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Nurse Preceptors' Perceptions of Preparedness in the Preceptor Role

by

Ebony Phillips

A thesis submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the
Master of Science in Nursing Degree

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2016

Submitted by:	Approved by:
_____	_____
Ebony Phillips	Candice Rome, DNP, RN
_____	_____
Date	Date

Abstract

Healthcare is multifaceted with complicated illnesses that require aggressive treatments and therapies. Caring for patients with these illnesses has become progressively difficult due to the nursing shortage, high turnover rates, and lack of competence and critical thinking, which impacts quality care and outcomes. To enhance the knowledge of the nurses, preceptors are an essential part the orientation experience. Therefore, preceptors' perceptions of preparedness influence the effectiveness of the role. Appropriate preparation provides them with the knowledge needed to meet learning needs. The aim of this study was to explore preceptors' perceptions of preparedness in the preceptor role. The perceptions of preparedness were measured by using the Evaluation of the preceptor role/process tool, which was adapted from Susan Boyer's tool. This was a descriptive quantitative and qualitative study. Results of the study indicated that the preceptors strongly agreed and agreed that the preceptor role gave them the ability to develop the new hire, the resources and tools helped them meet learning needs, and the preceptor process is effective within the organization. The study provides evidence that the perceptions of preceptor preparedness in the preceptor role enhances the ability to develop the new hire's abilities and creates a sense of empowerment if given the opportunity, adequate resources, the necessary information, and support.

Keywords: nurse preceptor, preceptor role, preparedness, orientation, empowerment, and preceptorship.

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CHAPTER I

Introduction

Healthcare is a revolving door of complex illnesses that require more advanced treatments and therapies. The ability to care for these patients has become increasingly difficult due to the shortage of nurses, high turnover rates, and lack of skill competence, which causes a decline in patient care and outcomes. The nursing shortage is due to the older, more experienced nurses, also known as baby boomers, entering retirement age; therefore, leaving the care of patients needing more aggressive therapies in the hands of new nurses transitioning into practice. According to a survey performed by the National Council of State Boards of Nursing and the Forum of State Nursing Workforce Centers, 55% of the RN workforce is 50 years of age or older and the Health Resources and Service Administration projects that more than one million registered nurses will reach retirement age within the next 10-15 years (American Association of Colleges of Nursing [AACN], 2014, p. 1). The concern over the nursing shortage affects the quality of patient care and the ability for nurses to perform their duties effectively because patient loads are heavier and higher. A study published in the journal BMJ Quality and Safety in May 2013 found that increased patient loads were associated with more hospital readmissions. The nursing shortage has led to increased stress and decreased patient care quality, in turn causing nurses to leave the profession altogether.

Excessive nursing turnover has a negative impact on patient care. Turnover creates errors, inconsistencies in care, decreases in patient satisfaction, and diminishes staff morale (Gomes, Higgins, Butler, Farzaneh, & Secours, 2009). "The estimated cost per nurse turnover is approximately $22,000 to more than $64,000. Organizations may

spend up to $300,000 annually for every 1% increase in turnover. The cost for replacing a nurse includes recruitment time, hiring, and orientation, as well as additional costs resulting from overtime and agency nurses. "Hospital efforts to improve quality care and outcomes suggest that supporting orientation models that utilize effective preceptors reduces turnover rates and cost" (Sorrentino, 2013, e83).

The transition to practice can be difficult for new nurses, and nursing orientation is a way to help new nurses' transition to the clinical practice setting easier. Nurse orientation is an essential part of the new nurse process. Recognizing that the quality of the orientation process influences staff turnover and can aid in the overall success of the new nurse orientation experience. Choosing the appropriate preceptor plays a key role in the success of the overall orientation experience. Preceptors are viewed as highly skilled and clinically competent nurses who mentor new nurses in an environment conducive to learning, where the appropriate skills are taught to ensure learner comprehension and skill proficiency. Having a successful orientation and preceptor experience increases nursing confidence, skill competence, nurse retention, and optimal patient outcomes. The function of the preceptor role is to increase knowledge, enhance critical thinking, and build a trusting relationship to provide an effective learning experience for new hires transitioning to a new role or new grad nurses transitioning theory to the clinical practice setting.

Background

"Nursing education was taught under the principles of the first Nightingale school where first year student nurses were supervised by nurses in the hospital who were "trained to train" (Mantzorou, 2004, p. 2). Students learned from experienced nurses and

they learned based on trial and error as well as shared the workload. Teaching students was a low priority and the need to learn was based on the needs of the patients.

"The term preceptor was first used in the 15th century meaning tutor or instructor. Preceptor, was used as a method of clinical teaching in the nursing world" (p. 2). "The term "preceptorship" came from a response to the "reality shock" that students experienced while transitioning from a student to a nurse" (p. 2). Preceptorship was a way to help students transition the application of theory into the clinical practice and prepare them to become clinically competent nurses. The preceptor's main function is to be a role model and guide that enhances knowledge and critical thinking skills for rational decision making. Investing in preceptorship programs allows nurses in the preceptor role to feel adequately trained, supported, and prepared to function successfully in the role. According to Mantzorou (2004), "preparation of the preceptor role needs attention to ensure its effectiveness. The role should be made clear including a description of what the role entails, expectations, teaching theories, and the art of giving and receiving feedback for evaluation" (p. 7). Appropriate preparation provides them with the knowledge needed to successfully function in the preceptor role. Most organizations have preceptorship programs where the nurse functioning in the preceptor role is taught the fundamentals, expectations, and responsibilities; however, preceptors must be given the opportunity to participate in their organization's program to feel prepared to effectively function in the preceptor role.

Significance and Problem Statement

New nurses seek the experience and guidance of a more experienced nurse with a proficient clinical skill set; however, the lack of support from the more experienced staff

influences their decision to remain in the nursing profession, continue working on that unit, and/or towards further educational goal attainment. "In 2008, the American Association of Colleges of Nursing (AACN) found that 27% of new graduate nursing students will leave their job within the first year" (Eley, n.d., p. 1). "Similar findings by Kovner, Brewer, Fairchild, Poornima, Kim, and Djukie (2007) indicated that 13% of newly licensed RNs changed jobs after one year and 37% felt ready to change jobs" (p. 1). The use of preceptors and preceptorship programs impacts nursing turnover and patient outcomes. Preceptors are meant to function as highly skilled mentors to enhance new nurse critical thinking skills and skill acquisition; however, the lack of formal preceptor training and ongoing continuing education opportunities may influence willingness and/or ability to serve in preceptorship capacity. Also, the lack of guidelines defining professional responsibility as a preceptor and support for preceptors with additional resources, information, and recognition affects their ability to effectively work in the preceptor role (Martensson, Engstrom, Mamhidir, & Kristofferzon, 2012). "Insufficient role clarity and recognition in organizations can lead to misunderstandings about what is and what can be expected from preceptors" (Trede, Sutton, & Bernoth, 2015, p. 269). The perception of preceptor preparedness is a major factor affecting the role of preceptor.

Purpose

The purpose of this Masters of Science in nursing thesis was to explore nurse preceptors' perceptions of preparedness in the preceptor role. Preceptors must be prepared to function effectively in their role. Their perceptions of preparedness influence the nursing turnover rate and patient safety outcomes. "Dedicated and competent

preceptors are vital to the success of healthcare organizations and to the retention of nurses in the profession" (p. 269). As role models, effective preceptors socialize, protect, educate, and evaluate the nurses who are making the transition into a new work environment. "It is imperative that preceptors are capable of assisting new nurses to make the transition to the work setting with more realistic expectations and maximal preparation." (Horton, DePaoli, Hertach, & Bower, 2012, p. 1). When nurse preceptors are prepared to take on the preceptor role, they feel empowered by the organization to work in an environment that provides the resources needed to carry out the preceptor role demands.

Theoretical Framework

Being prepared and having the resources available to appropriately fulfill job demands creates a sense of empowerment. Rosabeth Kanter's Theory of Structural Empowerment is the theoretical framework used for this thesis. "The theory has been tested in nursing populations and among nursing educators and as a conceptual framework in a sample of preceptors and was found useful" (Martensson et al., 2012, p. 445). Empowerment of employees has been identified as a valuable attribute, one that is essential to the effective functioning of an organization. (Larkin, Cierpial, Stack, Morrison, & Griffith, 2008, p. 1). According to Kanter (1993), staff behaviors and attitudes at the workplace are determined mainly by social structures and less by personal predisposition (Martensson et al., 2012, p. 445). Therefore, empowerment is promoted in work environments that provide employees with access to information, resources, support, and the opportunity to learn and develop (Larkin et al., 2008). "Employees who are empowered are more committed to the organization, more accountable to their work,

and better able to fulfill job demands in an effective manner" (p. 1). Nursing staff are expected to take on a high acuity patient load and be a preceptor to new nursing staff simultaneously, which causes a decrease in effectiveness and empowerment. "According to Kanter, formal and informal power facilitates access to four important empowerment structures: opportunities, support, information, and resources" (Martensson et al., 2012, p. 445). Access to opportunities, such as preceptorship programs refers to opportunities to learn and grow, support, refers to feedback and organizational backing, information, refers to having access to what is expected in a specific role, such as preceptor role descriptions and guidelines, and resources, refers to time needed to carry out the task or additional staff willing to take on the patient workload (Larkin et al., 2008). Having the ability to feel empowered by the organization gives preceptors the support and preparation needed to fulfill the preceptor role and responsibilities successfully.

Theoretical Framework CTE

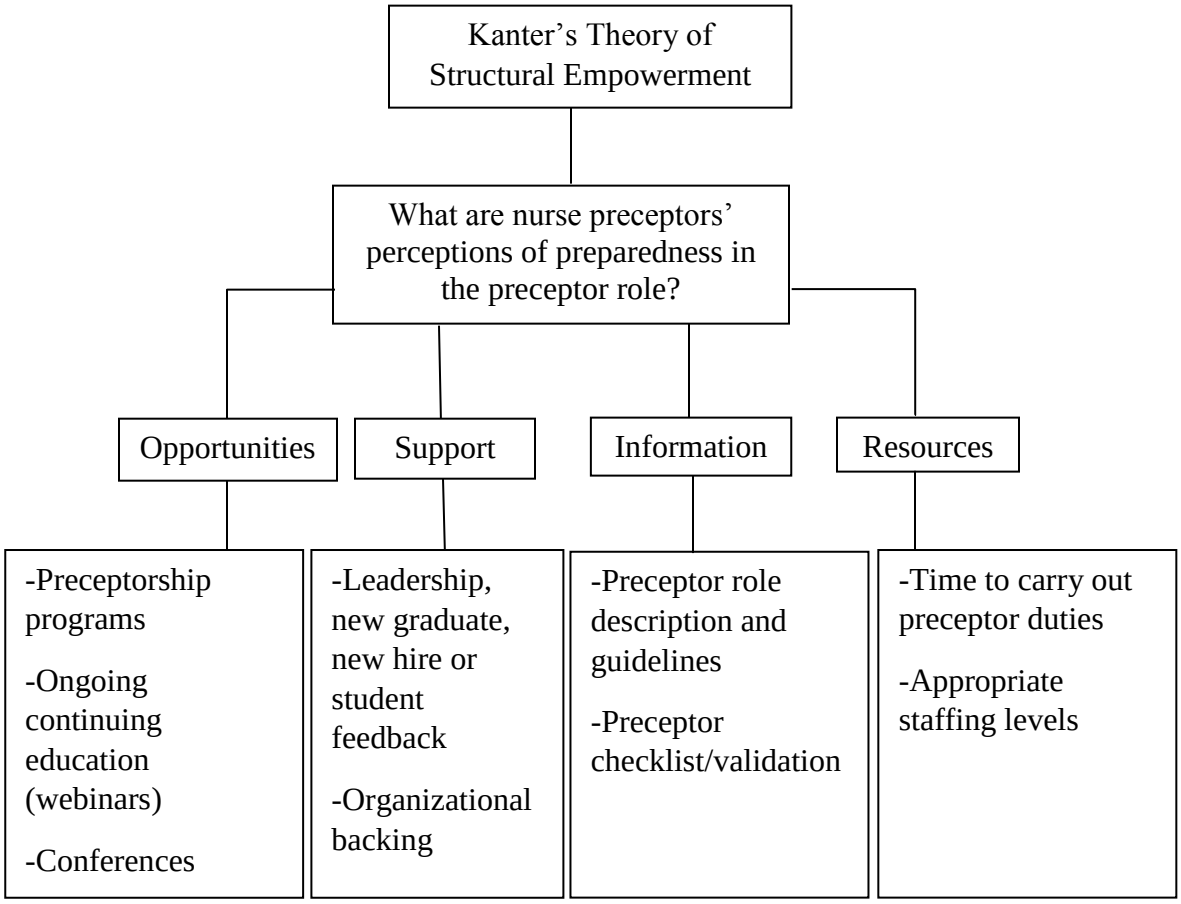


Figure 1. Kanter's Theory of Structural Empowerment

Research Question

What are nurse preceptors' perceptions of preparedness in the preceptor role?

Summary

Healthcare is ever changing and the need for experienced and skilled preceptors is essential to the success of new nurses expected to care for patients that require advanced treatments and therapies. Preceptors are viewed as clinically competent nurses, who mentor new nurses to increase their knowledge, clinical skills, and critical thinking skills for rational decision making. Preceptors must be given the opportunity to understand the role expectations and responsibilities to function in the preceptor role successfully. Ensuring that preceptors feel prepared and empowered by their organization is a concern that can influence nurse turnover and patient outcomes.

CHAPTER II

Review of Literature

Preceptors play a major part in the transition to practice role of the new nurse. Preceptors function as guides and mentors to new nurses applying the theory of nursing to the clinical practice setting or lacking the skills required to meet the demands of their job. They are viewed as highly skilled and competent practitioners to enhance knowledge, clinical skill acquisition, and critical thinking. To ensure preceptor understanding and comprehension of the role, they must be given the opportunity, support, information, and resources to appropriately meet the demands of the role expectations and responsibilities. The role of preceptor is complex and multifaceted, therefore, preceptors' perceptions of preparedness in the preceptor role influences their commitment to the role and feelings of empowerment. The purpose of the MSN thesis was to explore preceptors' perceptions of preparedness in the preceptor role, the utilization of preceptorship programs and determine if there was a difference between preceptors who have taken formal preceptor training courses versus preceptors who have not. A review of literature was performed to research the thesis topic.

Review of Literature

Research was conducted on the experience of functioning in the nurse preceptor role, the support and benefits of a preceptorship program, preceptors' perceptions of preparedness, and empowerment of the preceptor role. The sources used for the literature review were Cumulative Index for Nursing and Allied Health Literature (CINAHL), ScienceDirect, Proquest, and Ebsco. Keywords used to search the databases were: nurse

preceptor perceptions, nurse preceptor role, nurse preceptor preparedness, nurse orientation, nurse empowerment, and preceptorship.

Experience of Functioning in the Nurse Preceptor Role

Omansky (2010), conducted an integrated review to explore staff nurses' experiences as preceptors for student nurses. The final review consisted of 30 articles, 20 of which were research articles and 10 were non-research articles from 1981-2009. The combined study results contained a total of 1,486 staff nurses who were preceptors to undergraduate nursing students. From the studies, some defined the term preceptor as a guide, supervising, or clinical instruction, and majority defined the term as teaching. Eight of the studies specified the staff nurse participants to have at least one year of experience, while other studies specified the participants to have had some experience as a preceptor. The study samples consisted of mixed-method sampling, including surveys and interviews, 10 quantitative and six qualitative studies. The other studies were conducted internationally, three from Canada and Australia, two from Sweden, five from the United Kingdom, and seven from the United States. The nurses that functioned as preceptors felt motivated to take on the role because they were given the opportunity to improve students' experiences compared to their own student experiences and they were able to help develop the students' skills. Although the nurses enjoyed improving experiences and developing skills, they also described negative effects from the experience such as, lack of leadership and peer support, high workload volumes, and time conflicts. From the negative effects of the studies, three themes were established: role ambiguity, role conflict, and role overload.

Role ambiguity was determined by the "large gap between the envisioned role of preceptor and the reality of the role" (Omansky, 2010, p. 699). The definition of preceptor and the role responsibilities were unclear because the students, managers, and preceptors all had different ideas of what the role entailed and its definition. There was little to no preparation for the role and the students were assigned to nurses the day of, with no information given until the students arrived to the floor. Some studies showed that the preceptor role had not been defined in their facility or guidelines of the role were never given to them. Overall, the nurses who functioned in this role felt that the undefined role expectations and responsibilities created stress, therefore, causing role ambiguity.

The nurses lacked the support from leadership and peers, needed to function in the role effectively. There was little to no recognition for the time and effort devoted towards being a preceptor. The role was not included in the job descriptions and performance evaluations did not reflect their duties as preceptor. Because there was no job description, the nurses felt apprehensive about student nurses working under their licensure. If an error occurred, the nurse was held liable for patient safety because the preceptor role had no guidelines, definition, or job description. This left the nurses in a predicament because they wanted to help students learn, however, patient safety and liability was a concern.

Due to the demands of the preceptor role, nurses felt that they should be given a decreased assignment, giving them more time with nursing students. In a few studies, a nurse preceptor was given five nursing students, including an increased workload with high patient acuity. Managers and peers felt that the nurses functioning in the preceptor

role had help with their assignments and because the preceptor role had not been defined, the nurses felt overwhelmed.

This integrative review suggests that the experiences of functioning in the preceptor role is rewarding because preceptors were able to help students develop their skills, however, lack of leadership and peer support, time conflicts, and high workload volumes causes stress and negative effects on the role. The definition was unclear with minimal to no guidelines, causing role ambiguity. The lack of recognition with no job description developed created patient safety concerns that lead to role conflict. Because the role was ambiguous, with no recognition, nurses were given higher patient acuities because managers viewed the preceptors as having additional help, when in actuality they had more responsibilities as mentors. Therefore, creating role overload.

Omer, Suliman, and Moola (2015) conducted a descriptive and comparative design study to describe the expectations of nurse preceptor roles and responsibilities experienced by preceptors and preceptees. The research questions are as follows:

1. Which role(s) and responsibilities are important and more frequently attended to by preceptors as reported by nurse preceptors themselves?
2. Which role(s) and responsibilities are important and more frequently attended to by preceptors as reported by preceptees?
3. Is there a significant difference between roles and responsibilities of preceptors which are important and more frequently attended to by preceptors as reported by themselves and their preceptees?

The study sample included a college of nursing and a 900 bed hospital, where the students performed their clinical rotations. A convenience sample was used, using 130

nursing students and 80 preceptors. The data collection tool used was a questionnaire made up of two parts. Part 1 included roles and responsibilities of preceptors using Boyer (2009a) transition to work tool. This tool emphasized four roles and 43 responsibilities, protector, evaluator, educator, and facilitator. Permission was given by the author assessed for construct and content validity based on consultation with six expert PhD faculty. The reliability was examined by Cronbach's alpha, with values .944 and .973. Part 2 included demographic characteristics of participants. IRB permission was given to conduct the study. A detailed explanation of the study was given to participants. Voluntary participation, withdrawal from the study at any time, anonymous responses, and access to data collection was given to the researchers and explained to the participants as well. The SPSS version 20 was the software used for statistical analysis of numerical data. Descriptive statistics and inferential statistics were methods used in this study. The significance was set at $p < 0.05$ with a cut off of 3. The findings suggested that both the preceptor and the preceptee agreed that the preceptor's roles as protector, evaluator, educator, and facilitator were important and protector was rated the highest.

Overall, defining preceptor roles and responsibilities is essential to the success of functioning in the preceptor role. Both preceptors and preceptees feel that the importance of having clear roles and responsibilities prepare preceptors for their role.

Tsai et al. (2014) conducted a study exploring the teaching experiences of nurse preceptors and the learning experiences of new grad nurses. Input from both preceptors and preceptees were gathered to determine if the nurse preceptors' needs were being met. In 2012, the Taiwan Joint Commission on Hospital Accreditation (TJCHA) mandated qualifications for nurse preceptors, where 10 hours of preceptor training were to cover six

required topics for training. To address the outcomes of the training course, this study was conducted to consider the needs of both preceptors and preceptees. The naturalistic inquiry method of Lincoln and Guba was used as the framework for this study. Focus group interviews were used to interview both preceptors and preceptees. Glaser and Strauss' constant comparative method was used to analyze the interview data. The participants of this study were obtained from five hospitals in Taiwan, 63 preceptors and 24 preceptees, totaling 17 focus group interviews. The analysis was conducted by the principal investigator and five co-investigators from each of the five hospitals participating in the study. The IRB from each hospital approved this study. Participants signed written consent forms and were told that their participation was voluntary. From the data analysis, seven themes were developed from both the preceptor teaching experiences and the preceptee experiences. The themes from the preceptor teaching experiences were as follows: committing to teaching, building a caring learning atmosphere, drafting clinical instructional methods, providing feedback and evaluation, giving guidance and support, enduring the stress and frustration of teaching. The nurse preceptor training needs revealed the same themes with the exception of enduring the stress and frustration of teaching to adapting to the stress and frustration of teaching. The themes from the preceptee experiences were as follows: lacking work confidence, anticipating a caring learning atmosphere, anticipating concrete explanation of the reasons for an error, freezing in embarrassment during interactions, anticipating being given time to grow, feeling like "the old bird abuses the young chick," and experiencing stress and frustration when facing the preceptor.

The results of this study indicated that needs of preceptors and preceptees are misaligned due to the mandates of the TJCHA. The issues addressed with these mandates of preceptor training programs showed a problem developing preceptor empathy for new grad nurses who lack work confidence and a problem with identifying training courses that fostered the teaching competence of nurse preceptors. Overall, the preceptors had a difficult time expressing what they learned and how they applied what they learned to practice. They felt that the mandated courses were too theory based. The topics addressed in the course only focused on professional teaching skills and not the preceptor-preceptee relationship. The preceptees had a different perspective of the preceptors. From the themes taken from the focus groups, the preceptees felt that their preceptor experience was more detrimental than beneficial.

The mandates from the TJCHA taught the preceptor theoretical concepts and teaching strategies, which are needed; however, teaching involvement and emotional support was not addressed, which is also needed to be an effective preceptor. Experiences can influence the effectiveness of preceptor preparedness. Suitable preceptor training plays a key part in preceptors' perception of preparedness, which impacts the overall preceptor-preceptee relationship and experience. Because of the mandates from the TJCHA, the preceptors were trained; however, the content received was ineffective.

Bourbonnais and Kerr (2007), conducted a qualitative study regarding the personal reflections of being a preceptor and the support and challenges experienced in the role. The objectives of the study were as follows:

1. To describe personal reflections on being a preceptor.

2. To identify common beliefs about what a good preceptor experience is from the view of the preceptor.
3. To identify what types of support facilitate the experience of being a preceptor.
4. To identify the challenges that exist in fulfilling the role of preceptor.

One-on-one interviews were used to collect data. The interviews ranged from 25-40 minutes and were tape recorded. The hospital's research ethics board approved this study. The participants in the study were eight full time female staff nurses who have had experience functioning in the preceptor role. The interviews were analyzed using thematic analysis to address the objectives. The data revealed one theme, safe passage and under the theme of safe passage, two subthemes were revealed, process and preceptor role. The subtheme "process" referred to teaching the student. The preceptors described how they determined the level of functioning of the student and how they planned learning activities to ensure safe patient care and comfort for the student. Overall, the preceptors felt that they helped the student successfully transition to practice and was a protector through the experience. The subtheme "preceptor role" referred to their perceptions of the role. They felt that they helped develop students' skills, protected them through difficult times, taught good decision-making in critical situations, provided guidance and information, assisted in setting priorities, and instilled in them a professional attitude.

The challenges the preceptors faced were divided into themes, lack of recognition by nursing staff, lack of recognition by administration, and lack of support from faculty advisor. The preceptors felt that their colleagues viewed them as having extra help instead of viewing the role as additional responsibility and learning for students. They

also felt that the managers did not plan for the role's expectations and responsibilities enough in advance to allow them and other staff members to prepare for the workload.

Even though the preceptors faced challenges, they also felt that the educational materials they were given and the faculty advisor provided them with support. They felt workshops offered by the hospital prepared them for the preceptor role as well as the institution's handouts related to course outlines, student expectations, and evaluation forms. The overall, experience was a positive one.

Hallin and Danielson (2008) conducted a descriptive cross-sectional design study to compare RNs' experiences of acting as personal preceptors for nursing students in 2000 and 2006, where they explored the relationship between preceptors' experiences and personal characteristics. The research questions were as follows:

1. To what extent do RNs in 2000 and 2006 differ concerning: preceptor preparation and support from teachers, colleagues, chief nurses and enrolled nurses?
2. What relationships exist between RNs' experiences of preceptoring and their personal and clinical characteristics?

In 2000, the preceptor model was introduced at a county hospital in central Sweden and by 2006, it was implemented and established on all units for clinical education for nursing students. The sample size consisted of 160 in 2000 and 154 in 2006. A questionnaire was used to measure personal and clinical characteristics, experiences of preceptor preparation, experiences of support from teachers, and experiences of support from colleagues, chief nurses, and enrolled nurses. The ethics committee and management committees approved the study. The data was analyzed using SPSS version 12. Descriptive statistics were used, comparisons between groups

were made using the t-test for quantitative variables, the Pearson chi squared test, Mann-Whitley U-tests for ordinal data, and Spearman's rho and chi-squared test for categorical variables were also used. Overall findings suggested that there was a statistically significant improvement in preceptors' experiences between 2000 and 2006. More preceptors reported feeling better prepared for their role in 2006. Support from teachers, colleagues, chief nurses, and enrolled nurses were higher in 2006 as well. There was a positive relationship between preceptors' experiences of their role and their interest in being a preceptor.

Support and Benefits of Preceptorship Programs

Muir et al. (2013), conducted a study using a mixed-method approach using quantitative and qualitative data. A survey questionnaire and interviews were used to obtain the data. This study examined the experiences of preceptors who were involved in preceptorship programs. The research questions were:

1. From the preceptors' perspective, what is the impact of preceptorship on newly qualified nurses' personal development, professional development, role development, communication skills, clinical skills, and professional relationships?
2. What impact has being a preceptor had on their own role development?

The questionnaire contained 64 likert scale questions on the program and the impact on the preceptor and preceptee. Three demographic questions were also asked, age, gender, and length of time since qualifying as a nurse. SPSS version 18 was used to obtain the quantitative analysis, which included descriptive statistics, t-test, and Cronbach's alpha coefficient for reliability of the impact scales (Muir et al., 2013, p. 635). Nine preceptors were interviewed using a digital recorder to gain more information

regarding their experiences in the preceptor role, where a framework method (thematic method) was used to obtain the qualitative analysis (Muir et al., 2013). The ages of the preceptors ranged from 24-61, with the mean age of 43.52. Thirty-six preceptors (90%) were, one (2.5%) was male, and three (7.5%) did not respond to the question. The qualitative data revealed seven themes that resulted from the research questions. The themes were preceptors' perceptions of the personal development of preceptees, the role development of preceptees, the communication skills development of preceptees, the clinical development of preceptees, the development of professional relationships by preceptees, value of preceptorship program to the organization, and value of preceptorship to their own professional development. The results indicated that 82% of the preceptors perceived they had a positive effect on the personal development of preceptees showing fairly high internal consistency with a Cronbach's alpha coefficient of 0.857. Over 80% of preceptors felt that they helped the preceptee with role development showing a high internal consistency with a Cronbach's alpha coefficient of 0.960. Overall, the preceptors felt that they helped develop the preceptees' communication skills showing a high internal consistency with a Cronbach's alpha coefficient of 0.983. Eighty percent of preceptors felt they helped with the development of clinical skills showing a high internal consistency with a Cronbach's alpha coefficient of 0.969. Over 75% of preceptors felt that they positively influenced professional relationships amongst each other and the collaboration with other nursing disciplines. Almost 95% of preceptors felt that the preceptorship program was beneficial to the organization and their own professional development. Preceptors felt that the value of

the preceptorship program impacted their own knowledge, teaching and staff development role, understanding the needs of new nurses, and emotional support.

This study showed favorable results, indicating that the preceptorship program is highly supported and useful, however, there were some limitations to the study due to the small sample size and the use of one organization. Overall, the benefits of preceptorship programs are valued by the preceptors and preceptees.

Aaron (2011), conducted a pilot study introducing a systems approach using preceptors to improve the recruitment and retentions of RNs in the long-term care setting. The method used to conduct this study was a descriptive design using focus groups to identify the strengths and weaknesses of current recruitment and retention. Out of the four nursing homes that were part of the Expanding Teaching-Nursing Home Project, one administrator agreed to pilot the preceptor program. Benner's novice-to-expert was the theoretical framework used for the study. One preceptor was chosen from the nursing staff and was given the responsibility of orienting each new nurse and being an available resource once he preceptee was no longer in orientation. Staff agreed to this structure due to the decrease in last minute requests to stay past their shifts and working additional days. To determine effectiveness of the preceptor program, the study used the Hospital Competencies. Competencies: Care of Adult 65+ as the tool that measured nurse competencies. The director of nursing evaluated the preceptor to determine effectiveness. In addition to these evaluation methods of the program, budget and balance sheets were monitored monthly to determine turnover expenses, agency use, overtime, and nurse vacancy rates, as well as resident, family, and staff satisfaction before and after program implementation. The results of the study concluded that the

project was successful. Ten nurses were hired and retained, the need for agency nurses were eliminated completely, resident measures improved during the year after implementation, reduction in overtime and advertising cost, and a total savings one year after program implementation was more than $150,000.

Overall, the success of the program was achieved because of administrative support, staff buy-in, preceptor education, and support. Preceptor programs impact preparedness, promotes nurse retention, and allows continuity of care for positive patient outcomes.

Chang, Lin, Chen, Kang, and Chang (2014) conducted a mixed method study that explored nurse preceptors' perceptions of a preceptor training course and their experiences working as a preceptor. A cross-sectional questionnaire survey and focus group interviews were used for this study. The training course perception scale (TCPS) was the survey questionnaire used to determine how effective the components of the training course were and if they fulfilled the learning needs of the preceptors. The training course was offered at four medical centers and three district teaching hospitals in the Taipei area. The TCPS listed 18 courses and were separated into two columns. Nurse preceptors were asked about their perceptions of their learning needs regarding training courses in the first column and the clinical usefulness of the preceptor training courses during their preceptorship in the second column. Content validity of the TCPS was established by a panel of seven experts. A focus group of interviews were also used in this study to gather additional information on the experiences of the preceptors not addressed in the survey. Five open-ended questions were used in the interview and gathered for qualitative data. This study was approved by the institutional ethical

committee of the university of the primary investigator and each hospital. Written consent was obtained and all participants were informed that their participation was voluntary and all questionnaires will remain anonymous. The focus groups were audio recorded with the permission of the preceptors. The data was analyzed using descriptive statistics of SPSS version 19.0 for PC +. Out of the 441 nurse preceptors, 386 questionnaires were valid and the findings suggested that the nurse preceptors rated the courses as moderately fulfilling with regard to learning needs and clinical usefulness. The adult learning theory course was rated the lowest in regard to the learning needs and clinical usefulness. Thirty-four nurse preceptors participated in the focus group interviews. A simple qualitative analysis of the focus group responses was completed by two research team members. From the qualitative analysis, three study themes were generated: receiving inadequate training before being appointed as a nurse preceptor, courses were more theoretical than practical, and stress from multiple sources.

The nurse preceptors felt that they did not receive sufficient training before functioning in the preceptor role. They also felt that they did not have ample time to complete all of the in-class training before becoming a preceptor. The nurse preceptors felt that the course was more theoretical than practical. Because most of the training was in the classroom, the course was not suitable for the clinical practice setting. Stress was experienced by the preceptors because the preceptors felt that new grad retention was a reflection of them. They experienced peer, family, and leadership stressors that caused them to feel the pressure of functioning in the role of instead of the reward and satisfaction.

Overall, a few components of the preceptor training course were beneficial as long as nurse preceptors are given the time to complete the course before taking on preceptees, are supported by their peers and leadership, and content taught is related to the practice setting. The preceptors perceived the course to be more theoretical than practical, which caused portions of the preceptor training course to be ineffective. Preceptors' perception of the training course in this study was determined by the course relevance to practice. They felt that improving upon personal skills, such as communication would make them better prepared. In the study, the communication skills course was the most effective and useful and should be considered the highest priority for future preceptor training. Preceptorship programs enhance preceptor preparedness; however, the content being taught plays an essential part to the preceptor role.

Raines (2012) conducted a qualitative study that explored perceptions and experiences of preceptors that participated in the Preceptor of Excellence program. This program was offered at six month intervals that consisted of two one-day workshops and included an on-unit precepting assessment completed at the nurses' main institution in Palm Beach County healthcare facilities in Florida. The research approach used for the study was person-centered by Means and McLeod using a phenomenological method of investigation. The study focused on finding factors that facilitated or inhibited nurse preceptors' willingness to precept nursing students in the clinical setting. The study was approved by the university IRB and sponsor of the Preceptor of Excellence program. Informed consent was completed and out of the 37 nurse preceptors that agreed to the study, 26 preceptors participated in the study. Interviews were conducted, the transcripts were analyzed and themes were developed. To verify that the themes identified reflected

the experiences of the preceptors, member-checks were established for trustworthiness of the data. Once the data was analyzed, the themes developed were as follows: being engaged in the educational process, acknowledge my efforts, and it depends on the student. In order to feel prepared, the preceptors felt that the expectations of the course and the faculty should be established. The preceptors felt that they should have a great involvement in what is expected of the student and that their evaluation of the student should fulfill expectations. The preceptors also wanted to feel acknowledged for their efforts and involvement the preceptor role. The students being taught played a major role in the preceptor experience. Preceptors felt that the students should be prepared, interested, and willing to learn. The preceptors felt that assessing the readiness of the student, influenced the student's overall clinical experience.

Overall, the findings suggested that nurse preceptors are willing to provide the clinical knowledge needed for students to be prepared to become nurses. Providing support and acknowledgement impacts the learning experience. The overall benefit of preceptor programs strengthens the entire educational program and achievement of outcomes, enhances the professional growth of the preceptor, which creates a positive learning environment and experience for the student, and integrates theory and clinical practice.

Haggerty, Holloway, and Wilson (2012) conducted a three-and-a-half-year longitudinal study that aimed at evaluating the effectiveness and appropriateness of the national Nursing Entry to Practice (NETP) program. A fourth generation evaluation (FGE) was used, which utilizes the epistemology approach of data collecting, and reliability and validity was determined by using mixed methods to gather data from

different sources. The participants of the study included a variety of stakeholders, new graduates that were in NETP program, RNs six months after completing the program, NEPT program coordinators, preceptors, director of nursing, nurse managers, nurse educators, district health board members, Nursing Council of New Zealand, and the Ministry of Health. The consent to participate in the study was voluntary and written consent was obtained for participants in focus group interviews and other key stakeholder interviews. Questionnaires were sent to new grad RNs and other key stakeholders over a course of three years, 2007, 2008, and 2009. The data from the questionnaires was analyzed using SPSS and Excel spreadsheets and the focus group interviews were analyzed and four themes were identified, using the analysis from both questionnaire and focus group interview data. The themes were as follows: preceptor selection, preceptor education, preceptor role clarity, and preceptor workloads.

There was no formalized preceptor selection process and because of this, preceptors were chosen who lacked interest or commitment to the preceptor role and created a negative experience for new grads instead of a positive experience. Therefore, a rigorous preceptor selection process should be made a priority and only preceptors that indicate a desire to function in the role should be chosen. The focus group felt that the education they received was a good introduction to the role and satisfied their needs. They felt that the information received made them feel confident and prepared them to function in the preceptor role. Even though the initial education prepared them for the preceptor role, they also felt that ongoing education and updates were needed for continued preparation for the role. A lack of role clarity was identified due to insufficient role expectations. In order to feel prepared to function in the preceptor role effectively,

clearly defined role responsibilities are needed to be successful. Preceptor workloads are another problem that causes concerns regarding preceptor preparedness. The role was considered to be overwhelming and frustrating because the lack of support and insufficient time to work with both preceptees and manage the workload created stress. They felt that the workload should have decreased while working with preceptees so more time spent teaching was achieved.

Overall, the evaluation supported the benefits and quality of preceptorship programs. Utilizing a preceptorship program created new grad confidence and enhanced competence. The program also impacted nurse recruitment and retention.

Lee, Tzeng, Lin, and Yeh (2009) conducted a quasi-experimental study to evaluate a preceptorship program and the effects on turnover rate and cost, quality of care, and professional development. A convenience sample was taken from an 1800 bed teaching facility in Taiwan. A total of 24 preceptors and 34 new nurses participated in the study. The instruments used were nurse demographics, turnover rate data from the personnel databank, turnover cost data, patient satisfaction scores used from the Patients' Satisfaction towards Nursing Care instrument, the Teaching Encounter Card and Residency Program Evaluation Tool, and the Preceptor's Perception of Benefits and Rewards Scale, Preceptor's Perception of Support Scale and Commitment to the Preceptor Role. Cronbach's alpha was used to determine the reliability and content validity of each tool. The IRB and Department of Nursing approved this study and all participants were informed of the purpose of the study and data confidentiality. The data was analyzed using SPSS version 14.0, where descriptive statistics was used to assess demographic information and inferential statistics was evaluated by t-tests to determine

nursing care satisfaction levels. The findings of the study indicated that the turnover rates improved significantly as a result of the preceptor program; turnover decreased by 50%. This in turn, decreased turnover cost because less money was allocated for recruitment, orientation, and training. Also as a result of the findings, quality nursing care outcomes improved. There was a decrease in medication errors, falls, and adverse events. There was positive feedback regarding the training provided by preceptors because new nurses appreciated preceptors for their knowledge and skill set. New nurses felt confident to perform their job duties.

Overall, nurse preceptors felt that preceptorships were beneficial and aids in the preparedness to function in the preceptor role effectively.

Kang, Chiu, Lin, and Chang (2015) conducted a study using the conceptual framework of development, implementation, and evaluation to describe the situational initiation training program (SITP) for preceptors, evaluate stress levels of preceptors and new grad nurses (NGN), the preceptor-NGN relationship, support of preceptors, and NGNs intentions of leaving during the one year preceptorship. Nurses from an 818-bed teaching medical center in Taiwan were asked to participate in the study. Using the framework development, implementation, and evaluation, a questionnaire was developed to assess the outcomes of the SITP. During the development phase, the SITP was decided to be a one-day workshop that focused on preceptor roles, functions, and responsibilities, stress management skills, and relationship maintenance skills. Once the questionnaire was developed, five experts evaluated the content validity. The institutional ethical committee of the university approved the study prior to implementation. During the implementation phase, qualified, experienced RNs were

selected to be preceptors for the SITP. Announcements were made regarding the date of implementation and on implementation day, 17 RNs participated as preceptors and 17 NGNs participated in the SITP. During the evaluation phase, training outcomes were evaluated, which are as follows: stress levels of preceptors and NGNs, preceptor-NGN relationship, support from preceptors, and the intention to leave among NGNs, through a questionnaire survey. The surveys took place at three, six, nine, and 12 months within the first preceptorship year. The data was analyzed using SPSS version 19.0 for PC +. Descriptive statistics were used to obtain demographic information and analysis of variance (ANOVA) was used to compare the changes in stress level and the preceptor-NGN relationship during the first preceptorship year. Overall, the results showed that the stress levels were high during months three and six for preceptors and declined in months nine and 12. This was due to the level of competence of NGNs during the first six months of practice, whereas months nine and 12, NGNs develop a higher competence and confidence in skills and less frequent monitoring and pressure is felt. NGNs stress levels remained high in months three, six, nine, and in month 12 the stress decreased. This is due to NGNs feeling more confident in the performance of their job duties. The preceptor-NGN relationship gradually improved during the SITP and the support from the preceptors was received and NGNs felt that moderate to excellent support was given. As a result of the preceptorship program, NGNs reported a low to very low intention to leave their current jobs at months three through twelve.

Overall findings indicated that preceptorship programs play a key part in building relationships and effectively preparing preceptors for their role as well as preparing NGNs for the transition to practice.

Horton et al. (2012) conducted a study to determine if preceptors felt better prepared for their role after attending the Nurse Preceptor Academy (NPA), content that was most important to them, ideas or content discussed at the NPA were used in the preceptor role, level of support from peers, managers, and educators, and factors that caused the most stress when precepting. The research question was as follows: Did the preceptors feel better prepared to precept after attending the Nurse Preceptor Academy? A questionnaire was used to obtain qualitative and quantitative data. The IRB approved this study. When the participants returned the survey, consent was implied. Out of the 714 RNs who attended the NPA, 171 returned the surveys. The overall results determined that preceptors felt more prepared after attending the NPA. They were more effective as preceptors since taking the NPA. Therefore, taking the preceptorship training course allowed preceptors to feel confident in functioning in the preceptor role. This program prepared preceptors to aid new grad nurses in the transition to practice easier.

Preceptors' Perceptions of Preparedness

Panzavecchia and Pearce (2014) conducted a qualitative descriptive study on the support received from the role and the qualities needed to carry out their role successfully. A questionnaire was given to preceptors to gather demographic data and they were able to make comments. Interviews were conducted to gain insight on how preceptors felt about their role and a preceptorship experience. To strengthen the validity of the questionnaire, an expert researcher acted as a friend/colleague. Thirty preceptors were chosen across three hospitals of one organization, where random and purposive sampling was used to obtain participants for this study. Five preceptors were interviewed due to the 37% response rate. The overall data analysis resulted in three themes: lack of

preparation for their role, expectations of a preceptor and how they perceive their role, and limitations and difficulties.

All the participants indicated that they received no formal training for their role and were not aware of any preceptorship programs offered within the organization. Because they were unaware of the preceptorship program, one participant felt that guidelines would be beneficial as well as annual updates and support sessions. Overall, all the participants perceived their role to be difficult due to the lack of knowledge and preparation as well as the lack of support from their manager.

The participants felt that their role of preceptor is a facilitator, mentor, support, guide, advisor, and role model. Preceptors felt that being a role model to students and being knowledgeable is the expectation of the role. Overall, the participants perceived support for the new nurse as being essential to preceptorship and the lack of support they receive for their role impacts their performance.

The participants felt that time devoted to precepting contributed to limitations in the preceptor role. Balancing the workload and having time to precept students effects their ability perform their job successfully. There should be time allotted to perform the preceptor role to help new nurses transition to practice and time allotted to care for patients. Not having enough time to teach students how to perform nursing care impacts quality patient care. Another limitation to the preceptor role was the lack of leadership support. Their lack of support and recognition for the role creates role ambiguity and no direction. Leadership feels that precepting should be incorporated into the workload and their lack of recognition for the role conflicts with time spent teaching and time spent performing patient care. If preceptors feel unsupported in their role, they are

unmotivated and dissatisfied with being preceptor, which causes difficulties in performing the role effectively.

Overall, the lack of preparation, expectations of the role, and limitations and difficulties impact how preceptors are able to carry out the role successfully. Perceptions of the preceptor role preparedness is an essential part of the role support and influences the whole preceptorship experience.

Zahner, Tipple, Rather, and Schendzielos (2009) conducted a pilot study assessing the possibility of using an online continuing education course to increase nurse preceptors' knowledge and self-efficacy. The method used was a one-group pre-test/post-test repeated measures design. Prior to the course, an electronic survey was given to assess knowledge and self-efficacy. After the course, knowledge and satisfaction assessments were given within the course. A follow-up electronic survey was also given to assess knowledge retention and change in self-efficacy. The research protocol was reviewed by the University of Wisconsin-Madison IRB. Of the 90 invited, 13 completed the pre-course survey, the nine module quizzes, and the follow-up survey. Paired sample *t* tests were used to compare knowledge prior to the course, after the course, and the follow-up. They were also used this to compare self-efficacy prior to the course and as a follow-up. There was no change in self-efficacy ratings. The results indicated that the pilot study participants increased their knowledge of concepts related to precepting student nurses and satisfaction of the online modules were achieved.

Overall, the online continuing education course created for preceptors was an acceptable method of learning and supported the education needed to prepare preceptors

for their role. A larger study would need to be conducted to determine the effectiveness of the retention of course knowledge and improved self-efficacy.

Trede et al. (2015) conducted a scoping review to investigate literature about preceptors' experiences of supervising students and their perceptions of a workplace environment that promotes effective preceptorship, conducive to student learning. Reviewing the literature guided the research question: What is known about how undergraduate nursing student preceptors' supervision practices are conceptualized and perceived from the perspective of the preceptor and the scholar who research preceptorship? This scoping review allowed the researchers to gather, summarize, and chart literature as well as review various types of study designs regarding this topic. The researchers adopted Arskey and O'Malley's methodological framework and five stage approach, which included isolating the research question, designing identification of applicable studies, developing a search method to select studies, mapping the data, and gathering, summarizing and reporting results. Out of the 71 articles identified, 65 reviewed using a scoping table, only 25 met all the criteria pertaining to preceptorship to answer the research questions. These studies took place in various countries, such as Australia, Botswana, Cameroon, Canada, Finland, Honduras, Ireland, New Zealand, Sweden, and the United States. From the research question, the researchers developed four analysis questions, which are as follows:

1. How do the articles conceptualize preceptorship?
2. What pedagogical frameworks are used to understand preceptorship?
3. What are the messages for preceptorship practices?
4. What are the recommendations for future research?

Based off of the analysis questions, this was further categorized into four sections, role conceptualizations, pedagogical frameworks, messages about preceptoring, and recommendations for further research.

With role conceptualizations of preceptorship, this was viewed as a strategy to help prepare students for the transition to practice and integrate theory learned in the academic setting with the clinical practice setting. Overall, preceptorship was viewed as engaging and rewarding, where students gained new knowledge and are prepared for the reality of practice. The pedagogical framework for preceptorship viewed the professional attributes and characteristics of preceptors. Preceptors were viewed as educators and protectors, where they help students reflect on the importance of practice, enhance communication skills and nursing theory. The messages about precepting were reviewed and focus was placed on the importance of the student-preceptor relationship and promoting a safe, supportive learning environment. Preceptors felt prepared when they were able to provide this for students; however, workloads, lack of structure, lack of role clarity, and insufficient formal training were found to be constraints of preparedness for the preceptor role. Recommendations for further research was rarely discussed in the literature reviewed. Three studies offered research recommendations that focused on further exploration of preceptoring from the perspective of the nurse preceptor.

Overall, there are limitations to a scoping review because it lacks research outcomes and quality of the review is questionable; however, the value identified current discussion on the research of preceptors and preceptorships.

Borch, Athlin, Hov, and Duppils (2012) conducted a descriptive and comparative study that investigated the preceptors' views on their own ability and satisfaction in the

preceptor role before and after group supervision during one year and the perception of the supervision model used. The supervision model was group reflection sessions among preceptors' experiences that emphasized voluntariness, continuity, confidentiality, responsibility, willingness to self-development, climate factors of genuineness, acceptance, empathy, support, trust and challenge regarding the preceptor role. Forty-five preceptors participated in the study. There were two questionnaires used in the study to measure baseline and follow-up. The baseline questionnaire measured the views of preceptors on their ability to fulfill the requirements from the nursing college and satisfaction in the role related to academic nursing education. The follow-up questionnaire measured the same information in the baseline questionnaire as well as structure and climate factors in the group supervision model used. The baseline questionnaires were answered before the first supervision session and the follow-up questionnaires were answered after the last group session. The study was approved by the heads of the four collaborating institutions and employers of the preceptors. Participants in the study gave oral and written informed consent. The data was analyzed using the software StatView 5.0 and p-value ≤ 0.05 was considered statistically significant. The results revealed that preceptors were content with their skills and knowledge to supervise students both before and after participating in group supervision. They felt that the group supervision developed their ability to supervise students and promoted personal development. The group supervision contributed to changes in their daily supervision of students. Reflecting on their own experiences amongst a group setting provided them with support.

Overall findings suggested significantly more preceptors felt secure in the preceptor role after taking part in group supervision. They gained new insight regarding the preceptor role and how to carry it out. Group supervision was a great way to aid in preceptor preparedness and allowed preceptors to feel confident to function in the preceptor role.

Empowerment of the Preceptor Role

Martensson et al. (2012) conducted a study on the structural conditions and professional aspects of nurse preceptors' perceptions of their performance and the validity and reliability of the questionnaire used to evaluate these perceptions. The theoretical framework used in this study was Rosabeth Kanter's Theory of Structural Empowerment. Based off of this framework, the research hypothesized, if nurses that have access to power structures their self-reported performance as preceptors consequently will increase. The study used a correlational design, where total population sampling was used to obtain the participants. The population consisted of nurses working at hospitals run by one county council district in central Sweden. Out of the 1,720; 323 nurses fulfilled the inclusion criteria, and the findings are based off of 243 subjects. The data was collected using a questionnaire developed by Hallin and Danielson (2009), which is a 35 item questionnaire that measured background information and 53 items that measured the structural conditions related to the perceptions and function as preceptor. The data was analyzed using PASW statistics version 18. The reliability coefficient was measured using Cronbach's alpha. Ethical considerations were taken and the participants received information regarding the aim of the study. Participation was voluntary and

confidentiality was ensured. The study was approved by the Regional Ethical Review Board in Uppsala.

Overall, Kanter's theory influenced the perceptions of the preceptor role. Nurses felt that structural conditions, such as feedback and support strengthened the perception of their performance as preceptors.

Watkins, Hart, and Mareno (2016) conducted a prospective, cross-sectional, descriptive research study used to examine the relationships between new licensed registered nurses (NLRN) perceptions of preceptor role effectiveness, psychological empowerment, and professional autonomy. The research questions used for this study is as follows,

1. What is the perceived level of preceptor role effectiveness among NLRNs?
2. What is the perceived level of psychological empowerment and professional autonomy among NLRNs?
3. What are the relationships between NLRNs' perceived preceptor role effectiveness and perceived levels of psychological empowerment and professional autonomy?

A convenience sample was taken that consisted of graduates from a BSN program that recently graduated, with inclusion criteria: (1) must be 18 years or older, (2) must be able to speak and read English, and (3) must be licensed as a registered nurse for 24 months or less. G Power software was used for adequate statistical power for data analysis. Ethical approval was obtained from the Institutional Review Board. A consent form was given to the participants explaining the study's purpose, participants' rights, time involved to complete the research instruments, and that the study was voluntary and

participants could withdraw at any time. Survey Monkey was used to collect the data, which included the consent form, demographic questionnaire, Preceptor Role Effectiveness Scale (PRES), Psychological Empowerment Scale (PES), and Schutzenhofer Professional Nursing Autonomy Scale (SPANS). Permission was given by the author to use. The Clinical Instructor Characteristics Ranking Scale (CICRS) was revised to examine preceptor role effectiveness among the NLRNs. Descriptive and inferential statistics were analyzed using SPSS for Windows Release 21.0. To determine the reliability coefficients, Cronbach's alpha was used and calculated the internal consistency reliability of the PRES, PES, and SPANS, p value of $\leq .05$ was considered statistically significant. Included in the data analysis were 69 questionnaires. The findings suggested that a high level of perceived preceptor effectiveness, psychological empowerment, and professional autonomy among the NLRNs were found. The NLRNs experienced positive effects of preceptorships, feelings of empowerment in the nursing profession, and autonomy in nursing role.

Overall, there are benefits of being supported in the preceptor role and areas of empowerment and encouragement effect NLRNs in their transition to practice, job satisfaction, work effectiveness, and nurse retention.

Sarmiento, Spence-Laschinger, and Iwasiw (2004) conducted a descriptive correlational survey design study to test the relationships between the theoretical model of structural empowerment, burnout, and work satisfaction. The theoretical framework used for this study is Kanter's Theory of Structural Empowerment. The theory states that workers are empowered when they perceive their work environment provides opportunity for growth and access to power needed to perform their job duties effectively. Without

opportunity or power, staff feel powerless, which causes burnout and job dissatisfaction. Based on Kanter's theory, the hypothesis developed was as follows: College nurse educators' perceptions of formal and informal power in the workplace are positively related to their perceptions of workplace empowerment. The participants of the study were nurse educators from a community college in Ontario. A power analysis for multiple regression was used to determine the sample size needed for the study. It was determined that a sample of 85 was required to achieve 80% power to identify a moderate effect size. Out of the 146 educators asked to participate in the study, 89 participated. The instruments used for the study were the Conditions of Work Effectiveness Questionnaire (CWEQ) to measure workplace empowerment structures (opportunity, information, support, and resources), the Job Activities Scale (JAS) to measure formal power, the Organizational Relationship Scale (ORS) to measure informal power, the Maslach Burnout Inventory Educator Survey (MBI-ES) to measure perceived frequency of emotional exhaustion, depersonalization, and personal accomplishment, and the Global Job Satisfaction Questionnaire to measure access to empowerment structures. Ethical approval was given to perform the study. The data was analyzed using SPSS version 10.0, using descriptive and inferential statistics. To test the hypothesis, multiple regression and Pearson product-moment correlation was analyzed as well. The results indicated that educators' perceptions of formal and informal power were related to perceived access to empowerment. The access to opportunity was found to be the most empowering aspect of the work environment; however, access to resources was less empowering. Their perception of workplace empowerment was significantly related to burnout and job satisfaction.

Overall, the findings suggested that Kanter's theory was supported. When staff has access to empowerment structures, such as information, opportunity, support, and resources positive effects occur. There were decreased feelings of burnout and increased job satisfaction. Educators are prepared in their role when they feel empowered by their organization and are given the tools necessary to perform their job duties effectively.

CHAPTER III

Methodology

Preceptors are essential to the orientation process and provides guidance and mentoring to new hires transitioning to their new role and new graduates transitioning to practice. They influence the success of the transitioning process that may impact nursing turnover and patient outcomes. Preceptors are viewed as clinically competent and skilled role models that enhance critical thinking and skill acquisition. Therefore, preceptors' role responsibilities and expectations must be clearly defined in order to feel prepared to function in the role effectively. The purpose of this study was to explore nurse preceptors' perceptions of the preceptor role.

Study Design

This is a descriptive quantitative and qualitative study design used to examine nurse preceptors' perception of preparedness in the preceptor role. This study will use an adapted version of Susan Boyer's tool, Evaluation of the Transition Program, to determine nurse preceptors' perceptions of preparedness in the preceptor role. Microsoft excel spreadsheet will be used to analyze the results of this study.

Setting and Sample

The setting for the study will take place at a 900 bed teaching hospital in North Carolina. A convenience sample of all nurse preceptors who are clinical nurse I, II, and IIIs will be used to obtain participants from the procedural service line. The procedural service line is comprised of several different units within this hospital organization that performs various procedures on patients, such as the vascular access team (intravenous catheter insertion), kidney dialysis unit, cardiac catheter lab, pain management clinic,

infusion therapy clinic, wound/ostomy care nursing team, radiology, and endoscopy. An estimated sample size is 40 RNs. Inclusion criteria is as follows: RN with at least one year of experience, has experience functioning in the preceptor role, has precepted at least one new hire, new grad, or nursing student, and works in the procedural service line. Any RN that did not meet the criteria was excluded from the study. A convenience sample was chosen because of the availability and location of the RNs needed to obtain participation for the study. The inclusion criteria were chosen because RNs with previous clinical experience as well as preceptor experience are the only individuals who will be able to determine their own perceptions of preparedness in the preceptor role. Exclusion criteria is as follows: nurses that hold leadership roles (administrators, nurse managers and clinical supervisors) and masters prepared nurses (clinical nurse leaders, clinical nurse specialists, service line educators, nurse practitioners, CRNAs, and nurse midwives). Exclusion criteria were chosen because nurses in the leadership role will be providing a list of preceptors on the unit and both leadership and masters prepared nurses have different precepting experiences, where they are in the position to obtain the resources they need.

Leadership (nurse managers and clinical supervisors) from the procedural service line will be contacted via email two weeks prior to when the study begins to discuss the purpose of the study and invite all RNs, within this service line that meet inclusion criteria to participate in taking a survey regarding their perceptions of preparedness in the role. RNs functioning in the preceptor role within this service line will also be informed of the study purpose and survey questionnaire via formal invitation letter. A list of preceptors from the service line leadership team will be obtained to determine the number

of invitations and surveys needed for distribution within the two weeks of contact. The invitations will be handed out during morning huddles one week prior to the study by the researcher and leadership team. Full disclosure of the study's purpose and details of the survey will initially be given to the leadership team and subsequently to RNs that a study is being performed and a survey questionnaire will be distributed regarding preceptor preparedness.

Design for Data Collection

After obtaining NSAC (Nursing Scientific Advisory Council) and IRB approval, a descriptive quantitative study will be initiated using a convenience sample. The sample will be recruited from RNs functioning in the preceptor role that meet the inclusion criteria from a 900 bed teaching hospital in North Carolina. A list of preceptors will be obtained from the leadership team of the procedural service line to determine the number of invitations and surveys needed for distribution. An anonymous survey questionnaire will be distributed to each unit within the procedural service line to determine preceptors' preparedness of the preceptor role.

The surveys will be made available to all preceptors for 14 days and completion of the survey questionnaire will be considered informed consent. The surveys will be available in paper copy form. There will be two large envelopes present, one containing individually enveloped surveys addressed to the researcher and one for submission. This will be placed in the unit's breakroom. Participation in this study is voluntary and surveys are to be submitted at the discretion of the participant; therefore, no potential risk for coercion or manipulation will occur. Once the participant has completed the survey, this will be placed back into the individual envelope, sealed by the participant and

submitted inside a larger folder. Instructions for survey completion and submission will be specified on both folders.

One week into the study, an in person reminder will be given to potential participants at morning huddles to maximize response rate and completed individually enveloped surveys, will be collected by the researcher and placed in a larger folder stored in a locked file cabinet. The surveys will be secured in a locked cabinet within a locked office until data analysis is ready to be conducted. The survey questionnaire data includes demographic information such as, facility, unit, role, number of years worked within the organization, and number of weeks given towards orientation for a new grad and a new hire. This also included questions to measure preceptor role preparedness, resources and tools, and the preceptor process within the organization. Responses from the survey questionnaire will be analyzed using Microsoft excel spreadsheet to determine preceptors' perceptions of preparedness.

Measurement Methods

Data was collected using a survey questionnaire tool authored by Susan Boyer entitled Evaluation of Transition Program. This tool was one of several survey questionnaires developed to test the Vermont Nurse Internship Project (VNIP). "The VNIP combined several data collection and analysis activities within one global research plan" (Boyer, 2009a, p. 3). "This is a successful, statewide, implementation project that develops and evaluates the initial competence of the new graduate, new to specialty nurse and re-entry program nurse (Boyer, 2009a, p. 3). "VNIP offers support to the preceptor and new professional by clearly defining roles, responsibilities, process, and consequences" (Boyer, 2009b, p. 1). A grant from the National Council of State Boards

of Nursing (NCSBN) was given to VNIP to perform the research. The Evaluation of Transition Program Survey was modified to measure the preceptor role instead of the program. The survey questionnaire headings and organization name were modified to specifically to meet the needs of the facility's participants. The modified survey is entitled Evaluation of the Preceptor Role/Process. The questions within the survey questionnaire remained the same and no modifications were made. Approval was given from the author to change survey questionnaire headings and title and was limited only to the organization for the purpose of the thesis topic. The survey questionnaire measured preceptors' perceptions of preparedness in the preceptor role. This is a self-reported 24 item questionnaire that used a 5-point Likert scale that rates responses from strongly disagree (1 point) to strongly agree (5 points), and N/A (not applicable). Within the survey, there were three subscales such as the preceptors' ability to develop new hires (items 1-12), resources and tools (items 13-16), and the preceptor process (items 16-24). The survey also provided additional comments that addressed barriers to success and potential solutions.

Reliability of the survey was measured using Cronbach's alpha, which measured the internal consistency of the scale. The scores ranged from -1 (no consistency) to 1 (high consistency (Boyer, 2009a). "The reliability is 0.954, but there was not a sufficient sample size to have confidence in the finding. The sample size was 72 and that is not sufficient for five to ten responses for each item on the scale (desired n=125 to 250)" (Boyer, 2009a, p. 10). To obtain validity the factor analysis approach was used because there were no other comparable scales. "The scales were developed by a group of nurse educators and managers in Vermont who know the state's nurses and who met to review

the national literature and to hone it to the nurses of Vermont" (p. 12). The nurses in Vermont were Associate Degree nurses from local programs, therefore, the planners knew the nurses and the educational preparation. "The Vermont Organization of Nurse Leaders (VONL) worked for four years to refine, test, and redefine their vision of the Preceptors' roles and responsibilities" (p. 12).

Data Collection Procedure

The purpose of the study and survey questionnaire will be explained to the leadership team (nurse managers and clinical supervisors) of the procedural service line via email two weeks prior to when the study begins. Within those two weeks, a list of nurse preceptors will be obtained by the leadership team of the procedural service line to determine the number of invitations and surveys needed for participants. Invitations will be distributed one week prior to the study during morning huddles by the researcher and leadership team of the procedural service line. Survey participation will be anonymous and voluntary. The surveys will be made available to the preceptors for 14 days. The surveys will be available via paper copy, individually enveloped and addressed to the researcher. There will be two large envelopes present, one containing the individually enveloped surveys addressed to the researcher and one for completed survey submission. This will be placed in the unit's breakroom. Once the participant has completed the survey, this will be placed back into the individual envelope, sealed by the participant and submitted inside a larger envelope. Instructions for survey completion and submission will be specified on both large envelops.

An in-person reminder will be given to potential participants one week after the study has begun and at that time, completed individually enveloped surveys will be

collected and stored in a large folder locked in a file cabinet. At the end of 14 days, the remaining completed surveys will be collected from each unit of the procedural service line by the researcher and stored for data analysis.

Protection of Human Subjects

Approvals from the NSAC and IRB of the facility as well as the IRB for the university were granted approval for the study. Completion of the survey questionnaire implied consent by the preceptors. Signed consent was not required to participate in the study. RNs were informed prior to distributing the survey that their participation was voluntary. They were also informed that they will not be penalized for non-participation.

Data Analysis

Microsoft excel spreadsheet will be used to measure the perception of preparedness in the preceptor role. Before analysis is performed, all data points will be examined for missing values and if any missing data points are found, it will be noted. Descriptive statistics will be measured in this study to determine the number of strongly disagrees to strongly agrees. The results will determine how preceptors perceive role preparedness. The distribution of responses will be shown using a bar chart. To test the research question: What are nurse preceptors' perceptions of preparedness in the preceptor role, descriptive statistics will be used. The questions regarding barriers to the preceptor role and potential solutions are qualitative data. This data will be collected by determining common responses of the two questions, made by the preceptors and developing main themes from the responses.

CHAPTER IV

Results

Preceptors impact the transition of new graduates and new hires to practice. They are knowledgeable and competently skilled nurses that influence the success of these nurses to their role. Preceptors play an essential part in retention and turnover and the overall experience perceived by the new graduate or new hire determines the quality of care given to patients. They enhance critical thinking skills and rational decision making to ensure quality outcomes. Due to the significance of their role, preceptors must be given the resources and tools, support of their leadership, as well as opportunities for growth and development needed to function in the role of preceptor successfully. The preceptor role must have distinct role expectations in order to feel prepared. The purpose of this MSN thesis was to explore the preceptors' perception of preparedness in the preceptor role.

Sample Characteristics

A convenience sample of clinical nurse I, II, and IIIs was used to obtain participants within the procedural service line (vascular access team (intravenous catheter insertion), kidney dialysis unit, cardiac catheter lab, pain management clinic, infusion therapy clinic, wound/ostomy care nursing team, radiology, and endoscopy). A list of preceptors was obtained from the leadership team of the procedural service line to determine the number of surveys needed for distribution. Out of the eight units within the procedural service line that were eligible to participate, six units agreed to participate. The kidney dialysis unit and the infusion therapy clinic leadership team opted their preceptors out of participating. There were 15 preceptors from the vascular access team

and out of the 15, only 12 completed the survey. There were nine preceptors from the cardiac catheter lab and out of the nine, only two completed the survey. There were three pain management clinic preceptors and out of the three, only two completed the survey. There were five preceptors from the wound/ostomy care nursing team and out of the five, only three completed the survey. There were three preceptors from radiology and out of the three, only one completed the survey. There were eight endoscopy preceptors and out of the eight, only one completed the survey. From the potential sample size of 43 participants within the procedural service line, excluding the kidney dialysis unit and the infusion therapy clinic, a total of 21 preceptors participated in the study and completed the survey. Demographic information collected from the sample included the following: facility, role, unit, length of time in organization, and expected length of time given towards orientation for a new graduate and a new hire. Table 1 contains the number of participants' length of time worked within the organization.

Table 1

Sample Demographic for Survey Participants

Facility	Number of participants	Total number of participants	Percentage of participants
Main	19	21	90.50%
Pain Management Clinic	2	21	9.50%
Role			
RN	18	21	87.70%
WOCN	3	21	14.30%
Unit			
Cardiac Catheter Lab	2	21	9.50%
Endoscopy	1	21	4.80%
Pain Management Clinic	2	21	9.50%
Radiology	1	21	4.80%
Vascular Access Team	12	21	57%
Wound/Ostomy Care Team	3	21	14.30%
Length of time in organization			
< 1 yr	2	21	9.50%
1-5 yr	1	21	4.80%
6-10 yr	3	21	14.30%
11-15 yr	4	21	19.00%
> 15 yr	11	21	52.40%

From the demographic information collected regarding the number of weeks given towards orientation for a new graduate and a new hire, Table 2 contains the unit where the participants are from and the expected length of time.

Table 2

Sample Demographic of Unit Expected Length of Time for Orientation

Unit	Expected length of time for orientation of new graduate	Expected length of time for orientation of new hire
Cardiac Catheter Lab	16 weeks	12 weeks
Endoscopy	No new graduates	8 weeks
Pain Management Clinic	No new graduates	6 weeks
Radiology	No new graduates	6 weeks
Vascular Access Team	No new graduates	6 weeks
Wound/Ostomy Care Team	No new graduates	6 weeks

Major Findings

The "Evaluation of Transition Program" survey questionnaire tool authored by Susan Boyer was modified with the new title, "Evaluation of the preceptor role/process" and new headings, "The preceptor role allowed me to develop the new hire's ability to…," "The resources and tools helped me to…," and "The preceptor process…," address the research question of: What are nurse preceptors' perceptions of preparedness in the preceptor role? The survey questionnaire consists of three subscales: the preceptors'

ability to develop new hires (items 1-12), resources and tools (items 13-16), and the preceptor process (items 17-24). The survey also provided additional comments that addressed barriers to success and potential solutions. The tool consists of 24 questions that uses a 5-point Likert scale that rates responses from strongly disagree (1 point) to strongly agree (5 points), and N/A (not applicable). Each subscale was analyzed using descriptive statistics to determine the percentage of strongly disagrees to strongly agrees. The number of strongly disagrees to strongly agrees will determine how preceptors perceive role preparedness. Figures 2-4 illustrate statistical analysis of each subscale.

In subscale one, "The preceptor role allowed me to develop the new hire's ability to…" there are 12 items (items 1-12) pertaining to the preceptor's role and the ability to develop the new hire with a total of 21 responses per item. Item one, "work effectively with co-workers," has 12 strongly agree (57%), seven agree (33%), two neutral (9.5%), zero disagrees (0%), zero strongly disagree (0%), and 0 not applicable (0%). Item two, "polish interviewing techniques," has five strongly agree (23.8%), four agree (19%), six neutral (28.6%), three disagree (14.3%), one strongly disagree (4.8%), and two not applicable (9.5%). Item three, "engage in proper discharge management," has nine strongly agree (42.9%), four agree (19%), four neutral (19%), one disagree (4.8%), zero strongly disagree (0%), and three not applicable (14.3%). Item four, "document in a complete and effective manner," has 17 strongly agree (81%), three agree (14.3%), one neutral (4.8%), zero disagree (0%), zero strongly disagree (0%), and zero not applicable (0%). Item five, "complete procedures according to protocol," has 17 strongly agree (81%), three agree (14.3%), one neutral (4.8%), zero disagree (0%), zero strongly disagree (0%), zero not applicable (0%). Item six, "manage time and task efficiently,"

has 16 strongly agree (76.2%), three agree (14.3%), two neutral (9.5%), zero disagree (0%), zero strongly disagree (0%), zero not applicable (0%). Item seven, "engage practical judgment in clinical care management," has 13 strongly agree (62%), seven agree (33.3%), one neutral (4.8%), zero disagree (0%), zero strongly disagree (0%), and zero not applicable (0%). Item eight, "apply clinical problem solving skills," has 14 strongly agree (66.7%), seven agree (33.3%), zero neutral (0%), zero disagree (0%), zero strongly disagree (0%), zero not applicable (0%). Item nine, "develop critical thinking capability," has 14 strongly agree (66.7%), six agree (28.6%), one neutral (4.8%), zero disagree (0%), zero strongly disagree (0%), and zero not applicable (0%). Item 10, "assume responsibility for complete patient care," has 13 strongly agree (62%), four agree (19%), one neutral (4.8%), one disagree (4.8%), zero strongly disagree (0%), and two not applicable (9.5%). Item 11, "manage a multi-patient assignment," has 11 strongly agree (52.4%), four agree (19%), one neutral (4.8%), one disagree (4.8%), zero strongly disagree (0%), and four not applicable (19%). Item 12, "identify normal from abnormal patho-physiology of disease," has 10 strongly agree (47.6%), nine agree (43%), zero neutral (0%), one disagree (4.8%), zero strongly disagree (0%), and one not applicable (4.8%).

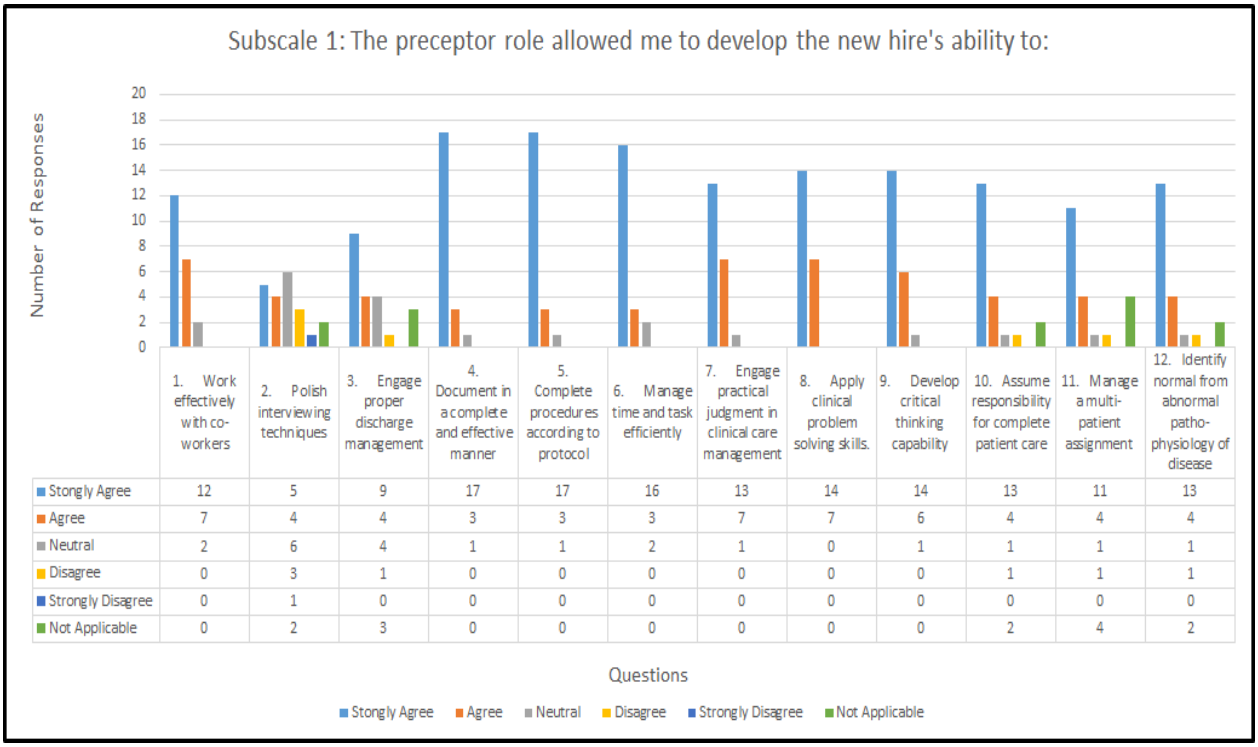


Figure 2. Subscale 1.

In subscale two, "The resources and tools helped me…" there are four items (items 13-16) pertaining to the resources and tools used to help preceptors function in the role effectively with a total of 21 responses per item. Item 13, "tailor experiences to meet the new hire's learning needs," has 12 strongly agree (57%), five agree (23.8%), four neutral (19%), zero disagrees (0%), zero strongly disagree (0%), and zero not applicable (0%). Item 14, "evaluate the new hire's capability and competence objectively," has 14 strongly agree (66.7%), five agree (23.8%), two neutral (9.5%), zero disagrees (0%), zero strongly disagree (0%), and zero not applicable (0%). Item 15, "provide constructive feedback to the new hire," has 17 strongly agree (81%), four agree (19%), zero neutral (0%), zero disagrees (0%), zero strongly disagree (0%), and zero not applicable (0%). Item 16, "develop a focused individualized teaching plan for new hire," has 14 strongly

agree (66.7%), six agree (28.6%), zero neutral (0%), zero disagrees (0%), one strongly disagree (4.8%), and zero not applicable (0%).

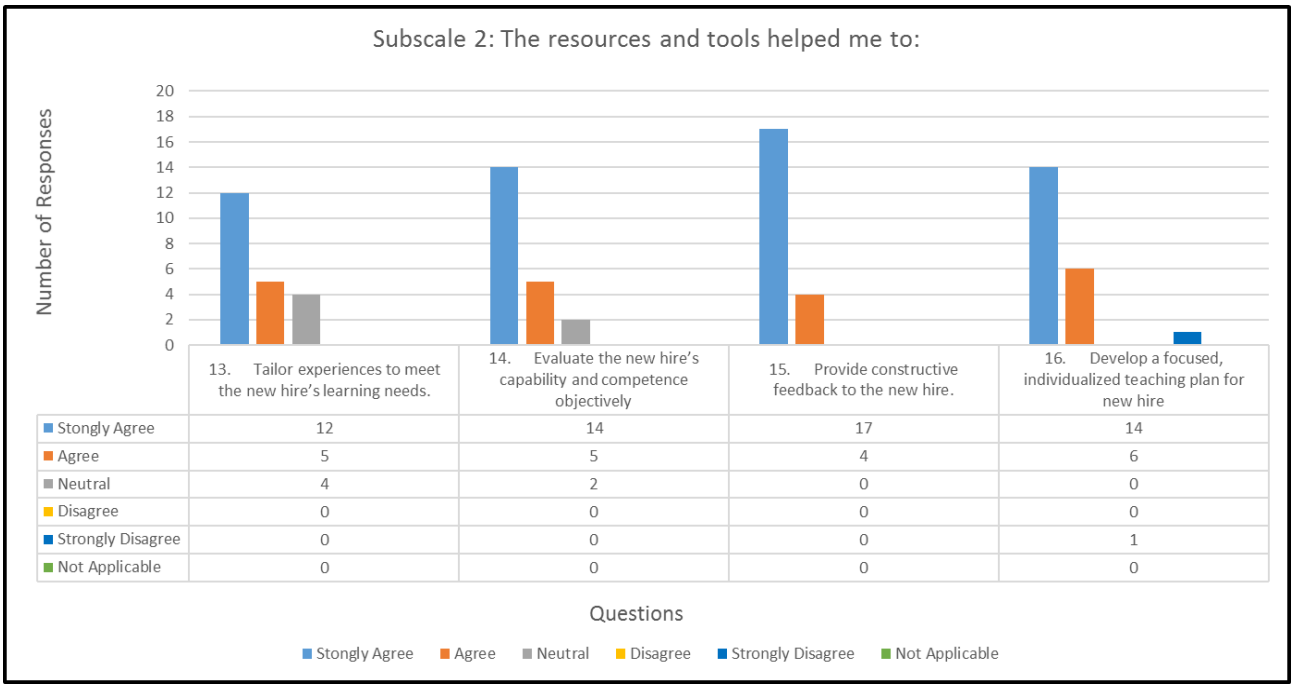
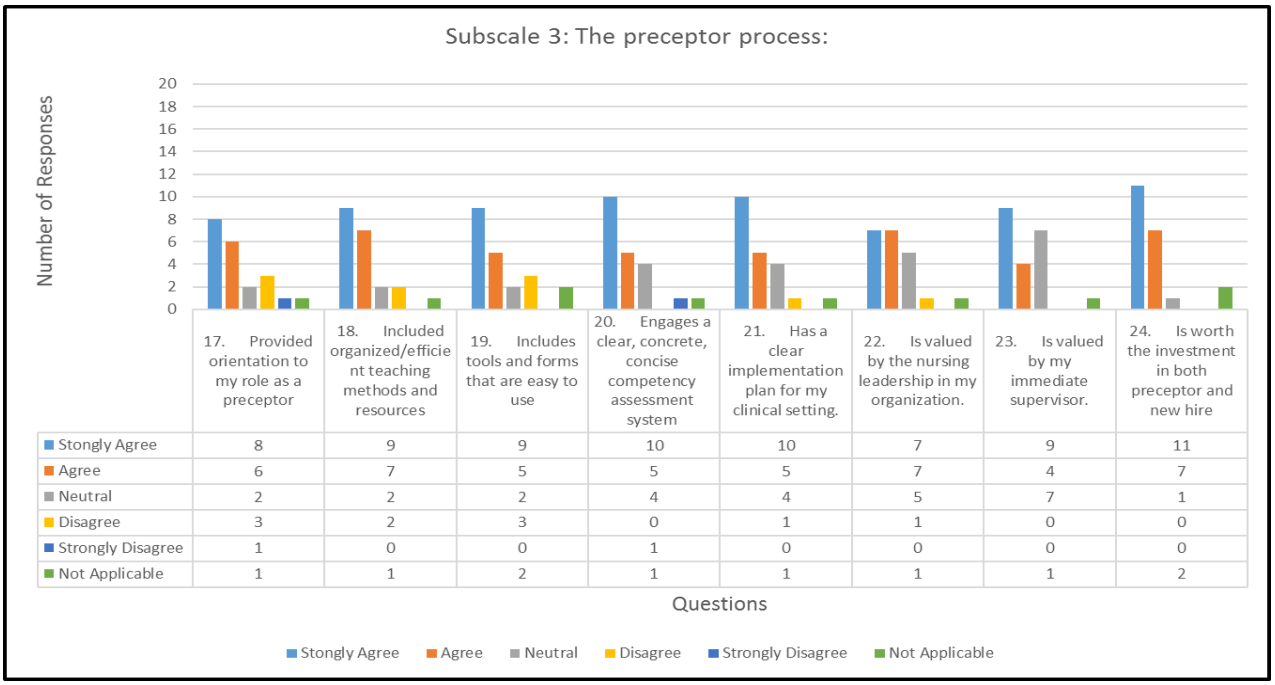


Figure 3. Subscale 2.

In subscale three, "The preceptor process …" there are eight items (items 17-24) pertaining to the preceptor process and how the process aided in the preparation of preceptors' ability to function in the role effectively with a total of 21 responses per item. Item 17, "provided orientation to my role as preceptor," has eight strongly agree (38%), six agree (28.6%), two neutral (9.5%), three disagree (14.3%), one strongly disagree (4.8%), and one not applicable (4.8%). Item 18, "included organized/efficient teaching methods and resources," has nine strongly agree (42.9%), seven agree (33%), two neutral (9.5%), two disagrees (9.5%), zero strongly disagree (0%), and one not applicable (4.8%). Item 19, "includes tools and forms that are easy to use," has nine strongly agree

(42.9%), five agree (23.8%), two neutral (9.5%), three disagrees (14.3%), zero strongly disagree (0%), and one not applicable (4.8%). Item 20, "Engages a clear, concrete, concise competency assessment system," has 10 strongly agree (47.6%), five agree (23.8%), four neutral (19%), zero disagrees (0%), one strongly disagree (4.8%), and one not applicable (4.8%). Item 21, "Has a clear implementation plan for my clinical setting," has 10 strongly agree (47.6%), five agree (23.8%), four neutral (19%), one disagrees (4.8%), zero strongly disagree (0%), and one not applicable (4.8%). Item 22, "Is valued by the nursing leadership in my organization," has seven strongly agree (33%), seven agree (33%), five neutral (23.8%), one disagree (4.8%), zero strongly disagree (0%), and one not applicable (4.8%). Item 23, "Is valued by my immediate supervisor," has nine strongly agree (42.9%), four agree (19%), seven neutral (33%), zero disagrees (0%), zero strongly disagree (0%), and one not applicable (4.8%). Item 24, "Is worth the investment in both preceptor and new hire," has 11 strongly agree (52.4%), seven agree (33%), one neutral (4.8%), zero disagrees (0%), zero strongly disagree (0%), and two not applicable (9.5%).



	17. Provided orientation to my role as a preceptor	18. Included organized/efficient teaching methods and resources	19. Includes tools and forms that are easy to use	20. Engages a clear, concrete, concise competency assessment system	21. Has a clear implementation plan for my clinical setting.	22. Is valued by the nursing leadership in my organization.	23. Is valued by my immediate supervisor.	24. Is worth the investment in both preceptor and new hire
Stongly Agree	8	9	9	10	10	7	9	11
Agree	6	7	5	5	5	7	4	7
Neutral	2	2	2	4	4	5	7	1
Disagree	3	2	3	0	1	1	0	0
Strongly Disagree	1	0	0	1	0	0	0	0
Not Applicable	1	1	2	1	1	1	1	2

Figure 4. Subscale 3.

At the end of the survey questionnaire, participants were given additional questions regarding barriers to the preceptor role and potential solutions. This section allowed the participants to add comments. Both, barriers to the preceptor role and potential solutions, had the same common views. There were three themes developed from both barriers to the preceptor role and potential solutions. These themes are resources, collaboration, and opportunities.

Time

Having adequate time is essential to functioning in the role of preceptor effectively. Time spent on performing preceptor duties and adequate staffing is key to function in the role successfully. One participant stated, “having time to precept a new hire is one of the main barriers to my preceptor role and being staffed appropriately on preceptor days would be a solution to my problems.” Another participant stated, “lack of

planning for the teammate due to staffing levels, causes a strain between me being prepared and the teammate performing the job duties successfully. To solve the problem, I should meet the new teammate at least a week prior to coming so we can discuss the plan for orientation. Staffing should be addressed with my manager at this time too." Expecting preceptors to meet the demands of the role can cause difficulty if they are not given the appropriate time to plan for orientation and/or if the unit is inadequately staffed to meet patient care needs as well as learner needs.

Collaboration

Collaborating with members of the nursing care team, allows preceptors to feel supported by the team to meet the new hire's learning needs. This allows the new hire to feel supported as well, which will essentially enhance critical thinking and improve patient outcomes. One participant states, "the lack of collaboration with others causes a barrier to my success, but the solution would be to ensure close relationships and interactions with the charge nurse to improve the flow on the unit." Another participant stated, "allow preceptor to collaborate with educator in developing a plan for orientee at the beginning and throughout, making adjustments as seen fit." Collaborating ensures preceptor empowerment in order for them to feel prepared to meet role expectations and responsibilities.

Opportunities

Opportunities refers to two different points; being given the ability to develop preceptor skills through continuing education and/or educating staff via seminars or formal orientation. One participant stated, "new hire RNs should have the opportunity to have teammates speak at nursing orientation to provide clear expectations of processes in

order to ensure a smooth outcome." Therefore, the barrier to success is the lack of opportunities and the solution is to speak at nursing orientation. Another participant stated, "I would like more training because that is a barrier to my success as well as the solution to the preceptor role success." One more participant stated, "we should have ongoing education or forums to meet other preceptors to discuss best practices so we can optimize the demands of the role." Being given the opportunities to prepare for the preceptor role is twofold, developing one's own learning as well as being given the chance to develop someone else's learning.

Summary

The purpose of this MSN thesis was to explore preceptors' perceptions of preparedness in the preceptor role to determine whether they are appropriately functioning in the role effectively. Microsoft Excel was the spreadsheet used to analyze the data obtained from the survey questionnaire used to determine the preceptors' perception of preparedness. Findings of the study indicated that majority of the preceptors strongly agreed and agreed with the items listed in all three subscales. There were minimal disagree and strongly disagree responses from the participants in all three subscales, as well.

CHAPTER V

Discussion

In the study, results demonstrated that the majority of participants strongly agreed/agreed with the items listed in all three subscales of the survey questionnaire used to answer the research question: What are preceptors' perceptions of preparedness in the preceptor role? The purpose of this study was to explore preceptors' perceptions of preparedness in the preceptor role. Literature suggests that preceptors must feel prepared to function in their role effectively. Mantzorou (2004) stated, "preparation of the preceptor role needs attention to ensure its effectiveness." "Dedicated and competent preceptors are vital to the success of healthcare organizations and to the retention of nurses in the profession" (Trede et al., 2015, p. 269). Therefore, preceptors are an integral part of the orientation process and they must feel prepared to function in the role successfully.

Implications of Findings

Preceptor preparedness is key for new hires' professional development or new graduate nurses' successful transition to practice. The qualitative findings of this study suggests that preceptors feel prepared to function in the role successfully, with the support of the organization's leadership. The preceptors strongly agreed/agreed in all three subscales of the survey questionnaire that the role has allowed them to develop the new hires' abilities, the resources and tools aided in their success in the role, and the preceptor process is effective within the organization. Overall for subscale one (items 1-12), the results show that preceptor's feel that the role has allowed them to develop the new hire, which shows that they feel the role prepared them to effectively aid in the new

hire's transition to practice. According to Haggerty et al. (2012), "The role of the preceptor is seen as pivotal in bridging the theory-practice gap, supporting new graduate socialization, increasing new hire and graduate levels of confidence in practice and promoting job satisfaction" (p. 30). Overall for subscale two (items 13-16), the results show that preceptors feel that the resources and tools allowed them to develop the new hire, which shows that they feel the resources and tools prepared them to effectively aid in the new hire's learning needs. "Role preparation and adequate resources have all been found to positively affect development of confidence, competence and critical thinking ability" (p. 31). Overall for subscale three (items 17-24), the results show that preceptors feel that the process has allowed them to function in the role of preceptor effectively, which shows that the process within this organization prepares preceptors appropriately with the support of its leadership team. According to Panzavecchia and Pearce (2014), "Preceptorship is widely acknowledged as a positive process but it must be delivered effectively and within a framework for both preceptors and preceptees to work within in order for it to have any real benefit" (p. 1120). "Barriers to effective preceptorship is inadequate preparation and support for preceptors. Providing appropriate support to the preceptor can enhance success, if they feel unsupported they can become demotivated and dissatisfied thus less effective in their role" (p. 1120).

The qualitative data taken from the survey questionnaire addressed the barriers to success and the potential solutions in response to the barriers. There were three main themes taken from these questions; time, collaboration, and opportunities. The theme of time suggested that adequate time should be given to both the preceptor and preceptee to allow the appropriate training and advancement of skill acquisition and critical thinking.

In addition, the unit must be appropriately staffed along with being given sufficient time. Staffing the units with the ample staff, enhances preceptees' ability to learn as well as achieve their roles expectations. The theme of collaboration suggested that the preceptor partner with other members of the team to ensure an efficient preceptorship experience. Building relationships will aid in the increased support of the nursing team, which will help the preceptor feel more empowered in his/her role. The theme of opportunities suggested that the preceptor be given the opportunity to advance learning by attending courses or seminars to achieve the preceptor role's expectations as well as being given the opportunity to educate others in formal orientation or education courses. "Educational support and preparation is required for preceptors to carry out their role effectively" (Panzavecchia and Pearce, 2014, p. 1120).

As discussed in previous literature, preceptors feel prepared in their role if there are clearly defined expectations, adequate time given to the learner, opportunities for preceptor development, staff and organizational support, and appropriate resources and tools. Haggerty et al. (2012) states, "Effective preceptorship can be adversely affected by a lack of education, limited skills and motivation, hasty selection processes, unclear structures and processes, as well as a lack of support and recognition for the role" (p. 31). The survey questionnaire explored the perceptions of preparedness and the findings revealed that preceptors within the organization feel prepared to function in their role effectively.

Application of Theoretical/Conceptual Framework

The theoretical framework used for the study was Kanter's Theory of Structural Empowerment. This framework provided the theoretical foundation for this MSN thesis.

According to Orgambidez-Ramos and Borrego-Ales (2014), "Kanter's Theory of Structural Empowerment provides a framework for understanding empowering workplaces and empowered employees" (p. 28). The success of the preceptor is dependent upon on his/or her perceptions of the role along with feeling empowered to perform the role successfully. In order for preceptors' to feel empowered, they must be given the opportunity, resources, information, and support to meet the role's expectations.

Opportunity refers to the growth and development of the preceptor as well as the opportunity to increase knowledge, critical thinking, and skill acquisition. The findings suggested that the theme of opportunities were barriers as well as solutions to thrive in the preceptor role. Resources refers to the tools and time required to efficiently meet the learning needs of the preceptee along with the preceptor duties. The findings suggested that the preceptors strongly agreed/agreed that they were given adequate resources and tools; however, the theme of time was indicated as a barrier as well as a solution to the success of the preceptor role. Information refers to the actual role responsibilities and expectations that may include guidelines, policies, and job description. The findings suggested that the information given to the preceptor was sufficient enough to enhance the new hire's abilities as well as provide a clear, concise implementation of the preceptor process. Support refers to receiving feedback and guidance from nursing leadership, peers, subordinates, the organization. The findings suggested that the preceptors strongly agreed/agreed that the nursing leadership and the immediate supervisor valued the role. The theme of collaboration was a barrier and solution to the

success of the role as well. Collaborating with the nursing team enhances unit morale and staff interactions.

Empowerment benefits the organization because the preceptor feels prepared to perform the role's duties efficiently and effectively. This impacts new hire and new graduate retention, critical thinking skills, and patient outcomes. Preceptors' perceptions of preparedness in their role weighs heavily on their commitment to role responsibilities.

Limitations

Limitations of this study were the small sample size of the procedural service, which only included six out of the eight units within the service line. Although the eligible preceptors were invited to participate in the survey, less than half of the participants responded, which limited the analysis of the data collected. The responses from the survey were similar from all units, which also limited the analysis of the data collected. The survey was distributed during a time that all nurses were being trained to chart on a different computer system, which increased stress levels and shifted the attention away from the study. The preceptors were intensely concentrated on learning a new computer charting system. Lastly, the length of time given to complete the surveys was limited to 14 days, affecting the number of preceptors completing the responses to the survey questionnaire.

Implications for Nursing

This study explores nurse preceptors' perceptions of preparedness in the preceptor role. They must feel prepared to function in the preceptor role effectively. Healthcare is ever changing, where the rate of therapies and treatments are increasing to meet the demands of the patient. Therefore, the nurses caring for these patients, must be

knowledgeable and competent. Nurse preceptors are viewed as competent educators and to appropriately train new hires and new graduate nurses, their perceptions of preparedness is an essential part of a new hire's and new graduate nurse's development. If given the appropriate foundation and adequate resources, they will meet learner needs, enhancing job satisfaction, and overall quality patient outcomes. This study can be used to explore future nurse preceptor perceptions throughout the entire organization to ensure their preparedness in the role in conjunction with patient outcomes.

Recommendations

Recommendations for the future endeavors related to this study include a larger scale study implemented throughout the facility including all service lines instead of using just one. Research on the topic of nurse preceptors' perceptions of preparedness in the preceptor role continues to show that preparation involves defined expectations, adequate time and additional staffing, role support, appropriate resources and tools, as well as ongoing education that benefit the preceptor's effectiveness and value. Another recommendation would be to compare both preceptor perceptions of preparedness with the perceptions of the preceptee to determine whether the preceptors' perceptions complement the preceptees' learning needs and perceptions. One more recommendation would be to personally deliver the survey to the individual participant.

Conclusion

Preceptor perceptions of preparedness is proved to be an essential part of the orientation process. Preceptors influence the nursing turnover rate, nurse retention, and overall patient outcomes. The role requires clearly defined expectations and responsibilities, support, adequate resources and tools, and opportunity for individualized

preceptor role development. This study shows that with the appropriate tools, preceptors will feel prepared to function in the role effectively.

The analysis provides valuable information for organizations that are considering implementing a formal preceptorship program or considering improving upon their own preceptor process. This MSN thesis provides evidence that the perceptions of preceptor preparedness in the preceptor role enhances the ability to develop the new hire's abilities and creates a sense of empowerment if given the opportunity, adequate resources, the necessary information, and support.

References

Aaron, C.S. (2011). The positive impact of preceptors on recruitment and retention of RNs in long-term care: A pilot project. *Journal of Gerontological Nursing 37*(4), 48-54.

American Association of Colleges of Nursing (AACN). (2014). Nursing shortage fact sheet. Retrieved from http://aacn.nche.edu.

Borch, E., Athlin, E., Hov, R., & Duppils, G.S. (2012). Group supervision to strengthen nurses in their preceptor role in the bachelor nursing education: Perceptions before and after participation. *Nurse Education in Practice 13*(2013), 101-105. Retrieved from http://dx.doi.org/10.1016/j.nepr.2012.07.009.

Bourbonnais, F.F., & Kerr, E. (2007). Preceptoring a student in the final clinical placement: Reflections from nurses in a canadian hospital. *Journal of Clinical Nursing* 1543-1549. doi: 10.1111/j.1365-2702.2006.01828.x.

Boyer, S. (2009a). VNIP Research Plan. Retrieved from http://vnip.org/resources.html.

Boyer, S. (2009b). VNIP Network Grant Publishing.

Chang, C.C., Lin, L.M., Chen, I.H., Kang, C.M., & Chang, W.Y. (2014). Perceptions and experiences of nurse preceptors regarding their training courses: A mixed method study. *Nurse Education Today 35*(2015), 220-226. Retrieved from http://dx.doi.org/10.1016/j.nedt.2014.08.002.

Eley, S.M. (n.d.). The power of preceptorship. Retrieved from http://rnjounal.com/journal-of-nursing/the-power-of-preceptorship.

Gomes, M., Higgins, A.L., Butler, R., Farzaneh, J.R., & Secours, B. (2009). Anatomy of a staged orientation process. *Journal of Emergency Nursing 35*(6), 575-579.

Haggerty, C., Holloway, K., & Wilson, D. (2012). Entry to nursing practice preceptor education and support: Could we do it better? *Nursing Praxis in New Zealand, 28*(1), 30-39.

Hallin, K., & Danielson, E. (2008). Being a personal preceptor for nursing students: Registered nurses' experiences before and after introduction of a preceptor model. *Journal of Advanced Nursing 65*(1), 161-174. doi:10.1111/j.1365-2648.2008.04855x.

Horton, C.D., DePaoli, S., Hertach, M., & Bower, M. (2012). Enhancing the effectiveness of nurse preceptors. *Journal of nurses in professional development 28*(4), e1-e7.

Kang, C.M., Chiu, H.T., Lin, Y.K., & Chang, W.Y. (2015). Development of a situational initiation training program for preceptors to retain graduate nurses: Process and initial outcomes. *Nurse Education Today 37*(2016), 75-82.

Larkin, M.E., Cierpial, C.L., Stack, J.M., Morrison, V.J., & Griffith, C.A. (2008). Empowerment theory in action: The wisdom of collaborative governance. *The Online Journal of Issues in Nursing 13*(2). Retrieved from http://www.nursingworld...

Lee, T.Y., Tzeng, W.C., Lin, C.H., & Yeh, M.L. (2009). Effects of a preceptorship programme on turnover rate, cost, quality and professional development. *Journal of Clinical Nursing 18,* 1217-1225.

Mantzorou, M. (2004). Preceptorship in nursing education: Is it a viable alternative method for clinical teaching? *Icus Nurs Web 19,* 1-10.

Martensson, G., Engstrom, M., Mamhidir, A.G., & Kristofferzon, M.L. (2012). What are structural conditions of importance to preceptors' performance? *Nurse Education Today 33*(2013), 444-449. doi: 10.1016/j.nedt.2012.04.015.

Muir, J., Ooms, A., Tapping, J., Maran, D.M., Phillips, S., & Burke, L. (2013). Preceptors' perceptions of a preceptorship programme for newly qualified nurses. *Nurse Education Today 33*(2013), 633-638. Retrieved from http://dx.doi.org/10.1016/j.nedt.2013.02.001.

Omansky, G.L. (2010). Staff nurses' experience as preceptors and mentors: An integrative review. *Journal of Nursing Management 18*, 697-703.

Omer, T., Suliman, W., & Moola, S. (2015). Roles and responsibilities of nurse preceptors: Perception of preceptors and preceptees. *Nurse Education in Practice 16*(2016), 54-59. Retrieved from http://dx.doi.org.10.1016/j.nepr.2015.07.005.

Orgambidez-Ramos, A., & Borrego-Ales, Y. (2014). Empowering employees: Structural empowerment as antecedent of job satisfaction in university settings. *Psychological Thoughts 7*(1), 28-36.

Panzavecchia, L., & Pearce, R. (2014). Are preceptors adequately prepared for their role in supporting newly qualified staff? *Nurse Education Today 34*(2014), 1119-1124. Retrieved from http://dx.doi.org/10.1016/j.nedt.2014.03.001.

Raines, D. (2012). Nurse preceptors' views of precepting undergraduate nursing students. *Nursing Education Perspectives 33*(2), 76-79.

Sarmiento, T.P., Spence-Laschinger, J.K., & Iwasiw, C. (2004). Nurse educators' workplace empowerment, burnout, and job satisfaction: Testing Kanter's theory. *Journal of Advanced Nursing 46*(2), 134-143.

Sorrentino, P. (2013). Preceptor: Blueprint for successful orientation outcomes. *Journal of Emergency Nursing 39*(5), e83-e90. Retrieved from http://dx.doi.org/10.1016/j.jen.2012.05.029.

Trede, F., Sutton, K., & Bernoth, M. (2015). Conceptualizations and perceptions of the nurse preceptor's role: A scoping review. *Nurse Education Today 36*(2016), 268-274. Retrieved from http://dx.doi.org/10.1016/j.nedt.2015.07.032.

Tsai, Y.M., Hsieh, J.L., Turton, M.A., Li, S.Y., Tseng, H.L., Lin, H.C., & Lin, H.L. (2014). Nurse preceptor training needs assessment: Views of preceptors and new graduate nurses. *The Journal of Continuing Education in Nursing 45*(11), 497-505. doi: 10.3928/00220124-20141023-01.

Watkins, C., Hart, P.L., & Mareno, N. (2016). The effect of preceptor role effectiveness on newly licensed registered nurses' perceived psychological empowerment and professional autonomy. *Nurse Education in Practice 17*(2016), 36-42. Retrieved from: http://dx.doi.org/10.1016/j.nepr.2015.02.003

Zahner, S.J., Tipple, S.M., Rather, M.L., & Schendzielos, C. (2009). Supporting nurse preceptors through online continuing education. *The Journal of Continuing Education in Nursing 40*(10), 468-474. doi:10.3928/00220124-20090923-01.