The Lived Experience of Staff Nurse Preceptors of Senior Practicum Students

by

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THE LIVED EXPERIENCE OF STAFF NURSE PRECEPTORS OF SENIOR PRACTICUM STUDENTS

BY

KAREN JENSEN

A Thesis submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

MASTER OF NURSING

Abstract

Nursing education has a long history of using service based nurses as preceptors during clinical experiences. While the practice is popular, little is known about what it is like to be a preceptor while simultaneously responding to the demands of clinical practice.

Within a philosophical framework of phenomenology nine practising nurses in two tertiary care hospitals shared their paradigm stories of senior practicum experiences. Hermeneutic analysis was used to discover meaning and achieve understanding of the preceptorship experience. Results were validated with study participants.

Study participants perceived precepting as a professional responsibility, focused on transmitting to students the ideals of clinical practice, and facilitating the students' integration of theory with the reality of practice. Helping students to learn and teaching them how to care for others were primary tasks of the experience.

Rewards of successful preceptorship experience were primarily intangible and personal. Frustrations originated in variables acontextual to clinical practice.

Findings were compared to existing nursing literature. The results of the study have implications for nursing practice, education and research.

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CHAPTER 1

Introduction

Education of students in the nursing profession historically has vacillated between service and education environments (Bramadat & Chalmers, 1990). Although exposure to the realities of clinical practice is considered an essential component of education in any health care profession (Paterson, 1991), the issue of who should supervise that practice has become controversial in nursing education. Medicine and dentistry have a long history of using their most competent practitioners as mentors or preceptors to teach students within their individual practice settings (Stuart-Siddall & Haberlin, 1983). The use of service based nurses as clinical preceptors of students has existed in some form in nursing since the time of Florence Nightingale, but over time preceptorship diminished in popularity.

The movement of nursing education from service into academic settings in the early years of the twentieth century and the adoption of an education model rather than a medical model of training resulted in a lengthy period when student nurses were taught didactically and clinically by non-practising nurse educators (Bramadat & Chalmers, 1990; Stuart-Sidall & Haberlin, 1983). The clinical preceptor concept resurfaced in nursing in the 1960's with the advent of nurse practitioner programs and gained momentum in the 1970's in order to facilitate new graduate transition into professional

practice (Myrick, 1988; Taylor, 1975). Preceptorship then spread into pre-service education programs. Documentation of preceptor-based nursing education has proliferated in nursing literature as testimony to its increasing use in the education of students (Clayton, Broome & Ellis, 1989). Currently, there is minimal empirical data to support its effectiveness as a clinical teaching strategy (Myrick & Awrey, 1988).

By definition, in nursing, a preceptor is a practising nurse who works one to one in a teaching/learning relationship with a student, teaching from his/her own expertise, while performing assigned job responsibilities (Chickarella & Lutz, 1981; Clayton, Broome & Ellis, 1989; Donius, 1988; Shamian & Inhaber, 1985). The benefits of learning from a preceptor have been cited as: increased self confidence and competence (Crancer, Fournier & Maury-Hess, 1985), enhanced job readiness upon graduation (Limon, Spencer & Walters, 1981), quality student learning when an educational program has limited faculty resources and large numbers of students (Stuart-Sidall & Haberlin, 1983), the opportunity to learn professional behavior from a competent role model (Hall, 1977), facilitation of the transition from student to professional practice (Chickarella & Lutz, 1981; Clark, 1981), and enhancement of job satisfaction (Friesen & Conahan, 1980; Limon, Bargagliotti & Spencer, 1982).

In spite of a comprehensive body of written material on preceptorship in nursing, there are significant omissions.

Research and writing to date have been limited to what it is preceptors are expected to do in the education process and how they are to do it (Henry & Ensunsa, 1991). Preceptors are expected in all settings to function as teachers and role models. Frequently, the teaching role in preceptorship includes planning of programs and evaluation of students (Shamian & Inhaber, 1985). In addition, preceptors share basic knowledge of unit policy and procedure,as well as teaching clinical skills essential to the clinical area (Bushong & Sims, 1979; Friesen & Conahan, 1980; Walters, 1981). Preceptors meet these responsibilities in the context of heavy patient care loads and increasingly complex health care environments. Very little is known about how preceptors manage their patient care responsibilities while simultaneously sharing with students the essentials of clinical practice. Even less is known about what preceptors feel they need to fulfill the teaching role. For example, what resources and support are essential to facilitate their teaching activities, how prepared do they really feel for the responsibilities of teaching, what types of situations arise which cause them concern or raise questions? Much of the documentation on nursing preceptorships is descriptive or anecdotal in nature. What research has been done is methodically weak and of minimal value in the further development of the concept (Henry & Ensunsa, 1991).

Recent research findings and trends in health care

indicate a need to investigate the efficacy of preceptorship as a teaching strategy in undergraduate nursing education. The need for cost containment in both the education and practice arenas in health care necessitate reevaluation of existing teaching practices. Financial pressures in education have raised faculty/student ratios and are changing teacher roles (Zilm, 1982). Limited financial resources in nursing service are changing nurse/patient ratios and taxing the ability of nurses to share their patients and their expertise with nursing students (Christy, 1980; Lewis, 1990). Financial issues are but one of the several factors precipitating change.

The complexities of contemporary health care with its new and changing technologies, coupled with changes in the philosophy and methods of nursing education, have created new challenges in student nurse education. As temporary systems within the permanent structures of a health care setting, a clinical teacher and a group of students are on the nursing units long enough to fulfil the objectives of a clinical rotation. As such, they rarely integrate well into the setting and students are denied access to many aspects of professional practice (Paterson, 1991). In reality, clinical practice is changing so rapidly that true clinical expertise is becoming more difficult for faculty to maintain in the context of classroom teaching, research, publication and other scholarship requirements (Myrick, 1988; Stuart-Siddall &

Haberlin, 1983). Assigning students to preceptors has the potential to enhance professional nursing by bridging the education-service gap and allowing nurses greater access to the education, service, research, and consultative components of a professional role (Christman, 1979). This potential is limited by the concern that preceptors have minimal preparation for clinical teaching roles.

Continued use of service based nurses as teachers of students and development of their teacher role requires an understanding of the role as experienced by nurses in the clinical setting. As well, identification of the resources and support nurses perceive as essential for them to fulfil the expectations of the preceptor role could enhance their willingness to participate in student nurse education. The purpose of this exploratory study was to discover and describe what it means to be a preceptor.

PROBLEM STATEMENT

To accomplish the purpose of this study, the perspectives of staff nurse preceptors on their role in the teaching of nursing students in the final hospital clinical practicum of a nursing program were studied. The study attempted to discover and describe what it is like to be a preceptor while simultaneously responding to the demands of clinical practice. The research question that guides this study is: "What is the lived experience of preceptors?"

Significance of the Problem

Traditionally nursing has used practising professionals as teachers of students and while the practice is a popular one, little is known about why it is so positively perceived by nursing education. Writings on nurse preceptors have been limited in defining their expected roles. Little is known about the degree of satisfaction preceptors experience in preceptorship and the components of the preceptor role. How preceptors enact their dual clinical and teaching role has not been explored. The dynamics of the relationships between preceptors and students as teachers and learners, if discovered, could unearth some of the body of nursing knowledge which remains embedded in clinical practice. This knowledge must be extracted and developed to advance nursing education and practice and to determine when and if preceptorship is a feasible option in clinical nursing education.

The traditional barriers which have existed between nursing education and practice could be eliminated through the development of collaborative educational relationships. Barriers exist because of perceived differences in what constitutes nursing practice. Integration of education and service perspectives on nursing can be deemed necessary and valid for effective teaching to take place (Dixon & Laidlaw, 1980).

The relationship between preceptors and nursing students

exists as a unique opportunity for mutual sharing, learning and development of an understanding and respect between and within the education and service environments. In our present economic environment, health care reform will require simultaneous reorganization and refinancing to improve services and contain costs. Essential to achieving this goal is modification of education and practice experiences to provide effective and responsive professionals able to meet the demands of change. Creation of these professionals through a collaborative education process can be seen as a vital and necessary link in the improvement of contemporary health care and in the pursuit of excellence in professional nursing practice (Larson, 1992).

Development of the preceptor role as fundamental to this endeavour must be preceded by an understanding of how preceptors view their world and how they give meaning to the preceptorship experience within the complexities of day to day clinical practice. The added challenge of working with students within the context of existing workloads in cost conscious health care environments may be a burden and source of stress. Nursing educators need to understand the lived experience of staff nurse preceptors in order to effectively promote a community of practice between staff nurses, students, and teachers.

Definition of Terms

For the purpose of this study:

Preceptor is a practising registered nurse who participates in a one to one teaching/learning relationship with a student nurse; teaching from his/her own expertise while performing his/her own job responsibilities in the work setting (Chickarella & Lutz, 1981; Clayton, Broome & Ellis, 1989; Donius, 1988; Shamian & Inhaber, 1985).

Student is an individual in the final clinical rotation of a baccalaureate nursing program who has been assigned to work with a practising nurse in a hospital based clinical area, while fulfilling the objectives of a senior practicum.

Perspective is the way in which an individual consistently defines a succession of similar situations; the meaning and subsequent decisions individuals derive from what they encounter in a social context (Paterson, 1991).

Clinical area is a designated unit in a tertiary care hospital where students provide care for actual patients.

Unit is a geographic area in a tertiary hospital to which patients are assigned during their hospital stay.

Philosophical Framework

The philosophical perspectives of phenomenology will provide the framework for this study. The researcher who uses a phenomenologist approach examines processes according to the perception of the individual involved in the process (Brink & Wood, 1989, p. 21) or describes the human experience as it is

lived (Merleau-Ponty, 1964 as cited in Oiler, 1982).

In the phenomenological perspective:

1) Things are important as they appear in the world. In the case of nurse preceptors, what they experience in their day to day worklife is significant. They derive meaning and understanding by reflecting on this experience.

2) Reality is a matter of appearances both to the one who experiences it and the one who views the experience. Only nurse preceptors know what it is like to be a preceptor of a student while simultaneously undertaking a patient assignment on a busy nursing unit. The researcher might understand the experience sympathetically from the past experiences as a staff nurse and empathetically from current experiences as a clinical teacher. However, it is the preceptor who owns the experience.

3) The world is real through contact with it and reality is what an individual chooses to experience in the world. Questioning the validity of a preceptor's report of his/her experience is inappropriate in phenomenology. It is the individual's perception of reality which is viewed as real and true. It can thus be known that individual nurse preceptor's descriptions of their experiences are factual accounts of what it is to be a preceptor.

4) Truth is an individual's reality. Collecting realities about individuals' common experiences will yield truth of the experience for others (Boyd-Oiler, 1981; Omery, 1983).

Documentation of experiences of several nurse preceptors will provide an accurate composite of what the experience would be like for others who undertake the same role. The phenomenological approach is primarily an attempt to understand empirical matters from the perspective of those being studied (Riemen, 1986 in Munhall and Oiler, 1986 p. 59). A holistic perspective is associated with phenomenology. This perspective requires understanding the experience in the world where it takes place. Data collection must preserve the experience as it is seen by the participants and the researcher is involved in the experience. This involvement allows a number of ways of being aware and can enhance and dictate data collection methods (Boyd, 1988).

The nature of humans is to "know what they have lived through only by looking back on it" (Oiler, 1982, p. 197) and this requires the researcher to capture the experience after it has occurred. Interpreting experience in reflection helps one make sense of it and see different views of it (Powell, 1989). Reflective learning is primary to how people construct meaning in their worklives. As much as fifty percent of one's learning takes place on the job rather than in formal training (Marsick, 1988). In the process of being preceptors, practising nurses have learned on the job to provide meaningful learning experiences for students and for themselves.

Phenomenology requires approaching a situation after

setting aside one's preconceptions and subsequently defining the limits of the experience with a goal of accurate description of it (Oiler, 1982; Omery, 1983). The researcher must lay aside assumptions about what the preceptor experience is and what it means, and document it as it is found. This is done by stating the assumptions both prior to and during data collection and then bracketing or suspending them. The intent is to reduce the influence of previously gathered information and accurately portray the reality of each research informant (Riemen, 1986; Swanson-Kauffman & Schonwald, 1988).

The articulation of the researcher's personal assumptions can take the place of a conceptual framework section in a traditional research proposal (Swanson-Kauffman & Schonwald, 1988, p. 99). It must be recognized that researcher's experience and knowledge may be valid but not the reality of those whose descriptions are solicited. Researchers must be able to hear and interpret informant's reality without being influenced by personal assumptions (Swanson-Kauffman & Schonwald, 1988). For this study, a philosophical, rather than a conceptual, framework has been outlined and provides a focus for the literature review. Additionally, the researcher's assumptions about the preceptor phenomenon are included.

The assumptions underlying this study are:

1. clinical education is an essential component of education in the nursing profession
2. clinical education should not be provided solely by

clinical teachers

3. clinical education of nursing students is both enjoyable and stressful for practising nurses

4. the interactions between preceptors and nursing students have not yet been discovered or defined.

Organization of the Report

This chapter has offered an introduction to the study as well as its purpose and significance. Chapter 2 provides a review of relevant literature and identify the current status, and some of the controversies in the use of preceptor based education for student nurses. Chapter 3 details the research methods used in the study, including a description of the research sample, setting and methods of data analysis. Chapter 4 describes the findings of the study. Chapter 5 presents a discussion of the findings as to their implications for nursing education research and practice. Chapter 6 summarizes the report and conclude with possibilities for further study.

CHAPTER 2

REVIEW OF THE LITERATURE

There are divergent opinions about the appropriateness of a literature review in a qualitative research study. Concerns expressed have included the possibility that the accuracy of the interpretation of observed or heard data may be compromised and literature reviews should therefore be excluded. On the other hand, others believe that literature reviews should always be conducted to avoid unnecessary duplication of research (Paterson, 1991).

When minimal information exists on a particular subject, qualitative research methods are frequently the study strategy of choice (Seamen, 1987). Qualitative methods appear particularly useful if a researcher wishes to make a naturalistic inquiry about a phenomenon that is not well known or has been looked at from only one perspective. In the case of preceptorship in the clinical education of student nurses, there are no empirical studies on student views of a precepted clinical experience until 1991 (Pierce, 1991). There are currently no available data on preceptors' perceptions of the experience. What descriptive and evaluative literature is available on preceptorships in nursing service and education has been described as methodologically weak and of minimal value in determining the efficacy of preceptorship as a clinical teaching strategy (Henry & Ensunsa, 1991). For this reason, the literature review for this study will be guided by

the chosen philosophical framework of phenomenology.

Phenomenology examines processes according to the perceptions of the individuals involved in the process (Brink & Wood, 1982) or describes the lived human experience (Merleau-Ponty, 1964, as cited in Oiler, 1982). Since the study question addresses the perceptions of preceptors of nursing students, the literature review will focus primarily on material involving preceptorship in student nurse education. Although there is considerable documentation of the preceptorship experience in graduate nurse orientation, its relevance in clinical education of undergraduate students in nursing is questionable. It may be possible that the absence of the clinical instructor or facilitator entity and of a school of nursing curriculum as a guiding structure to the experience may overpower any similarities between preceptorship experiences of new graduates and nursing students and add significant differences. However, no research was located which specifically examined this postulation.

Within a phenomenological framework, the subjective experience of a preceptor and a student as it is lived in day to day worklife is unique and must be documented as it exists. The significance of the meaning for the individual, the contextual environment, and the environment is the essence of the phenomenological paradigm (Meleis, 1987). Remotely similar situations are irrelevant. The review of the relevant literature for this study will therefore be a selective

examination of literature which addresses:

1) anecdotal and evaluative reports of student nurse perceptions of a preceptorship experience,

2) what is presumed anecdotally about the day-to-day worklife of preceptors in relation to their experiences with student nurses,

3) anecdotal and empirical outcomes of precepted learning experiences involving staff nurses and students,

4) the reality of preceptorship experience to date and the issues which have been raised as significant and impeding further development of the concept.

The literature informs the reader about previous experiences with preceptorship in nursing education which may have some implications for the study. However, it provides no insight into what it means to be a preceptor of student nurses while simultaneously responding to the demands of clinical practice.

This chapter will provide an overview on the evolution of clinical education of nursing students with emphasis on the lack of empirical data to support the heavy emphasis currently placed on preceptorship as a clinical teaching strategy. It will conclude with identification of some of the issues inherent in current practice.

The Preceptorship Experience

Preceptorship: History and Issues

In most professional faculties, the educational experiences for novice learners are organized so that practice occurs subsequent to theory and laboratory practice. In nursing, theory and practice are usually learned simultaneously (Christy, 1980). Tough (1979, as cited in Shamian & Inhaber, 1985) identified that a practitioner, already skilled in an occupation, knows what knowledge and skill are necessary for practice in that occupation. As a practice profession, nursing is now immersed in a general belief that a peer relationship between a practitioner and a student can affect acquired learning in a clinical setting and be cost effective (Shamian & Inhaber, 1985).

Corcoran (1977) puts forth the suggestion that clinical/ service settings may not be the ideal clinical laboratory for student learning as service settings may not provide an environment for student growth due to their different purpose, priorities, and time references. In a service setting, students do not have the right to fail due to the potential consequences to patient safety and welfare. Since it is generally accepted that "failure is the essence of creativity" (Sullivan, 1963, as cited in Corcoran, 1977), how does effective learning take place? Additionally, concerns that students might emulate an inappropriate role model and be overcome with anxiety due to the many distractions within a

service setting must be considered as deterrents to effective learning. Corcoran further suggests the time caregivers take away from patient care to work with a student has the potential to fragment that care and exploit patients. Unfortunately, the reality is that some learning situations cannot be duplicated in a laboratory setting. Exposure to the reality of clinical practice provides experiences unique to practice and can potentiate an understanding of the subculture of nursing. To date in nursing, practising professionals have participated in clinical learning experiences of students and thus, practitioners have become teachers.

Knowing a subject well does not make one an effective teacher. Becoming an educator in nursing requires a change in knowledge, skills, behavior and values. The change from a competent caregiver to a teacher of novice students requires changes in attitudes, priorities, and practice and may create conflict, ambiguity and role stress (Infante, 1986). To date, concerns about this transition have not been reflected in anecdotal and evaluative reports of student nurse perceptions of their experiences in preceptored clinical education experiences.

The earliest article found on preceptorship in nursing education was published in 1973 by Ferguson and Hauf. They described preceptorship in a community health environment at an idealistic time, when preceptors with previous teaching experience, considerable skill, practice experience and

university preparation for the preceptor role, precepted students. In the past 20 years, while the requirements and preparation for preceptors have decreased, documented experience with preceptorship has become more substantive and increasingly empirically based.

The Student Perspective

Anecdotal reports dominated early nursing literature, addressing student practica precepted by clinically based nurses during the senior year of nursing education in both two year and baccalaureate programs (Chickarella & Lutz, 1981; Crancer, Fournier & Maury-Hess, 1975; Limon, Spencer & Walter, 1981). Summer externship programs, which closely resemble apprenticeships since they lacked an emphasis on teaching and concentrated on skill practice, were also included. These generally took place in the summer before the students' senior year (Bushong & Simms, 1973; Hartin, 1983). Generally, students responded positively to working with practising nurse preceptors, identifying increased competence and confidence and perceiving themselves as able to both obtain and succeed in nursing jobs (Bushong & Simms, 1973; Crancer, Fournier & Maury-Hess, 1975). Other benefits of precepted learning cited included an introduction to the "real world" of nursing and the opportunity for students to discuss and work through the differences between nursing education and practice environments (Chickarella & Lutz, 1981).

By means of learning contracts geared to integrate theory

and practice, Walters (1981) reported that precepted senior baccalaureate students perceived themselves able to function at a comparable level to professional staff nurses and interact therapeutically with patients. Walter's analysis of student perceptions was based on their oral reports and her own evaluation tool which was not described. Her anecdotal account covers several years' experience with preceptorship.

Typically, in the early nursing literature, reports on preceptorship evaluation tools had no documented reliability or validity information. Content information about questionnaires was sparse, even in the transitional literature in the mid 1980's.

The mid 1980's produced a considerable body of material on preceptorship programs, preceptor preparation, and the use of preceptorship in new graduate nurse orientation. Nursing educators were beginning to ask if the concept could be explored and developed in undergraduate nursing education. This line of thinking precipitated development of undergraduate preceptorships in Canadian community colleges. Precepted students reported they felt accepted and respected, more confident, and less anxious when they were precepted by practising nurses in the clinical area (Gardiner & Martin, 1985). Community health settings during the same time period reported that students who self-selected an occupational health experience liked the supportive environment, encouragement, and support they felt during precepted learning

experiences (Wheeler, 1984). There were, however, some negative perceptions of preceptorship among students.

In acute care settings, students feel their learning experiences are secondary to patient care responsibilities (Marson, 1982). Students perceived learning in the clinical area to be hampered by preceptor absences to cover staffing needs. Subsequent changes in student patient assignments created inconsistencies in learning (Chickarella & Lutz, 1981).

Students in preceptorship experiences have perceptions of what an effective teacher should be. Marson (1982) reported that students who were questioned following precepted clinical experiences perceive effective nurse teachers as caring, competent, and skilled team leaders who are sensitive to student needs and able to give support and feedback. Although Marson's study deals with student nurses in Great Britain, and can be presumed to reflect a different educational philosophy and practice than exists in North America, an analysis of specific teaching behaviors of preceptors in Canada yielded similar data. Andersen (1991) found that coaching, humor, and nonpunitive correction of errors on the part of the preceptor created an effective learning climate for students. Within the demands of patient care, these student expectations of practicing nurses appear overwhelming and difficult to attain. As concerns began to surface regarding the efficacy and expectations of preceptor

based learning for students, nursing publications in the late 1980's documented empirically based rather than anecdotal information to describe student perceptions of precepted learning.

Windsor (1987), using a qualitative naturalistic inquiry method and interview, provided some perspective on how students perceive they learn and mature through clinical experiences. The students in the study identified that early clinical experiences as student learners are anxiety producing and governed by an obsession with task performance. As students mature, they are able to identify for themselves what a nurse's role is. As they progress toward mastery of the role, the desire for independence and a preference for a practising nurse preceptor over a clinical instructor became evident (Windsor, 1987). Attempts to substantiate Windsor's conclusions remain questionable.

Itano, Warren and Ishida (1987) compared role conception and deprivation perceptions of 118 baccalaureate students in traditional and precepted clinical experiences and found no significant differences. The study defined role deprivation as the extent to which an ideal role conception (ie. the internal representation of role expectations held by an individual at a given time) is perceived to be non-operative in practice. Within the study Corwin's Nursing Role Conception Scale was used to substantiate that both types of clinical experiences are viable for students. Corwin's Likert type scale had

established content validity and reliability and was administered through a multiple time series design using a control group. Acknowledging study limitations, which included inability to control extraneous variables in the clinical setting, self-selected experimental and control groups, and the inherent extraneous variables; the researchers do not support Windsor's suggestion that senior students benefit most from preceptors.

Using the same research tool, Dobbs (1988) attempted to determine whether a senior preceptorship experience would enhance student nurse perceptions of their transition into the role of practising nurses. By measuring role deprivation scores on Corwin's tool prior to and following a precepted final clinical experience, the researcher identified a decrease in scores. The researcher concluded that baccalaureate student perceptions of self and role expectations had been modified. It should be noted, however, that although the study had over 100 subjects, there was no control group and the use of gain scores has been questioned in subsequent research (Pierce, 1991).

Citing a lack of information on student perceptions of preceptored learning experiences, Pierce (1991) used the apparent discrepancies between the studies of Dobbs (1988) and Itano et al (1987) as a starting point to determine what students want from a precepted learning experience. In addition, referencing Windsor's suggestion that students

desire change as they progress through an educational program, Pierce questioned if differences exist in the perceptions of first and second level students as to what type of learning experience is more meaningful.

Using a qualitative, descriptive study design, modified from Windsor's (1987) format, Pierce (1991) addressed traditional clinical rather than precepted experiences. She studied 29 first and 15 second level undergraduate students. Using content analysis for emergent themes which were judged appropriate and exhaustive by another researcher, and addressing internal and external plausibility, Pierce concluded that students want: a good experience with a variety of patients, skill practice and mastery in a supportive environment, an interested and capable preceptor, orientation to and integration into a nursing unit and nursing role, and the type of experience which allowed them to feel capable in a nursing role. In addition, Pierce supported Windsor's suggestion that advanced students do well with precepted learning experiences. However, the novice learners in Pierce's study identified a need for structure and guidance. The study conclusion that preceptorship may hasten professional growth of students is based on comparison of study results with those of Windsor (1987). Inherent differences in research design and sampling are ignored and the study conclusion is therefore questionable.

A Canadian study, reported in 1988, attempted to

substantiate that preceptorship would provide beneficial student learning, since it had worked so well for new graduate transition to the workplace. This research investigated student perceptions of that belief. Using third year baccalaureate students in two consecutive years (N 28) and questionnaires which were content analyzed for themes, Caty and Scott (1988) determined that students like the independence, teamwork, exposure to reality, and opportunity "independent clinical experience" provided.

This study also surveyed preceptors who identified the same advantages and themes, similarly ordered. Negative student perceptions of the experience included inconsistency in assignment to preceptors; differences in expectations between preceptors and course objectives or level of learner ability; personality conflicts; and the reality that, when the unit was busy, patient care took precedence over student learning. The ability of preceptors to influence student learning in the context of these problem areas remained in doubt.

Student perceptions of learning outcomes of a precepted learning experience were reported by Andersen (1991), attempting to identify specific preceptor behaviors which facilitate learning. The rationale given for the study was that little is known about the phenomenological aspect of role socialization or how students integrate real and ideal values and professional and bureaucratic roles which must be

accomplished for assimilation into the workplace. Analyzing data from student journals with a focus on verbal and written communication, skill proficiency, and time management which were deemed core workplace skills, the study reported beginning information on how preceptors teach. Surprisingly, preceptors in this study taught similarly to faculty. Preceptors and faculty both used strategies such as demonstration and return demonstration; and role modelling effectively. Preceptors however, were unaware they were enacting these behaviors. They were also noted to teach shortcuts without rationale. Students' positive perceptions of the experience were attributed to the fact that preceptors were humanistic and did not punish mistakes. The concept of preceptor as teacher will be explored further on in this literature review.

In summary, our knowledge about student perspectives regarding precepted learning experience has grown as nursing has invested in more sophisticated methods of inquiry. The anecdotal information typical of nursing's early reinvestment in and emphasis on the notion of service based preceptors as teachers of students has been replaced by tighter research design to gain understanding of the preceptorship phenomenon. It is generally accepted that students gain insights into the practice realities of nursing, gain skill confidence, and self-confidence from the experience, feel they learn in a practice environment that offers support and encouragement,

and find the experience more beneficial as they advance from novice to competent learners. These positive perceptions are balanced by acknowledged difficulties encountered when patient care demands restrict the availability and quality of preceptored learning experiences and the subsequent outcomes of the experience. Whether or not anticipated outcomes have been empirically validated will be addressed following a review of preceptors' perceptions of the experience.

The Preceptors' Perspective

The use of service based nurses as clinical preceptors of students has been documented in nursing's history since the time of Florence Nightingale (Myrick, 1988). Its popularity has waxed and waned through the evolution of professional nursing. The concept reached its peak during the 1980's as the solution to the "reality shock phenomenon" experienced by new graduate nurses when they entered the professional work environment. The disillusionment experienced by nurses when they discovered they were ill-prepared for the realities of professional practice, when in actuality they had spent years in the preparation process (Kramer, 1974), led to high rates of turnover in institutions and nurses leaving the profession.

Preceptor programs developed during this time were originally intended to assist transition into professional practice by providing role models during an orientation period. They progressed into nursing education as a natural extension. There exists a perception in nursing literature

that expectations of preceptors are unrealistic for someone without years of practice experience and advanced preparation and that preceptorship has degenerated to a variation of a "buddy" system (Griepp, 1989). The buddy system disregards the rights of preceptors to a defined role with outlined expectations and responsibilities (Alspach, 1987).

The anecdotal literature of the early 1980's suggests that being a preceptor has the potential to improve one's skill and knowledge; allow demonstration of leadership and teaching skills (Chickarella & Lutz, 1981; Clark, 1981); provide new dimensions to one's work; and enhance job status and satisfaction (Goldenberg, 1987).

Serving as a preceptor was included as a job expectation in many institutions. Bergeron,in Stuart-Sidall & Haberlin (1983), suggests staff nurses should want to serve as preceptors because inquisitive students provide an opportunity for staff nurses to update knowledge; are an extra pair of hands to do work; provide assistance with special projects; and create an experience which brings prepceptors personal rewards.

Maes, in Stuart-Sidall & Haberlin (1983), suggests there are phases in the development of a solid relationship with a preceptee. All phases must be experienced for the preceptor to truly feel enriched. The preceptor should progress from a new acquaintance to a trusted role model and counsellor. Direct observation of the preceptorship relationship with a

student learner was documented by Hsieh and Knowles (1990) who identified seven themes as essential to a successful relationship. If the student and preceptor develop trust, clear expectations, honest communication, mutual respect, acceptance and sharing, in addition to mutual sharing support, they will progress from a focus on relationship building to one of goal setting and establishing of learning needs. If this transition does not occur, student learning will be hampered. Maes concurred that the relationship required is an idealistic one but is the responsibility of practising professionals in their development of novice nurses.

Preceptor responsibilities have been defined for them by others. In a comprehensive review of existing literature, Shamian and Inhaber (1985) summarized the responsibilities of preceptors as teaching of policy, procedure and technical skills; facilitating the transition from the role of student to that of practising nurse; and, frequently, observation and evaluation of preceptee performance and communicating evaluative data to faculty. In fact, effective evaluation of novice nurses is the most problematic aspect of the preceptor role (Westra & Graziano, 1992). By 1991, the nursing literature was still reporting anecdotal information regarding preceptors, suggesting that, in spite of the increased workload involved in working with students, preceptors liked the opportunity to contribute to the professional growth of students. Authors further suggested that nurses benefitted by

working in an environment which was enriched by student inquiries (Zerbe & Lachat, 1991). The authors allude to variables related to the worksite, workload, and personality differences as having a relationship to the quality and efficacy of the experience. However, these factors are not explored. In essence, existing nursing literature has not documented what it is like to be a preceptor of a student nurse and meet the defined responsibilities in the context of the realities of the work setting.

Since the first documentation of student perspectives was published in 1991, it is rather surprising that preceptor perspectives have remained unexplored. Positive perceptions by students led to studies focused on documenting outcomes of precepted student learning experiences in order to justify continuation of the concept. These studies have, to date, provided minimal evidence that preceptorship enhances student learning outcomes.

Outcomes of Preceptor Based Learning Experiences

Research on preceptor based student nurse education has focused on measuring changes in knowledge, skills & clinical performance (Henry & Ensunsa, 1990) as indicative of effective transition into a professional nursing role. Unfortunately, to date, studies on learner outcomes have not substantiated the perceived and often articulated value of preceptor based education. Existing information is interrelated in that research to date has been sequential attempts to clarify or

solidify conclusions from prior studies.

Using a quasi-experimental pretest-posttest design and the Dreyfuss Skill Acquisition Model, Myrick and Awrey (1988) measured the effect of preceptorship on clinical competency of baccalaureate prepared student nurses. Clinical competence was defined as "adequate functioning & demonstration of knowledge and skills in the clinical setting" (Myrick & Awrey, 1988, p. 32). Seven students (experimental group) were assigned to preceptors and five (control group) completed an optional third term with a clinical instructor. Student assignment to one group or the other was determined by which clinical area they selected for the experience. The groups were of the same gender, approximate age and had similar clinical backgrounds and academic standing. Preceptorship was the independent variable studied. The dependent variable, competency, was measured both by the Schwirian Six Dimensional Scale of Nursing Performance, designed for use in self-evaluation or by independent raters; and by the Slater Nursing Competencies Rating Scale which uses raters. Both scales have construct and content validity (Schwirian, 1987; Wandelt & Stewart, 1975). The researchers concluded preceptor based learning enhances perceived self-confidence and provides support for learners, but state they found no significant group differences in pretest and post test scores with the study tools. Preceptorship has a positive effect on student self-perceptions but there is insufficient evidence that it is a

viable clinical teaching strategy (Myrick & Awrey, 1988, p. 41). As a pilot study, limitations imposed by a small sample size, lack of random assignment, and, subsequently, unequal representation were accounted for.

Although Myrick and Awrey's Canadian study was not cited as having been reviewed in the research process, an American study one year later also looked at the transition of baccalaureate students into professional nurse roles. Using a quasi-experimental, pretest-posttest design within a conceptual framework of reality shock, Clayton, Broome and Ellis (1989) studied the effect of preceptorship on professional socialization. This variable was defined as "the process by which one acquires the knowledge, skills and sense of occupational identity that are characteristic of a member of a profession" (Watson, 1983, p. 39, as cited in Clayton, Broome and Ellis, 1989). The attributes of competency defined by Myrick and Awrey (1988) are included in this study's definition of socialization, with the exception of occupational identity which was added by the researchers.

Using repeated measures of the Schwirian Six D scale, groups of 33 precepted and non-precepted students were studied. The investigators concluded that preceptorship enhances role transition for students and improves collaboration between faculty or practitioners (Clayton, Broome & Ellis, 1989).

It is interesting to note that in this study report, post

test differences between the two groups were not emphasized in the text. However, graphs indicating six month differences, show the precepted students are graphed lower post treatment and higher six months later. There is no discussion of intervening variables such as history and maturation during that time. The attribution of these scores to the preceptor experience is questionable. In addition, although the Schwirian Six D scale was designed to be used for both self and independent rating (Schwirian, 1978), only subjective scores on professional competence were reported.

The Schwirian Six D scale was also used in a Canadian study reported in 1992. In a non-randomized quasi-experimental research design, third year students doing a spring consolidation experience were rated on nursing competency by instructors, preceptors and by themselves. On all criteria except professionalism, preceptors rated their students more favorably than students rated themselves and more favorably than faculty rated non-precepted students. The researchers found that non-precepted students had significantly higher scores on all but one factor than precepted students. These findings do not corroborate study results of Myrich & Awrey (1988). Differences are explained by setting and sample differences and cautious interpretation of the results was recommended by the researchers (Yonge & Trojan, 1992) who also acknowledged many problems in their study design.

Thus, it is evident that three research studies using one

of the same tools with different measurement strategies lead to different conclusions about the effectiveness of preceptor based education for baccalaureate student nurses. It should be acknowledged that the Schwirian Six D Scale of Nursing Performance was developed between 1974 and 1977. It was stated in the original report by its developer that it was not biased for or against either associate degree, diploma or baccalaureate nursing students (Schwirian, 1978). However, its ability to present a true picture of nursing competency is questionable.

The scale was originally pilot tested on only ten subjects. Eventual testing on 1975 nursing school graduates yielded a response rate of 30.4% of the self appraisal questionnaires. The self appraisals of the 914 graduates who responded were sent to preceptors for corroboration of scores. Of the original pool of 3,000, complete data sets were received on 587 paired students and supervisors. In addition, the scales measuring different components of nursing performance are not uniform and not every respondent was rated on every item. The professional development scale items are measured on a different response scale from all others (Schwirian, 1978). Interrater reliability for consistency between student and professional nurse appraisal on the instrument has not been reported as having been established. Differing conclusions among researchers can raise questions on the credibility of a tool. However, in the studies just

described, the major difference in conclusions could be attributed simply to the fact that Clayton, Broome and Ellis (1989) used student self-appraisal to evaluate role performance, while Myrick and Awrey (1988) used both professional nurse and student self-appraisal. These two studies were cited as core articles in the literature review section of a study reported in 1991 which investigated the effects of preceptor based clinical experience on diploma student nurses transition to a professional nursing role.

Using a repeated measures, control group, quasi-experimental research design, Jairath, Costello, Wallace and Rudy (1991) tested the hypothesis that a precepted clinical experience would yield higher scores on Schwirian's Six D Scale of Nursing Performance. They concluded that role transition from student to professional nurse was facilitated by preceptorship. The researchers appear to have chosen a conceptual framework of Reality Shock, but this was not entirely clear in the published report. A self-selected convenience sample with unequal small groups (total of 22 participants) was used. Several of the study sample had prior health care experience. This experience was not accounted for as an extraneous variable. These factors cast doubt on the credibility of the results.

Questionable credibility also exists in a study reported by Scheetz (1989) who looked at the effects of preceptorship on the clinical competence of 72 baccalaureate nursing

students who participated in summer work experiences. The experiences took place outside of the formal curriculum, prior to the beginning of a senior year. No faculty involvement is noted. Within a non equivalent pre-test-posttest research design and a non probability convenience sampling strategy, students worked either as nurse aides or were precepted in non-instructional settings. The precepted group had significantly higher gains in clinical competence defined in the ability to utilize problem solving process, apply theory to practice, and perform psychomotor skills. The Clinical Competence Rating Scale used to measure gains was devised by the researcher. While the study lends credence to anecdotal findings that preceptored learning helps students to achieve competency, this was a nontraditional learning experience which appeared to conform more to on the job training than an actual learning experience (Pierce, 1991). It is evident that no consistent pattern regarding the effects of preceptorship programs on nursing performance has emerged (Jairath et al. 1991). Reports commenting on the ability of preceptors to adequately evaluate student competency did not appear in nursing literature until 1993.

Ferguson and Calder (1993) reported a Canadian study which investigated similarities and differences between nurse preceptors and nurse educators in their valuing of clinical competency criteria in baccalaureate nursing students. They found that preceptors valued more highly than educators:

students learning practice elements of organization, teamwork, and adaptation to changes in client condition. Preceptors also valued students being able to assimilate into work cultures. Educators valued students being able to plan nursing care by formulating nursing diagnoses and incorporating theory and scientific principles into care.

Preceptors and educators however, had more similarities than differences, ie. they agreed on 6 of 10 most common items and thus unsafe clinical practice by a student can be presumed to be recognizable by both. The authors did however suggest that educators may have higher expectations of student performance than preceptors do. This study is the most current one found on student learning outcomes but nursing knowledge in this area remains incomplete.

What appears to be missing in current levels of knowledge on performance outcomes in students is an understanding of the preceptor as the linkage between the structure of a preceptor based educational program and performance outcomes or competency in the student. The preceptor interprets and helps the student apply the content of the program to foster student learning. The preceptors ability to do this is influenced by professional values and the reality of the worksetting where those values are applied, as well as the preceptor's view of what teaching is (Paterson, in press; Rando & Menzes, 1991). Additionally, studies to date have given minimal credence to student variables such as age, motivation, previous

experience, academic potential, and attitude as potentially impacting the outcome of precepted learning experiences. Worksetting variables such as patient acuity, staffing patterns, and interpersonal dynamics on a nursing unit when human resources are directed towards student learning, rather than patient care, have not been evaluated for their impact on the learning process within clinical areas. While these areas of evaluation in preceptorship are currently sparse, there is considerable documentation of issues that exist within the reality of contemporary preceptorship. These issues have potential impact on the perceptions of staff nurses who commit to the role.

Perception as Reality

Welty (1990) described her role as a preceptor metaphorically, as that of an artist who is given an existing canvas to complete. No two of her canvases are ever completed the same way. This artistic and free flowing perspective is not shared by Cox (1988) who views preceptorship as an expanded role for nurses, and an extension of the management process. She views preceptors as accountable for the process, completion, and outcome of the preceptorship experience. The distance between these perspectives on preceptorship is reflected in the most fundamental issue identified in nursing literature, the lack of universal definition of what a preceptor is. Discussions of the term preceptor as it is used in nursing literature contain references to mentors, role

models and apprentices. Although these terms are used interchangeably, they are, however, different. A mentoring relationship is generally considered a parental one and a long term investment in another's life work is implied (Beauleau, 1988; Darling, 1985; Vance, 1982). A preceptor is generally involved in the short term development of a learner's skills and knowledge (Beauleau, 1988; Darling, 1985; Hamilton, Murray, Lindholm and Meyers, 1989). Skill emphasis is the dominant concept in an apprenticeship learning model (Hartin, 1983) and ignores the complex cognitive skills required in health care professions. There has been an underlying premise in nursing education that mentor and preceptor are similar terms when applying theory to practice in a clinical area (Backenstose, 1983) as quoted in Stuart-Sidall and Haberlin (1983). Infante also takes this idea a step further and identifies the major facets of the preceptor role as role model, mentor, and resource person.

Critical attributes of a preceptor as synthesized from health care professional literature do not support the premise that preceptorship and mentorship are interchangeable terms. Preceptorship, as used in nursing literature, involves facilitating acquisition, synthesis, and mastery of knowledge and skills; providing structured student learning experiences; working one to one with a learner, teaching within the work setting, from one's own expertise and knowledge, as a <u>short term</u> member of an educational hierarchy. This definition is

implicit and explicit in nursing literature and is given varying degrees of emphasis (Beauleau, 1988; Caty & Scott, 1988; Chickarella & Lutz, 1981; Clark, 1981; Goldenberg, 1987-88; Griepp, 1989; McMurray, 1986; Myrick, 1988; Perry, 1988; Shamian & Inhaber, 1985). The breadth and implied responsibilities inherent in this role definition could have impact on preceptor satisfaction with the role.

The responsibilities of preceptors in orientation of new nurses to the work setting have been extensively documented in the literature and include planning, teaching, role modelling, and evaluation. Primary responsibilities are those of teaching unit policy and procedures and technical skill; and assisting socialization into nursing roles. These responsibilities are also generally expected of preceptors of nursing students (Shamian & Inhaber, 1985). To date, nursing literature has suggested that the preceptor's experience has been a satisfactory one (Henry & Ensunsa, 1991).

Preceptor Satisfaction

The longevity of this perceived satisfaction appears to be ending. With health care reforms in the United States during the 1980's and currently in Canada, there is evidence in the literature that nursing work is becoming more complex, with less manpower and time to meet work responsibilities (Turnbull, 1983). The increasing use of preceptors in every facet of nursing education and decreasing numbers of nurses on the job creates a high risk of preceptor burnout as a result

of overuse, abuse, and devaluing of the role (Griepp, 1989; Roberson, 1992). Patient care and teaching in complex clinical areas are exhausting (Bizek & Oerman, 1990). It is unrealistic and counterproductive to expect preceptors to expend the effort without burnout (Griepp, 1989). Preceptor stress and burnout is increasing not only due to increasing use of preceptors; but also because preceptors are giving up the primary care of their patients to students. Often these are clinically weak students, who require extra energy on the part of the preceptor, creating stress. In addition, student evaluation has become an expectation preceptors do not know how to meet, at a time when they perceive support for their efforts is lacking (Lewis, 1990; Westra & Graziano, 1992).

Support and Rewards

Support and rewards for preceptors has been discussed in the literature as long as nursing has been documenting the experience. Positive reinforcers are known to encourage repetition of desirable behaviors. Behaviors which support organizational goals and rewards in nursing have not kept pace with those of other careers (Turnbull, 1983). Examples of preceptor rewards are monetary and non monetary and include quantifiable administrative support such as extra work time to prepare for the experience; reasonable workloads; decreased floating to other units (Lewis, 1991); academic appointments; educational opportunities; and, in rare instances, financial compensation (Turnbull, 1983). As documented in student

perspectives on the experience, inconsistent application of support and rewards are what creates negative perceptions of the experiences (Caty & Scott, 1988). For the preceptor, it must be remembered that recognition reflects the value placed on an activity (Turnbull, 1983). Within the nursing community, it has been substantiated there is a relationship between job satisfaction, support, and rewards (Bizek & Oerman, 1990). The issue of who precepts the preceptor, or what support preceptors perceive they need from faculty, has not been well addressed. Andersen (1990) advocates a collaborative approach, with close ties and interaction between faculty and preceptors. The mutual appreciation and respect which evolved fostered student learning and narrowed the service/education gap in her institution. With due recognition of the fact that the role of preceptors in student nurse education has the potential to become a difficult and unrewarding one in contemporary health care, the issues of why it is done and how it should be accomplished should be explored.

Why's and How's

Placing the responsibility for the clinical education of nursing students on practising nurses was what the profession was attempting to change when nursing education moved from service to educational settings (Myrick, 1988). The current interest in preceptorship has brought nursing education back to the service environment at a time when the demands of practice are extreme. Unfortunately, the school-to-work gap

still exists and no better solution has been found (Lewis, 1990) to connect highly technical practice with evolving educational standards. The positive perception of preceptorship presently documented in nursing literature is a fragile one. There are, however, suggestions for how it can be strengthened.

Preceptorship should be carefully designed and is only useful if there are criteria for the selection and education of preceptors (Myrick, 1988). Currently in Canada, the major criteria for choosing preceptors are availability, clinical competence and commitment to the role (Myrick & Barrett, 1994). Clinical competence is emphasized by Infante (1985) and Myrick (1994) who further suggest that preceptors should be highly respected clinicians who have one university degree beyond the aspiring student. Lewis (1986) suggests that preceptors of students should be able to role model, communicate honestly, and demonstrate caring for patients and others. Benner (1984) suggests that a "competent nurse", ie. one who has two to three years experience, is the most appropriate preceptor for advanced beginners which is the practice level of a senior baccalaureate student. Her reasoning is that these two levels have similar problem solving approaches, based on their experience levels and thus have the potential to develop good working relationships. Although the literature documents 20 years of selection and preparation criteria for the role (Shamian & Inhaber, 1988),

the value of role preparation has not been established.

Lewis (1990) found in the group of preceptors she studied that the teaching process evolved naturally for them. Another study suggests preceptors only pretend to know what they are doing when they teach (Diekelmann, 1990). Beza, Stritter, Carola and McDermott (in press) studied pharmacy student preceptors and concluded training programs will influence concrete teaching behaviors but will not change behaviors which are attitudinal or self-revealing. Job satisfaction in preceptors does not necessarily increase with training for the preceptor role (Bizek & Oerman, 1990). Although the problems associated with teaching in the clinical area, such as acuity and heavy workload, are well documented, relatively little is known about solutions. Preparation for the teaching role is felt to be essential to give one the ability to teach (Paterson, 1991). Little is currently known about how preceptors teach.

Preceptor Teaching

Few nurses are taught how to teach in the clinical area. They are, however, considered competent to teach because of clinical expertise and educational achievements (Windsor, 1987). Myrick and Awrey (1994) have suggested that clinical expertise without teaching ability creates deficiencies in preceptors' potential to be effective teachers of students. Myrick further advocates for Masters prepared or at minimum baccalaureate (BN) prepared preceptors who have demonstrated

"competency in clinical practice and clinical teaching" (p. 95). Myrick supports BN preparation, a faculty member to precept the preceptor and the same preceptor throughout the experience and a comprehensive orientation with emphasis on teaching strategies (p. 187).

Myrick's emphasis on formal teacher preparation for clinically based nurses who teach is not universal. Diekelman (1990) has suggested that nurses do not teach as teachers do. Their teaching is influenced by their practice and they teach from that practice. Benner (1984) has taken this idea a step further and has encouraged nurses to seek out the knowledge that is embedded in clinical practice. This knowledge must be articulated so that all nurses can benefit and learn from each other. Knowledge of the teaching role of nursing practice is important to enhancing clinical learning in a practice based profession.

Practice is shaped by personal theories which may be implicit or outside of personal awareness and therefore subject to error. Implicit theories may not match the real world because they are subconsciously rather than thoughtfully created and reflect cultural norms and institutional practice. Implicit theories can become explicit through reflection (Rando & Menzes, 1991). Marson (1982) in an early study on the teaching skills of British nurses found they taught what supported their beliefs and values about nursing and placed heavy emphasis on skills and attitudes. Davis & Sawin (1993)

explored teaching strategy used by expert nurse practitioners who precepted graduate students in nursing. They categorized the students as "advanced beginners & competent proficient" (based on Benner, 1984). Expert preceptors/ practitioners favored manipulating the clinical environment and optimizing interactions between students, preceptors and clients as a way of decreasing anxiety and enhancing learning by the student, regardless of the level of the student. In today's health care environments however, many preceptors are professional novices themselves and are unclear about their teaching role and responsibilities (Faria, Brownstein & Smith, 1988). The manner and context in which preceptors combine teaching behaviors and theory to produce student learning remains relatively unknown (Lewis, 1990).

Summary

A brief overview of existing literature on preceptors has been presented within the philosophical perspectives of phenomenology. Perspectives on the experience from the view points of both students and preceptors have been included and perceived outcomes have been addressed.

The student perceptions of precepted learning experiences as valuable and desirable have not been objectively validated. Within the constraints of workloads and day to day activity on nursing units, students perceive preceptors to be effective teachers and role models. The reasons for this remain unclear. There is evidence that a preceptor student relationship is a nurturing and caring one and perhaps this successful teacher/learner dyad could instruct educators on effective clinical teaching strategies. It is not known how the one-to-one dimension of the preceptor-student relationship determines the nature of student learning outcomes. While the relationship dynamics are positive, the outcomes of precepted learning experiences remain equivocal.

Existing documentation of the preceptorship phenomenon has relied heavily on perceptions, opinions and attitudes and progressed to small numbers of studies measuring learner evaluation and performance outcomes (Henry & Ensunsa, 1991). Studies documenting performance outcomes have sampling problems, relying on self selected convenience samples, and have failed to control for extraneous variables. The

instrumentation in studies measuring nursing competency was developed twenty years ago in a different nursing climate. The ability to measure competence in today's complex health care systems is questionable. Technology, values, cost containment, and political climates have had considerable influence on contemporary nursing practice.

The emphasis on student perspectives and outcomes has overshadowed the contributions of the preceptor as the catalyst between the student and performance outcomes, and the link between theory and professional practice. Preceptors have not been given a defined role but have job expectations. If the basis for success in preceptored learning is the humanistic relationship between the preceptor and the learner, student variables such as age, gender, background, and academic potential become important and have not been addressed. In addition, the relationship between preceptor and student takes place within the broader interpersonal dynamics of the nursing unit and impact on the worklife of the unit staff. It is apparent from existing literature that preceptorship is a positive experience if all the preceding elements remain positive. In a relationship based on interpersonal dynamics, supports and rewards to enhance self esteem become important. To date, no analysis of what constituted acceptable rewards or what supports are perceived to be meaningful has been done.

Within the realities of contemporary health care and its

economic pressures, the ability of preceptors to sustain job satisfaction while meeting the demands of nursing student education is in jeopardy. The issues surrounding the process of precepted learning are many and relate mainly to the preceptor as the most nebulous and least understood variable in the equation. The need to understand the world of the preceptor is evident. Nursing's data base on the preceptor must be developed. Understanding how preceptors find meaning in the role may support preceptorship as a collaborative teaching relationship, with the potential to heal the rift between education and practice, promoting excellence within the profession of nursing.

CHAPTER 3

THE RESEARCH DESIGN

An identified need to understand subjects perceptions of the preceptorship experience guided selection of the research method for this study. The phenomonological method of data collection and analysis was used to enable the researcher to examine processes according to the perceptions of individuals involved in the process (Brink & Wood, 1987).

Phenomenological analysis of subjects' statements of what it is like to be a preceptor of a student nurse while simultaneously responding to the demands of clinical practice requires a reflective activity which is similar to the reflection that takes place in the everyday work life of a preceptor. To realize and describe the experience requires the preceptor to live an understanding of it. The type of reflection appropriate for understanding the human relations of a preceptor and student nurse is different from that which is appropriate to the sciences. It can be equated to the differences between solving a problem and a mystery (Marcel 1971, as quoted in Riemen 1986).

Problems can be solved by objective techniques. Situations in which feelings of the persons involved are crucial to the understanding of a problem are mysteries and require methods that expose the interdependence and interrelationships of the people involved (Riemen in Munhall and Oiler, 1986). It is known that working with common issues

in day-to-day nursing practice results in the development of common meanings related to that practice. Common meanings evolve over time and are shared among nurses. The resulting traditions provide a fertile source for the eventual development of nursing theory (Benner, 1983).

Data Collection

Method

In phenomenology, the aim is to recover original perceptions of an experience (Boyd, 1988) and data collection methods are limited only by imagination and ethics (Oiler, 1982). Participants in the research study were asked to tell stories about what it was like to be a preceptor of student nurses. The stories were tape recorded by the researcher. Knowledge revealed through stories is contextualized, personal, never explicable, and full of life experience which is not explained; the knowledge revealed is not forced on the listener (Morse, 1989). The researcher role during the story telling was clarification. The format was one of conversing rather than interviewing. Questions such as "can you give me an example" & "how did that make you feel" were asked (Bergum in Morse, 1989). The expected outcome was that the paradigm or fundamental world view of the preceptors would be revealed. They identified how they define their reality, locating and solving problems within it (Marsick, 1988).

Paradigm cases are developed by expert nurses to guide their perceptions and knowledge, and enhance their grasp of

situations. They can be simple or complex, positive, or negative. They extend the knowledge of nursing embedded in clinical practice (Benner, 1983). The multiple meanings of behavior are explored within the entirety of the experience and anecdotal reports or stories told of an experience is a construction of reality (Boyd, 1986, p. 84).

Sample

This study explored the lived experience of nine registered nurse preceptors of baccalaureate student nurses in an urban community. The associate dean of the undergraduate program at the University was approached for permission to access community nurses who have precepted senior nursing students in the university senior practicum experience. Once access was granted, preceptors who work on acute medical and surgical units were asked in writing if they wish to participate in the study (see Appendix A). Only medical and surgical units were used in this study. This was necessary for congruence and because the possibility exists that student responsibilities and learning experiences and, therefore, preceptor experiences, may differ in specialty units.

In qualitative research, four types of samples are commonly used: purposeful sampling, selection of informants according to the needs of the study; nominated samples which require informants to select other informants; volunteer sampling, which is used when potential informants may not be known; and total population samples which are used if the

informant pool is small. Informants must know something about the topic, and be willing to talk about it (Morse, 1989).

According to Morse (1989), adequate and appropriate sampling requires that researchers control sample composition through primary and secondary selection. Primary selection, or selecting whomever the researcher wants to interview, is commonly used in phenomenology (Morse, 1989, p. 123) with the goal of selecting the best informants. For this study, preceptors who had at least two preceptorial experiences were selected. Confirming the study findings with the research sample on completion of the study was done to ensure that sampling bias had been controlled for. Time required for the confirmation process was built into the contact time requested of study participants.

Participants were asked to sign consents to participate in the study and to be tape recorded (Appendix B). They were advised they could withdraw from the study at any time. Interested participants were selected based on their willingness and ability to verbalize freely about their preceptor experience.

Setting

Data collection was conducted at a time and setting convenient for participants. They were encouraged to select the location where the research conversation took place. For example, if the participant desired it, the research conversation took place at his/her home. Participants were

encouraged to select a location which was free of extraneous noise and interruptions. If there was no preferred location, a private room in the School of Nursing was used.

Time Frames

Data collection was conducted during the academic year 1993-94. Each participant committed at least three hours to the interview process. There was an initial interview where participants told their stories and a second interview of approximately one hour to confirm the study findings. Reflection time was encouraged during the interview to facilitate participants' revealing all information that was meaningful for them.

Interviews

1. Pre-interview

Pre-interviews were conducted by telephone. The researcher described the study and its purpose and answered any questions prospective participants had. Since phenomenology describes knowledge as the outcome of reflection on a situation (Boyd, 1988), the pre-interview provided participants with an opportunity to reflect on their experiences and select the stories they wished to tell.

2. Paradigm case interviews

The paradigm case interview consisted of asking participants to share stories of their experiences as a preceptor. The stories told were those which stood out for them in the experience as really exemplifying what it meant to

be a preceptor. The participant's individual perspectives were important and the interviewer's role was to encourage participants to describe the situation as completely as they wished. This interview method is based on Benner (1984) and consisted of the following instructions:

a) tell me about a time that you will never forget because it reminds you of what it means to be a preceptor of students.

b) share as much detail as possible.

c) describe why the story was important to you and what it means to you.

d) don't stop until you have said everything you wish to say.

Data collection involved minimal input from the researcher other than to encourage the participant to speak until they had nothing more to say, being attentive to what was being said and encouraging further reflection on incidents that were described (Swanson-Kauffman & Schonwald, 1988). Interviews were terminated when the participant stated they had nothing more to say.

3. Final interview

A final interview was done to present to participants a summary of what it means to be a preceptor, based on the information they had shared. Typed transcripts of their interviews were made available to them either prior to (by mail) or during the interview. Participants were invited to expand on or clarify any statements from the interview and to

comment on whether the summary presented to them reflected their perspectives on what it meant to be a preceptor.

During the final interview, the participants chose to comment almost exclusively on the summary they were given (see Appendix D, Exhaustive Summary), and dialogued with the researcher about the researcher's interpretation of their perceptions. This sharing of data verified and clarified the research findings (Swanson-Kauffman & Schonwald, 1988).

Data Analysis

Within a phenomenological perspective, there are a variety of methods of both data collection and analysis but all hold to the primacy of the subjective experience (Riemen in Munhall & Oiler, 1986). Data collection and analysis methods in phenomenology have been proposed by researchers in several disciplines and are often dictated by the discipline's history and orientation (Reimen, in Munhall and Oiler, 1986). In the social sciences, Van Kaam's (1959) method has been used with large study samples. Data analysis, within this orientation, relies heavily on verification of the researcher's findings with expert judges. For small study samples, with repeated interviews, Reimen notes that Giorgi's (1975) method has proven beneficial. Giorgi's (1975) five step method includes identification of constituents of an experience and subsequent description of a phenomenon which is then critiqued by others. Colazzi's (1978) phenomenological data collection and analysis emphasizes matching data sources

with methods and also frequently is used in the social sciences (Omery, 1983).

In nursing research, hermeneutic inquiry can be the method of choice to analyze the voices of nurse and uncover hidden meanings and relationships (Diekelmann, 1990) they share through telling of their paradigm cases. Heidegerrian hermeneutics allows the intentions and understandings of individuals to be understood within a shared world of meanings. The outcome is that participants and interpreters who share the same background can understand interactions in the same terms (Benner, 1983). Within Heidegerrian hermeneutics, shared practices and common meanings are coded as themes and constitutive practices. The resulting patterns express the relationships among themes and the same themes are reflected in the text of all study participants (Diekelmann, 1992).

Hermeneutic analysis was done in this study. Texts of interviews were read for understanding, subsequently isolating the themes which described aspects of the preceptor phenomena. Themes led to constitutive patterns in the data. The goal of the analysis was to discover meaning and achieve understanding, not to extract terms or concepts at the higher level associated with grounded theory (Rather, 1992).

Discrete, concise coding of all lines of participant transcripts cannot and does not make sense for every phenomenological study and can detract from productive

intuitive aspects of enquiry (Swanson-Kauffman & Schonwald, 1988). The interview texts were read for an overall sense of the message the participants tried to convey and the number of times the same message was conveyed. Frequency determined dominant themes and consistency of findings. The findings were linguistically interpreted and a summary document prepared to describe what it means to be a preceptor. The exhaustive summary should apply to each participant but does not need to describe the complete story of each participant (Swanson-Kauffman & Schonwald, 1988, p. 105).

Ethical Issues

The ethical issues in qualitative research are unique. The phenomenological researcher frequently knows the participants. Anonymity and confidentiality are therefore paramount. The participants may share information with the researcher because she is a nurse (Brink & Wood, 1989). In phenomenology, the researcher is the research instrument and for this reason, bracketing or setting aside of assumptions both prior to and during the data gathering process is of prime importance. Accurate interpretation of subjects lived experience is the guiding principle behind the method (Swanson-Kauffman & Schonwald, 1988). The researcher must document prior to data collection any preconceptions that exist relative to the research question to ensure they are acknowledged prior to the research process. The researcher's assumptions were recorded as follows:

1. clinical education is an essential component of education in the nursing profession.

2. clinical education should not be provided solely by clinical teachers.

3. clinical education of nursing students is both enjoyable and stressful for practising nurses.

4. the interactions between preceptors and nursing students have not yet been discovered or defined.

For this study, data were collected on audio tapes numbered with a code number. Only the researcher knew the name of the participant. Tapes were kept in a locked box for which the researcher alone has the key, and will be maintained for seven years following transcription of the data. Consent to participate in the research study has been addressed in the sample section of this report. The consent form used is included in the Appendix.

Communication of the Results

The hermeneutic process requires immersion in language (Bergum in Morse, 1989). Research reports in phenomenological studies are written and rewritten so that particular parts and the total study are understood at their deepest level. Phenomenological description should account for the meaning of something; and phenomenological interpretation is the act of producing or establishing a meaning (Silverman, 1984, as cited in Morse, 1989, p. 51). Establishing meaning requires a self-reflective attitude by both informants and researchers.

Phenomenological reports may be written in a variety of ways, but should be complete and comprehensive within the method of presentation. They do not require much explanation of method since the findings are more important than techniques and procedures used to derive the description (Brink & Wood, 1989). The description of preceptorship as it is known by the participants in this study is found in Chapter Five.

Summary

This chapter has detailed the data collection and analysis procedures that were done by the researcher in this study. It has identified that phenomenology was an appropriate framework for data collection and analysis of practising nurses' perspectives on preceptorship. The relationship between practising nurses' and nursing students has been emphasized in nursing literature from the perspective of student learning outcomes and perceptions of those other than preceptors of what the relationship is and should be. While preceptorship is valued in nursing education, the perspectives of practising nurses who take on the role has not been explored. This research contributes to knowledge in this area.

CHAPTER FOUR

FINDINGS

The nine participants in this study shared stories of their experiences as preceptors of baccalaureate nursing students during their final clinical experience prior to graduation. This chapter will describe the characteristics of the participants and the nature of their experiences. The chapter includes a description of the findings in a phenomenological context, i.e. examining the process of preceptorship according to the perceptions of the individuals involved. The preceptors perspectives on the role, their beliefs about the role and the realities of the role as it is enacted in the clinical area. The satisfiers in the role and the disappointments will also be revealed. Preceptors recommendations for enhancing the role and their perceptions of how preceptors teach will be addressed. A summary of major findings will conclude the chapter.

Characteristics of the Sample

The nine participants had between two and twenty-six years nursing experience. All had at least two experiences as a preceptor of a baccalaureate student in a senior practicum. The range was two to eight experiences with an average of four experiences. It should be noted that preceptors frequently described short term encounters with students that did not encompass an entire student experience. These experiences included episodic involvement while the students' regular

preceptors were on days off, or when they were consulted by a preceptor who wanted a second opinion of the student's clinical performance. The educational preparation of the participants were diploma prepared (3), baccalaureate prepared (4), and two participants had a nursing diploma and an Arts degree. The age range was between 23 and 50 years.

The preceptors told stories which stood out for them as exemplifying the preceptorship experience. They were encouraged to tell and discuss the stories until they felt they had nothing more to say. The stories related diverse experiences with students, both positive and negative, that centered on the actions and interactions involved in patient care given by a senior student and a practising nurse preceptor. All experiences took place on medical-surgical units in tertiary care hospitals.

THE PRECEPTORSHIP EXPERIENCE

The Preceptor's Perspectives

Precepting is generally defined in nursing education as a one to one teaching/learning relationship between a practising nurse and a student, which takes place in a clinical setting. The practising nurse teaches from his/her own expertise while simultaneously meeting required job responsibilities. (Chickarella & Lutz, 1981; Clayton, Broome, & Ellis, 1989; Donius, 1988; Shamian & Inhaber, 1985). For the purpose of this study, perspective has been defined as the way in which an individual defines a succession of similar

experiences; the meaning and subsequent decisions individuals derive from what they encounter in a social context (Paterson, 1991). In the case of teachers, one's perspective reflects the goals, values, attributions and strategy beliefs that motivate actions (Ames & Ames, 1984).

PERCEPTION AS REALITY (REALITIES OF THE ROLE)

Perceived Responsibilities

Study participants articulated what they perceived to be their primary responsibilities as preceptors of senior nursing students in their last clinical course prior to graduation from the nursing program. Primary responsibilities were to transmit to students what professional practice is and should be and to assist them to mesh the theory that they had learned in their educational program with the realities of the application challenges in the clinical setting. In essence, now that students had learned to do nursing, preceptors would teach them how to be nurses.

1. Transmission of practice ideals

The preceptors in this study believe that ideal clinical practice is far more encompassing than the tasks commonly associated with patient care on nursing units. They believe the potential for personal growth and satisfaction in nursing practice is a reflection of how broad one's perspectives are on what nursing can be. Their challenge was to convey that idea to students.

> You see to me the preceptorship is not about honing skills ... What I wish to give the student in a

> preceptorship is the vision of what they can be in the future...

This involves conveying the truth of professional practice as they see it.

> I think the most meaningful thing about the practicum experience is getting used to that lack of definitive practice framework. It's starting to discover that there are only guidelines and that you are the master of what you do ... It's very uncomfortable to find yourself in a situation where there are no right answers.....(This is) one of the things that I felt is most important to help the student understand.

One preceptor shared with her student the often unpleasant nature of the practice setting by telling some of her personal experiences that were of a nature that only another nurse would understand. She emphasized the value of being able to share with other nurses and the professional support that can be felt when a peer really understands the difficulties that can be encountered in the context of caring for others.

> A nurse could only tell that to another nurse. You could never say that to anybody else because they would think that is really horrible.

2. Integration of theory and practice

There were several examples of the importance of integrating theory and practice as a fundamental task of the preceptorship experience.

> They don't feel that nursing process or theory are really applicable to the ward situations. I think that if you just think about it, you do apply it. You may not realize it but it's here and you have to look at it and if you can see, that's what you're doing. It makes your job.

> I think in going through nursing school and my background, the theory seemed very separate from

> the practical a lot of times for me. It was sort of like, this is what you're taught and this is the real way to do it ... It took me some time working on my own to do this myself, but when I look back, obviously I had done it ... Just to mesh the two and to say to myself let's pull all this theory, all this stuff that we've been taught into this practical, even though you know it's a different set of people telling us this is the real way to do it. They really are one and the same ... They are valuable to each other and they interrelate back and forth so you're drawing your practical experience into your theory and vice versa.
>
> I think it takes a long time to synthesize theory and practice and then reality.
>
> I know you're taught that way in school but the reality in the real world and school ... Sometimes it's the ideal situation in the school and of course, sometimes they don't mix.
>
> I can't imagine them going from classroom to ward without something in between to be the bridge.
>
> I'm not putting down the schools or anything but, school work is so idealistic, it is just the ideal setting and real life unfortunately is not ideal. They'll realize after being with you for a day or two, depending on your patients that there are different ways of doing things but you end up with the same result.

The stated goals of the preceptors were supported by beliefs and values they revealed to be intrinsic to the experience as they perceived it.

PRECEPTOR BELIEFS ABOUT THE ROLE

The preceptors in the study shared many beliefs about being a preceptor and values that influenced how they enacted the role. They stated emphatically that preceptor values have a major influence on student success during a senior practicum experience. Ames and Ames (1984) described a system of teacher motivation in which values and goal orientations of teachers

prescribed their perceptions, behaviors and attributions of teaching. Eight of the nine participants in this study reflected the moral responsibility system of teacher motivation described by Ames and Ames. Teachers who have a moral responsibility motivational system are concerned for student welfare, credit students with successful learning outcomes and blame themselves for student failure. They also have a general helping orientation (Ames & Ames, 1984). All study participants believe that precepting senior nursing students is a professional responsibility and an opportunity to help students. They also expressed being motivated by recollections of their own negative experiences as student nurses.

> I believe nurses who have the opportunity to be around students should be asked because the students are our future. If you have a certain ideal about nursing, I think that then you want to let the students know that what they have learned is possible to implement. I see too much of "eating our children" in a sense.
>
> I see so many nursing students get eaten up out there and it really bothers me. It really really bothers me cause I remember what it was like, I don't know how these people forget what it was like to be a student. When you talk to them they always say, oh gosh, I was so scared and they all seem to remember what it was like but yet they play into that role again and they seem to berate the students that are there ... We're supposed to be their support and guide. I mean we're all human, we all learn, we all have a starting point to learn, we're not born with knowledge of everything so that's another reason I take it on ... To try and give them a positive experience as far as being taught because that can make or break your career.
>
> We really need to help new people in the profession.

> When I was going through my eight weeks at the end of my actual schooling, the eight weeks of being on the ward and working with other nurses, I found it very frightening ... I decided I would try and help student nurses when I got further along in my career.

One preceptor shared a slightly different perspective on what precepting meant to her.

> What really gave me satisfaction from having a student ... (was) the hope that I did a good job. I really tried to find the time and stayed quite often overtime and through breaks and whatever, just to make sure she got what she needed ... These students are so enthusiastic and so positive and know life ahead and they look up to you like you're some wonderful person, they can't possibly expect ever to be like you. I think that's what really does it for me. It's good that I've had good students, it really made me feel positive ... I hope I've set a good example for them ... I think I like to put my mark on things, I like to be able to influence people ... I like to have things done my way and I think I do things well and I would like that other people coming into the profession do things well.

This teacher conformed to Ames and Ames ability evaluative perspective which Paterson (1991) suggests is indicative of a novice preceptor. This participant had had two precepting experiences which she stated had gone very well.

Precepting as Helping

Helping as described by Ames and Ames involves instructing the student on specific tasks, helping students feel better and other behaviors that are perceived as helpful to students. Helping in nursing literature on caring has been defined as an effective demonstration of how to care for others (Mc Farlane as cited in Morse, 1990). Watson (1994) has developed this idea further and defines caring as "an

ontology, a mode of being human" (page 3). Since preceptors defined their primary responsibility to students as conveying to them the essence and ideals of professional practice and the essence of nursing is described as caring (Watson, 1994) it is not surprising that caring behaviors permeated the descriptions of preceptor's attempts to help students. Helping behaviors elicited in this study included guiding or leading, presence or "being there", support, providing feedback and encouragement, being an extra pair of hands or being a "gofer" and helping students "sort things out".

> Obviously you feel like you should have done something to help them.
>
> It's a sense of accomplishment that you actually helped this person and this person is going to do great things.
>
> I encourage them not to be scared to try different things cause I always say to them, I'm here to help you.

Leading or guiding was described in the context of helping students explore options in nursing practice.

> To take him by the hand and lead him into those grey areas every single time, to get him away from those definitive decisions that you make, yes I will do this, no I won't do that, and to let him become enveloped in IF I do this, this may happen, IF I do that then this may happen.
>
> You want them to be successful and you go into it with the idea that you will help to guide them.
>
> When they come to you for guidance, when they come to you and say what do I do about x situation, what does this mean, what does this order mean from a physician, how do we do this ... being able to say ok, well we can do it in a couple of ways.
>
> If they come and they ask me how to do something.

> We usually discuss it and I'll say, okay, this is why we're doing this or do you want to know why you're doing this or if they have a question, I will try and answer it with a good logical reason, why things are done the way they are.
>
> It made me very aware of how they look to other people for guidance and help and things like that.

Presence for preceptors implied an openness towards students, receptivity to student needs and a general readiness to provide assistance as the student needed it.

> I guess it's being a resource ... just being there.
>
> A lot of it is that whole idea of being there, whether you're a familiar face to talk to ... I think I can remember from my senior experience, my preceptor was at least a familiar face that you could at least turn to and that in itself was a lot of value.

Precepting as providing feedback

Preceptors believed feedback was an important component of student learning. Feedback was both informal and formal.

1. Informal

Informal feedback was often labelled encouragement and was described as necessary to help students build confidence in their clinical practice.

> They tend to want to have you by their side. For some of them it's easier to break free, they have more confidence. Others, they really want you there the whole time and so you have to instill some confidence in them that they are able to practice.
>
> The student just approached her (the patient) very calmly, and read about her in the procedure manual, what needed to be done, and we went in there together. I was just like a second set of hands for her, I was her gofer when she needed me so it really was positive.

> So I've made a point of trying to give them lots of feedback because that's the only way they will know.
>
> I was impressed actually with the level of aptitude that she had so I wasn't worried about her skills. She just basically needed some encouragement as far as how to plan her day.

2. Formal

Formal feedback or evaluation was usually written mid way and at the end of the experience.

> When I write the comments on the paper and they read it it almost enlightens them I guess. They say yeah, "I guess I do that" and I think it kind of puts it in perspective for them too because I know they have to do a self evaluation. It makes them look at their own practice. But, to see it on paper from another person, I think it puts it into perspective for them.

Preceptors had some problems with the responsibility of the evaluation of students. A particular problem was how to give students negative feedback.

> The thing that I still have a hard time with is the negative. Trying to tell people, maybe try something a little different, or no, we don't do that or it's not safe to do that. I always find the negative confrontations more difficult. I guess that's part of my personality or part of growing but it's been a good test for me.

<u>Precepting as sorting things out</u>

Sorting things out, in general was the process of helping students discriminate within the volumes of information which presented itself everyday in the clinical setting and consisted often of combinations of other behaviors such as problem solving prioritizing and resource kinds of activities. One preceptor summed up this type of activity in the context

of a patient situation where crisis intervention took place and her student assisted in resolving the crisis.

> So every now and again she was popping in to ask me something about some of her patients. I would take the time and she was very interested in what was occuring with my patient at the time. She would get her tasks done and quickly come back and see if there was anything she could do or try and find out what were his vital signs showing me. I would ask her before I told her, " well what do you think they're showing to me?" without alarming the patient ... I remember that being one of the most rewarding days that I have had actually because I felt that by the end of the day we had accomplished as nurses what we were supposed to do.

Another stated:

> If they come and ask me how to do something, we usually discuss it and I'll say, OK, this is why we're doing this or do you know why you're doing this or if they have a question I will try and answer it with a good logical reason why things are done, why things happen or why things are done the way they are.

Helping behaviors were always enacted with the idea they facilitated student learning which preceptors believed to be the purpose of the experience.

Senior Practicum As A Learning Experience

Without exception, preceptors believed that the senior clinical experience should be a learning experience. The disparity between this belief and what they perceive are the values of the educational environments create conflict for them in enacting the preceptor role.

> They're here to learn, they should take advantage of this but the culture socializes them to be workhorses and this comes from their prior educational experiences.

This conflict between value systems can create hardships for

students and diminish development of student potential in the clinical area. One preceptor had experienced a student quitting his program during his senior practicum as a result of being unable to integrate the different value systems. This preceptor expressed the problem very clearly.

> To me it was just another example of the fundamental difference in how we see nursing, because nursing encompasses nursing education, research, clinical nursing, administrative nursing, it is all one thing. Although each of us has our spot in nursing you do go out of your sphere and participate in other aspects of nursing and you should. There is much work to be done in methods of preceptorship for sure. You can take a great student or an individual who has an understanding of the essence of nursing and you can beat it out of them and turn them into a functional individual who is maniacal in their pursuit of the "right thing" and achieving everything on the Kardex at the expense of the human needs of the patient or you can utterly fail someone. I think both things are wrong and ... that's all I have to say.

The suggested emphasis on the performance of tasks, a value preceptors do not share with the educational system, was expressed as a variable which affected student ability to identify with the preceptor's view of professional practice. The preceptors without exception viewed nursing as encompassing much more than skills. One preceptor stated this very clearly.

> I think the first thing I see in a decent nurse, in a good nurse is caring. You know you can do all the skills you like but if you don't care for people. I mean being able to put your arm around and hug a person, that kind of caring ... to me tasks and skills are not that important.

The preoccupation with nursing tasks was seen as a student orientation preceptors wanted to change.

> I found baccalaureate students to be very concentrated on tasks that needed to be done and they would be worried about getting them all done.
>
> And so I think the senior practicum has become one where the emphasis is on how many patients can I take care of as opposed to what do I need to learn here. What more do I need to learn to take out with me when I finish.
>
> I live for the day that all the things we do in nursing actually appear on the Kardex, but there are far too many people that are task oriented still. It would seem those other aspects of nursing if they were articulated on the Kardex, their response would be "I don't have time for that, I don't have time for that" and so what she had learned was to make time for all these THINGS, these right THINGS to do and she wasn't able to do the right thing for the patient.

The iminished importance of tasks and skills to practicing nurses was enhanced by their perspectives on the nature of the relationship they would have liked to have with the students. Many of them did not wish to end the relationship at the end of the experience and chose to continue it as either a close or distant ongoing professional friendship. Some of these experiences were more positive than others.

> The last university student I precepted has not been as fulfilling an experience ... I kind of wish I could still intervene ... I found that they were going up in their learning curves, doing great things, and I saw this great potential. I've seen it plateau, actually decline ... I kind of wanted to go and be able to do something with them and I can't ... Where they graduated from, that is sort of the level I see them practising at.
>
> So when people are going out there just after graduation they're wanting to still be sure they're not alone out there ... That you've got people to rely on, even though they are responsible and accountable and ... working as a team.
>
> I feel responsible I guess for making sure they're

> going in the right direction, if they have questions and for being a good mentor.

PRECEPTOR VALUES

Study participants identified factors inherent in their definitions of professional practice. It was not surprising that these factors reflect their motivation towards teaching and were emphasized for their students. Responsibility and accountability for practice were important to them, as were protecting the student from hostile others and from practice errors. In this context it is not surprising that preceptors also valued student success.

Responsibility and accountability

Preceptors valued accountability and responsibility taking by the student as important components of professional practice that are difficult to teach. They shared circumstances where this value was emphasized for students.

> As a nurse you need to be willing to take responsibility for the situation you find your patient in whether it occured by your hand or someone else. You need to take the responsibility because it helps you face the problem. It's a lot easier to say I'm not going to deal with it cause she did it at 6 am so it's not my problem. It is your problem, it's your problem if it's your patient.

> I remember thinking how do I get through to this person, not necessarily their medical knowledge but how their actions or non actions have an impact on patients and a patient's life and wellness. I was never able during that whole experience to communicate that to this person.

> I had asked her to give an enema to this patient. He had a colostomy but I had shown her how to do it. He had to have one done every day. She said yes I gave it. So I went to the patient, I asked him,

> he said no I didn't get it ... and I really told her, I said, don't ever tell me a lie and say you've done something when you haven't done it.
>
> A lot of people I find in nursing say I'm off, it's not my job, you know, I'm off and that's it. Well you can't always do that, you can't always just walk out and leave.

Another preceptor also addressed the issue of responsibility and accountability in a slightly different context. Her student had charted an adverse finding in one of her patients and had not reported it to her preceptor nor had she followed up on it. The preceptor had discussed and resolved the issue with the student but the nurse coming on for the next shift chose to make an issue of it. In this context the preceptor noted a conflict between her values of accepting responsibility and protecting students.

> And after that there was no more conversation but I felt partially responsible because I am responsible for these patients. I should have maybe checked up on it a little sooner and caught it but on the other hand, it was partially the student's responsibility to tell me if she felt that anything was out of range or to follow it up. With this particular nurse, she has a reputation of being, what's the word, I guess threatening, kind of to students when they give report. I felt it was my job to jump in there, because I knew her, and I knew that you have to stand your ground and be firm. I felt that it was my duty to protect the student.

Student Success

Preceptors also value student success and see success as the desirable outcome of the preceptorship experience. All but one preceptor in this study attributed student success to the students own efforts and student non-success created

tremendous self doubt in their precepting abilities. The preceptor with the ability evaluative (Ames & Ames, 1984) orientation felt student success was linked to her interventions as a preceptor and to date has not had any students who have not been successful.

> The student coming into a new situation is trying to make the transfer from school to work and is very impressionable. They pick up on a lot of the things that you do. It really makes you aware that you have to kind of watch what you say and make sure that you're doing things properly because I would feel really awful if they picked up some bad habit that I let slip. So that was one incident where I felt I contributed to her success.
>
> And I've had two strong students you know, in the future if I have someone who is a little weaker maybe my perceptions would be different.
>
> The students I've had have all been very, very good.

Student failure is personally and emotionally devastating for preceptors. One who had witnessed a student leaving before the experience was complete reacted angrily to what she felt were failures in the educational system, and inappropriate actions of her professional colleagues.

> It didn't really matter that the student would in fact fail with this nurse. I don't like to speak ill of this colleague, but in this case I felt that he would fail and fail miserably and there would be nothing but THINGS he did wrong.
>
> The instructor, the clinical advisor told me that she was waiting for him to apologize. She hadn't heard from him how sorry he was. In her estimation he did not deserve her forgiveness yet.

When a student preceptor relationship had gone badly, recalling the experience was very painful for the preceptors. One preceptor who had this experience terminated the interview

after telling her story. In the telling of her experience her uncertainty was evident.

> I see a lot of self doubt, maybe there was something I missed, maybe there was something I could have done earlier to have a better sense of what ... but I know my style is not to hover ... to watch from a distance, to still keep control ... But it made me look at that maybe I need to change my style of being a preceptor.
>
> In a lot of circumstances as a preceptor you're responsible and you take this responsibility quite seriously. So I tried other avenues with her ... but in the end she went to another unit and according to her advisor she did fine ... I felt quite dismayed as I felt I had done all I could. I felt that I had been very fair in having other people assess her ... and to find that she had done well elsewhere ... we all couldn't have been that off base.

Fostering student success often involved protecting the student from their own high standards, from others in the workplace, from practice errors and occasionally from faculty.

Protecting the student

Preceptors described students as highly motivated and sincere in their attempts to provide an exemplary level of care to patients. As novice practitioners this is a difficult task and students tended to be very critical of themselves. The vulnerability of students as professional novices was recognized by the preceptors and they protected students in effective, caring ways.

1. Protecting the student from hostile others

Protecting the student from hostile others was articulated in contexts other than direct patient care situations. When students experience interpersonal or values

conflicts preceptors felt a need to intervene in situations where the student appeared vulnerable.

> I hesitated to get involved in it, mainly because his preceptor, had a different focus in terms of what nursing is, and a different focus on what a senior practicum experience ought to be. But I felt for the student's sake I would do it. What I wanted to find out was first, what had happened and where he saw himself in the process now ... I spent a number of days with him and again I didn't want to set him up to fail. But I kept getting messages, "test this students mettle, don't help them". That's the advice I was given ... test him to see what he does. I think that even after you've graduated ... even nurses who are graduated and licensed may fail those little tests and why are we testing people as opposed to motivating them?

The preceptor went on to describe what she called a punitive process that culminated in the student quitting the nursing program. Her emphasis on the preceptorship as a learning experience rather than an evaluative one protected vulnerable students from what she perceived as inappropriate attitudes or actions of the supervising faculty.

> I never saw the assignment of being his preceptor as one of evaluating his ability. I wanted to see where he was as a nurse and what his learning needs were, not whether or not I could fail him. As a preceptor, you can fail any student. There's no question about it. You can make their lives incredibly miserable and rationalize it as evaluating their nursing ability ... I blame his quitting nursing on the educator for not intervening in the difficulties between he and his preceptor and then spending the rest of the term focused on retribution.
>
> I've seen too many instances where a student who didn't meet his preceptor's expectations was made to feel inadequate and not helped to learn. Students should not fail the senior practicum. They are here to learn what professional practice is, not to be evaluated on how much work they can do.

Hostile others could even encompass an entire work group the student would be exposed to during the experience.

> We have a shark infested ward, it's very difficult to get through that place without getting eaten alive.

> I had this one student who was questioned about her ability to be compassionate with patients by a person who hadn't even been exposed to her dealing with patients ... I explained to her (the student) that I had seen her actually putting her arm around someone and consoling them. I had seen her speaking with families ... we discussed it with her instructor.

2. Protecting students from themselves

Preceptors found students to be very hard on themselves when their practice was less than perfect and focused on helping students understand that errors are a human failing from which they were not exempt.

> When one of the students hands me an error in administration in either a treatment or a medication ... they are obviously frightened and are distraught and sort of wanting to throw everything up in arms and say "I'm not allowed to be here anymore, I'm not allowed to make this error" ... they think that in a lot of circumstances it's the end of the world and I think not just students see this many times. You know sometimes nurses do it too, and just bring them to the realization it's not the end of the world. It's not the end of their nursing career before it's even started.

> She misunderstood me, she went into the Foley itself, breaking the balloon and of course the Foley slipped out. She was in a panic. I said ok, fine, all we have to do is put the Foley back in which we did together. She was really quite upset with herself and almost to the point of tears. I explained to her, you know, anybody can make a mistake, there was no terribly serious harm to this patient.

3. Protection From Practice Errors: Standing back and standing by.

Protection of the student from practice errors was a consistent activity on the part of preceptors. While they recognized that students need to practice nursing in the clinical area they also understood the students fear of harming patients. They accomplished this protection of students by standing back and letting students take the initiative and standing by to intervene if things were not going well, in essence providing a safety net for student practitioners.

> You're very tempted to take over in that situation and there is a fine line to the point where you would take over for the patient and allow the student to watch ... the safety factor . But in this situation this person sort of clicked in and started doing the right things.
>
> I find that I have to let go a little bit and stand back and not have my fingers in everything and let them come to me and give them some freedom.
>
> In specific situations I find too that I have to let go and back off. They are not my children, they are only with me a short period of time.
>
> You know, it's a fine balancing act. You don't want to take over and you don't want to say this is exactly what you do, bing, bing, bing, but you want them to go the route that will make their work life a bit easier.
>
> I guess the best way to describe it would be like "step in" if the student feels they're floundering.
>
> I find that you kind of have to back off a little bit and find the level or the area that they have expertise in.

Preceptors would plan workloads for themselves and the student

to facilitate the backup process.

> I would give her the heavy patient and one other patient so that I would have enough time to watch and help her.
>
> I let her do all of that and I said if you run into problems you come and tell me. So I gave her an awful lot of autonomy, but I mean, I still did watch.

Backup also involves letting students make their own mistakes.

> We had a lady who stroked and she was fairly young with a trach and GT tube feedings and all that sort of thing. My student decided to see if she could toilet train her ... it didn't work ... but she did try. She went in every 2 hours and tried. It was too bad it didn't work.
>
> This is some of the letting go you look at, it's standing back and letting the student make that first error. I think it's an experience they need, even though you wish you would have helped them to prevent it and maybe sometimes there is a sense that you should have done something else.

Factors preceptors deem as influential in determining the nature of the relationship that develops between themselves and the student will be discussed subsequently.

Student perspectives on preceptorship were not addressed in this study as it focused on preceptors and their perspectives. Several preceptors shared that students had expressed that initially preceptors were viewed as being intimidating. Preceptors appeared to find this surprising.

> She said that at first she found me intimidating but after she got to know me she felt that I had a lot to offer. She was grateful for the things I had taught her.

One preceptor worked hard to be perceived as non threatening, because she had felt intimidated as a student.

> I was older than most of the nurses working at the time and I was kind of intimidated by them. I guess they knew so much more than I did and I was older and I should know more.

Preceptors did however offer thoughts and ideas about variables which potentially influence the experience.

MEDIATING VARIABLES

The nature of the relationship that evolves between preceptors and students was influenced by factors both extrinsic and intrinsic to the relationship.

Contextual variables: The Workplace and Its Workers

The issue of the workplace as a learning laboratory for students remains controversial in nursing education (Infante, 1985). Participants in this study suggested that a senior clinical experience for nursing students is essential, but occasionally problematic.

> I can't imagine going from classroom to ward without having something in between to be the bridge.

The fact that preceptors teach students in the context of their day to day patient assignments has the potential to create conflicts in priorities and responsibilities. In this study there was minimal evidence of this. The accountability the preceptors retained for the patients they were assigned but had delegated to the students was acknowledged but any inconvenience was compensated for by the rewarding aspects of the experience. The only real issue identified by study participants was one of staffing.

> We're assigned say five patients on a day shift and if someone happens to call in sick and there is difficulty finding a float or a casual nurse to come in and replace that person, then they'll think, well you know, we could give you some extra patients ... It doesn't happen often but every once in a while it does, especially if the student is really good and very efficient ... I guess they can't see that it's not really helping me (to have a student) this is a learning experience for the student.
>
> After a while the hospital realizes you have a senior student and they'll try and reduce the staffing level on the unit because there is a senior person there. So they'll try and pull that trick even though they're not covered. If anything should happen it falls back on the preceptor who would be responsible or liable for anything that happened to a patient.

Staffing issues created a more significant influence on preceptorship when preceptors were floated to another unit or another shift and the student had to problem solve inconsistencies in attitudes, expectations and orientations towards the role.

> You see the nurse she was buddied with hurt her back and wasn't able to be her buddy. This was unfortunate for this student ... she had pulled three maybe four preceptors and this was not a good thing, particularly when you are going from a preceptor to preceptor who may not have the same goals for you.
>
> When I came back there were all these various calamities that had occured with preceptors which would mean that I would have one week with this one, four days with this one. It gave me an interesting perspective on what they (the student) had begun to value and of their expectations of the senior practicum.

Preceptors valued consistency in the experience as being important for student success. This consistency was not necessarily the same preceptor for the entire experience

but a consistency in preceptor values and beliefs.

> And I think she worked with "X" as well, and "X" and I are too different. "X" is everything by the book and gets flustered if something goes wrong. She gets hyper whereas I'm more laid back.

> I really felt bad when a student got into that group because what the student learned was that you take your breaks, you need to "look out for number one" kind of thing. That was what they were being taught in that group. They forgot about the patient. They were out for themselves as a nurse and an employee of the hospital. They were forgetting that you are actually there for the patient and you're there to teach the student how to look after the patient. I really felt sorry for students that ended up in that group.

Surprisingly there is competition on some units for the privilege of precepting students and concerns were expressed that nurses who were not involved in student experiences might act out their dissapointments.

> I asked if I could be a preceptor again this year and another nurse asked as well even though she only works a .7 (and was a diploma prepared nurse). There were a lot of problems from the staff. They were very, I think, insulted almost that they wouldn't be considered for this role. I kind of wondered if they would give her (the student) a hard time. Actually the one nurse who I expected would give her a hard time was very nice to her and we didn't have any problems with the staff which was really surprising as I really anticipated having some problems that way.

The issue of differences in expectations between preceptors in regards to how much accountability they were willing to accept for the students work performance created workplace conflicts for preceptors that were seated in individual orientations toward the role.

> It has driven a wedge between myself and these colleagues of mine ... They would say that I don't

> really test students, that I am probably not a good preceptor in their estimation. That I would let anyone through. That is my speculative belief. But to me it points out the fundamental difference in what we see nursing education to be, cause these would be the same individuals who would say " I'm not checking my charts ... that's the instructors job ... why should I check the students charts?" And I think well don't we always say we don't have enough influence in nursing education. Here's your opportunity to sit down with the student at report and look at what they're charting and talk about it and talk about future plans with this patient and talk about what you might do. Isn't this an opportunity? They have actually delivered care that would otherwise have been your responsibility. Is that not essentially your patient anyway?

The variables which preceptors considered as having a more significant impact on the nature of the experience were those outside of the work and the workplace.

Acontextual Variables: Students and Preceptors as Human Beings and Values Congruency.

The quality of the educational experience between the student and the preceptor was influenced by variables which were extrinsic to the actual clinical experience. The primary acontextual variables which impacted greatly on the nature of the experience were the individuality of the student and the preceptor and whether or not they shared common values.

Students as Human Beings

The most significant factor influencing the experience identified by the study participants was that both the personal and educational nature of the experience was heavily influenced by student attitudes, values, prior experience,and culture. These factors could not be predicted or known, could

be both positive and negative, and were the source of some of the frustrations associated with the experience.

> She was very different, she brought with her a great deal of personal experience and so I think it caught her off guard. But at the same time it was something she really welcomed, she was prepared, she was intellectually prepared for the responsibility, to have what she needed to learn brought to her.

> Both my students were older than I but not by much but I felt that may have made a difference in that they were more mature already and they had life experiences. They both worked and one of them had a child already and they were both married.

> This person was very bright, very motivated, wanting to do things, learn things ... came on very brightly meshing the theory with the practical parts. Right on top of things, in control of themselves and very much feeling a sense of accomplishment at the end of the day.

> It became more evident that this person had a real language and cultural problem. I found it hard to evaluate her in any positive sense.

Preceptor expectations reflected their motivation as teachers and impacted on student success. Preceptors were selected by head nurses and were asked to volunteer to work with a student. Preceptor expectations of students and their perceptions of the role appeared to be unmonitored by the educational system and also varied with the number of experiences preceptors had in the role. Another dimension mentioned by preceptors was their ability to identify with the student's orientation towards the experience.

> I think in your final experience, if you have a preceptor that even if it's just a personality clash, you can leave the experience feeling like you haven't made it as a nurse. It doesn't have anything to do with that, it could just be the fact

that you didn't get along with your buddy. I find that very disconcerting for the student.

She actually reminded me a lot of myself as a student so that probably helped a lot in terms of how I related to her. She was very much a perfectionist and wanted always to do the right thing.

I find real difficulty in watching other relationships in precepting where the emphasis is on performing perfectly, performing functions and always coming up with the right answers.

You know you change in your preceptorships, your goals as a preceptor change. When I compare the first preceptorship to the second I was much more aware. I understood what it was I wanted to impart to them ... I think if I were to have my first student again I would do things differently. I was much more focused on organization and this drive to get them up to full speed, you know to load them up with patients.

And I guess the way I practice is that I need to know kind of where this person is at and, comparing, I guess comparing notes to the way I think and the way other people think. I realized a little while later that may not have always been fair to the student because I've had two more years experience ahead of her and as far as making decisions, clinical decisions they may not be quite up to that level. So you find you kind of have to back off a little bit and find the level or the area at which they have expertise.

One of the biggest things I like to see in a nurse is caring. I think that's what J and A had. R, my other student was a little bit more harsh and was more skill and task oriented. I mean I know you need that too but to me skills are important, tasks are not that important. If someone hasn't had their hair washed for four days, that's far more important than making a bed. Get their hair washed and make them feel good.

PRECEPTOR AS TEACHER

Surprisingly none of the preceptors in the study identified themselves as teachers of students. They described

activities they engaged in to convey the essence of professional practice and to emphasize the components of practice they perceived to be the most important. They took on a teacher identity as a role of professional practice. Of primary importance to preceptors was that students learn to prioritize and organize patient care wholistically. This reflects the mandate they believe they have of helping students to integrate theory and practice as a necessary component of progress towards competency as a practitioner.

Role modelling was identified by preceptors as the primary teaching strategy they used to accomplish their goals. Components of professional practice were modelled for students in the hope that students would value the example they were being shown and encorporate modelled behavior into their repertoire of clinical behavior.

> Well I've done that mainly with I guess role modelling, making sure the student has the opportunity to see what it is you do with families ... by putting them in situations ... I wanted to challenge him to find the grey, to seek out the grey, to stop looking for the black and white, to look into that middle area, that grey area and to be willing to embrace that area because that's where true nursing happens.

Caring as the essence of nursing practice was modelled for students as a multi faceted entity that reflected what it really meant to be a nurse.

Preceptors valued caring as a primary concept to be transmitted to students during the practicum and indeed preceptors demonstrated the importance of caring in their

interactions with students. Preceptors actually defined their role through the concepts of caring that emerged during the experience. Caring was modelled for students as preceptors had learned it, through their experiences as a person, a nurse, and as a preceptor. Preceptors identified demonstrations of caring as contributing greatly to their satisfaction in the preceptor role.

DEMONSTRATIONS OF CARING

Caring in nursing literature has been conceptualized and theorized as existing in five modes. Caring is seen as a human trait, common to all people, as a moral imperative,indicative of respect for people, as an affect or emotion and as an interpersonal interaction or mutual endeavor between humans. Caring as it relates to the work of nurses is seen as a therapeutic intervention (Morse, 1991). The caring behaviors of preceptors in this study were striking. Interpersonal caring is perhaps the most fundamental form of caring modelled.

Interpersonal Caring

Caring for students often emerged in the context of student disclosure of personal information. One preceptor described a situation in which a student who had been working with another preceptor revealed to her that she was floundering under the expectations of her previous preceptor.

> The student said, "I never did know just what I was doing, I did all those things and I had six patients but I just didn't know what I was doing". And I said to her, "where would you like to start,

what is it you need to get out of this?"

When a student was having difficulties with both a preceptor and faculty member a substitute preceptor was the one who took the initiative to seek out the student's perspectives on the situation.

> What he told me was that his whole life he had been expected to be perfect ... He was a mature student and had been perfect in everything he had ever done. To recognize imperfection was really difficult for him. And I asked if he had learned anything from the experience. He said he had learned he needed to work harder on accepting his imperfections and that was part of being human ... I spent a number of days with him ... I didn't want to see him set up by others to fail.

Preceptors also used personal disclosures as a context for helping students make sense of what they were experiencing as reactions to their clinical experiences and for tempering their reactions to what they saw students doing. One preceptor dealt with a student who was disorganized and somewhat irresponsible. The student had discussed with the preceptor her background, her values and her inclination to work in a particular setting she felt she was suited to and was encouraged to do so by the preceptor.

> She'd kind of learned the hard way, she didn't have an easy home life so I think that was part of her problem too.

A recurring theme in the preceptors discussions of their interactions with students was the notion of reciprocity. The experience was one of shared learning, caring, and self understanding. The preceptors felt enriched by the process and valued it as something rewarding their efforts.

> The students tend to keep me on my toes, so we're both learning and we're giving something to each other.
>
> It was a good experience for me too ... I enjoyed the friendship.
>
> And so I realized in error that I was being overzealous in what we should be doing. So I was learning myself and that was quite embarassing for me. I was thinking, oh dear, I'm teaching this girl and I'm not quite sure myself what's going on.
>
> I find that being a preceptor is very rewarding. You not only have someone to work with but have somebody to talk about the things that frustrate you.
>
> We've looked up a lot of things together and learned things together. Because she had just finished a nursing program there were many technical things that she had learned in her courses that I had forgotten in the last couple of years. She would bring me back up to date, so it's a reciprocal relationship.
>
> She worked differently than I did and I guess that was a learning experience for me.

This scope of caring goes far beyond one to one relationships. The ability and potential to care for others is universal. This idea was central to preceptors perspectives on caring.

Caring as a Human Trait

A dominant metaphor either articulated or acknowledged and appreciated by study participants was that of precepting being similar to parenting. This metaphor was expressed literally or in the context of behaviors preceptors felt described a parenting role.

> It's kind of like being a parent, in that you are protective and at the same time you know that students have to go out there and actually experience it before they put it all into perspective. There is a parental kind of pride when

> they emulate you. You have to balance intervening with allowing them independence, the same way parents do. Eventually you have to let them go and become independent in their work.

Preceptor reactions to students as human beings reflected ideas similar to the bonding of a parent with a child and the unconditional acceptance associated with parenting. This connecting was described in the context of knowing the student.

> I guess you probably have to have that innate ability to be able to get to know people fairly quickly ... You have to be able to know the student, the good parts of them and the parts that need building on.

Knowing the student did not eliminate the social responsibility involved in caring for others.

Caring as a Moral Imperative

Caring also emerged in a moral context, tied into the issue of professional responsibility and the dilemma of what to do when a student was not practising successfully in the clinical area and major improvement was doubtful.

> It's a really sad story and you know nursing education is often compared to medical education ... I know that as a student we believed there was an eject seat at the top of the School of Nursing, that you could get ejected out of promotions, like "boom" you're gone and it seemed medical students could make horrendous mistakes or actually be very bad practitioners and not even good human beings in lots of ways and we should be more like that. At least in nursing if someone is no good we get rid of them, not like in medicine where they let everyone through.

However the obligation to meet this perceived moral responsilility was not welcomed by preceptors.

> The student had no sense of what she should be accomplishing with her knowledge level. When we talked about it afterwards she felt she was pretty knowledgeable, she really believed it. It wasn't a bluff, she seriously believed she understood all the ramifications. Initially it was a feeling of I guess being stunned and then being quite angry with myself that I didn't question this person closer so I'd have a better understanding of her. I was also angry at a system that had not recognized this persons limitations and sent her to this area which was too overwhelming for her, although in the final clinical a student should be able to manage anywhere.

The emotional connotations of the preceptorship experience were not always negative. The inclination to care for others often tempered emotional reactions to situations.

Caring as an Affect

Caring was also described in the context of emotional bonding or connecting with students and empathetic responses to students realities. This dynamic was often influenced by preceptors recollections and relating of the student's reality to their own student experiences.

> It's important to me, probably because if I really think hard and I think really abstractly I could probably relate to it.

> And I said to him, I hope this experience hasn't caused you to leave nursing altogether. I really feel bad about this because I think you have a lot to offer nursing. I hope you will come back.

> She talked about the idea that as a nurse I was not intimidating ... There was a sense of feeling that I was one of the people that was with her and she could relate to that.

> I recall so clearly as a student feeling overwhelmed and I want their student experience to be a positive one because I want them to remember that each generation of nurses has to treat each other that way.

> I guess just letting them know they can come and talk to you if anything comes up, letting them know it's OK to have a down day. We all have down days.
>
> And I enjoyed listening to them talk about school and about the way nursing was in school and how they learned this and that.
>
> Criticism, even if it's constructive ... sometimes people have a hard time receiving that and it just made me aware to try and be a little more sensitive in that situation.

Correcting student behavior was usually done in a way which preserved student self esteem and focused on what was an acceptable level of performance. Caring was evident in the interactive process. When medication or treatment errors were made the preceptors focused first on emotional reassurance for the student and then commenced problem solving.

> I know there have been incidents where other preceptors have had to, I don't know if reprimand is the right word, but really speak to their students. Reprimand is too harsh put pointing out mistakes, we all make mistakes.
>
> She kind of got a little upset with herself, almost to the point of tears. I explained to her, anybody can make a mistake.
>
> They are frightened and distraught and sort of wanting to throw everything up in arms ... but if they're allowed to come down to a rational level ... and one has to bring them to the realization that it's not the end of the world.

The techniques of professional caring could be appreciated by students once the emotional reaction to imperfection was overcome.

Caring as a therapeutic intervention

Caring as it applies to bedside nursing practice was

modelled for students in many ways. One preceptor described the complex patient issues of a busy oncology unit and the importance and potential rewards that result from therapeutic caring.

> She was really in an awful lot of pain and we finally got her pain under control and this woman needed an awful lot of emotional support and her family also needed a lot of support.

This situation deteriorated and family dynamics became intense. The preceptor persevered until a positive outcome was achieved.

> She was septic but the daughter was really upset and we both spent a lot of time with this lady, giving her emotional support. We plugged her into social work. Her mom stayed for another week and finally got better. I think by this time she (the daughter) had worked this out ... by the time the family went home they had presented us both with a box of chocolates.

Preceptors modelled other components of professional practice ranging from giving safe patient care to risk taking or breaking of rules. In between these extremes they modelled prioritizing care, organization, communication skills, advocacy, coordination of patient care, independent nursing practice, and expert practice. Leadership behavior was evident throughout.

Components of Professional Practice

Safe Patient Care

Preceptors began the experience with students by enforcing that there is a basic level of competency that need to be established before advanced learning would take place.

That basic level of competency was grounded in reasonable expectations of the students ability.

> My expectations can't be the same as they would be for me. There is going to be a bit of a gap there. I would like to teach them that this is how I practice, this is the safe way to practice. You may find something even safer. But I find that it's unfair to compare and put them on a level that they can't achieve.

Prioritizing Care

Preceptors perceived learning to prioritize patient care needs as an essential skill for students to learn during the practicum experience. This skill was perceived as mastered through repeated performance opportunities backed up by adequate explanation of the thought processes behind it.

> They were all seeming to be overwhelmed by having six or seven other people needing them out there in the hall but not knowing which one to deal with first and now they've got this acute situation. They were focusing on the acute situation but still worrying about the rest. I had to keep saying to them, ok, what is it that you know that you were taught in regards to nursing process and what are we going to assess first.
>
> And I had the opportunity to say to the student, in your heart, what is the most important thing out of everything you are doing here tonight.
>
> I look at a patient as a whole patient, from the head down and to get that concept over to them, don't just look at the patient and go by his vital signs. Don't walk into a room and look at an IV bag, you look at the patient first, you sit down and spend five minutes talking to that patient. That's far more important than worrying about the bed or the IV or anything like that.
>
> And I explained to her afterwards, OK, this is what we do. She was a patient with pulmonary edema, and you know the signs and symptoms. This is what we do. This is how we recognize it. This is what we do right away. The biggest thing was stay with the

> patient and keep him calm, because when they can't breathe, it is quite frightening.
>
> It was so hard for him to make that leap, that there was more than simply what was on the Kardex, that the dressing didn't matter as much as his ability to spend time with the family. To make the connection with the family and with the patient that way.

Organization of Care

Organization of work is difficult for students to learn and frustrating for them. Preceptors attempted to model for students effective ways to structure a work day and provide students with the reassurance that organization is a learned skill which improves as one matures in practice.

> I show how I start out my day. I get everything ready and then I go and see my patients. I say to the girls, "I think this is better," I don't try and impose what I do, but I state I think this is better.
>
> And the next day or two they'll just basically be my shadow and follow me around. We'll go from patient to patient and then after a day or two I'll assign them a patient.
>
> I don't think it is realistic to assume that someone is going to have the same organization skills when they start. It actually takes years. Not six weeks, years! So one of the first things I wanted her to understand is, get used to this feeling 'cause even after you've graduated, after you've taken your licensing exams and after you have a job and after you've been practising, I can guarantee you that if you are the kind of nurse I believe you will become, you will not feel satisfied with what you do for at least a year.

Communication of Care

Professional levels of communication with patients and other health care providers were also modelled for students and seeing students incorporate the modelled behaviors into

their repertoire of responses was gratifying to preceptors.

> I encourage them a lot to talk to other members of the health team. Sometimes the attendings (physicians) can be kind of overpowering so I encourage them to speak to them. Sometimes they'll say, "what do I say" so I'll say well, say something to the effect that ... you know get your message across. So that way I'm not putting words in their mouths, but they get the idea what to say.

> And some of the things I was saying were not the standard responses. [It was] My own personal style, and the student said "that's really good to watch". I remember the next time they were on the ward I was behind a curtain and that same student was saying some of the things she had heard me say. Not the same wording but I knew she felt somewhat more comfortable, that she had learned a little more about how to say it.

> There is a lot of communication avenues that you need to be able to tap. It is such a multidisciplinary profession that you need to be discussing things with different people all the time. I found it very challenging to be able to bring her to the point where she could feel comfortable speaking with a lot of different people ... By the end of it she was quite able to approach people and speak with them and get interview information and help the patient by speaking with different disciplines.

Being emulated by students and having one's practice validated was without a doubt the most rewarding aspect of preceptorship for most of the study participants.

Study participants also modelled effective giving of feedback as essential for correction of practice behaviors.

> And to be able to be tactful when you are talking to them about whatever happens to come up. You don't want to be just negative, negative, negative. You want to be constructive, to give constructive criticism as opposed to just negative criticism so they'll be encouraged to go from there and build on that and go forward instead of dwelling on something that is really negative.

Advocacy

Preceptors viewed advocacy as an important behavior to be modelled for students. Advocacy for one another as a professional responsibility was addressed under protecting students earlier in this report. Modelling of advocacy for patients also took place and was witnessed by students. In one patient situation a preceptor intervened in a situation where a patient's condition changed while the attending physician was being covered by resident staff who didn't know the patient or his wishes.

> So the code status had to be addressed. I was the one who addressed it ... I knew the family well enough to approach it and that's exactly what I did ... The student was there through all this, it was a good experience for her and I explained to her, when you are a nurse you are the patient's advocate.

Coordinator of Care

The importance of coordinating patient care decision making was emphasized for students and encouraged as an essential part of practice. Preceptors backed up students effort whenever necessary.

> She wasn't afraid to approach the doctors with problems with blood work and stuff. I made her do a lot of that stuff. With our patients a lot of it is check the blood work, check the white cell count, I let her do all of that and I said if you run into any problems come and get me.

> I get them to become familiar with phoning the labs and getting results or phoning the bloodbank to see how many packed cells are available for their patient, whatever department, so they feel comfortable dealing with all these areas because on our ward we practice primary nursing and that's part of it.

Autonomy and Independent Practice

Having sensitized students to risk taking as essential to practice, preceptors demonstrated professional autonomy and independence in practice decisions.

> We are very autonomous, we make our own decisions as regards to patient care. And that's the other thing, that we have a lot going for us. The student got to sit in on rounds, she got to sit in on GI rounds and home care rounds and a whole lot of other things so we had a lot of experiences.

Expert Practice

Modelling was also a mechanism for demonstrating expert practice to students.

> I think because I've been a nurse for so long I have that nursing intuition. I can look at a patient and know there's something not right here. And sometimes the students couldn't understand that I couldn't give them a basis for it.

Preceptors teach primarily from their own experience. The study participants had minimal formal preparation for the role and relied on handouts they had been given. One had attended a half day orientation session. Preceptors functioned primarily on intuition and recall of their own experiences as students.

> I cherish my senior practicum experience and I sort of took the way that the nurses I worked with during that experience made me feel. I try and encorporate that into my precepting experiences with students.

Specific teaching behaviors proved useful in specific situations and preceptors seemed to know what worked. One of the teaching behaviors identified was that of repetition.

> Somewhere I guess mid part or sometimes a quarter

> or half way through, through repetition on my part, I was finding they were making the connection between what they were taught in school and in their university courses and in their own experiences with regards to their skills, the nursing process, their assessment skills and draw them into what they were trying to accomplish.

This preceptor also used repetition to teach priorization. When students were overwhelmed by the routine requirements of daily patient care and suddenly had to deal with a crisis, the preceptor would actively problem solve with them.

> It's saying to the student,over and over again, "what is it that you know, what were you taught to do in regards to nursing process, and what are you going to assess for first." They actually did it!

Risk Taking/Breaking of Rules

Preceptors felt it was important for students to begin to move from rule governed behavior to making clinical decisions on a broader base of information. They showed students how to do this and were supportive of student efforts in this area.

> Yes there are rules, and we have to follow the rules. On the other hand, knowing what is right for that family is for them to be there for as long as they need to be, even if it makes us uncomfortable or makes things difficult, or makes something difficult for another patient. This is an important event for them and their family.

One preceptor described a situation where a student had transferred a patient to the Intensive Care Unit and was giving the receiving nurse a report on the patient's condition and events up to that time. He insisted on giving the information in a way that had meaning for him.

> He began telling his tale to the ICU nurse and he had it all down, what had happened. She stopped him. She said you know, when someone gives us

> report they give us this, this, and this, that's all we need. He said ok and went right back to what he was doing. I thought, she doesn't get it, she doesn't get to choose the package in this case. She'll just have to take the information as he gives it ... He did a good job, he gave her all that was important. She still wasn't happy with the package but that's her problem.

Risk taking often involved communication incidents and sometimes involved taking communication risks with patients to achieve better cooperation in patient care issues.

> He was always swearing at us and calling us names ... the man is sick and I never take a personal affront, never. I turn around and say to the patient, and eventually I did say this to him, you talk to me like that once more and I'm not coming into this room. You can lie there and do what you like. I'm not coming in here and I'm not caring for you. When you're prepared to talk to me nicely, have respect for me then I'll have respect for you.

REWARDS AND FRUSTRATIONS

REWARDS

The ability of nurse preceptors to find satisfaction in such a multi faceted role enacted in a complex milieu with minimal guidance and resources has mystified nursing educators. The study participants provided some insight into why the role is exciting for them and even in some areas a coveted opportunity. The primary reward for staff nurses is that precepting validates for them and others that they are exemplary practitioners. Often their practice is rejuvenated as a result of working with a student and they had a heightened awareness of what it means to be a professional nurse. All study particants identified this as a primary motivator. Precepting as a professional responsibility was the

second reason articulated and was discussed previously as one of the preceptors central beliefs about precepting. Evidence of student learning was very rewarding for preceptors and tangible signs of appreciation from both students and faculty were greatly valued. The friendships which formed between the preceptor and the student were also rewarding but were not as important as recognition as a practitioner.

Validation of Practice

This was the most satisfying experience for preceptors during their association with students. The recognition and acknowledgement of their abilities was extremely motivating for them. One preceptor recalled an experience that another nurse had told her about in relation to the preceptor's student.

> And she said she was doing a central line with this student and that she had done my trick with the caps. She was very impressed that the student had picked this up. When I heard that, it made me, I don't know how to explain my feelings but, I felt kind of proud. It was something I had shown her that she had picked up and that she was doing on her own initiative and through all the confusion she was picking up these little things.
>
> I find that being a preceptor is very rewarding, not only for having someone to work with but being able to talk about the things that frustrate you about work or that maybe you have about your job. I find it is very challenging too because after you've worked in a place for a couple of years you start doing things and you don't really think about why. These students come along and they say, "why do you do this?" and "why do you ask that?" It makes you stop and think.

The feeling of being proud of passing on their knowledge to the students was expressed by many and in various ways.

> I guess a feeling of being proud of passing along knowledge that I knew.
>
> It's really rewarding towards the end of their experience when they are capable of carrying your patient load themselves.
>
> You know as a preceptor you really have to be on top of things regarding patients, medications and skills. You just have to be on top of everything. I find, when I'm being a preceptor, I'm into the CPS more, I'm into the procedure manuals more, just to make sure that I'm doing things the way they were taught, as I don't want to confuse them.
>
> Just getting positive reinforcement for a change. Mostly you don't when you're working. Usually people are complaining or they're dying, which isn't great reinforcement. Either families are upset or people are cranky. But these students are so enthusiastic and so positive and know life is ahead of them. They look up to you like you're some sort of wonderful person.
>
> I remember one time we were doing an admission and I got up to the chest assessment. A doctor came in and did one after. I asked them both what they heard. They both agreed and I thought WOW, you know, she's really doing good.
>
> You see it almost as something positive because your head nurse comes and asks you if you'd like to take on a student. You feel that they feel your clinical practice is sound enough that they want you to take on and teach someone else the ropes.
>
> I find it keeps you on your toes as a nurse because they're very inquisitive beings and they have a very good knowledge base.

Knowledge revealed by preceptors was more meaningful if it was adopted by students.

Evidence Of Student Learning

One of the most rewarding aspects of the experience for preceptors was the excitement when students manifested learning behaviors in the clinical setting. The "illumination

phenomenon" was a graphic description of recognizable student learning.

> There was always the part where I saw that they started meshing theory and practice. That was the story for me that always gave me gratification . It told me we were on the right road here and we're going to keep going.
>
> I was asking her a question and I could see her go "click, click, click". It was her thinking "I know these things ... and I remember a point in my own education when that light bulb went on.
>
> There are a couple of people that when the light came on you really saw it happen. I think that the fact that they're out there practising happily and moving on in their careers right now and not just at the bedside but moving into other fields where they seem interested. That is a rewarding thing in itself ... it's that sense of accomplishment that you actually helped this person and this person is going to do great things. It's good.

Intangible rewards did not negate the preceptors' need for concrete recognition for their efforts.

Tangible acknowledgements

Cards, gifts, opportunities to attend continuing education conferences and verbal feedback were all appreciated by preceptors as acknowledgement of their efforts with students.

> After she had finished her rotation she gave me a small gift and in the card she had written her thanks for my help during that experience. There is a line in there about how at first she had found me intimidating but after she got to know me she felt I had a lot to offer. She was grateful for the things I had taught her.
>
> I came home one day and there was a message on my answering machine from her. She went on about thanking me for my help and she thought it was partially my doing that she got a job. I was proud of her and the work we've done together ... It

> feels like you have done something good, partly for the profession and for the nurse and for myself.
>
> They always had a little gift for me and I usually bought them a corsage or something or took them out to lunch or paid for their supper, you know, so you kind of form a friendship too and that part I enjoyed.
>
> I got a letter from the facility, from the instructor and she was very positive and stated that my student this last time spoke very highly of me and very positively in saying that I was a great help and that she really enjoyed my work.

Precepting was not without frustrating moments or experiences and these times were acknowledged by preceptors. Their philosophical conflicts, perceived lack of support and difficulty communicating with faculty within the educational system was discussed previously in this study.

FRUSTRATIONS

Preceptors admitted to being stressed by the demands of the commitment they had made but surprisingly their complaints were not as significant as the positive elements of the role. Some of their frustrations are not correctable. Being a preceptor is physically demanding as clinical practice changes when a student is present.

> We were very busy and I found it really hard at that time. I find it very tiring a lot of times. It is emotionally tiring because you have to be thinking all the time. You can't just do routine stuff so you have to think the whole time. So I found it really tiring, when I got home I said Oh, thank God, that's over. I mean there were some days when I was really tired!

Another way that practice changed was that students required more time to do things and to think things through and

preceptors had to change their work routines to accomodate to the student. Most of the time they accomodated the student's need to learn.

> I think it's just frustrating because it's hard for me not to get in there and just do it. I could do it in half the time but it's just to hold back.
>
> I did explain to them that there will be times when we are very busy that I will do something because I need it done in a hurry rather than ask you to do it.

Equally frustrating for preceptors was the awareness that sometimes one's best efforts did not produce the student success they valued so highly. Some students were not successful in the practicum and others did not live up to the potential preceptors believed they had.

> What I have seen in this person is a lack of excitment and stagnation. It's like a decline in spirit, some disillusionment ... not really progressing toward the ideals and the goals we had identified together.

Being a preceptor is stressful when patient care demands change suddenly and you are responsible for a student's work load at the same time.

> There's a lot of stress, especially if you have a patient who is turning unstable. You want your student to experience that but you also realize she has a patient load that she might be looking after and she's still not as organized as you would be looking after eight patients ... You're very stressed usually when there's someone who is clinically unstable. It's very hard to answer questions of the student and try and keep your mind at a level where you're not going to explode. You know, you're just getting beaten up from all angles.

Within all the frustrations encountered, the rewards were far

more significant for preceptors and they did identify needs they had to enhance the experience. Needs identified included more faculty support and dialogue, better guidelines on what is expected of them in the role and assistance with improving their effectiveness as teachers of students.

> I would like to see more information come to preceptors prior to taking on a student. Cause it is quite a large responsibility, I think they need to know how stressful it is to take on this responsibility. We have to be up front about these things. They need to know what the student is there for. They need to know exactly what it is they are to impart to the student ... (The students) really need to be taught what does the clinical picture actually look like. What should they be looking for in a client status. What are the key things that should set them off that something is wrong with the clinical picture. So that kind of information needs to be given to the preceptor ... A lot of them just think, I've got a student and I have to make sure they know how to draw up IV meds and do Foleys and NG's and things like that. It's really more than that. You really need to develop this person as a nurse. They're young budding nurses and we need to help them grow and become.
>
> It was a very difficult experience for me because I felt I wasn't communicating well enough with the faculty.
>
> Initially it was a feeling of being stunned and then quite angry with myself that I didn't question this person closer so I'd have a better understanding of her ... angry at a system that I felt had not recognized this persons limitations and sent her to this area which was too overwhelming for her.

The issue of what involvement preceptors should have in the final evaluation of students is currently a source of discomfort for them and a responsibility they do not value. Clarification of expectations in this area is needed.

> I felt I was in a position of daily having to find

> faults in him, tick off these faults. It was a horrible experience and I don't think he failed on his merit.

EXHAUSTIVE SUMMARY

What does it mean to be a preceptor?

> Professional relationships enable one to be a professional, they teach one how to be ... Simply put, the discovery and understanding of oneself as a professional stems from one's perception and knowledge of other professionals. The interactions between students and preceptors creates what one is as a nurse, at the same time, the ideal of what one should be.
>
> Curtin, 1994, pg 32

For the participants in this study, to be a preceptor means exercising a perceived responsibility to further the development of nursing as a profession. This is done by transmitting to students the ideals of professional practice, and helping them to integrate the theory taught in their educational program with the realities of clinical practice.

Helping students learn is a rewarding professional responsibility and it is important to help students learn. Student learning is facilitated by, providing guidance, support, feedback, encouragement, work assistance, and by being a face to face resource for immediate problem solving.

Participants in this study believed that the senior practicum experience is a learning experience for students, not an evaluative one and they found meaning in watching the students grow, succeed and accept responsibility for their practice as nurses.

Preceptors fostered student success by protecting students from the threats in the workplace to their practice or their self esteem. Preceptors provided a safety net for novice practitioners and felt that consistency of philosophy amongst those involved in the teaching of students is necessary for student success.

Student success was impacted by circumstances preceptors could not control. The students' past life experiences, culture and personality influenced the relationship that developed between the student and the preceptor. The more alike they were as individuals the better the potential for a mutually rewarding experience.

Preceptors teach from their own experiences as people, nurses and students. They teach primarily by modelling for students patient care roles and how to care, literally and figuratively for others.

The rewards of caring far outweigh the frustrations and preceptors find meaning in the role primarily through the validation and rejuvenation of their individual nursing practice, a heightened awareness of what it means to be a professional nurse, the reciprocal nature of the experience, and the friendships that evolve in the course of the experience. Preceptors also value tangible rewards and recognition for their efforts. They expressed a need for more collegial relationships between themselves and supervising faculty and more preparation for the role. Without exception

they valued the opportunity to do it all again.

Chapter Summary

The study participants shared stories of their experiences as preceptors of senior nursing students during the senior practicum experience, which is the last clinical practice experience as a nursing student. Precepting is a valued professional nursing responsibility which can be problematic in today's complex health care environments. The following chapter will address the issues identified in the study findings and discuss their implications for nursing education, practice and research.

CHAPTER 5

DISCUSSION OF FINDINGS

Nursing's long history of using service based nurses as clinical preceptors of students has been based on an instinct that a solid teaching learning relationship was formed but that impression has minimal research support. The perceptions of preceptors as the link between the theory taught in education and the application of that theory in practice has been neglected in nursing research.

Service based nurses have shared their practice with students but have done so with minimal preparation, supervision, or appreciation for their efforts. Their teaching role has been defined for them by others and has grown to include responsibilities they do not welcome. Role responsibilities have become increasingly difficult to enact in today's complex health care environments.

Literature on student outcomes in preceptored learning experiences is to date equivocal and little is known about how preceptors help students bridge the gap between theory and practice. Some authors have speculated that personal and professional values and experience and workplace variables may be the key elements in understanding the commitment preceptors make to student learning in the context of heavy workloads and competing demands for their time (Paterson,1991; Rando & Menges, 1991).

Nursing has never agreed on a common definition of what

a preceptor is; what they teach and how they teach it; what they gain from the experience; or what motivates them. This study was designed to provide a greater understanding of what it means to be a preceptor.

This chapter will interpret the study findings presented in Chapter Four. The interpretation will be done from a phenomenological perspective, emphasizing the central tenets of this approach. In phenomenology, the primary goal is to understand phenomenon from the perspective of those who experience it. This involves emphasizing the significance of day to day experiences with the phenomenon; identifying reality as it is experienced by those who live it, (ie. their perceptions of the phenomenon), and focusing on the truth of their experience and the information this experience communicates to others. The meaning and understanding of the experience derived from reflection by the study participants will be emphasized. The chapter will conclude with a discussion of the implications of the findings for enhancing relationships between nursing education and service. Suggestions for further nursing research in preceptorship will be addressed.

THE PRECEPTORSHIP EXPERIENCE

The Preceptors' Perspectives

The experience of preceptorship as lived by the participants in this study is similar to existing reports in nursing literature. Some of the benefits of precepting student

nurses reported by the participants of the study were documented early in the 1980's by Chickarella and Lutz (1983) who suggested that an important outcome of the experience for practising nurses was that it enhanced their skills and knowledge and allowed them to demonstrate their teaching and leadership abilities. The study participants described this outcome as a meaningful one for them.

The potential to add new dimensions to one's professional practice and enhance job satisfaction and stature in the workplace which study participants deemed meaningful aspects of the role, has also been reported previously (Goldenberg,1987). Bergeron in Stuart-Sidall and Haberlin (1983) noted, as did study participants, that inquisitive students update practising nurses' knowledge base through the asking of questions which occurs as part of the experience on the nursing unit. The experience of being a preceptor provided significant personal rewards for practising nurses. Rewards were seen as a byproduct of participating in an activity seen as a professional responsibility by the participants of this study. The responsibility one has as a practising nurse to advance the development of professional nursing was the primary attribution of teaching behaviors preceptors in this study enacted. This finding was reported in a 1993 study done in the United States as a dominant theme in successful preceptorship experiences (Pond, McDonough, & Lambert, 1993). However reports of what constitutes a successful preceptorship

in existing nursing literature differs in many ways from the perceptions of participants in this study.

PERCEPTION AS REALITY

In phenomenology, reality is a matter of appearances, both subjective and perspectival and the emphasis is on what one is presented with and attends to as part of an experience (Oiler, 1982; p. 178). What one says about an experience is the truth of it. In this study, what preceptors said about the experience is the truth as they perceive it.

Perceived Responsibilities

Primary responsibilities of preceptors as identified in the nursing literature have included functioning as role models, teachers, participating in program planning and evaluation, sharing knowledge of unit policy and procedure, and teaching clinical skills essential to the clinical area (Bushong & Sims, 1979; Friesen & Conahan, 1980: Shamian & Inhaber, 1985; Walters, 1981). Preceptors in this study had a different view of their primary responsibilities. They perceive the role involves primarily the transmission of practice ideals and assisting students to mesh the theory learned in their educational programs with the realities encountered in clinical practice. Role modelling, for them, is a teaching strategy to accomplish this end. Preceptors modelled for students what it is to be a nurse, and how to care in an all encompassing manner for others. The preceptors in this study shared common values and beliefs which motivated

and defined their practice. The values and beliefs study participants articulated are largely a reflection of the practice based nature of their experiences in nursing. One of the most significant beliefs of preceptors in this study was that it is important to help others.

PRECEPTOR BELIEFS ABOUT THE ROLE

Precepting as Helping

Benner (1984) in her research on nurses and the knowledge that accrues over time in the practice of nursing as an applied discipline has defined a continuum of practice ability that ranges from novice to expert and reflects the practice potential of nurses based on their practice experiences. As part of this research endeavour she further described domains of nursing practice that inform others about what nurses do. The first domain of practice she describes is that of the helping role. Within this domain are competencies that characterize what it means to help others. These competencies have a marked resemblance to the helping behaviors demonstrated by study participants as they helped students learn.

Benner describes the helping domain as consisting of "creating a climate for", (p. 50) the relationship that is essential to nurses being able to help patients. Preceptors in the study identified putting time and energy into "knowing the student" and establishing a positive learning environment as one of the first tasks of the experience". "Preserving

personhood in the face of pain" (p. 50) as described by Benner is similar to what preceptors described as preserving student's self esteem during the learning experience. Preceptors in the study used Benner's term "presencing" (p. 50) or being with someone in the same way Benner uses it in relation to patient care. "Providing comfort, communication, emotional and informational support" (p. 50) are examples of helping behaviors in practice that study preceptors described as part of their repertoire of helping behaviors for students. "Guiding through change" (p. 50) and "acting as a psychological and cultural mediator" (Benner, 1984, p. 50) are also components of the helping domain which were easily identified in preceptors interactions with students.

The startling similarity between helping behaviors of practice and precepting lends credence to Diekelman's (1991) conclusions that clinical teaching is grounded in and flows from one's practice as a nurse. It further provides some clarity on why the evaluation emphasis of the role perceived by preceptors as being important to others is distasteful to them.

Evaluation: Formative Versus Summative

Formative evaluation or ongoing feedback on clinical performance was perceived by preceptors to be an important part of the learning process which was especially welcomed if the student was doing well and feedback could be positive. The evaluation process became problematic when students were not

doing well and faculty advisors determined that the student was not likely to be successful. Faculty were noted to encourage preceptors to withdraw helping behaviors and focus on gathering data which would support failing a student. This "crystallization" phenomenon has been described by Paterson (1991) as a process that takes place when clinical teaching faculty have determined a student is not succeeding. The role of preceptors in the evaluation process is further complicated by the fact that university programs in many settings presently require a grade be given to the student on completion of clinical experience courses. Since the faculty role during a senior practicum has limited student contact, the preceptor is the primary source of evaluation data. The study participants' perceptions of what should be emphasized during a senior practicum did not include evaluation of the student.

Senior Practicum As A Learning Experience

Ferguson and Calder (1993) reported that there are differences between faculty and preceptors in their perceptions of what is important student learning. Preceptors in their study focused on organization, teamwork, bureaucratic role conceptions and adapting skills to specific patient care situations as primary learning tasks during a senior practicum experience. Faculty in their study emphasized writing nursing diagnoses and learning to incorporate theoretical knowledge with scientific principles as being important.

Participants in this study believed the primary purpose of the senior practicum is to help students learn more about what professional nursing practice can be; to assist them in integrating the theory learned in the educational system with clinical problem solving; and to provide responsible care they were willing to be held accountable for. Their perception was that students come out of the educational system focused on psychomotor skill practice as opposed to clinical (ie. both psychomotor and cognitive) skill practice. (This study did not attempt to validate those perceptions.) Study participants suggested that students need to learn in practice settings how to interpret, within the limits of the theory they know, what is happening with the patient. They also need to recognize they have an adequate theory base to make clinical judgements. Preceptors described students as being able to reach this level during the practicum experience as long as they had a preceptor who valued the broad potential of professional nursing practice and modelled that ideal for students. Furthermore, it was their perception that student success, which they valued highly, was heavily influenced by the match between student and preceptor and whether or not the student and the preceptor shared common values and life experiences. There were also other factors which influenced the experience that could not be predicted or controlled.

MEDIATING VARIABLES

Acontextual Variables: The preceptor/student relationship

The fact that preceptors have minimal input into selection of their student partner in the learning experience and receive minimal information about the student prior to beginning the experience appears to be the source of many of the conflicts that arise during the experience.

Existing literature has documented the importance of preceptor selection, but the emphasis has been on the need for common educational background, and the need for a consistent preceptor (Myrick & Barrett, 1994). The study participants believed that consistency of philosophy and practice values is more important than consistency of person. This perception has implications for faculty in planning the experience and selecting preceptors. It also suggests to faculty that if a senior practicum experience is not going well for a student that the nature of the relationship between the student and preceptor might be the first place to focus problem solving.

The ability of students to learn from different preceptors with similar attitudes has the potential to liberalize staffing issues on units which have made commitments to senior students. The potential to relieve some of the stress on the nursing unit and on the preceptors during these difficult times in health care environments is important. The possibility exists that practising nurses who identify themselves as similar in attitudes and perspectives

toward practice, could team precept a student or pair of students. In reality students now often deal with a multitude of preceptors as situations occur in practice. Providing some control on who substitutes for whom could relieve stress for both students and preceptors.

Contextual Variables: Workplace Issues

Nursing literature has suggested that workplace issues are a major factor impacting on successful learning for students in clinical areas, but the truth of this idea remained unexplored (Zerbe & Lachat, 1991). Participants in this study did not support this idea. Although they identified occasional staffing situations where attempts were made to incorporate students into staffing patterns, these occasions were infrequent and easily resolved. Relationship dynamics between students and others in the clinical area were moderated by preceptors and frequently turned out to be less of a problem than anticipated. Participants in this study suggested that the positive elements of preceptorship are felt more at an individual level rather than at a system level in either education or service arenas. The outcomes of the experience in terms of student learning remain controversial and equivocal (Jairath et al., 1991), and were not addressed in this study, nor were student perceptions of the difficulties they encounter in clinical practice. However, subjectively preceptors see the system problems which occur during preceptorship as minor compared to the personal and

professional rewards of the experience.

REWARDS OF PRECEPTORSHIP

The study participants described the importance of "knowing the student" as fundamental to establishing a mutually rewarding relationship. The relationship that evolved was one of the most valued outcomes of the experience for preceptors. The positive nature of the relationship appeared to be heavily influenced by caring behaviors modelled by preceptors. Existing literature on the nature of the relationship between the student and preceptor describes a process by which the two individuals bond. The preceptor progresses from being an acquaintance to a trusted role model and counsellor in the eyes of the student (Maes in Stuart-Sidall and Haberlin, 1983). Hsieh and Knowles expanded on this idea and identified essential elements of a successful relationship that allow it to grow to a level that fosters student learning. The caring dimensions of the relationship as described by the study participants has been alluded to by Hsieh and Knowles (1990) who discuss the mutuality and reciprocity of the relationship and Lewis (1986) who suggested preceptors should be able to model caring. The striking nature of the phenomenon of caring as an intrinsic part of the relationship has not been addressed in preceptorship literature to date.

It has previously been emphasized in this report that preceptors placed supreme importance on introducing students

to the ideals of professional nursing practice, and conveying to students that this level of practice was a realistic goal for the student who successfully completed a senior practicum experience. They also invested considerable effort into making the experience a positive one based on their recollections of primarily negative experiences in their own education. They truly cared about the quality of the experiences for students.

Although caring is known to be the essence of nursing practice (Watson, 1994) the caring behaviors described by preceptors in this study were not defined as components of caring as they knew it from their practice, or in theory. The ability to vision "what is possible" is a characteristic of expert nursing practitioners (Benner, 1984, p. 35) as is the difficulty, in many situations, of articulating what they know (Benner, 1984, p. 32). Thus it is not surprising that preceptors in the study were able to model caring without articulating that this was what they were doing. This idea connects to Benner's (1984) suggestion that faculty who teach theory must depend on practitioners to teach students the clinical knowledge that can be learned in practice settings.

Students also need to learn how to problem solve clinical issues that cannot be learned from a strictly theoretical perspective, or from someone without an ongoing, strong practice base. There are other perspectives on preceptors as teachers which study participants identified.

PRECEPTOR AS TEACHER

The ability of preceptors to be effective teachers of students has been questioned in nursing literature. It has been documented that nurses are considered competent to teach because of clinical expertise and educational achievements (Windsor, 1987). It has also been suggested that clinical ability is not enough and nurses must be taught how to teach (Myrick and Barrett, 1994).

"Expert" (Benner, 1984) nurses have been documented to teach primarily by manipulating the clinical environment to make it more conducive to student learning and optimizing interpersonal interactions between students and the individuals they meet in the clinical area. The intent is to minimize anxiety so students can learn (Davis & Sawin, 1993).

Preceptors in this study modelled professional practice roles while simultaneously creating and maintaining a caring environment, fostering positive self esteem and coaching students through experiences in a non-threatening way, thus enhancing student learning. It was their perception that students learn in this type of environment and they knew how students demonstrated they were learning. Perhaps in this senior year of student education it is more important for facilitators of student learning to focus on establishing a positive learning climate and to encourage students to establish their own learning objectives for the experience. However, there are reports in the literature to support non-

expert practitioners as competent teachers.

The problem solving strategies used by competent nurses in practice settings are compatible with those of senior students who are generally classified as advanced beginners in clinical practice (Benner, 1984). Pond, McDonough and Lambert reported an experience with "competent" nurse preceptors who were able to provide a mutually rewarding experience for both themselves and students. The preceptors in Pond, McDonough and Lambert's study identified precepting as a professional responsibility as did the participants in this report. It appears that compatibility of values and beliefs about nursing and the responsibilities professional nurses have to one another, their patients and their practice are a strong motivater in clinical teaching and learning. The ability to gain satisfaction from these efforts both individually and professionally makes the effort meaningful.

PRECEPTOR SATISFACTION

Nursing literature has warned in recent years that the demands of professional nursing in health care reform environments would impact greatly on clinical education of students in nursing. Diminished staffing levels on nursing units, complex patient needs and increasing demands from education to involve practising nurses in student education were predicted to create preceptor burnout and diminished interest in participating in the role (Griepp, 1989; Roberson, 1992; Turnbull, 1983). The participants in this study

acknowledged all these problems and added physical exhaustion, conflict with the educational system, lack of recognition, and minimal guidance and preparation for the role to the list. However, they still stated overwhelmingly that they would happily take on the responsibility if they were asked again. The tangible rewards they experience as part of the role are meaningful but minimal. The rewards which have meaning for preceptors originate almost exclusively in the context of the preceptor student relationship. Personal acknowledgements, either verbal or in writing, have been received from students. Only one of the study participants identified having received tangible rewards from either education or service representatives. The most significant tangible reward for preceptors has been evidence of student learning, the excitement and subsequent actions and outcomes which demonstrated that students were growing and becoming nurses. Existing literature has documented monetary and non monetary rewards, academic appointments, and educational opportunities as important to preceptors (Turnbull, 1987). Study participants did not mention any of these items. Their emphasis was on the value of intangibles. The intangible rewards preceptors experience are largely invisible to others, and are the primary source of satisfaction in the role. Being a preceptor validates and rejuvenates one's professional practice and gives one a heightened awareness of what it means to be a professional nurse. In today's health care

environments where recognition is frequently lacking (Turnbull, 1983), it is in the best interest of nursing educators to do whatever is necessary to provide support for the preceptor/student relationship, and allow the strength of the interpersonal dynamics which evolve to sustain the activity. Preceptors in this study alluded to meaningful ways of doing this which should be developed and enhanced.

NEEDS AND SUPPORTS

The preceptors in the study expressed problems with role enactment that were based in a perceived lack of support from the educational system. While they readily accept the preceptor role they do not appear to have a voice in determining what the role encompasses, whether or not the role expectations defined for them are appropriate,or how they should interact with the educational system in evaluating and problem solving the experience. There are conflicting views of some of these elements in existing literature. The preceptor role has been documented to encompass responsibilities that are deemed expansions of a management role in some environments (Cox, 1988), while in others there are minimal guidelines (Welty, 1990). In fact, the lack of universal definition of what a preceptor is could be the root of many of the conflicts experienced in enacting the role.

Preceptorship is generally defined in nursing literature as a time limited experience that usually terminates when the student has completed the senior practicum (Beauleau, 1998;

Caty & Scott, 1988). It is interesting that participants in this study challenged the time limited aspects of the experience and expressed both an interest in and an attempt to prolong the relationship beyond its defined parameters. The use of the word mentor to describe their perceptions of the role is interesting in that mentorship has always been presumed to be a long term investment in another's life work. What is not surprising is that the term mentor has also been associated with parenting (Beauleau, 1998; Darling, 1985; Vance, 1982). Preceptors in the study frequently used the analogy of precepting as parenting. The suggestion from study participants that mentoring is part of the role has implications for service and education relationships to foster continuation of a concept valued by both.

Implications

This study has described and examined the lived experience of staff nurse preceptors as clinical educators of senior students during their senior practicum experience. Implications for further relationship development between nursing education and service and ongoing research imperatives have emerged from the study findings.

1) Preceptorship is a valued method for helping students bridge the gap between the theoretical learning of educational settings and clinical learning potential of practice environments. The need for enhanced dialogue between the two settings is imperative to further develop the concept.

Discussions should focus on:

a) giving clinical preceptors an equal voice in planning and implementing the experience for students, clarifying common objectives, and defining mechanisms for problem solving within the experience.

b) finding a common ground on the evaluative component of the experience. Could a senior practicum be a pass/fail type of experience whose primary goal is to assist students to meet their individual learning needs based on what students perceive their needs to be on completion of the theoretical part of the program?

c) exploring within educational systems what the expected role of the preceptor really is. Is precepting really a traditional teaching role? Preceptors in this study have identified what they believe happens during the experience. The whole idea of teaching as an active process based on educational theory is not intrinsic to the preceptors' view of the experience. Does it need to be? Preceptors are using their practice experience and knowledge to impact the level of practice a graduate of a nursing program can achieve. Does that need to be manipulated? Why?

d) exploring existing clinical teaching strategies within nursing education. Preceptors emphasized that one of the reasons they wanted to help students was because of their recall of negative experiences during their own education which they wished to spare others. They incorporated caring

behaviors into their encounters with students. Research on caring in nursing education is appearing in the literature but much work remains to be done.

As well, research imperatives specific to partnerships between education and service in collaborative teaching and learning endeavors can be suggested based on the results of this study. For example:

a) this study has only explored the perspectives of hospital based learning experiences in tertiary care settings. The same exploration should be done in community hospitals and in community settings. With the new emphasis in community based rather than institutional care, nursing is moving more into the community. Whether or not community based preceptors share the same perspectives on precepting needs to be explored.

b) the specific connection between the dimensions of caring known to define nursing practice and the use of caring behaviors used in practice in the education of students lends credence to the idea that teaching and learning activities in clinical nursing education are different from the teaching of theory. The need to continue to research this area is obvious. Now that the area has been discovered and descriptions are meaningful, new directions to research this area are more evident.

c) the use of preceptors in undergraduate clinical experience prior to the senior practicum must be further explored. Sophistication of learners and preferences for specific

teaching techniques could have an impact on the success of such ventures. Even more importantly, faculty expectations of the learning experiences must be clarified.

d) the fact that preceptors defined their primary teaching strategy as role modelling suggests the dynamic between the preceptor and the student should be better defined. Research from a theoretical framework of Social Learning Theory with its emphasis on modelling might prove insightful for nurses. Information gleaned might suggest facilitation strategies for both nurse educators and unit administrators which would strengthen the relationship.

SUMMARY AND CONCLUSIONS

The research presented in this report was an exploratory descriptive qualitative research endeavour that examined the perspectives of nine practising nurse preceptors of students during the senior practicum experience at the end of their nursing education. The study purpose was to discover and describe what it means to be a preceptor of senior students in today's complex health care environments. Existing literature in this area suggested that previous studies on preceptorship had neglected preceptors as the link between the theory students had learned during their educational experiences and the application of that theory in the clinical area as students developed competency in clinical practice. A phenomenological approach to data collection and analysis was used. Participants met with the researcher and told stories about their experiences in the clinical education of nursing students. The researcher analyzed the stories for common themes which were universal descriptions of what preceptors did, how they did it, why they did what they did and what the experience meant for them. In telling their experiences, preceptors provided insight for others about the phenomenon of precepting. Their perspectives corroborated previous research and presented new perspectives on an old phenomenon.

This report presented the participants' perceptions of preceptorship in nursing education. Preceptors saw precepting students as a professional responsibility which they welcome

in spite of minimal support from either the education or service environments. The rewards for preceptors were based on the reciprocal nature of the caring relationship that evolves as part of the process. Caring, as they knew it, was the foundation of the behaviors they used to facilitate students growth as competent practitioners in the clinical area. Caring behaviors were used to support and demonstrate values the preceptors articulated as important to be preserved during the experience. Preceptors valued student success, and anticipated the illumination of their views and experiences to be validated by others reading their accounts, providing insights into a barely addressed aspect of nursing education. Could it be that their generous donation of their time was an attempt to help another student reach an educational goal, or to assist a clinical educator, or to access a forum in which they currently do not have a strong voice?

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APPENDIX A
* Adapted from Diekelman 1992

Dear Colleague:

I am a graduate student in nursing and a teacher in the collaborative baccalaureate in nursing program. I am writing you to request participation in my thesis project. For my thesis I have chosen to study what it is like to be a preceptor of student nurses. It is an opportunity for practising nurses to describe their day to day experiences of working with student nurses. You were identified by the Associate Dean of the undergraduate program at the University of Manitoba as having precepted their students in their undergraduate clinical experience.

I would like you to reflect on your experience as a preceptor no matter how recent or long ago and when we have the opportunity to meet, I will ask you to:

Please tell me about a time, one you'll never forget because it reminds you of what it means to be a preceptor of students. I will ask you to share as much detail as possible and to stay in the telling of your story, rather than stepping back and describing it from a distance.

After you have given the details of your story you will be asked to describe why the story is important to you and what it means to you. Your story can be from any experience you have had as a preceptor of student nursing students. It can be a day when nothing went right or one of making a difference because your approach facilitated a student's learning. You will be asked not to use the actual names of the people or places involved.

I will contact you to clarify information once your story has been transcribed and I will recontact you to have you read an interpretation of your story, to see if you agree or can help clarify the meaning of your experience.

If you agree to participate in this study, it will involve approximately three and one half hours of your time in a three month period.

A maximum of ten participants is required for the purpose of this study. If more than ten volunteers are obtained, the researcher will randomly select ten names from the list of volunteers. This selection will take place by placing the names in a box and requesting that one of th committee members be blindfolded and select ten names. All volunteers in the study will be notified by the researcher if they have or have not been selected for the project.

If you have any questions, please contact me or my Committee Chair Dr. Erna Schilder (Dr. Schilder can be contacted at . Your participation in this study would be appreciated. If you would like to participate, please call me at (H) or (W) at any time. I look forward to hearing from you.

Sincerely,

Karen Jensen, RN, BSN Graduate Student in Nursing

Appendix B
Consent Form

I _____ agree to participate in the study titled "The Lived Experience of Staff Nurse Preceptors of Student Nurses" conducted by Karen Jensen who is a registered nurse and a student in the Master of Nursing Program at the University of Manitoba. I am aware that Karen is a full time teacher in the collaborative Baccalaureate in Nursing program at the Health Sciences Centre. I have also been informed that the study has received ethical approval from the Faculty of Nursing Ethical Review Committee.

I understand the purpose of this research is to investigate what it is like to be a preceptor of nursing students.

I agree to participate in two interviews to describe experiences which remind me of what it really means to be a preceptor of students. The interviews will take place at a location mutually convenient to the researcher and myself. I understand that during the interviews I will talk about my experiences as a preceptor and I may be asked to elaborate on the details of an experience. I will also be asked to explain the importance and the meaning of the experience for me. I understand that my participation in the first interview will involve one to one and one-half hours of my time. I also understand that I will be interviewed a second time for approximately one hour to clarify information once the original interview has been transcribed and interpreted. The interviews will be tape recorded. The tapes will be transcribed by the researcher or a secretary who understands the information is confidential. The secretary will not know the identity of study participants. I understand that I have the right to refuse to have taped all or part of the interview.

I understand that participation in this study is completely voluntary and that even after the interview begins I can refuse to answer any question or terminate at any time. Whether or not I decide to participate I understand my position as a nurse will not be affected in any way. If I decide to participate I can later decide to withdraw without penalty.

I have been assured that my involvement in the study will remain strictly confidential. I will be assigned a code number by the researcher. My identity will be known only by the researcher. The researcher and the committee members (see below) will be the only persons who will have access to the transcripts. The committee members will be given only the code number assigned to each participant: they will not know the

identity of the person being interviewed in the transcripts. I understand that the written report and any further publication coming out of this study will not identify me in any way. Tapes will be kept in a locked container, and destroyed seven years following completion of this study. The key to this container will be kept only by Karen Jensen.

I understand that participation in this study will result in no direct benefits.

If necessary, I am aware that I may contact Karen Jensen at or or her advisor, Dr. Erna Schilder, at at the Faculty of Nursing, University of Manitoba.

Thesis Committee Members:

Dr. Erna Schilder, Chair
Assistant Professor, Faculty of Nursing, University of Manitoba

Dr. Ina Bramadat, Internal Member
Associate Dean
Undergraduate Programs
Faculty of Nursing, University of Manitoba

Dr. Joan Irvine, External Member
Faculty of Education

My signature below indicates my willingness to participate in this study.

Date: _____ _____ _____
(Participant) (Investigator)

I would like a summary of the results of this study:

yes____ no____
Mail to :

Appendix C

Dear

Thank you again for agreeing to participate in my thesis project, "The Lived Experience of Nurse Preceptors". Enclosed please find a copy of your interview transcript. Please keep in mind that conversation often does not read well, but the ideas conveyed are important.

I would like to meet with you again as we agreed during the first interview. I will share with you a summary of the study findings and get input from you about the findings. We can also discuss any questions you might have about your transcript. Please contact me at or so we can arrange a time that suits you. One hour will be more than enough time to accomplish this.

Yours truly,

Karen Jensen

Appendix D

What does it mean to be a preceptor?

> Professional relationships enable one to be a professional, they teach one how to be...Simply put, the discovery and understanding of oneself as a professional stems from one's perception and knowledge of other professionals. The interactions between students and preceptors creates what one is as a nurse, at the same time, the ideal of what one should be.
>
> Curtin, 1994, pg. 32

For the participants in this study, to be a preceptor means exercising a perceived responsibility to further the development of nursing as a profession. This is done by transmitting to students the ideals of professional practice, and helping them to integrate the theory taught in their educational program with the realities of clinical practice.

Helping students learn is a rewarding professional responsibility and it is important to help students learn. Student learning is facilitated by providing guidance, support, feedback, encouragement, work assistance, and by being a face to face resource for immediate problem solving.

Participants in this study believe that the senior practicum experience is a learning experience for students, not an evaluative one and they found meaning in watching the students grow, succeed and accept responsibility for their practice as nurses.

Preceptors fostered student success by protecting students from the threats in the workplace to their practice or their self esteem. Preceptors provided a safety net for novice practitioners and felt that consistency of philosophy amongst those involved in the teaching of students is necessary for student success.

Student success was impacted by circumstances preceptors could not control. The students' past life experience, culture and personality influenced the relationship which developed between the student and the preceptor. The more alike they were as individuals the better the potential for a mutually rewarding experience.

Preceptors teach from their own experiences as people, nurses and students. They teach primarily by modelling for students patient care roles and how to care, literally and figuratively

for others.

The rewards of caring far outweigh the frustrations and preceptors find meaning in the role primarily through the validation and rejuvenation of their individual nursing practice, the reciprocal nature of the experience, and the friendships that evolve in the course of the experience. Preceptors also value tangible rewards and recognition for their efforts. They expressed a need for more collegial relationships between themselves and supervising faculty and more preparation for the role. Without exception they valued the opportunity to do it all again.

Appendix E

DEMOGRAPHIC SHEET

NAME

AGE

NURSING EDUCATION

YEARS AND TYPE OF NURSING EXPERIENCE

PREVIOUS EXPERIENCES AS A PRECEPTOR

WHAT PREPARATION, IF ANY, HAVE YOU HAD FOR THE PRECEPTOR ROLE