An Evaluation of Preceptors' Perceptions of Educational Preparation and Organizational Support for Their Role

Amanda Henderson, RN, RM, PhD, Robyn Fox, RN, RM, MNsgLdrship, and
Kristina Malko-Nyhan, RN, PhD

abstract

Background: This longitudinal, descriptive study evaluated nurse preceptors' perceptions of a 2-day educational workshop and subsequent organizational support offered to prepare them for their roles as preceptors.

Methods: Thirty-six registered nurses who attended preceptor workshops and then acted as preceptors participated in focus groups or interviews 2 to 3 months and 6 to 9 months after their educational preparation to identify the usefulness of the preparation, the subsequent support by management, and the potential changes in their perceptions.

Results: Respondents identified intrinsic rewards and opportunities for growth for nurses who take on the preceptor role. However, adequate preparation and organizational support are essential to effectively perform their duties as clinicians and preceptors.

Conclusion: Although a 2-day educational preparation program was perceived as adequate, the practice setting must be reorganized to provide greater support for preceptors. Preceptors should be supported by providing continuing education, effective scheduling, and adequate time for learning and feedback in the clinical environment.

The importance of the preceptor role played by nurse clinicians in the transition of new staff into the workplace is clearly identified in the literature (Calpin-Davies, 2003; Chenoweth & Lo, 2001; Clare, White, Edwards, & van Loon, 2002; Ohrling & Hallberg, 2001; Owens et al., 2001). Preceptorship commonly describes a supportive relationship designed to orient new staff to a specific work environment. It is provided through a one-on-one relationship between a designated experienced nurse and a new staff member (Usher, Nolan, Reser, Owens, & Tollefson, 1999). The time frame is flexible and the relationship ideally continues until the new staff member achieves a predetermined level of competence.

The role of the preceptor is crucial in teaching and facilitating skills development, as well as in assessing, coaching, guiding, role modeling, counseling, inspiring, and supporting growth and development of new staff, especially for new graduate nurses who have no prior experience working as registered nurses (Andrews & Chilton, 2000; Bain, 1996; Chenoweth & Lo, 2001; Clifford, 1993; Davies, Turner, & Osborne, 1999; Gray & Smith, 2000; Grealish, 2000; Hart & Rotem, 1994; Jeffreys, 2001; Ohrling & Hallberg, 2001; Spouse, 2001; Watson, 1999). The purpose of this study was to identify the appropriateness and usefulness of educational and managerial support provided to preceptors in the study organization.

SCOPE OF THE PRECEPTOR ROLE

The scope of the preceptor role is diverse. One facet of it is socialization. Preceptors introduce new staff members to other health team members and to the general social processes unique to that work area. Knowledge of the clinical area and experience are reported to be preceptors' greatest assets (Coates & Gormley, 1997). Preceptors help new employees to identify what they do not know and create the opportunities to learn. They create a climate that nurtures new graduates by using open, honest, and sensitive communication that allows for discussion and understanding of graduates' perceptions, needs, goals, and aspirations. Preceptors also take

on a mentoring role, which most commonly has an additional aspect that involves a mutual commitment to teaching and learning by both parties.

The key elements of mentorship, which are similar to those recognized in the preceptorship role, are teacher, nurturer of performance, facilitator, motivator, and friend (Baillie, 1994; Clare et al., 2002; Coates & Gormley, 1997; Gray & Smith, 2000; Madjar, McMillan, Sharkey, Cadd, & Elwin, 1997; Neary, 1997). Consistent with these attributes, preceptors should also have the capacity to convey their embedded knowledge and know when to give preceptees increasing independence (Nehls, Rather, & Guyette, 1997), as well as the ability to facilitate learning by encouraging reflection and organizing a variety of experiences (Baillie, 1994). Spouse (2001) supported this view when she highlighted the importance of supervisors in the clinical area to coach new graduates through the more subtle activities that are taken for granted by experienced registered nurses. When supervisors in the clinical area are positive and interested, they are far more likely to act as facilitators of learning by organizing a variety of relevant experiences and taking advantage of all learning opportunities (Spouse, 2001).

Of significance in the literature is the limited practice of assessing the effectiveness of preceptors (Letzia & Jennrich, 1998). Feedback related to preceptors' progress and performance should be provided regularly, in an ongoing, open, and supportive manner (Hart & Rotem, 1994). Although there appears to be universal acceptance of the importance of preceptors (Bowles, 1995), it cannot be assumed that practitioners can automatically function as preceptors (Coates & Gormley, 1997).

With such a list of essential qualities, it is imperative that preceptors are appropriately selected and developed using education programs designed to assist them in this expanded role (Lo & Brown, 2000; Owens et al., 2001). Clinicians experience substantial pressure to gain further qualifications and expertise, facilitate learning, and still function in an increasingly complex, dynamic, and stressful healthcare environment. This view is supported by Spouse (2001) and Andrews and Chilton (2000), who found that supervising in the clinical setting can be a negative experience for some who undertake this role, particularly if they do not take it on willingly but have it thrust on them as part of their clinical work. Dunn and Burnett (1995) and Hart and Rotem (1994) indicated that the attitudes and supervisory styles of senior personnel in the healthcare agency and the ethos of the clinical environment have a marked influence on both the professional development of clinical staff and their acceptance of students and new graduates (Landers, 2000).

PRECEPTORS' NEED FOR EDUCATIONAL AND MANAGERIAL SUPPORT

The appointment of suitable preceptors and development of programmed structures that support their roles are major problems that continue to create difficulties for universities, students, new graduates, employers, and the nursing profession in general. Personal attributes of preceptors influence the way they perform their roles. They need to be taught how to provide positive mentoring, infuse socialization processes, ascertain graduates' learning styles, and give appropriate feedback. Consequently, the best clinicians are not always the best preceptors, because they may not be able to teach or communicate effectively with novices (Bain, 1996).

Duffy (1995) reviewed horizontal violence (i.e., hostile behavior between members of similar groups) and the lack of cohesion within the nursing profession, and indicated that both can be reasons clinical staff are reluctant to recognize their supervisory responsibilities. Further problems relate to the conflict between the competing demands of preceptoring and of providing patient care caused by high workloads and the multiplicity of roles expected of clinical nurses who are involved with new staff (Bartlett, Simonite, Westcott, & Taylor, 2000; Neary, 1997; Winter-Collins & McDaniel, 2000). When this is accompanied by increased staff turnover and the use of an increasing number of casual and agency staff to overcome shortages, those who undertake preceptor responsibilities may feel pressure from being in a continuous teaching mode (Clare et al., 2002).

Accordingly, organizational factors have been identified as influencing a supportive environment for transition. These include the organizational culture, the morale of the organization, and the type of transition program offered (Gattenhof, 1998). However, of primary importance is the level of support provided within preceptor relationships, which are established as a core component of the transition program. Ideally, this support should include effective educational preparation for those who choose to undertake the preceptor role and consideration of management issues to compensate preceptors for their increased workload and responsibility.

Support for Preceptors in the Study Organization

The preceptor preparation provided at our tertiary facility is open to all registered nurses who have been employed by the organization for at least 1 year and who demonstrate an interest and aptitude for undertaking the preceptor role. The initial preparation is a 2-day workshop. Although the introduction to the role involves mainly dissemination of information, the remainder of the workshop focuses on interactive sessions such as

role playing, discussions, and demonstrations designed to maximize learning opportunities.

The content areas covered during the workshop focus on the roles and responsibilities of preceptorship, preceptee needs, adult learning, effective teaching, performance assessment, and strategies for effective preceptoring that provide general guidelines about support within the organization. Participants are provided with a resource book. Subsequent support is available by directly accessing nurse educators and also by 2-hour update sessions. Nurse unit managers commit to organizational support at the ward level. The intention of such support is appropriate scheduling and assigning of patients that maximize opportunities for the preceptor to effectively guide and support new staff.

METHODS
Study Design

This longitudinal, descriptive study used focus groups to evaluate preceptors' perceptions of a program in terms of educational preparation and subsequent support by management in the clinical setting. Focus groups were conducted with preceptors at 2 to 3 months and repeated at 6 to 9 months (after their educational preparation) to investigate perceptions of the usefulness of the preparation and the support by management during an extended period. The study was conducted with preceptors work-

ing in general medical and surgical wards, including oncology, in an acute tertiary referral center with more than 500 beds.

Ethical Considerations

The study was approved by the Hospital Research Ethics Committee. Throughout the study, the needs of the patients and the interests of the staff involved were placed before those of the study. Participation was voluntary. Informed consent was obtained from each participant before data collection commenced. Participants could choose to withdraw from the study at any time without repercussions.

All data were confidential and kept in secure storage. All reasonable attempts to protect anonymity were made, but because of the nature of focus groups, participants were aware of their own group's processes and outcomes. On completion of the project, data were stored in accordance with national research guidelines.

Sampling

Potential participants were identified from the database of attendees at the preceptor educational workshop. More than 70 registered nurses were identified as potential participants. Those nurses who had recently (within the past 3 months) attended a workshop were sent an invitation to participate in focus groups. Flyers advising the intent and details of preceptor focus groups were sent to these individuals and also to the relevant senior registered nurses who were in a position to encourage and facilitate their attendance at the focus groups. A small number of staff members who were unable to attend the focus group sessions but expressed an interest in contributing to the study were offered the option of one-on-one interviews that followed the semi-structured format used in the focus groups.

Thirty-six registered nurses who attended preceptor workshops and then acted as preceptors participated in the focus groups or interviews. Each focus group contained two to four nurses.

Focus Groups and Interviews

Six focus groups were conducted at 2 to 3 months and four at 6 to 9 months after the workshops. Focus groups lasted approximately 1 hour. Interviews took from 30 to 45 minutes.

Focus groups were selected for this research study because the explicit use of group interaction produces data and insights that may be less accessible without the interaction found in groups (French et al., 1996). The researchers were interested in eliciting experiential insights that would provide a greater depth of information than

that obtained from surveys when investigating the preceptoring experience and the influence of education and organizational support for this role. The methodology facilitated a reflective process arising from a set of questions designed to encourage reflection across a broad range of areas (Table 1).

All interviews and focus groups were audio-taped with participants' consent and later transcribed verbatim to assist in data analysis. The data were analyzed thematically by listening to tapes and reading and rereading transcripts to identify broad themes.

RESULTS

Findings from the interviews and the focus groups were collected and are reported together in this article because themes were consistent. Furthermore, because the themes did not differ between the two time periods, all focus group and interview findings have also been grouped together. Responses have been categorized into the most prevalent themes that emerged. These were: satisfaction with preparation prior to undertaking the role, satisfaction with their role, and lack of satisfaction with practice support.

Satisfaction With Preparation Prior to Undertaking the Role

Overall, preceptors were generally satisfied with the preparation provided by the preceptor course. Satisfaction was evident through comments such as: "The content covered during the training program prepared me for my role as a preceptor," "I'm more aware of my strengths and [it] has improved my techniques (i.e., organization and preparation)," and "My practice is now directed at educating new and junior staff where possible with greater understanding."

Satisfaction With Their Role

The views expressed by the preceptors were readily categorized into personal growth and a symbiotic relationship in which preceptors learned from those they were assisting.

Satisfaction With Personal Growth. The outstanding feature identified by preceptors was the feeling of satisfaction they obtained from acting as a preceptor for new graduates and transferring staff. They believed they played a significant role in terms of molding new staff members. Almost all preceptors who participated were highly committed to that role and enjoyed the extension of their activities and the interaction with the new staff members. They thought the role provided considerable intrinsic rewards. The following are examples of the many views expressed:

Overall the experience has been very positive for me. I did not think I would have the skills to be a preceptor; now I see myself moving into some educational role professionally but staying in the clinical area if I can.

The general attitude towards grads and preceptors is good. People try to be helpful and support you.

I enjoy being a preceptor. It enables me to give more of myself and increases my personal self-confidence.

Satisfaction From Learning Opportunities. One of the benefits perceived by the preceptors was their opportunity to learn from others. Some found that they learned from both new graduates and more experienced transfers. This was evidenced by comments such as: "I have learned a lot from the grads. It is a two-way process. I got a lot from it personally," and "It keeps me on my toes, and ensures that I keep up to date with new things." Overall, participants viewed learning opportunities as positive staff development outcomes that should be fostered.

Lack of Satisfaction With Practice Support

Negative comments primarily related to the organization's lack of recognition of their important roles. Their perception was seemingly verified by a lack of organizational structures and the allocation of sufficient time for preceptors to provide effective support and guidance.

Comments included: "[There] needs to be organizational commitment to preceptorship with increased funding and budgeting at a departmental level," "Nurse management needs to make an effort to coordinate preceptors/preceptees on a long-term basis," and "Pulled away from time with my preceptor by Level 3 due to other priorities."

Lack of assistance in facilitating learning in the practice setting was also verbalized by comments such as "The ward educator needs to provide more support," "We need twice yearly preceptor update sessions rather than once," and "[There is] no follow-up support from senior staff."

Lack of Time. A major issue was a perceived lack of time to perform the preceptoring role effectively. The need for preceptors to be allocated time away from direct clinical activities (offline time) was a prevailing concern. There was often "no time allocated to review progress or to fulfill expectations with preceptee." Participants recognized that "'offline time' is required during transition but poor staffing and heavy workloads do not allow for this," and suggested that "senior staff need to create more 'offline time' so preceptors are able to go through modules with graduates."

One participant noted that even when offline time was provided, clinical duties often interfered: "Sometimes due to busy ward we get pulled back from our 'offline' time."

This was such a strong sentiment with some that it resulted in feelings of frustration:

> There is not enough time to spend with the new grads. I feel really frustrated because there is barely enough time to give good, quality care to your patients and you have these new people hovering there and you know they need help, and you are torn between your work demands and helping them.

> I felt I had no control in my preceptoring role, mainly due to patient care commitments, and would have liked to have more opportunity to be of assistance in this role.

> We have an equivalent patient load and then also have the students and grads, which I love but it makes life hard and you get really tired and are not able to provide your best in these circumstances.

Preceptors wanted support that would indicate the organization was committed to facilitating effective preceptoring, including some form of reward system and support for learning in the practice setting:

> We need some reward system (which is not necessary related to money) as it gets very draining having students and new grads all the time. Some of us who are committed get a really hard time compared to the others.

Some assistance in the form of recognition for going the extra yards as a preceptor is required or more of us will start refusing to do it as there is great inequity in workloads when you are a preceptor.

Reference was also made to a support network for motivation and sharing knowledge, and the need to establish a preceptors' network within the unit to maintain direction, encourage enthusiasm, and coordinate efforts.

DISCUSSION

Significant implications for continuing staff development arose from the study. Findings were relatively consistent at both the 2 to 3 month and 6 to 9 month periods. Preceptors enjoyed their roles and demonstrated a clear understanding of the characteristics necessary for effective preceptoring as identified in the literature (Chenoweth & Lo, 2001; Gray & Smith, 2000; Spouse, 2001). The education program positively impacted preceptors' practice through the provision of guidance. Respondents' comments supported research findings that draw attention to the importance of developing and implementing appropriate education programs for those who incorporate preceptorship into the clinical environment. Many positive aspects were noted by those undertaking a preceptor role in terms of benefits of their participation.

However, of particular note were the concerns expressed by respondents regarding their perceptions of a lack of practice support for their roles. This support largely pertained to the structure and organization of practice in the clinical setting. Reference was made to inadequate time to effectively undertake their preceptoring duties because of patient load, poor organization of opportunities to partner with the preceptor, and limited assistance with how to guide and support within clinical demands. This lack of practice support resulted in many respondents reflecting on their experiences negatively, as outlined in the literature (Andrews & Chilton, 2000; Clare et al., 2002; Landers, 2000; Winter-Collins & McDaniel, 2000). Positive suggestions made by respondents included decreasing clinical workloads for those undertaking preceptoring responsibilities, ensuring that preceptors and preceptees are scheduled on the same shift, and establishing clinical networks to support preceptoring activities within the practice setting. These findings are consistent with those outlined in the international literature during the past 30 years (Bartlett et al., 2000; Chenoweth & Lo, 2001; Clare et al., 2002; Kramer, 1974; Usher et al., 1999; Winter-Collins & McDaniel, 2000). Participants also identified a reward system as being of value; however, it was believed that this should not be a direct monetary reward but could be linked to opportu-

nities for individuals to further develop their capacity to undertake this role.

Limitations

The study has identified particular trends and areas for further development in the study hospital. Because the study relates to a specific program in one organization, results cannot be generalized to different programs in other organizations. Additionally, it needs to be recognized that there may have been different findings from a group that did not include volunteers. Although the study offers valuable insights into the experiences of registered nurses who undertake a preceptoring role and broad recommendations are suggested, the study does not make any recommendations regarding the precise requirements of time and support that would be required to meet the identified needs.

Recommendations

This study demonstrated the value of educational preparation for preceptors in that nearly all preceptors commented on its value. However, it also highlighted the critical role that the organization plays in effective preceptoring. Senior staff may give "lip service" to supporting the preceptor role, but in many instances the only compensation is the intrinsic reward from the professional relationship and the growth observed in the preceptee. Senior management in the development of organization structures and processes need to recognize preceptorship as part of their core business because it is increasingly being recognized as invaluable to employees. Table 2 provides recommendations for supporting preceptors.

CONCLUSION

Preceptors play a significant role in the preparation of staff and the effective functioning of ward or unit teams. Preceptor preparation and continuing education and support are vital for these experienced and valuable staff members. It contributes in no small measure to improving the job satisfaction and chances of retention of new graduates in a supportive clinical environment. Although many hospitals routinely provide preparation for nurses so they are educationally prepared to fulfill their role, the organization needs to recognize the positive contribution of preceptoring and ensure that it is supported through the provision of appropriate education, effective scheduling, and adequate time for learning and feedback in the clinical environment. Reliance on the purely intrinsic rewards and opportunities for nurses who take on this role will probably be insufficient to sustain continuing education in the clinical setting.

key points

Preceptor Education

Henderson, A., Fox, R., Malko-Nyhan, K. **An Evaluation of Preceptors' Perceptions of Educational Preparation and Organizational Support for Their Role.** *The Journal of Continuing Education in Nursing, 37*(3), 130-136.

1 Nurse preceptors play a key role in helping new staff to transition to the workplace, and require both training and management support to balance their roles as clinician and mentor.

2 A major barrier to effective preceptorship is lack of organizational support, particularly insufficient time for the preceptor and preceptee to interact away from clinical responsibilities.

3 Strategies to improve organizational support of nurse preceptors include providing training and feedback on performance, coordinating schedules of preceptors and preceptees, and offering tangible rewards for their efforts.

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