Time to precept: supportive and limiting conditions for precepting nurses

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Abstract

Title. Time to precept: supportive and limiting conditions for precepting nurses.

Aim. This paper is a report of a study describing conditions for precepting in a Swedish clinical context from the perspective of precepting nurses.

Background. Clinical practice is a complex part of nursing education, and registered nurses who are acting as preceptors for nursing students face a number of challenges that need to be addressed during the precepting process.

Method. An ethnographic approach guided by symbolic interactionism was used. Data were collected by participant observation and focus group interviews over a ten-month period in 2006–2007. Participants were selected by purposive sampling of 13 staff nurses who were preceptors during the field work period. In addition, 16 staff nurses, experienced in precepting, were purposively selected for four focus groups.

Findings. Precepting was found to be a complex function for nurses, influenced by conditions that could be both supportive and limiting in nature. Three themes described these conditions: organization, comprising clinical responsibilities and routines; collaboration, focusing on professional relations and interactions; and the personal perspective, comprising preceptors’ experiences, need for feedback and notions of benefits. Time as a limiting condition reappeared through all categories.

Conclusion. It is important to raise the issue of time and its impact on the precepting process. Precepting needs to be further discussed in terms of an integrated nursing competence prioritized by all stakeholders involved in clinical practice. Therefore; efforts should be made to plan nurses’ clinical work so that allocated time for precepting can be facilitated.

Keywords: clinical practice, ethnography, nurse education, precepting

Introduction

Clinical practice is a complex part of nursing education, and registered nurses who are acting as preceptors for nursing students face a number of challenges that need to be addressed during the precepting process. In a critical analysis of scientific literature and policy documents of nursing education in 20 Western European countries, Spitzer and Perrenoud (2006)
Supportive and limiting conditions for precepting nurses

Background

Nursing education in Sweden

Nursing education in Sweden is a 3-year university programme leading to the degree of Bachelor of Science in Nursing. After graduation the students are qualified to work as registered nurses. Swedish nursing education conforms to directives from the European Union regarding qualifications for nurses in general care [Council Directive 77/453 (1977) and 89/595 (1989)], stating that theoretical courses should comprise at least one third and clinical courses at least half of the entire programme. Thus, clinical practice takes place in hospitals and other healthcare institutions as well as in the community. Competence to educate and precept is clearly stipulated for registered nurses (The National Board of Health and Welfare 2005). Teaching during clinical practice is usually organized as a precepting model, where a registered nurse, in a one-to-one relationship with the student, takes on the additional role of preceptor (Löfmark 2000, Öhrling 2000), generally without financial compensation (Hallin & Danielsson 2008).

What is known about precepting

Findings from previous studies show how several factors have an impact on the performance of preceptors, and a supportive work milieu where colleagues acknowledge each other as preceptors has been found to strengthen the preceptor experience (Kaviani & Stilwell 2000, Bourbonnais & Kerr 2007). Other factors shown to be valuable to help preceptors carry out their role more effectively are support from university teachers, who can provide feedback following placements (Pulsford et al. 2002) or act as resources when it is time for assessment of nursing students (Fitzgerald & McAllen 2007, Hallin & Danielsson 2008). However; preceptors usually have to manage the preceptorship without any real reduction of their clinical work (Öhrling & Hallberg 2001, Yonge et al. 2002), and without adequate preparation (McCarty & Higgins 2003). Being a preceptor can be stressful and time-consuming, according to Stevenson et al. (1995), and this was also reported in a survey study by Pulsford et al. (2002), where preceptors expressed a need for allocated time during the working day to be able to fulfill their teaching role, as patient care had to be prioritized.

Findings from an interview study by Landmark et al. (2003) suggest that the success of clinical supervision is dependent upon an organization’s ability to create supportive frameworks ensuring necessary time for supervising students. Nevertheless, Ehrenberg and Häggblom (2007) reported how ward managers found it difficult to organize daily nursing work to allocate time for precepting nurses, and that increased workload for colleagues who were not precepting at the time. In addition, Hallin and Danielsson (2008) reported from a recent survey how preceptors experienced that reduction of workload was difficult to obtain and that they had to balance between patient care and the demands of the preceptorship on their own. The studies discussed have contributed to a broad understanding of the complex and demanding function nurses enter as preceptors. However, no studies were found exploring how preceptors address the challenges they encounter while balancing educational and clinical responsibilities in the setting where precepting takes place.

The study

Aim

The aim of the study was to describe under what conditions precepting takes place in a clinical context from the perspective of precepting nurses.

Methodology

The methodology chosen for the study was ethnography, as it enables in-depth understanding of the meanings, functions
and institutional practises of a group of people (Spradley 1980, Hammersley & Atkinson 2007). The guiding framework is symbolic interactionism, a theory that seeks to explain human behaviour in terms of meaning derived from interaction with significant others (Blumer 1969, Spradley 1980), and in relation to institutional practices (Shaffir & Pawluch 2003). Fellow nurses, nursing students, clinical teachers, nursing auxiliaries and doctors can all be significant others to precepting nurses.

Following the ethnographic approach, data were primarily collected by participant observation (Hammersley & Atkinson 2007). The first author was present in the field for a 6-month observational period from November 2006 to May 2007, which provided ample opportunities to study preceptors in the natural setting of the clinical context. To deepen the understanding of conditions for precepting, focus group interviews were deemed suitable. This method captures interaction between participants and may accentuate similarities and differences, hence expanding the range of perspectives and experiences reflecting the social realities of cultural groups (McLafferty 2004, Lambert & Loiselle 2008).

Participants

The field work was conducted in Southern Sweden at one regional and one university hospital. With the help of clinical teachers acting as gatekeepers, access to one cardiac care ward and one surgical ward was made possible. This was a strategic choice as both wards were teaching units, where at least 16–20 nursing students from year one and three attended clinical practice annually, allowing for rich opportunities to observe precepting nurses. All nurses precepting undergraduate nursing students during the field work period were considered information-rich informants, and thus purposive sampling was undertaken (Patton 2002). Thirteen precepting nurses took part, 10 women and three men. Their professional experience varied between 1-5 and 10 years. Four were precepting for the first time at the onset of field work. For the remaining nine participants, their precepting experiences varied between 2 and 8 years.

For the focus group interviews, it was important to ensure maximum variation (Lincoln & Guba 1985) to deepen the understanding of conditions for precepting from a variety of clinical contexts. Again, clinical teachers acted as gatekeepers and assisted in the purposive sampling of 16 preceptors, 15 women and one man. Participants’ professional experience were 2–14 years, the preceptor experience varied between 1 and 10 years. Participants represented different clinical specialities, e.g. cardiology, surgical care, infectious diseases and general internal medical care. In terms of age, preceptor and clinical experience the groups can then be defined as heterogeneous (McLafferty 2004).

Data collection

Observations

Observations covered both morning and evening shifts and each session lasted for 3–4 hours, amounting to a total of 120 hours. The observer was known to the participants but was not participating or interacting in any precepting situations (Spradley 1980). During field work, substantial observational and reflective field notes were written in a research journal, including all situations in which nurses were with nursing students (Emerson et al. 2001, Hammersley & Atkinson 2007). Data were also gathered from informal talks with preceptors and students to gain a deeper understanding. The field notes were transcribed into a neat copy after each completed observation. In accordance with the ethnographic approach, preliminary analysis started immediately after each observation. Hence, data collection and analysis were concurrent, allowing the previous observation to guide coming observation to gain deep and rich descriptions (Emerson et al. 2001).

Focus groups

The focus group interviews took place in September and October 2007, and the participants had the opportunity to choose from a variety of possible interview dates; thus, the 16 participants formed four groups (4 + 4+6 + 2). The focus groups were held either at the hospital where the preceptors worked or at the university where the first author works, subject to participant convenience. A summary of preliminary findings from the field work provided themes for an interview guide to be used in the focus groups. The themes covered areas such as preceptor–student relationships, obstacles and support for precepting, organization and routines for precepting. The researcher let the discussion evolve, occasionally interrupting if the discussions raised any issues that needed to be clarified. The focus group interviews were conducted using a digital voice-recorder, lasted in average 72 minutes, and were transcribed verbatim as soon as possible after each interview. Four focus groups with this specific population were sufficient (Kitzinger 1994, McLafferty 2004) as emerging interview data were continuously compared with observational field notes and a sense of saturation was reached after the third group.
Ethical considerations

Approval for the study was granted from The Regional Board for Ethical Vetting in Southern Sweden (Dnr 590/2006). During field work, preceptors could at any time ask the researcher not to be part of a situation considered to affect student or patient privacy.

Data analysis

During the analysis process, transcribed text from field notes and focus group interviews were read as a whole at several occasions (Hammersley & Atkinson 2007) to ensure a deep understanding of the data. While reading, patterns of behaviour were identified and sorted into coded subcategories (Hammersley & Atkinson 2007), and the meaning of each subcategory was explained and clarified. To facilitate the evolution of categories, the constant comparative method was used (Glaser & Strauss 1967, Hammersley & Atkinson 2007), so that each item of data was compared with other data in the same category (see Table 1). During the entire analysis process, all data and emerging categories were checked and discussed until agreement was reached by the three authors.

Trustworthiness

Credibility was ensured through several steps. The first step was that, by using data from both field work and focus group interviews, inferences from different sources were hence checked and compared (Hammersley & Atkinson 2007). Another step taken was respondent validation (Lincoln & Guba 1985, Hammersley & Atkinson 2007), when a summary of preliminary findings from the field work was presented to the focus groups as a starting point for the discussions. Participating nurses recognized that the findings presented an accurate picture of their practices as preceptors. In addition, the role of the researcher needed to be taken into consideration and reflected upon (Hammersley & Atkinson 2007) to ensure dependability (Lincoln & Guba 1985). For this reason, reflective notes about the researcher role were regularly written during and after sessions in the field. As the first author was responsible for the data collection, this procedure enabled reflections and discussions among all three authors concerning reflexivity, described by Beach (1995) as questions related to the role as a researcher as well as to the emerging findings. Finally, representative excerpts from field notes and quotes from focus group discussions are used to illustrate the findings in the data presented below.

Findings

Three themes described conditions for precepting from different perspectives; the organizational perspective comprised clinical responsibilities and routines; the collaborative perspective focused on professional relations and interactions; and the personal perspective comprised preceptors’ experiences, need for feedback and notions of benefits. Experiences of time were the overriding condition that reappeared through all themes.

The organizational perspective

Nurses’ clinical responsibilities were primarily focused on patient care, and precepting was therefore governed by the summary of preliminary findings from the field work was presented to the focus groups as a starting point for the discussions. Participating nurses recognized that the findings presented an accurate picture of their practices as preceptors. In addition, the role of the researcher needed to be taken into consideration and reflected upon (Hammersley & Atkinson 2007) to ensure dependability (Lincoln & Guba 1985). For this reason, reflective notes about the researcher role were regularly written during and after sessions in the field. As the first author was responsible for the data collection, this procedure enabled reflections and discussions among all three authors concerning reflexivity, described by Beach (1995) as questions related to the role as a researcher as well as to the emerging findings. Finally, representative excerpts from field notes and quotes from focus group discussions are used to illustrate the findings in the data presented below.

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<table>
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<td>‘We really have to hurry now, we can’t be late for morning rounds, the doctors will get really crossed, we have to finish our own work later’ (Preceptor to student nurse, field note March 2007)</td>
<td>Routines</td>
<td>Organizational routine – nurses’ work and hence precepting depends upon rounds and doctors’ orders</td>
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<td>Organizational routine – allowing for preceptor and student nurse to care for a lesser number of patients</td>
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need to prioritize patient care. Preceptors discussed precepting in terms of a responsibility added on top of their clinical work. Several occasions were observed when preceptors suddenly had to change an educational activity in progress, as they were needed elsewhere because of staff shortage. When the organization was seen as a limit, the preceptorship could be a stressful experience:

Precepting takes so much more time than working on your own, but I can’t see how we can organize our work and care for fewer patients. I mean, I have to take care of my patients AND precept at the same time. (Field note May 2007)

At some wards, however, nurses and auxiliaries worked in teams in an organization where each staff member cared for fewer patients. This system allowed nurses to allocate more of their time to precepting:

Preceptor 6 said: ‘We [preceptor and nursing student] only had four patients, we had time to do everything, which was a very positive experience’. Preceptor 5 replies: ‘Yes, it’s so much more fun precepting when you and your student care for fewer patients, the student gets to see the whole picture, and teamwork really improved that’. (Focus group 2)

Daily routines could also be limiting for preceptors. One example, visible during field work as well as discussed in the focus groups, were rounds with doctors. On several occasions preceptors stressed how important it was that they were not late for rounds. Sometimes this meant that they and their students had to leave what they were doing, even if they were in the middle of a planned precepting session. This is illustrated in an excerpt from a situation where the preceptor and the student were preparing morning medications:

Preceptor to student ‘We really have to hurry now, we can’t be late for morning rounds – the doctors will get really cross, and we will just have to finish our own work later’. (Field note March 2007)

Nonetheless, routines could also strengthen the preceptorship experience, how precepting was implemented by the universities can serve as an example of this. Clinical teachers from the universities provided study and assessment guides that were easily accessible, and well-known to the preceptors. The guides gave them an opportunity to plan their precepting and familiarize themselves with curricula and study objectives:

In the nurses’ office there are files for each semester with names of the students to come, which preceptor will be responsible for which student, study guides and assessment guides with guiding questions for the preceptor. During my observation I notice from time to time how the nurses, sometimes together with their students, sit down and read or just flick through the files to familiarize or just update themselves. (Field note February 2007)

However; the affiliated universities’ practices were not always supportive. During a focus group interview this matter was discussed as follows:

Preceptor 11 starts by saying: ‘I would have preferred if I knew something about the students before they arrive here’. In agreement, preceptor 9 states: ‘Yes, but I think that is getting even worse’. Preceptor 11 then replies: ‘It’s irritating…you can just receive an e-mail a week before, you never get any notice or asked if it is a convenient time for you’. (Focus group 3)

Such practices may limit both willingness to precept and precepting quality if nurses feel that they are not able to plan clinical practices for students.

The collaborative perspective

During field work it was evident that collegial support was of utmost importance if preceptors were to succeed in creating supportive learning environments for students. For the precepting nurse, it was vital that colleagues acknowledged precepting as a process that takes time. One very busy morning when all the nurses were hurrying to see their patients and do all the morning work, the meaning of a supportive learning environment became clear:

The preceptor and the student are about to take a blood sample from a very anxious patient. It takes quite a while but the preceptor is very calm, letting the student perform the task, encouraging her all the time. Suddenly, a colleague peeks in to the room and asks, ‘Do you need any help with some of your other patients?’ (Field note Feb 2007)

Relational aspects towards colleagues were hence of great importance and this was also discussed among preceptors concerning when nurses have little or no previous preceptor experience:

Preceptor 13 explains: ‘Well, I think it’s really great precepting together with a colleague – you have someone to reason with, get more time on your hands and I think the student assessment gets fairer’. This is followed by preceptor 12 saying: ‘Mm, if you are newly-qualified, you feel safer sharing a student’. (Focus group 3)

Cooperation with colleagues will also help preceptors use all possible opportunities for nursing students to practise. A way to find time for precepting within an existing timeframe was when preceptors temporarily handed over the preceptorship
to a colleague. This can be illustrated from one of the observations that took place in the nurses’ office when a preceptor was busy talking on the phone:

The student is sitting next to her preceptor, unoccupied, just waiting for the conversation to end. But when one of the other nurses enters the office, the preceptor excuses her elf to the person she is talking to on the phone and asks her colleague, ‘Are you going to prepare that i.v. drip now? Can my student come with you?’ (Field note Nov 2006)

In addition, cooperation with doctors, clinical teachers, and auxiliaries could be supportive as well as limiting for precepting nurses. The next example shows how supportive cooperation was valuable for the student’s professional development. Cooperation and understanding between the consultant physician and the preceptor allowed the student to practise the professional role:

Time for rounds, the student nurse is in charge of her patients and the senior consultant discusses the patients directly with the student, pointing out fluctuations and changes on the ECG-curves, prescribing drugs and tests to be done, the preceptor being an observer in the background. (Field note March 2007)

On the other hand, when doctors refused to let nursing students practise all tasks necessary for professional development, preceptors felt that lack of cooperation limited their precepting:

Preceptor 5 starts the discussion: ‘Can I say something about learning climate? One disadvantage is when the consultants won’t let our nursing students do the rounds independently’. Preceptor 6 replies: ‘Mm, it is usually morning rounds, isn’t it? They claim they don’t have time’. Preceptor 5: ‘Yes, but that is such a bad argument - our students are in their final year, they have to practise’. (Focus group 2)

Even patients could limit or support precepting activities, depending on how they accepted a nursing student as their primary caregiver. Likewise, the relation between preceptor and student was crucial, as responsibility and opportunities for independent work could only be handed over when a preceptor recognized a student as competent and reliable. On the other hand, if a preceptor experienced that a student had insufficient skills or lack of theoretical knowledge, opportunities for independent work were limited. Over a cup of coffee in the tea room this was clarified to the field worker:

The preceptor sighs and tells me: ‘I am so tired, I don’t really trust my student. That is why I let her care for only one patient today’. (Field note March 2007)

The personal perspective

Preceptors’ previous experiences as students, nurses and preceptors guided their precepting strategies and techniques. If the preceptor had reflected upon earlier experiences, these could be used as supportive factors. This was explained to me by a preceptor while we were waiting for a nursing student to finish her assigned duties:

Not such a long time ago I was a student myself. I’ve experienced really bad preceptors, never letting me try or practise, so I always make sure that my students can try things and have some responsibility. (Field note December 2006)

Feelings of stress and inadequacy were often felt by preceptors as a result of their experiences of time shortage. Even so, when preceptors experienced stress and lack of time they carefully tried to hide it from their students. The next quote illustrates a dialogue that followed after the researcher raised a question addressing difficulties with precepting:

Preceptor 2 reflects: ‘You really have to work on your patience, glancing at your watch, trying not to be too obvious in front of the student, even if you are really stressed’. Preceptor 1 agrees: ‘Time, it’s always time’. Preceptor 4 concludes: ‘Yes, and sometimes I feel like I am no good at all, as if I have no real time for precepting, no time to explain’. (Focus group 1)

Feedback from students was therefore viewed in a positive way and encouraged by preceptors. Critical and constructive feedback was regarded as a way to develop preceptor competence. During one of the observed evaluation sessions, the precepting nurse asked the student what he had thought about her as a preceptor:

Preceptor: ‘Have I been too stressed and not listened enough?’ The student hesitates for a short period of time and then says: ‘Yes, maybe, but that is really hard to say because you are needed all the time by everyone else’. The preceptor nods in agreement and then asks: ‘Could you summarize what you think of me as a preceptor?’ The student blurs out: ‘Straightforward, honest, caring and a bit grumpy when you are under pressure, but you have always apologized, letting me know it wasn’t me’. (Field note May 2007)

Feedback as a supportive factor for precepting was confirmed by the focus groups, but statements also highlighted situations when lack of feedback was a limiting factor:

Preceptor 15 explains: ‘I think our clinical teachers don’t support us enough. When we meet they can tell me to try this or that, but never (give) any real feedback or clear advice’. (Focus group 4)
Precepting seemed to benefit nurses’ professional development in terms of their nursing competence and clinical skills:

Preceptor 6 starts by saying: ‘The best thing about being a preceptor is that you have to update your self all the time, new research, new ways to do things’. Preceptor 7 follows: ‘I totally agree – it is so much fun searching for knowledge together, reading and discussing’. Preceptor 5 concludes: ‘Well, I have heard it’s the best way to develop your nursing competence, having a student ask you all those questions – you really have to ask yourself, why am I doing this, how do I think?’ (Focus group 2)

Nurses also benefited from precepting when they experienced how their students developed professionally during clinical practice. This appeared to be quite an important motivator for precepting:

Preceptor 16 says: ‘The most important thing is that they have gained confidence during their ten weeks here and you can see them sort of turn into nurses’. Preceptor 15 agrees: ‘It is great to be there and help them grow into a competent nurse or, how shall I put it... a good colleague?’ (Focus group 4)

Additionally, there were some discussions in the focus groups about rewards in form of some monetary gain, but not as extensively compared with more non-material benefits:

Preceptor 2 explains to the group: ‘Last time I discussed my salary with my supervisor, I mentioned that I had precepted quite a few students now’. Preceptor 1 recognizes this and says: ‘Yes, so did I and this time I was promised it should be rewarded’. Preceptor 3 remarks: ‘Well, is it a merit is it not? Precepting, having students and all!’ (Focus group 1)

Discussion

Our study has shown precepting to be a complex function for nurses, in which they have to address several challenges, and the main one of which seems to be lack of allocated time for precepting. Scarcity of allocated time for precepting has been reported in earlier studies (Stevenson et al. 1995, Pulsford et al. 2002, Yonge et al. 2002, Hallin & Daniels-son 2008); however, the current study provides new knowledge by describing how preceptors in clinical settings actively try to find solutions within existing timeframes through different strategies. When they experienced time shortages because of heavy work load, precepting was considered stressful. However, they described how clinical work could be organized in smaller teams, where each precepting nurse was assigned to fewer patients so that more time could be dedicated to precepting. Thus, institutional practices and organizational routines need to be supportive to facilitate having allocated time, as preceptors primarily identified themselves as nurses and secondarily as preceptors.

From a relational aspect, time can be understood as related to cooperation with colleagues. Our findings indicate that delegating a temporary preceptorship to colleagues can be one way to enable precepting and finding time within the system. For this strategy to work, it is necessary that all nurses share an understanding, implying that students are a shared responsibility, even when they are assigned to specific precepting nurses. Another strategy found in the current study, and supported in earlier work by Bourbonnais and Kerr (2007), is the creation of a supportive learning environment comprising an understanding between colleagues that precepting takes time. This was visible during field studies when preceptors encouraged students to take the time they needed to perform a task and work independently, and when preceptors actively tried to ask questions of a more reflective nature. These techniques are more time-demanding approaches to teaching, which seems to contradict the statements of time as limited. In line with previous research by Yonge et al. (2002), preceptors in the current study described how they felt stressed and inadequate while precepting as allocated time was scarce. Nevertheless, it is important to note how preceptors in the current study protected students by acting relaxed, trying to hide their own feelings of stress, to let students work at their own pace. Thus, it seems that interactions with significant others, represented here by supportive colleagues, create a sense of belonging to a social group which will strengthen emotional as well as professional security while undertaking the preceptor role. Hence, efforts should be made to plan nurses’ clinical work so that allocated time for precepting can be facilitated. One way ahead could be the implementation of pedagogical models such as the Dedicated Education Unit. This is a clinical setting where staff nurses are prepared for their teaching role, and with extensive faculty support to provide an optimal learning environment (Moscato et al. 2007, Ranser & Grealish 2007).

As well as questions of time, we have identified additional conditions for precepting during clinical practice. The need for feedback, described by Eraut (1994) as information about performance necessary for developing practical skills, is not just a question for students. Preceptors in this study declared how they valued and needed feedback from students and clinical teachers to develop their preceptor competence. If clinical teachers are working closely with preceptors, offering advice and giving feedback, they are seen as resources. However, our findings also echo those
from interview studies by Landmark et al. (2003) and Bourbonnais and Kerr (2007), where lack of support from the university advisor was reported to be a challenge to the preceptor role.

Although this was not a study solely about the benefits and rewards and commitment of the preceptor role, as in those by Usher et al. (1999) and Hyrkäs and Shoemaker (2007), our findings also indicate that preceptors value rewards and benefits more in terms of personal satisfaction, personal growth, and competence development than material benefits. Our preceptors discussed precepting as a competency that should generate some monetary gain. However, it was not a matter that attracted any lengthy discussions, in line with findings in an interview study by Lillibridge (2007), where extrinsic rewards were not paramount in nurses’ decisions to become preceptors. Acknowledging willingness and motivation as significant incentives to become a preceptor is important and needs to be taken into account by universities when implementing preceptor workshops or educational preceptor programmes.

Study limitations

The extent of the field work was limited to a Swedish organizational and educational culture, and thus no general conclusions can be drawn. As the study built upon data from a small population of participants (field work n = 13, focus groups n = 16), representing physical care units only, the findings might not be transferable to other clinical areas. Furthermore, there was a risk of response bias, as nurses with a special interest of precepting may have formed the sample for the focus groups. Consequently, there is a need for further studies in different clinical contexts to allow greater understanding of the conditions for precepting from the perspective of precepting nurses.

Conclusion

Preceptorship seems to pose several challenges that need to be addressed to ensure clinical education of high academic standard. Therefore, it needs to be discussed further in terms of an integrated nursing competence that should be prioritized by all stakeholders involved in clinical practice. Our findings have raised the issue of time and its impact on the precepting process. This is an interesting area for future research as clinical practice and preceptorship will continue to be significant and complex parts of undergraduate nursing education.

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Conflict of interest

No conflict of interest has been declared by the authors.
Author contributions

EC, EP and CW-H were responsible for the study conception and design; performed the data analysis; and made critical revisions to the paper for important intellectual content. EC performed the data collection and was responsible for the drafting of the manuscript. EP and CW-H supervised the study.

References


Kitzinger J. (1994) The methodology of focus groups: the importance of interaction between research participants. Sociology of Health & Illness 16(1), 103–121.


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