

**Preceptors in Nursing Education – striking a balance  
between nursing student learning and client care**

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*...The ward becomes task-orientated when it is busy, as someone has to do the work you can't help it when you are doing medicines and someone wants a commode and someone else is sick.*

## **Abstract**

In the Irish healthcare system ward staffing is not matched with client acuity. With the recession came a moratorium on staffing and this combined with reduced length of stay for clients impacted significantly on nursing staff. Added to this a large number of front-line staff took early retirement leading to burnout of existing staff. Clear guidelines have been laid down by HIQA (2012a, 2012b) on the appropriate governance structure to ensure that client care is delivered safely and is of a high quality. The environment where nursing students undertake their clinical placement can have a positive or negative effect on them depending on the ratio of staff nurses to clients.

The undergraduate nursing degree programme has been in place in Ireland since 2002. Nursing students register their qualifications with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board, Ireland) upon successful completion of the programme. Nursing students are supported and facilitated on clinical placement by a qualified staff nurse named a preceptor. The term “preceptor” is the term used in Ireland to refer to a registered nurse who supports, guides and assesses nursing students on practice placement; the terms “mentor”, “practice placement supervisor” and “clinical supervisor” are also used in the literature to refer to the same role (Mead, 2012). For the purposes of this study the term “preceptor” will be used throughout this document.

The quality of the nursing programme depends on the experience and level of supervision the nursing students receive in the clinical learning environment. This qualitative study explored current standards of the preceptorship model of nursing, to determine how preceptors perceive their role and the values preceptees place on the level of support they receive from preceptors during their clinical placements. I also needed to determine the level of support and training preceptors received from lecturers in higher education and management in the teaching hospital. The theoretical frameworks I used in the study were the Legitimate Peripheral Participation Theory

(Lave and Wenger, 1991), which describes how newcomers become experienced members and eventually old-timers of a community of practice, and Social Learning Theory (Bandura, 1977), which proposes that learning takes place as a result of social interaction with other staff, including preceptors, through both verbal and non-verbal language.

The literature implied that the role of the preceptor is stressful and the training inadequate (Haggerty et al., 2012; Eley, 2010; McCarthy and Murphy, 2010). This study set out to explore the tripartite relationship between preceptors, nursing students and lecturers. Using a qualitative approach, I conducted 24 semi-structured interviews with nursing students (n=8), preceptors (n=8) and lecturers (n=8). The study findings suggested that the preceptor's role is difficult owing to time constraints, ward acuity and lack of resources. Part of the remit of a nurse working on a ward necessitates working different shifts and preceptors identified that it can be difficult to match the duty of a staff nurse with that of a nursing student. Preceptors found it challenging to give enough quality time to the students. Client care is always a priority with staff nurses, and must come first; the time they can spend with nursing students therefore tended to be ad hoc in nature. According to the preceptors they need on-going support from management of the hospital and lecturers in higher education. Those interviewed suggested they loved their role but felt they could not give enough quality time to the students. They would like more support from clinical placement coordinators (CPCs), from lecturers in higher education, and from management of the hospital. The preceptors also suggested that the training they receive needs to be more comprehensive, and to include more refreshers on curricula, teaching and assessing nursing students and providing feedback.

The nursing students valued the time they spent with their preceptor, but this was sometimes limited owing to resources, ward acuity and working different shifts. They latched on to any available nurse when their preceptor was busy elsewhere or off duty. Overall, they would much prefer to have their named preceptor with them for support and guidance and because the preceptor was their assessor for their final interview on the clinical placement. The lecturers acknowledged the wonderful work the preceptors do in facilitating the nursing students in the clinical area. They believed that the preceptors should be given more support in the form of refreshers and "protected time"

to precept the students. The lecturers would like to be more visible in the clinical area, but because of their teaching, research and administrative role their time is limited to quick visits to the ward. Some lecturers acknowledged that to remain current it is important for them to spend more time in the clinical area.

Preceptors, employed by health care institutions, undertake the responsibility of supporting nursing students without protected time or remuneration. The nursing students are also supported by clinical placement co-ordinators (CPCs) on a 1 : 30 ratio. CPCs are employed by health care institutions to co-ordinate clinical placements. They assist with teaching and learning of students but do not formally assess them. They were not included in this study as there were insufficient numbers to match the sample size.

To conclude, if there is insufficient time to precept nursing this can be a lost learning opportunity for the students. The nursing students miss the direct support and feedback from their preceptor and their learning is limited. They can finish their clinical placement not having reached their potential and maximised their learning. Despite the current climate of austerity there is a need to retain our highly qualified and capable nursing workforce.

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## GLOSSARY

**ABA:** An Bord Altranais is the regulatory body for nursing and midwifery in Ireland. It is responsible for the development of requirements and standards for educational programmes in nursing and midwifery. An Bord Altranais has been re-named the Nursing and Midwifery Board of Ireland (NMBI) (*An Bord Altranais agus Cnáimhseachais na hÉireann*).

**Action Plan:** An action plan is a written document drawn up when learning deficits are identified while the nursing student is on clinical placement. Its aim is to help the student achieve the level of competence required.

**Assessment of Domains of Competence:** This is the assessment tool used in Ireland to define competencies for nurse training. There are five domains: professional/ethical practice; holistic approaches to care and integration of knowledge; interpersonal relationships; organisation and management of care; and personal and professional development. Each incorporates three dimensions: performance criteria, defined standard(s), and evidence of successful performance to meet this standard.

**Associate Preceptor:** A second preceptor who should be available to the nursing student if their preceptor is not available.

**Bay:** A division in the hospital for the care of a particular group of clients.

**B.Sc. (Hons):** Bachelor of Science (Honours).

**Client:** A person who uses health and social care services. In some instances, the terms “individual”, “person”, “people”, “resident”, “service user”, “mother”, “woman” or “baby” are used in place of “patient”, depending on the health or social care setting.

**Clinical Learning Environment:** The environment in which clinical learning takes place.

**Clinical Placement Co-ordinator (CPC)** Drennan (2002: 482)<sup>53</sup> defined the Clinical Placement Co-ordinator (CPC) as “an experienced nurse who provides dedicated support to student nurses in a variety of clinical settings.” The primary functions of the role include guidance, support, facilitation and monitoring of learning and competence attainment among undergraduate nursing students through reflective practice. CPCs are supernumerary to clinical care delivery and ensure that clinical practice facilitation and assessment of student learning is carried out fairly and effectively, by provision of



support and guidance to preceptors and clinical nurse/midwife managers through negotiation of linkages between academic and clinical environments (McNamara 2007)<sup>54</sup>. The role is complex and entails participation with link academic staff and clinical staff in audit of the practice setting learning environment and engagement in practice development.

**Competency:** The ability of the nurse or midwife to practise safely and effectively fulfilling their professional responsibility within their scope of practice.

**Competence Assessment:** The process of assessing nursing students' clinical practice.

**Domains of Practice:** A broad enabling framework designed by An Bord Altranais to facilitate the assessment of pre-registration nursing students' clinical placement. Each domain represents the level a student must reach on completion of the education programme for entry to the register held by An Bord Altranais (An Bord Altranais, 2005).

**Evidence-based practice:** The use of the best available evidence together with the nurse or midwife's expertise and a patient's values and preferences in making healthcare decisions.

**Framework:** An abstract concept of a structure of meaning that is based on the identification of key ideas and the relationships between them.

**HEI:** Higher Education Institute

**The Health Information and Quality Authority (HIQA).** The independent authority established to drive continuous improvement in Ireland's health and personal social care services, monitor the safety and quality of these services and promote person-centered care for the benefit of the public. Currently The Authority's mandate extends across the quality and safety of the public, private (within its social care functions) and voluntary sectors.

**Link lecturer:** A member of the teaching team who is a registered nurse from the department of nursing and is attached to a particular clinical placement to support nursing students' learning in the clinical area.

**Nurses and Midwives Bill (2010):** This Bill provides for a modern statutory framework for the regulation of the nursing and midwifery professions. It was announced by the Minister for Health and Children, Mary Harney TD.

**Nurses and Midwives Act (2011):** This is the new Act for Nursing and Midwifery in Ireland, referenced in this text only when discussing new legislation into the future.

**Nursing and Midwifery Board of Ireland (NMBI):** Formerly An Bord Altranais (see ABA entry above).

**Preceptor:** An appropriately qualified and experienced registered nurse/midwife – Registered General Nurse (RGN), Registered Psychiatric Nurse (RPN), or Registered Nurse for the Mentally Handicapped (RNMH) – who has undertaken a course to develop their skills in assessing and judging students' level of attainment of stated learning outcomes (Neary, 2000). Therefore, the preceptor is the assessor. The associate preceptor is a delegated associate who acts in the absence of the preceptor.

**Scope of Practice:** The range of roles, functions, responsibilities and activities which a registered nurse or registered midwife is educated, competent and has authority to perform (Nursing and Midwifery Board of Ireland, 2015:2).

**Shift:** The hours spent working in the unit or ward.

**Supervision:** The provision of oversight, direction, guidance, or support by a nurse or midwife to students or regulated or unregulated healthcare workers. Supervision may be direct or indirect.

**Unit:** A room in a hospital with beds for many people, often people who need similar treatment.

**Ward:** A room in a hospital with beds for many people, often people who need similar treatment.

## **Chapter 1: Introduction**

Preceptorship programmes are prevalent in undergraduate nursing programmes for the past thirty years. The programme surfaced in Ireland in 2002 when the degree programme for undergraduate nursing students was established. It is an alternative form of clinical teaching. The term preceptor is the term used in Ireland to refer to a registered nurse who supports, guides and assesses nursing students on practice placement; the terms “mentor”, “practice placement supervisor” and “clinical supervisor” are also used in the literature to refer to the same role (Mead, 2012). The literature implied that the role of the preceptor is stressful and the training inadequate (Haggerty et al., 2012; Eley, 2010; McCarthy and Murphy, 2010). This study set out to explore the tripartite relationship between preceptors, nursing students and lecturers as they are the key stakeholders involved in preceptorship. For this research study I wished to establish the views of all key participants involved in the preceptorship programme to elicit their views and perceptions on the programme and to determine if it worked in the clinical undergraduate training of nursing students.

This study came about as a result of my long-established career in nursing and my deep commitment to teaching and working with nursing students. I began my professional career as a nursing student in a 350 bedded public/private hospital on the west coast of Ireland. At the time, the hospital was run by an order of nuns known as the Franciscan Missionaries of the Divine Motherhood. They were fantastic and gave me a tremendous appreciation of the art and science of nursing. The apprenticeship model of nursing was utilised then, which meant the nursing student learned how to nurse a client by “doing” and by watching more experienced staff nurses, not from theoretical understanding. The nurse was required to be a competent performer and was judged on how many tasks she could perform. Nursing programmes were delivered in nursing schools separate from Institutes of Higher Education. The qualification awarded after three years of study and clinical practice was at professional certificate level.

In Ireland then it was important for employment purposes to be dual qualified so I emigrated to England to undertake midwifery. Having obtained my midwifery qualification I returned to Ireland where I worked in a district hospital where it was pivotal to be a midwife as the hospital was located 53 minutes by car from the nearest

general hospital. Many of the women in the locality wished to deliver their children near their homes and it was crucial that the hospital was staffed with midwives. I stayed working there for twelve years and gained enormous experience in midwifery, older person care and sick children nursing. All nurses routinely moved to different units in the hospital which had the advantage that each person was experienced in all specialities in nursing. This was to prove beneficial to me in later life when I was teaching nursing students as I could relate the theory to practice.

I then moved to a hospital in a large town and worked as a clinical nurse manager in a short stay rehabilitation unit. This facility admitted clients from the acute services for rehabilitative care to enable them to return to the community. The centre provided accommodation for up to ninety residents mainly over 65 years of age. Residents with dementia, acquired brain injury and intellectual care needs were also accommodated in the centre some of which were under 65 years of age. There was also a busy day-care service and separate facilities for physiotherapy, occupational therapy and social work. It was while I was nursing here that undergraduate nursing moved into Institutes of Higher Education.

The whole system of training nursing students had changed. From 2002 nursing students would complete 50 per cent of their training in Institutes of Higher Education (IOTs) and the remainder in clinical practice. I returned to higher education in 2002 and obtained a B.Sc. Honours degree in General Nursing, followed shortly afterwards by a Master's degree in Health Sciences (Education). I then entered higher education as a registered nurse tutor and taught on the nursing degree programme until last year, when I became head of the department of nursing. Part of my lecturing remit was teaching on the B.Sc. Honours degree programme in nursing, and teaching preceptorship to qualified staff nurses who are precepting nursing students in the clinical area. The literature suggested that preceptors work for many weeks without let-up, mentoring students in the clinical area (Walker, Cooke and McAllister, 2008). This led to my interest in studying the area of support for the preceptor.

In Ireland nursing education witnessed considerable change when the undergraduate nursing degree programme moved into universities and colleges of higher education (HE) (An Roinn Sláinte (Dept. of Health), 2012). Irish nurse education was brought in line with other countries across Europe and with Canada, Australia and the US

(Government of Ireland, 2000). A review of the undergraduate nursing degree programme commissioned by the department of Health (2012) and undertaken by the Nursing and Midwifery Board of Ireland (NMBI,) suggested preceptors are an integral part of the programme and that their input is highly valued in the education of nursing students. According to the Nursing Education Forum (2000), a preceptor is a registered nurse or midwife who supports nursing students' learning in clinical settings and assumes the role of supervisor and assessor. The quality of clinical practice depends on the clinical instructors; investment in preceptor preparation is, in my opinion, an investment in the future of the nursing profession. The preceptors' role is essential to helping undergraduate nursing students into the role and traditions of nursing (Haggerty et al., 2012). Therefore, it is vital that the preparation of preceptors be evidence-based, as nursing practice embraces nursing education. Empirical literature suggests the role of the preceptor is stressful and the training inadequate (Haggerty et al., 2012; Eley, 2010; McCarthy and Murphy, 2010).

### **1.1 Background to the Problem**

It will be argued that the contemporary model of preceptorship used in the Irish undergraduate nursing education system requires serious reform as it is no longer effective. Increased levels of client acuity in the Irish health services and the relative reduction in frontline nurse staffing levels due to the recruitment ban has impacted adversely on the preceptor time to supervise nursing students. This is compounded by inadequate role preparation contributing to role strain among preceptors. Failure to reform the model of preceptorship training or to provide support for preceptors, or dedicated time for supervision of nursing students would lead to potential reduction of rigor in student supervision and assessment of competence. The literature suggested that preceptors have difficulty keeping their knowledge of the undergraduate degree programme up to date, and their training is not sufficient to understand their role (McCarthy and Murphy, 2010). Preceptors need more support from management and staff of the hospital to make "protected time" available for them to precept nursing students (Allen, 2002; Wright, 2002; Yonge et al., 2002). The literature also suggested that students who engaged in reflective exchange of ideas with their preceptors before embarking on client care ensured that the care was more efficient and effective (Nursing and Midwifery Council (NMC), 2002). Giving students time to reflect on their practice at the end of the day and to apply theory to practice gives them more

confidence in their own decision-making ability. These findings were alluded to by Finnerty and Collington (2012) who found that expert coaching by preceptors led to the development of clinical skills, reflection and critical thinking by expert role models.

In addition to the research undertaken by McCarthy and Murphy (2010), another Irish study was conducted of supervision arrangements for undergraduate nursing cohorts through 2 focus groups with 16 participants and a survey of 255 general, psychiatric and intellectual disability preceptors (Cassidy et al. 2012). Here preceptors reported feeling torn between the competing demands of caring for patients whilst the staffing resource was under-provisioned and of adequately taking time for supervision and clinical assessment of competence among their allocated nursing students. For nurse preceptors, this should include the time allowance, emotional support, acknowledgement and perhaps a financial inducement from health services in recognition of the burden and responsibility of the supervision process as for other health professions such as occupational therapy and psychotherapy (Mallick and McGowan 2007).

Difficulties arise in the integration of theory and practice according to Wilson-Thomas (1995) because not all preceptors have continued their professional development or been exposed to the same methods of teaching, or have had similar training. There was consensus from the participants in this research that there is a need for more refreshers for preceptors and the programmes need to contain more information on assessment, methods of teaching and updates on the curriculum. The recruitment moratorium in Ireland resulted in cutbacks in healthcare and, with a number of staff nurses working part-time, it can be difficult for preceptors to be available on a similar duty rota as nursing students (Smedley, 2008; Zilembo and Monterosso, 2008; Flynn and Stack, 2006). The nursing students would prefer to have a named preceptor but because of different duty shifts, annual leave and time off the literature suggested this is not possible.

## **1.2 Statement of the Problem**

From reviewing the literature it is apparent to me that there is a “gap in the knowledge” as to whether the preceptorship programme is actually doing what it set out to do. The programme stipulates that nursing students in Ireland should have a named preceptor working with them at all times and where this is not possible an associate preceptor supervises the nursing student. As the programme is not standardised there is a need to ensure the integrity of the support of nursing students. Lifting of the moratorium on recruitment would ensure that staff nurses have more time to support and precept nursing students. I felt there was a necessity to undertake a study based on the key participants involved in the clinical training of undergraduate nursing students. As I was involved in this training myself in Ireland it was relevant to me. The specific problem I wished to address was: did the preceptors have support in their role from lecturers and management of the healthcare setting and how did they feel about precepting nursing students as well as undertaking client care? I also wished to determine how the nursing students perceive their experience of the clinical environment and the support or lack of it by the preceptor. Graduate nurses play a key role in high standards of care and preparation of a nursing workforce fit for the future.

## **1.3 Purpose of the Study**

This research was conducted within the interpretive or qualitative paradigm and was concerned with the lived experience of those involved in and using preceptorship. I interviewed 24 participants using semi-structured interviews. This sample consisted of eight lecturers, eight preceptors and eight nursing students. In keeping with the chosen methodology, the participants I chose had a shared understanding of working in the clinical environment with clients and co-workers and had the necessary experience to best inform my study. According to Polit et al. (2001), purposive sampling is based on the assumption that a researcher’s knowledge about the population can be used to hand-pick the cases to be included in the sample.

The study was carried out in the local healthcare setting in the clinical environment so as to facilitate the preceptors and nursing students in their busy work schedule.

### **1.4 The Aim and Objectives of the Study**

The aim of this research was to formulate an understanding of the role of preceptors in nurse education from the perspectives of preceptors, preceptees and nurse lecturers. In order to achieve this, the study had a number of objectives. These were as follows:

#### **1. To determine how preceptors perceive their role**

What is the formal role of preceptors?

What do preceptors perceive their role to be?

How do preceptors enact their role?

What support and training do preceptors receive?

What are the barriers to preceptors enacting their role as they see it?

#### **2. To determine how preceptees perceive the role of preceptors**

What do students perceive the role of preceptors to be?

How far do students believe that preceptors carry out this role?

What value do students place on the work of preceptors?

What differences do students perceive between the role of preceptors and the role of nurse lecturers?

What factors help or hinder the relationship of preceptors and nursing students?

#### **3. To determine how nurse lecturers perceive the role of preceptors**

What do nurse lecturers perceive the role of preceptors to be?

How far do nurse lecturers believe that preceptors carry out this role?

What value do nurse lecturers place on the work of preceptors?

What differences do nurse lecturers perceive between the role of preceptors and the role of nurse lecturers?

What factors help or hinder the relationship of preceptors and nurse lecturers?

### **1.5 Significance of the Study**

The findings add to the debate in the literature qualifying that there is a need to update the current preceptorship model of nursing. Preceptors have stated that they need more training and more support in their role. They also require “protected time” to precept nursing students. Resources are needed in the form of extra staff on the front line especially when the ward is busy and client care is a priority. Nursing students should



have a named preceptor or associate preceptor but because of different shifts annual leave or days off this is not possible in the clinical environment. The findings lead me to believe that there is a necessity to develop a new model of preceptorship which could become standardised in Ireland.

### **1.6 Changes that resulted from nursing moving into higher education**

The strategy for nursing education is based on the World Health Organisation's Nurses and Midwives for Health, a WHO European Strategy for Nursing and Midwifery Education (2000). As such, the curriculum is designed within the regulatory framework of An Bord Altranais agus Cnáimhseachais na hÉireann (2005) and is approved and validated every five years to comply with regulations laid down by the governing body of nursing in Ireland. The Commission on Nursing (1998, p. 2) recommended that pre-registration nursing education be delivered on a four-year degree programme, incorporating one year of partial employment. It incorporated structured clinical placements in the health service, and the programme was fully integrated in the third-level education sector. Year 1 of the programme provides the student with early exposure to the practice setting for the purpose of acquiring skills in the cognitive, psychomotor and affective domains, while facilitating the student to integrate theory with practice. In year 2 the student is introduced to the principles of caring for client throughout the lifespan, in a variety of settings. In the third year the student is offered experience to consolidate her competence and build confidence in providing holistic evidence-based care. In the final year the student has continuous experience of nine months in the clinical setting. This provides the student with the opportunity to consolidate the completed theoretical learning and clinical practice in preparation for her/his role as a registered nurse.

The Clinical Practice Placement modules facilitate the development of the art and skill of nursing and the integration of theory with practice. Years one to three consist of placements of three to six weeks whereas year four of the programme has two eighteen week clinical placements. This was because the nursing students requested longer time to consolidate the completed theoretical learning and support the achievement of clinical competence within the clinical learning environment. During this final year the nursing student is a rostered member of staff and is remunerated accordingly.

For a successful programme of nursing education there must be partnership between health service providers and the university. Preparing undergraduate students to become competent, professional nurses requires that they undertake clinical placement to integrate theory with practice. Clinical placements help students develop the competency required to become professional nurses delivering safe, evidence-based care (An Bord Altranais agus Cnáimhseachais na hÉireann, 2005). The clinical setting in local hospitals is where the students come in contact with service users to further develop their skills and competencies. It offers the students the opportunity to transfer knowledge they acquired in the classroom to a practical setting. Nursing is a skill-based profession, and nurses work with people who are vulnerable. The education and the profession of nursing is therefore regulated and bound by requirements from both An Bord Altranais and the European Community. Nursing students gain competency in healthcare settings and develop critical thinking skills in the higher education setting (Oermann, 1997).

Preceptors are registered nurses who must be practising for a minimum of twelve months. They must complete the preceptorship teaching and assessing programme. This consists of an online e-learning programme, Preceptorship Practice and Theory: Bridging the Gap, available on HSELandD. This is followed by a one-day workshop with nurse lecturers in the college of higher education. Preceptors who have completed the programme should have gained an understanding of the undergraduate degree nursing programme. The preceptor or associate preceptor assesses the nursing student's competencies in clinical placement on an ongoing basis. Students are deemed competent or not competent. As outlined by the Nursing and Midwifery Board of Ireland (NMBI, 2000), each student will be allocated to a named preceptor by the Clinical Nurse Manager 1 or 2. For an outline of the preceptor's responsibilities, guidance on the nursing student's interviews and what happens when a student fails (Appendix 4).

A review of nursing and midwifery undergraduate degree programmes (DOH 2012) sought to examine the efficiency and effectiveness of the education programmes in preparing nurses and midwives to practice in the healthcare system now and into the future. The Report of the Review Group (2012) presented recommendations focused in

the main on its curriculum, but also included some recommendations on evaluation, research and workforce planning. The findings from the review suggest the HSE in partnership with HEIs will develop, implement and facilitate a national mandatory preceptorship programme. This will include protected time, facilitated by the employer in line with the NMBI guidance and standards, with due consideration of prior learning of the existing experienced/trained preceptors. The NMBI will review existing preceptorship training requirements as part of the working group to develop guidance for preceptors and students. The HSE will work in partnership with the NMBI following the launch of standards and requirements (2015) to complete this project. Since the integration of nurse education into higher education the issue of the clinical role of link lecturers has been debated. A study was undertaken by Meskell, Murphy and Shaw (2009) to investigate the perceptions of key stakeholders regarding the current role of the link lecturer. The findings suggested that role definition was urgently required to dispel ambiguities surrounding what the clinical role should involve. Conflicting views were evident among groups regarding lecturers' clinical credibility, visibility and teaching effectiveness. Findings highlight the essential nature of nurse lecturers engaging with clinical areas to maintain their skills, demonstrate a value for the practice component of the role and provide a link between education and practice. This findings from this study also contribute to the debate on link lecturer's credibility.

### **1.7 Structure of thesis**

Chapter 2 describes the theoretical lens which informed my study. Chapter 3 provides a review of the literature, including that dealing with the historical changes in nurse education and the development of preceptorship in Ireland, international and national studies on preceptorship, nurse lecturers and critical thinking, and informal learning in the clinical environment. Chapter 4 discusses the chosen methodology for sampling, data collection, and data analysis. Ethical considerations and limitations of the study are also discussed. Chapter 5 presents the findings from the interviews. Chapter 6 analyses and discusses the findings, and also discusses conclusions and recommendations.

## **1.8 Conclusion**

This chapter has outlined the rationale and structure of this research. It has also set out the aim and objectives of the study, and outlined the structure of the thesis. The next chapter describes the theoretical lens which informed my study. Chapter 3 provides an understanding of the current literature surrounding the concept of preceptorship in nurse education.

## **Chapter 2: Introduction to Community of Practice Model/Social Learning Theory Model**

### **2.1 Introduction**

Nurse lecturers and clinicians use a variety of methods and approaches in the teaching and education of student nurses. There is a plethora of literature that serves to inform these processes including instructional strategies, behaviour management, environmental control, motivational strategies, and technological resources. This chapter explores two approaches to educational instruction that in turn provide the theoretical underpinnings of the study. Whilst a detailed discussion of educational theory would be difficult to achieve in such a short chapter, the main points of each are outlined to support the discussion and subsequent investigation of the role of perceptorship in preparing student nurses for qualification. The Community of Practice Model/Social Learning Theory Model guided the research questions and the methodology. The first characteristic of qualitative research is that it occurs in natural settings and consists of the real experiences of real people as they go about their daily lives. Researchers themselves gather the data directly instead of using an instrument. Qualitative researchers are interested in understanding how individuals make meaning of their social surroundings and a qualitative approach was used because of its ability to focus on an understanding of how students constructed knowledge in a context based environment. This approach helped answer the research questions that were posed based on the theoretical framework of situated learning and social learning theory.

### **2.2 Community of Practice Model/Social Learning Theory Model**

The theoretical lens which underpinned my study was based on two social learning theories: Lave and Wenger's Situated Learning Theory (1991) and Bandura's Social Learning Theory (1977). It has long been argued that identity as a health care professional is shaped in part through professional socialisation (Menzies, 1965; Clinton, 1981; Benner, 1984; Mooney, 2007). The reason I was drawn to situated learning within communities of learning is that it symbolises the way students and preceptors engage in teaching and learning (Lave and Wenger, 1991). Preceptor/mentor support is an essential component of health systems because it encourages the passing on of experience, knowledge, skills and clinical judgment. The theory of social learning is concerned with learning by observing role models. In legitimate peripheral

participation, learning is not viewed as an isolated activity but as ‘an aspect of all activity’ (Lave and Wenger, 1991, p. 38). Legitimate peripheral participation is a concept that helps to explain apprenticeship as a dynamic social relationship which shapes learning that takes place in clinical practice. The nursing student watches the qualified nurse engaging in client care. It is hoped that by paying attention to what is happening the nursing students will retain what they see and gain the knowledge, skill, understanding and ability to do the same task at a later stage. These constructivist instructional theories ground learning in real-life situations in the real-life work setting (Lave and Wenger, 1991). These two theoretical frameworks drew upon social learning theories to explain how options for learning are reliant on the social situation, social practices and nursing students’ admission to ‘communities of practice’ (Lave and Wenger, 1991). Role models are the second most often reported source of teaching and learning about professionalism (Riley and Kumar, 2012). It is second to experience and role models help in the socialisation process and allow nursing students to enter the community of practice of staff nurses (Goldie et al. 2007). Wenger’s (1998) framework posits that CoP comprises four interrelated aspects with additional critical components by which the inner workings of CoPs can be examined. The first aspect is meaning, which develops through participation, negotiation, and reification: the nursing students are shown how to carry out nursing care, and to do this they follow a code of practice (Scope of Practice Framework, 2000). Preceptors influence student identity through feedback and a questioning attitude. Through practice, relationships form and identities develop, and Wenger’s (1998) conceptual framework sees practice as central to the community. As nursing students participate in practice they become valued members of the nursing team. The theoretical framework proposes that learning takes place as a result of social interaction with other staff, including preceptors and their verbal and non-verbal language. The practice area is the learning context and has three essential elements: mutual engagement, joint enterprise and shared repertoire (Wenger, 1998).

Wenger (1991, p. 14) wrote, ‘[r]ather than asking what kind of cognitive processes and conceptual structures are involved, they ask what kinds of social engagements provide the proper context for learning to take place.’ Novice nurses become part of a team with structures and rules, and they learn by participation and observing the more qualified staff. Learning involves participation in a community of practice. The nursing students in my study belonged to a community of practice where they worked alongside staff

nurses, doctors, physiotherapists, laboratory staff, porters and others. They were newcomers to the ward and engaged peripherally at the start and wished to have a preceptor guide them. When the ward was busy they felt their preceptor was too busy to engage with them, and they latched on to any available staff nurse. They wanted to be part of the team and needed reassurance from their preceptor.

Bandura's (1977) theory posits that human behavior is learned through observation and watching role models. The novice nurse observes the qualified nurse in the act of undertaking client care, and from this the nursing student recognises how to undertake nursing care. What they observe acts as a guide for them to repeat the same behaviour on later occasions (Bandura, 1977, p. 22). The ward provides a safe environment for nursing students to engage in learning with their preceptor and other staff, through observation and interaction with them and through discussion with colleagues. According to Bandura (1977) the environment, person and behaviour all affect each other; this is known as reciprocal determinism.

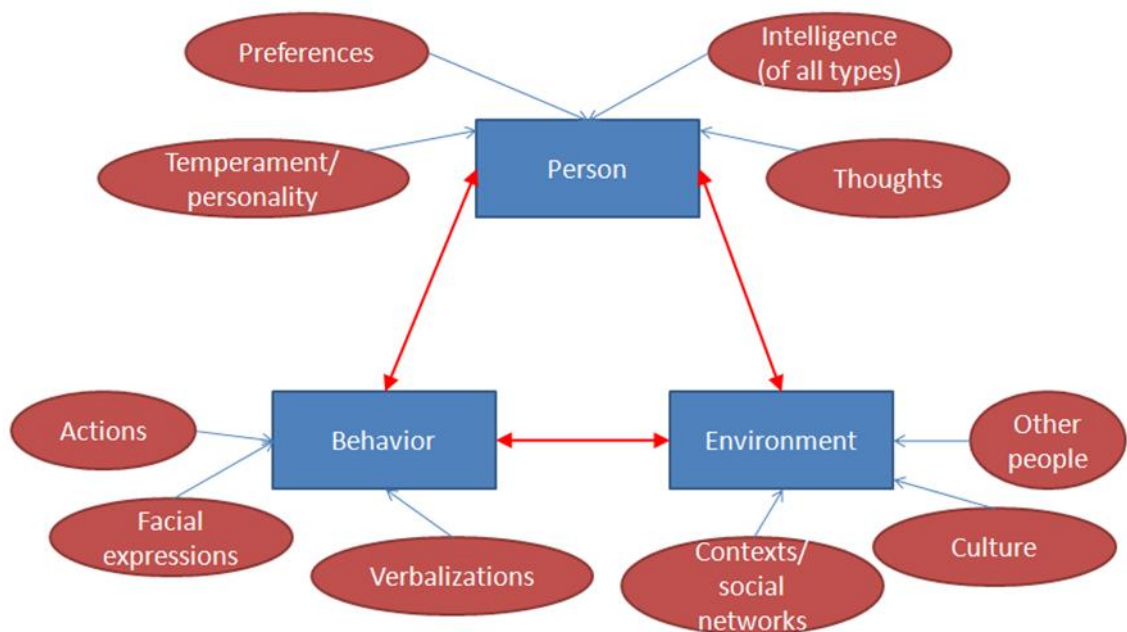


Figure 2.1: The triadic relationship of Bandura's (1977) social learning theory

Social learning theory can be used to explain Bandura's (1977) triadic relationship as it relates to role modelling of the nursing student in the clinical setting. A new nursing student learns the staff nurse role through interaction with the environment by observing and learning from behaviours of other staff nurses. The experienced staff nurse acts as a role model to guide or facilitate the metamorphosis (Billings and Halstead, 2009; Polit and Beck, 2008).

Cognitive or personal factors of the new nurse and experienced staff nurse include personality and leadership style. Behavioural factors range from positive, nurturing behaviours, to negative behaviours. Environmental factors could include the ward or clinical practice setting. Together, the three factors serve in a triadic relationship that could affect overall transferral of the student nurse to staff nurse. Ideally, positive factors would produce affirmative change in the nursing student.

Lave and Wenger (1991, p. 110) write that '[t]o be able ...' to participate in a legitimately peripheral way entails that newcomers have broad access to arenas of mature practice'. Arguably, with the apprenticeship model of nursing, nursing students learned their knowledge and skills in the hospital from more senior qualified staff nurses. This differs in the nursing programme today, as nursing students attend colleges of higher education to engage in the theory of nursing first, before integrating it into practice in the clinical areas. The theory emphasises that novices participate in practice before they gain competency. Nursing students engage in a community of practice (CoP) in the clinical environment through dialogue with other staff, including their preceptor. The Communities Model belongs to the learning theory of "constructivism" where nurses learn from each other constructing knowledge in a constructive way (Leonard, 2009). Learning is tailored to the individual nursing student's needs depending on their level of competency and stage in the programme. According to Wenger (1998, p. 4), participation 'refers not just to local events of engagement in certain activities with certain people, but to a more encompassing process of being active participants in the practices of social communities and constructing identities in relation to these communities'. Lave and Wenger (1991, p. 15) suggest that learning is so fundamental to the social order we live by, that theorising about one is tantamount to theorising about the other.



Tennant (1997) would support the view that novice nursing students commence their clinical placements at the edge – their participation is on the periphery. Gradually they engage with the community of qualified staff nurses, and their knowledge and skills develop and become more complex until they in turn become immersed in the thinking and practice of the hospital community. Knowledge is thus located in the community of practice and, according to Tennant (1997, p. 77), ‘it makes no sense to talk of knowledge that is decontextualised, abstract or general’. Brown, Collins and Duguid (1989) identified that the phenomenon of situated learning addresses the idea that there is a mismatch between the learning situations in school and the real world; hence there will always be a theory-practice gap. Barnett (1994, p. 47) suggests that ‘propositional discipline-based knowledge can no longer capture the high ground of the curriculum’, while Lave and Wenger (1991, p. 29) write that ‘[t]he meaning of learning is configured through the process of becoming a full participant in a socio-cultural practice’. Critics of the model of situated learning would suggest that it requires learners to be exposed to experts in the practice of their trade (nursing practice) and therefore it cannot be transferred to the classroom (Tripp, 1993; Wineburg, 1989).

McLellan (1994, p. 7) contends that the key components of the situated learning model are: ‘apprenticeship, collaboration, reflection, coaching, multiple practice, and articulation of learning skills’. According to Martin (2002) the theory embraces three interdependent theoretical concepts: situated learning, integrated learning, and informal learning. Brown and Duguid (2002, p. 138) suggest situated learning is ‘knowing how to be in practice’, rather than ‘knowing about practice’ and thus involves a process of identity development for the newcomer through participation in the practice of the community. Fowler and Mayes (1999) suggest that this view of situated learning is social-anthropological, where a wide social context is expounded and the CoP emphasises the relationship of the practitioner with members of the CoP which shapes the individual’s identity. Wenger (1998) acknowledges that this whole process through reification shapes the student’s personal identity, with identity seen as becoming. The practice area is the learning context and has three essential elements: mutual engagement, joint enterprise and shared repertoire (Wenger, 1998). When these conditions are in place, such a community of practice is ‘a privileged locus for the

acquisition of knowledge by newcomers' (e.g. nursing students) to the team (Wenger, 1998, p. 214). Gillespie and Paterson (2009, p. 164) pointed out that:

The knowledge for clinical decision-making is grounded in concrete situations; students or nurses become competent or expert in their practice when they have sufficient experiences in the clinical setting where they can learn how to make decisions by incorporating a broad knowledge and skills within the real complex environment.

Research has demonstrated that, when students feel part of the community of practice, their satisfaction is increased (Smedley and Morey, 2010). Wenger's (1998) model of situated learning is built on constructivist, organisational and activity theory. According to Piaget (1972), nursing students' own mental processes and task-focused activity favour engagement of self-directed tasks. The theory builds on the behaviourist model of learning, where a stimulus-response relationship leads to behaviour modification (Skinner, 1974). It considers how a nursing student changes as a result of social interaction with other staff, including preceptors, and their verbal and non-verbal language. The nursing students' identity is being moulded as a person as well as a professional. Preceptors influence this identity through feedback and a questioning attitude.

Bandura (1977) emphasises that observing other people's behaviour allows for a safer and more efficient way of acquiring complex behaviours or skills than learning by trial and error. Nursing students learn by observing role models who are qualified knowledgeable staff nurses, and the clinical learning environment is a safe place to learn the art of nursing with colleagues and other staff. Staff nurses facilitate the introduction of a skill or concept, helping students develop their understanding of nursing care. The skill will eventually become part of the nursing student's life, and they will progress and build upon what they learn through observation and practice. They need to see how the process of learning they were taught in higher education can be used in practice. The nursing students are watching real experts in the field of nursing and reflecting on what they observe so that they also will become one of them. According to Barab and Plucker (2002) and Brown and Duguid (1993), when learners are new to a particular setting, they participate peripherally. This is considered the novice stage with nursing students. Lave and Wenger (1999) suggest that legitimate peripherality allows the nursing students to absorb the culture and make a culture of

their own. They eventually develop their own identity as a professional, and by engaging with experts (preceptors) they move along a continuum from novice to expert (Benner, 1984). Nursing students learn the skills and internalise the values and beliefs common to the profession of nursing.

Problems can arise if nursing students witness undesirable practice or there is a goal for getting the job done over good practice. Nursing students can be exploited to carry out tasks at the expense of learning or experiencing learning opportunities (Levett-Jones, 2008). Difficulties arise in the integration of theory and practice according to Wilson-Thomas (1995), because not all preceptors have continued their professional development or been exposed to the same methods of teaching, or have had similar training.

I decided against using behaviourist theories which were developed in the early twentieth century through the work of Pavlov (1927); Watson (1928) and Skinner (1974). They attempted to explain how learning occurred by investigating the behaviour of individuals and how they adapted their behaviour. There are benefits to behaviourist approaches to learning although these methods are susceptible to content overload. Teachers attempt to provide students with as much information as possible and there is little regard for the student's input. I much prefer student centred learning as it enables the student to think for themselves. With behaviourist theory very little thought is given to the students thoughts or how they are feeling.

I also could have considered using cognitive learning theory although some of the principles relating to information processing do not consider the social context for learning and the social factors influencing learning (Palinscar, 1998) which I think are so valuable.. Social constructivists argued that individuals develop their own perception of reality, influenced by the social and cultural context in which they find themselves. Effective learning was considered to be through social interaction and negotiation (Shapiro, 2002); significant factors such as culture and social experiences were each considered to influence learning (Marshall, 1998). It could be said that both behaviourist and cognitive theories do not capture the essence of 'person' and do not allow the individual to learn by watching and engaging with more experienced role models in the clinical area.

## **Chapter 3: Introduction to Literature Review**

### **3.1 Introduction**

The previous chapter described the theoretical lens which informed my study. Chapter 1 provided an overview of nurse education in Ireland and the location of nurse training programmes in the higher education sector. The role of preceptors and their responsibilities towards nursing students were discussed and this provides a contextual background to the research that follows. This chapter develops these ideas further and provides an understanding of the current literature surrounding the concept of preceptorship in nurse education.

### **3.2 The literature review process**

Basing health education on sound research findings wherever possible is an important goal of those working in nurse education. Consequently, for the purpose of this review, “studies” that were anecdotal in nature were excluded. Whilst such material provides insight into the topic, it tends to be unstructured and not evidence-based. This review aimed to enhance evidence-based practice to critically appraise relevant primary research studies (LoBiondo-Wood and Haber, 2006). In the case of the research reported in this thesis, it entailed searching for research based papers which addressed the concept of preceptorship both nationally and internationally.

Preceptorship delivered in the UK is identified as important in preparing newly registered nurses for the transition from nursing student to professional practitioner. Studies from England were not included as they use the term mentor to describe a staff nurse who supports nursing students in practice. A nurse mentor who has completed specific preparation in assessing students is normally responsible for ongoing supervision and assessment in practice settings and in simulation. Other registered professionals who have been suitably prepared can supervise and contribute towards the assessment of nursing students (NMC, 2008). Preceptorship is about providing support and guidance enabling ‘new registrants’ to make the transition from student to accountable practitioner.

To undertake the literature review, searches were completed through library catalogues EBSCO, Dawson Era, 123 Library and Academic One File. This was followed by bibliographic databases CINAHL (Cumulated Index of Nursing and Allied Health Literature), Medline, PsycINFO, Istor and Indices of Nursing Theses. Other health related websites to source information included the Department of Health and Children (DoH) website and An Bord Altranais (ABA) website.

Keywords searched were nurses, undergraduate degree, preceptor, preceptorship and clinical placement. The use of Boolean operators (AND/OR/NOT) narrowed down the parameters of the search (Loke et al., 2007). Synonyms and alternative spellings for terms were explored to improve the scope of the search using Medical Subject Heading (MeSH) and truncation marks (?'). Hand searches were undertaken to bridge any gaps that arose from the inevitable limitations of electronic searching. My main criterion in searching the literature were to include the most up-to-date and relevant publications on the use of preceptorship from peer review journals where possible, and books, in order to identify how this study could build on and contribute to current knowledge in this field. Since the 1980s preceptorship has become a cornerstone of clinical nursing education. Most of the articles from the literature in international journals on preceptorship I sourced back to 1996, whereas the literature in Irish journals is more recent, from 2000. The main reason for this is that nursing in Ireland moved into colleges of HE in 2000.

### **3.3 Historical – changes in nurse education in Ireland and the development of preceptorship**

Nurse education in Ireland until the 1990s was an apprenticeship model whereby nursing students worked alongside more senior qualified staff nurses. According to Nightingale, nursing students were needed to provide for the physical and spiritual needs of the client and to assist the doctor in curative tasks (Burnard and Chapman, 1990). The difference today is that nursing students attend colleges of higher education to learn the theoretical part first, before integrating it into practice in the clinical areas. It could be said that nursing students engage in a community of practice in the clinical environment through interactions with other staff (Lave and Wenger, 1991). The concept of preceptorship originated with Florence Nightingale, when neophytes learned how to nurse from more senior qualified nurses who guided them in client care (Myrick and Yonge, 2003; Backenstose, 1983). According to Nightingale, nurses' first year of

training should occur in the hospital setting under the direct control of qualified nurses who guide nursing students in their clinical placement (Myrick and Yonge, 2005). Apprenticeship-style nursing of the past has to a degree become the preceptorship model of today since resurfacing in nursing programmes in the 1960s (Myrick and Yonge, 2005).

Preceptorship, it could be said, was a formal re-introduction of the apprenticeship model of nursing, where senior qualified nurses help nursing students meet the learning outcomes of the undergraduate degree programme. The transfer of nursing to higher education may have been a contributing factor in the reoccurrence of preceptorship. Reform of nurse education in Ireland was influenced by industrial unrest by Irish nurses which was related to pay and promotional opportunities. A college education with nurses educated to degree level was seen as essential for the profession of nursing, as recognised by the Working Party on General Nursing Report (Department of Health, 1980). Myrick (1998) suggests that learning and teaching in the clinical area must be given status equal to learning and teaching in colleges of higher education. As clinical competence is a priority for nurses, it is vital that preceptors as clinical teachers be deemed competent to act as preceptors to nursing students.

A turning point in the history of the nursing profession occurred in 1997 with the Commission on Nursing set up by the Minister of Health (Government of Ireland, 1998). This led to the impetus for the development of the degree programme for pre-registration nursing education. The three most influential studies on the development of the professional role of the nurse were: *Changes in the Professional Role of Nurses in Ireland 1980–1997* (Condell, 1998), *An Examination of the Changes in the Professional Role of the Nurse outside Ireland* (Savage, 1998) and *Management in the Health Services: The Role of the Nurse* (Flynn, 1998). Since 2002, a degree in nursing is the entry level to nursing practice in Ireland. Duchscher (2008, p. 3) described as ‘transition shock’ the initial reaction of newly registered nurses to moving from the protected environment of the university to the unfamiliarity of professional practice, and recommended that universities prepare nursing students for registration and that recognised preceptorship programmes support the new registrant. Teaching nursing students in the clinical area is paramount to addressing the theory-practice gap, and preceptors need time without interruption to do this. Yet, as client care is the top

priority, the author contends that it is time to look at the whole preceptorship model of nursing and how it is resourced.

Nurses who had a three year programme of study at certificate level were offered a BSc (Hons) Nursing (Diploma to Degree) programme. This ensured that nursing students were supported by staff nurses who were also at degree level and this maintained credibility of supervision. The transition from certificate to degree involved a brief period of the diploma programme from 1994 to 2000.

### **3.4 The current situation in Ireland**

The report *Nursing Education Forum: A Strategy for a Pre-Registration Nursing Education Degree Programme* suggested that the mission of nurse education for the undergraduate nursing degree programme is to prepare nurses to meet the healthcare needs of varied populations in an ever-changing healthcare environment (Government of Ireland, 2000). For the purpose of this study the clinical learning environment, per Dunn and Burnett (1995, p. 1166) is ‘an interactive network of forces within the clinical setting which influence the nursing students’ clinical learning outcomes’.

A preceptor is a registered nurse/midwife who has been specially prepared to guide and direct student learning during clinical placement. A preceptor/associate preceptor is an experienced nurse, midwife or community nurse within a practice placement who acts as a role model and resource for a student who is assigned to him or her for a specific time span or experience ... (Nursing Education Forum, 2000).

Universal essential attributes of the preceptor, found throughout the literature, include being a role model, being a facilitator, having good communication skills, being knowledgeable about the field of expertise, and understanding the principles of adult education (Billay and Yonge, 2004). Preceptorship facilitates nursing students’ learning, enabling them to think critically through reflective practice (Myrick and Yonge, 2005) and socialising them into the lived community of nursing (Lave and Wenger, 1991). The literature suggests that preceptors experience hassle through lack of appropriate qualifications and that their key responsibility – client care – makes their precepting role complex (McKenna and Wellard, 2004; Coates and Gormley, 1997; Grealish and Carroll, 1997). It has been shown that precepting nursing students is demanding and time-consuming (Hautala et al., 2007; Lillibridge, 2007; Yonge et al., 2002). This has also been identified by Flynn and Stack (2006), who observe that the

time preceptors spend supervising nursing students impacts on their delivery of client care and, as client care is a priority, precepting nursing students must take second place.

Staff nurses predominantly take on the role of preceptor in addition to their own busy workload, so it is essential that a support system is in place for them from higher education (HE) and the healthcare setting. Effective preceptors have a passion for the role; they are positive and motivating and inspire their preceptees (Anderson, 2008; Smedley, 2008; Zilembo and Monterosso, 2008). However, as a result of cutbacks in healthcare and a number of staff nurses working part-time, it can be difficult for preceptors to be available on a similar duty rota to nursing students (Smedley, 2008; Zilembo and Monterosso, 2008; Flynn and Stack, 2006). Arguably, for the one-to-one relationship in the preceptorship experience to foster a rich and successful learning environment, time and continuous support must be given to the nursing student or, according to (Smedley 2008, p. 185), it can result in ‘varying degrees of motivation and quality resulting in little consistency in student’s experience and participation in client care activities’. As mentioned earlier, it is important for continuity of support that a nursing student has a named associate preceptor who can step in if the main preceptor is unavailable due to sickness or working part-time.

The preceptor acts as a link between the nursing student and the interdisciplinary healthcare team, ensuring that she/he as expert practitioner is selected to be responsible for the student’s learning (Hallett, 1997). Preceptorship is ‘based on the assumption that a consistent one-to-one relationship provides opportunities for socialisation into practice, and bridges the gap between theory and practice’ (Stokes, 1998, p. 291). The staff nurse’s role as preceptor is to guide nursing students in their clinical placement and assess their competence and skills so they meet their learning outcomes (An Bord Altranais, 2005). In Ireland, preceptors attend a one-day course consisting of theories of adult learning, methods of assessment and curriculum content, following completion of an on-line preceptorship programme, (An Bord Altranais, 2005). To date there is no national register in Ireland for preceptors, and the programme is delivered locally to suit requirements. This raises questions about the uniformity and consistency of the programmes being delivered. Many nurses who precept nursing students have trained in the apprenticeship style and have had no recent academic learning, unlike the nursing students, who are theoretically well-informed in using research-based evidence, so it



can be inhibiting for staff nurses precepting current nursing students (Ehrenberg and Häggblom, 2007). Gleeson (2008) suggests that for a successful preceptorship model of nursing to exist there needs to be partnership between the teaching school and the care setting. For learning to take place, it is important to recognise the nursing students' previous experiences and learning needs (Häggman-Laitila et al., 2007; Burns et al., 2006; Öhrling and Hallberg, 2001).

McCarthy and Murphy (2010) comment that preceptors have difficulty keeping their knowledge of the undergraduate degree programme up to date, and their training is not sufficient to understand their role. They used a mixed methods descriptive study to explore preceptors use of clinical assessment strategies as well as their views and experiences of preceptoring BSc students. A 24-item self-administered questionnaire designed by the researchers was used to collect the data. It is not sufficient to apply the knowledge; there needs to be reflection attached to the experience, which promotes students' retention of knowledge (Myrick and Yonge, 2001). Nurses must provide care underpinned by research-based evidence and include compassion in their care. They also need to challenge standards of care. At the initiation of nursing students' journeys as neophytes, nurse educators need to inspire them with a theoretical base in support of compassionate care, safe practice and evidence-based care. This suggests that the training and education of preceptors is paramount to the quality of nursing students' training and professional development. To assume the role successfully, preceptors need support from the hospital to make "protected time" available for them with nursing students (Allen, 2002; Wright, 2002; Yonge et al., 2002). This should make it easier for the preceptor taking on the role, and would also indicate that the healthcare setting deems their role significant, by allocating sufficient time to guarantee that the preceptorship experience has every opportunity to succeed.

### **3.5 International and national studies on preceptorship**

According to Duffy (2008, p. 167) there has been some ambiguity in the definitions of "preceptor" in the literature, with terms such as "facilitator", "mentor" and "preceptor" used similarly, showing the uncertainty over what precisely is understood by the term. For the purpose of this study a preceptorship is defined as a one-to-one teaching and learning experience between an expert nurse and a nursing student aimed at helping the

nursing student adjust to the nursing role (Kavaini and Stillwell, 2000, p. 219). A Canadian study by Dibert and Goldenberg (1995), using a correlation design to examine the relationships of preceptors to rewards, benefits, supports and commitment to their role, found that support from colleagues and educators was lacking. Fifty-nine (n=59) preceptors participated in the study and the findings showed they were committed to their role. Throughout the literature this lack of support from educators seems to be a consistent theme, which is why the author deems it critical to research this whole area.

In Sweden, Öhrling and Hallberg (2001) examined nursing students' (n=17) lived experience with preceptors and found the students felt secure when they had their own time for learning. Berry (2005) compared nursing students' perceptions of achieving the objectives of, and satisfaction with, the course when comparing a conventional clinical experience with a precepted clinical experience. The preceptorship model was affirmed by nursing students as it allowed greater engagement with the staff nurse responsibility while providing a protected setting to work in. In both studies, the one-to-one relationship allowed nursing students to develop their self-confidence and proficiency in clinical skills and also their ability to think critically (Yonge and Myrick, 2004). The students engaged in reflective exchange of ideas with their preceptors before embarking on client care (Nursing and Midwifery Council (NMC), 2002). Giving students time to reflect on their practice at the end of the day and to apply theory to practice gives them more confidence in their own decision-making ability.

Kaviani and Stillwell's (2000) study in New Zealand with six nursing students (n=6) found that flanking preceptors in the same shifts was significant to their learning, as it ensured instantaneous access. The findings of these two studies concur with Myrick's (2002, p. 160) Canadian study where a student participant described the relationship with the preceptor as 'a safety net almost because if you need help or you need a question answered you have someone right there'. It not so much that learners acquire structures or models to understand the world, but they participate in frameworks that that have structure. Learning involves participation in a community of practice (Lave and Wenger, 1991). Initially nursing students have to go on clinical placement and learn at the periphery. As they watch the staff nurse work with clients they become more competent and they move more to the 'centre' of the particular ward. Learning is, thus, not seen as the acquisition of knowledge by individuals so much as a process of *social*

participation (Lave and Wenger, 1991). The question arises as to whether preceptors can be with nursing students at all times. The author suggests this should happen where possible; however, in Ireland an associate preceptor is recommended, which means another named qualified staff nurse will step in if the designated preceptor is unable to be there. This provides continuity for the nursing student. The literature suggests that preceptors' workload needs to be reduced to reduce stress associated with the preceptor/preceptee relationship (Henderson et al., 2006).

A study by Altmann (2006) indicates that the preceptorship model of nursing is commonly used in undergraduate degree programmes in the United States. Their chief reason for using preceptors (85 per cent) was to comply with university regulations, and the reason they are not used is because of a lack of qualified nurses. This was also a finding in Myrick and Barrett's (1992) Canadian study where the number of preceptors qualified for precepting nursing students was 70 percent. In both studies the requirements were baccalaureate degree and one year of experience as a staff nurse. Research findings suggest that 'formal preparation of preceptors impacts positively on student/preceptor learning, while also contributing to the professional growth of the preceptor' (Kaviani and Stillwell, 2000, p. 225). These findings suggest that insufficient time is given to preceptorship programmes and other teaching methodologies such as teaching modules, online instruction, videotapes, or programmed instruction which would be advantageous for preceptors.

Haitana and Bland (2011) undertook a qualitative descriptive study in a small hospital in New Zealand to understand the experience of being a preceptor and the factors that impact on the role. A key finding was the importance of the preceptor and nursing student having a professional working relationship. This, they suggest, enables the preceptor to better assess and determine the student's level of knowledge. Nursing students ought to be rostered with the preceptor for the whole placement, as this helps to build supportive relationships. The researchers also contend that preceptors must be supported by hospital authorities and schools of nursing. The key contribution of the research is evidence of the significance of the relationship the preceptor has with the student and how this relationship impacts not only on preceptor satisfaction but also on student learning and development. The limitations of the study are that the sample size was very small (n=8) and would not be representative of different clinical specialisms

as it was a provincial hospital. The author in this study interviewed preceptors from eight (n=8) different clinical areas in a large teaching hospital.

Koontz et al. (2011) in North Carolina investigated the various elements of the clinical learning environment which impact on the development of nursing students' perceptions of nursing. They found that nursing students considered qualified staff as role models and the preceptorship model enhanced their learning. The limitations of the study included participant characteristics (self-selection), which limited the specificity of criteria for participants. It could be assumed that participants wanted to voice frustrations to a certain extent more than to contribute to the principle of the study. Findings showed nurses are considered role models to student nurses, and the use of preceptorship in the clinical learning environment enhances nursing students' learning. Of significance to learning in the clinical learning environment is the dedication of nurses to reflect upon their time as trainee nurses, recognising that they are role models and dedicating their expertise to the nursing profession by precepting nursing students.

A Swedish study by Mårtensson et al. (2012) found that preceptors did not seem to have access to the power structures needed to use reflection in order to develop nursing students' critical thinking skills. There is a call for more support from management for the preceptor and their educational requirements in relation to supervising nursing students. As nursing has moved from an apprenticeship style to higher education there is a need for education on the use of reflection and critical thinking (Myrick and Yonge, 2002). An earlier qualitative study by Myrick (2002) posits that preceptor behaviours, including role modelling and guidance, can circuitously activate critical thinking in nursing students. Educators need to be more involved with preceptors and actively promote their questioning ability to enable them to activate the preceptees' critical thinking. A drawback of the study was that it was undertaken over fourteen weeks, which can influence the richness of data, and the sample size was small. Another limitation was the researchers' questioning creativity (Glaser, 1978).

### **3.6 Range of factors which support the development of the preceptor role**

Preceptorship is frequently defined as an individualised, one-to-one learning and teaching experience between a nursing student and a qualified staff nurse who supervises the student in the clinical environment (Chickerella and Lutz, 1981).

Precepting a nursing student requires extra time, adding to a staff nurse's usual workload which is to provide safe client care but with the added responsibility of being a nurse preceptor (Chickerella and Lutz, 1981). The role of preceptors in nursing is based on the argument that a steady one-to-one affiliation between a skilled nurse and a novice nurse provides the most effectual means for teaching and learning in the clinical area (Myrick and Barrett, 1994). This was identified by Nehls et al. (1997) who concluded that, when students feel in safe hands with their preceptor and are given support in their practice, it is to be expected that they will ask questions and try to find learning opportunities. Although some preceptors feel duly ready for the role (Hallin and Danielson, 2009), others are not and recognise preceptorship as being put upon them; as a result, their connection and learning experience with the nursing student is unsuccessful (Andrews and Wallis, 1999). Another limiting issue is that many clinical nurses are unqualified for their preceptor role (Andrews et al., 2006) and are not supported by nursing educators (Lambert and Glacken, 2005; Carlisle et al., 1999).

In the Irish healthcare system there is no "protected time" given to preceptors, and time is essential in providing a supportive learning environment for the nursing student (Bourbonnais and Kerr, 2007). Results from a quantitative study with third-year nursing students show that students valued positive relationships with clinical staff (Hart and Rotern, 1994). The students also valued being accepted as a member of the interdisciplinary team and being allowed to use their autonomy in caring for clients. Hart and Rotern (1995) surveyed registered nurses to identify their perception of professional development in the clinical setting, and revealed a useful link between professional development and six independent variables: self-sufficiency and recognition, role transparency, job satisfaction, the quality of supervision by preceptors, peer support, and being given opportunities for learning. The findings of the study were based on responses to a questionnaire (n = 516) which was developed as a tool for assessing organisational and social factors associated with perceived professional development in clinical settings. Supportive staff enable nursing students to settle into their clinical placement, and this in turn gives them confidence to apply their theoretical learning from college to practical client scenarios in the clinical setting.

Clinical placement may be crucial for nursing students to make the association between theory learned in the classroom and practical scenarios in the clinical environment. Du

Toit (1995, p. 164) contends that the dominant discourse of HE renders nursing students as critical thinkers, rational, independent and 'knowing care givers', which are vital components of professional identity. However, Hamilton (2005) contends that for qualified nurses working in the clinical area task organised care is noteworthy, where being organised and adept is considered ideal. If nursing students feel safe with their preceptor and supported in their practice, they are more prone to ask questions and look for learning opportunities (Nehls et al., 1997). Preceptors enable nursing students to incorporate theory into practice through mentoring, role modelling and being there for the students whilst at the same time passing on their expertise and clinical judgement (Cahill, 1996). However, Yonge et al. (1997) comment that, despite abundant research into preceptorship over the years, conclusions about its effect on clinical teaching remain questionable. Some of this may be due in part to economic constraints in the health service; with a diminished number of staff on duty at times, and increased acuity and workloads, it can prove difficult for nurses taking on this task.

Simons et al. (1998) and Spouse (1998) contend that the clinical learning experience allows the elucidation and merging of knowledge. The benefit for nurse education includes helping the nursing students transfer theory into practice, socialisation, and role modelling (Perry, 1998). The main responsibilities of the preceptor are supporting students to set their own goals and recognise their own learning outcomes, socialising them within the clinical area, and helping them apply their academic knowledge to practice Post-Registration Education and Practice Project (PREPP) (UKCC, 1990). An experienced nurse acts as a role model or coach for nursing students, as they observe her/his actions, behaviours and manner of dealing with clients. More importantly, preceptors require nurse educator support, and the literature suggests this has been missing (Gibson and Hauri, 2000). Nurse educators are not present in the clinical environment but they are reachable by telephone, e-mail or text. According to findings from a qualitative study by Myrick and Yonge (2001), the relationship of the preceptor with the nursing student is important for the development of critical thinking and problem-solving skills that are hallmarks of an academic. A qualitative study with nursing students (n=25) undertaken by Brown et al. (2005) found that lecturers' visits during clinical practice were very useful, as they encouraged nursing students to discuss their learning outcomes for the programme.

The preceptorship model aims to add to collaboration between the university and healthcare setting by assigning nursing students to experienced clinical nurses on a one-to-one basis (Charleston and Happell, 2006; Pickens and Fargotstein, 2006). An advantage of preceptorship is the socialisation of nursing students into the occupation, and this was considered important when preceptorship was introduced (Billay and Myrick, 2008; Goldenberg and Iwasiw, 1993). Other studies suggest that preceptors' behaviours, including their ability to act as role models and give feedback, contributed considerably to nursing students' learning and critical thinking (Billay and Myrick, 2008; Myrick and Yonge, 2005; Coates and Gormley, 1997).

Appropriate preparation of a preceptor is highlighted as the most important factor in the success of preceptorship programmes. Many studies reveal that many preceptors are not sufficiently prepared for their role, particularly for teaching and assessing nursing students (Smedley and Penny, 2009; Altmann, 2006; Seldomridge and Walsh, 2006). This was also identified in an earlier study by Yonge et al. (1997) who found that preceptors (n=295) were expected to be involved in student evaluation, but few had been properly informed of the assessment processes. Calman et al. (2002) concur with these findings, revealing a lack of uniformity in the preparation of clinical assessors or preceptors. Similarly, it is reported that the preparation of staff nurses for the preceptor role is not lucid and that there are no written professional standards to guide this process (Younge et al., 2008). As mentioned earlier, the author suggests that a new model of preceptorship needs to be developed to underpin professional standards, as is required for professional practice.

Carlson et al. (2009) comment that incorporating both academic and practical knowledge via the clinical placement model is important for the enhancement and capable advancement of the nursing student. When students are on clinical placement it could be said that inexperience meets and learns from skilled practitioners (Goldie, 2008), where academic knowledge is changed into practical knowledge (Cruess and Cruess, 2006) and where varied professions network. In order to execute their role, preceptors must be experienced nurses who are qualified to teach, advise, supervise and evaluate nursing students in the clinical setting, and who have continued contact with the teaching school (Happel, 2009). Kramer et al. (2012) believe that preceptors have potential to unite education and practice. However, the literature would suggest that the

clinical element of nurse education is practical training in nursing procedures and routines, without any realistic relationship with theoretical nursing (Varley et al., 2012).

### **3.7 Factors that help or hinder the relationship of preceptors and nursing students**

Assigning a preceptor to a nursing student will not always guarantee a successful placement (McCarthy and Higgins, 2003), which again suggests that preceptors require further preparation for their role. Lack of student-preceptor relationships is found to be unhelpful for student learning, although feeling part of the team is directly linked to opportunities for learning (Kelly, 2007; Löfmark and Wikblad, 2001; Nolan, 1998). Empirical literature suggests the role of the preceptor is stressful and the preparation insufficient (Haggerty et al., 2012; Eley, 2010; McCarthy and Murphy, 2010).

In Myrick's (1998) study two out of six preceptors expressed dissatisfaction with their relationship with nurse educators. They felt disconnected from HE, stating that educators were rarely present in the clinical setting. One preceptor said she had to wait three weeks to receive the nursing students' learning outcomes, and no discussion of the course took place between her and the educator throughout the fourteen weeks of the students' clinical placement. Preceptors require educators to be accessible for discussion or telephone communication; they cannot remain on the margin of the preceptorship experience (Gibson and Hauri, 2000). Nursing educators are in a pivotal position to lend support to preceptors, as their contribution to nursing students' learning is highly valued. However, preceptors feel unsupported at times by educators, citing lack of availability and accessibility (Henderson et al., 2010). They have not enough time to spend with nursing students, citing heavy workloads and ensuring safe client care among the reasons (Carslon, 2009). Haitana and Bland (2011) support this assumption, suggesting preceptors should be given "protected time" to precept nursing students.

Varley et al. (2012) in their qualitative study bring to light a number of challenges facing nursing students and preceptors. They interviewed forty-seven (n=47) final year nursing students. Their findings point out that, while a small minority of the students found that their experience with preceptors improved their learning while on clinical placement, the majority had a less than optimal experience. Levels of support for nursing students varied, and the arrangement tended towards an ad hoc execution of



preceptorship. To make possible a fair and most advantageous clinical learning environment for all nurse education students, hospital administration and higher education institutions need to place far greater emphasis on preceptorship as an essential part of clinical learning. Varley and colleagues' (2012) study drew on interviews with nursing students only, but the author in the present study interviewed the three key stakeholders involved in the preceptorship model of nursing: nurse educators, nursing students and preceptors. There is a paucity of research investigating these stakeholders, as most empirical studies have researched either students or preceptors. It is hoped the findings of this study will add considerably to the body of knowledge in this area and highlight necessary changes, if any, to the preceptorship model of nursing.

Harrison-White and Simmons (2012) assessed the views of preceptors and preceptees in a practice-based project. Their two focus groups with newly registered children's nurses suggested a move towards developing preceptorship programmes which would be timely and at the commencement of the nursing students' clinical placement. Recommendations were that the training programme should be undertaken in the learning environment and appropriate study days given to staff nurses to embark on the programme. The limitations of the study were that the project investigated the experiences of only one group each of preceptors and preceptees, and focused on only two children's wards in a district general hospital. The findings are not applicable to undergraduate degree nursing, as the academic standards on both programmes are different. However, as mentioned previously, the findings suggest a prerequisite for preceptors to have "protected time" out from their role to undertake the preceptorship programme.

A phenomenological study undertaken by Kelly and McAllister (2013) to explore and describe nursing students' experience of preceptorship revealed five key themes: confidence, friendship, being thrown in at the deep end, peer support, and lack of support. They undertook a qualitative study with thirteen (n=13) undergraduate nursing students. The findings suggested that preceptors contributed to the students' development of confidence or the depletion of it. Being friendly and approachable is an important aspect of the preceptorship experience. Peer support is another important finding: the students in the study were comfortable when they had another nursing student on the placement with

them, as they felt protective of each other and didn't feel singled out. Another theme, being thrown in at the deep end, is stressful for nursing students and remains one of the challenges of clinical placement in nursing.

It is because of these findings that the author deems it necessary to explore preceptors' understanding of their role and to recognise the nursing students' perception of the preceptors' role, being mindful that the students' clinical learning is a fundamental part of the undergraduate nursing degree programmes. Nursing students will spend 50 per cent of their time in the clinical environment. Kelly and McAllister (2013) recommend that future research in nursing education should involve key stakeholders involved in the undergraduate nursing degree programme: nurse preceptors, nursing students and nurse educators. As nurse educators instruct the preceptors, it is important that their opinions be elicited. The preceptors in Kelly and McAllister's study attended only one workshop per year, which reinforces Henderson and colleagues' (2006) assertion that preceptors receive minimal preparation for their role.

### **3.8 The level of support nursing students receive on clinical placement**

Practitioners need direction and support to significantly question and build up their practice (Johns, 1993). Nursing students require guidance on reflective practice to get a deeper understanding of practice (United Kingdom Central Council (UKCC), 1996). Preceptors guide nursing students to practise reflectively, acting as an essential friend for them (Johns, 2002). The most important aspiration from reflection is enabling students to engage in more in-depth learning to add to the substantial body of knowledge obligatory for professional practice (Schon, 1983). Reflection is part of the undergraduate nursing degree programme, and the preceptor must encourage nursing students to question their practice in order to become competent caring professionals (An Bord Altranais, 2003). Burns et al. (2006) and Öhrling and Hallberg (2001) highlighted the significance of taking time for reflective practice with nursing students in order to elicit the students' opinion on their clinical placement. Reflection is seen as fundamental for a collaborative learning environment (Burns et al., 2006), where learning is made possible through a firm relationship between preceptor and nursing student (Ramsden, 2005).

Myrick and Yonge's (2004) study examining the preceptorship experience and its role in the enrichment of critical thinking in graduate nursing education found that precise preceptor behaviours are key to the development of critical thinking in graduate nursing students and ultimately impact on the success or failure of the preceptorship experience. The facilitative behaviours of preceptors, such as respect, flexibility, openness, trust and scepticism, and non-facilitative behaviours, such as role consciousness, constraint, lack of safety and an unquestioning attitude, directly affect the preceptorship experience (Myrick and Yonge, 2004). Their qualitative study included interviews with forty-five (n=45) graduate nurses. In graduate education the learner is an adult with life experiences behind them, so it cannot be assumed that the findings would be relevant to undergraduate nursing students who are usually post Leaving Certificate students aged eighteen or more starting out in life – although many undergraduate nursing students are mature students over 23 years of age.

Allen and Simpson (2000) found that preceptors did not feel valued or acknowledged and the preparation and support for their role was lacking. It was important that my research question was to formulate an understanding of the role of the preceptor from the perception of the key stakeholders, nursing students, nurse preceptors and nurse lecturers. There has been a lack of studies involving all three key stakeholder in the literature hence this study allows for the views of all parties to be elicited. Myrick and Yonge (2005) conclude that on-going guidance and support from the educator ensures the nursing student is more protected in clinical placement. Research to date has not extrapolated the opinion of nurse educators' involvement in the preceptorship model of clinical nurse education. The present author in her qualitative study wished to interview nurse educators to elicit their views, and it is hoped this will add substantially to the knowledge base. The literature suggests a lack of cooperation between the teaching school and healthcare setting, leading to variance and lack of communication, and considers it a serious problem in the training of nursing students (Andrews et al., 2006; Gillespie and McFetridge, 2006). Similarly, Hautala et al. (2007) in their mixed method study suggested that support from nursing administration and the teaching school, along with enough resources and dedicated time allocated to achieve preceptor and preceptee contacts, all need to be in place if a preceptorship programme's goals are to be achieved.

A qualitative study by Duffy (2008) with seven (n=7) preceptors revealed they had minimal experience of using guided reflective practice with nursing students. As reflective practice is a component of the undergraduate curriculum, preceptors need to find time to support students in their clinical placement, using reflection to help students question, analyse and reflect upon practice in order to become safe, caring, competent nurses (An Bord Altranais, 2003). Preceptors need an outline of nursing students' curricula, and guidance on the learning outcomes essential to the students, in order to assess them as competent. Duffy's (2008) study found that organisational support for those engaging in preceptorship was again lacking, suggesting that for preceptorship implementation to be successful there needs to be involvement of key individuals, namely educators, nursing students and preceptors. This finding concurs with Gleeson (2008), signifying that the success of preceptorship lies in a partnership approach between the academic and healthcare institutions.

McCarthy and Murphy (2010), in their quantitative study exploring to what extent preceptors use assessment strategies to assess nursing students, found that preceptors lacked experience and did not wholly understand the assessment process. Data were collected by using a questionnaire distributed to all known preceptors in General, Psychiatric and Intellectual Disability nursing, during year four of the first cycle of the BSc programme. They recommend further research in this area and replication of their study in a few years. It cannot be assumed that all preceptors have assessment skills; therefore, nurse educators must constantly supervise and support them and make student assessments more user-friendly. The educators are seen by the students as being more familiar with the nursing programme and with the students' learning outcomes for clinical placement, whereas the preceptors are seen as knowledgeable in the clinical environment in which the students participate. Bourbonnais and Kerr (2007) suggest that challenges to the preceptor role are lack of recognition by fellow staff nurses and limited support or lack of support from nurse educators. Indeed, this is why collaboration between preceptors and educators is considered essential (Löfmark et al., 2012). Arguably, the current study provides a timely response to the paucity of empirical findings that evaluates an academic perspective on preceptorship.

### **3.9 Nurse educators and critical thinking**

The nurse educator role as nurse tutor has changed, from being present in the clinical area doing practical scenarios with nursing students, to theoretical education and research (Barrett, 2007; Humphreys et al., 2000). Nurses in the clinical environment are 50 per cent responsible for nursing students' training, but the educator has ultimate responsibility for their learning. Is the preparation of supervisors or preceptors of nursing students adequate and educationally sound? Even though good quality clinical skills are significant, emphasis must be placed on critical thinking and evidence-based care (Mun, 2010). Nursing students need to be able to apply their theoretical learning to practice, and to use research-based evidence in their care. They must use critical thinking skills to meticulously examine and reflect on all aspects of a clinical situation in order to choose a correct option (Bowles, 2000). The future nursing profession recognises nurses who can think critically and act on their feet, as this has been shown to enhance and promote quality client care. Lifelong learning is the bridge to excellence. Nurses need to adopt an environment that cultivates a passion for learning and professional development throughout their careers.

Educators promote critical thinking by getting students to write narratives which allow educators to understand students' teething troubles and thoughts. This approach helps them to identify students' level of critical thinking skills, so they can suggest suitable measures to help them (Mun, 2010). Nursing students are regarded as critical thinkers when they are able to put theory into practice and understand the judgement or course of action to take with clients, are reflective and insightful so they foresee impending situations with clients, and know what to do next to guarantee safe and quality care for clients (Jenkins, 2011; Kaya et al., 2011; Twibell et al., 2005; Walthew, 2004). Even though critical thinking is taught in higher education, there is an onus on its continued use in the clinical setting. Chan (2013) explored how critical thinking was used in seventeen (n=17) studies and found that the concept changes from time to time, which suggests a need for educators to clarify what they mean by it. A better understanding of what is understood by the concept would enable educators and preceptors to apply appropriate strategies for nursing students to prepare them as competent, confident professionals who practise client care safely. In order to address nursing students' learning needs, preceptors can use a model of skill acquisition.

The Dreyfus Model of Skill Acquisition underpins Benner's (1984) work, and her model contends that experiential and situated learning (Lave and Wenger, 1991) lends itself to expertise (Benner et al., 2004). The value of the model of skill attainment lies in helping the preceptor comprehend how to help nursing students advance to the next level of learning. According to Benner (1984), as proficiency grows, nurses move from dependence on conceptual values (principles that may not be practical in the current situation) to the use of concrete examples from the past (they remember a similar client who had similar complex issues). At the novice stage in the nursing student's journey, the preceptor will predict for the student what may or may not happen in a given situation or with a particular client, as the preceptor has witnessed this many times before. Benner (1984) described five levels of nursing experience: novice, advanced beginner, competent, proficient, and expert. She suggests that using this model enables preceptors to identify nursing students' needs as well as the characteristics they themselves require in order to teach the students.

Nursing students' expertise grows over the years and they are expected to move through a continuum from neophyte in year one to proficient and expert in year four of the undergraduate nursing degree programme. Clinical preceptors need to be able to make 'visible the explicit guidelines and principles that will get the novice through the clinical situation in a safe and efficient manner' (Benner, 1984, p. 186). A study by Allen and Simpson (2000) found that preceptor preparation and support did not meet preceptors' needs, nor make them feel valued or acknowledged. Bick (2000) concurs with this finding, suggesting that staff nurses have their own job to do which is to meet the needs of the client, and in a busy ward environment also taking on the role of preceptor suggests that the needs of the student take second place.

Perceptual receptiveness stems from the nurses' insight into the clinical dilemma, and their nursing intuition develops with acquaintance and experiences gained from earlier clinical problems (O'Connor, 2001). According to O'Connor (2001) the novice stage describes the early stage of development for nursing students: 'the novice's focus is on rule-based activities and the application of theoretical knowledge' (p. 49). Experienced and proficient nurses respond to clients' needs without thinking, as they are responding as nurses who no longer need critical thinking. At proficient level the nursing student has experienced many different client scenarios and their level of intuition has

developed. They can predict what will happen next and know what will work in certain situations. As they grasp the relationship between past and future events they use critical thinking skills in client care and their care is evidence-based, as they have made the link from theoretical learning to practical situations in the clinical placement (Dreyfus et al., 2009).

### **3.10 Informal learning in the clinical environment**

According to Jacobs and Park (2009), informal learning is a principal method in workplace-based learning. Coombs and Ahmed (1974) describe informal learning as unstructured activities with experiential characteristics which take place outside the formal educational system. Roberts (2008) undertook a qualitative study with fifteen (n=15) nursing students to explore whether they learn from each other. The findings suggest that friendships formed amongst nursing students help them to learn more. Passing on skills to each other proves beneficial to their learning and survival in the clinical environment. Peer learning is often overlooked as a valuable resource in undergraduate nursing student learning. This explicit and tacit knowledge was also referred to by Wenger (1998) in describing the concept of clinical practice. But the knowledge and skills nursing students pass on to each other need to be underpinned by research-based evidence, and this could be construed as a disadvantage of this type of learning.

As informal learning can include incidental learning, it can occur in workplaces but in general it is not classroom-based or vastly structured. Control of learning rests for the most part with the learner (Marsick and Watkins, 1990):

Incidental learning is defined as a by-product of some other activity, such as task accomplishment, interpersonal interaction, sensing the organizational culture, trial and error experimentation, or even formal learning (Marsick and Watkins, 1990, p. 12).

Coombs and Ahmed (1974, p. 8) describe informal learning as:

The lifelong process by which every individual acquires and accumulates knowledge, skills, attitudes, and insights from daily experiences and exposure to the environment – at home, at work, at play: from the example and attitude of families and friends; from travel, reading newspapers, and books; or by listening to the radio or viewing films or television.

Nursing students communicate with each other, their preceptors and the interdisciplinary team in the clinical environment and receive feedback (Ellinger and Cseh, 2007). ‘Informal learning is the result of natural opportunities to learn, and thus interactions occurring during the individual’s everyday working life are important sources of informal learning’ (Koopmans et al., 2006, p. 136). For nursing students it involves them interacting with others within the clinical placement including preceptors, managers, peers, other professionals, clients, and families (Berg and Chyung, 2008; Boud and Middleton; 2003; Lave and Wegner, 1991). There is an element of art and intuition in the knowledge obtained in the clinical environment (Benner, 1984; Schon, 1983). Intuition is something that happens over time and it can be described as a “gut instinct” where the nurse knows when the client is unwell even though there are no particular symptoms. As mentioned above, the nursing students, by observing role models, eventually gain this intuition themselves (Benner, 1984). Preceptorship could be considered a more structured learning strategy than informal learning but the two combined are the means by which nursing students learn in the workplace.

### **3.11 Conclusion**

The analysis of the literature has considered key areas in the preceptorship model of nursing and the potential influences of higher education and the healthcare provider on the role of the preceptor. It has highlighted evidence of the importance of the relationship between the nursing student and the preceptor in the successful application of the preceptorship programme. What can be seen is a lack of empirical studies on the tripartite relationship between the educators, preceptors and students. There is a need to increase the existing knowledge, making it more representative of how nursing students are supported in the clinical environment. The most common theme in the literature suggests tensions around the whole preceptorship debate. The present study has raised awareness and given a more holistic view of exactly what is happening under the umbrella of clinical supervision. It is relevant given the state of the nation’s economy’ and the recent changes in healthcare. The findings are relevant to the author because, based on these, she wishes to explore the necessity of developing a new model of preceptorship.



## **Chapter 4: Methodology**

### **4.1 Introduction**

In Chapter 2 the literature review examined the key areas in the preceptorship model of nursing and the potential influences of higher education and the healthcare provider on the role of the preceptor. This justified the aim of this research which was to formulate an understanding of the role of preceptors in nurse education from the perspectives of preceptors, preceptees and nurse lecturers. In order to achieve this, the study had a number of objectives, these were as follows:

#### **1. To determine how preceptors perceive their role**

What is the formal role of preceptors?

What do preceptors perceive their role to be?

How do preceptors enact their role?

What support and training do preceptors receive?

What are the barriers to preceptors enacting their role as they see it?

#### **2. To determine how nursing students perceive the role of preceptors**

What do students perceive the role of preceptors to be?

How far do students believe that preceptors carry out this role?

What value do students place on the work of preceptors?

What differences do students perceive between the role of preceptors and the role of nurse lecturers?

What factors help or hinder the relationship of preceptors and nursing students?

#### **3. To determine how nurse lecturers perceive the role of preceptors**

What do nurse lecturers perceive the role of preceptors to be?

How far do nurse lecturers believe that preceptors carry out this role?

What value do nurse lecturers place on the work of preceptors?

What differences do nurse lecturers perceive between the role of preceptors and the role of nurse lecturers?

What factors help or hinder the relationship of preceptors and nurse lecturers?

These objectives guided the construction of questions used in the interview (Appendix 5).

This chapter focuses on the methodology deployed as part of this study and the reasons for this. The rationale for the choice of research approach is discussed, as is the research paradigm that informed this decision. This discussion includes a description of the key principles of qualitative research before detailing how these principles have been translated into research methods for use in the current study. The chapter also provides an explanation for why certain methods and strategies were employed whilst others were rejected. The processes of data collection and analysis are then described and the ethical dilemmas associated with conducting research within clinical practice are discussed. Finally the direction this research took to arrive at its conclusions is outlined. This chapter therefore provides the rationale for the research methods and documents the pathway that was taken to study the research question.

## **4.2 Methodology**

Research is generally seen as sitting within two paradigms, that of positivism and interpretive research. It is common to find these two approaches presented as representing divergent and opposing research traditions in the sciences. Emphasis is usually placed on the differences in the philosophical assumptions made about the nature of social reality and the relationship of the researcher to the researched.

This research was conducted within the interpretive or qualitative paradigm and was concerned with the lived experience of those undergoing and using preceptorship. Qualitative research within the interpretativist tradition is based on a different set of philosophical assumptions concerning the nature of reality and the role of the researcher to that of positivism. First, the positivist notion that there exists a single, objective reality or “truth” is roundly rejected. According to the interpretativist framework “truth” is a much more elusive concept. As an interpretive researcher I sought to promote knowledge by describing and interpreting individuals’ experiences of the world. I wanted to know how the preceptorship model of nursing in Ireland is guiding and directing undergraduate nursing students during clinical placements. I drew upon an interpretivist approach which views the ‘culturally derived and historically situated interpretations of the social life-world’ (Crotty, 1998, p. 67) as providing the insight

necessary for understanding how nursing students are prepared in the clinical area in their journey to becoming a nurse. It aligns with the epistemological foundation of agency, which acknowledges the personally mediated construction of knowledge (Billett, 2009), locating this study in the interpretive paradigm and aiming ‘to understand the subjective world of human experience’ (Cohen et al., 2007, p. 21). Interpretive theorists believe that social actors, through assigning meaning systems to events, create reality and the social world (Sarantakos, 1998). Positivism, which is linked with the work of Comte (1798–1857) and was expanded by other theorists of the same school (Sarantakos, 1998), would not be appropriate to my project because it focuses on the precise objective measurement of the world and does not see the thoughts and experiences of research participants as necessary. I wished to acknowledge the participants’ experiences and thoughts about their experiences in the real world and in the case of this study this was the clinical environment. As the researcher I was part of the hermeneutic cycle of interpretation (Streubert & Carpenter, 2011). I did not attempt to bracket theories or preconceptions although I needed to examine and interrogate my preconceived ideas or theories collected from my experiences and the literature (Streubert and Carpenter, 2011). In this way, the locus of knowledge acquisition is shifted towards the emergent qualities of interconnected people and applied to generate transformational truths (Gergen, 2001, p. 119). This approach assumes that reality is individually constructed and hence is multiple and subjective, requiring an interactive investigative approach between researcher and researched. Qualitative methodologies are used to emphasise the role of language, and there is a focus on the meaning, experience and behaviour in the context in which it is constructed. Knowledge is constructed and negotiated by researchers who interact with philosophical assumptions, established knowledge, and various forms of data (Robson, 2002). The results can be interpreted or reinterpreted from multiple theoretical perspectives. Researchers’ questions determine the design, research supports theory, and theory supports practice (Robson, 2002). As suggested by Holloway and Wheeler (2010), I sought to explore behaviours, perspectives, feelings, and experiences in depth, and the quality and complexity of a given situation through a holistic framework, because I wanted to understand the whole preceptorship experience from the key stakeholders involved. My research question was to formulate an understanding of the role of the preceptor from the perception of nursing students, nurse preceptors and nurse

lecturers. I adopted naturalistic inquiry and social constructionism as the philosophical basis for this study, as it supports the epistemological view that the development of knowledge was dependant upon my interaction with preceptors, lecturers and nursing students and their worlds, resulting in multiple realities that are socially constructed.

#### **4.3 Data collection**

In keeping with the chosen methodology data was collected through semi-structured interviews using an interview schedule. According to Polit and Hungler (1999), semi-structured interviews take the form of conversations whereby the main aim is to reveal the respondents' perceptions and experiences of their world without imposing any of my views on them. Semi-structured interviews facilitated deeper probing into areas (Bryman, 2004; Denscombe, 2004). The participants I chose had a shared understanding of working in the clinical environment with clients and co-workers and had the necessary experience to best inform my study. Probing is a way for the interviewer to explore new paths which were not initially considered (Gray, 2004, p. 217). I asked questions to try and illuminate the concept of preceptorship and engaged in a conversational type interview with the participants (Patton, 2002). Face-to-face interviews offered me the possibility of modifying the line of enquiry in following up interesting responses and investigating underlying motives (Robson, 2002). According to Robson (2007, p. 274) the content for the interview consists of:

- A set of questions often with alternative subsequent items depending on the response obtained
- Suggestions for so-called prompts and probes
- A proposed sequence for the questions which, in a semi-structured interview, may be subject to change during the course of the interview

Prior to the interview the participants were asked if they required any clarification on the study. They were given a consent form (Appendix 3) to read and sign if they agreed to participate in the study. Semi-structured, digitally recorded interviews were undertaken with the participants. With their permission, interviews were recorded and I also made notes in a field journal as different issues or themes emerged (Lo-Biondo-Wood and Haber, 2010). A copy of the transcript is kept on my computer, which has a locked password known only to me, and the other copy is put in a locked cabinet. I also anonymised the participants' names in the transcripts.

The interviews gave me a clear picture of the real lived world of the nursing students in their transition to and time spent in clinical placements (Husserl, 1970). They enabled me to understand the role of the preceptor from their own perspective. This research placed the ideas and reasoning of the group being studied at the core of the investigation (Denscombe, 2007). As a novice researcher it was important to me that I carry out a trustworthy study (Hammersley, 2007).

#### **4.4 Data analysis**

In order to analyse the data I used thematic analysis. This is a method for identifying, analysing, and reporting patterns (themes) in data (Braun and Clarke, 2006, p. 79). My task was to find patterns in the words and to present them for others to see, at the same time maintaining participants' originality (Maykut and Morehouse, 1994, p. 18). I read over the scripts a few times and transcribed them myself. Thematic analysis is referred to as naturalistic, since researchers work in natural settings where they need to establish trust and encourage participation as well as acquire meaning and in-depth understanding (Saunders, Lewis and Thornhill, 2012, p. 163). According to Braun and Clark (2006), thematic analysis involves becoming accustomed to the data and developing codes which later become themes.

Thematic analysis, according to Boyatzis (1998, p. 6), describes the process of enquiry as first of all 'seeing', then 'seeing it as something' and finally 'interpretation'. For this study I wished to report on the real life experiences of nursing students and preceptors in the clinical environment, and the meanings they attribute to the role of the preceptor and other stakeholders involved in the preceptorship experience. Thematic analysis can be a means to both mirror reality and loosen its facade (Braun and Clarke, 2006).

Analysis involved going back and forward over the interviews, coding extracts and developing themes. As soon as I transcribed the interviews I started writing ideas. I developed codes, looked for patterns and continued to develop themes right through the analysis. It is important for the researcher themselves to transcribe the interviews as they become familiar with the data (Riessman, 1993), even though it can be time-consuming. According to Boyatzis (1998), the themes are where the interpretive analysis of the data occurs, and where opinions are made about the experience under examination.

The interviews were analysed using the ‘framework’ method of qualitative data analysis (National Centre for Social Research 2004), which involved the following five steps:

- Familiarisation with the material
- Identifying a thematic framework (and developing a coding frame)
- Indexing (applying codes to the data)
- Charting (on a spreadsheet to allow analysis within and between themes using data from all the interviews)
- Mapping and interpretation

Description, analysis and interpretation are part of data analysis (Burns and Grove, 2009). I also used the qualitative data analysis software NVivo 10 as it enabled me to keep an audit trail of the data and research. All interviews were transcribed verbatim. Transcriptions were checked for accuracy and participant information removed. Coding was used to track participant involvement in the study. After initial reading of the transcripts, notes were made regarding issues emerging from the data. The researcher then simultaneously read the transcript while listening to the recording of the interview to allow emphasis of paralinguistic emphasis and to highlight key concepts. This requires both manifest and latent analysis to ensure an understanding beyond the surface level alone. Everyday language is transformed and synthesised, reflecting the essence of each meaning unit into the most general meaning of the phenomena. As the interviews progressed, a constant comparison between emerging categories was made. This process helped in the identification of the characteristics of each category. Categories were then linked and refined so that theoretical labelling could be applied and in turn enhance understanding of the topic under investigation.

Excerpts of textual data are presented to illustrate the findings discussed in the paper. These quotes were selected on the basis of two criteria. First, they illustrate the issue being discussed and are indicative of the views expressed, and second, an attempt was made to utilise a spread of participants across units rather than one individual unit. After the excerpt, the participant is identified in brackets, by a pseudonym.

#### **4.5 Pilot study**

Prior to undertaking the interviews I tested the interview guide by doing a pilot study with a nurse lecturer. This was to ensure that the questions were understood and unambiguous. The interview guide I used is a flexible tool to enable me to explore the aim of the study, which was to formulate an understanding of the role of the preceptor from the perception of nursing students, nurse preceptors and nurse lecturers.

According to Lindlof and Taylor (2002), interview guides 'help researchers to focus an interview on the topics at hand without constraining them to a particular format. This freedom can help interviewers to tailor their questions to the interview context/situation, and to the people they are interviewing'. It also gave me the confidence I needed and sensitised me to the art of interviewing. I reflected on the answers given and changed the wording of some questions before the main interviews. The purpose of the pilot study was to examine the interview schedule for suitability and to ensure that all equipment was in working order and that the interview environment was suitable.

According to Baker a pilot study can also be the pre-testing or 'trying out' of a particular research instrument (Baker, 1994, pp. 182–183). The pilot study identified any possible limitations to the research instrument which needed to be amended prior to the main study. These included making some questions more open-ended and rephrasing others. It gave me time to change the interviewing technique before the main study, and in turn increased my confidence in conducting interviews (Parahoo, 2006). It gave me an idea of the timescale involved in answering the six questions, and of areas I needed to probe more deeply. I became familiar with the digital recorder, and this proved beneficial in the main study. From the experience of conducting the pilot study I was able to reflect upon the questions posed and the suitability of the surroundings and the overall experience of the interview process.

#### **4.6 Sample**

The experience of the participant is the focus of this study; therefore a qualitative approach was deemed the most suitable to answer the research question. In keeping with the chosen methodology, the participants I chose had a shared understanding of working in the clinical environment with clients and co-workers and had the necessary experience to best inform my study. The objectives of the research were to analyse

current standards of preceptorship training and to determine the value preceptees (nursing students) place on the level of support they receive from preceptors during their clinical placements. The research also explored the level of support and training preceptors receive from lecturers in higher education (HE) and management in the clinical area.

In using a qualitative approach, informants are often selected on the basis of their knowledge of the phenomenon studied. Would the key informants should have good relevant knowledge of the domain of the study and be able to interpret the meanings of their own cultural phenomena. Because the aim of qualitative research is not to generalise the findings, the number of informants is usually small. The researcher recruited participants from three groups, namely nurse lecturers, nursing students and preceptors.

In this study I used purposive sampling. According to Polit et al. (2001), purposive sampling is based on the assumption that a researcher's knowledge about the population can be used to hand-pick the cases to be included in the sample. I knew the key participants who would best inform this study and provide me with the information I required to answer the research question. They included the key stakeholders working and involved in the training of preceptorship in a teaching hospital in the west of Ireland. The sample was typical (homogeneous) of the population under study (LoBiondo-Wood and Haber, 2014). This is evidenced by noting that all participants were involved in the preceptorship model of nursing which I am researching. In order to obtain robust data I chose eight participants from each of the three key groups of stakeholder, giving a total of 24 participants. Creswell (2007, p. 112) describes this approach as 'intentionally selecting participants who have experience with the central phenomenon or key concept involved'.

I chose a sample of eight nurse lecturers as I knew they had experience of delivering preceptorship and I had easy access to them as they worked in the nursing department. The department had a total of 11 lecturers at this time and the eight I asked had experience of preceptorship and agreed to be interviewed. I then decided for consistency to have the same number of nursing students and preceptors take part in the study. I proceeded to ask the nurse preceptors who work in a teaching hospital close to



the college. I approached the ward managers in different units and asked their permission to involve a preceptor in my study. With their agreement I picked eight preceptors from different units in the hospital and they agreed to participate. I used the same method to pick the nursing students for the study. None of the preceptors in the study were precepting the sample of eight nursing students who participated in the study. I had 100 percent success rate with acquiring interviews and gathering data from my sample.

A proposed sample of eight (n=8) nursing students who were undertaking their final year's internship clinical placement, eight (n=8) lecturers from the institute of higher education and eight (n=8) nurse preceptors employed in the teaching hospital were invited to participate in the research. The nursing students were midway through their eighteen-week placement, as this would give a clearer picture of how they had settled into their clinical placement. This enabled me to identify how the nursing students perceived the role of the preceptor. I also wished to understand how the preceptors themselves perceive their role, the support and training they get from HE, and the level of support they get from management in the teaching hospital. The proposal to interview eight nurse lecturers who teach the preceptorship programme was significant, as their involvement has been identified in the literature as relevant to future development of the preceptorship model of nursing (Mårtensson et al., 2012; Myrick and Yonge, 2002; Gibson and Hauri, 2000). According to Houser (2008), the goal of the sampling strategy in qualitative research is credibility; I had to use judgement in purposively selecting participants who could best inform the study. The aim of the proposed study was explained to the nurse lecturers, nursing students and preceptors and they were invited to participate. Arrangements for a particular time and venue for the interviews were made with them also.

#### **4.7 Inclusion criteria**

It was pivotal for me to interview nursing students, nurse preceptors and educators for this study, as the whole area of nurse training has always interested me. It also helped me to get a clearer picture of how often the nursing students and nurse preceptors worked together. To take part in the study the participants had to meet the following criteria:

- Final year nursing students enrolled on the undergraduate degree programme for nursing in a college of higher education in the west of Ireland
- Qualified clinical nurse preceptors who support the nursing students on clinical placement in a teaching hospital in the west of Ireland
- Nurse lecturers delivering the undergraduate nursing degree programme for nursing students in a college of higher education in the west of Ireland

I e-mailed the nursing students, nurse lecturers and nurse preceptors individually, informing them of the study, and gave them a detailed outline of the proposal. I ensured they had all the information they required to make an informed decision about being involved in the study by sending them a detailed information leaflet. The participants were assured in the written information letter (See Appendix 2) and prior to the interview that they were under no obligation to partake in the research and could withdraw at any time without providing an explanation and without penalty. They were told that no data would be published in such a way as to identify individuals or colleges. I informed them on the information sheet that I would be recording their responses, and I reiterated this prior to the interview. I also explained that I would keep the digital recording following transcription (Data Protection Act, 2003). Being aware of my own bias and making the participants aware of my position in the school of nursing should hopefully reduce bias.

#### **4.8 Ethics**

Internationally recognised codes of ethics are developed to address ethical issues for research purposes and are specifically designed for the protection of research subjects. Irish nurses are also guided by the Code of Professional Conduct of An Bord Altranais agus Cnáimhseachais na hÉireann for each nurse and midwife for each nurse and midwife (An Bord Altranais agus Cnáimhseachais na hÉireann, 2000). This study was also governed by the four main ethical principles put forward by Beauchamp and Childress (2009), namely, respect for autonomy, nonmaleficence, beneficence and justice. Each of these principles carries a strong moral force, and difficult ethical dilemmas arise when they conflict. A careful and thoughtful application of the principles will not always achieve clear resolution of ethical problems. However, it is important to understand and apply the principles, because doing so helps to ensure that

people who agree to be research subjects will be treated in a respectful and ethical manner.

Ethical approval was obtained from the Director of Nursing, Health Service Executive, and permission to carry out the study was obtained from the Head of Department of Nursing in the Institute of Technology. Ethical approval was also obtained from the University of Lincoln (See Appendix 1).

All participants were informed of the research intention and procedures prior to taking part in the investigation, via a participant's information sheet (See appendix 2). In this information sheet, participants were made aware that they had every right to withdraw from the investigation and that their personal details would remain confidential.

Prior to the interviews being undertaken, participants were asked to provide their full informed consent (see Appendix 3). Participants were made aware of the nature of the research, the demands it placed on them and how the data would be utilised.

Participation was voluntary and informed consent was documented. Participants were assured that the study was being conducted for scholarly research purposes only and that under no circumstances would their names or identifying characteristics be revealed except where incidences of bad practice were highlighted. In addition, the researcher assured participants that the interview questions had no "right answer" and that the goal of the interview was to discover their perspectives on the preceptorship scheme and training.

#### **4.9 Reliability, validity, generalisability**

When identifying the limitations of a study it is necessary to decide the criteria by which it will be judged. In a comprehensive review of the literature on qualitative research methods Murphy et al. (1998, p. 167) argued that '[t]he identification of ... criteria is vital for the evaluation of both proposals to carry out research and of the findings of completed research'.

Validity and reliability have long been the central concepts by which the rigour of quantitative research is assessed. However over recent decades questions have been

asked about the appropriateness of these criteria for qualitative research (for example Lincoln & Guba, 1985; Burns & Grove, 1993; Janesick, 2000). Emden and Sandelowski (1998, p. 207) described how 'reliability' (i.e. the replicability of the study), internal validity (i.e. that the research measures what it purports to measure) and external validity (or generalisability) as 'criteria of goodness' have been 'championed' by writers such as LeCompte and Goetz (1982), who argued for these concepts to be applied to qualitative research in the same way as they are used in positivistic traditions. Zaruba et al. (1996), for instance, argued that qualitative research is 'good' if it is thorough, informed, well written, balanced, useful and educative. Some writers have denounced reliability and validity as inappropriate criteria for the rigour of research (Yonge & Stewin 1988; Forchuk & Roberts, 1993; Burns & Grove, 1993; Janesick, 2000). Others have placed greater emphasis on validity than on reliability (Maxwell, 1992; Altheide & Johnson, 1994). Emden and Sandelowski (1998) concluded that: '[i]n all it seems that reliability and validity (in whatever state of transformation) as a criteria for judging goodness in qualitative research have largely been overtaken' (Emden & Sandelowski, 1998, p. 211).

In their follow-up paper Emden and Sandelowski (1999) suggested that:

Qualitative researchers might usefully juxtapose the rationality of a modern world (in which notions such as reliability and validity are prized) with a mounting postmodern sensibility that acknowledges irrationality, fragmentation, and uncertainty' (Emden and Sandelowski, 1999, p. 2).

This juxtaposition can be applied to this study. However, I do not subscribe to the opinion of relinquishing criteria altogether as debated by Emden and Sandelowski (1999). Rather I concur with Janesick (2000) who suggested that validity in qualitative research relates to description and explanations, and whether or not the latter fits the description: in other words, is the explanation credible? Janesick (2000, p. 393).

If the study were to be judged on the reliability criterion, as in a positivistic tradition, it would be seen that, since the research was conducted in different practice settings and training facilities that were not 'controlled', exact replication would be impossible. However, following Thorne's (1997) idea that qualitative research is both an art and a science, and my support of the interpretivist methodology, I believe that, as will be seen

in Chapter 4, sufficient information was revealed to be of use to stakeholders to encourage them to attempt a similar project. This is not to say that findings can be “generalised” to all other programmes of preceptorship and could be counted as a criticism and a limitation of the study. Furthermore, an interpretivist perspective acknowledges that staffs’ experience of their work cannot be value free and that this study cannot be separated from the cultural, social and political context of the topic. Rigour in this research is established through specific measures to improve the trustworthiness of the data. The aim is to accurately represent the participants’ perceptions in building a description of the phenomenon. Following the stated methodology it is inevitable that the researcher influences the data, although truth value, applicability, consistency and neutrality are scrutinised throughout (Appleton, 1995).

Measures taken to improve the strength of findings were:

- All respondents were asked to confirm their transcripts as a true record of their interview. Guba & Lincoln (1985) suggest that findings are credible when respondents confirm findings as their version of the phenomenon.
- Samples of transcripts and codes were inspected by a colleague who is an established researcher with experience of qualitative analysis (Appleton, 1995).
- Provision of an audit trail for the reader allows examination of the process which has contributed to the conclusions drawn. During data collection, observations and interpretations were recorded in the fieldwork diary to ensure that the data addressed the research question.

The approach to the study was felt to be a valid one. There was limited knowledge about the perceptions staff hold regarding the use of preceptorship as a means of staff development in Ireland. Adopting an interpretivist framework to this study has enabled me to explore the topic both in depth and in context. In keeping with the methodology adopted for the study I have explained my practical starting points and theoretical aspects, the purpose for the study, the research question, and the methodology and research methods based on them.

The researcher is the instrument in qualitative research (Patton, 1990, p. 14). Reliability and validity are ways of demonstrating and communicating the rigour of research

processes and the trustworthiness of research findings (Roberts et al., 2006). If the interview guide is used by another researcher to measure a set of behaviours that remain constant, they should get similar findings (LoBiondo-Wood and Haber, 2014). For this study I used NVivo 10 to produce an audit trail for data analysis. This enhances reliability and provides proof to the reader of the methods I used to analyse the data. I also transcribed the interviews, and as I took field notes I was in a position to know the non-verbal aspects of communication. According to Punch (1998), validity is assessed by how well the research tools measure the phenomena under investigation. In this study the phenomenon was the preceptorship model of nurse training in a teaching hospital in the west of Ireland. As I am familiar with both the research setting and the phenomenon under study, this could be advantageous or problematic. In the final chapter of this research study I have reflected on the study and have been honest in my thoughts on the area of study.

Validity is the extent to which an instrument accurately measures the attributes of a concept (LoBiondo-Wood and Haber, 2014). As the researcher in this study I sought to explore preceptorship from the perception of nursing students, preceptors and nurse lecturers. One of the techniques that helped to ensure credibility of the study was the prolonged engagement with participants in the study context (Erlandson et al., 1993).

Generalisability means we expect that the research findings can be generalised to a wider population than those studied. It describes the extent to which research findings can be applied to settings other than those in which they were originally tested. There is agreement that the most rewarding results do not come from the ability to do extensive generalisations, but rather from the ability to seek answers to how persons or groups make sense of their experiences. Hamilton (1980) implies that educational phenomena are different from those of the natural sciences; it is therefore legitimate to address them with different research procedures. It is his view that the value of a study is established by recognition of the phenomena it is seeking to comprehend and the understandings it aspires to develop.

#### **4.10 Limitations**

I could have brought bias to the study because of my own personal and professional experiences. The nursing students and nurse lecturers would be familiar with me, as I

was both their lecturer and colleague. I was aware as an experienced qualified nurse in my teaching position in the school of nursing that this could have contributed to bias, which might have influenced responses (Anderson et al., 1994). However, the cohort of internship nursing students had not been in contact with me for over two months, as they were on clinical placement. I made it clear to them that this research was part of an EdD programme. Bracketing off any presuppositions I may have had and adopting the stance of a stranger (Schutz, 1962) is not something I could do, as I am human. To do this would allow me to see things that were hidden from my view and enable me to see things as they presented themselves. As I am human I will always be 'in a circle of understanding' in which something is understood because of pre-existing beliefs and understanding (Plager, 1994, p. 72).

Since part of my remit over the years has been to coordinate and lecture on the undergraduate nursing degree programme, the participants I know saw me as someone who was interested in the future development and improvement of undergraduate degree nursing in general. Being aware of my own bias and making participants aware of my position helped to reduce this bias. Having colleagues question my findings by suggesting alternative explanations helped to reduce bias also (Yin, 2009, p. 72; Hammersley, 2007). My philosophical approach and experience of life was 'essential to understanding the type of data that was collected' (Scott and Usher, 1999, p. 116).

Credibility was enhanced by spending a minimum of one hour with each participant during the interviews (Polit and Tatano-Beck, 2004; Guba and Lincoln, 1981). Auditability was enhanced by using NVivo 10, as it provided an audit trail of the research process. Recording all data, field notes, memos and codes and the audit trail established conformability. The final stage of data analysis was theory testing (Myles and Huberman, 1994) using the Situated Learning Theory Framework (Lave and Wenger, 1991) and Bandura's Social Learning Theory (1977), which happened concurrently with data reduction and display (Punch, 2009).

## **Chapter 5: Findings**

### **5.1 Introduction**

This chapter presents the findings from the analysis of data. The purpose of this research was to formulate an understanding of the role of preceptors in nurse education from the perspectives of preceptors, preceptees and nurse lecturers. Its objectives were to analyse current standards and determine how preceptors perceive their role and the values nursing students place on the level of support they receive from preceptors during their clinical placements. I also needed to determine the level of support and training preceptors receive from higher education (HE) and management in the healthcare setting. As a lecturer in higher education I wanted to know if the preceptorship model of nurse education was meeting the nurse training requirements in Ireland. The purpose of this chapter is to clearly present the findings of the study to the reader. Analysed findings are presented as themes. Findings from the semi-structured interviews produced volumes of rich data. Within the data are clear descriptions of how participants viewed the role of the preceptor. Aiming for a true representation of the experience of participants of preceptorship, direct quotes from the transcripts are included in the findings.

The next section discusses the themes, presenting each main theme and then employing sub-themes to further explain and give meaning to the overall theme. The themes are derived from the transcripts and are data driven. The software package NVivo was used to facilitate collection and storage of data in an organised manner. Codes identify a feature of the data that appears interesting to the analyst, and refer to ‘the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon’ (Boyatzis, 1998, p. 63).

### **5.2 Confidentiality of participants**

To ensure confidentiality of participants I gave names beginning with the letter of the participant’s position in the environment they work in, for example the nursing students were all given names beginning with N. Likewise the preceptors were given names beginning with the letter P and lecturers were given names beginning with the letter L.



The data from each of the three research questions is presented and discussed separately. Having analysed the data using thematic analysis, this chapter presents the findings using three main themes: *Standards required by nursing students on clinical placement*; *Environmental factors which affect preceptorship*; and *Resources*. To facilitate understanding of the material presented each of the main themes were further divided into sub-themes.

### **5.3 Main theme 1: Standards required by nursing students on clinical placement**

‘The standards required of nursing students as laid down by the Nursing and Midwifery Board of Ireland (NMBI) in their clinical placements’ are expressed in this theme by the participants. These standards include supervision and experience commensurate with enabling students to meet the learning outcomes of the course (NMBI, 2000, p 48). Evidence-based care and research-based standards must be demonstrated by preceptors to enable students to achieve the learning opportunities. Preceptorship can be considered strategic in that it provides an opportunity for practising nurses to collaborate with HE. The preceptor fosters socialisation, enables integration of theoretical learning from college into practice, and assesses that the nursing student is competent and confident to practise as a qualified nurse. As the preceptor, student and lecturer are key to the preceptorship experience, it is important that they value what each contributes to the programme of nurse training. Reflective practice has been identified as a key element of preceptorship. These opinions are articulated further in sub-themes, extrapolating the preceptorship experience between the preceptor and the nursing students. The sub-themes are: (1) *Role of preceptor*; (2) *Support for the preceptor*.

#### **5.3.1 Sub-theme 1: Role of preceptor**

The first section explores the data from nurse lecturers on what they perceive the role of the preceptor to be. Nurse lecturer Lacy highlights the fact that the preceptor is a role model for the nursing students in the clinical area, there to support, guide and encourage the student to reach their learning outcomes. If there are new learning opportunities in the unit, the onus is on the preceptor to ensure the nursing student is given the opportunity to be part of this in achieving their goals and learning objectives. This is evident in the data from Lacy:

*The preceptor is there to guide and support the student, to act as a role model, to set standards for the student to follow, to encourage them, reassure them, to give them advice, to point them in the right direction when they need information or they need further support. Also to ensure that they are aware of learning opportunities that might come up during a shift time that they could tell them, or if there is something going on in another part of the ward. He or she is also there to assess them and to ensure that they are competent in anything that they do.*

The data from nurse lecturer Lance supports this evidence and further highlights the fact that assessment of the nursing student is part of the preceptor role:

*It essentially comes back to the staff working with the student, supervising the student, giving support, giving advice and giving guidance – being there as a reference and a source of information for students. And also part of their preceptorship role is the assessment of nursing students. It should be part of any preceptor's role to support the students; they are there for the education of students.*

Further evidence of this support and guidance is given in the data from Lemar, who points out that the preceptor is there as a safety net for the nursing student. He refers to the transfer of theory to practice which has been evident in the literature Post-Registration Education and Practice Project (PREPP) (UKCC, 1990):

*The role of the preceptor is to be a support system for the nursing student on clinical placement. They guide them in their practical skills and provide a safety net for them. They also help them to transfer the theory they learned in the college of higher education into practice. The preceptor's role is to assist the nursing student's application of their nursing theory that they have learned in the college and to help the student develop from a neophyte student to a student at every level of competence that their year requires so they have to apply the skills, the knowledge, and their experience in a practical setting, and also to assist them in being able to make clinical decisions.*

The data from nurse lecturers Leah and Leanne identifies the role preceptors have in supporting nursing students who have difficulties. Both lecturers acknowledge reflective practice as a key area of clinical learning, which has also been identified by Burns et al. (2006), Öhrling and Hallberg (2001) and An Bord Altranais (2003). They identify emotional, practical and pastoral support for the nursing students as a hallmark of the preceptor role, in conjunction with linking with key personnel should the need arise:

*I think their primary role is to support the nursing student and to help the nursing student narrow the theory-practice gap. I also think a crucial role for*

*preceptors is for identifying the students who have difficulties or potential difficulties. I also think it is to help students with reflective practice, which is a key aspect of clinical learning. They must have the ability to link with the CPC and the link lecturer if there is an issue or if there is no issue, to know that there is a link. They also have a pastoral role I think in supporting them while they might have difficulties within the ward, all relevant to or in the context of the work that they are doing. In summary, to enable and support them with their learning outcomes, to provide them with some practical support, some emotional support and some guidance.*

Data from nursing students Natasha and Nancy concludes that the role of the preceptor is to teach, support and know the expectations of the nursing students. They remark that the preceptor must have knowledge of the students' scope of practice. They suggest that the nursing students link in with their preceptor during the day and get encouragement from them to practise skills, including the drug round. They also suggested that precepting a student is extra work for the preceptor but that it is a two-way process, with the preceptor also learning from the student:

*To teach and support students and answer any questions that they may have, to know the scope of practice for the student they have, their expectations, not to put them in a vulnerable position. Being a preceptor means that they have an extra person to mind but they also learn from students – the latest research and ways of practice. Just a facilitator I suppose. They mentor us and teach us. It is nice to link in with your preceptor throughout the day but we still have our own clients, which is great. It is nice to get your own clients; they encourage us to do drug round, so it is good.*

Similarly, as mentioned by the nurse lecturers, the nursing students perceive the role of the preceptor as linking theory with practice. Nursing students undertake clinical skills prior to clinical placement in the clinical skills laboratory in the IOT. They are enabled to integrate practically the skills they have learned theoretically, and are assessed by the preceptor in the clinical area on those skills. Students' learning outcomes are identified by the preceptor, who enables the student to try to achieve them on each clinical placement. An example of this is highlighted by nursing student Noelle:

*The current role of the preceptor is to bridge the gap between theory and practice, to ensure that nursing students are practising in a safe and effective manner and to be involved in the teaching of clinical skills with regard to theoretical skills that [have] already being laid down. The preceptor helps me with my learning outcomes first of all by discussing the learning outcomes and negotiating what was realistic and what was unrealistic, by just being aware of them, by pushing you to go and see the different investigations, by getting you to go with clients for investigations and by going with clients to Ambulatory Gynae*

*for scans ... through the interviews as well, by going back checking, making sure that you are reaching your learning outcomes.*

The next section provides data obtained from the nurse preceptors on their perception of their role. Nurse preceptors Paige and Penelope see their role as enabling the nursing students to reach their learning objectives; they do this by being a role model for them and ensuring that their practice is up to date:

*I would see my role as facilitating the objectives that the nursing student comes to the ward to achieve, and in as much as possible to help them gain experience when they come to the ward. You would always seek to be a very good example to the students because you would want to show them best practice.*

Preceptor Paul tries to ensure the nursing students reach their learning outcomes and get the experience they require to become competent individuals. In doing this he ensures his own knowledge and experience are evidence-based:

*I suppose the main role really would be of support to the students and the other is that they are given the opportunity to meet the outcomes of the course really, and their competencies, and they are actually gaining the experience that they need to be gaining. If you are a preceptor and you have a student working with you, you have to ensure I suppose that your own levels are up to scratch and that you are imparting the correct knowledge to them. It means that you have to ensure that your own knowledge is up to date and kept current at all times.*

Data from preceptor Phoebe concurs with the above, and she also sees her role as that of someone who gently eases the nursing student into the role of staff nurse. Her role is to facilitate the nursing student by supporting and mentoring them in order to meet the objectives of the programme:

*Well, I see my role as mentor, teacher, supporter, somebody that they can question at any time, talk to about anything, somebody who I suppose I would see as maybe gently easing them into the whole role of being a nurse. The role of the preceptor is to be a facilitator for the student when they are on their clinical placement and to ensure to the best of my ability that the student achieves their objectives and goals while they are here with us.*

In her role as preceptor to nursing students, Pippa acknowledges environmental factors as fundamental, like teaching and maintaining safety and liaising with the multidisciplinary team.

*The role of the preceptor is to teach and to maintain safety on the ward between clients and students, liaise with the multidisciplinary team and teach them about the environment.*

### **5.3.2 Summary of sub-theme 1: Role of preceptor**

According to the lecturers the role of the preceptor is to guide, support and act as a role model for the nursing student. The preceptors set standards of care as outlined by NMBI and enable the student to bridge the theory-practice gap. They make the nursing student aware of learning opportunities in order for them to reach their learning outcomes. They are a link between the CPC and the lecturer and advise both parties when a student may have potential difficulty. They have a pastoral role in giving nursing students practical and emotional support.

According to the nursing students the role of the preceptor is to teach and support them. The preceptors ensure that the nursing students are practising safely and use evidence-based care. They carry out three interviews with the nursing students and discuss their learning outcomes with them. They enable the nursing students to integrate the skills they have practised in the skills laboratory into practical care of clients in the ward.

According to the preceptors their role is to facilitate the nursing students in reaching their objectives. They also see their role as teacher, mentor and supporter to the nursing student.

The data pertaining to the question – What do preceptors perceive as support? – is highlighted in the following theme.

### **5.3.3 Sub-theme 2: Support for preceptor**

For example, nurse lecturer Lacy states:

*I'm sure that's down to the individual location. At times people don't feel supported in their roles, but on the whole I like to think that because our students are in teaching hospitals that on the whole the preceptors are supported in their role.*

Nurse lecturer Lance thinks we need to have regard for the role of the preceptor:

*On reflection I think it is no harm for us to be mindful of the need to acknowledge the role of the preceptor.*

Nurse lecturer Lara suggested that preceptors should get more recognition in their role:

*I think they could get more recognition in the hospital. When a preceptor is assigned to a nursing student she or he should get “protected time” out to assess and teach them.*

Nurse lecturer Leah acknowledged this and suggested that the preceptor role needs much more support and recognition:

*The assessment the preceptor undertakes with the student is a non-compensatable module, so it is make or break for the student, and while we regard that as important and essential in our overall curriculum development and in our exam boards, I’m not seeing the support for the staff nurses with this huge role.*

Nurse lecturer Lenora concurs with all of the above, and further suggests that the preceptorship experience is dominated by the support received by the preceptor from staff on the Unit:

*I think the clinical learning environment can affect the whole preceptorship experience... if the preceptors feel supported by their immediate line manager and also by their colleagues on the ward or the unit and by management.*

Nursing student Natasha gives her perception of the level of support given to the preceptor:

*I think they need more support, more training on how to be a preceptor, to understand that we are not there to hinder them and its part of their role as a staff nurse to teach students.*

#### **5.3.4 Summary of sub-theme 2: Support for preceptor**

The following extracts highlight the opinions of the nurse preceptors themselves on the level of support they perceive they get. Preceptor Paul suggests that there used to be more support from CPCs and nurse lecturers in reinforcing their role. In the past the lecturer would visit the nursing student in the clinical area and practise their skills with them. This was a suggestion in the undergraduate review of nursing programmes in Ireland undertaken in 2012: Paul further states that the CPCs have less time to help with the nursing students, as their role has changed:

*The Clinical Placement Coordinator used to be more clinical. Their role has changed to become more administrative; they are more hands-off to hands-on.*

*That would reinforce what we do as nurses if they would visit the wards and work with the students, and the lecturers used to work with students once.*

Preceptor Patricia suggests that taking on the role of training someone to be a nurse is a big deal, and that support is needed to carry out the role effectively:

*Just all that added responsibility that I wasn't happy to take on. Because it is a big deal; you are taking on somebody who is training to be a nurse. It's important that you have a lot of support, it's important that... it needs to be properly set up.*

Data from preceptor Pamela highlights that they need more support in their role, as the wards are under-resourced and they don't have enough time to precept nursing students. She thinks lecturers should help out with some aspects of clinical teaching:

*I don't feel particularly supported by management. The most way they could support us is by giving us more staff, and they are not doing that and very often we are working short. The lecturers are there if there are any issues. When I trained, our lecturers came on the wards with us and did things as well. If that could be incorporated in some way that they can step in and do some aspects of care with the students, especially as we don't have the time to do the things we like to do with them.*

Preceptor Penelope on the contrary feels that there is support from the CPCs and knows they are available if needed:

*As a preceptor I feel I am getting enough support. The CPC comes here all the time. I know support is there. The CPC is there if I want her.*

Preceptor Phoebe stated she would value more refreshers in preceptorship, as she is unfamiliar with the nursing student's workbooks:

*I had to ask the student where to fill it in, and I just feel that as a preceptor if we were more familiar with the workbook ... The student might feel that the preceptor really does not know what she is doing. There should be more updates, especially if a new workbook is coming out for the students – a refresher where we are informed and we are shown how to fill out the new workbooks.*

A positive clinical environment was identified as beneficial to nursing students' learning and their sense of belonging in the clinical environment. Support for the preceptor from key stakeholders is suggested as important in achieving this. The three stakeholders identified as significant to the success of the programme are staff in the

clinical area, including the preceptors themselves; nurse lecturers; and nursing students and hospital management. Lack of resources make the role difficult. There is a need for refreshers for preceptors, who may not be familiar with workbooks and assessments.

There was consensus amongst the nursing students interviewed that the preceptors needed more support from management and the college of higher education. They could see how busy the preceptors were and realised that sometimes they were a hindrance to them. When the ward is busy and clients are ill client care must prevail and the students have to latch on to any staff nurse. They would have a preference for working with their own named preceptor as they would be assessing them.

According to the lecturers the role of the preceptor needs to be acknowledged more. They need more recognition for their role as preceptors to nursing students. They should get “protected time” for assessing nursing students. The preceptor needs more support from key stakeholders including ward staff, lecturers, CPCs and hospital management.

#### **5.4 Main theme 2: Environmental factors which affect preceptorship**

It was the opinion of most of the preceptors that factors like resources had a principal impact on the level of support given to nursing students. When the ward is short-staffed, the preceptors have to attend to client care and the students must take second place. This is articulated further in the following sub-themes: (1) *Resources*; (2) *Link Lecturing*.

##### **5.4.1 Sub-theme 1: Resources**

The duty rota cannot always ensure that preceptors are working with their preceptees, mainly due to factors such as resources, different shifts and ward acuity. Preceptor Lara states:

*The ward can get very busy, and it is difficult sometimes to be able to find time to teach the nursing student. Time is a big factor. Another factor is being scheduled to work at the same time as the student, which can be difficult with night duty and job sharing.*

Finding time for nursing students and preceptors to work together can be a problem in the clinical environment. The rota system is not always similar, as staff nurses do different shifts such as night duty and can be on annual leave, so the time spent



precepting the nursing student is diminished. Nursing student Niamh states:

*Time is an issue and we need to work with our preceptors more. The whole duty shift between us and preceptors is different. They do different shifts – night duty, or may have annual leave.*

The recession in Ireland placed a moratorium on replacing staff, which meant nurses work under increased pressures. In addition, people are living longer and there are more people with chronic illness who need long-term care. According to lecturer Leanne:

*The big challenge in Ireland has been the recession, because the staffing numbers have been decimated. The most places it's visible is out on the front line, and that is where the nursing students are. And because of the increased demand on services, you have an increase in the number of clients.*

Nursing students Natasha alluded to the theory-practice gap in nursing:

*I don't think everything learnt in theory can be done in practice. For example, if you have six clients and they are high-dependency and you also have a client on hourly urinary monitoring, how can you get to somebody on the hour? I think this is due to a lack of resources. Understaffing. We are task-orientated when it's busy, as someone has to do the work and you can't help it when you are doing medicines and someone wants the commode and someone else is sick in the corner ... what gets done first.*

The busyness of the ward and client acuity can have a profound effect on the preceptorship experience. When staff nurses have to cope with fewer resources, precepting nursing students can place an extra burden on them. This can impede the nursing students' learning experience on the ward. Client care must always precede precepting nursing students, hence the importance of allowing the preceptor time out with the nursing student. Preceptor Paul states:

*The biggest thing for us as preceptors would be to have more staff on the wards. We wouldn't be as busy. It's about resources, really, and time.*

Nursing student Nina supports this:

*I suppose really time is the biggest thing. There is days where you can't work with your preceptor because you might be called to a different bay because it's busy.*

Preceptors Pamela and Penelope agree and state that due to understaffing it is difficult to precept nursing students:

*That is unfortunate but that is the nature of the things, and you know very often you are just busy doing things and, you know, just to have the time to link back with the student and I think we all feel it but it is down to staffing. The workload and the pressure is on us. It's all about having more staff on the wards and that's what it all boils down to. When you have the time to sit with a student and explain things, well they have to learn and stay with you. It's all about the learning environment, participating in client care. When you need extra nurses for certain dependencies it's very hard to get them. People are stressed out.*

#### **5.4.2 Summary of sub-theme 1: Resources**

As the duty shift between nursing students and preceptors is different it can be difficult to work with a named preceptor. A lack of staff and busy wards means the preceptor's hands are tied as she/he has to attend to client care first. It is all about resources, according to the preceptors. The biggest challenge in Ireland, according to the lecturers, was the recession, as it placed a moratorium on replacing staff. As people live longer there are more clients with chronic conditions. The busyness of the ward and having enough time to spend with their preceptors was hampering the learning experience for nursing students. They would prefer to work alongside a named preceptor but they are often called to a different bay when it is busy.

#### **5.4.3 Sub-theme 2: Link lecturing**

Link lecturing and preparing nursing students for clinical placement is discussed in the following data. The role of link lecturer has become somewhat eroded over the years as the lecturers' role has increased. Lecturer Lacy explained:

*If I'm honest I like to get out to the clinical area when my students are on the ward, link in with them and see how they are getting on, and talk with the staff nurses that are with them and talk with the ward manager. And I do see that as my role but it has been eroded, I have to say, over the years, most certainly.*

Preparing nursing students in college, ensuring they are safe to practice in the clinical environment and providing support to them as a link lecturer are necessary, according to lecturer Lance:

*I think it's important for the link lecturer when they are doing their site visits to link up with staff and make themselves available if staff have any questions, and be mindful in acknowledging the role the preceptors are doing. It is an invaluable role. It is multi-faceted really as a nurse, as a lecturer, being a role model to them. It is about ensuring that from a theoretical point of view they are appropriately prepared; their skills are of an appropriate standard. Going out on clinical placement that they are safe in their skills and providing on-going*

*support for students, working closely with our partners in the healthcare setting. A partnership approach.*

Lecturer Lara agrees with his sentiment and suggests:

*I think the nurse lecturers could be more visible in the clinical areas. The students like to see their lecturers when they are on clinical placement, and it can be a support system for them when they are there. They prepare the nursing students well before they go out to the clinical areas, but I think the students would like them to be more visible on the wards. The lecturer should be the liaison between the preceptor and the nursing student.*

Lecturer Leah makes the point that if lecturers are to remain credible they need to get back to practice. They need to be visible in the clinical area for students and staff:

*We teach students skills in the college in the skills laboratory, but combining skills in the context of the organisation in a busy ward with emergencies and chaos and death and theatre lists is very, very different. We as lecturers are so au fait with the whole curriculum and knowledge and workbooks, and it's not part of the preceptor's remit. Sure what client wants to know about a workbook or an assessment? So I think we are doing them an injustice by saying the IOTs want them as preceptors as they are key, but we are not prepared to invest in them. If we recognise the importance of being clinically relevant, the ethos of IOTs they are bringing in people who were experts in the industry, but our expertise is being dampened because we are in college all the time and we are not getting back to our industry.*

Lecturer Leanne suggested that her role is less important when the nursing student is on clinical placement. She explained that there are supports in place for them and clinical staff take over the teaching role:

*We do personal and professional development skills and communication skills with them and then they go on clinical placement. They go to an area that we have audited, accredited to ensure that there are supports there for them and that they are able to cope with their educational requirements. The CPCs and the practice development coordinator support them, so my role as lecturer becomes much less when they are in clinical placement.*

However, lecturer Lemar disagrees and explained that the assessment of the nursing student is a combined effort between IOTs and the healthcare sector:

*The preceptor needs support. The assessment of the nursing student throughout a four-year degree is not purely clinical – it is academically and clinical combined, so I don't think any of the stakeholders can absolve themselves from helping each other. So the closer the ties, the closer the support from the*

*college, the better. I think the lecturers need to support the students in practice – it's not just a social role. They need to support them in developing their learning outcomes and also support the qualified staff in supporting the student.*

Natasha, a nursing student, suggested that preceptors need the support of management in the hospital and staff in the college of higher education:

*It is important that preceptors are supported by management in the hospital and the lecturers in the college of higher education. They need the support as much as the nursing students.*

Pamela, a preceptor to nursing students, would like the nurse lecturers to help out with the nursing students' learning in the clinical environment. She also suggests that the students need more teaching on pharmacology in the college of higher education:

*The lecturers are there if there are any issues. When I trained, our lecturers came on the wards with us and did things as well. If that could be incorporated in some way that they can step in and do some aspects of care with the students, especially as we don't have the time to do the things we like to do with them. If the student got a bit more teaching on pharmacology in the college, you know that you are not going through every basic thing with them.*

Preceptor Pearl on the other hand sees it as her role and not the lecturer's to guide the students in the clinical environment:

*I've never had issues with students where I required a lecturer's assistance. And I think while the nursing students are on the ward it is the staff nurse's role to take them under their wing. You can't have too many teachers when they are on placement, and most of preparation and the theory is done in the college, so I see no active role for the lecturers in the clinical area.*

Lenora stressed recognition of the preceptor role in precepting nursing students, in combination with caring for clients, although she suggested lecturers should spend time on the wards to keep their own skills updated. She explained that the lecturers are removed from practice and need to go out into the wards with the nursing students to keep in touch with clinical practice. She thinks the nurse lecturer-practitioner role is something that should be in place, as the holistic approach would enhance the provision of a high level of clinical competency:

*I think the preceptors feel supported by staff in the college of higher education, and I think we send that message through the preceptorship programme that they are valued and recognise that the role of preceptor is something they have*

*to do as well as caring for their clients The link lecturers support students and staff in relation to the areas that they are linked to. And it didn't materialise here. I like the idea of the link lecturer practitioner. I feel that the lecturers in the college or the IOTs should be working one day a week on the wards or the units that they are linked to and work with the students. I think that was a missed opportunity when they moved from the certificate to the diploma to the degree programme. I think the link lecturers can be removed from practice and we may not actually know what is going on in the front line. Also to keep up our own skills and competencies – as lecturers we should have gone for link nurse lecturer-practitioner role.*

However, lecturer Lana's opinion is that the lecturer's role is minimal in the student's clinical placement; she sees the clinical staff as having a pivotal role:

*On the clinical side we have the clinical staff and CPCs. The role of the link lecturer or the academic is relatively limited in the nursing student's clinical placement. My own experience is the staff are very nice, they are polite and respectful, but I don't think they see me in any way a help or support, and they send me to the student. The student is busy and getting on fine. I think our role is minimal. I think the lecturer is more classroom-based. Their hands-on role is seen as limited. We address this deficit in the clinical skills laboratory prior to the nursing students going on clinical placement where we practise, practise to ensure that they have competence and confidence prior to going on their clinical placement.*

#### **5.4.4 Summary of sub-theme 2: Link lecturing**

Some lecturers agreed that they would like to be more visible on the wards. They felt their role as link lecturer has become eroded over the years. They prepare the nursing students in college both theoretically and in the clinical skills laboratory by practising their clinical skills with them. They recognise the important role the preceptor plays in the four-year undergraduate degree programme and suggest that the closer the ties to the college the better the outcome for the student overall. One lecturer indicated that she felt all lecturers should spend at least one day in the clinical environment in order to keep their skills updated and not to become removed from what is happening on the wards. There was consensus that the preceptor should be supported more by management in the hospital and staff in the college of higher education. One lecturer suggested that "protected time" should be given to the preceptor to precept the nursing student.

The preceptors stated that the CPC role has changed and become more administrative. They suggested that if they take on the role of preceptor they need more support and the

whole programme needs to be properly set up. A suggestion was made that there should be more staff on the unit when they have to precept nursing students as it is added responsibility. One preceptor had difficulty filling out the nursing student's workbook and requested more updates and refreshers on preceptorship.

The nursing students agreed that the preceptors need more support in the form of resources. They stated that the preceptor is there to teach them; however sometimes when the ward is busy they feel like a hindrance.

### **5.5 Main theme 3: Resources**

Data from participants supported the view that resources play a major part in the whole preceptorship experience. With client acuity and people living longer with greater co-morbidities, the staff nurse is under considerable pressure to care for the clients and precept the nursing students. The scheduling of their work rota also means that the staff nurse and nursing student may not be working together enough. With some staff working part-time and others on leave or night duty, it is not conducive to precepting nursing students. A suggestion was made of giving "protected time" out to the preceptor, but this would further exacerbate the resources in a cash-strapped health service. This is further articulated in the following sub-themes: (1) *Training for preceptors*; (2) *Assessment of nursing students*; (3) *Induction to clinical placement*. Lecturer Lacy explained:

*If you are a person that is good at teaching that can engage with the student on that level, you will do a better job. The factors that hinder the relationship are the pressures of the job, the time element and the constraints that you have on the ward I'm sure can sometimes hinder what they are able to teach and how much guidance they can give, and the responsibility and accountability of the role can sometimes hinder how much support they can give to a student. It's always back to resources at the end of the day – it's time and you know the role has become much more complex.*

Lecturer Lance explained that with fewer resources and high acuity the role of preceptor can be demanding. He suggested they be given time out to precept the nursing students:

*I admit and understand that currently under the pressures of limited resources, and I know that some preceptors have more than one student at a given time and I recognise the difficulties and challenges of that. I can imagine when they have*

*less resources and high acuity it can be very demanding. When a preceptor is assigned to a nursing student she or he should get “protected time” out to assess and teach them. I would imagine the busyness of the ward and the client dependency can affect the preceptorship experience.*

Lecturer Lara explained:

*The ward can get very busy, and it is difficult sometimes for the preceptor to be able to find time to teach the nursing student. Time is a big factor. Another factor is being scheduled to work at the same time as the student, which can be difficult with night duty and job sharing and annual leave.*

In the next section there is reference to giving back something to the preceptor in acknowledgement of precepting the nursing student. This may be in the form of an additional bursary or something for their curriculum vitae, but there needs to be recognition for the role. On the whole, preceptors like imparting knowledge to nursing students, but they need to be supported for their role by management, lecturers and nursing students. Participants acknowledge that nursing students need to be aware that it is a two-way system and they have to support the preceptor also. Although the findings suggest that working with the preceptor can be ad hoc, and that many nursing students tend to latch on to any available staff nurse, some student participants suggested this worked well for them but felt that in terms of their total assessment the preceptor would not be in a position to know their competencies or acknowledge how they were progressing. Perhaps a team approach to preceptorship would help, whereby the preceptor would lead a cohort of students and each staff nurse working with the students would feed into a leader. In this way each staff nurse would contribute to the overall assessment of the nursing student. Nursing student Niamh recalled:

*I suppose it’s important that you are on the same shift as the preceptor. Good communication is important. It’s important that you both get on well together. Time is an issue and we need to work with our preceptors more. The whole duty shift between us and preceptors is different – they do different shifts, night duty, or may have annual leave.*

Lecturer Leah believes preceptors should have a choice in precepting nursing students. She suggested that if staff nurses are interested in being preceptors, they are more likely to make better preceptors. She also commented on using evidence-based practice, and said that it is difficult to achieve without resources:

*You can have good preceptors or bad preceptors, but the fact that they don’t have a choice [in being a preceptor] is a flaw in the education system in Ireland.*

*I think perhaps if we had a situation where nurses could apply for the role and get an additional bursary or something for being a preceptor, then you would get interested parties and it could be seen as a career path if they were preceptors for that reason. We have to do X but if we have not enough staff we may have to do Y. There are staff that are not comfortable with the word evidence-based practice [EBP] because a huge part of the word is missing, the lack of resources being one.*

Lecturer Lemar comments on the positive aspects of being a preceptor, but explained that preceptors require support in their role from management in the hospital, their colleagues, the nursing students and lecturers in the IOTs:

*There may be situations where the preceptor is just a bit unsure in relation to the progress of the student. The preceptor should never be left in isolation. A team approach on the ward with the preceptor being the leader of the cohort of students, either one or two, but everybody needs to feed into helping the preceptor because it should be a collective assessment. The positive aspects of being a preceptor are self-fulfillment. As a preceptor you have reached a level of confidence, which obviously is important, but there is nothing more fulfilling than being able to impart that knowledge to the future generation of nurses. I think from experience the preceptors will always say the more support they get, the easier their role becomes; the less support they get, the more difficult. And that includes support from management, their colleagues on the unit, and from the college and also from the students themselves.*

In relation to the theory-practice gap, one nursing student, Natasha, suggested that there is a gap:

*I don't think everything learnt in theory can be done in practice. For example, if you have six clients and they are high-dependency and you also have a client on hourly urinary monitoring, how can you get to somebody on the hour? I think this is due to a lack of resources – understaffing. It is important that preceptors are supported by management in the hospital and the lecturers in the college of higher education. They need the support as much as the nursing students. I think they are often busy and their hands are tied, so it makes it difficult for them to precept nursing students.*

Nursing student Nancy explained:

*What hinders the relationship is if the nurse is under pressure. We are asking those questions; if they are busy we'd be following them around and getting in their way a little bit and what helps is being supportive. Even with the other staff nurses it is always good to have the preceptor to link in with.*

The nursing students would like more time working with their preceptor, as this enhances the learning experience. It also means that the preceptor knows how the



nursing student is progressing and is in a better position to assess them. This is explained by Noreen:

*I don't think the preceptor is of any use really unless they work with you, because if they don't know you ... [I] think it's a two-way thing, the relationship of the preceptor and nursing student. If there is something with a client I work with, I go away and look it up, and if the staff nurse is talking about it the next day and if the student shows the interest it goes from there. If you don't feel comfortable that you can push yourself around that person, then you hold back because you don't have the confidence and you don't learn.*

It is important that the nursing student works consistently with the preceptor. This enables them to understand the nursing student's progress and facilitates assessment. Noelle explained:

*Sometimes it's hard to get working with your preceptor and the link nurses are ... they provide exactly the same amount of support if and when you need it, because when it comes to the final interview they don't always know actually how much you have progressed. It's hard for them to do an interview as well because they may have been on nights – although we work on night now; previously we didn't and they wouldn't be aware of actually how well or otherwise you might have progressed in the placement.*

Nursing student Nicole agrees with this sentiment and asks if it is feasible that the preceptor works with the nursing student:

*Myself and my preceptor haven't worked together too often, and it's midway through my placement now. She has moved to a different ward, so I am kind of in limbo. It would be better at the start of my placement that we were placed together, to ease me into the ward. It is a difficult ward, like. I think the demands of the ward are great. I suppose if they want to be a preceptor and they enjoy it you feel more comfortable around them, you can ask them or query them. Whereas if someone gets bothered you are not likely to question them. Definitely the support of the preceptor is good. When they are allocating they should take into consideration the rota; is it feasible that the preceptor is going to be working with the student.*

Time and the busyness of the ward are factors which hinder the preceptorship experience. According to nursing student Nina:

*I suppose really time is the biggest thing. There are days where you can't work with your preceptor because you might be called to a different bay because it's busy. They say, 'I need your help there', or the preceptor might be called to a different ward like with trolleys and stuff. It's those sort of things that can*

*hinder the relationship. You need a preceptor. You would be lost without them. Yes, it's good; you would be out on your own.*

The preceptorship experience is supported when there is good communication between the preceptor and the nursing student. However, this can be hampered by time constraints and the busyness of the ward. Nursing student Nicole explained:

*I think good communication definitely helps it. Allowing the nursing student time to do the medication round, trying to find some of the medication boxes when you don't know what they look like, and if you are allowed to do it you will remember that box but if the staff nurse gives it to you and I suppose that can help or hinder you. Time is a big factor and if you can't do the medication round at eight o'clock in the morning, the rest of the rounds for the rest of the day you are only giving out one or two tablets so it's not the same.*

The preceptors on the whole like having students to precept, but because of the busyness of the ward and lack of resources they find it difficult to find the time to do everything. On the plus side it keeps them more up to date with things. Nurse preceptor Paige explained:

*Sometimes being a preceptor meets my expectations, but other times it can be frustrating and the students have to suffer because of the busyness of the ward where you just can't do what you want to do. I think it's great seeing the students coming on to the ward and in a sense being nearly terrified of the situation and to see them blossom. And I think to see them growing over time, and I'm happy with the new intern time that they are giving them double the amount of time in internship. And it's excellent they have had the full eighteen weeks. We like to make sure the nursing students are comfortable on the ward. I enjoy precepting students, but when the ward is really busy I don't – simply because it's one other thing you have to think of.*

Preceptor Paul suggested:

*If you are a preceptor and you have a student working with you, you have to ensure I suppose that your own levels are up to scratch and that you are imparting the correct knowledge to them. It means that you have to ensure that your own knowledge is up to date and kept current at all times. The Clinical Placement Coordinator used to be more clinical. Their role has changed to become more administrative; they are more hands-off to hands-on. That would reinforce what we do as nurses, if they visit the wards and work with the students and the lecturers used to work with students once. I think if you are upfront with the students and say you need to do this or that and say you need to come up to speed, the vast majority of students are willing to co-operate but communication is the key really.*

Nurse preceptor Patricia likes the idea of preceptorship and suggests that support is needed:

*I think you need the support. In that respect it's very successful anyway, and I think that students feel like that there is an arm around them; well, they should do anyway, that there is somebody talking care of them. In that respect it's good.*

Even though nursing students are meant to be supernumerary, Patricia thinks this is not happening, as they are doing all the work. She states this is not conducive to their learning. She also suggests the need for a pamphlet for the preceptor to look up information quickly, as she concludes the nursing students sometimes know more than her:

*They are here and they are expected to kind of be all hands-on, and when it's busy the more people you have on, obviously the easier it is obviously for getting clients up and dressed and washed and all that. And I don't think that is fair; I don't think that is good. They should be supernumerary but they are not. I mean maybe that's fanciful but that is the way. I think some of the time they can be on the ward they can be ... obviously they are helping out, they are doing all the work, but I think there is too much expected of them really, when they are learning, you know. If there was a guideline or a pamphlet for the preceptors that even on the ward, and again there is so much paperwork down there that you cannot access all of it and you cannot ... just be able to quickly update yourself. Like, hang on, where are we at here, I need to check this out before I go to the student, because sometimes they know more than we do. You do learn from one another.*

Resources are mentioned throughout the interviews as hindering the whole preceptorship experience. Nurse preceptor Pamela explained that she has to teach the nursing students but would prefer to do the drug round herself, as it takes less time than having to show the nursing student how to do it:

*Oh, it is very easy for me to do the drugs on my own than having two people tied up doing the same job. That is unfortunate, but that is the nature of the things, and you know very often you are just busy doing things and you know, just to have the time to link back with the student. And I think we all feel it, but it is down to staffing. The workload and the pressure is on us. Being able to spend more time with the students – sometimes I feel like we are leaving them to their own devices a bit, because you might be working opposite the students and have opposite meal breaks and they can take up a good chunk of the day really.*

The busyness of the ward and making time to teach the nursing student are some of the difficulties facing preceptors:

*The staff nurse who is the preceptor for the student has to be enthusiastic, and you have to do your best to teach the students. It does take time, and on a busy ward it can be difficult. It's a two-way thing. The students also have to be enthusiastic to learn. The preceptor also has to give something to the whole process, so you have to take time out to go over things with them.*

Nurse preceptor Penelope enjoys her role as a preceptor; however, she would value the input of the CPCs more. She thinks there is too much paperwork and there is a need to get back to the practical side of things:

*Being a preceptor influences my role as a staff nurse, as you become more aware of your standards, techniques, scope of practice and all that, you know, so it is a big influence. Great to have the students and I love having the students because it makes you a better person. It's not going to be a success unless you are open and receptive and supportive about everything. It's not going to work otherwise. I suppose maybe going back to the old days, I would think myself that the CPCs should come and do a little bit more of the practical side with them, when they come to the wards. When I was a student they were the clinical lecturers in those days, and they would come to the ward and take you aside and do a case study with you and do a dressing with you or a catheterisation with you and go through the whole ... that's gone, and I think it's a huge loss. I really think that's a huge loss. It goes back to coming with big pack and papers and everything. You can't learn it out of a book – you have to do it.*

Good communication between the preceptor and the nursing student is conducive to preceptorship working well. It is a two-way process, and the nursing student must be prepared to learn and support the preceptor as well. As client care is paramount, the preceptorship experience can be hindered by ward activity and resources. Nurse preceptor Phoebe explained:

*Personality and a rapport with the students help the preceptorship experience. I think if you don't have the rapport as a professional, there is a deficit and the student will not achieve their learning objectives, and we are not utilising learning opportunities to the full. As I said already, interpersonal relationships, the attitude of the student, are they eager to learn; for example, if they are carefree and not too pushed, well it's hard to work with them. Time management is very important, and even with the greatest intentions of getting things done and prioritising client care, time is of the essence. Ward activity and student numbers can affect the preceptorship experience.*

Time and resources are once again mentioned by preceptor Pippa:

*It's all about having more staff on the wards, and that's what it all boils down to. When you have the time to sit with a student and explain things, well they*

*have to learn and stay with you. It's all about the learning environment, participating in client care. When you need extra nurses for certain dependencies, it's very hard to get them. People are stressed out. Being a preceptor makes me reflect on myself because you think about how you do things. You think of the times when you were a student and you like to think they get the best achievement out of the placement.*

Nurse lecturer Lenora agreed that the busyness of the ward and client acuity all affect the smooth running of preceptorship. Even though preceptors enjoy sharing their knowledge with the nursing student, they are pulled in two directions, and client care must always come first:

*Again I suppose you have to think as well the busyness of the ward and to give them time. I'm sure preceptors find that difficult, that they felt they weren't giving enough time to the student and again that was because of the demands of the client or the ward they were working on. But I would say that on the whole preceptors would be very supportive of nursing students in the clinical area. I would say the positive aspects of being a preceptor are transfer of learning, shared learning with the student and also in relation to helping them on their journey in a profession that you hold very dear and enjoy working in. Trying to meet the client's needs and trying to meet the student's needs as well. The staff nurse is challenged by that and pulled by that. Sometimes they may feel disappointed that they haven't given enough time or enough learning opportunities to the student because of the busyness or the illness or unwellness of their clients. I'm sure it can be difficult.*

Lecturer Lana agreed it is a partnership approach and that preceptors should feel valued. She suggests perhaps giving less of a client caseload to the preceptor, and giving reflective time out with the nursing student. In her opinion there must be respect between the preceptor and the nursing student:

*I think good training is essential, good professional development, partnership approach, that the people who give a very valuable service in preceptorship feel valued. How that value is shown to them, whether it is in giving them reflective time or less of a client caseload when they are on the ward because it is an extra job on top of whatever else they have to do, that it is an open, transparent relationship, that the preceptor respects the nursing student and that the nursing student respects the preceptor's time, that they realise this is voluntary; they are not getting extra for it, that the students are respectful of their preceptor, that they turn up on time, that they work well together. There are always personality issues.*

To conclude, resources are a dominant theme throughout this data, and lack of resources hampers the preceptorship experience between the nursing student and the

preceptor. Lack of time and client workload are critical factors, and preceptors are finding it difficult to find the time to assess the students. There is a consensus that something needs to be done to improve the experience of the nursing students in their clinical placements. The preceptors like imparting knowledge to the students, but clearly time is a big factor and they feel undervalued by the supporting structures around them.

### **5.5.1 Sub-theme 1: Training for preceptors**

Most participants believe that the area of training to be a preceptor needs attention. In the teaching hospital in the west of Ireland, in order to become a preceptor the staff nurse completes an on-line programme which provides information on the key competencies required from nursing students. This is followed by a half-day workshop provided by the lecturer and CPC. The findings from the preceptors are that the training programme is essential but they need regular updates and refreshers. Any changes to the nursing student's workbook or curriculum need to be addressed in on-going refresher courses which should be given more frequently. Nurse lecturer Lacy suggests:

*We include staff from the clinical area when we are updating our curriculum but we probably don't do enough of that. I think it could be more, definitely. I like to think the training keeps them informed – they bring up issues that they might have within the role itself that it clarifies what the role of preceptor is.*

Nurse lecturer Lara states:

*They do an on-line course made up of about six different modules and bring a printout of this to the classroom for the training day. A CPC and lecturer teach the preceptorship programme. The day consists of curriculum content, types of assessment, guidance on carrying out interviews with nursing students and advice on when a student fails on how to draw up an action plan.*

As there is no consistent course for preceptors in nursing in Ireland, there are different opinions from participants on what the training would entail. Lecturer Leah states:

*I think preceptors need a lot more education and I think they need about two days' general introduction to the whole curriculum in Ireland.*

Lecturer Leanne suggests:

*The evidence over the last fourteen years is we have dealt with many challenging situations quite well, and this shows that the training and support helps.*

As staff numbers have dwindled, it is difficult to get time to complete preceptorship training. It is important that regular refreshers be given to staff in order to update them on any curricular or workbook changes. Nurse lecturer Lemar states:

*Up to a number of years ago, preceptors received a two-day training programme. With changing times and flexibility of education we now have a one-day e-learning programme, which is quite good, and then a second half day would be looking entirely at the competency assessment tool itself. A preceptorship update or a refresher should be provided so that preceptors who have done the course can come back with their valuable experience and discuss what issues have arisen in their last number of years, and that might be a very good way of putting together a refresher course for them, and deal specifically with issues that might never come out of a course but rather from the clinical environment.*

Nursing student Natasha says:

*I think preceptors need more support, more training on how to be a preceptor, to understand that we are not there to hinder them and its part of their role as a staff nurse to teach students.*

The following extracts from the preceptors concur with the above, and suggest that preceptors do need to be updated regularly and that the workshop training should be a full day. Preceptor Patricia says:

*I just think being a preceptor is a big responsibility. It is difficult, and I think just because I'm a qualified nurse for more than thirty years doesn't mean that I know it all.*

Preceptor Pearl said:

*As mentioned before, I think a refresher to keep us up to date with what is happening in the college would be beneficial.*

There is a need for more consistent refreshers for preceptors, as the nursing degree programme has changed considerably over the years in line with the EU. The undergraduate review of nursing and midwifery programmes in Ireland recommended that Higher Education Institutes (HEIs) and the HSE and health service providers should develop, implement and facilitate a national mandatory preceptorship

programme with “protected time” facilitated by the employer, in line with the Nursing and Midwifery Board guidance and standards (Review of Undergraduate Nursing and Midwifery Degree Programmes, 2012).

Preceptor Phoebe explained:

*I had to ask the student where to fill it in, and I just feel that as a preceptor if we were more familiar with the workbook ... The student might feel that the preceptor really does not know what she is doing. There should be more updates especially if a new workbook is coming out for the students; a refresher where we are informed and we are shown how to fill out the new workbook.*

It is clear that there is a need for a more mandatory programme with regular refreshers for preceptors. Phoebe said:

*I did a two-day course on preceptorship five or six years ago. The training helped me initially but I feel it is outdated now. We need some support in the terminology. Learning contracts we would find difficult. It's more support and update, support and guidelines and a few pointers that might be done during a refresher course.*

The findings in the theme induction to the clinical environment as perceived by the lecturers highlights the importance of timely induction and socialisation for the nursing students. It is sometimes carried out by the Clinical Nurse Manager and sometimes by the nurse preceptors or Clinical Placement Coordinators. It predetermines the nursing student's sense of belonging in the ward and helps them to “settle in”.

### **5.5.2 Summary of sub-theme 1 Training for Preceptors**

The consensus from the preceptors was that preceptorship training is essential. They would prefer more refreshers to include more information on the curriculum and updates on the student's workbooks, learning contracts for students and terminology. The lecturers agree that preceptors need more updates and more information on their role as preceptors. Staff from the clinical environment are included when the curriculum is being updated but this needs further review as there may be issues in the clinical area that preceptors need guidance on, including carrying out interviews with students and advice on what happens when a student fails, and how to draw up an action plan.



### 5.5.3 Sub-theme 2: Assessment of nursing students

The next section describes the methods of assessment used by preceptors to ensure the nursing students meet their learning outcomes. They identify the students' learning needs, plan the learning experiences with them, demonstrate best practice and share clinical expertise (An Bord Altranais, 2000). The preceptor acts as an effective role model and supports nursing student learning. The Nursing and Midwifery Board of Ireland's (2012) requirement for nursing students' clinical placements is that the theoretical component should be integrated more effectively with clinical practice. The preceptor is the facilitator for the nursing students to integrate the theory they have learned in college into practical scenarios in the clinical environment. Nurse lecturer Lance explained:

*There are a lot of structures in place: they have workbook, they have learning outcomes and guidelines and policies that support practice. You can have particular learning outcomes or objectives, and then you have the gut of the particular staff nurse working with the student.*

Nurse lecturer Lara agreed with this sentiment and stated:

*They first look over their workbooks and check their learning outcomes. They try to ensure that they are present for any new procedures and can practice their clinical skills. They make sure they meet their learning needs*

The nursing students' workbooks appear to guide the preceptors in their assessments.

Nurse lecturer Leah explained:

*We always encourage them on their training day to go through the nursing students' learning outcomes and see where the student needs to focus, because I think there is a huge difference between third year and first year. So let the workbook be the guide as to what is expected of the student.*

The nursing students are assessed incrementally, and it is important that feedback from each link nurse be obtained prior to their interviews. If the nursing student is not working all the time with the preceptors, this method enables them to know how the student is progressing. Lecturer Leanne explained:

*I suppose through the clinical workbooks as well and through the link nurse every day and through the feedback they give, it's incremental. They start and they have their introduction, they have three interviews, they agree their learning contract, they have the indicators, the learning outcomes. And then if*

*they are not performing at the earliest opportunity, an action plan is drawn up for them.*

Nurse lecturer Lemar explained that the preceptor will:

*... decide to provide the nursing student with the level of supervision required. Or the level of support, which should be different to the level of support that you would give a first year student. The support levels need to be {tailored} according to the year of the student. A fourth year student would need less direct supervision; they obviously need indirect supervision, but that is a decision for the preceptor as an experienced clinician, because even within that profile not every nursing student would be at the same competency level, and students learn at different rates*

Lemar goes on to say that as each student is an individual with differing learning needs, this has to be taken into consideration:

*Sometimes students learn by different mediums, so the preceptor really has to individualise the learning depending on the student that they have, the competence of the student, and again what suits both. Some students are very visual and some students need to be observing, and some students can be very academically articulate but I think there has to be a level that you have to achieve within every year. How you get to that level in some respects you might have to take different pathways.*

Nursing student Natasha explained:

*I felt prepared for the clinical learning environment in fourth year, but back in first and second year I felt it was a bit of a shock to the system. It takes a few years to get into it.*

Nursing student Nancy recalled:

*The preceptor encouraged me to meet my learning outcomes. Before I came to this ward I had not done catheterisations, but with her I have done three and now feel completely confident. It was something I had to work on.*

Nursing student Noelle remarked that the link nurses provide the same amount of support as the preceptor, but because the preceptor is doing the final interview with them, they are not in a position to assess them properly or know how they have progressed:

*Sometimes it's hard to get working with your preceptor, and the link nurses are ... they provide exactly the same amount of support if and when you need it, because when it comes to the final interview they don't always know actually*

*how much you have progressed. It's hard for them to do an interview as well because they may have been on nights – although we work on night now; previously we didn't and they wouldn't be aware of actually how well or otherwise you might have progressed in the placement.*

Nursing student Nina suggested:

*The preceptor assisted me to reach my learning outcomes by involving me like ... mine was the drug round, handover and that, getting me to do those things and that involved me, and client caseload and stuff.*

Nursing student Nicole agreed that the preceptors present learning opportunities for the nursing students:

*They presented opportunities to me in order for me to meet my learning outcomes. They would let me get involved in the medication round. They weren't strict with time restrictions. They were a bit lenient that way.*

This is followed by the preceptors' perception of the assessment process.

Preceptor Paige suggested that if the preceptor is willing to allow the nursing student to do something, it should be her judgement:

*Resources is the biggest issue, and some students come to the ward a bit ... you can't do XY or Z. From the staff nurse on the ward, her discernment of the student when she says, I've looked at the student as everyone is different, and I think if the staff nurse is happy for the student to do something then I think there has to be walls put around students.*

Preceptor Paul explained that being a preceptor means you have to stay up to date with knowledge in order to give the nursing students the correct information:

*If you are a preceptor and you have a student working with you, you have to ensure I suppose that your own levels are up to scratch and that you are imparting the correct knowledge to them. It means that you have to ensure that your own knowledge is up to date and kept current at all times.*

In relation to assessment, nurse preceptor Patricia explained:

*I've just taken the nursing student around the ward and shown her around. Today is just my second day working with her. There is a list of things that they have to achieve, and you just make sure to get through as many as you can and you get through them quickly sometimes, and make sure they are aware of them and tick them off as they are done.*

The preceptors use the nursing students' workbooks to guide their assessment. Nurse preceptor Pearl explained:

*They have their workbook and they have set tasks that they must complete; their competencies. When they come to this placement they have to understand the reasoning for pre- and post-operative care, and I suppose you would monitor the students. They would have to understand and evaluate them during the meetings to see their understanding and if they reach their competency.*

Nurse preceptor Penelope agreed:

*The workbooks, achieving the learning outcomes, through support as well, getting them to do as much as they can, observe as much as they can observe, and I suppose achieving their learning outcomes, make sure that what they have decided they want to achieve is done, it's all covered.*

Nurse preceptor Pippa stated:

*The student's workbook kinda focuses you on it, and you have your domains and they are all written out. And when you first assess a student you go through the domains and you set goals, your achievements and what you want of them in the ward placement.*

Pippa continued:

*You know their competencies from their levels and what they are at. If they are not reaching the competencies at where they are at, set out a care plan, a goal; if you feel they are weak, work on it from the start ... go.*

Nurse lecturer Lenora explained:

*So they have a huge role in ensuring that the students reach their competencies for that particular placement. And again I'm sure the staff nurse or preceptor can find that quite challenging. I would see the preceptors as the gatekeepers of the profession, so I they feel that a student hasn't achieved their competencies you know it is serious for the student, and hopefully they have enough time to achieve them, and some students may need more support than others depending on the skills and competencies that have to be achieved. It's challenging for the preceptors because they are signing off on the student that they have achieved these competencies.*

Nurse lecturer Lana explained how the preceptors assess the nursing students:

*Through an interview system they enable the students to reach their competencies, through staff meetings, through observing them – their professional behaviour and their skills and looking at the domains of practice.*

Findings show a consensus in how the preceptors assess the nursing students' competencies. The student workbooks give guidance on what level they are at and on what competencies need to be assessed. The nursing students undertake three interviews on each clinical placement, and this determines their progression. There are also guidelines, policies and learning outcomes to support the nursing student and the preceptor in the assessment process.

#### **5.5.4 Summary of sub-theme 2: Assessment of nursing students**

Some preceptors agreed that they stay more up to date with knowledge in order to give the nursing students correct information. They are guided by the nursing students' workbooks and they facilitate them to reach their learning outcomes. By guiding and supporting the students and getting them to observe and reach their competencies the preceptors enable the students to become part of the clinical environment. However, this is hampered when there is a lack of resources, the duty rotas are different and the ward is busy.

The lecturers stated that there are a lot of structures in place to support the nursing students in the clinical environment. There are guidelines and policies that support practice. From the student workbooks the preceptors can check the learning outcomes and ensure that the student meets her/his learning needs. The students have three interviews on each placement. They agree on a learning contract with the preceptor and if they are not performing an action plan is drawn up. The preceptors have to individualise the learning depending on the student.

There was consensus with the nursing students that the preceptors encouraged them to meet their learning outcomes. The preceptors assisted them by involving them in nursing care, doing the drug round, handover and client caseload.

#### **5.5.5 Sub-theme 3: Induction to clinical placement**

The clinical learning environment has been identified as conducive to nursing students' learning. If nursing students are socialised by staff in the unit, they settle in more easily. Most units or wards in this teaching hospital have induction packs. Following their orientation to the unit, nursing students can read the induction packs and familiarise themselves with the policies and procedures of the unit. They are informed by the nurse

lecturers that they can speak up or whistle-blow if they see care which is not up to standard. The importance of induction for nursing students is referred to in the following extracts. Lecturer Lacy explained:

*The induction of the nursing students has come up for criticism in the internship report before, that students feel that they are sometimes not inducted into the wards adequately. From our perspective here I know that the staff from the clinical area come over and talk to the nursing students about various policies and procedures prior to them going on clinical placement.*

Lecturer Leanne explains:

*All the wards have got a formal induction pack, and that is being revised and reviewed considering their needs. I'm sure they could always be better, but they are reviewed and brought up to date with what the standards are in 2012. They were made more robust after the Lourdes Hospital Enquiry Report because it was found that students needed help to make sure that the standard of care in the wards was the standard that they should see and learn from.*

Lecturer Lemar explained:

*The routine of a unit or ward can be quite different. You may have two surgical wards but the actual routine, the clinical learning environment, is really, really important, probably the most important, the biggest factor in supporting students' learning. If they feel they can 'fit in' and if they are welcomed and orientated, they are introduced to everyone in a sensitive manner, then their learning is a lot easier.*

The findings as perceived by the nursing students suggest they were inducted to the ward and received an orientation booklet. This was important to them, as they felt less anxious and they "settled in" to their clinical placement. If nursing students are orientated they will feel more comfortable and are more likely to meet their learning outcomes. Nursing student Niamh explained:

*The first day I started this placement I met my associate preceptor and she walked me from the bottom of the unit to the top, showed me where everything was, introduced me to everybody, and told them I was an intern. I don't work with her all the time, but if there is anything interesting happening she will seek me out and I know she is always there and I can ask her for help any time.*

Nursing student Noreen discusses her induction to the unit:

*I was socialised on the first day here in the clinical setting. It was: 'This is fire equipment, your essential equipment, should an emergency occur...' Just a*

*quick look around. You just have to find out for yourself. We got an orientation booklet we had to read ourselves, but I was happy to figure out the place for myself.*

The findings from the preceptors suggest they are familiar with inducting nursing students and see the relevance of it. They recognise the importance of welcoming the nursing students and giving them guidelines on their preceptor and associate preceptor, in conjunction with their duty rota, assessment guidelines and expectations from the learning experience. Preceptor Paul explained:

*For their induction the staff nurses would give them a general tour of the unit and show them where things are. They would be given the first week or so to show them how the system on the unit operates, and the CNMs would have a meeting with them some day in the first week to ensure that they are given a proper induction to the unit, and the preceptors would discuss this with them in their first interview. And they are given an induction leaflet to read.*

On Pearl's unit, this is what happens:

*We have an orientation booklet that we give the nursing students when they come to the ward. It gives them an overview, and then induction would be at the preceptor's own discretion. I know myself I would always make an effort to go through everything with them, even if it was a particularly busy day, just to give them a good feel for the wards, give them a good clear guideline as to what was expected, what their goals were.*

Preceptor Pippa explained further:

*I think the first morning they come they are orientated to the ward. It's a busy time because you have handover. You show them the ward layout; you bring them around, where everything is. That's vital, you know, then you show them who they are linked to for the day. Explain to them the times you go on your breaks and you work on their punctuality. You give them a booklet, the orientation package, and that spells out everything that is needed to achieve, what the expectations for the placement is. And you do your assessment with them and you tell them who they are linked to, you show them they're off-duty. All these are minor things but it makes them more comfortable.*

The findings from the nurse lecturers imply that it is vital that the nursing students are inducted and socialised to the clinical area. They realise that because of the busyness of the ward it can be problematic but imply that it is vital to the nursing students' adaptation to the clinical environment. Lecturer Lenora explained:

*Some wards are better than others in relation to inducting nursing students, but I do think it is very important in relation to the whole area of the socialisation of students into nursing and into the profession.*

Lecturer Lana recalled:

*In their first year the socialisation of nurses is very important, and after that the induction is vitally important – their orientation into the wards, things like what they can't do, what they can do, what is safe to do, looking at their scope of practice, NMBI regulations, administration of medications, that they are introduced to their preceptor, how they are going to work with their preceptor, look at protected learning time. Of course that induction programme depends on the busyness of the ward, but it is good if the orientation is done in a timely fashion.*

Student nurse Naomi acknowledged that her induction to the ward was adequate, but stipulated that when the ward is busy you have to get on with it yourself. She recalled:

*My orientation was very good. My ward manager brought us around, but if the ward is busy you just have to figure things out for yourself.*

### **5.5.6 Summary of sub-theme 3: Induction to clinical placement**

According to the lecturers the wards have a formal induction pack. It is really important that the students are welcomed to the wards and orientated on their first day. When students feel they “fit in” their learning is easier. The lecturers stated that the students need to be aware of what is safe to do, taking their scope of practice into consideration. It all depends on the busyness of the ward but induction needs to be done in a timely fashion.

The preceptors agreed that orientation to the ward is very important. The ward is busy because first thing there is “handover”. The students are shown around and introduced to everyone. They are told the times of their breaks and given their off-duty. They are told who they are linked to and their workbooks are discussed.

Most nursing students agreed that their orientation was good but sometimes when the ward was busy the students had to figure things out for themselves. They were given an orientation booklet which they utilised to orientate themselves.



## **5.7 Conclusion**

The study provided an opportunity to examine a wide range of issues relating to the use of preceptorship in nursing in Ireland. The findings stipulate the importance of support for preceptors from key stakeholders, including management in the healthcare setting and lecturers in higher education. The findings show a need for more resources in the healthcare setting, and suggest that “protected time” be given to preceptors to enable them to precept the nursing students. Training of preceptors has been identified as a priority, and more time and resources needs to be given to the programme. The one-to-one relationship between the preceptor and the nursing student is vital for the success of preceptorship, but this is not in place as wards are short-staffed and there is no “protected time” given to the preceptor. The findings also stress the importance of reflection and critical thinking for nursing students (Duffy, 2008).

The next chapter will summarise and discuss the main findings from the research questions and the theoretical framework. Strengths and limitations of the research will be considered, and suggestions for future research will be presented.

## **Chapter 6: Discussion, Interpretation and Recommendations of Findings**

### **6.1 Introduction**

This chapter will elaborate on the findings and will compare them to the literature and describe how they relate to the theoretical frameworks. The study aimed to explore the role of the preceptor in nurse education from the perspective of preceptors, preceptees and nurse lecturers. Most of the current literature is based on studies with staff nurses or students or lecturers but not inclusive of all three groups of people. The studies are based on the preceptorship experience as experienced by some of the key stakeholders. In this study a tripartite approach was used to capture the perceptions of all parties involved in the preceptorship model so that each of the key stakeholder's views were captured. Interview data was collected from 24 participants – eight nurse preceptors, eight nursing students and eight nurse lecturers – in order to capture the true meaning of the concept of preceptorship. These participants were of crucial importance to me in sourcing the information I required which was relevant to this study. The findings are of value as there is a paucity of studies on this topic in the Irish context. The research questions will be discussed individually and the findings will be compared to prior research.

#### **Question 1 What is the role of the preceptor?**

Data analysis indicates that preceptors are a vital link in the training and education of new nursing students. They act as role models for nursing students. They support, guide and assess the neophyte nurses in their journey from novice to expert competent practitioners. However, the findings suggest that other factors distort and hamper this relationship. The findings from this research suggest that environmental factors hamper the preceptorship model of nursing from achieving its desired optimal effect.

Environmental factors include lack of resources and time to precept nursing students, insufficient training in preceptorship and insufficient support for preceptors from staff in the hospital and lecturers in the college of higher education. The high work demands of the ward and perceived lack of human resources are also acknowledged by the preceptors as deterrents to precepting nursing students. Preceptors suggest that these environmental factors can impede the students' learning as they don't have time to guide, support and teach the students owing to pressure from workload. For the preceptorship model to work effectively the preceptor and the nursing student must

work together consistently. Where this is not possible, a named staff nurse or associate preceptor precepts the nursing student.

### **Question 2: What do students perceive the role of preceptors to be?**

A persistent theme reported in this research was lack of resources in the form of whole-time equivalent staff nurses. This was highlighted as a major concern in the clinical environment. As a consequence, nursing students worked in an ad hoc manner with their preceptors. The main reasons reported for this were that the preceptors' duty rota did not always match the students', and the staff nurses had different shifts to them in that they were on either night duty, a day off, or annual leave. The students usually worked with other staff nurses, and some of them were good at precepting them; however, because the preceptor was the person assessing them, the nursing students worried that the other staff nurse may not be able to assess their progress, and this worried them.

Owing to high work demands of the ward, preceptors found it very difficult to find the time to precept the nursing student. Participants' accounts illustrate that the duty rota system in hospitals is not conducive to preceptorship, which requires a one-to-one support system with the preceptor. It is impossible for the nursing students to find time to work with the preceptor they are assigned to, as they are on night duty, annual leave, days off, or in a different bay. The literature would concur with this finding, acknowledging that, as a result of lack of resources in healthcare and a number of staff nurses working part-time, it can be difficult to organise duty rotas for preceptors and nursing students on a similar shift (Smedley, 2008; Zilembo and Monterosso, 2008; Flynn and Stack, 2006). Usually in Ireland all students are assigned a second named preceptor, but the findings from this study suggest they "latch on" to any available staff nurse when their preceptor is unavailable.

The reported findings in this study suggest nursing students are not actually working with their preceptors on a one to one basis which is a requirement for nursing student training in Ireland. Some students reported that they had only worked with their preceptor once in twelve weeks. Reasons given were lack of resources, where the preceptor had to go to another ward, or where the preceptor was on night duty or had different days off from the student. The students conceded that they latched on to

another staff nurse for support; this however is not helpful for assessment, because if preceptors are not consistently working with the students they are not in a position to know if the students are progressing or reaching the desired level of competency. This is worrying, because nursing education requires a strong clinical element and this necessitates effective supervisory relationships for the nursing student.

### **Question 3: What do nurse lecturers perceive the role of preceptors to be?**

The lecturers identified cuts in human resources where staff numbers are decimated on the front line and nurses are more focused on patient care and far too busy to precept nursing students. Similarly, nursing students acknowledged that not everything learned in theory can be done in practice, and client care becomes task-orientated when clinical demands are higher:

*We are task-orientated when it's busy, as someone has to do the work and you can't help it when you are doing medicines and someone wants the commode and someone else is sick in the corner; what gets done first.*

Historically, lecturers spent time with nursing students and helped them with clinical skills in their clinical placement. Today this role is eroded and lecturers are a link to the clinical area. Findings suggest that staff nurses and students would like the lecturer to be more visible on the wards. Lecturers are the liaison between the nursing student and the nurse preceptor. The findings also suggested the CPC role has become less clinical and more administrative. The preceptors report a need for support from management in the healthcare setting in the form of more staff nurses, and from lecturers in the IOTs in the form of more support, being visible in the clinical area, and one-to-one support for the nursing students. These findings were similar to previous findings from Haitana and Bland (2011), Brown et al. (2005), Allen (2002), Wright (2002), Yonge et al. (2002) and Dibert and Goldenberg (1995). This study has moved the debate on further as there is consensus from all participants including preceptors, nursing students and lecturers that lecturers should be more visible in the wards to support both the nursing students and the preceptors. Management in the hospital need to be aware that preceptors have this highly valued role with nursing students and need extra support in the form of more resources and “time out” to precept the nursing students.

This next section is structured under two key areas: 1. Time constraints and resources; 2. Training and support for preceptors.

## **6.2 Time constraints and resources**

The consensus from the findings of this research suggests that resources and time are a fundamental issue and staff nurses are working under increased pressure. As people are living longer there are more clients with chronic illnesses; this, coupled with limited resources, means that staff on the front line are unable to find time to support nursing students because they are busy caring for clients. As client care always comes first, the nursing students' learning has to take second place as the staff nurses cannot give them the undivided attention they require. They require mentoring and feedback and when the ward is busy it is difficult to find time to teach and question the nursing students. This concurs with the findings of a number of authors (Smedley, 2008; Zilembo and Monterosso, 2008; Flynn and Stack, 2006). The findings in my study add new information to the literature in that preceptors, nursing students and lecturers all agreed that environmental factors such as staff shortages, patient acuity and lack of time affect the nurse's role as preceptor.

Findings acknowledge that being a preceptor to nursing students has a positive influence on the role of the staff nurse. They are aware that they are teaching nursing students so they maintain high standards of care delivery by staying up to date with research and new developments in nursing. Preceptors are more aware of standards of practice and scope of practice, and practise evidence-based care as a consequence of their work with nursing students. Evidence-based practice is defined as:

A paradigm and life-long problem solving approach to clinical decision making that involves the conscientious use of best available evidence (including a systematic search for and critical appraisal of the most relevant evidence to answer a clinical question) with one's own clinical expertise and patient values and preferences to improve outcomes for individuals, groups, communities and systems (Melynck and Fineout-Overholt, 2011, p. 575).

Evidence-based practice ensures that the care given to clients is effective, safe and efficient. Research gives the most reliable knowledge and this in conjunction with nursing expertise brings about quality care for clients. It is implicit in the code of conduct for Irish nurses that they deliver care that is evidence-based (An Bord Altranais, 2000).

Preceptors reported that they realise the importance of good communication with the nursing student, with participants suggesting it is a two-way process whereby the student needs to support the preceptor as well. Preceptors stated that they often feel pulled in two directions because of the unwellness of clients and the demands of the ward, and feel they cannot give enough time to the student; this concurs with literature discussed in Chapter 2 (Hautala et al., 2007; Lillibridge, 2007; Yonge et al., 2002). There is no acknowledgement from management that wards are left short-staffed and client care has to come first, meaning that students are often left to their own devices.

The theory-practice gap in nursing will exist while there are insufficient resources and support for staff nurses precepting nursing students in the preceptorship model of nursing. This resurfaced in the findings of my study, with nursing students implying that there is a gap because of lack of resources. The students implied that what is learned in theory is not always practical in a ward which is short-staffed and has clients of high acuity. These findings resonate with findings in studies by Hamilton (2005) and Perry (1998). In order for students to put their theoretical learning into practice on the ward they need the full support of the preceptor and more resources when the ward is busy. If there are staffing shortages the clients have to get priority and learning for the students can become task orientated. If there are not enough staff this can lead to poor performance, and care not being carried out according to correct standards.

### **6.3 Training and support for preceptors**

What was very evident in this research as reported by participants was the need for more training for preceptors. An example of this was given by Phoebe who stated that she had not undertaken any training for five or six years. She had difficulty with the nursing student workbooks as she did not understand the terminology. This is a significant finding in relation to preceptorship. There was consensus that preceptors need more training and on-going professional development. Currently in Ireland there is an on-line e-learning package for preceptorship, followed by a one-day workshop. In light of the statements from participants, this appears to be inadequate. Findings suggest a need for perhaps a two-day hands-on workshop, as preceptors identified a need to understand the curriculum and the student workbooks. As preceptors need help with new terminology, they also need “time out” or allocated time to precept nursing

students. Current literature offers similar findings (Kelly and McAllister, 2013; Smedley and Penny, 2008; Altmann, 2006; Seldomridge and Walsh, 2006; Calman et al., 2002; Yonge et al., 1997). Therefore I believe there is a requirement to develop a new model of training for preceptors, with the aim of increasing their professional development in the areas of assessment, leadership skills, teaching and learning.

One of the main tasks of preceptorship is to assess nursing students, as it is pivotal in the undergraduate degree programme for nursing. The student's workbook is used as a baseline to assess their competencies and learning outcomes. Findings suggest some preceptors did not understand the assessment of nursing students and found some of the terminology problematic. Similar findings were found by McCarthy and Murphy (2010). Most preceptors acknowledge that they need more refreshers and training to be a preceptor. The lecturers imply that they think preceptors need at least two days' training in preceptorship to understand the assessment process and changes to the nursing student's workbook. Findings show that nurses who were qualified for some time concede that they may have experience but would benefit from regular updates on preceptorship.

*I did a two-day course on preceptorship five or six years ago. The training helped me initially but I feel it is outdated now. We need some support in the terminology. Learning contracts we would find difficult. It's more support and update, support and guidelines and a few pointers that might be done during a refresher course.*

There needs to be a mandatory preceptorship training programme in Ireland for all preceptors with "protected time" facilitated by the employer, which correlates with the Nursing and Midwifery Board guidance and standards (Review of Undergraduate Nursing and Midwifery Degree Programmes, 2012). This also correlates with findings from an earlier study (Kaviani and Stillwell, 2000) suggesting insufficient time is given to preceptorship training programmes and highlighting a lack of preceptors' ability to teach students and the need for teaching modules to remedy this. The literature points to the fact that many preceptors are not sufficiently prepared for their role, particularly for teaching and assessing nursing students (Smedley and Penny, 2009; Altmann, 2006; Seldomridge and Walsh, 2006). However, staff shortages may prevent attendance at longer preceptorship workshops.

There was consensus among the preceptors that induction helps nursing students, as it allows them to “settle in” to the ward. In this study clinical staff meet up with the nursing students in the IOT prior to clinical placement. They explain policies and procedures to the students in relation to the clinical area. All students are given a formal induction pack which they can read after induction to the ward. These packs are updated regularly and were made more robust after the Lourdes Hospital Enquiry Report (2003), because it was found that the standard of care in the wards needs to be the standard that the nursing students should see and learn from. The preceptors acknowledged the importance of orientating the nursing students to the ward, showing them where everything is and informing them of the routine of the ward, such as the times of their breaks and what they are expected to do on clinical placement.

Findings from the lecturers reaffirm that the clinical learning environment is the single most important factor in supporting nursing students’ learning. Therefore it is pivotal that structures be in place to facilitate student learning. Preceptors need proper training and support and more staff are required when the ward is busy. The nursing students need to have a named preceptor who will supervise their learning needs in the clinical environment. Current studies show that students’ satisfaction is increased when they feel part of the community of practice in the clinical area (Smedley and Morey, 2010). If nursing students are orientated and feel they can “fit in”, they are more likely to progress and reach their learning outcomes. Analysis of the literature describing nursing students’ experience of preceptorship revealed five key themes: confidence, friendship, being thrown in at the deep end, peer support, and lack of support (Kelly and McAllister, 2013). The lecturers interviewed also suggested that orientation should be carried out in a timely fashion, but as stated earlier it all depends on the clinical demands of the ward. Findings from the nursing students concede that they are orientated to the clinical environment but when the ward is busy they have to find out things for themselves.

Staff nurses are under considerable pressure because the clinical setting is characterised by high client acuity levels. The work rota means the preceptor may be working different days or shifts to the nursing student. The lecturers interviewed recommended that the preceptor be given “protected time” to precept the nursing student. Owing to the clinical demands of the ward, and with some preceptors on night duty, days off or



annual leave, it is difficult to find time to teach, guide and support the nursing student. Preceptors on the whole enjoy imparting knowledge to the students, but sometimes their hands are tied because they are too focused on caring for clinical need. According to Barab and Plucker (2002) and Brown and Duguid (1993), when learners are new to a particular setting, they participate peripherally. Nursing students eventually develop their own identity as a professional, and by engaging with experts (preceptors) they move along a continuum from novice to expert (Benner, 1984).

The findings make reference to giving something back to the preceptor in the form of an acknowledgement for precepting the nursing student. This could be an additional bursary or something for their curriculum vitae, as there is consensus that there needs to be some recognition for the role. Preceptors report they need more support in their role from management in the form of more whole-time equivalents in the healthcare setting and more visits and visibility from lecturers in the IOTs.

Findings from the nursing students suggested that time spent with their preceptor can be in an ad hoc manner and they tended to latch on to any available staff nurse. Even though this worked well for them, they were anxious that for their total assessment the staff nurse would not be in a position to make a judgement on progression. McLellan (1994, p. 7) contends that the key components of the situated learning model are: 'apprenticeship, collaboration, reflection, coaching, multiple practice, and articulation of learning skills'. The lecturers acknowledge that assessment of the students should be a collective assessment with feedback from all staff working with them. Wenger (1998, p. 4) says participation 'refers not just to local events of engagement in certain activities with certain people, but to a more encompassing process of being active participants in the practices of social communities and constructing identities in relation to these communities'.

The positive findings acknowledge that preceptors keep up to date with their own knowledge. Seeing the nursing student blossom from neophyte to expert nurse gives the preceptor great satisfaction. Some of the preceptors interviewed emphasised that they 'love their role' when they have time to spend with the nursing student. When the ward is busy the students are no longer supernumerary and it is difficult for them to get time to learn.

The findings from the lecturers suggest the role of the “link lecturer” has become eroded over the years. One reason for this is an increase in the lecturer’s teaching and research remit. Lecturers stated that their role in student training is ensuring that from a theoretical point of view the nursing students are appropriately prepared for their clinical placement and that their skills are of an appropriate standard. Lecturers also ensure that the students are competent in their clinical skills, and provide on-going support for nursing students by working closely with staff in the healthcare setting. The lecturers think they themselves should be more visible on the wards as support for the nursing students, but instead their role is a link between the nursing students and the preceptors. The lecturers believe the preceptors are paramount in the nursing students’ training but HE is not prepared to invest in them. The preceptors, they stress, have to combine teaching nursing students in a busy ward with emergencies, chaos, death and theatre lists, and this is very different from teaching students in the clinical laboratory.

These findings add new information to the literature on preceptorship and the difficulties facing staff on the front line. Lecturers suggest preceptors are being dealt an injustice, as HE is not prepared to invest in them despite their key role in nurse education. From this finding I see a need to develop a new model of preceptorship to include enhanced training, more resources, and “protected time” for precepting nursing students. In current literature, McCarthy and Murphy (2010) would correspond with these findings, suggesting that assessing and teaching nursing students is not being given sufficient time.

Similarly, the lecturers claim they were brought into IOTs because of their expertise in the healthcare setting, but unless they keep in touch with industry by going back to the hospital setting, their expertise will be diminished. They also concede that assessment of nursing students is a combined effort between the IOTs and the teaching hospital. Literature by Gleeson (2008) concedes that, for a successful preceptorship model of nursing to exist, there needs to be partnership between the teaching school and the healthcare setting. The lecturers must support the preceptors in the assessment process and in helping the nursing students while they are on clinical placement. The preceptors reiterated the fact that they think lecturers could assist them in their role by doing some aspects of care with the students.

Findings from the lecturers suggest there are many supportive structures in place for the nursing students. They have workbooks which contain their learning outcomes for their clinical placement. The preceptor undertakes three interviews with the student over the course of the placement. Findings from the lecturers acknowledge that the preceptors are encouraged on their training day to go through the nursing students' learning outcomes and acknowledge where the student needs to focus, as there is a significant difference between third year and first year. The workbook is the guide to what is expected of the student. All students are different and their learning needs are diverse.

Findings from the nursing students suggest they get the same level of support from all the staff nurses; however, as the preceptor undertakes the final interview with them, they would prefer to spend more time with them. The students reported that it is difficult for the preceptor to know how they are progressing if they are not working with them sufficiently.

The preceptors felt that some students are afraid to go outside their comfort zone. They implied that it should be the preceptors' judgement as to what they think the students can do. Nursing students have a code of practice and are only allowed to practise within the parameters of the code (Scope of Practice Framework, 2000). The preceptors suggest they have to stay up to date in their knowledge when they are precepting nursing students. Findings suggest they are guided by the student's workbook and they help the students as much as possible to reach their learning outcomes on their clinical placement. A limitation to situated learning in communities of practice is the desire for labour over learning (Lave and Wenger, 1991) which can occur when resources are limited. Learning in clinical practice is often determined by acuity of clients and resources.

Findings from the lecturers acknowledge that the preceptors have an important role in assessing the nursing students. They recognise the preceptors as the gatekeepers of the profession who have to sign off on the student as being competent. The students are assessed through observation, professional behaviour and collective feedback from staff. They undertake three interviews in each clinical placement, and this determines their progression.

## 6.4 Conclusion

This qualitative study explored current standards of the preceptorship model of nursing, with the objective of determining how preceptors perceive their role and the values preceptees place on the level of support they receive from preceptors during their clinical placements. I also needed to determine the level of support and training preceptors receive from higher education and management in the teaching hospital. The theoretical framework proposed that learning takes place as a result of social interaction with other staff, including preceptors and their verbal and non-verbal language. The practice area is the learning context and has three essential elements: mutual engagement, joint enterprise, and shared repertoire (Wenger, 1998). The literature implied that the role of the preceptor is stressful and the training inadequate. According to the participants in this study, both influences are true; however, there is a need to standardise the preceptorship model of nurse training.

### *Significant findings to emerge from this research are:*

- An awareness that the area of resources on the ward needs addressing, as it is not possible to both precept nursing students adequately and attend to client care on a busy ward. Nursing students spend 50 per cent of their time in the clinical environment, so it is essential that they be supported by a preceptor.
- Lecturers in the IOT sector have to become more visible in the clinical environment and, for credibility, keep updating their clinical skills. With the rapid changes that occur in clinical practice it is not feasible for lecturers to stay up to date with practice. Inviting clinicians to teach about particular practice issues that they may know little about and sitting in on lectures is one way that can enhance their credibility.
- Managers in the healthcare setting have to address the staff shortages and allow preceptors “protected time” to precept nursing students. Findings suggest that nursing students spend limited time with their preceptors due to the high demands of the ward and lack of resources.
- Training for preceptors needs to become standardised based on the findings in this study.

## **6.5 Implications for social change**

One implication for social change resulting from this study is the need to revisit the preceptorship model of nurse training. It is desirable to have a more consistent approach to student assessment, with clear expectations of the level of competency in clinical practice to be achieved at set points in the programme Report of the Review of the Undergraduate Nursing and Midwifery Degree Programmes (DOH, 2012).

## **6.6 Recommendations for action**

In light of these implications I suggest the following recommendations:

- Standardised preceptorship training programme for preceptors and mandatory refreshers
- Professional development for staff nurses, including time out for preceptorship training
- Recognition of preceptorship in healthcare settings, and preceptors given time out for teaching students
- More practice sessions for preceptors with the CPCs
- More human resources for hospitals in Ireland, especially for staff on the front line
- Choose nurses who want to be preceptors and give them time and adequate training and recognition to fulfil the role

## **6.7 Recommendations for further study**

This qualitative study has generated questions for future research beyond the scope of this study. These include perhaps using a mixed-methods approach to researching this whole area. It may be more appropriate to conduct a large survey in all the IOTs in Ireland, and based on these results to undertake a quantitative study.

My research has generated new knowledge indicating that the preceptorship programme currently in use is not adequate. Preceptors have indicated that they need more information on student workbooks, up-to-date terminology, and “protected time” to precept nursing students. Nursing students have indicated that they need to work more closely with their preceptors, and the findings suggest this is not happening. Many students commented that they had worked very little with their named preceptor, and

tried to “latch on” to any staff nurse. They needed reassurance that someone was there to guide and monitor them closely to reassure them that they were doing the correct thing. More staff nurses are needed on the front line to support preceptors in their role, thus ensuring that both clients’ and nursing students’ needs are addressed.

A positive aspect of being a preceptor was self-fulfilment. The staff nurse has reached a certain level where they are in a position to impart knowledge to a new generation of nurses. The more support they receive in their role, the easier their task is. The busyness of the ward and client acuity can have a profound effect on the relationship between the preceptor and the nursing student. Preceptors need “protected time” to precept nursing students, as they cannot be everything to everybody. The pressures of the job when the ward is busy allow little time to teach and guide the students. The responsibility and accountability for client care can hinder the amount of time for teaching and supporting students.

Higher education needs to invest in preceptor training. Lecturers are au fait with the curriculum and student workbooks, but it is not part of the staff nurse’s remit. Whilst lecturers teach nursing students in the clinical skills laboratory, the staff nurse has to teach nursing students in a busy ward with emergencies, chaos, death and theatre lists.

*... The ward becomes task-orientated when it is busy, as someone has to do the work you can’t help it when you are doing medicines and someone wants a commode and someone else is sick.*

## **6.8 Personal reflective account**

When I considered undertaking a doctorate in research I knew the topic had to be something that I held true to my heart. For the past 35 years I have been involved in healthcare. Nursing was a true vocation and caring for clients was always a priority for me. When the training for nursing students moved into HE I decided to go back to education and study for a degree in order to understand and support nursing students in their clinical placements. I obtained a Bachelor of Science (Honours) Degree in Nursing.

Having obtained a degree I decided to undertake a Masters in Education as I wished to get involved in the teaching of nursing students. Part of my remit was teaching the

preceptorship programme to staff nurses who precept nursing students in the clinical area. The feedback I received from this programme led me to believe in the importance of support given to student nurses in the clinical environment and the pivotal role played by staff nurses who precept nursing students.

When I enrolled in the University of Lincoln I was motivated to undertake a doctorate in education. My chosen topic had to be something that interested me my whole life. As I was a lecturer in HE I decided to research something involving nursing students, lecturers and staff nurses. This was significant to me as I needed clarity on what exactly was happening with nursing students after they moved to the clinical environment from the security of HE where they knew everyone in the nursing school.

From reviewing the literature it became apparent that trying to precept nursing students was stressful for staff nurses and the training they received to undertake the role of preceptor needed to change. In order to provide competent care for clients staff nurses need constant support and guidance from their colleagues, management in the hospital and lecturers in HE. The “ideal” situation for preceptors would be to have time to spend with nursing students to prepare them to become competent, confident nurses but, because of ward acuity, lack of resources and changing rotas, the job becomes impossible. This became apparent as I reviewed the literature in this area and the findings from my study confirm that this is true. In contrast to current literature this study was undertaken with all key stakeholders involved.

This issue has become a national concern as evidenced from the review undertaken by NMBI (2012), suggesting the standardisation of the preceptorship programme. I personally would like to develop a new model of preceptorship based on the findings from this research study. I see a need to involve all key stakeholders in the development of the model including staff nurses, nursing students and lecturers.

At a time of nurse shortages owing to the moratorium on hiring new staff the nurses on the front line need extra resources if they are to give quality care to their clients and precept the nurses of the future. I hope my research will become “policy”. In the final year of this research I moved to the position of head of the nursing department. I feel more than ever that I have a responsibility to all personnel involved in the training of

nursing students to ensure that their theoretical and clinical training is of a very high standard. At the centre of any nursing programme is the “client”. Client care needs to be of a high standard and nursing students need to be competent and confident when they qualify.

My main focus now is to help develop a new preceptorship programme that I hope will become standardised in Ireland. The Review of Undergraduate Nursing and Midwifery Degree Programmes commissioned by the Department of Health (2012) recommend that HEIs and the HSE/health service providers should develop, implement and facilitate a national mandatory preceptorship programme with protected time facilitated by the employer in line with the Nursing and Midwifery Board guidance and standards.



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## Appendix 1

### EA2 Ethical Approval Form: Human Research Projects

**EA2  
Ethical Approval  
Form:  
Human Research  
Projects**

**Please word-process this form,  
handwritten applications will not be  
accepted**



**This form must be completed for each piece of research activity whether conducted by academic staff, research staff, graduate students or undergraduates. The completed form must be approved by the designated authority within the Faculty.**

**Please complete all sections. If a section is not applicable, write N/A.**

<b>1 Name of Applicant</b>	<b>Kathleen Murphy</b>	<b>University of Lincoln</b>
	<b>Department: CERD</b>	<b>Faculty: N/A</b>
<b>2 Position in the University</b>	<b>EdD student</b>	
<b>3 Role in relation to this research</b>	<b>Primary investigator</b>	
<b>4 Brief statement of main Research Question</b>	<b>Research Questions:</b> What is the formal role of preceptors? What do preceptors perceive their role to be? How do preceptors enact their role? What support and training do preceptors receive? What are the barriers to preceptors enacting their role as they see it?  <u><b>To determine how preceptees perceive the role of preceptors</b></u> What do students perceive the role of preceptors to be? How far do nursing students believe that preceptors carry out this role? What value do nursing students place on the work of preceptors? What differences do nursing students perceive between the role of preceptors and the role of nurse lecturers? What factors help or hinder the relationship of preceptors and nursing students?	

	<p><b><u>To determine how nurse lecturers perceive the role of preceptors</u></b></p> <p>What do nurse lecturers perceive the role of preceptors to be?</p> <p>How far do nurse lecturers believe that preceptors carry out this role?</p> <p>What value do nurse lecturers place on the work of preceptors?</p> <p>What is the difference between the role of preceptors and the role of nurse lecturers?</p> <p>What factors help or hinder the relationship of preceptors and nurse lecturers?</p>
<p><b>5 Brief Description of Project</b></p>	<p><b><u>Research Problem:</u></b></p> <p>The role of preceptors in nurse education in Ireland is relatively new and is extremely complex. The focus of this study is to develop an understanding of that role.</p> <p><b><u>The Aim of the Study:</u></b></p> <p>To formulate an understanding of the role of preceptors in nurse education from the perspectives of preceptors, preceptees and nurse lecturers. This tripartite approach has not being utilised in a study of this kind before.</p> <p><b><u>The Objectives of the Study:</u></b></p> <p>To determine how preceptors perceive their role and to understand how nursing students and nurse lecturers perceive the role of preceptor. To examine the supports and training preceptors receive from lecturers in higher education and management in the healthcare setting. To examine the factors that help or hinder the relationship of preceptors and nursing students.</p>
	<p><b>Approximate Start Date:</b> <b>Approximate End Date:</b></p>

	January 2014	August 2015
<b>6 Name of Principal Investigator or Supervisor</b>	<b>Kathleen Murphy</b> <b>kathleenmurphy2010@hotmail.com Telephone: 353 868117485</b>	
<b>7 Names of other researchers or student investigators involved</b>	<b>1. N/A</b> <b>2.</b> <b>3.</b> <b>4.</b>	
<b>8 Location(s) at which project is to be carried out</b>	<b>This project will be carried out:</b> <b>(1) In the Institute of Technology where the researcher works as a nurse lecturer and access to the nursing students and lecturers will not pose any problem.</b> <b>(2) In the teaching hospital located nearby where the nursing students undertake their clinical placement and where access to the nurse preceptors will not pose any problem. Permission has being obtained from the Health Service Executive in Ireland to undertake the interviews. (Letter of approval has been sent to University of Lincoln.)</b>	

<b>9 Statement of the ethical issues involved and how they are to be addressed – including a risk assessment of the project based on the vulnerability of participants, the extent to which it is likely to be harmful and whether there will be significant discomfort.</b>  <b>(This will normally cover such issues as whether the risks/adverse effects</b>	<b>All participants taking part will be over 16 years of age, and therefore consent will be sought directly from them. The participants will be recruited from a teaching hospital and a college of higher education in the West of Ireland – the researcher is employed as a nurse lecturer in the college of higher education. The participants include a sample of eight nurse preceptors taken from four different speciality areas in the teaching hospital and eight nursing students taken from a cohort of final year nursing students, and eight nurse lecturers from the college of higher education. There will be 24 interviews in totality. This should ensure that I have robust data and analysis. The researcher is known to the participants and it could be said this may influence their responses. As she is an academic who has coordinated the nursing programme for five years it could also be said that the participants will feel they can be totally honest with her. Interpretivist</b>
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<p>associated with the project have been dealt with and whether the benefits of research outweigh the risks.)</p>	<p>theories recognise that enquiry can be influenced by the values of the researcher and the participants. It is impossible to ‘bracket off’ my values and assumptions as I am human (Husserl, 1970).</p> <p>Participants will be informed, in the information sheet, of their right to withdraw from the interview at any time without giving a reason and orally before they sign the consent form immediately before the interview. They will also be informed that they are free to choose not to answer any individual questions without giving a reason. They will also be informed that they are free to withdraw data derived from their interview at any time up to the date specified on the information sheet, in which case all relevant data will be destroyed and not included in the study. Interview recordings will be transcribed as soon as possible, and any identifying information will be removed. Issues of confidentiality and anonymity will also be outlined in the pre-project information and consent form sent to participants. To ensure confidentiality of personal information the participants will be asked to choose a pseudonym before the digital recording begins, and this will be used thereafter. After transcription the digital recordings will be wiped clean.</p> <ul style="list-style-type: none"> <li>• Data will be anonymised and stored electronically on a password protected computer;</li> <li>• Data collected will only be used for the purposes of this project;</li> <li>• On completion of the project data will be retained on a password protected computer for five years in accordance with University policy;</li> <li>• Data will not be left unattended on computers;</li> <li>• The researcher will ensure that the computer is set to lock after five minutes without activity;</li> <li>• Any hard copies of information (e.g. consent forms) will be kept secure using lockable cabinets.</li> <li>• Data will be held in accordance with the Data Protection Act (Government of Ireland 2003).</li> <li>• Following analysis a draft copy of the final report will be sent to the IOT and the Hospital. This is to allow them to confirm accuracy and to verify that anonymity has been addressed.</li> </ul> <p>From an Irish nurse’s perspective, nurses are also guided by An Bord Altranais agus Cnáimhseachais na hÉireann’ code of Professional Conduct for each nurse and midwife (An Bord Altranais agus Cnáimhseachais na hÉireann, 2000). This study will also be governed by the four main ethical principles put forward by Beauchamp and Childress (2009) of respect for autonomy, nonmaleficence,</p>
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	<p>beneficence and justice. Basic human rights will be protected including the right to self determination, confidentiality and anonymity, full disclosure and the right to fair treatment (Polit and Beck, 2006).</p> <p>All research work carried out will be in accordance with the Revised Ethical Guidelines for Conducting Ethical Research as set out by the British Educational Research Association</p> <p><a href="http://www.bera.ac.uk/publications/guidelines/">(http://www.bera.ac.uk/publications/guidelines/)</a></p> <p>The researcher will ensure participants have all the information they require to make an informed decision about their involvement in the study by providing a detailed information sheet.</p>
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#### Ethical Approval From Other Bodies

10 Does this research require the approval of an external body?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	<p>If “Yes”, please state which body:-</p> <p>The Director of Nursing (Health Service Executive in Ireland)</p>
11 Has ethical approval already been obtained from that body?	<p>Yes <input checked="" type="checkbox"/> -Please append documentary evidence to this form.</p> <p>No <input type="checkbox"/></p> <p>If “No”, please state why not:-</p> <p>Please note that any such approvals must be obtained and documented before the project begins.</p>

## Appendix 2

### INFORMATION SHEET FOR LECTURERS/PRECEPTORS/STUDENTS

#### **Preceptors in Nursing Education – striking a balance between nursing student learning and client care.**

I would like to invite you to take part in this original postgraduate research for my doctoral studies. You should only take part if you want to; you won't be treated any differently if you decide not to. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information.

In this research project, I wish to determine how preceptors perceive their role and the values preceptees place on the level of support they receive from preceptors during their clinical placements. I also need to determine the level of support and training preceptors receive from nurse lecturers in the Institute of Higher Education and the management in the teaching hospital. If you agree to take part, I will arrange for you to be interviewed in GMIT/Hospital on a day and time that will facilitate you. The interview will be digitally recorded, if you agree to that, but I will delete the recording as soon as I have written up my notes of the interview. You don't have to answer any questions you don't want to, and you can stop the interview at any time without giving a reason. You can also change your mind later and, as long as you tell me before the end of July 2014, I will take all the information you have given me out of my final thesis.

Everything you say will be treated as confidential, unless I am worried that there is a risk of harm to you or another person, in which case I will talk to you first, but may need to talk to another professional about this. It is up to you to decide whether to take

part or not. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you think this study has harmed you in any way you can contact the Centre for Educational Research and Development at the University of Lincoln for further advice and information.

Thank you for taking the time to consider taking part in this study,

Kathleen Murphy

[kathleenmurphy2010@hotmail.com](mailto:kathleenmurphy2010@hotmail.com)

Tel. No. 086xxxxxxx



### Appendix 3

Preceptors in Nursing Education – striking a balance between nursing student learning and client care.

#### CONSENT FORM

Please complete this form after you have read the information sheet and/or listened to an explanation about the research. Thank you for considering taking part in this research.

If you have any questions arising from the Information Sheet or explanation given to you, please ask before you decide whether to join in. You will be given a copy of this consent form to keep and refer to at any time. Please read the statements below and tick the box if you agree with the statement. Then please complete the form at the bottom and sign your name.

#### Participant's Statement:

- ☐ I have read the information sheet on the research and understand what this project is about.
- ☐ I want to join in by being interviewed for this research.
- ☐ I know that I can ask the researcher how to get help if anything we talk about in the research makes me feel worried or upset.
- ☐ I agree to let the researcher record and take notes of the discussion.
- ☐ I know that what I say to the researcher will be treated confidentially. That means that other people can read what I have said but no-one will know that it was said by me.
- ☐ I agree to the processing of my personal information for the purposes explained to me. I understand that such information will be treated in accordance with the terms of the Data Protection Act 2003 and in line with An Bord Altranais agus Cnáimhseachais na hÉireann, 2005.
- ☐ I understand that if I decide at any time during the interview that I no longer wish to take part, I can tell the researcher and stop immediately without giving any reason. I also understand that I will be able to withdraw the information I have given up until the end of July 2013.
- ☐ I know that if I say anything that makes the researcher think that I am not safe, they will talk to me about it and will tell someone to make sure that I am safe.

My name is:

.....

My address is:

.....  
.....

The date is:

.....

Signed

.....

Signed (Researcher) Kathleen Murphy

.....

**Researcher contact details:** *If you want to contact me at any time you can email me on*

[kathleenmurphy2010@hotmail.com](mailto:kathleenmurphy2010@hotmail.com) *or telephone me on 094 xxxxxxx*

## **Appendix 4**

The preceptor will have the following responsibilities:

- Manage the student's clinical experience, for example, arranging and planning 1st, 2nd and 3rd interviews
- Co-ordinate communication between other registered nurses regarding the student's experience
- Ensure optimal learning opportunities are available both within the clinical placement area and outside if appropriate
- Designate this role to an Associate Preceptor if unavailable

Each nursing student is given a Clinical Competency Assessment booklet in which all records of their performance in each clinical placement are recorded (An Bord Altranais, 2000). Assessment is documented in the form of three interviews: a preliminary interview, intermediate interview, and final interview.

The preliminary interview takes place within three days of the student starting their clinical placement. The preceptor discusses the student's previous experience, domains of competence, and specific learning outcomes for the placement, their expectations of the placement, and learning opportunities available for the student. A learning contract is drawn up between the preceptor and the nursing student which identifies the student's learning needs. The preliminary interview is documented in the appropriate section of the booklet. A provisional plan is put in place for the second interview.

The intermediate interview takes place midway through the placement. The preceptor discusses the nursing student's performance to date, taking into consideration their levels of competence and identifying goals for learning to include supports or resources as required. The nursing student documents a summary of their progress to include personal and professional development. The intermediate interview is dated and signed by the preceptor and the student. A provisional plan is made for the final interview.

The final interview takes place in the last week of clinical placement. The nursing student must have 80 per cent attendance before it can take place. The student is required to prepare for the final interview by reviewing the learning contract and their

attendance and reflecting on progress to date. The preceptor prepares for the interview by discussing the student's performance with other staff nurses on the unit. It is not possible for the preceptor to supervise the nursing student in totality, as they have different shifts, including night duty, days off and annual leave. For this reason each nursing student has an associate preceptor to supervise them in the preceptor's absence. A record of the final interview is documented, indicating the student's achievement or non-achievement. This document is signed and dated by the preceptor and the nursing student, then returned to the relevant link lecturer in the college of higher education.

Where a nursing student fails to reach the expected competency, an action plan is drawn up by the preceptor in conjunction with the link lecturer or clinical placement coordinator. The action plan documents identified learning deficits linked to the domains and indicators, and the actions proposed. A review of the action plan occurs weekly and is reviewed before the final interview. Where the nursing student fails to achieve the required level of competence, they have to repeat the placement. The next page gives a diagrammatic view of this.

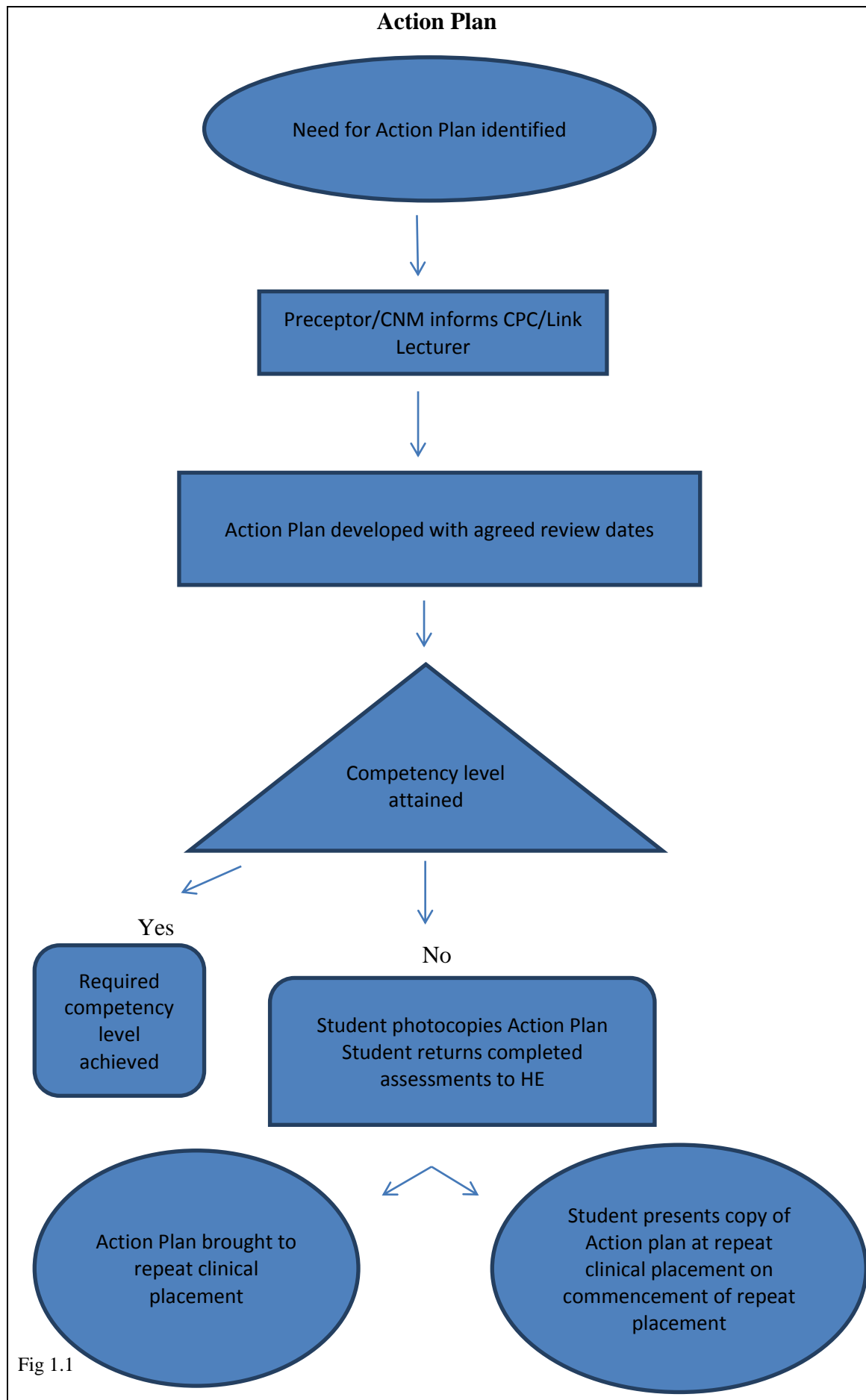


Fig 1.1

## Policy on Completion of Clinical Competency Assessment Record GMIT 2012

The five domains of competence assessed by the preceptor are:

- Professional and Ethical Practice
- Holistic Approaches to Care and Integration of Knowledge
- Interpersonal Relationships
- Organisation and Management of Care
- Personal and Professional Development

## **Appendix 5**

### **Interview Schedule for Lecturers**

#### **Location**

The room will be quiet, comfortable and well ventilated. There will be a sign – do not disturb – interview in progress placed on outside of the door

Expected Length of the interview – 60 minutes

#### **Opening the interview/ Prompts for researcher**

Introduce myself, welcome the participants, thank them for attending and build rapport and trust with them. I will advise them that this interview is relevant to my doctoral studies. I will explain that questions are open ended and semi- structured to allow for discussion and exploration of topics of interest which may arise during interview.

Advise on consent, anonymity and options to opt out at any time.

I will ask if they have any questions

Permission to record

Duration of interview – no longer than 1 hour

At start of digital recording/state place/time/interview with whom

#### **Interview schedule**

##### **Tell me about your role in relation to nurse education**

I wish to determine how preceptors perceive their role and the values preceptees place on the level of support they receive from preceptors during their clinical placements. I also need to determine the level of support and training preceptors receive from nurse educators and the teaching hospital.

##### What in your opinion is the current role of the preceptor?

Please tell me about the preceptor's role – key responsibilities – particularly in respect to preceptorship in the clinical area?

How does their role as preceptor to nursing students influence their role as staff nurse?

How might having the role of preceptor meet the preceptor's expectations?

Is there anything you as a lecturer might do to assist them in their role?

## Question 2

### What do preceptors perceive as support?

Do you think they feel supported by management in the hospital? Please explain?

Do you think they feel supported by staff in the college of higher education? Please explain?

Please explain how they might be given more support in their role?

What factors in your opinion affect the success of the whole preceptorship experience?

## Question 3

### What training/education do preceptors receive before taking on the role of preceptor?

What training /education did they undertake for this role?

How did this training/education help them in their role?

What if anything might have been done better to assist them in their role?

## Question 4

### How are nursing students supported on clinical placement?

Tell me about the preceptor's role with nursing students?

How does this role affect client care?

How might they assess critical thinking in nursing students?

Certain competencies are deemed necessary for practice. How do you think do the preceptors ensure the nursing students reach these competencies?

Do preceptors have input into curriculum design?

The induction to clinical placement can have a significant effect on the nursing students' satisfaction in the clinical area. Tell me your understanding about the nursing students' orientation/socialisation into the Ward.

## Question 5

### What factors help or hinder the relationship of preceptors and nursing students?

What in your opinion are the positive aspects of being a preceptor?

What areas need attention?

With reference to their placement what is the preceptor's knowledge about their experience of using evidence-based nursing care?

What do you see as your role in the nursing students' clinical placement?

## Conclusion

Is there anything at all in relation to the preparation of nursing students you wish to add? Thank the participants.



