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The Preceptorship Experience of Associate Degree Nursing Students

Pamela J. Chapman

THE PRECEPTORSHIP EXPERIENCE OF ASSOCIATE DEGREE NURSING STUDENTS

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Pamela J. Chapman

Indiana University of Pennsylvania

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Indiana University of Pennsylvania

School of Graduate Studies and Research

Department of Nursing and Allied Health Professions

We hereby approve the dissertation of

Pamela J. Chapman

Candidate for the degree of Doctor of Philosophy

_____ _____

Susan G. Poorman, Ph.D.
Professor of Nursing and Allied Health Professions, Advisor

_____ _____

Michele A. Gerwick, Ph.D.
Professor of Nursing and Allied Health Professions

_____ _____

Edith A. West, Ph.D.
Associate Professor of Nursing and Allied Health Professions

ACCEPTED

_____ _____

Randy L. Martin, Ph.D.
Dean
School of Graduate Studies and Research

Title: The Preceptorship Experience of Associate Degree Nursing Students

Author: Pamela J. Chapman

Dissertation Chair: Dr. Susan G. Poorman

Dissertation Committee Members: Dr. Michele A. Gerwick
Dr. Edith A. West

Preceptorship in nursing education, pairing a student with an experienced nurse in a clinical setting, is a popular method of clinical instruction that may be used throughout the nursing curriculum or as a culminating experience in the last semester of the nursing program. Although many studies have been conducted regarding the preceptor, preceptee, and their relationship, there is limited literature describing the associate degree student's perception of this experience. The purpose of this qualitative descriptive study was to explore the experiences of ten associate degree nursing students being precepted in the last semester of their entry-level nursing program.

Using semi-structrued, open-ended, face-to-face interviews, students' perceptions of this 60-hour practicum were obtained. Content analysis elicited five helping themes of getting experience, being supported, becoming confident, learning to prioritize, and feeling independent, as well as one hindering theme of foreboding beginnings. Although there was support for some of the identified themes in the previous literature, this study found learning to prioritize, feeling independent and foreboding beginnings were new themes not identified in in previous research literature. Knowledge regarding effective and ineffective aspects of preceptorship as perceived by students may enable educators to highlight the positive aspects of the experience and minimize the challenges. This may result in a more enriched learning experience for students.

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CHAPTER ONE

INTRODUCTION

Preceptorship is a process used in many health care disciplines to orient a novice to the practice setting. In entry level nursing programs, preceptorships are also used as a form of clinical experience that partners a student with an experienced Registered Nurse (Myrick & Yonge, 2005; Stokes & Kost, 2012). The experienced Registered Nurse (RN) facilitates and evaluates the student's learning in the clinical environment for a specified period of time (Stokes & Kost, 2012). The preceptored clinical experience differs from the traditional clinical method in which an instructor or faculty member directly supervises a group of nursing students in a clinical setting (American Association of Colleges of Nursing, 2003; Hendricks, Wallace, Narwold, Guy, & Wallace, 2013; Ownby, Schumann, Dune, & Kohne, 2012). The traditional method of instruction consists of approximately ten students in a clinical group caring for one to two patients with one instructor guiding, teaching, and supervising the students (Hendricks, et al., 2013; Price, 2006; Shepherd, 2009). In a preceptored clinical experience, an RN works one-on-one with a nursing student providing real-world professional nursing practice (Foley, Myrick, & Yonge, 2012; Kim, Lee, Eudey, & Dea, 2014; Uldis, 2008). The purpose of preceptorships is to provide a transition from student to staff nurse (Myrick & Yonge, 2005). Much has been written about the preceptor experience however, the efficacy of its use is still in question (Udlis, 2008). Despite the conflicting evidence supporting the use of preceptorships, there has been increasingly frequent use of this format (Hall, 2016; Lockwood-Rayermann, 2003; Ownby, et al., 2012; Price, 2006). The aim of this qualitative descriptive study was to explore the preceptorship experience from

the perspective of the Associate degree nursing student (ADN). Chapter one provides a background related to the use of preceptorship, a statement of the problem, the purpose of the study, research questions and method, a definition of terms, assumptions, and significance of the study.

Background

The concept of preceptorship has varied throughout history. A preceptor, defined as a teacher or tutor, can be traced to the fifteenth century (French & Greenspan, 2017). The term *preceptor* as a classification first appeared in Nursing Index circa 1975 (Peirce, 1991). A current search of academic journals and dissertations in the Cumulative Index to Nursing and Allied Health Literature (CINAHL) from 1975-2015 using the keyword *preceptorship* combined with *nursing education* elicited 1,119 citations, indicating growth in and popularity of this concept. In nursing education the concept of preceptorship has grown tremendously overtime. It began as observing day-to-day activities of a role model (Chickerella & Lutz, 1981). It then evolved into an experienced practitioner that teaches and role models (Usher, Nolan, Reser, Owen, & Tollefson, 1999). Currently preceptorship is a teaching-learning model in which an experienced practitioner supports and facilitates a student's learning to achieve new knowledge, skills, and growth (Kim, et al., 2014). This wide diversity of definitions and uses of preceptorship can be seen throughout the history of clinical nursing education.

Although the format of clinical experience has differed throughout the evolution of nursing education, clinical instruction has remained essential. Preceptorship in that history has played an essential role and can be traced to Florence Nightingale, when nurses facilitated and guided students in the care of the patients (Myrick & Yonge, 2005).

In early nursing education, preceptorship took the form of apprenticeships in which nurses employed by a hospital trained student nurses (Allrich, 2001; Palmer, 1983). As nursing education progressed, hospital-based programs came into existence. In these programs, students provided service to the hospital by supplementing hospital staffing in addition to didactic coursework. The use of preceptorships diminished during the peak of hospital diploma programs. Preceptorships reappeared in the 1960's as a clinical teaching method in nurse practitioner programs (Myrick & Yonge, 2005). When hospital-based education began to be replaced with nursing programs in colleges and universities, newly hired nurses had more difficulty transitioning to their role as a staff nurse. This prompted the return of preceptors (Myrick & Yonge, 2005). Preceptorship as an approach to clinical teaching has continued to grow and has become a method of instruction for nursing students (French & Greenspan, 2017; Myrick & Yonge, 2005). It is also a means of orientation for nurses new to the profession and experienced nurses new to a practice setting (French & Greenspan, 2017; Myrick & Yonge, 2005).

Emerging trends in clinical teaching demonstrates the use of preceptor in addition to the traditional instructor guided clinical experience (Uldis, 2008). Reports indicate that some schools of nursing utilize preceptorship during the clinical component of course work throughout the nursing program as an alternative to the traditional clinical experience (Uldis, 2008). Many schools of nursing are using preceptorship as a culminating experience requiring students to participate in a determined number of hours in the last semester of the nursing program (French & Greenspan, 2017).

Preceptorship connects practice and education for the purposes of role transition, orientation to the practice setting, and provision of real-world experience (French &

Greenspan, 2017; Myrick & Yonge, 2005, Stokes & Kost, 2012). It involves a triad of participants; the student or preceptee, the preceptor, and the faculty member (Myrick & Yonge, 2005). The preceptee's role is that of student learner who is expected to be reliable, demonstrate professionalism, self-evaluate, and be an accountable participant in the teaching learning process (Myrick & Yonge, 2005). The preceptor serves as role model, teacher, facilitator, guide, and evaluator in the teaching learning process of preceptorship (Myrick & Yonge, 2005). These preceptorship roles are in addition to the preceptor's patient care responsibilities (Myrick & Yonge, 2005). Serving as a resource, coordinator, evaluator, and role model describes the faculty member's role in preceptorship (French & Greenspan, 2017; Myrick & Yonge, 2005). The preceptor and faculty roles overlap in the area of evaluator, however the exact enactment of the roles differ. The preceptor evaluates the student performance on the clinical site, whereas the faculty has responsibility for the student's final course evaluation and grade (Myrick & Yonge, 2005). The faculty also has responsibility for evaluating the preceptorship program and the preceptor (Myrick & Yonge, 2005).

Literature reveals rationales and potential benefits for the use of preceptorship in nursing education. Improved critical thinking has been cited as a rationale for the use of preceptorships (Seldomridge & Walsh, 2006). Conflicting results on student critical thinking ability and self-confidence have been reported (Allrich, 2001; Jones, 2000; Peterson, 2000). In a qualitative study (Allrich, 2001), discovered that students reported enhanced critical thinking ability as a result of participation in interviews, journaling, and critical incident reviews in the preceptorship experience. Conversely, Peterson (2000) reported no difference in student critical thinking ability when comparing a precepted

clinical experience with traditional clinical instruction. Improved self-confidence of students after a preceptor clinical experience was reported by Jones (2000). However, Peterson (2000) found no difference in self-confidence between students in a preceptored clinical experience and students in a traditional clinical experience.

Increased role socialization (Clayton, Broome, & Ellis, 1989; Dobbs, 1988), enhanced overall professional nursing role performance (Jones, 2000), and improved adaptive competency profile scores (Ridley, Laschinger, & Goldenberg, 1995; Laschinger & MacMasters, 1992) were reported in students participating in a preceptorship experience. Students have also exhibited increased professionalism, communication ability, and nursing skills after participation in a precepted clinical experience (Allrich, 2001; Hendricks et al., 2013; Jones, 2000; Shepherd, 2009).

In addition to the positive outcomes outlined above, unfavorable aspects related to the preceptorship experience have been reported. A study conducted by Foley, et al. (2012) found that the experience of preceptors and students in an intergenerational setting exposed different world views, negative attitudes toward millennials, horizontal violence, and relationship issues. Students reported unprofessional staff behaviors and difficulty coordinating their schedules with their preceptor's during the preceptorship experience (Jones, 2000). Also reported by students was, at times, a lack of experiences at the clinical site (Jones, 2000).

Statement of the Problem

Frequent use of preceptorships as a method of clinical instruction requires evidence to support its use. Nursing literature related to the preceptor phenomenon flourish, covering topics about the preceptor, preceptee, and preceptorship programs.

However, research on this topic varies. A review of the literature focused on studies specific to nursing students' preceptorship experience revealed dated studies (Allrich, 2001; Clayton, et al., 1989; Dobbs, 1988; Fusner, 2002; Jairath, Costello, Wallace, & Rudy, 1991; Laschinger & MacMasters, 1992; Peterson, 2000; Ridley, et al., 1995), and conflicting results among the research (Allrich, 2001; Fusner, 2002; Hendricks, et al., 2013; Jones, 2000; Ownby, et al., 2012; Peterson, 2000; Shepherd, 2009).

Many nursing programs provide students preceptorship experiences in the last semester of their programs (French & Greenspan, 2017). It is important for nurse educators to have current, valid data to support the use of this clinical instruction method. The majority of research on this topic was conducted with Bachelor of Science in Nursing (BSN) students (Blum & Gordon, 2009; Foley, et al., 2012; Hendricks, et al., 2013; Kim, 2007; Kim, et al., 2014; Ownby, et al., 2012; Price, 2006; Shepherd, 2009; Walker, Dwyer, Moxham, Broadbent, Sander, 2013). Little research has been conducted with ADN students and those studies are dated (Allrich, 2001; Fusner 2002). Rationale for this study is based on the prevalent use of this method of clinical instruction, conflicting study results, and a lack of research with the Associate Degree student population. This study will provide an understanding of the preceptee experience of the associate degree nursing student.

Purpose

The purpose of this qualitative descriptive study was to explore the experiences of ADN students being precepted in the last semester of an entry-level nursing program. Consistent evidence supporting the use of this educational method of clinical instruction is lacking. This study will add to the literature available regarding the nursing student's

experiences of clinical preceptorships. It addresses the gap in the literature pertaining to the perception of ADN nursing students' experiences of clinical preceptorships.

Research Question

The overriding question guiding this study was:

What is the Associate Degree in nursing student's experience of a clinical preceptorship clinical during his or her last semester?

Research Method

This study used a qualitative descriptive approach to explore the students' experiences of clinical precepting. The qualitative descriptive method is based on descriptive phenomenology, first developed by Husserl (Converse, 2012; Husserl, 1967), explores experiences as they are lived in everyday life (Magilvy & Thomas, 2009). A description of the experience was the aim of this research method and provides nurse educators with a more detailed understanding of the precepted students' experiences of preceptorship. In depth interviews were conducted with ten students. Content analysis was used to examine and describe the related preceptorship experiences. Rigor was ensured through the use of phenomenological research steps of bracketing and intuiting. Additionally, to establish rigor, transcriptions and descriptions of the phenomenon were reviewed by this researcher's dissertation chair.

Definition of Terms

It is important, for this study, to have an understanding of terms related to preceptorship. For the purpose of this study, the following definition of terms were used related to preceptorship.

Preceptee

A nursing student in the last semester of an entry-level associate degree nursing program that is assigned to work one-on-one with an RN during the clinical experience (Allrich, 2001; Foley, et al., 2012; Uldis, 2008).

Preceptor

An RN, employed by a healthcare facility who will work one-on-one with a nursing student for a specified time period for a clinical experience (Allrich, 2001; Foley, et al., 2012).

Preceptorship

A period of practical experience in the student's final semester in which an ADN nursing student is assigned to work one-on-one with an RN employed at a health care facility as part of requirements for graduation (Stokes & Kost, 2012).

Assumptions

An underlying assumption in this study was that students will openly share their preceptorship experiences in an honest and candid manner. This researcher's exposure to the precepted method of clinical instruction has led to additional assumptions regarding the study of this topic. These assumptions include that students will express: (a) increased confidence in their patient care ability, (b) improved skill ability, (c) increased opportunity to perform nursing care tasks, (d) an excitement to work one-on-one with a registered nurse and participate as a healthcare team member, and (e) challenges scheduling the preceptor hours. Acknowledgement of these final assumptions enabled this researcher to 'bracket' preconceived beliefs regarding the students' preceptorship experiences and remain open to the participants' description of their preceptorship.

Significance

There has been an increased use and interest in preceptorship as a method of clinical education for nursing students (Hall, 2016; Lockwood-Rayermann, 2003; Peterson, 2000). Mixed results about the use of preceptorship have been reported in the literature (Allrich, 2001; Jones, 2000; Peterson, 2000). There are twenty-one schools of nursing in the Southwestern Pennsylvania area (Pennsylvania Department of State, 2016). Twelve of these schools use a preceptorship in the last semester of the program (Allegheny Health Network, 2015; Butler County Community College, n.d.; Carlow University, 2015; Community College of Allegheny County, 2015; La Roche College, 2015; Ohio Valley School of Nursing, 2015; Pittsburgh Technical Institute, 2015; University of Pittsburgh, 2015; University of Pittsburgh Medical Center Schools of Nursing, 2015). There are 1,092 Associate of Science in nursing degree programs in the United States, 27 of which are in Pennsylvania (National League for Nursing [NLN], 2013). In the Southwestern Pennsylvania region there are six ADN programs (Pennsylvania Department of State, 2016). The majority of research studies on this topic were conducted in the BSN population. Only two studies were found that utilized a sample of ADN students (Allrich, 2001; Fusner, 2002). There is a lack of current research related to this topic and little on the Associate Degree in nursing student's experience of preceptorship. This study will provide nurse educators with additional information about students' experience of being precepted.

Summary

The purpose of this study was to explore the experience of senior nursing students being precepted in the last semester of an entry-level ADN program. A lack of

consistent information about this process and students' experiences of being precepted prompted this study. A qualitative descriptive research method was utilized to describe the experience and meaning of students' who were precepted in the final semester of their senior year.

CHAPTER TWO

LITERATURE REVIEW

Chapter two presents a review of the literature related to preceptorship in nursing education. Quantitative, qualitative, and mixed method research studies on this topic were utilized. Literature regarding the preceptor, preceptee, and their relationship are examined. The role of the preceptors' professional practice and competency (Paton, 2010; Paton, Robertson, Thirsk, & McKiel, 2006), the support and development of preceptors (Broadbent, Moxham, Sander, Walker, & Dwyer, 2014; Hallin & Danielson, 2009; Luhanga, Dickieson & Mossey, 2010; Martin, Brewer, & Barr, 2011), and experiences (McCarthy & Murphy, 2010; Raines, 2012) are reviewed. Studies examining the student perceptions of support (Kristofferzon, Martensson, Mamhidir, & Löfmark, 2013; Omer, Suliman, Thomas, & Joseph, 2013; Walker, et al., 2013); influence on testing, examinations and course grades (Fusner, 2002; Hendricks, et al., 2013; Ownby, et al., 2012; Shepherd, 2009); critical thinking (Peterson, 2000); competency and confidence (Kim, 2007; Kim, et al., 2014; Laschinger & MacMasters, 1992; Ridley, et al., 1995); role performance and role socialization (Clayton, et al., 1989; Dobbs, 1988; Jairath, et al., 1991; Jones, 2000); and learning (Allrich, 2001; Price, 2006) are discussed. The dynamics of intergenerational settings (Foley, et al., 2012) and preceptor caring behaviors (Blum & Gordon, 2009) are presented.

Preceptor

Preceptors play an important role in preparing nursing students for professional practice. Preceptors are identified as experts in their field that role model professional behaviors, engage preceptees in critical development, provide supportive learning environments, and help facilitate transition into new roles and expectations (Blevins,

2016; Swihart, Figueora, & Roth, 2014). With the significance of the role that preceptors play in nursing education, the professional practice and competency, support and development, and experiences of preceptors provided insight into preceptorship experiences of the student nurse.

Competencies and Knowledge

Preceptors' competency and knowledge support and enable the preceptorship experience. A two phase mixed method study (Paton, 2010; Paton, et al., 2006) was conducted exploring RNs' professional, practical, and experiential competencies and their practice knowledge within the preceptor role. Phase one of the study (Paton, et al., 2006) was reported as a descriptive survey sent to 770 preceptors with a 46 percent response rate. A profile of nurse preceptors included education, experience, current and past positions, and preceptor recruitment methods. The second phase (Paton, 2010) included five individual interviews and fifteen focus groups with three to five participants per group. Interviews focused on the experience precepting students, unique or uncomfortable situations while precepting and preceptors' responses within these experiences. Four themes were identified: artfully connecting, creating a culture of respect, acknowledging contextual realities, and preserving the ideals of ethical, competent, and respectful care. Artfully connecting examples included getting to know the student, being approachable, including students in clinical experiences, sharing knowledge, and reflecting on the unpredictability of patient progress. The theme of creating a culture of respect included enabling preceptors to accommodate the students' learning needs while being aware of the needs of patients and their families, accommodating institutional expectations, and inter-professional elements.

Acknowledging contextual realties was expressed by preceptors as incorporating unit-specific knowledge (i.e. policies, procedures, skill mix of current nurses, unit routine) with the students' theoretical and experiential knowledge. Preserving the ideals of ethical, competent and respectful practice included safe, competent practice, professional accountability and best practices.

Role Support and Development

Hallin and Danielson (2009) compared data from a 36-item, self-administered questionnaire that was furnished to 113 RN preceptors before implementation of a preceptor model in 2000 and 109 RN preceptors after implementation in 2006. Participants worked at least three quarters to full-time and acted as a preceptor to at least two nursing students in the two years prior to the study. The preceptor model was designed and initially implemented in 2000 in an attempt to support efforts to bridge the gap between theory and practice for nursing students and preceptors. The researchers compared the two groups in personal and clinical characteristics, experience in preceptor preparation, and experience of support provided by teachers, colleagues, chief nurses, and enrolled nurses. The 36 questionnaire items were rated on a four- or five-point response scale. Cronbach's alpha reliability coefficients ranged between 0.83-0.95; specifically, 0.86 for the nine items relating to experiences of preceptor preparation, 0.94 on the six items of experienced support from teachers, and on the four items on experiences of support from colleagues, chief nurses, and enrolled nurses were 0.83, 0.87, and 0.84, respectively. Participants indicated improvement in all nine areas associated with experiences of preceptor preparation from 2000 to 2006; however, seven areas were statistically significant. The statistically significant areas included: knowing demands on

a preceptor (p =0.001), being a role model for nursing students (p=0.008), being confident in one's ability to offer guidance (p=0.036), developing one's pedagogical skills (p=0.001), receiving required support (p=<0.001), receiving sufficient appreciation (p=<0.001), and receiving constructive feedback (p=<0.001). The preceptors' support from teachers also improved from 2000 to 2006. All six items in the area of support from teachers were statistically significant (p=<0.001) and included: evaluating nursing students, discussing levels of clinical education, discussing principals of preceptoring, linking theoretical knowledge to nursing situations, developing nursing students' personal characteristics, and linking research results to practical nursing. Registered nurse preceptor ratings regarding support from colleagues, chief nurses, and enrolled nurses increased from 2000 to 2006. Receiving assistance in problem-solving (p=0.006), redistributing tasks to cover nursing students' needs (p=0.033), and reducing workload (p=0.009) were statistically significant items related to colleague support. Statistically significant items related to chief nurse support included receiving assistance in problem-solving (p=0.007), redistributing tasks to cover nursing students' needs (p=0.032), and reducing workload (p=0.012). Enrolled nurse support items that were statistically significant were receiving assistance in problem-solving (p=0.003), being met with understanding that it is time consuming to precept (p=0.004), redistributing tasks to cover nursing students' needs (p=0.004), and reducing workload (p=<0.001). In the 2006 survey three additional items related to preceptors' use of offered support were added. The researchers found that 69.7% had participated in a one-day preceptor workshop. Survey results regarding the degree to which the participants read the preceptor guidelines showed that 38.5% of preceptors surveyed had read the guidelines to a very

high or higher degree, 35.8% to a moderate degree, and 23% to a low or very low degree. The degree to which preceptors read student evaluations showed that 26.6% read evaluations to a very high or higher degree, 22% to a moderate degree, and 37.6% to a low/very low degree. Overall, the authors found that RN preceptors were more prepared, aware of role demands, confident in role ability, and secure in the role after implementation of the preceptor model. The study affirms the complex role of precepting that is present in much of the preceptor literature and the need for preceptor support.

Supporting Hallin and Danielson's (2009) findings, Luhanga, Dickieson, and Mossey's (2010) qualitative study validates the complex nature of precepting and the need for support and role development. The authors explored the preceptor role support and development within in a rural northern mid-sized Canadian community. Registered nurse preceptors (N=22) participated in focus group and individual interviews regarding their experiences precepting fourth year undergraduate students. Themes identified from the interviews included accessible resources, role complexity, partners in precepting, and role development. Accessible resources examples included a need for effective communication processes with course advisors, timely sharing of information and documents, how and when to contact the university, and easily accessible faculty contact information. Almost half (40%) of the study participants indicated that they did not use the preceptor resource manual, with some noting they were unaware of the existence of a manual. Mixed findings were reported regarding the usefulness of the manual. Themes of role complexity were noted in the participants' discussions regarding the facilitation of student success in fundamental and professional skills, evaluation of student performance and advocating for students. Preceptors' evaluations of the manual in preparing and

supporting them in this role were mixed, indicating that clearer expectations and additional guidance with the student evaluation process was needed. Preceptors suggested challenges existed due to lack of communication and support from the university and recommended more contact with and guidance from the university to support the concept of partners in precepting. The role development theme included recommended revision (development/implementation) of the preceptor selection process and a review of staffing patterns. A majority of the preceptors were supportive of the idea of formal education and provided topic suggestions, such as program overview and goals, roles and expectations, constructive feedback, conflict resolution, and management of failing or unsafe students. Integration of technology was also suggested as a method to facilitate communication, connection among the team, and resource access.

Martin, Brewer, and Barr (2011) conducted a qualitative descriptive study to explore the educational needs of clinical preceptors (N=12) working with senior nursing students during the students' capstone course. The theme of needing to know demonstrated what the preceptors expected from the nursing program. This theme included concepts regarding knowing the programs expectations of the students and the school curriculum. Participating in goal setting, understanding students' needs, methods for successful conflict resolution, and student professional behavior expectations were identified under this theme. The wanting to know theme related to areas involved with the role of preceptor such as role modeling, student preferred learning methods, and communication methods for expressing concerns with student to respective faculty. Preceptors expressed the theme, knowing, as identifying when the students were ready to assume complex patient care assignments and how to have closure with students upon

completion of the experience. The different themes of knowing again demonstrate the complex role of preceptor and the need for support and development in that role.

A survey of preceptors was conducted by Broadbent, Moxham, Sander, Walker, and Dwyer (2014) to determine the assistance preceptors (N=34) required to support undergraduate students in the clinical environment. Participants completed a survey developed by the authors that related to demographics, training, support needs, and experiences of preceptorship. The preceptor participants rated their current clinical supervisory experience on a 4-point Likert scale. The survey, developed by the researchers, was piloted among the research group for consistency, reliability and validity. Results relating to education and preceptor training revealed that 67.6% (N=23) received training from the health care industry, 29.4% (N=10) had not received any preceptor training, and 2.9% (N=1) received preceptor training from a university. Survey questions related to subject's perception of the contribution of the preceptor experience to their personal and professional development revealed that a majority agreed that the experience allowed identification of professional development needs (82.4%), built existing skills and knowledge (79.4%), and maintained their professional identity (85.3%). Preceptor participants also indicated that they had received no evaluation of their performance as a preceptor (91.2%), believed that the role was viewed as a positive aspect of the RN role (88%), and indicated they would precept again (85.3%). Survey questions related to requirements of RNs working as preceptors revealed that 64.7% indicated that the role was clearly explained, 67.6% agreed that expectations of students' learning was clearly explained, 67.6% were provided with sufficient knowledge of the nursing program, and 67.6% were satisfied with the quality of resources provided.

Although a large number of respondents indicated requirements of the preceptor role were adequately provided, approximately half (55.9%) indicated that they were not supplied with sufficient resources to carry out the preceptor role. Although the preceptors in the study completed by Luhanga, et al. (2010) were unaware of the resources that were available, the preceptors in this study were aware and the majority (67.6%) reported being satisfied with the resources provided. However, role confusion, lack of time, ambiguous resources, students not understanding their role, and lack of university support and communication were identified by preceptors as difficulties they encountered during the clinical placement. Positive aspects experienced as a preceptor were also revealed in the study. Preceptors identified categories of benefits as those that students bring, the benefit of helping students learn, and satisfaction in seeing students gain understanding of the professional role. Improved resources and access to resources, more information required prior to students starting the preceptor experience, university faculty being available during student's preceptorship, and university providing preceptorship training were identified. The consistent theme of role support and development emerged in all of the research indicating that while resources are available and provided to preceptors, continued work in the development and support in the use of those resources is needed.

Experiences

The actual experiences of preceptors were investigated in two qualitative studies (McCarthy & Murphy, 2010; Raines, 2012) which explored RNs' experiences precepting nursing students. Similar themes of benefits, desires, and challenges in precepting emerged in the investigations. The research overwhelmingly demonstrated a view of strong commitment to the role and responsibilities of the nurse preceptors.

McCarthy and Murphy (2010) explored preceptors' views and experiences precepting undergraduate nursing students in a mixed method study. Questionnaires were sent to preceptors who had participated in a preceptorship course. Demographic and preceptor role data were obtained from 470 preceptors. The questionnaire also included two-open ended questions related to the preceptors' experiences and views. The qualitative portion of the questionnaire was completed by 218 participants. Preceptor-student issues and preceptor-role issues were two themes identified from the data. Preceptors' revealed challenges related to having quality time for students, continuity of student preceptor hours, and failing students. Benefits expressed were enjoyment and satisfaction working with students. Within the preceptor-role issues theme, preceptors related limited support and recognition from administration and little recognition regarding the work involved in precepting. Preceptors also indicated that correct execution of the assessment process was time consuming, they had never failed a student, and would have difficulty failing a student. Views on the preceptorships training program included that the content was confusing and that both the two-day program and half-day workshop were not enough. Preceptors indicated a desire to know how effective they were in the role from both student and administration perspectives. They revealed interest in developing their role as preceptors. In evaluating the preceptors' experiences there was strong evidence that preceptors felt their role was important, they wanted to be effective, and found reward in a role that many suggested was stressful. The research also demonstrated support for and development of the role that was consistent with the findings from other studies (Broadbent, et al., 2014; Hallin & Danielson, 2009; Luhanga, et al., 2010; Martin, et al., 2011).

Raines (2012) explored views and experiences of RN preceptors (N=26) that participated in a Preceptor of Excellence program. The Preceptor of Excellence program consisted of two one-day workshops offered at six-month intervals. A precepting assessment was then completed at the nurse's institution. Three themes were revealed in this qualitative study: being engaged in the educational process, acknowledgment of efforts, and student motivational and preparation factors. While this study indicated the need for support, development, and acknowledgement for the preceptor's role, it adds additional insight into the role the student plays in the preceptor experience. Participants' statements related to being engaged in the educational process included wanting to know faculty and course expectations, student expectations, share evaluation of students, know faculty, and the opportunity to discuss students' activities with faculty. Similar to the study by McCarthy and Murphy (2010), preceptors' expressed the desire to be recognized by supervisors and faculty for the extra effort that was involved with the preceptor role. The student motivation and preparation theme, it depends on the student, included statements that preceptors enjoyed students who were prepared and motivated. Statements by preceptors' also indicated that individual student qualities influenced the experience. Preceptors' related that unprepared students, students that needed to continuously be told what to do, and students that lacked initiative were challenging. It was clear that preceptors assessed students' motivation and preparation at the beginning of the experience. The students assessed as not being prepared early in the experience led to a presumption that the entire experience was going to be challenging.

Analysis

Several studies related to the preceptors' experiences with preceptorships were conducted. Overall, preceptors expressed an enjoyment with the experience and facilitating the students' learning (Broadbent, et al., 2014; McCarthy & Murphy, 2010; Paton, 2010; Raines, 2012). Preceptors participating in the studies indicated challenges with preceptorships. Meeting preceptee needs along with their patient care and unit responsibilities, dealing with student issues, failing students, and evaluating students were difficulties related (Broadbent, et al., 2014; Martin, et al., 2011; McCarthy & Murphy, 2010; Raines, 2012). Preceptors expressed a need for university, faculty, facility administrative, and peer support regarding the preceptorship (Broadbent, et al., 2014; Luhanga, et al., 2010; McCarthy & Murphy, 2010). The research on this topic provided a wealth of information regarding the preceptors' experiences with preceptorship.

Preceptee

Preceptees are the main focus of preceptorships. A preceptee is described as a student nurse assigned to work one-on-one with an RN. For these students, preceptorships are a clinical education method that connects education with practice (Myrick & Yonge, 2005). Some nursing programs use preceptorships throughout the curriculum and as a culminating clinical experience. With the popularity of preceptorships, it is important to determine the preceptees' experiences with this clinical education format. Exploration of the benefits and detriments for preceptees participating in preceptorships is valuable. Research examining experiences of preceptees was conducted.

Perceived Support

The perceived support of students participating in preceptorships provides beneficial information about these experiences. Three studies (Kristofferzon, et al., 2013; Omer, et al., 2013; Walker, et al., 2013) were conducted related to students' perceived support during preceptorships. The first was a study by Walker, Dwyer, Moxham, Broadbent, and Sander (2013) that compared Australian undergraduate nursing students' perceived support of facilitator model and preceptor model of clinical supervision. The facilitator model of clinical supervision was described as an RN, employed by the educational institution, supervising a group of six to eight students. The preceptor model was where an RN, employed by the healthcare facility, works one-on-one with a student. A researcher-developed survey was piloted in this study. The survey contained three sections that included demographics, mode of supervision, and students' experiences with type of supervision. Subjects rated their current clinical supervisory experience by responding to 22 close-ended response items using a four-point Likert scale and three open-ended response items. The sample (N=159) included students from all three years of the nursing program. Twenty-one of the 22 student responses to statements of attitudes about received support revealed a higher percentage for the facilitator model than the preceptor model. However only four student responses were statistically significant. More students in the facilitator group versus those in the preceptor group indicated that the supervisor challenged them to think and problem-solve issues (94% vs 84%, p=0.05), encouraged them to reflect on learning experiences (97.5% vs 86.8%, p=0.009), enabled them to build on existing skills and knowledge (91% vs 84.2%, p=.027), and provided accurate information about incidents that happened in the clinical setting (94.2% vs

84.2%, p=0.050). While students reported a preference for group supervision, they suggested that it was not the quantity of supervision that was most important to them but the quality of the supervision. The survey piloted in this study was noted as a possible limitation of the study and revision was recommended by the researchers. Although the study did not demonstrate a significant difference in the preceptor model versus the facilitator model, it did offer support for assuring quality supervision and meaningful experiences that support critical and reflective thinking in practice.

Similar to the study by Walker, et al. (2013), researchers in Saudi Arabia evaluated students' experiences with two models of clinical instruction. Omer, Suliman, Thomas & Joseph (2013) conducted a quantitative study utilizing a modified version of Moore's (2009) Preceptor Evaluation Survey (PES) to explore students' perception of two different clinical education models. The Preceptor Evaluation Survey examines preceptee satisfaction with clinical training experience, preceptorship support at the clinical site and preceptor's performance in seven areas. The seven domains of precepor's performance consisted of teacher, facilitator, role model, provider of feedback, proficiency with adult learning, advocate, and socializer. The PES has an established validity and reliability of a Cronbach's alpha range of 0.818 to 0.89 for each preceptor domain, with an exception of one domain, role model, at 0.729. The researchers' modified version of Moore's PES utilized 37 of the 41 items in the original tool and modified wording of the original to include preceptorship in place of job. The Cronbach's alpha range of the modified tool was 0.606 to 0.847. The modified PES explored preceptee satisfaction in the areas of clinical experience, preceptorship support, and

preceptor performance; specifically in the areas of teaching, facilitating, role modeling, feedback, ability with adult learners, advocacy, and socializing to environment.

Model A was utilized with students in the first clinical nursing courses of Adult I and Adult II. In this model the preceptor was a baccalaureate prepared nurse with clinical teaching assistant (CTA) credentials employed by the college. The preceptor in conjunction with a faculty member selected two patients and worked solely with a group of four students. Focus was on patient safety and teaching. Model B was utilized with students in later clinical courses with a specialty focus of pediatrics, maternity, and critical care. In this model the preceptor was a hospital employed staff nurse paired with one student while maintaining responsibility for six to seven patients. Model B was designed to support increased independence and self-directed learning of more advanced students.

A convenience sampling of 110 students were administered the modified PES after completion of two consecutive semesters. Completing the survey were 57 students in model A and 53 students in model B. Statistically significant preceptorship satisfaction scores were obtained for model A than model B (p=<.0001). Program support scores were also higher for model A than model B (p=<.0001). Scores for all preceptor performance areas were significantly higher for model A compared to model B (p=<.05). Like the findings by Walker, et al. (2013) students in this study demonstrated a strong preference for model A.

Further study of the preceptees' experiences with the supervision provided in a preceptorship was conducted by Kristofferzon, Martensson, Mamhidir, and Löfmark (2012). In this study authors (Kristofferzon, et al., 2012) investigated satisfaction with

facilitators' supervision, compared facilitators' supervision as supportive or challenging, and examined students' perceptions of learning outcome achievement with facilitators' supportive or challenging behavior. The clinical structure for facilitator supervision included a preceptor, head preceptor, and a clinical lecturer. The preceptor was assigned one to two students and was responsible for supervising daily patient care, fostering a teaching and learning relationship, serving as a professional role model, and assessing development of students. The head preceptor supported groups of students by introducing them to the clinical setting, organizing their schedules, and observing student lectures and assessment. The clinical lecturer was a faculty member and responsible for the overall clinical education experience. The clinical lecturer provided theory instruction, assessment, and grading for the students. The preceptor, head preceptor, and clinical lecturer worked in collaboration to assure student outcomes were met and assessed student performance.

The study utilized a revised version of the Nursing Clinical Facilitator Questionnaire (NFCQ) that measures satisfaction with supervision and learning outcome achievement. The reliability and validity of the NFCQ had been established in previous studies with a Cronbach's alpha of 0.88 to 0.94. In this study the Cronbach's alpha was 0.89 to 0.96. Students (N=96) in their first and last nursing program semester participated in the study.

The study demonstrated that, overall, the students felt supported in the clinical environment by each role. Preceptors and clinical lecturers were perceived as offering more positive support than the head preceptor. In students' ratings of supportive and challenging behaviors, the clinical lecturer was rated the highest and the head preceptor

was rated the lowest (p=<0.001). Positive correlations were noted between overall learning outcomes and facilitators supportive and challenging behaviors. However the supportive behaviors of the preceptor were statistically significant (p=0.003). The authors noted that the role of head preceptor was a new one and suggested further development of that role. Although students rated the supervision provided during their clinical experience highly varying difference in the roles were noted. Students' ratings of the different roles support the value of individual attention that was also found by Omer, et al. (2013) but lacking in the study by Walker et al. (2013).

Student preference for traditional clinical experience was revealed in two studies (Omer, et al., 2013; Walker, et al., 2013). All studies demonstrated that quality supervision and meaningful learning experiences support critical thinking, reflective practice, skill development, and enhanced knowledge (Kristofferzon, et al., 2013; Omer, et al., 2013; Walker, et al., 2013). The Walker, et al. (2013) and Omer, et al. (2013) studies indicated that preceptorships were reported as positive when faculty and administrator support is perceived.

Testing, Examinations, and Course Grades

Testing in the form of course exams and standardized tests are used in schools of nursing to predict students' success and assess knowledge. Four studies (Fusner, 2002; Hendricks, et al., 2013; Ownby, et al., 2012; Shepherd, 2009) examined the relationship between preceptorship and test results. Conflicting findings were noted between studies.

A comparison of junior and senior baccalaureate students' (N=73) performance on standardized test with students' participation in a traditional or preceptorship clinical was conducted by Hendricks, Wallace, Narwold, Guy, and Wallace (2013) over a two

year period. Students in the preceptorship clinical group (N=10) were randomly selected from those who applied and met the B or better average nursing grade criteria. The authors also measured communication and feedback, learning opportunities, learning support, and department atmosphere using the Student Evaluation of Clinical Education Environment survey (SECEE). The SECEE, a 29-item forced-choice instrument, also measured students' perceptions of the overall opportunities for learning available in the clinical area and the instructor's or preceptor's facilitation of the learning environment. Practice opportunities were measured with an author designed, 18-item survey and satisfaction was measured on a five-item Likert-type scale instrument. Both surveys were administered to students near the end of their first semester, in the middle of the program, and near the end of the students' final semester. Students' performance on Assessment Technologies Institute (ATI) assessments that were administered at the beginning of the program, upon completion of all courses with a clinical component, and at the end of the program were examined. The authors found that statistically significant higher ratings of overall quality (p=0.000) and support (p=0.012) were reported by preceptored students compared to students in the traditional clinical group in the first semester. Subsequent student ratings (middle of the program and final semester) of overall quality and support did not display statistically significant differences. Students in the preceptor group also rated their first-semester clinical experience more favorably in the subscales of instructor's facilitation of learning (p=0.026), preceptor's facilitation of learning environment (p=0.027), and overall opportunity for learning (p=0.008) than students' participating in the traditional clinical experience. Again, there was no statistically significant difference between the two groups at the middle of the program or end of

program. Students in the preceptored group reported more skills practice compared to the traditional group, however no statistically significant differences were found between groups on the ATI assessment or in course grades throughout the program. Examination of student perception was performed using the SECEE. The preceptored clinical group rated their clinical experience more favorably in the first semester but not in the two subsequent measurements.

Ownby, Schumann, Dune, and Kohne (2012) also explored test results and preceptorship participation in a study that compared a traditional clinical experience with a precepted clinical experience in a two-year study of second semester BSN students (N=69). Students were randomly placed into the traditional clinical group (N=32) or the precepted clinical group (N=37). The authors compared students' grades on unit examinations throughout the semester, their comprehensive final exam grades, cumulative numerical course grades in students' medical-surgical II course and pharmacology course, scores of students' standardized medical-surgical exam (Health Education Services Inc. [HESI] Medical-Surgical Specialty Exam), clinical evaluations, and nursing process papers. No statistically significant differences of measurements between students in the traditional clinical group and those in the precepted clinical group. Medical-Surgical II unit exams, medical-surgical II final course grades, and pharmacology final course grades between groups revealed no statistical difference (p=0.449; p=0.906; p=0.434). While the mean standard score for students in the precepted clinical group was slightly higher (807.76) than students in the traditional clinical group (784.19), there was no statistical difference between the two groups (p=0.543). Students in the precepted clinical group received ratings of three to five for

competencies listed on the clinical evaluation form, however, clinical evaluation results for students in the traditional clinical group were not reported. The quality of nursing process papers were found by faculty to be similar between groups.

Similar results regarding participation in a preceptorship and standardized test results were found in an earlier study by Shepherd (2009) in which junior BSN students' (N=47) clinical competence, standardized test scores, and clinical success in a precepted group of students was evaluated. The author used the Preceptorship Effectiveness Questionnaire-Student Perception (PEQ-SP) to examine overall satisfaction and clinical competence areas of professionalism, confidence level, critical thinking, communication, and clinical skills. The PEQ-SP is a 32-item Likert-type survey with a nurse faculty established validity and a 0.89 Cronbach's alpha reliability. Scores on the ATI RN Comprehensive Assessment were compared with student clinical performance evaluations to determine if a correlation existed between the groups relative to scores and students' clinical success. The study showed no statistically significant improvement in student confidence level or critical thinking based on the PEQ-SP scores. However, during end of semester interviews, students reported increased confidence and provided examples of critical thinking development. Statistically significant student improvement in the clinical competence areas of professionalism, communication, and skills development were revealed. The author did discover a statistically significant positive correlation between ATI RN Comprehensive Assessment scores and successful clinical performance during the preceptorship. Results of this study indicated that the preceptorship experience did enhance nursing skill competence and, although, not statistically significant, student confidence and critical thinking development.

Finally, one early study comparing participation in a preceptorship and National Council Licensure Examination-Registered Nurse (NCLEX-RN®) pass rates was conducted by Fusner (2002). Upon successful completion of study at a school of nursing, students are required to take the NCLEX-RN® to obtain licensure and practice as a registered nurse. Examination of students' NCLEX-RN® pass rates in ADN and BSN programs providing a preceptorship with programs without a preceptorship experience was examined. The author explored sixteen research questions related to NCLEX-RN® pass rates over a three year period (1998, 1999, and 2000). Several questions were specific to the preceptor, such as compensation, minimal preceptor requirements, and preceptor characteristics. The study included a total of 212 programs, 123 offered a preceptorship experience and 89 did not. Forty-eight of 109 ADN programs and 75 of the 103 BSN programs offered a preceptorship experience. Comparison of students' NCLEX-RN® pass rates between preceptored and non-preceptored nursing programs revealed no statistical significance for the three years included in the study (1998 86.34% vs 87.52%, p=0.409; 1999 87.23% vs 86.24%, p=0.457; 2000 85.16 % vs 86.32%, p=0.306) Student NCLEX-RN® pass rates between programs offering a preceptorship experience revealed that ADN programs had statistically significant higher pass rates than BSN programs for the years 1998 (88.84% vs 84.74%, p=0.006) and 1999 (89.18% vs 85.99%, p=0.028). For the year 2000 there was no statistical significance between ADN (86.56%) and BSN (84.26%) student pass rates (85.56% vs 84.26% p=0.225). Fusner (2002) also found no statistically significant relationship between NCLEX-RN® pass rates and the variables of selection of preceptor (p=0.095), orientation for preceptors or students (meeting, p=0.645; written, p=0.098; video, p=0.373), availability of faculty

members to student and preceptor dyad (phone, p=0.993; beeper, p=0.790, email, p=0.827), evaluation process (preceptor, p=0.993; student, p=0.277; faculty, p=0.030), number of hours students spent in preceptorship (p=0.843), and faculty and student ratio (p=0.843). Preceptorship provides students with more opportunity for hands-on experience and opportunity to assimilate into the professional nurse role in a supervised setting.

Factors such as course grades, standardized test results, NCLEX-RN® results and critical thinking were not shown to be significantly affected by preceptorship. However, increased confidence and the perception of competence were reported by students participating in preceptorships.

Critical Thinking

Critical thinking is a competency in many schools of nursing and is an essential component of entry level nursing education programs (American Association of Colleges of Nursing, 2008: National League for Nursing, 2010). Critical thinking and self-confidence were outcomes measured in one study (Peterson, 2000) that compared senior BSN students in a preceptorship experience (N= 38) with those in a traditional clinical experience (N=10). To measure critical thinking ability the author used the Watson-Glaser Critical Thinking Appraisal (WGCTA) Forms A and B. The WGCTA is an 80-item multiple choice instrument with a reported test-retest reliability coefficient of 0.73 and internal consistency range of 0.69-0.85. Students' confidence level of their ability to perform a physical assessment in adult clients was measured with the Confidence Scale (C-Scale). The C-Scale is a five statement, five-point Likert-type scale instrument with a reported 0.84-0.93 Cronbach' alpha reliability score and a test-retest correlation

coefficient range of 0.84-0.89. Students completed WGCTA Form A prior to the beginning of the clinical experience and WGCTA Form B after completion of the clinical experience. The study revealed that there was no statistical significance in WGCTA (p=0.793) and C-Scale (p=0.944) posttest scores of students in the preceptorship clinical experience compared to those in the traditional clinical experience. The study indicates that participation in a preceptorship clinical experience had no effect on student critical thinking ability or self-confidence level. Peterson (2000) illustrated the lack of correlation between preceptorship and critical thinking that was also noted in the studies by Fusner (2002) and Shepherd (2009).

Competency and Confidence

Kim (2007) conducted a descriptive correlational study that evaluated students' perception of clinical competence after participation in a clinical preceptorship program. The author also explored the degree of students' preceptor interaction with students' perceived competence. Senior BSN level students (N=102) participated in a 160-hour preceptorship clinical experience in the final course of their nursing program. A 52-item questionnaire entitled, the Senior Students' Preceptorship Questionnaire was administered to participants during the last week of the course. The questionnaire was developed, reviewed and revised by the author and nursing department faculty. Content validity of the instrument was established by nursing faculty evaluation. The questionnaire measured students' perceptions of their relationship with their preceptor, students' perceptions about their ability to perform nursing tasks in the clinical setting, and the relationship between perceived competence and the degree of interaction with preceptors. A majority (90%) of students rated having a preceptor and a preceptor

relationship as important to very important. However, continuing education programs and participation in team and unit meetings were rated as not important by most students, 50% and 62% respectively. Students' perceptions of competence implementing nursing process steps were rated as competent to very competent by 95% of the students with the highest ratings in the nursing process step of evaluation and the lowest in implementation step. A majority (90%) of the students indicated that their perceived overall competence level increased as a result of participation in the preceptorship program. Similar to a study conducted by Shepard (2009) a significant positive correlation between preceptees and preceptor interactions with perceived nursing competence was revealed. Perceived competence by both preceptee and preceptor were increased in the areas of goal setting, objectives, organizing nursing tasks, collaborating with patients and health care teams, delegating tasks to others, and initiating nursing care with positive preceptee and preceptor interactions. Additional significant correlations were revealed between the students' development of a trusting relationship with their preceptor and the students' perceived nursing competence skills, such as seeking new knowledge, collaborating with patients and health care team members, and communicating effectively with the facility staff. Overall, results suggested that participation in a preceptorship experience increased the students' perception of their competence and that preceptor interaction was an important component.

In a subsequent study relating to student competence and confidence, Kim, Lee, Eudey, and Dea (2014) examined senior BSN students (N=95) perception of preceptorship in relation to the degree of interaction with preceptor and evaluated the students' perceptions of competence and confidence in providing care using the nursing

process and Quality and Safety Education for Nurses (QSEN) core competency skills. The authors used a revised version of the Senior Nursing Preceptorship Experience Questionnaire, the Graduate Nurse Survey, and QSEN Core Competency Questionnaire. The Senior Nursing Preceptorship Experience Questionnaire is an author and nursing department faculty developed, 67-item instrument that was reviewed, revised, and evaluated by nursing faculty. The questionnaire had three categories of opinion statements evaluating the perception of students' relationship with their preceptors, competency-oriented statements indicating the students' perceptions about their ability to perform nursing task in clinical settings, and demographic data. Study subjects responded to statements using a five-point Likert scale. Content validity for this questionnaire was established through evaluation by nursing department faculty. The reported Cronbach's Alpha reliability of the Senior Nursing Preceptorship Experience Questionnaire were 0.866 for the 12 opinion questions and 0.977 for the 43 competency questions. The Graduate Nurse Survey assessed students' confidence levels in five newly acquired nursing skills and satisfaction. It was administered before and after the preceptorship program using a five-point Likert-type scale. The Graduate Nurse Survey coefficients in the current study ranged from 0.72-0.97 with coefficients for the different sections reported as confidence questions (0.723) and satisfaction questions (0.945). The QSEN questionnaire evaluated the students' knowledge, skills, and attitude in six areas of patient centered care of safety, evidence based practice, teamwork, quality, and informatics. Reliability coefficients for the QSEN questionnaire ranged from 0.920-0.956. The specific coefficients were reported as informatics (0.928), quality improvement (0.948), safety medication and blood administration (0.920), evidence

based pain management (0.948), patient-centered care (0.956), and teamwork and collaboration (0.943). Study results indicated that the preceptor program increased perceived competency (p=<0.001) and confidence (p=<0.001). Additionally, perceived competency and confidence was higher with greater preceptor interaction.

Exploration of adaptive competencies and environmental press perceptions provide insight into the importance of a graduate's ability to adapt to changing work environments and situations during their career. The graduates' ability to adapt to their work environment is fostered by education that facilitates development of various competencies (Laschinger & MacMasters, 1992). The preceptorship experience on adaptive competencies and environmental press perceptions, based on Kolb's Experiential Learning Theory, was investigated in two studies (Laschinger & MacMasters, 1992; Ridley, et al., 1995). Adaptive competencies are "skills required to effectively complete a particular task and are associated with a subset of performance competencies" (Ridley, et al., 1995, p. 59). The adaptive competencies and subset performance competencies were developed from the four learning styles of Kolb's Experiential Learning Theory. These adaptive competencies were described as:

> Divergent competencies: listening with an open mind, being sensitive to values, imagining implications of ambiguous situations, gathering information, being sensitive to people's feelings.
>
> Accommodative competencies: committing yourself to objectives, influencing and leading others, dealing with people, seeing and exploiting opportunities, being personally involved.
>
> Convergent competencies: making decisions, generating alternative ways to do things, experimenting with new ideas and approaches, choosing the best solution to a defined problem, setting goals.

> Assimilative competencies: building conceptual models, designing experiments, organizing information, analyzing quantitative data, testing theories and ideas (Laschinger & MacMasters, 1992; Ridley, et al., 1995).

Environmental press perceptions were described as "personal views regarding the importance of each adaptive competency to effective functioning within a particular environment" (Ridley, et al., 1995, p. 59).

Both studies (Laschinger & MacMasters, 1992; Ridley, et al., 1995) used the Adaptive Competency Profile (ACP) and the Environmental Press Questionnaire (EPQ) instruments to explore learning styles and measure perceived importance of competencies. The ACP is an instrument in which subjects rate their skill level of twenty competencies on a seven-point, Likert-type scale and is "used to classify learning styles and develop learning profiles" (Ridley, et al., 1995, p. 60). The ACP reported alpha reliability coefficients were reported as
0.48-0.82 (Ridley, et al., 1995) and 0.67-0.85 (Laschinger & MacMasters, 1992) and has an established construct validity. The EPQ instrument measures perceived importance of the twenty competencies for successful functioning in a particular learning environment (Laschinger & MacMasters, 1992; Ridley, et al., 1995) on a seven-point Likert-type scale. Alpha reliability coefficients for environmental press scores ranged from 0.61-0.86 (Ridley, et al., 1995, p. 60) 0.68-0.79 (Laschinger & MacMasters, 1992, p. 262).

Laschinger and MacMasters (1992) studied students in the final semester of their nursing program where students participated in a twelve-week preceptorship experience consisting of a minimum of 288 hours. The effect of a pregraduate preceptorship experience on the development of adaptive competencies and perceptions of environmental press in senior baccalaureate nursing students (N=50) was studied. The

authors administered the ACP and EPQ prior to and after students completed the clinical experience. Student scores on the ACP and EPQ after the preceptorship experience were higher than those obtained prior to the experience. Significantly higher scores were reported on the ACP instrument for eleven of the twenty competencies, which included gathering information, imagining implications of ambiguous situations, building conceptual models, testing theories and ideas, analyzing quantitative data, experimenting with new ideas and approaches, choosing best solution, being personally involved, influencing and leading others, seeking and exploiting opportunities, and dealing with people. Statistically significant EPQ instrument scores were reported on eight of the twenty competencies, which included imagining implications of ambiguous situations, testing theories and ideas, creating new ways of thinking and doing things, experimenting with new ideas and approaches, making decisions, being personally involved, influencing and leading others, and seeking and exploiting opportunities. Despite a limited study sample, results indicated that student perception of competencies was positively impacted by the preceptorship experience.

In a similar study, Ridley, Laschinger, and Goldenberg (1995), examined the effect of nursing students' preceptorship experience on adaptive competencies, environmental press perceptions, and learning styles were explored. Senior, third year diploma program students (N=55) participated in a preceptorship experience in the last semester of their nursing program. The authors administered the ACP and EPQ instruments before and after completion of the experience. Two additional instruments were administered. The Assessment of Education Experiences (AEE) was used to measure students' perceptions regarding development of learning competencies during

the past year's weekly clinical experiences with the last semester preceptorship experience. The AEE used a four-point scale that ranged from -1 to +2 (-1 negative effect, +2 a significant effect) and had a reported Cronbach's alpha ranging from 0.54-0.85. The fourth questionnaire administered to students was actually two versions of the Learning Style Inventory (LSI- [1976 and1985]). The LSI instruments assessed students' preferred learning styles with a twelve-item forced-choice sentence completion in which subjects' rank-ordered four sentence endings from most to least characteristics of themselves. The LSI-1976 has a reported poor stability coefficients with test-retest coefficients that ranged from 0.23-0.84, however, it does have construct and predictive validity. The LSI-1985 has a reported internal consistency ratings that range from 0.73-0.91. Conflicting results regarding abstract versus concrete student learning styles were obtained between the LSI-1976 and LSI-1985 instrument administrations. A greater number of concrete learning styles (76%, N=35) than abstract learning styles (24%, N=15) was discovered with the LSI-1976. In contrast, based on the LSI-1985, a majority of the students were classified as abstract learners (63.3%, N=34) than concrete learners (36.7%, N=19). Post-preceptorship ACP scores were significantly higher compared to pre-preceptorship ACP scores. Divergent and Convergent competencies were rated significantly higher post-preceptorship based on EPQ scores. Based on AEE scores, students rated all competencies significantly higher related to preceptorship compared to students' previous clinical experiences of the past year. While student learning styles was not greatly impacted by the preceptorship experience, students' perceptions of their competence improved after the preceptorship experience.

Role Performance and Role Socialization

The exploration of how participation in a preceptorship affected student professional nursing role performance was conducted in several studies (Clayton, et al., 1989; Jairath, et al., 1991; Jones, 2000). The Six Dimension Scale of Nursing Performance (6D Scale), developed by Schwirian (1978), is an established instrument used to measure professional nursing role performance in the subscales of leadership, critical care, teaching/collaboration, planning/evaluation, interpersonal relations/communication, and professional development. The 6D Scale has a reported reliability that ranges "from 0.84-0.98 for professional nurses and 0.78-0.96 for senior nursing students" (p. 252).

Clayton, Broome, and Ellis (1989) used the 6D Scale in a study of 66 senior BSN students to compare the relationship between a preceptorship experience and role socialization in students participating in a faculty-guided clinical group (N=33) with students in a preceptorship experience (N=33). Students were in the final quarter of their nursing program. In this study the instrument was administered prior to the clinical experience, immediately following the clinical experience, and six months after graduation. The 6D subscale scores immediately following the clinical experience improved for both groups in all areas except leadership, although the faculty-guided clinical group scored higher on all six subscales compared to the preceptor clinical group. Subscale score results six-months after graduation showed that the preceptor group scored higher than the faculty-guided clinical group on subscales of leadership, teaching and collaboration, interpersonal relations and communications, and planning and

evaluation six months after graduation. Findings of this study suggested that the preceptorship experience facilitated student to staff nurse transition.

Jairath, Costello, Wallace, and Rudy (1991) also used the 6D scale in a quasi-experimental study that examined the effect of preceptorship on faculty and student appraisals of professional nursing role performance was also examined in a quasi-experimental study. Twenty-two diploma nursing program students in their last semester participated in either a seventeen week standard clinical experience (N=13) or preceptorship clinical experience (N=9). Evaluation of student nursing performance was obtained from the faculty advisors and students' self-appraisal. The authors administered the 6D Scale to faculty and students at the beginning, week four, and week seventeen of the experience. Faculty appraisals and student self-appraisals were unchanged between student groups at weeks zero and four; however, faculty and student self-appraisals revealed significant findings at week seventeen. Faculty appraisals of students in the preceptorship clinical at week seventeen exhibited higher scores on all subscales compared to students in the standard clinical group. Statistically significant greater scores (p=0.0220) on the teaching and collaboration subscale by the preceptor group than the standard clinical group was reported. Students in the preceptorship clinical group had the greatest gains from week four to seventeen in teaching and collaboration and planning and evaluation subscales compared to students in the standard clinical group. However, both groups had increased scores in critical care, teaching and collaboration, planning and evaluation, interpersonal relations and communication, and professional development subscales. Student self-appraisals at week seventeen revealed statistically significant (p=0.02) higher professional development subscale scores for the preceptorship group

than the standard clinical group. Student self-appraisals also showed increased total scores on a majority of the subscales from week four to seventeen. An increase in a majority of subscale scores for both groups suggest that facilitation of professional nursing role performance was promoted for students in both clinical groups although students in the preceptor clinical group had greater improvement.

A third study (Jones, 2000) that used the 6D scale to determine if participation in preceptorship experience enhanced learning of BSN students (N=45). The author surveyed students at the beginning, middle, and end of the semester using the 6-D scale. An additional purposeful sampling of fifteen students were interviewed regarding their preceptorship experience. Significant increases in the role performance areas of leadership, teaching and collaboration, planning and evaluation, and interpersonal relations and communication were found. Role performance areas of professional development and critical care showed no statistically significant changes. Participants of the study related that the preceptorship experience increased their confidence, improved competence, improved nursing skill development, and a greater ability to make clinical connections. Students also reported hindrances of logistical difficulties, such as coordinating schedules or availability of experiences at the clinical site. Unprofessional behaviors, such as negative staff attitudes toward students and social conversations while working, were also cited as hindrances. Students indicated that despite these challenges, the preceptorship was a good experience and stated that they (students) would need to know how to deal with these situations in the workplace. Students also reported that the hindrances did not affect their ability to learn.

Anticipatory socialization was studied in BSN students (N=103) prior to and after participation in a preceptorship experience during the final clinical course in the program curriculum (Dobbs, 1988). The Corwin's Nursing Role Conception Scale measured student perceptions and values related to the nurse's role. The instrument used a Likert-type scale that identified the three components of service, bureaucratic, and professional nurse roles. The test-retest reliability for these three components were reported as 0.86 for service role conception, 0.89 for bureaucratic role conception, and 0.88 in professional nurse conception. Evaluation of students' pre- and post-preceptorship scores revealed that students maintained values. This suggests that students were able to cope with the various demands of the role values and assisting with the students' socialization to the working role. Anticipatory socialization was positively impacted by participation in the preceptorship experience.

Learning

Two studies were conducted related to student learning and participation in a preceptorship (Allrich, 2001; Price, 2006). Allrich (2001) used a naturalistic approach to examine the experience and understanding of learning of eight students' in an ADN program during their preceptorship experience. Students with Licensed Vocational Nursing (LVN) or paramedic experience and two to ten years of health care work experience participated in a preceptorship during a second semester advanced medical-surgical course. Allrich (2001) utilized interviews, learning journals, and critical incident reviews to identify five main themes. They included learning context, preceptor and student relationship, professional issues, personal awareness, and academic issues. Students reported advancing practice and critical thinking resulted from interactions with

preceptors. Participants indicated that the interview, journaling, and critical incident review process fostered critical thinking and enhanced learning. The author concluded that real world learning such as a preceptorship experience was a viable teaching strategy that significantly impacted learning.

A grounded theory study was conducted by Price (2006) to determine the experience of BSN students learning with the preceptor model of clinical teaching. Additional study explorations included how the students learn in a preceptorship and the positive and negative elements of learning in a preceptor model. Eight students from two educational institutions, in their fourth year of school and participating in a preceptorship were interviewed during their final semester of nursing school. The author discovered many positive and negative strategies that facilitated student learning. Positive and negative factors that had a positive and negative influence on facilitating learning were discovered. Study results indicated that students learn in both positive and negative environments and that preceptor relationship is just one of the factors associated with learning.

Intergenerational Setting and Preceptor Caring Behaviors

Foley, Myrick, and Yonge (2012) examined the lived experience of preceptors (N=7) and students (N=7) within the context of an intergenerational practice setting (p3). Students participated in a preceptorship in their third and fourth year of an undergraduate nursing program. Interviews with students occurred in the final semester of the nursing program regarding students' reflection of preceptorship courses in the students' third and fourth year of the program. Of the seven students agreeing to participate in the study, two were Generation X preceptored by Baby Boomer nurses and five were Millennials

preceptored by Generation X nurses. All seven preceptors accepting invitation to the study were Generation X. No Baby Boomer preceptors were recruited to the study. Analysis of the participants' narratives revealed three themes; being affirmed, being challenged, and being on a pedagogical journey. Student examples of being affirmed included "having a professional role model and building confidence" (p. 7); while preceptors reported "being respected, seeing students grown, imparting the legacy, and strengthening nursing knowledge" (p. 7 & 8). Student examples of being challenged included a lack of preceptors remembering what it was like to be a student, preceptors being 'stuck in the past' and feeling left out of conversations due to differing life stage than preceptor. The preceptors' narrative regarding being challenged related to different generational worldviews, overconfident students, and student lack of preparation and knowledge for the clinical experience. Student examples related to the theme of being on a pedagogical journey included developing confidence and knowledge. Preceptors related nurturing, coaching, and providing feedback to preceptees as aspects of the pedagogical journey theme. Both preceptees and preceptors reported a better understanding and awareness of the workplace generational differences as a result of participation in the study. Study participants also indicated they would incorporate this enhanced awareness in their practice.

Blum and Gordon (2009) studied six junior level BSN students in a qualitative hermeneutical phenomenological study on the caring behaviors of nurse preceptors toward patients and students from the perspective of the BSN students. Eight themes related to caring behaviors were discovered: welcoming presence, demonstrating empathy, encouraging growth, patience and time as compassionate care, building

relationships, communicating therapeutically, students' role models of caring behaviors, and demonstrating caring for each other. A welcoming presence was exhibited by preceptors' sharing their skill knowledge, teaching critical thinking, and making students feel welcome. Preceptors demonstrated empathy by sharing their experiences of nursing school and providing students with a positive experience with minimal stress. Encouraging growth was displayed by preceptors' helping students learn, facilitating experiences in which students felt comfortable asking questions, providing learning opportunities, and assisting student to critically think. Taking extra time with patients and allowing student to perform tasks at their own pace demonstrated the theme of patience and time as compassionate care. Preceptors built relationships with patients and their families comprised building relationships theme. Communicating therapeutically theme behaviors included preceptors remaining calm despite hostile confrontations with patients, recognizing patient anger as an outlet for patient's frustration, and a noticeable change in patient behaviors based on the preceptors ability to listen. Self and peer caring behaviors were also identified from the study, which was demonstrated by students' taking time to listen to patients, showing caring for the patient as a person, students working together, and students sharing knowledge.

Analysis

Exploration of preceptees' perception of the preceptorship experiences identified that the participants viewed preceptorship in a positive light. Participants indicated that quality supervision and meaningful learning experiences supported critical thinking and reflective practice in all of the studies (Allrich, 2001; Blum & Gordon, 2009; Clayton, et al., 1989; Dobbs, 1988; Foley, et al., 2012; Fusner, 2002; Hendricks, et al., 2013; Jairath,

et al., 1991; Jones, 2000; Kim, 2007; Kim, et al., 2014; Kristofferzon, et al., 2012; Laschinger & MacMasters, 1992; Omer, et al., 2013; Ownby, et al., 2012; Peterson, 2000; Price; 2006; Ridley, et al., 1995; Shepherd, 2009; Walker, et al., 2013). Except for two studies (Omer, et al, 2013; Walker, et al., 2013), a majority supported the use of individualized precepting. Positive preceptorship experience was increased when faculty and administrator support of the preceptorship was perceived (Omer, et al, 2013; Walker, et al., 2013).

The review of literature indicated mixed results despite the frequent use of preceptorship clinical experiences, perception of preceptees experiences, and the purported effectiveness of preceptorships. This was especially relevant to studies that explored the effects on standardized testing, critical thinking, competency and confidence, performance and socialization of the role, learning, intergenerational settings, and preceptor caring behaviors (Allrich, 2001; Blum & Gordon, 2009; Clayton, et al., 1989; Foley, et al., 2012; Fusner, 2002; Hendricks, et al., 2013, Jairath, et al., 1991; Jones, 2000; Kim, 2007; Kim, et al., 2014; Laschinger & MacMasters, 1992; Ownby, et al., 2012; Peterson, 2000; Price, 2006; Ridley, et al., 1995; Shepherd, 2009).

Only one study (Shepherd, 2009) showed any significant relationship between standardized testing and successful performance during students' preceptorship. This significance was limited to a link between the ATI RN Comprehensive predictor and student's clinical performance. Conversely, other research (Fusner, 2002; Hendricks, et al., 2013; Ownby, et al., 2012) showed no difference between student preceptorship experience and test results or course grades. It is important to note that each study utilized different standardized tests. Studies related to students' competency and self-confidence

also exhibited mixed results. Improved student clinical competency and confidence was demonstrated in two studies (Kim, 2007; Kim, et al., 2014), while another study (Peterson, 2000) showed no effect. The two studies (Laschinger & MacMasters, 1992; Ridley, et al., 1995) related to adaptive competencies revealed similar results indicating that preceptorship had a positive impact on students' adaptive competencies. Research regarding student role performance and role socialization exhibited improvement in students' participating in a preceptorship (Clayton, et al., 1989; Dobbs, 1988; Jairath, et al., 1991; Jones, 2000). Although some of the studies reviewed are dated, there seems to be a trend towards current research on this subject. More current studies of this topic may shed light on the preceptorship experience with a younger generation of student nurses and in the present-day complex healthcare environment.

Summary

Review of the literature on preceptorship indicates mixed results relating to the use of preceptorship in nursing education. Benefits, as well as challenges, related to the preceptors' and preceptees' experience with preceptorship were revealed in the studies. Although there were many dated studies, more current research on the topic of preceptorships is emerging. Despite the trend of recent studies, an increase in current research on preceptorships would be valuable to nurse educators. Also, there remains a lack of research on the associate degree nursing student population which is addressed in the present study.

CHAPTER THREE

METHODOLOGY

This chapter provides the methodology used to guide the study of associate degree students' preceptorship experiences in the last semester of their nursing program. An overview of the qualitative descriptive approach to research is presented, as well as application of this method to the study. A review of the sample, setting, procedures, and data analysis are presented.

Design

The qualitative descriptive approach was used in this study to explore participants' experiences in a preceptorship. This method was chosen to enable the researcher to obtain a comprehensive description and understanding of the participants' experiences. Qualitative inquiry enables the researcher to describe and explore human experiences as lived in the everyday world (Magilvy & Thomas, 2009). Qualitative descriptive studies explore a phenomenon in its natural state and are used to elicit an in-depth description of an individual's experience via his or her thoughts, words and beliefs (Sandelowski, 2000). Qualitative descriptive studies generate findings closer to data or 'data near' (Sandelowski, 2010). In other words, data that stays closer to or more resembles the experiences described without extensive interpretation from the researcher. This method of exploring the "lived experience" is useful in nursing education to provide a more complete understanding of an event or experience, in this case, the student's experience of preceptorship in an entry level nursing program.

Introduction and Background of Method

Phenomenology is both a philosophy and a research method (Munhall, 2012; Polit & Beck, 2012). Philosophically, phenomenology focuses on the meaning of human

experience, uncovering the meaning of experiences, and the exploration of the inner world of human beings (Connelly, 2010; Converse, 2012; Russell, 2004). As a research method, phenomenology explores and describes an everyday experience that will generate or enhance the understanding of the experience (Connelly, 2010; Converse, 2012; Russell, 2004).

Phenomenology emerged as a philosophy in the 18th and 19th centuries through the works of philosophers, Immanuel Kant and Georg Wilhelm Friedrich Hegel, and psychologist, Franz Brentano (Converse, 2012; Smith, 2013). Edmund Husserl (1859-1938), once a student of Brentano, is considered the 'father' of phenomenologic inquiry, most notably descriptive phenomenology. (Converse, 2012; Polit & Beck, 2012). The emphasis of phenomenology is on consciousness, the substance of conscious experience, and knowing the experience as lived (Balls, 2009; Connelly, 2010). Husserl's intent of phenomenology was studying things as they appear in order to attain an elemental understanding of the experience (Dowling, 2007).

Describing the experience is the focus for the phenomenological method of inquiry. Through the use of interviews with subjects about the experiences, the researcher's immersion in the descriptions and data analysis, the essence of the phenomenon will emerge. This will provide a "full, rich description of the human experience" (Russell, 2004) that is being studied.

Steps of descriptive phenomenological studies. Four steps (bracketing, intuiting, analyzing, and describing) are often utilized in descriptive phenomenological studies (Polit & Beck, 2012). Although there is not a consensus of thought, many believe that bracketing is the first step and fundamental strategy in phenomenology (Dowling,

2007; Polit & Beck, 2012, Tufford & Newman, 2012). Bracketing is the researcher's process of setting aside their experiences, beliefs, and opinions about the phenomenon being studied (Creswell, 2007; Polit & Beck, 2012). Even though bracketing cannot be totally achieved, researchers make every effort to set aside preconceptions to diminish tainting the research and should occur throughout the research process (Dowling, 2007, Polit & Beck, 2012; Tufford & Newman, 2012). Literature describing methods of reduction are vague however memo writing, interviews with an outside source, and journaling have been suggested (Converse, 2012; Tufford & Newman, 2012). While suspension of judgment is critical, it is sufficient to simply become aware of prejudices, viewpoints or assumptions (Patton 2002). Identification of the researcher's assumptions regarding the topic under study was used to identify preconceptions and bracket. The second step in descriptive phenomenology, intuiting, occurs when investigators focus all awareness, remain unprejudiced, and open to the described experience (Polit & Beck 2012, Tufford & Newman, 2012). Reading and re-reading of the transcriptions of study participants experience allows for immersion in the description or intuiting or 'coming to know the phenomenon as described by participants'

The final two steps are analysis and description (Polit & Beck, 2012). The analysis phase includes identifying significant statements or phrases from the obtained data and categorizing them into themes. Analysis begins with transcription of the first interview. Interviews are read and re-read which enables the researcher to become immersed in the data. Participant statements or stories that describe the phenomenon are identified. These identified statements are then categorized into themes. In the descriptive

phase the researcher comes to understand the participants' experience through review of the analyzed transcripts. The researcher is then able to describe the phenomenon studied.

Sample

Convenience sampling was used to recruit participants for this study. This type of qualitative sampling is an easy, efficient method of recruiting participants to a study or recruit from a specific group (Polit & Beck, 2012). Sample size in qualitative studies is usually small, ten or fewer (Polit & Beck, 2012; Rudestam & Newton, 2007). The exact sample size is based on data saturation. Data saturation is the point at which study participants' descriptions of an experience provide no new information (Mason, 2010; Polit & Beck, 2012). The estimated sample size for this study was ten subjects. However, more subjects will be interviewed if new data continues to emerge.

The sample for this study consisted of associate degree nursing students who participated in a preceptorship clinical experience in the last semester of their program. The preceptorship experience must have occurred during the spring, 2016 semester. Participants were recruited from the Associate degree nursing program at La Roche College. Criteria for inclusion in the study included:

- Students in the last semester of an associate degree in nursing program;
- Students who have completed 40 hours of their 60 hour preceptorship in the last semester of their nursing program;
- Students participating in a preceptorship-linked course for the first time;
- Students must be able to read, write and understand English.

Exclusion from the study were those individuals who did not meet the inclusion criteria.

Setting

Participant interviews took place face to face at a mutually convenient time and location determined by the participants and the interviewer. Potential locations may include the researcher's private office or a private conference room at the college. Interviews were conducted in a conference at the college.

Procedures

The first step of this study was submission and approval from the Institutional Review Board (IRB) at Indiana University of Pennsylvania (IUP). Upon approval of the IUP IRB, approval from La Roche College's IRB was obtained. After IRB approval from IUP and La Roche College, recruitment of study participants began on January 21, 2016 during potential participant's preceptorship-linked course, Transition from Student to Graduate Nurse. The researcher visited the class, described the study and asked students to consider participating in the study. An informational flyer (Appendix A) was distributed to students at that time. All volunteers for the study were able to contact the researcher in person or via the researcher's email account or cell phone. The researcher maintained weekly contact with interested students to determine preceptorship hours completed. After determining that a potential study participant had completed at least 40 hours of the preceptorship experience and had met inclusion criteria, the researcher contacted the student to arrange a time and place for the interview.

Face-to-face interviews were conducted with participants and digitally recorded. Each interview took approximately 20-45 minutes. Prior to beginning the interview, participants were provided a brief verbal description of the study, a verbal reading of the informed consent, and asked to sign the informed consent (Appendix B). A copy of the

informed consent was given to the subject. As part of the informed consent process, the researcher asked participants for permission to contact them at a later date to clarify any statements.

Participants were also asked to complete an investigator-constructed demographic questionnaire (Appendix C). Demographic data was used to describe study participants, preceptors, and specific preceptorship aspects. Information obtained included but are was not limited to age, gender, the number of required preceptorship hours, preceptor gender, preceptorship facility and unit, and educational preparation of the preceptor.

After completion of the demographic data form, the following open-ended question was asked:

Tell me about a time in your preceptorship experience that stands out to you.

During the interview, participants were asked to clarify or expand on a statement. For example, statements or questions such as "tell me more," "could you elaborate more on that," or "what do you mean by …" were used. Additional interview questions included:

> What was helpful during your preceptorship?
> What was not helpful during your preceptorship?

After the first three interviews were conducted, transcribed, and reviewed; additional questions were used to elicit students' experiences of preceptorship. The additional questions were:

> Several people I interviewed have talked about learning lots of new things. Is or was that true for you?
> Several have mentioned that being in a preceptorship is different than clinical. Did you find that also? How is it different?

The researcher also addressed any participant questions or concerns regarding the study. Participants were given a $25.00 gas or grocery gift card in appreciation for his or her participation.

Field Notes and Confidentiality

Field notes were written by the researcher immediately following the interview. The field notes contained observations about the environment in which the interview was conducted. Observations related to the participants' expressions and body language were recorded during and after the interviews. Verbatim transcription of the interviews were conducted by the researcher. The researcher ensured adequacy of transcribed interviews by comparing digitally recorded interviews with transcripts.

To organize data and maintain confidentiality, interviews, demographic questionnaires, and field notes were coded. Coding occurred immediately prior to the interview. Coding included a letter and number. For example, the first interview was coded as A1, the second as B2, and so on. Additionally, all study materials (digital recordings, field notes, transcribed interviews) will be kept in a locked safe box or a locked filing cabinet to ensure confidentiality and security.

Rigor

Rigor in quantitative research is supported through reliability and validity testing which are not applicable to qualitative studies (Merriam, 2009; Polit & Beck, 2012). Alternate methods are used in qualitative research to determine accuracy of study findings. Trustworthiness is the term used in qualitative research that corresponds to validity and reliability (Merriam, 2009). Credibility, dependability, confirmability,

transferability, and authenticity are the criteria recommended by Lincoln and Guba (1985) for establishing trustworthiness of qualitative research.

Credibility refers to the believability of the findings and can be accomplished through an audit trail and reflexivity (Merriam, 2009). One method of ensuring credibility of a study is through an audit trail. The audit trail included field notes specifying activities of this study. Reflexivity is another means of determining credibility. This is also accomplished through the decision trail but also via the researcher's examination of assumptions and preconceptions (Houghton, Casey, Shaw, & Murphy, 2013). Throughout the research process, the researcher utilized bracketing to identify and set aside preconceived beliefs and suppositions about the phenomenon studied.

Consistency of the study processes represents dependability (Merriam, 2009). Dependability was established in this study through truthful descriptions of the sample, setting, procedures, analysis, and reporting of data. This criteria is also accomplished through the use of the previously described audit trail and reflexivity (Houghton, et al., 2013). The outlined procedures were strictly followed to ensure the quality of this study through dependability.

Confirmability relates to the quality of the study results (Tobin & Begley, 2004). As with the previous two criteria an audit trail and reflexivity aid in determining confirmability (Houghton, et al., 2013). Review of procedures, analysis, and findings by the doctoral committee and dissertation chairperson established confirmability.

The ability to apply study findings to other groups or settings describes transferability (Houghton, et al., 2013; Polit & Beck, 2012). It is not the researcher but the reader of the study that ultimately determines transferability (Houghton, et al., 2013).

The thick descriptions of the phenomenon by the researcher facilitates the transfer of study findings to similar contexts. Remaining open to the participants' described experiences or intuiting, provided opportunity for a thick description of students' preceptorships. Authenticity was also enriched by this process.

Human Subject Considerations

The study proposal was submitted to the Indiana University of Pennsylvania and La Roche College Institutional Review Board (IRB) for approval. No vulnerable subjects, such as children, prisoners, or mentally disabled persons, were included in the study. There is a possibility that a study participant may be pregnant however they were not specifically recruited for this study. Informed consent (Appendix B) was obtained from participants at the beginning of the interview process. Study participants were free to decide not to participate or to withdraw from the study at any time. This will not affect participants' relationship with the investigator, college, or university. Study withdrawal or non-participation did not affect participants' relationship with the investigator, college, or university. Confidentiality was maintained throughout the study. Interview transcripts and demographic data will be assigned an identification code. All personal identifiers were removed or blocked to maintain confidentiality. Information and data obtained during this study may be published in scientific journals or presented at scientific meetings but participants' identities will be kept strictly confidential. In accordance with federal regulations, data will be maintained confidentially for three years from completion of the study, and then it will be destroyed.

Data Analysis

Content analysis was used to examine the data obtained from participants of this study. Analysis of qualitative research data occurs simultaneously with data collection

and transcription of data obtained (Lambert & Lambert, 2012). Therefore, data analysis began with the transcription and review of participant interviews. Content analysis is the process used to identify categories, patterns and themes of the data (Magilvy & Thomas, 2009; Polit & Beck, 2012). The researcher will read and re-read the transcribed interviews in order to obtain a sense of the experience being related by the subjects. Significant words, phrases, and sentences that related directly to the experience were identified and then clustered into themes common to the subjects' described experience. An in-depth description of the phenomenon will be provided and linked to related literature. Transcribed interviews, identified themes, and descriptions of the phenomenon were reviewed by the researcher's dissertation chairperson. Demographic data collected was used to describe the study sample, preceptors, and some preceptorship aspects.

Summary

The qualitative descriptive method of inquiry will be used for this study to answer the research question: What is the Associate degree in nursing student's experience of a precepted clinical practicum during their last semester? The process for studying this phenomenon will provide a comprehensive understanding of the participants' experiences. Recruitment of study participants from an Associate degree nursing program in Southwestern Pennsylvania using convenience sampling will occur. Confidential interviewing will take place upon IRB approval of this study. Content analysis will be used to examine the data.

CHAPTER FOUR

RESULTS

This chapter describes the results of a qualitative descriptive study of the experiences of ten associate degree nursing students' experiences in a preceptorship. An overview of the study sample and participant demographics will be presented. A brief review of the interview questions used to explore the research question for this study is provided. Finally both helping and hindering themes identified from student interviews are reviewed.

Sample Description

The ten participants in this study were associate degree nursing students who were in a preceptorship during the last semester of their nursing program. Through the use of convenience sampling, participants were recruited from one college in Southwestern Pennsylvania. Study subjects were currently enrolled in a final semester nursing course and were participating in the required 60-hour preceptorship linked to the course. Pseudonyms were assigned to participants. These names will be used when describing participants and the quotes from their interviews.

Participant Demographics

As indicated in Table 1, participants' ages ranged from 20 to 36 years. Nine of the participants were female and one was male. Eight were employed part-time, five of those in the health care industry. None of the participants had ever participated in a preceptorship prior to this experience or had ever been a preceptor. Preceptorships were conducted as part of a final semester course, *Transition from Student to Graduate Nurse*. The 60-hour preceptorship experiences occurred at three hospitals in Southwestern

Pennsylvania. The types of units used for the preceptorships were medical-surgical, telemetry observation, oncology, medical oncology, and neurology. There were nine female preceptors and one male. Preceptors' nursing experience ranged from one to 35 years. Three preceptor's years of nursing experience was not indicated or was unknown by the student. Four preceptors had a bachelor's degree and six had an associate's degree. Students were able to choose the hospital for their preceptorship.

Table 1

Individual Participant, Preceptor, and Preceptorship Demographics

Participant	Age	Gender	Preceptorship Unit Type	Preceptor Gender	Preceptor Experience	Preceptor Education
Anne	23	Female	Medical-Surgical	Female	~8 years	ADN
Ben	29	Male	Telemetry Observation	Female	Unknown	BSN
Claire	21	Female	Medical-Surgical	Female	Unknown	BSN
Dana	23	Female	Oncology	Female	2 years	BSN
Eileen	20	Female	Medical-Surgical	Female	Unknown	ADN
Fiona	21	Female	Oncology	Male	~6 years	ADN
Gracie	20	Female	Medical Oncology	Female	20 years	ADN
Heather	36	Female	Oncology	Female	35 years	ADN
Isobel	21	Female	Oncology	Female	1 year	ADN
Jenna	21	Female	Neurology	Female	1 year	BSN

Research Question

The overriding question guiding this study was: What is the Associate Degree in nursing student's experience of a clinical preceptorship during his or her last semester? Interviews were conducted with associate degree nursing students who were enrolled in a preceptorship during their last semester. The researcher began the interview by asking the participants to: "Tell me about a time in your preceptorship experience that stands out to you." Study participants were also asked, "What was helpful during your preceptorship?" and "What was not helpful during your preceptorship?" After conducting and reviewing transcripts from the first three interviews, a frequent topic expressed by students was exposure to new experiences and the preceptorship being different from previous clinical experiences. Therefore the following questions were added to subsequent interviews. "Several people I interviewed have talked about learning new things. Was that true for you? If so, can you explain?" and "Some students have mentioned that being in a preceptorship is different than clinical. Did you find that also? If so, can you explain?"

Themes

Repeated reading of transcribed interviews yielded five helping themes. Getting experience, being supported, becoming confident, learning to prioritize and feeling independent were identified as helpful to students during their preceptorship. Students believed the start of the preceptor experience was stressful and frightening leading to the one hindering theme of foreboding beginnings.

Helping Themes

In their narratives students told stories of experiences that were helpful in their preceptor rotation. Helping themes emerged from stories of students' experiences in a

preceptorship. Students expressed benefits of additional practice and encountering new experiences. They felt they were exposed to all aspects of nursing practice. Students described becoming more confident, feeling independent and learning to prioritize. These themes illustrated the benefits of a preceptorship experience for students.

Getting Experience

Getting experience was the first theme identified. This theme became apparent when participants shared stories of gaining new opportunities, practicing psychomotor skills, providing comprehensive nursing care and experiencing the everyday aspects of nursing.

During interviews many students described incidents in which they were exposed to new experiences. Ben related a story in which he participated in a patient's discharge for the first time,

> *...And one thing we didn't really get exposed to in clinical was how much there [pause], you have to contact the doctors constantly because they wouldn't do things right, they miss [pause], make mistakes putting in orders...the discharge medications to take home weren't always done so we had to call them* [physician] *and sometimes you get the physician assistants (PAs). Then they would do something wrong, so you had to call back. There were a couple of times we had to call the office three or four times to get them to do the right thing and then explain the discharge instructions to the patients. They* [patients] *were used to one thing when they came in. Things were changed so you need to ask to call the doctor...then they* [physician] *realized they made a mistake. So we had to reprint everything...*

For Anne, additional practice with antibiotic administration and intravenous pumps occurred during her preceptorship. Anne relayed two stories about these opportunities,

> *...it was my second day. We had seven antibiotics to do. So, I remember, we did some antibiotics but not many. So I was very, I was stumbling. It was really good that I got this experience. I remember, we had five patients and it was just hour after hour of antibiotics. So I think that was a really good experience to have...*

and

> *Well, I am not very good with technology. So actually working with the pumps, because they are different everywhere, I think that's a good experience. But, priming them, I'm better...I'm more experienced with priming and, now, hanging tubing. I'm still working on the pump part...but I'm glad I had so many...*

Dana spoke about getting the opportunity to call the doctor and pharmacist, which she did not have during previous clinical experiences,

> *...you have freedom to do certain things that you wouldn't be able to do on other floors. You also get to talk to doctors. I got to talk to a doctor on the phone...That was a good thing that I learned. I got to call pharmacy. I just thought there was a little bit more experience that you get because you don't always get a patient where you have to call a doctor. So you get a wide variety of things that you can see and do on your clinical preceptorship.*

Like Dana, Fiona spoke of events not presented in earlier traditional clinical experiences. Fiona shared the following example,

> *...there's a lot I got to see. I got to see chemo treatments which we learned about. I got see blood transfusions which we learned about but never got to see the two*

nurses double check. You learn it but never saw it. That was helpful, just to be able to see the different experiences like that, putting an actual situation with what we learned.

Participants' descriptions of getting experience included statements related to acquiring more practice and participating in all aspects of care during their preceptorship experiences. Claire's narrative revealed that during her preceptorship she was able to provide complete patient care instead of focusing on only one component,

...I felt like I was getting more hands on...I pulled out a nasogastric (NG) tube. I didn't realize how long they were until I actually pulled them out. I've learned how to apply restraints and the process that has to go behind that, like getting the doctor's orders and waiting for the doctor to call back. I've done a heparin drip. We learned how to do them in class but to get to actually do it, I think helped a lot because I understand it better. And [silence] *I think a lot that I learned was intravenous (IV) medications and knowing how to re-spike bags, restart IV fluids and then the IV pumps. I didn't know how to program them when I first started. We would do them in the rooms but it would be once a week and I could never remember...I had to repeatedly do it. With precepting I have at least three times a night where I'm restarting an IV or hanging antibiotics or fluids. I learned how to pull an IV out. I've only seen them, I've never actually done it. I got more experience with discharging patients and all the paperwork that goes with that. I learned how to consult a doctor, call them and wait for them to call you back...*

Isobel, too, indicated that her preceptorship experience afforded her the opportunity to participate in all aspects of nursing,

...I've never seen Jackson-Pratt (JP) drains before. I've dealt with them with a bunch of our patients because they would be coming back from having mastectomies and procedures that would require JP drains. I got to empty them and set them up. That was really interesting. I also can now change a colostomy bag by myself. I was not very familiar with them before. I'd only seen it done before. But I was walked through it and can do that now. I am also very comfortable around ports and PICC lines. Flushing and giving medications through them which I had never experienced before. I was also able to hang many medications and bags, which I never had the opportunity to do. So I learned a lot...

Some students described getting experience through exposure to common (day-to-day) components of nursing on an inpatient unit. Getting experience for Jenna was achieved through that day-to-day exposure to nursing,

I just feel like I got to do a lot of stuff. I got to pass a lot of medications. I got really comfortable with the pumps and intravenous medications. I got to do nasogastric tubes and Foley catheters. I helped to do a lumbar puncture...And I just felt like I got the overall experience just being on the floor and being able to see what actually goes on.

Several students described the opportunity for more practice. Within their narratives students' words and phrases, such as "*...I felt like I was getting more hands on...*" and "*...I felt like I got to do a lot of stuff.*", demonstrated this opportunity. In addition statements about the chance to perform tasks repeatedly, for example "*...at least three times a night I'm restarting an IV...*" and "*I was able to hang many medications...*",

illustrated the additional practice obtained with the preceptorship experience. Exposure to new experiences, additional practice, participating in all aspects of care and experiencing daily elements of nursing were all examples of this theme. Upon examination of students' stories and significant statements the theme of getting experience was identified.

Being Supported

Being supported was the second theme identified from student interviews. All of the participants mentioned being supported during by their preceptor during the preceptorship experience. The support provided to students was manifested through teaching, gradual exposure to patient care, working alongside their preceptor, advocating for the student, positive feedback, and providing step-by-step direction. Support during the students' preceptorship was also provided by other health care team members.

Teaching was one method of being supported that students described during interviews. Anne was paired with a seasoned nurse. Anne related how this was helpful because it enabled her preceptor to better explain patient care,

> *I think my preceptor was very, [pause] very intelligent...She had lot of experience. She said she has been precepting for a couple of years...I think it's good that she had experience because she was able to explain everything to me if I was confused, which helped a lot. Especially before going into a room, she would take the time. My patient had encephalopathy. She was very confused and would try to roam around. Physical therapy would take her for a walk because that was the only thing that would distract her from going into the bathroom and sitting for hours. I just thought it was interesting that she [preceptor] said, 'Oh, that person has...so they're displaying [these signs and symptoms].' I just thought they*

[patient] *were confused. But apparently it was because of the disease process...But she* [preceptor] *is very good. She takes the time. So I think that's good...I couldn't imagine having a preceptor that didn't try to explain things.*

Like Anne, Jenna was also educated by her preceptor. She related how her preceptor explained the nursing care provided to patients. Jenna also indicated that her preceptor gradually exposed her to nursing care during her experience,

...I loved my preceptor. She was always, she always taught me with everything she did. Even if I couldn't do it, she would say what she was doing. She would explain everything she was doing, always. Even with the Pyxis, getting out all the medications. The whole process. Assessing the patients. She didn't throw me right into it or anything. She started slow. Then she started letting me do more and more.

Similarly, Fiona described how her preceptor not only explained what was happening but explained why things were done, which aided in her learning,

...he would always ask me what I'm comfortable with. Then I'd go and do it. Like doing my assessments he'd ask me if I had any questions on the assessment, any questions about the patient's history or any questions about report. He always explained everything before and after. When we had a code situation where the person was choking, he would explain everything to me after. Why you do this, why do that and do I have any questions. It was never, he's onto something else. He always took the time to explain what happened, why he did it. That was huge to me. That helped me learn because you see it but you don't always put a why or how to it, you don't really register it...

Similar to Jenna's story, other students also described their gradual exposure to patient care as a manner of being supported by their preceptor. Ben provided the following example that demonstrated this support,

> *...but she started me off slow where the first day I followed her, then she gave me two patients, then steadily more responsibilities....*

Claire also had an example of gradual exposure to patient care provided by her preceptor,

> *...charting she would check it after I was done. I would let her know I charted on so and so and she would check it. She would then tell me if I needed to do anything different or change anything. For vitals she would ask if I was comfortable to do it on my own or if she needed to be in the room. The first day I told her, 'Yes, I wanted her in the room', just so I could see...Then I asked her to do an assessment so I could see how she did it just to make sure I didn't miss anything or do anything wrong. But after the first day she gradually let me do more on my own.*

Being supported was also demonstrated when preceptors worked alongside the student. Eileen described this support with the following,

> *...we basically tagged team the assessment the first two shifts. We did vitals together and assessed together because I was, 'Oh, I'm new to this whole thing.' She didn't throw me in. She helped me out with going through and saying what their* [patients'] *main focus was and everything.*

Another type of support was demonstrated through student advocacy. Gracie recounted an incident in which a patient was maligning her and the care she provided. Gracie's preceptor supported her by defending the care Gracie provided,

...I went into the patient's room and I told him about what was happening. He started using very foul language towards me. He was being very verbally threatening. My preceptor heard him from the nurses' station. She went in and stood up for me. I thought that was a very big thing that she did. Her taking that step forward to defend me in a situation like that. I thought that was very, very brave of her, very helpful too so...It was more or so along the lines of he was saying mean things to me. How I was going to be a horrible nurse after I graduated because I couldn't bring him his beer. My preceptor went in the room and said that I had been very nice to him throughout the day, had provided care to him in the way that I was supposed to be and it wasn't fair for him to just automatically judge me because I wasn't bringing him what he wanted. So it was just her defending me for doing what I was supposed to do in that situation. I thought it was nice of her...

Two students described receiving positive feedback from their preceptor as a manner of being supported during her preceptorship. Isobel's preceptor offered praise as well as future advice,

I felt like I was comfortable and supported through this whole thing. She would always give me positive feedback and just tell me, 'You did great today. Is there anything you want to work on for next week?' If I was unsure about something or did something, not wrong but...not proficiently enough, she would say, 'Okay. Try it this way next time.' And she gave me tips on how to improve.

Claire also described the positive reinforcement she received from her preceptor when she performed a straight catheterization for the first time,

...she'll brag about me [laugh] to other people...I had to straight catheterize a patient and I'd only done it on manikins. I've never done it on a real person and this 90 year old lady needed it. My preceptor asked if I had ever done one before and I told her, 'Only on manikins.' My preceptor said, 'Well you'll learn today.' I remembered how to set it up...at first I was real shaky and my preceptor told me, 'Take a deep breath. You're fine. You explained it to me right. Just do what you said.' I did and then we catheterized the patient and got the urine we needed. She [preceptor] *walked out of the room and said, 'This girl, right here, just straight cathed. First try.' Some of the nurses were clapping and saying 'That's awesome!' That helped a lot because I was nervous.*

Gracie felt supported by her preceptor's personal attention and quick response to her need for assistance,

...you had one-on-one attention with your nurse. If you needed something or didn't know what to do with a particular patient, she was right there. I had a patient with the worst colon cancer I had ever seen. He had metastasis everywhere. He was confused and was restrained. One day he broke loose of the restraints and was throwing things in his room. It was really [pause], *I was scared out of my mind because that was the first time I had ever seen something like that. I was in the room with the patient and I just yelled out the door, 'Can someone please come and help me?' She* [preceptor] *heard that tone of voice and came running into the room. A couple of other nurses came with her. They helped me get the patient back to bed and put his restraints back on. She told me to breathe and that I was okay. It was really nice having someone there when you*

needed them. It's definitely something that you don't get when you're on a clinical experience with school because you have your instructor but there are ten other kids, maybe seven other kids they have to deal with so they're not going to always be there all the time if you need help. So you have to prioritize what you need help with from your school instructor when you're on the clinical floor. With a preceptor they're there. It's like having your own personal person there, like a dictionary there if you need something.

Gracie and Isobel provided examples of being supported by their preceptors' willingness to provide step-by-step directions regarding patient care. Gracie's preceptor provided directions and quizzed her about the care being provided,

...she'd walk me through it the first couple of times. Then she would quiz me to see if I could do it myself. Usually by the time I would get to the point where I had to do it myself, I could get all the steps in without her having to step in and say, 'No, no. You're not doing this right.' But she would challenge me by making me walk myself through things after she explained it so many times...

Isobel's experience was similar with step-by-step instructions from her preceptor,

...if I needed something, didn't know how to do it or if it was my first time she would explain it to me before I went in the room and come in with me. If I needed extra back up or support she would walk me through it.

Several students reported being supported by other health care team members. Eileen described the assistance that other nurses on the unit provided,

I like the unit I'm on. All the other nurses are willing to help too. If there's something going on they're willing to step up and help us, not just leave us if we

need anything. When we go on break, they're willing to take our patients until we get back. All of them are really nice. Everyone is great. I like the unit and my preceptor. I'm glad I was where I was.

Fiona, too, described how those who worked on the unit were supportive of her learning,

...that unit in particular, they have a lot of people that just pop in and ask, 'Do you need anything?' or 'How's it going?' Even if you're just sitting to chart or something like that. Someone's asking, 'Hey, do you need anything?' They're very around I guess you could say. You don't feel like you're secluded. My preceptor, he was always around. He would do his thing and then come and ask, 'Do you need anything?', 'Are you okay?' or 'Any questions?' He was always there. I guess someone was always there. So I don't think I would say alone.

Gracie also experienced support from other healthcare providers. She described how other nurses assisted when her preceptor was unavailable,

...if my preceptor was taking care of something that she couldn't be there to help me, there were other nurses. If I had any questions they would come and help me. Of course for medication administration or anything like that, they wouldn't go in the room and give medications with me because my preceptor wanted to be there for that. But if there were any questions or any concerns, they would try their best to help me. Everybody was just so helpful on that floor. Nurses aids, doctors, everybody...

In a similar example, Isobel gave an account of the helpfulness of other healthcare team members,

I like how everyone on the floor is very helpful with each other. They really are. If one person's struggling, has a question or needs assistance they're right there. It's not like you have to ask, look around and ask someone. They jump to help their coworkers which is really nice because sometimes you need that. They're all very helpful and welcoming which was nice because I'm kind of shy at first...

Heather supplied the following example regarding the support she received,

The monitor tech is helpful. They have those monitor techs...so he's pretty helpful. If he finds a rhythm that's uncommon he'll print it and show it to me. Not that I really know what it is, you know. He'll try to explain it to me. I think that that's helpful. I like how the doctors are right there all the time...they explain a lot to me. They're nice.

Review of students' accounts with their preceptor elicited important phrases, such as *"...she always taught me with everything she did."*, *"...she started me off slow...then steadily more responsibilities..."* and *"She would always give me positive feedback"*. The identified phrases described actions by the preceptor of teaching, gradual introduction to patient care, advocating for the student and positive feedback. The preceptors' presence and mentoring behaviors, as well as those from other healthcare team members, contributed to students' feeling supported, hence the theme being supported.

Becoming Confident

Becoming confident was another theme identified from student interviews. Subjects overwhelmingly related becoming confident through participation in the preceptorship. Ben's story illuminates this confidence,

Feels like everything is finally coming together. I don't feel as clueless as I guess thought I was...with everything. I'm able to see things with lab values and see when they're sick why this is happening. Then seeing them for a whole shift, I was able to see when someone was getting a little bit worse. And looking at tests they had, 'Okay, this is why.' Just doing all of the little things we're able to do that we ticked away at on clinical. Maybe we hung intravenous fluids one day then there wasn't another for two or three weeks. Every time I was able to hang fluids, give injections and all that stuff it just all clicked and I'm feeling like I'm competent to do everything myself.

Becoming more confident during the preceptorship experience was also described by Dana,

I got more confidence in doing that. Because at first I was nervous going to my first preceptorship. I'm wondering, 'What's this going to entail?' I didn't know if she was going to throw me right in or if she was going to wean me in. But she threw me right in. I thought, 'Okay. [laugh] *If you trust me to do that then let's go.'* [laugh] *I felt good about myself...we talked a little on the phone and I let her know what I'm comfortable with because she asked, 'What are you comfortable with?' I said, 'I'll do everything.' She said, 'Alright then, let's go.' I felt good about myself that I can do all that that these two years of schooling really made up for something. That you can actually use everything that you learn. It's not like your prerequisites where you're learning about other things that never really apply to your job. I thought that was nice that I gained confidence in myself. That I can do these things. I'm not scared to do them any more* [laugh]. *Sometimes I*

fumble with stuff when I'm with my nurse instructor. They're staring at me, I'm sweating [laugh], *and I'm fumbling with things. It's* [preceptorship] *a lot more laid back...*

Through repeated performance of nursing skills and observing nurses' interactions, Fiona indicated an increase in her confidence,

...seeing different nurses interact, that definitely helps you feel more comfortable and you just know what to do, the next time you can step forward...because you have to assess everyone every morning, you have to gather everything and I definitely think that your using the nursing process and...you're getting it down pat because you're doing it so often...

Gracie described that in caring for patients with a higher level of acuity she became more confident in her nursing abilities,

...made me a lot more confident in handling patients that had things that were a little more, how do I want to describe it, a little more risky to them. If they had a chest tube, drains or chemotherapy drugs my preceptor taught me how to deal with that...

and

...a lot of skills that she helped, that my preceptor helped me improve on. She helped me increase my confidence with handling IVs, gastrostomy tubes and handling confused patients. So skills that I have already learned I was able to further enhance those...

Jenna indicated that she had become more confident during her preceptorship,

> *...I felt like I know the medications. I know what they were, the patients, what was wrong with them and how everything tied together. And I started feeling like I would know what to do if something happened or if I had to deal with a situation...*

Claire revealed that she had more confidence near the end of her preceptorship experience compared to the outset. Her preceptor's confidence in her ability helped Claire's confidence improve. This increased self-assurance was demonstrated in the following two narratives,

> *...now I feel like I know a lot more versus the beginning of the preceptorship. I feel like I know a lot more and I feel a lot more confident being on the floor.*

and

> *It made me feel good that she thought that I could do it. She doesn't know my school habits. She doesn't know what kind of student I am or anything but the fact that she based that on how I acted on the floor...it made me feel good. I was, 'Oh, maybe I do have this.'...She helped a lot and gave me confidence too.*

For Isobel becoming confident was illustrated in her story of providing guided imagery for a patient who was experiencing pain,

> *I had a patient who was in severe pain and nothing was working for him...short of breath, dyspneic...you could tell he was uncomfortable. And I had this little feeling in my head of, 'Hmm, maybe I should try this.' So I used guided imagery with him...I just asked him, 'Are you a summer, winter, fall, spring kind of guy?' And he said, 'I'm a summer person.' So I...'Picture yourself as you're on a beach*

and the sun, with the warmth and think of yourself just absorbing all the rays and the 80 degree weather. Close your eyes and take some deep breaths in through your nose out through your mouth.'...He was doing that. I watched him. His breathing went back to normal and you could just see the comfort on his face...He said, 'Oh my God. You really helped me. That worked so much.' I never thought I would use that ever in my life. We would always talk about it, make fun of it and say, 'Oh, no one would use guided imagery.' But it really works. So it was probably the thing that stood out to me...I felt good after that. I thought, 'Oh my God, I actually made him feel so much better.' He kept thanking me, saying, 'Oh you helped me so much. I wouldn't be able to go through this without you.' So it really made me feel good about myself and gave me a lot of confidence too.

Students' narratives were analyzed for significant phrases describing their experiences. A few students used the term 'confidence' in their stories, for example, *"I got more confidence in doing that"*, *"I gained confidence in myself"*, *"...made me a lot more confident..."* and *"She helped me increase my confidence..."* Others described feelings such as, *"Feels like everything is finally coming together"* and *"...I started to feel like I would know what to do..."* In addition students related improved self-assurance through actions by their preceptors, such as helping students improve their skills and by demonstrating confidence in the students' abilities. Students' descriptions of their preceptorship experiences, as well as their interactions with their preceptors, indicate a self-assurance or trust in their abilities leading to the becoming confident theme.

Learning to Prioritize

Learning to prioritize was the fourth helping theme identified from student interviews. Many students related that the preceptorship experience helped them learn to prioritize. For Ben, the difficulty managing care for multiple patients was part of learning to prioritize during his preceptorship,

> *...when we were at clinical we had one person. We were limited on what we were able to do. So every time we came in, we did medications, assessment and the paperwork...With two to four people I was looking after, it was just getting everything done in a timely manner. Make sure medications were on time...just that whole thing was stressful and prioritizing your time. You know which one needs to be seen first...we were always sure we were doing our rounds. The rapid response patient, we had to see her first. Make sure she was okay then go around to the other patients. So I think it's more or less a day by day learning experience on how to, which one, which patient is most critical at the time...*

Claire verbalized learning to prioritize and the assistance her preceptor provided during her preceptorship,

> *I really learned how to prioritize...I was just there for a night shift. We had five different patients and my preceptor asked me to prioritize them. There was one patient that was scheduled for a colonoscopy the next day and he was just getting a bowel preparation. There wasn't anything about him that needed to be looked at immediately. There were two stroke patients, rule out strokes. One patient was there for shortness of breath and the other was there for confusion due to Alzheimer's disease. My preceptor asked me to prioritize them and I just looked at*

her, thinking, 'What?' She told me to think about it. She said, 'What is most important? What do you need to do first, second and third?' So I guessed. We would see the stroke patients first because we have to do the stroke scale...She said, 'Yea. We're doing them first.' We were going to see them first and get their medications done. Then we were going to move on to the patient with confusion because he kept getting out of bed, was a diabetic and just received a foot treatment...

Dana's preceptor also helped her in learning to prioritize, which was demonstrated by the following narratives,

There's a lot more patients so it gets difficult [laugh] *at times...I think it kind of smacked me in the face the first day I was there. My preceptor said, 'Okay, what would you do?' I thought, 'Oh. I have to really think. I have to sit down and think about who I would see first.' On the clinical floor* [clinical experiences for school] *you only have one patient. You're seeing them first* [laugh] *because you only have one...For example there wasn't a patient that stood out as a priority one day. My preceptor asked, 'Who would you see first?' I'm thinking that this patient has 9, 10, 11 o'clock medications. This person has a couple of 8 o'clocks so we might as well get the patient with 8 o'clock medication out of the way first so we can group those other medications together...so it wasn't necessarily their care but it could be their medications or it could be anything that you could use to aid yourself with your time management that day. I feel you get more of that on your clinical experience with your preceptor than you do one on one with a patient during school with your nursing instructor.*

and

> *...we do use the things that we learned in nursing school to prioritize. There was a patient whose potassium was 6.9. My preceptor asked me what we would do first. I said that first we would give D50. It was the hyperkalemic protocol to give D50, insulin and another thing I can't remember but it was all three of them. She [preceptor] told me that there was not a blood return on the external jugular IV and that they wanted us to give cathflo. I said that we should go in, see if we can get it* [blood return]*, and then if not, we have to call the IV team...My preceptor let me decide what the next step would be. She asked me if we should go see the other patients first before the patient with high potassium. I said that no, he has 6.9 potassium, that's not good...so you have to prioritize your care. You don't have to when you have one or even two patients because you can juggle both. But with six, seven or eight patients, depending on where you work, prioritization comes into play a lot more...every morning we would get report and she [preceptor] would lay out the patients and ask me, 'Which one are we going to see first today?' It's my decision...*

Eileen compared prioritizing care for one patient with multiple patients in two exemplars,

> *...having the multiple patients and actually making the priorities…with one patient you think, 'Oh, well. I'll do this task before doing this task.' But with multiple patients it's, 'Oh, well. I'm going to see this patient before that patient.' One day we had an admission coming just as we started the shift. My preceptor said, 'Let's go do the admission first, see him and make sure he is stable. Then we will check on the other patients because they have been stable.' It's prioritizing*

actual patients and actual patient needs with multiple patients instead of just one patient and prioritizing one thing over the next.

and

...it's a little difficult sometimes to think, 'Oh, maybe this person needs this before that.' You have to evaluate the situation sometimes, what they need and sometimes you need to give someone's medication right now. For example insulin, you should give when the patient has his meal. You don't wait to give the insulin, you have to give it when the patient's meal is sitting right in front of him. Other patients can wait until you're done giving the insulin to get their medications...it's hard to think about which thing to do right now because most of the patients aren't critical. They're mostly just observation so they don't have an immediate need but sometimes they do. It just depends on the patient.

Several students described difficulty with prioritization at first. Although Anne found it hard initially, she realized that she was applying the learned concepts of prioritization during her precepted experience. This was reflected in the following narratives,

....I think that it's just tough to try to decide what to do and when to do it. But she took priority because she was such a high fall risk and then the other ones were more stable. So I chose to do that. I think that you need to know to do that because safety is always first.

and

...do my own assessments, I choose who is priority, when to assess everything. So it's going to help when I actually have a job...I'll be set with what order since I've seen a lot already. A lot of mixtures of things that I can decide who to see first. I

think that's good...I've seen heart failure to UTI [urinary tract infections], she's confused. So, you have to choose who to see first. So I see the confused patient with the UTI who's getting up out of bed, before the chronic congestive heart failure. And I think you have to know to do that. I didn't think it would be as hart to prioritize as it is [laugh] *but it is. I think, I struggled my first time doing it.*

Heather too found prioritization difficult at first but did learn to prioritize during her preceptorship experience,

...when I first got there I was lost...now it clicked...I come in, this is what I do, this is the patient I see first...because it's a cancer unit, I always go for pain first because they're in a lot of pain so whoever needs their pain medication, that's how I started off unless someone has to go to a test, then I go for the person that has to go for the test because they go earlier, so that's how I prioritize but at first like I couldn't, I wasn't getting it...but now I got it.

Fiona described that information obtained during change of shift report helped her with prioritizing care,

...every morning we get report...but no one says, no one tells you who to see first or who is urgent. They give you information, you have to go over it and decide what's important...I think that's kind of different...I like doing that...when you're in clinical you get one patient, so...I have to see that patient first, obviously, because that's your only one.

Like Fiona, Grace used information provided in report to determine prioritization. Additionally she applied patient safety issues to the prioritization process,

For me a lot of the time when I would prioritize my patient with what I had to care for first, I would listen to what the nurses would tell me in the nurse's report. So if they, if the nurses, in the nurse's report would say that patient's had a really good night...their vital signs were stable and they had no complications then I would think, 'Okay, that's somebody that I can hold off on, to go and see.' But if I would hear in the nurses report that the patient struggled throughout the night and their O2 sats [oxygen saturations] were dropping or they act—they tried ripping out one of their IVs or something, then that would be one of the patients that I would take a look at their chart first and go and see first because of the biggest things with prioritization is also maintaining patient safety. So if you have a patient that came in for a big surgery but they're doing well versus a patient that comes in and their mental status changes and their ripping IVs out and trying to put themselves in danger you want to take care of the patient that poses a greater safety risk...than the others. So that's what I found with my prioritization...Or if patient's are having significant problems throughout their stay that I found were something that needed to be addressed then I would go and see those patients first...

In relating stories of their preceptorship experiences, key aspects of the experiences were highlighted. For instance, *"...having the multiple patients and actually making priorities..."* and *"...I think it's more or less a day-by-day learning experience on how to...which patient is most critical at the time..."* described incidents in which students had to prioritize the care being provided. Additionally, students spoke of caring for multiple patients while managing their time and organizing care. Furthermore

students related how instrumental their preceptors' guidance was in enabling students to prioritize the care and needs of their patients. These key accounts and experiences resulted in the learning to prioritize theme.

Feeling Independent

Interviews with students about their preceptorship elicited the fifth theme of feeling independent. Subjects related feeling independent during the preceptorships. They discussed being able to provide nursing care independently. Anne's description of feeling independent related to being able to do everything,

> *She* [preceptor] *lets me do almost everything, obviously besides putting IVs in or hanging blood and such. But she lets me do almost everything independently…besides giving medication. She only comes up to me when we have to give medications or I need help. I do my own assessments, choose who is a priority, and when to assess everything. I think it's going to help when I actually have a job. I'll be set with what order to do things since I've seen a lot already, a lot of mixtures of things that I can decide who to see first. I think that's good.*

Being able to "do things on my own" was one statement from Ben regarding feeling independent. Ben also provided the following example,

> *...just having more freedom and, I guess, doing things on my own. I've felt independent for a while now but still have to get someone to hang an IV bag. My preceptor just said, 'Oh, here go do it.' So I primed it, got everything, and showed her. I was then able to do it on my own. So a lot of independence that it feels like I'm not really a student but I still am. So the independence definitely felt good.*

Dana's story revealed that she experienced a sense of freedom when she was encouraged to do things independently,

> *...seems like we have more freedom in what we do. I don't have to ask if I can pass medications now. I'm passing medication. That was my decision to pass medication at this time. We have more of our own* [pause], *it's our own plan of the day. We plan the day. We don't plan around the instructor or clinical group...you have your own freedom to do certain things that you wouldn't be able to do during other clinical experiences...*

Isobel's narrative described how she enjoyed being able to be in control of the patient's care,

> *I really liked how I had the autonomy to do everything myself but she* [preceptor] *was there behind me to walk me through something I didn't know...But I really liked the autonomy of it.*

This theme was identified through analysis of students' narratives that included significant phrases suggesting development of more autonomous practice. Statements, such as *"...seems like we have more freedom in what we do"*, *"...it's my own plan of the day*" and *"...she lets me do almost everything independently..."* highlighted this sense of independence. As indicated with previous themes, the preceptors' interactions with students promoted this sense of independence by providing students with the opportunity and encouragement to practice independently. The ability to initiate care without prior instructor approval emphasized this theme.

Hindering Theme

While the previous five themes related experiences that were helpful during participation in a preceptorship, students did describe challenges. In the beginning of this new experience of preceptorship, the students saw the preceptor experience as foreboding. They felt nervous and stressed. They experienced a fear of the unknown and they struggled to care for multiple patients. They were unsure of what was to come. In this sense the beginning of the preceptor experience was a hindrance.

Foreboding Beginnings

Feeling stressed was a challenge students experienced at the beginning of their preceptorships. Both Ben and Claire described this stressful feeling. Ben spoke about feeling stressed at the beginning of the preceptorship related to coordinating his schedule with his preceptor's and coordinating the preceptorship with his course and other clinical schedules,

> *I guess having* [sigh]*, I think everything's been helpful but it was just stressful getting started. Working their schedule, having clinical and two days of class it was hard to plan everything out. We only have to do 60 hours but it was kind of stressful just thinking about it; trying to see what days they worked, what days we didn't have school and just getting that all together...that initial getting everything started was stressful.*

Feeling stressed, overwhelmed and concerned were expressed by Claire when asked about caring for multiple patients at the beginning of her preceptorship,

> *At first it was really overwhelming. I stressed out about it a lot because I was thinking that this is new. What if something happens?*

Several students described feeling nervous with new experiences during their preceptorships. Ben described being nervous regarding the preceptorship experience because he was not sure what to expect,

> *I was nervous going into it because I didn't know what to expect or how it was going to be run. Luckily my preceptor is very nice, she got a hold of me in a timely manner...it's definitely good...*

Eileen was also apprehensive about the preceptorship experience at first, as well as being nervous about taking care of multiple patients,

> *...on my first day I told her that I was a little nervous to go in and assess…I was just a little nervous having more patients than just the one. I'm used to having one* [patient] *and focusing on that one person. I was nervous about having multiple patients. I thought it was hard to remember every single person when you have to go back and chart. When you go assess everyone then chart, you have to think about and remember which patient is which...I was nervous having more than one patient to worry about* [laugh].

Similarly, Fiona talked about being nervous starting the preceptorship due to the newness of the experience and the unit,

> *In the beginning it was extremely overwhelming... I was really nervous going into it...The new unit. I'd never been there before. When I started* [preceptorship]*...we hadn't been at that hospital yet. That was definitely nerve wracking because you didn't know where anything was, no idea how to use the computer or anything at all. So I was nervous about that. I was nervous because I had never precepted before. I also wasn't sure how that would go and how much freedom I would*

have. I wasn't sure if he [preceptor] *was going to tell me to just go do it, do your own thing or if I was going to have guidance...*

Dana verbalized a similar feeling of nervousness related to the newness of the preceptorship experience,

...at first I was nervous going to my first preceptorship because I thought, 'What's this going to entail?' I didn't know if she [preceptor] *was going to throw me right in or if she was going to wean me in but she threw me right in. I thought, 'Okay* [laugh]. *If you trust me to do that then let's go.'* [laugh].

Interviews of study subjects revealed that some students struggled with the organization, time management, and prioritization required to care for multiple patients. Similar to Eileen's nervousness in caring for multiple patients, Claire described struggling to organize the care for multiple patients. Claire provided the following account,

...I knew it wasn't going to be like clinical. I would have more patients to take care of, more to be responsible for and I knew there would be a lot of medications to pass. I was afraid that I would get behind charting on everybody, doing vitals on everybody and assessing everybody...

Two students voiced struggling with time management and, like the previous example, related to caring for multiple patients. Gracie verbalized caring for multiple patients and her difficulty with time management,

...when I started moving away from taking care of just one patient it was a little hard to start up with the time management. After I did a couple of preceptorship visits I got the hang of it. That was the only time I found myself struggling. It was

just having time management skills with the care of multiple patients. Once you do it a couple of times you get used to it and figure out what you need to fix versus what you don't need to fix. You also learn that prioritization that you need to learn, that you need as a nurse too.

Heather also related difficulty with time management when caring for multiple patients,

...but at first going from one to four patients I couldn't get my time management done right. I was only used to having that one patient all the time so I could do everything for that one patient. When you put two or three or four all at once I thought, 'I don't even know what's going on here [laugh]*.' I couldn't keep things straight but now I'm better at it...*

Isobel, too described struggling with organization when caring for multiple patients. She also reported difficulty with organization,

...my first few times there [preceptorship] *it was complete mayhem and madness. I was just so confused, not confused but it was all new to me because I'd never handled more than one patient then going straight up to four or five, it was different organizing and prioritizing...*

Examination of students' preceptorships produced several accounts related to challenges that occurred at the start of the experience. This was evidenced by statements such as, *"At first it was really overwhelming..."*, *"In the beginning it was extremely overwhelming..."* and *"...at first I was nervous..."* As indicated previously with the learning to prioritize theme, students reported incidents in which they were caring for multiple patients and organizing or prioritizing care. Plus students spoke about time management with the care of multiple patients. While in the previous theme it emerged as

a helpful aspect of the preceptorship experience, other students related it as a challenge, at least at the onset. While students found the beginning of their preceptorship foreboding with stories of stress, nervousness and struggling, within weeks some reported feeling more confident. This was reflected in statements such as, '*...at first going from one to four patients... but now I'm better at it...", "...when I first got there I was lost...now it clicked.", "...when I started...After I did a couple of preceptorship visits I got the hang of it"* and *"...at first going from one to four patients I couldn't get my time management done right...but now I'm better at it..."*.

Summary

Content analysis of the ten participants' interviews elicited helping and hindering themes. Helping themes included getting experience, being supported, becoming confident, learning to prioritize and feeling independent. Getting experience for students was illustrated by stories about new experiences, additional practice, 'doing everything' with patients, and experiencing the daily aspects of nursing. Teaching, gradual exposure to patient care, working alongside their preceptor, advocating for students, providing positive feedback and the preceptor's presence were examples of how students were being supported during their preceptorship. Students reported that they became more confident while participating in their preceptorship. Learning to prioritize and feeling independent were also themes illustrated by students' descriptions of their preceptorship. The interactions with their preceptors were valuable aspects of their experiences that contributed to the development of the identified themes.

The hindering theme of foreboding beginnings was also identified and related to the start of the students' preceptorship experience. Students described experiences that

were challenging at the onset of their preceptorship. A feeling of stress was described by several students. Exposure to this new preceptorship experience caused some students to feel nervous. Students also related struggling with prioritization, organization, and time management. Despite the challenges at the onset of the preceptorship the students found the experience overall beneficial.

Results of this study found getting experience, being supported, becoming confident, learning to prioritize, feeling independent and foreboding beginnings through students' narratives. While previous studies support the getting experience, being supported and becoming confident themes of this study, learning to prioritize, feeling independent and foreboding beginnings is new information that was not found. Discussion of these findings, implications for practice and recommendations are presented in the next chapter.

CHAPER FIVE

DISCUSSION AND IMPLICATIONS

The purpose of this qualitative descriptive study was to explore the experiences of associate degree nursing students participating in a preceptorship. Ten students were interviewed about their 60-hour preceptorship experience in the final semester of their two-year nursing program. Understanding the students' experiences with preceptorship is important for nurse educators as this remains a popular method of clinical instruction. The knowledge gained from this study may be used by nurse educators when developing and facilitating student preceptorships. Nurses who precept students may find the study results applicable to their role as preceptor. A discussion of the study results, study limitations, implications, and recommendations are presented in this final chapter.

Discussion

Five helping themes and one hindering theme were derived from analysis of the students' perceptions of their preceptorship experiences. The five helping themes were identified as getting experience, being supported, becoming confident, learning to prioritize, and feeling independent. The hindering theme titled foreboding beginnings was elicited from students' reports of challenges experienced at the start of their preceptorships. Discussion of the helping themes and the hindering theme are presented in this section.

Helping Themes

After completing at least 40 hours of their preceptored experience, each student was interviewed about their perceptions of their experience using open-ended structured interviews. The analysis of students' stories resulted in the identification of the five

helping themes of getting experience, being supported, becoming confident, learning to prioritize and feeling independent. Through their stories students' provided insight into experiences that were perceived as helpful during their preceptorships.

Getting experience. Students in this study related that the preceptorship provided an opportunity to practice and reinforce previously learned skills. They were also afforded the chance to learn and practice new skills not provided during previous traditional experiences. As demonstrated by Ben, whose narrative included this statement, *"…And one thing we didn't really get exposed to in clinical was how much …you have to contact the doctors…"* Additionally the opportunity to participate in multiple aspects of care and exposure to daily nursing responsibilities was reported as a positive experience by students. This exposure to 'real-world' practice was apparent in Jenna's narrative with the following statement, *"...I felt like I got this overall experience just being on the floor and being able to see what actually goes on."*

Many nursing students are exposed to the traditional clinical model as a component of their nursing courses. In this model, one clinical instructor may supervise as many as ten students (Fressola & Patterson, 2017; Hendricks, et al., 2013). This may limit the student's experience because the attention of the faculty is divided among multiple students. Waiting to ask the instructor questions or supervise skill performance may cause students to miss nursing practice opportunities (Hendricks, et al., 2013). Both traditional and precepted clinical experiences provide students with additional nursing experience allowing students to practice learned skills and exposing them to new skills. The students in this study related that their preceptorships provided nursing experience in a one-on-one supported environment with an experienced RN.

The scheduling of traditional clinical experiences may further limit students' exposure to daily responsibilities of nursing care. For participants in this study, traditional clinical experiences in previous nursing courses were most often scheduled one to two days, Monday through Friday during the 7am-3pm timeframe. Students had little opportunity to experience care provided during the evening, night or weekend hours which decreased their exposure to 'real-world' clinical practice. Since students' clinical schedule during preceptorships mimicked their preceptors', students had the opportunity to experience off-shifts and weekends.

The findings of this study related to getting experience are consistent with previous studies in which precepted students reported improved nursing skill development and practice enhancement (Allrich, 2001; Hendricks, et al., 2013: Jones, 2000; Kim, 2007; Shepherd, 2009).

Allrich (2001) explored the learning of ADN students in a qualitative study finding students reported advancing practice as a result of the interactions with their preceptors. Similarly Kim (2007) in a quantitative study of BSN students' competency and confidence, found seeking new knowledge and initiating nursing care resulted from student and preceptor interactions. Although students in the current study did not relate specific preceptor interactions that resulted in getting experience, their preceptorship did afford them additional practice and development of new skills. Jones (2000) too found that preceptorship experiences improved participants' nursing skill development in a mixed method exploration of BSN students learning in a preceptorship. Even though Shepherd (2009) explored precepted BSN students' clinical competence, standardized test scores and clinical success, the students improved in the clinical competence area of

skills development which is similar to that reported by students in this current study. Hendricks, et al. (2013) studied BSN students' perceptions of instructor versus preceptor facilitation of learning. Students reported a greater opportunity for learning in the preceptorship experience when compared to the traditional clinical. This is similar to the results of this study in which students reported an opportunity for experiences not available in their previous traditional clinicals. These student reflections are in contrast to results from a study conducted by Walker and colleagues (2013). The study (Walker, et al., 2013), comparing undergraduate students in a traditional clinical with those in a precepted clinical experience, found that the traditional clinical group reported a greater ability to build on existing skills and knowledge than those participating in the preceptor model of clinical instruction.

Being supported. Students interviewed about their experiences in a preceptorship described events that were classified as being supported. For example, students reported being taught by their preceptor by supplying rationales for the nursing care being provided. This was illustrated by Fiona in the following two statements, *"...he always explained everything before and after..."* and *"...he always took the time to explain what happened...that helped me learn..."* Other preceptors gradually exposed students to patient care and nursing responsibilities by having the student shadow the preceptor, then increasing student responsibilities, as described by Jenna who stated *"...She* [preceptor] *started me off slow...then steadily more responsibility..."* Preceptors working alongside students provided support through demonstration and direction of care. Positive feedback from the preceptor, not only demonstrated support to the student but, helped to improve students' confidence in their nursing abilities. This was evidenced by Isobel saying, *"She*

would always give me positive feedback and just tell me, 'You did great today'..." and Claire stating, *"...She'll brag about me to other people...She* [preceptor] *walked out of the room and said, 'This girl, right here, just straight cathed. First try'..."* Physicians, monitor technicians, nursing assistants and other nurses on the unit also provided support to students by their availability to students and their care related instruction. Narratives by several students demonstrated this aspect of being supported. Fiona expressed this with the following statement, *"...that unit in particular, they have a lot of people that just pop in and ask, 'Do you need anything?' or "How's it going?'..."* Gracie, too, demonstrated this support by stating, *"...Everybody was just so helpful on that floor, nurses aids, doctors, everybody..."*

Previous research (Blum & Gordon, 2009; Foley, et al., 2012; Hallin & Danielson, 2009; Hendricks, et al., 2013; Kristofferzen, et al., 2012; Paton, 2010) supported the current study findings of students being supported by their preceptors. As previously indicated, although study participants and methodology differed, increased support was reported by preceptored students over those in a traditional clinical group (Hendricks, et al., 2013).

Two qualitative studies of BSN students and preceptors experience with preceptorship revealed comparable findings to the current study. Blum and Gordon (2009) reported several examples of precepted students being supported through teaching, sharing knowledge, making students feel welcome and allowing student to work at their own pace. Preceptors related nurturing, coaching and providing feedback to their preceptees in the other study (Foley, et al., 2012).

In yet another study (Kristofferzon, et al., 2012) similar results were revealed. While students felt supported in the clinical environment by preceptors, head preceptors and clinical lecturers, only the preceptors' supportive behaviors were significantly correlated with outcome achievements. Preceptors' supportive behaviors identified by Kristofferzon, et al. (2012) included, like the current study, providing feedback, showing an interest in students' learning, affording students' the opportunity for independent practice and being approachable.

Support through student advocacy was another finding of this study validated by previous research (Hallin & Danielson, 2009). Hallin and Danielson (2009) in their study exploring preceptor preparation and experience found advocating for students was an aspect of the role complexity identified by preceptors. This relates to advocating for the student that a participant described in the current research. An additional study (Paton, 2010) of the preceptors' perspective reinforced the present research regarding being supported. Paton (2010) discovered that the preceptor experience included the theme artfully connecting which was comprised of getting to know the student, being approachable, including the student in clinical experiences and sharing knowledge.

Findings differed in two studies (Omer, et al., 2013; Walker, et al., 2013). Walker, et al. (2013) found that students in a traditional clinical group reported greater support than students in a preceptored clinical group. Similar to the aforementioned study, Omer, et al. (2013) reported that students' rated support scores higher for the traditional clinical group than the preceptored clinical group. These quantitative studies, comparing BSN students participating in a traditional clinical with those in a preceptored clinical,

indicated a student preference for the traditional which was contradictory to the student descriptions in this study.

Becoming confident. Becoming confident was the third theme identified from students' descriptions of their preceptorship experiences. All students provided statements or examples indicating increased confidence. Caring for patients during a complete shift provided more of an opportunity to connect patients' disease process with nursing care than previous traditional clinical experiences, which enhanced students' confidence. This was apparent in Ben's narrative when he stated, *"...Then seeing them* [patient] *for a whole shift, I was able to see when someone was getting a little worse...I'm feeling like I'm competent to do everything myself."* Verbalizing nursing care abilities to the preceptor prior to the preceptorship experience provided confidence for one student. This was exemplified by Dana when she related, *"...we talked a little on the phone and I let her know what I'm comfortable with....I felt good about myself that I can do all that..."* Additionally for some students caring for patients with a higher level of acuity increased their confidence in their nursing abilities, as described by Gracie who stated, *"...made me a lot more confident in handling patients that had things that were more...risky to them* [patient]*..."* As previously indicated students found preceptor interactions and behaviors to be advantageous to the development of their self-confidence. Confidence in a students' ability and assisting them with nursing skills were actions exhibited by preceptors as described in students' narratives.

Although student narratives did not indicate this, becoming confident may be linked to the previously discussed themes of getting experience and being supported. The opportunity for additional nursing practice and preceptor support during their

preceptorships may have improved students' perceived confidence. Literature supports the performance of skills during clinical and a benefit of preceptorships (Hendricks, et al., 2013).

Previous research (Foley, et al., 2012; Jones, 2000; Kim, 2007; Kim, et al., 2014; Ridley, et al., 1995; Shepherd, 2009) was consistent with findings in this study. Increased confidence resulting from participation in a preceptorship was reported by students in three studies (Foley, et al., 2012; Jones, 2000; Shepherd, 2009). These findings are comparable to participants' descriptions of perceived competence, nursing skill capability and evolving confidence revealed in the current study. Increased perceived confidence with preceptor interaction was reported in two studies (Kim, 2007; Kim, et al., 2014). Like results indicated in discussion about being supported, not only the experiences in the preceptorship but the interactions with the preceptor had an impact on students' confidence. In an earlier study (Ridley, et al., 1995) exploring competency and learning styles, students' perceptions of their competence improved after their preceptorship experiences. This was similar to the advancement of self-confidence reported by students in the current study. Contradictory results were revealed in a study (Peterson, 2000) that explored critical thinking and self-confidence among BSN students in preceptorship experience with those in traditional clinical experience. There was no significant difference in self-confidence between the two groups.

Learning to prioritize. Students reported learning to prioritize, the fourth helping theme, during their preceptorship experiences. Unlike previous clinical experiences, the students were assigned to care for multiple patients affording them the opportunities to care for multiple patients. This afforded them opportunities to practice prioritization of

care. This was evidenced in these two statements by Eileen, *"...having the multiple patients and actually making the priorities..."* and *"...It's prioritizing actual patients and actual patient needs with multiple patients instead of just one patient..."* Asking students to indicate the order in which to see patients, preceptors helped students to prioritize. Additionally preceptors helped students with this challenging process by having students provide their rationales for prioritization. Preceptors' role modeling of and providing rationale for their prioritization process helped the students with learning to prioritize.

This theme was not supported by previous research but is a valuable finding for nurse faculty and preceptors. Prioritizing care of patients is an essential component of nursing practice. The importance of this element is reflected in the management of care section of the 2016 NCLEX-RN® (National Council of State Boards of Nursing [NCSBN], 2016). According to the 2016 NCLEX-RN® Test Blueprint (NCSBN, 2016), 17-23% of the test relates to management of care which includes establishing priorities.

The learning to prioritize theme was a new finding in this study not found in previous research. However the ability to prioritize care requires students to apply aspects of critical thinking (Forneris & Peden-McAlpine, 2009). Once again the preceptor was integral to this process by ensuring students were exposed to multiple patient care assignments and through guidance with prioritization of care.

While learning to prioritize was not supported in previous research, two studies (Peterson, 2000; Shepherd, 2009) did explore critical thinking with preceptorships. Although Shepherd (2009) found that the preceptorship experience enhanced critical thinking development it was not statistically significant. Peterson (2000) found no correlation between student preceptorship participation and critical thinking.

Feeling independent. Feeling independent was the final helping theme identified. Feeling independent for students in this current study was described as doing everything, being more autonomous and a sense of freedom. The opportunity to plan and implement care without instructor permission and oversight resulted in students' feeling of freedom and autonomy. Dana demonstrated this by stating, *"...seems like we have more freedom in what we do. I don't have to ask..."* The preceptor experience, as opposed to the traditional clinical experience, allowed students to participate in all aspects of patient care, contributing to feeling independent. Like the previous theme, feeling independent was not supported by previous research.

As mentioned previously, there may be a connection between a few of the helping themes. For students the opportunity of additional practice and preceptor support may have resulted in becoming confident. Those aspects of getting experience, being supported and becoming confident may have also contributed to students' feeling independent.

Similar to the previous learning to prioritize theme, feeling independent was a new finding of this study not revealed in previous research. Preceptors were an important component of students' developing a feeling of independence. Encouraging students and affording them opportunities to practice autonomously contributed to that feeling of independence.

Hindering Theme

In addition to the five helping themes, students described challenges associated with their preceptorship experiences. The challenges described were labeled as the

hindering theme beginnings. Stress, nervousness, and struggling were feelings reported by students at the start of their preceptorship experiences.

Foreboding beginnings. A few students described feeling stressed at the onset of their preceptorship experience. For one student, this stress was related to scheduling the preceptorship experience amidst classes and other required clinical experiences. This was evidenced in Ben's statement of *"...working their* [preceptor] *schedule...it was hard to plan everything out..."* The newness of the experience and thinking about caring for multiple patients was overwhelming and caused stress for other students. Claire exhibited this when she stated *"...it was really overwhelming. I stressed about it because...this is new."*

Additionally a few students' related feelings of nervousness. For some participants this was related to the new and unknown experience of preceptorship. Ben demonstrated this when he stated *"I was nervous going into it because I didn't know what to expect or how it was going to be run..."* Caring for multiple patients caused other students to feel nervous as evidenced by Eileen's stating *"...I was a just a little nervous having more patients than just the one."* An unfamiliar hospital and unit was a cause of other students' reported nervousness. Fiona demonstrated by recalling *"In the beginning it was extremely overwhelming...I was really nervous going into it...The new unit. I'd never been there before...We hadn't been at that hospital yet..."*

Struggling with prioritization, time management and organization of care were reported by students at the beginning of their preceptorship. Students reported that time management and organization of care were a struggle when they began their preceptorship. Similarly participant stories indicated that they struggled with

prioritization. The struggles recounted by students related to caring for multiple patients. This was apparent by Claire stating *"...I would have more patients to take care of...I was afraid that I would get behind..."* and Gracie recalling *"...I found myself struggling...having time management skills with the care of multiple patient..."*

The students' precepted experience, although initially causing anxiety, provided the experience of multiple patient care, prioritization, time management and organization. This resulted in an overall beneficial experience. This was demonstrated in students' narratives when they expressed feeling nervous or struggling at first then indicating less anxiety and more confidence further into the preceptorship.

One previous study (Jones, 2000) did identify a challenge for students during preceptorship that is comparable to findings in this current study. Although there was no indication of when the challenge occurred, Jones (2000) found that coordinating schedules was a hindrance for students. This is similar to a student's report of being stressed about scheduling his preceptorship in this study.

Limitations

Several limitations to this research study were identified. The first was the method used for recruitment of subjects. Convenience sampling was used in this study. This sampling method is efficient, convenient and enables researcher to acquire information in unexplored areas (Burns, Grove, & Grey, 2013; Polit & Beck, 2012). Convenience sampling provides little opportunity to control for biases and limits the ability to generalize result to the population. However, qualitative studies are not representative of the general population. Limits due to the nature of this research study, the study population, and study time limits made this a preferred method of sampling. A

second limitation was the study participants' familiarity with the researcher. This may be perceived as a strength of the study or it can be viewed as a limitation. Subjects may have been comfortable speaking to and being interviewed by the researcher due to this familiarity. However, the relationship between the subjects and the researcher may have inhibited students in relating aspects of their preceptorship. The third limitation was that participants of this study were students from one associate degree nursing program. Another limitation was that the researcher was a novice interviewer. As a beginning interviewer, it is possible that the researcher failed to investigate a participant's comment. The final limitation was the researcher's prior knowledge and experience with the subjects' preceptorship. This may have led to a bias in data collection and analysis. However, every effort was made to avoid bias.

Implications

The findings of this study have implications for nurse faculty, preceptors and students. The popular use of preceptorships in nursing education underscores the importance of understanding this method of clinical education (French & Greenspan, 2014; Ownby, et al., 2012). Hearing students' perceptions of their preceptorship experiences may enable nurse educators to develop a better understanding of the preceptor experience. An awareness of the helpful and hindering aspects can assist educators in designing students' preceptorship experiences that promote positive outcomes. Knowledge of this study's findings may be helpful to preceptors as well. Preceptors may be able to use this information to provide students with positive preceptorship experiences that enhance helpful aspects and limit hindrances. Based on the findings of this study implications for nurse educators and preceptors are provided.

Nurse educators may want to consider expanding the required preceptor hours in the nursing program. Students in this study were required to complete 60 hours of precepted clinical experience. A preceptorship with more required hours may provide students with further nursing practice, as well as additional exposure to new experiences. This may not only provide additional experience in skills but also assist students to learn to organize and prioritize the care of multiple patients. In addition, nurse educators teaching in programs without a preceptorship may want to consider including this experience in their curriculum for reasons previously mentioned. According to narratives in this research study preceptorships may provide students with experiences and practice not afforded in traditional clinical experiences.

Scheduling traditional clinical experiences during evenings and weekends might be a consideration for nurse educators. As previously indicated students in this study participated in traditional clinical experiences one to two days, Monday through Friday during daylight hours. This limited the opportunity for them to experience the full spectrum of clinical nursing practice. Experiencing off-shifts and weekend shifts exposes students to a full range of nursing practice (Gaberson, Oermann, & Shellenbarger, 2015). Additionally introducing preceptorships earlier in the nursing curriculum may be a consideration nurse educators could implement. This would enable students to experience nursing more fully and attain the benefits of a preceptorship throughout the nursing curriculum instead of only in the final semester course. The importance of these implications are demonstrated in students' narratives of their preceptorship experiences, as indicated previously by Jenna stating, *"...I felt like I got this overall experience just being on the floor and being able to see what actually goes on."*

Caring for multiple patients caused students in this study stress and nervousness, as well as prioritization, time management and organization struggles. Although not indicated this study, it is possible that students had limited opportunities to care for multiple patients during previous clinical experiences. Therefore assigning multiple patients to students during traditional clinical experiences earlier in the curriculum may be another consideration for nurse educators. This may enable students to practice organization, time management and prioritization throughout the curriculum, not just during their final clinical experience. Exposure to the management of care and prioritization of care earlier in their nursing program may ease student anxiety related to caring for multiple patients. Also more exposure to caring for multiple patients may assist students' transition to the professional nurse role. The opportunity for and advantages of caring for multiple patients was illustrated by Claire saying, *"I really learned how to prioritize...We had five different patients and my preceptor asked me to prioritize them."*

Students' stories about their preceptorship experiences indicated feelings of nervousness related to an unfamiliarity with the program. Some nervousness may be expected with any new clinical experience however due to the nature of the preceptorship and increasing responsibilities this nervousness might be more profound. Based on these findings nurse faculty should ensure that students are provided an orientation to the preceptorship. Literature supports supplying students with expectations of the program, student responsibilities, program student learning outcomes and preceptor expectations (French & Greenspan, 2017; Gaberson, et al, 2015). This is supported in a previous study (Raines, 2012) in which preceptors indicated that prepared and motivated students resulted in a more positive experience. Therefore, clear guidelines and expectations of the

student during the preceptorship program should be included. Providing students with an orientation to the facility and unit where the preceptorship will occur should be part of the orientation to the program. Providing an introduction to the facility, unit, preceptor and unit staff may minimize student nervousness and anxiety related to this new experience. Nurse educators may also want to consider providing students with seminars regarding the preceptorship experience. Seminars conducted on a regular basis that include discussions about students' experiences may be helpful to students' professional development and transition to the role of professional nurse. Through students' reflections and conversations about their preceptorship experiences, nurse educators can help students with challenges experienced. Seminar discussions could provide the opportunity for nurse educators and students to discuss 'real world' prioritization and organization strategies that students can employ.

Data from interviews and preceptorship experiences can help preceptors improve in their role as indicated by students' narratives. Supportive behaviors of teaching, advocacy, and positive feedback, confidence building behaviors, demonstrating prioritization, providing multiple patient assignments and encouraging independent practice feedback were mentioned. Preceptors are integral to the success of the students' experience in a preceptorship program (French & Greenspan, 2017). Consequently nurse educators should prepare preceptors for their role and orient them to the preceptorship program (French & Greenspan, 2017; Gaberson, et al., 2015). A preceptor orientation or preparation program, either formally or informally, would include content that supports them in their role, such as, principles of adult learning, clinical teaching techniques, communication, conflict resolution, course objectives, student outcomes, policies and

procedures of the school of nursing, and evaluation or assessment of the student (French & Greenspan, 2017; Fressola & Patterson, 2017; Gaberson, et al., 2015). Previous research promotes preceptor role support and development through the provision of programs, orientations and resources (Broadbent, et al., 2014; Hallin & Danielson, 2009; Luhanga, et al., 2011; Martin, et al., 2011; McCarthy & Murphy, 2010; Paton, 2010; Raines, 2012). This information would enable preceptors to facilitate students' achievement of preceptor program goals and assist them with their success in the facilitator role. As mentioned previously student narratives in this study revealed helping and hindering aspects of the preceptorship experience. Knowledge regarding the results of this study may be beneficial to preceptors and could be included in their orientation or preparation program. Preceptors' understanding of the aspects that are helpful to students would enable the use of those measures, such as gradually exposing students to patient care. An awareness of those aspects that students perceived as hindrances to the preceptorship experience would also enable preceptors to use strategies that may lessen those challenges and minimize student anxiety.

Along with the orientation nurse educators should provide resources, such as a preceptor handbook. Examples of the documents that may be included in the handbook are nursing curriculum outcomes, preceptorship program outcomes, preceptor responsibilities, and student responsibilities. Evaluation forms for the program, student and preceptor should also be included. Other potential resources could include clinical teaching tips for preceptors, coaching strategies and sources for additional information.

In addition to the previously mentioned orientation, nurse educators may want to consider providing preceptor workshops or in-services prior to and throughout the

experience. Preceptor workshops could include, not only those helpful and hindering aspects, but professional development topics as well. For example education on problem solving, conflict resolution, methods to guide student with prioritization and organization of care and management of unsafe students. Providing resources and workshops in an on-line format could be helpful to preceptors who may have difficulty attending a formal, in-person session due to scheduling restrictions. Previous literature (Kristofferzon, et al., 2012) recommends providing preceptors with seminars that presents research findings and evidence based knowledge.

Students in this study indicated that other healthcare team members, such as physicians, monitor technicians, nursing assistants and other nurses, provided support and education during the preceptorship experience. It is therefore important for nurse educators and preceptors to share results of this study with all healthcare team members. This knowledge may prompt the healthcare team members to continue supporting students during their preceptorship experiences. Furthermore, nurse educators should include these team members in workshop sessions which may provide information on ways to support the students. The significance of continued student support by other healthcare team members was demonstrated by students' narratives, as evidenced by Gracie saying, *"...Everybody was just so helpful...nurses aids, doctors, everybody..."* Heather too provided examples of the importance of this by stating "*The monitor technician is helpful...If he finds a rhythm that's uncommon he'll print it and show it to me..."* and "*...I like how the doctors are right there all the time...they explain a lot to me..."*

There are challenges associated with the aforementioned recommendations. The time frame available to conduct clinical experiences within the nursing curriculum may be limited due to the curricular instructor and students' coursework. Nurse educators may find that availability of clinical sites and qualified preceptors may be limited. Additionally nurse educators may find time and availability of preceptors for orientation limited. A challenge for preceptors may include the workload related to being a preceptor which includes a full nursing assignment in addition to the education of a student.

Reviewing the findings of this study providing insight into perceptions of the students offer nurse educators and preceptors the opportunity to reinforce helping aspects of the experience and reduce hindering aspects. Employment of strategies that are helpful may create preceptorship experiences that are valuable to students' development of professional nursing practice. Additionally, nurse faculty and preceptors could possibly adopt measures that may decrease the challenges that students experience during their preceptorships.

Recommendations

Additional research of students' experiences with preceptorship would be helpful for nurse educators and preceptors in supplying an increased understanding this method of clinical education. The majority of research on this topic was conducted with baccalaureate students. The participants of this study were associate degree students. However there continues to be a lack of research with that population, as well as with diploma school students. Further studies with those populations may provide nurse educators with a better understanding of preceptorships from the students' perspective, thus assisting them in providing a quality learning experience for students.

Preceptorships involve a triad of student, preceptor and faculty member. The preceptor and student have been the focus of past studies with an absence of research regarding the faculty member involved in preceptorships. Additionally there is a scarcity of research pertaining to the preceptorship triad. Further studies in these areas would add to a greater understanding regarding preceptorships and enhance experiences.

Conclusions

The focus of this study was to describe the experiences of associate degree nursing students participating in a preceptorship during the last semester of their nursing program. The study participants provided descriptions of their experiences with a preceptorship in the final semester of a nursing program contributing to the understanding of this phenomenon. Insight into student perspectives of the experiences that were beneficial, as well as, challenging were featured in narratives about their preceptorship. The preceptors' interactions with students were an essential component of the experiences leading to the described benefits. Helping themes identified in the study included getting experience, being supported, becoming confident, learning to prioritize and feeling independent, while the one hindering theme that emerged was foreboding beginnings. This study found learning to prioritize, feeling independent and foreboding beginnings was new information not supported by previous research literature. These new themes contribute to implications for nurse educators and preceptors engaged with preceptorships.

The use of preceptorships in nursing education remains popular (French & Greenspan, 2017; Ownby, et al., 2012) and understanding of the students' experiences with preceptorship will enable nurse educators to use this clinical education strategy

effectively. Knowledge regarding effective and ineffective aspects of preceptorship will enable educators to highlight the assets and minimize the challenges. This may result in a more enriched learning experience for students.

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Appendix A

Informational Flyer

Indiana University of Pennsylvania
www.iup.edu

Department of Nursing
and Allied Health Professions
Graduate Nursing
Allied Health
Johnson Hall, Room 244
1010 Oakland Avenue
Indiana, Pennsylvania 15705-1063

P 724-357-7647
F 724-357-3267
www.iup.edu/in-alliedhealth

Dear Student:

My name is Pamela Chapman, I am a doctoral nursing student at Indiana University of Pennsylvania (IUP). I am conducting research on the experience of associate degree nursing students with a precepted clinical experience (preceptorship). I am very interested in this type of clinical experience, in particular, what the experience is like for associate degree nursing students.

You are being invited to participate in this study because you are a nursing student in a program that uses a preceptorship experience in the final semester of the nursing program. Your participation in this study may help nurse educators in developing and planning future preceptorship experiences. You are not required to participate in the study. If you do participate, your answers to interview questions will be kept confidential. Participants of the study will receive a $25.00 gas or grocery card upon completion of the interview.

If you decide to participate, I will contact you to arrange a convenient time and location for an interview. Interviews may last approximately one hour. A follow-up telephone interview may be required if information obtained during the interview needs to be clarified.

If you would like to participate in this study or have question about this study, please contact me via email at pjchapman62@gmail.com.

Thank you for your time,
Pamela Chapman

THIS PROJECT HAS BEEN APPROVED BY THE INDIANA UNIVERSITY OF PENNSYLVANIA INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS (PHONE 724.357.7730).

Appendix B

Informed Consent

Indiana University of Pennsylvania
www.iup.edu

Department of Nursing
and Allied Health Professions
Graduate Nursing
Allied Health
Johnson Hall, Room 244
1010 Oakland Avenue
Indiana, Pennsylvania 15705-1063

P 724-357-7647
F 724-357-3267
www.iup.edu/rn-alliedhealth

Informed Consent Form

I understand that I have been asked to participate in a research study because I have participated in a preceptorship clinical experience. The aim of the research study is to explore the experience of being precepted during the last semester of an Associate of Science program. Participation in this study may help nurse educators in developing and planning future preceptorship experiences

If I agree to participate in the study, I will be interviewed for approximately 30 to 60 minutes about my experience. I understand that I may be contacted via telephone or email if further questions or clarification are required. The interview will be recorded and take place at a location to be determined by the researcher and me. No identifying information will be included when the interview is transcribed. I understand that I will receive a $25 gas or grocery store gift card in appreciation of my participation. There are no known risks associated with this study. The only potential risk to participants is that of minimal discomfort associated with answering questions related to the subject's experiences in a preceptorship.

I understand that participation in this study is voluntary. I am free to decide not to participate or to withdraw from the study at any time without affecting my relationship with the investigator or the college/university. I understand that my decision will not result in any loss of benefits to which I am otherwise entitled. If I choose to participate, I may withdraw at any time by my request and all information pertaining to me will be destroyed. If I choose to participate, all information will be held in strict confidence and will have no bearing on my academic standing or services that I receive from the college/university or school of nursing. I understand that information obtained during this study may be published in scientific journals or be presented at scientific meetings but my identity will be kept strictly confidential. Confidentiality will be maintained through coding of interviews, demographic questionnaires, and field notes. All study materials will be kept in a locked filing cabinet to ensure confidentiality.

I am aware that I can contact the Project Investigator or Faculty Sponsor at any time with any questions, comments, or complaints I may have regarding this study.

My signature on this form indicates that the study has been explained to me, my questions have been answered, and I agree to participate. I will be given a copy of this signed consent form.

Project Investigator:
Pamela J. Chapman, MSN, RN, CCRN
PhD Student, Nursing and Allied Health Professions
Indiana University of Pennsylvania
210 Johnson Hall, 1010 Oakland Avenue
Indiana, PA 15705
(724) 822-2079

Faculty Sponsor:
Dr. Susan Poorman
Professor, Nursing and Allied Health Professions
Indiana University of Pennsylvania
216 Johnson Hall, 1010 Oakland Avenue
Indiana, PA 15705
(724) 357-23258

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724-357-7730).

_____ _____
Participant Name and Signature Date

_____ _____
Investigator's Name and Signature Date

Appendix C

Demographic Questionnaire

Directions: For each item, select the most appropriate response or fill in the blank. Please feel free to ask if clarification of any item is needed.

1. Age: _____
2. Gender: ____ Male ____ Female
3. Current Employment Status: ____ Not currently employed

   Position/Job _____

   ____ Part-time Approximate Number of Hours/Week _____

   ____ Full-time Approximate Number of Hours/Week _____
4. Preceptorship Semester/Year: ___Fall ___Spring ___Summer Year _____
5. Before this experience, had you ever participated in a preceptorship?

   ____ Yes ____ No

   If yes, what semester/year did you participate in a preceptorship?
6. Before this experience, had you ever been a preceptor?

   ____ Yes ____ No
7. Where was your preceptorship experience?

   Hospital/Facility _____ Unit _____
8. How many hours was your preceptorship experience? _____
9. Preceptor gender: _____ Male _____Female
10. Preceptor years of nursing experience: _____Years _____Not sure

11. What was the educational preparation of your preceptor?

_____ ADN _____Diploma _____BSN _____Master's degree

_____Doctorate _____ Don't Know

12. Did you choose any of the following for your preceptorship? (Check all that apply).

_____Hospital

_____Unit

_____Preceptor

_____I did not make any choices for my preceptorship experience.