables. This is a replication and extension of research conducted by Dibert and Goldenberg (1995) and Hyrkas and Shoemaker (2007). This chapter presents the population, sample, methodology, procedures, design, and data analysis that will be utilized for this study.

Research Questions

1. What are the relationships among preceptors’ demographic characteristics and their role-relevant perceptions?

2. What rewards do preceptors in medical-surgical clinical settings think are important and most desirable?
What is the relationship of the preceptors’ perceptions of the benefits, rewards, and support related to their role in comparison to their commitment to the role?

Population, Sample, and Setting

The population for this study was nurse preceptors in one midwestern state who were employed as registered nurses on medical-surgical acute care units. The inclusion criteria were: all preceptors who had attended a preceptorship program within the last 5 years and who currently fulfilled this role or have had precepting experience in the last 2 years. A convenience sample of 100 preceptors of new nurse graduates was recruited into the study from one large health care system in one Midwestern state. Over 800 nurses were employed by the health care system. A power analysis was conducted after the sample was recruited. Demographic data collected included age, gender, ethnic background, educational background, and years of nursing and preceptor experience.

Protection of Human Subjects

This study was submitted for approval to the Institutional Review Boards of Ball State University and the participating midwestern hospital system for approval prior to conduction. Attention was given to ethical considerations for this study by adhering to ethical principles of research. Participation in this study was voluntary in order to protect the human rights of the participating nurse preceptors. A cover letter was sent to all potential participants explaining the purpose of the study. Consent for participation was indicated upon completion and submission of the questionnaire. No risks and no benefits for participants were identified with this study. Data were anonymous. In a sample of 100 nurses drawn from a pool of 800 nurses, it is highly
unlikely that any participant could be identified by demographic responses. Only preceptors can provide the data needed to address the research questions for this study and therefore were recruited in this study to gain knowledge in this area.

**Procedures**

After Institutional Review Board approvals, an introductory letter describing the research project was sent to the Chief Nursing Officer (CNO) or senior administrative director of the participating hospitals in the health care system to request a meeting. In the meeting with the CNO or senior administrative director, the researcher discussed details of the study, inclusion criteria, and nurse participation. Once approval was obtained from the CNO or appointed spokesperson, subsequent meetings took place with the unit managers, educators, and staff to discuss the details of the research project.

Letters were sent by the researcher through the health care system’s intranet e-mail system to all potential participants explaining the purpose of the study, inclusion criteria, time commitment required, study instruments, and process for receiving, completing and returning surveys. The researcher offered to meet with participants to explain the study, answer questions, and distribute instrumentation. Participants were invited to complete the study instrumentation and return it by intra-facility mail in an unmarked envelope. All responses were collected and saved in a locked file in a locked office only accessible by the researcher. There was no coding of instruments. The data were anonymous and kept confidential.
Instrumentation, Reliability, and Validity

A four-part questionnaire was used to collect the data: the Preceptor’s Perceptions of Benefits and Rewards Scale (PPBR) (Dibert & Goldenberg, 1995), the Preceptor’s Perceptions of Support Scale (PPS) (Dibert & Goldenberg), the Commitment to the Preceptor Role Scale (CPR) (Mowday et al., 1979; Dibert, 1993), and a demographic section. The PPBR Scale contained 14 items rated on a 6-point likert-type scale (1 – strongly disagree) to (6 – strongly agree) and measured the opportunities perceived by the preceptor. The PPS Scale contained 17 items rated on a 6-point scale to measure preceptors’ perceptions of support for their role from management and other staff nurses. The 10-item CPR Scale was adapted by Dibert and Dibert and Goldenberg from the Organizational Commitment Questionnaire (OCQ) developed by Mowday et al. The OCQ was modified by Dibert and Goldenberg to a 6-point CPR Scale that measured commitment to the preceptor role.

The demographic questionnaire requested data on age, gender, ethnic background, educational background, and years of nursing and preceptor experience. The nominal data included gender and ethnicity. The interval data included age, educational background, and years of nursing and preceptor experience.

Reliability analysis of the 3 scales (PPBR, PPS, and CPR) yielded alpha coefficients 0.91, 0.86, and 0.87, respectively (Dibert & Goldenberg, 1995), and 0.90, 0.75, and 0.86 respectively (Hyrkas & Shoemaker, 2007). As stated in Burns and Grove (2005), the lowest acceptable alpha value for a well-developed instrument is 0.80, while newly developed instruments can have reliability as low as 0.70. In using these criteria for determining adequacy of the scales, the 3 scales appeared reliable.
Research Design

A descriptive, correlational design was used in this study to address the research questions proposed. The purpose of this type of design was to examine the interrelationships among clearly defined variables in a short time frame. This type of design also helped to develop hypotheses for future studies (Burns & Grove, 2005). Specifically, this design assisted in identifying demographic variables and the interrelationship among variables pertaining to preceptors’ perception of role commitment. No attempt to manipulate or control the study variables occurred.

Method of Data Analysis

The data were analyzed using the Statistical Package for Social Sciences (SPSS). Descriptive statistics were used to analyze the data collected from the demographic questionnaire in order to describe the sample. Inferential statistics were used to analyze the remaining data.

The first research question was answered by computing correlations among demographic variables and scores on the PPBR, CPR, and PPS scales. Pearson’s Product Moment Correlation Coefficients was used to determine the relationships among age, educational background, years of nursing, years of preceptor experience and scores on the PPBR, CPR, and PPS scales, since these variables were measured at the interval level. Spearman Rank Correlation Coefficient was used to analyze the nominal data from the demographic questionnaire to determine any correlation between demographic characteristics and preceptors’ role-relevant perceptions. A significance level of 0.05 (two-tailed significance) was selected for interpreting the results.
The second research question was addressed by computing means on items that measured rewards. Items were then rank-ordered by means from highest to lowest to determine rewards most preferred by this sample of medical-surgical preceptors. The third research question was answered through Pearson r correlations computed among the scores on the PPBR, CPR, and PPS scales.

Summary

This chapter provided a description of the procedures and methods used for this correlational study. Three research questions and specific variables were examined. The anticipated sample size was 100 registered nurses from a large healthcare system in a Midwestern state. Participants filled out a four-part questionnaire and returned it via intra-facility mail. Three scales were used: The Preceptor’s Perceptions of Benefits and Rewards Scale, the Preceptor’s Perceptions of Support Scale, and the Commitment to the Preceptor Role Scale. A demographic questionnaire was used to determine if any demographic variables had an influence on the preceptor’s perceptions of rewards for their role. Data were analyzed using the SPSS with a level of significance set at 0.05. This study replicated previous research conducted by Dibert and Goldenberg (1995) and Hyrkas and Shoemaker (2007) in an attempt to identify the interrelationships among preceptors’ views of benefits, rewards, support, and role commitment, as well as rewards perceived as important to preceptors and demographic variables impacted perceptions.
<table>
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<th>Source</th>
<th>Problem</th>
<th>Purpose/ Research Questions</th>
<th>Framework or Concepts</th>
<th>Sample</th>
<th>Design</th>
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<th>Results</th>
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<tr>
<td>1. Hyrkas &amp; Shoemaker (2007)</td>
<td>Preceptor role is complex and multifaceted, and the significance of key components of the preceptorship experience is not well known. Specifically, further clarification is needed to determine rewards, support, commitment and benefits of the role.</td>
<td>To increase current knowledge and understanding about preceptors’ perceptions of benefits, rewards, support and commitment to the role.</td>
<td>Kanter’s (1977) Structural Theory of Organizational Behavior</td>
<td>Two convenience samples, totaling 82 preceptors. Group A (n=55) precepted undergraduate students. Group B (n=27) precepted newly hired nurses. The Maine Medical Center and The University of Southern Maine, Portland, Maine, was the setting for this sample.</td>
<td>Descriptive, correlational design.</td>
<td>A four-part questionnaire, the Preceptor’s Perceptions of Benefits and Rewards Scale (PPBR) (Dibert &amp; Goldenberg, 1995), a demographic information section, the Commitment to the Preceptor Role Scale (CPR) (Dibert &amp; Goldenberg, 1995), the Preceptor’s Perceptions of Support Scale (PPS) (Dibert &amp; Goldenberg, 1995). Reliability analysis and Cronbach’s Alpha coefficients for the PPBR, PPS, and CPR Scales was 0.90, 0.75, and 0.86.</td>
<td>Inferential and descriptive statistics were used to analyze the data. A positive correlation between the 2 sub-scales (PPBR and CPR) showed that the more preceptors perceived benefits and rewards, the more committed to the role (p &lt; 0.001) A positive correlation was found in both sub-groups as well: sub-group A was (p &lt; 0.001) and sub-group B was (p &lt; 0.01). A statistically significant correlation was found between perceptions of support and commitment to the role (p = 0.01). The PPS between the two sub-groups was (p &lt; 0.01). No significant differences between the two sub-groups in regards to educational background and scores on PPBR (p = 0.6), PPS (p = 0.80), CPR (p = 0.66) or between age and PPBR scores (p = 0.29), PPS (p = 0.30), CPR (p =</td>
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A significant correlation was found in sub-group B on preceptor’s nursing experience and perceptions of support ($p = 0.02$). Significant associations were found between the PPS and preceptor’s age ($p < 0.01$) and graduation year ($p < 0.02$). Significant differences in the PPBR scale were found among preceptors according to graduation year ($p = 0.02$), workplace ($p = 0.02$), and type of nursing work ($p = 0.02$). Preceptors who graduated in 1981-1990 assessed benefits and rewards higher compared with colleagues who graduated in 1991-2000. Benefits and rewards were perceived as significantly higher by preceptors who worked in homecare or nursing homes and type of nursing was long-term or elder care compared with preceptors in community health agencies or type of nursing was community health.

2. Billay & Myrick (2007) Multiple studies have been done in the past on To discuss the current knowledge Ganong’s (1987) stages of the English journal articles between Descriptive approach to No traditional instruments used for lit review. For Question #1 reflected concepts pertaining to
various aspects of precepting nurses. More reviews and syntheses of the literature are needed to contribute to the body of knowledge related to new preceptorship programs.

found in the literature pertaining to preceptorships, and to ensure objective, accurate, and a thorough analysis of this subject. Two research questions were used: how is preceptorship described in the allied health literature between 1994 and 2005, and what new knowledge or information related to preceptorship has emerged in the literature between 1994 and 2005? Integrative literature research review. Conceptual framework was preceptorships and teaching-learning.

January 1994 and 2005 were viewed. For question #1, 313 articles met the following criteria: descriptive research with qualitative and quantitative designs, and the key terms of preceptorship, preceptor, preceptors, nursing, and teaching/learning. For question #2, 31 articles met the same criteria as #1, and in addition, articles guided by the ten stages from Ganong’s (1987) review were included.

literature review project. question #1, relevant preceptorship literature was reviewed along with starred MeSH headings to identify preceptorship themes. For question #2, information was collected on each article from the preceptorship data collection tool including: author, journal, year of study, journal number and volume, date, title, study purpose, definitions of preceptorship, conceptual model, type of research design, research question/hypothesis, instrument/tool, validity and reliability, conclusions and recommendations.

There is limited research on the practice of providing support to preceptors related to their performance and effectiveness.

To identify the appropriateness and usefulness of managerial and educational support provided to the organization’s preceptors.

Concepts: preceptors, and managerial support.

A convenience sample of 36 registered nurses from medical-surgical and oncology units in an acute care setting in Australia Longitudinal, descriptive design with focus groups. Focus group interviews conducted at 2 to 3 months and 6 to 9 months after the preceptor workshop. Data were analyzed thematically from audio-taped transcription.

Satisfaction with preparation given by the preceptor course was positive overall. Preceptors reported a positive feeling of satisfaction from acting as preceptor for transferring staff and new graduates. Satisfaction from learning opportunities was evident in comments about preceptors’ learning from
both new graduates and more experienced transfers. Lack of satisfaction with practice support for their role was reported, specifically that there was insufficient time allotted for precepting duties and not enough support and recognition from the organization.

<p>| Hautala, Saylor, &amp; O’Leary-Kelley (2007) | The demands and expectations on preceptors who precept novice nurses have not been studied extensively. The extent, severity, and sources of stress and perceived levels of support in the preceptor role need to be determined. | Describe nurse preceptors’ perceptions of stress, amount of stress, reasons for stress and level of support by staff and management. Questions: Do experienced nurses experience stress while precepting? How much stress do they experience? What are the primary reasons for their stress? Do preceptors think they receive enough support from other staff? | Concepts: preceptors’ perception of stress; perceived organizational support. | A convenience sample of 65 nurses from multiple acute care settings at 2 hospitals in San Francisco Bay area. | Descriptive design. | A four-part questionnaire developed by the investigator consisting of a demographic section, Likert-type scale developed by Yonge et al. 2002, Preceptor’s Perception of Support Scale (Dibert &amp; Goldenberg, 1995), and a comment section for preceptor’s views. No reliability or validity reported. | Demographic data revealed 92% women respondents over the age of 40 (60%) with baccalaureate degrees (72%) and 10+ years of nursing experience (68%). In relation to job descriptions, 62% reported precepting responsibilities were included, and 74% denied any special recognition by management. Perceived level of stress was moderate to severe by 83%. No correlation was found between years of experience and stress levels. Preceptors’ perceived levels of support revealed 88% believed they were adequately prepared for the role. 88% felt management was |</p>
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<th>5. Stone &amp; Rowles (2002)</th>
<th>The literature selection pertaining to the single topic of rewarding preceptors remains at an immature stage. Most of the literature does not specifically address what rewards would be important and meaningful to preceptors.</th>
<th>To ask preceptors exactly what rewards would be important and meaningful to them. Questions: which rewards are important to preceptors, and which rewards are ranked as the most desirable to preceptors?</th>
<th>Concepts: rewards the organization could offer, and meaningful rewards for the preceptors.</th>
<th>A convenience sample of 80 registered nurses acting as preceptors from 5 community-based agencies and 4 hospitals in the Indiana area.</th>
<th>Descriptive, correlational survey.</th>
<th>A 17-item survey and ranking of top 5 reward choices. No reliability or validity reported.</th>
<th>The number 1 reward listed by preceptors (66.3%) as important was a preceptor appreciation day with a meal and continuing education credit. The second reward listed by preceptors (52.5%) was having the ability to audit a classroom experience within the School of Nursing. Continuing education was ranked as the top choice for rewards, and auditing a class was ranked as the second reward choice.</th>
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<td>6. Myall, Levett-Jones, and Lathlean (2008)</td>
<td>Regulatory bodies have given minimal effort to developing guidelines for the practice of mentoring in nursing. Research is limited on perceptions of nurses, students and mentors regarding the mentoring experience.</td>
<td>To explore the role of mentor in nursing practice in the United Kingdom, and to examine the perceptions of nursing students and mentors on the mentorship</td>
<td>Concepts: mentors’ view of support received for mentoring, their precepting role, and their relationship with students.</td>
<td>A convenience sample of 115 students from a university in England, and 127 mentors from 8 different area hospitals participated in this study.</td>
<td>Descriptive design and qualitative data analysis.</td>
<td>The data were collected in two phases. Phase 1 included semi-structured interviews with clinical, academic and other key stakeholders, and a survey of prequalifying nursing students. Phase 2 consisted of a survey of mentors, academics, and More than half of students (61%) reported having positive and productive mentoring experiences with their assigned mentor, and (76%) reported working with their mentor on a regular basis. 87% of students also reported</td>
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students. Students took a 27-item online questionnaire, which was based on a refined version of a tool used in Phase 1. Open-ended and closed-ended questions were used to capture data. Mentors took a 31-item questionnaire with qualitative and quantitative questions. Qualitative data from the open-ended questions were analyzed, coded, and categorized to identify main themes. 97% of mentors were aware of the importance of their role in the development of students' clinical skills and experiences, and providing support for the mentee, and 99% of mentors agreed on the importance of providing students with assessment and learning opportunities. 68% of mentors felt they had organizational and contextual constraints in their role such as, staff shortages, increased workload, and lack of sufficient time to effectively perform their role. The support mentors received from the university clinical faculty was reported by 38% as adequate, and 38% as not adequate. This finding led to the conclusion that not all mentors understood the role of the university clinical faculty.

| 7. Dibert & Goldenberg (1995) | Possible loss of time and money invested in preceptor programs when preceptors have failed to | To examine preceptors' perceptions of rewards, benefits, | Kanter’s (1977) Structural Determinant of Behavior in | Descriptive, correlational design. A pilot study. | A four-part questionnaire, the Preceptor’s Perceptions of Benefits and Rewards Scale | The definitions and framework of Kanter (1977) were supported by the results, in that |
be supported by the institution. More information is needed about what factors influence preceptors’ role satisfaction?

Organizations. Opportunity and Power provided the framework for the study. Teaching hospital in Ontario, Canada. 90% had attended a preceptor-training program within the last 10 years.

(PPBR), Preceptor’s Perceptions of Support Scale (PPS), Commitment to the Preceptor Role Scale (CPR) (Dibert 1993), and a demographic information section. Reliability analyses of the PPBR, PPS, and CPR yielded alpha coefficients of 0.91, 0.86, and 0.87.

Findings related to the first research question: the more preceptors perceived benefits/rewards for precepting, the more likely they were to commit to the role (r = 0.6347, p = .001).

Findings related to the second research question: preceptors’ perceptions of support for newly hired nurses/nursing students were significantly related to their commitment to the role (r = 0.4644, p = .010). Findings related to the third research question yielded no significant correlation between years of experience of the preceptors and perceptions of benefits/rewards.

Findings related to the fourth research question yielded no significant relationship between the number of precepting experiences the preceptors had and their perception of support for their role. A positive relationship was found...
support and commitment to the role?

Research is limited on the relationship of To explore differences The synthesized theoretical Convenience sample of 229 junior and Descriptive, correlational, A 15-item demographic data questionnaire, the

<table>
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<tr>
<th>8. Cook (2003)</th>
<th>Research is limited on the relationship of</th>
<th>To explore differences</th>
<th>The synthesized theoretical</th>
<th>Convenience sample of 229 junior and</th>
<th>Descriptive, correlational, A 15-item demographic data questionnaire, the</th>
<th>A moderate correlation was found (p = &lt; .01)</th>
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</table>

between the PPBR, PPS, and CPR scales in the number of times precepting (p = 0.019), number of time for precepting new nurses (p = 0.003), and number of times precepting nursing students (p = 0.061). No significant correlation between age/educational preparation and the PPBR, PPS, and CPR scales was found. The most highly regarded benefits/rewards included integrating preceptees into the nursing staff (mean range of 1-6), (mean = 5.30, SD = 0.99), sharing knowledge/skills with preceptees (mean = 5.02, SD = 0.89), teaching new nurses/students (mean = 5.12, SD = 1.05), and personal satisfaction (mean = 4.93, SD = 1.21). The need for nursing coordinator support, preceptor development programs and help with identifying preceptee problems were also important findings (mean = 4.55, SD = 0.95).
nursing students’ anxiety in the clinical setting and their perceptions of clinical instructors’ teaching behaviors. Furthermore, how perceptions of anxiety and instructor behaviors change during a curriculum have not been thoroughly explored.

Between junior & senior students’ perceptions of teaching behaviors of faculty & anxiety while interacting with faculty.

Framework was derived from the Invitational Education Theory (Novak & Purkey, 2001), and the State Trait Anxiety Theory (Spielberger, 1972).

Senior baccalaureate nursing students enrolled in 10 different nursing programs with a clinical component. The nursing programs included 3 from the Middle States region, 3 from the North Central region, and 4 from the Northwest region of the United States. Age range was from 20 to 52 years old. 22 were men, and 207 were women. 13 were part-time students, and 216 were full-time students. Ethnicity was not included.

Clinical Teaching Survey (CTS) (Ripley, 1986), and Spielberger’s State Anxiety Scale were used in this study. The CTS was reported as consistent and reliable with Cronbach’s alpha calculated as .97.

The results demonstrated that friendship was an integral link with the

| 9. Glass & Walter (2000) | An investigation into relationships between personal and professional | To contribute and add to current research by | No theoretical framework cited. Concepts | A purposive sample of 7 women from Southern Cross | Descriptive design and qualitative | Individual reflective journaling and focus group interviews. A | The results demonstrated that friendship was an integral link with the |
growth and peer mentoring is needed. Furthermore, a clear definition of mentoring and characteristics of the mentoring process for nurses is needed.

investigating a peer mentoring process with female nurses. Question: What was the relationship between personal and professional growth and peer mentoring with a group of female nurses?

explored: peer mentoring, personal growth and professional growth.

University, Australia participated in the research. 6 were students enrolled in a bachelor of nursing degree program, and the degree coordinator.

data analysis. Thematic analysis was applied to all data, and participants agreed the data was accurately represented.

Five themes emerged from the research: sense of belonging, being acknowledged, feeling validated, verbalizing vulnerability, and understanding dualisms. The first 4 themes highlighted personal connections within the group and demonstrated that the connections provided a safe, supportive environment to explore professional and personal issues. The 5th theme highlighted the dualistic academic performance issue of self-performance for others, involving professional and personal issues. An interwoven theme of group strength and support was strongly evident in the research for all 7 participants. The most significant finding was that peer mentoring provided a nurturing environment for personal growth.

10. Watson (2000) There is little research into the nature and quality of support required by mentors, and the effects of stress on the mentors’

To look at the nature of support required by mentors to help in performing their duties with Conceptual framework: mentoring, support for mentoring, environment for Convenience sample consisted of 994 questionnaires administered to nurse mentors within a large city hospital Descriptive design. A short series of unstructured interviews of selected subjects was conducted to guide the development of a questionnaire for mentors. This study suggests that higher education institutions may provide inadequate support to mentors. In response to the preparation mentors.
performance. students, and to examine the environment in which the mentor has to function. mentoring. and the University of Bradford in the United Kingdom. 20 clinical areas were involved. A total of 103 questionnaires were returned. Interviews were used to explore issues surrounding mentorship and the clinical and learning environments of the wards. The questionnaire was submitted to all mentors in the program so that all clinical areas could be measured in terms of support systems being offered. Open and closed ended questions were used for data collection. The final questionnaire consisted of 61 questions, 15 were open-ended and the rest were single response or limited choice questions. The first section of the questionnaire pertained to preparation the mentors had received for their role. The next group of questions pertained to the experiences the participants had had as mentors. A third group of questions pertained to the experiences the participants had had as mentors. A third group of questions pertained to the preparation the mentor felt the students had received prior to arrival on the ward. The final group of questions related directly to the support mentors felt they had received.

9.7% reported receiving no mentor preparation, 48% had attended a mentor workshop, and 46% had taken the ENB 998/7 course. Regarding time to study, 11.6% stated they did not have 5 days for study leave in 5 years, and 4.7% reported no study leave during this period. Experiences of mentors resulted in the mean time spent as mentor was 6.03 years, and number of students mentored was 11.85. Positive experiences of mentoring yielded a mean of 82.31%, and negative experiences had a mean of 13.35%. 40% stated time spent with students conflicted with time spent delivering patient care, and 43% of mentors felt they did not spend enough time with students. In relation to how well students were prepared for clinical such as knowledge of basic nursing skills, prior hospital experience, and knowledge of the specialty, 60.3% of mentors reported students were not
prepared adequately, and 38.2% reported they were adequately prepared. The support the mentors felt they received resulted in 64% of mentors feeling their colleagues were helpful and 5.7% felt they were not helpful. There was a strong association between feeling supported relative to frequency of visits by the clinical faculty \((p =<.001)\). A positive correlation was found between the preparedness of the clinical faculty in their role and the support given to mentors \((p =<.001)\).

| 11. Langan (2003) | No published studies have comprehensively examined staff nurses’ perceptions regarding their role in nursing student learning. More research is also needed on the perceptions of clinical faculty about the role they play in student learning and how their role is affected by a requirement of faculty practice in a school of nursing. | 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). Major concepts explored: role overload, role conflict, role ambiguity, student learning, and role expectations. | A convenience sample of faculty from two schools in the middle Atlantic region was used. Clinical faculty members (15) and (4) nursing education administrators from each school participated. In addition, as a second part of the sample, 22 staff nurses and (4) nursing service administrators from each school’s related | All participants completed questionnaires. Separate focus groups were held with staff nurses and clinical faculty. Demographic data were collected on nurse faculty and staff nurses. Focus group discussion guides were used to channel the discussions toward role overload, role conflict, role expectations, and role ambiguity. Demographic data collected on nurse faculty consisted of whether the faculty | Exploatory design, qualitative methods. | It was unclear to staff nurses whether they had a professional responsibility to teach students. Staff nurses proposed that working with students should be an explicit item on all job descriptions and rewarded on staff nurse evaluations. A strong recommendation was for staff nurses to receive a detailed list of student goals, objectives each day, skills they can perform, and skills for |
| 12. Kilcullen (2007) | Students need more emphasis on the acquisition of analytic skills and problem solving to prepare them for demands of clinical practice. Research has not yet clarified the role | To elicit student nurses’ perceptions of the impact of mentorship on clinical learning. | Conceptual Framework: socialization roles, support in learning, role models and interpersonal relations of | A purposive sample of 29 third-year diploma student nurses at a British university participated. | Descriptive design, focus group interviews, and qualitative analysis. | Focus group interviews were used to gather the data. In addition, participants completed an adapted version of the Darling Measuring Mentoring Potential tool (Darling, 1984). Interview The students’ understanding of the concept “mentor” emerged as a facilitator of learning. Mentors played a major role in enhancing learning for students, through which the instructor must be present. All participants strongly valued faculty practice. Clinical faculty as well as staff nurses verbalized support for faculty practice, and staff nurses stated the ideal situation was to have a relationship with faculty who worked on the unit where students were getting clinical experiences. Written guidelines/expectations for clinical faculty should be made available to everyone involved. |
of mentorships in developing the problem solving abilities of nurses. Furthermore, little research has examined how students view the concept of mentoring.

mentors, and problem solving.

data were analyzed by content analysis on the basis of Burnard’s approach (1990). No reliability and validity information provided on Darling’s tool.

support, acting as role models, performing socialization roles, and acting as assessors. Students concluded there is a great need for mentors to assist them in developing problem-solving and analytical skills to prepare them for future healthcare needs.
References


