Using clinical nurses as preceptors to teach leadership and management to senior nursing students: A qualitative descriptive study

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Summary  The preceptor model of clinical education uses nurses to fulfill the role of ‘teacher’ in a one-on-one relationship with students. The current nursing shortage, however, places increased demands on nurses and threatens their continuation in this role. The purpose of this qualitative descriptive study was to gain a better understanding of the nurse preceptor’s experience. Five themes evolved during data analysis: (1) making it worthwhile for the nurse, (2) making a difference, (3) engaging in the process, (4) “I love being a preceptor, but…” and (5) accepting the role, taking responsibility. Making it worthwhile for the nurse included how nurses saw personal and professional rewards and benefits in precepting. Making a difference described how nurses felt they made a difference in student learning. Engaging in the process described how nurses created learning opportunities for students by being a good role model and protecting students from negative experiences. “I love being a preceptor, but…” identified aspects of the precepting role that were difficult. Accepting the role, taking responsibility identified the different people involved in the complex precepting experience; the preceptor, nursing faculty, students, and the nurse manager that all had to work together if students were to have a good experience. Findings can be used to develop better support for preceptors as well as more structured and consistent orientation to the role.

Introduction/background

The preceptor model of instruction is a common teaching method used in baccalaureate nursing education (Altmann, 2006). This model of clinical instruction had been in place for senior nursing students in a leadership and management nursing
practicum at a rural Northern California university since 1997. Due to the current nursing shortage and increased demands placed on nurses, nursing faculty wanted to explore satisfaction from the perspective of the nurses whose commitment was essential to ongoing viability of this model of clinical instruction.

Historically, preceptor feedback and satisfaction levels were assessed by verbal feedback, which was generally positive. This process however, provided inconsistent follow up. Therefore, a university grant was obtained to complete a more formal qualitative examination of preceptor satisfaction and motivation to continue in this role. Determining how nurses perceive their preceptor role in the current health care environment may assist faculty to support them while continuing to provide this unique learning opportunity for students.

Literature

The term ‘preceptor’ is defined in various ways, but most definitions encompass similar concepts. The definition that fit preceptors for this leadership and management clinical practicum was, ‘an experienced practitioner who teaches, instructs, supervises and serves as a role model for a student...for a set period of time, in a formalised programme’ (Usher et al., 1999, p. 507).

The value of using a preceptor model for clinical education has been discussed and evaluated in the literature and encompasses both student and novice nurse experiences (Altmann, 2006; Bashford, 2002; Dyer and Pardue, 1999; Lockwood-Rayermann, 2003; Rush et al., 2004). It is widely accepted that preceptors and students benefit from the experience. One major benefit for the preceptor is watching the development of the student or novice nurse (Wright, 2002). Other benefits include providing an opportunity for clinical nurses to be involved with teaching, stimulating experienced nurses’ critical thinking processes, and expanding nurses’ knowledge base.

Studies conducted in Canada (Dilbert and Goldenberg, 1995) and Australia (Usher et al., 1999) in the 1990s suggest that commitment to the role of precepting brings benefits and rewards for preceptors, but that support is needed from hospitals and coworkers if nurses are to continue fulfilling the precepting role. Bain (1996) identified that the increased time needed to precept was a limitation and suggested that this placed increased demands on the nurse. These demands are likely even greater in 2006 than when Bain authored her study. Bain (1996) also reported some authors suggested monetary rewards might be better spent providing resources and training for preceptors, rather than financially rewarding individual nurses for agreeing to be preceptors. This seems to make sense in that adequate training is essential if nurses are to fulfill the complex roles expected of them, namely nurturer, role model, and educator (Altmann, 2006; Chisengantambu et al., 2005).

There are other complexities involved in the preceptor experience. Lockwood-Rayermann (2003) suggests that leadership style of the preceptor is key to having a successful student-preceptor outcome. Yonge et al. (2003) propose that faculty also are a part of this relationship since they must deal with ‘faculty and preceptor relationships, visitation, and evaluation’ (p. 210). These few examples highlight positive and negative aspects involved when placing students in the clinical setting with nurse preceptors instead of faculty as clinical instructors. Given the current work environment and increased demands placed on nurses who choose to precept nursing students, the researcher sought to more formally explore preceptor experiences to determine satisfaction and level of commitment to the preceptor role.

Methods

The purpose of this qualitative descriptive study (Sandelowski, 2000) was to explore the preceptor experience of five nurses currently in the preceptor pool for a baccalaureate nursing program in rural Northern California.

Sampling process and sample

In an attempt to be representative, the sampling procedure sought variation in terms of age, gender, education level, years of preceptor experience and clinical practice area. A negative case was sought in that one participant had formally stopped precepting within the previous six months. Sample size was small due to limited resources and time, however, findings provided worthwhile new information for nursing faculty using this model of clinical instruction. The sample included one male and four females. Age range was 37 – 60 years with years of experience as a nurse ranging from 7 to 26 years. Participants reported being preceptors from 1 to 7 years. Three baccalaureate and two diploma prepared nurses participated. At the time this research took place, these characteristics were representative of the current pool of preceptors.
Current practice settings were varied and included rehabilitation, cardiac monitored or transition units from critical care, orthopedic surgical and medical/surgical units from three different hospitals. These clinical areas are representative of typical student placements. The total pool of nurses in any clinical rotation would be approximately 20–25 nurses. Although the researcher was a member of the nursing faculty coordinating the clinical practicum, in order to decrease bias in the interviewing process, the researcher was removed from any faculty/preceptor relationships during the time frame of the research study.

Data collection

Interviews took place at either the participant's home or the researcher's home. All interviews were private with no interruptions. Interviews ranged from 20 to 40 min. Data were collected over a three month period. Interviews were semi-structured so that nurses' perceptions could be explored in a consistent manner, but response generated questioning facilitated the exploration of individual answers. The typical opening question was to ask nurses what the preceptor experience was like for them. Examples of topic areas explored were difficulties with the role, what they liked best/least about the role, what could be improved, and what rewards, if any, there were for precepting.

Data analysis

Data were sorted and managed using the computer program NVivo (Richards, 1999). Interview transcripts were read and reread, until recurring patterns were identified from the data. Data were coded into NVivo with initial descriptive codes. The process involved determining what words meant within the context of the question/response as well as the broader consideration of the entire interview for the participant. Pattern areas were reviewed after all interviews were coded. More abstract themes evolved as discrepancies were reconsidered and pattern areas renamed, collapsed and clustered. This process of developing themes followed the approach outlined by Thomas and Pollio (2002).

Ethical considerations

Ethics approval was granted by the University Human Subjects Committee prior to the collection of any data. There were no unusual or sensitive ethical issues noted during data collection. All participants were given a written explanatory statement regarding the study. Written consent to participate and tape record the interviews was given prior to interview commencement. Confidentiality was maintained by using pseudonyms for transcriptions.

Rigor

All interviews were tape recorded and transcribed verbatim. Data coded into the computer program NVivo kept original references to transcripts. An audit trail regarding process and analysis decisions was kept so that confirmability (Speziale and Carpenter, 2003) could be demonstrated. A colleague well versed in qualitative research reviewed analysis decisions and validated themes.

Findings

These nurses' experiences of precepting were similar. Five common themes emerged: (1) making it worthwhile for the nurse (2) making a difference, (3) engaging in the process, (4) `I love being a preceptor, but . . .`, and (5) accepting the role, taking responsibility.

Making it worthwhile for the nurse

All preceptors talked about the rewards and benefits of precepting a nursing student and what made it a worthwhile experience. These nurses talked of both personal and professional rewards for precepting and were visually and verbally enthusiastic when they recounted precepting experiences and when talking about students. Common descriptors involved the ways students often stimulated the preceptor, with comments such as, "they teach me" and that precepting encouraged "more thought work". These types of comments reflected personal satisfaction about what they did as well as stimulating positive professional development and ongoing learning. Preceptors described a reciprocal relationship with students, talking about how it was not just the student who gained something from the interaction. Several preceptors commented,

*I enjoy it because I always feel like it challenges me. I always wonder sometimes who gets most out of the preceptor experience because I feel like when I'm working with students... that I'm learning a whole bunch. It makes me not just do things automatically, but makes me stop and think about it.*
I think I’ve learned, I think I’ve grown. Because they’ll ask me a question, “Well what’s that?”...And I’ll say, “I don’t know, the doctor just put it down as a diagnosis. I don’t know what it is.” You know it makes me say, “Let’s go look it up.” So I think I’ve learned some more physiology. I keep more up on my education that way by learning from them.

For some, working with a student gave them a sense of satisfaction they were not always getting from nursing. This satisfaction also carried over into being energized about nursing in general, not just specific interactions with students. This comment was typical,

I’ve just revitalized my nursing attitude. I think I see my patients a little differently because I’m trying to help my students see them as people not just gall bladders or open hearts, but as people. I think, gosh, it’s just changed my attitude towards nursing.

This theme focused on what precepting gave back to the nurse on both a personal and professional level, while the next theme identified the ways in which nurses felt they were contributing to student learning and development.

Making a difference

All the preceptors talked enthusiastically about how they felt they made a difference for students. It was what kept them returning again and again, despite sometimes wanting to take a break from precepting.

Seeing them grow and being able to impart some practical points of wisdom and see them appreciate the information that you give. It’s kind of like lighting up a light bulb. I’m not just teaching my patient, which I like to do, but I’m also teaching somebody else. It’s my chance to make a little bit of a difference.

The recognition preceptors were given also confirmed their feelings of making a difference. Although most mentioned specifically what type of recognition they received or did not receive, unless from a student, it did not have a key role in providing a reward. Receiving recognition from the hospital occurred as noted in performance appraisals and whether or not they received monetary compensation when they precepted. Typical comments were,

I think they mentioned it on a review that I was precepting.

We get preceptor pay which I think is $0.50 an hour more. That’s fine. That part is nice.

Another nurse was less interested in the monetary reward for precepting, she commented, I wouldn’t necessarily want financial compensation or anything like that. But maybe a pat on the back, that probably would be nice.

What seemed to mean the most to these nurses in terms of recognition was what was given by the students. Their tone of voice and the way they spoke of being recognized by students obviously meant more than what was given by the hospital or the nursing faculty.

...most of them have sent me a little thank you card or something. I have a little place that I keep them... It means something to me. Maybe they’ll mention one little thing that they learned or whatever. It makes me feel good. I get direct satisfaction that way.

The other way nurses received recognition was from nursing faculty. Each semester nursing faculty sent thank you letters to preceptors and their immediate supervisor. Nurses were asked during the interviews if faculty could recognize them more or differently than what was currently being done. Most responded that they did not necessarily want or need that type of recognition.

...Because I think probably most people that do the precepting are like myself. They do it for just an enjoyment of working closely with somebody and seeing them develop.

In summary, making a difference was a predominant finding. Preceptors seemed inspired when they talked about students and how they contributed to their learning and how they made a difference. All preceptors referred to the precepting opportunity as a chance to help shape the nurses of the future, nurses who would soon be their peers.

Engaging in the process

The third theme is described as engaging in the process. Nurses talked about the process of teaching students in similar ways, despite implementing specific teaching strategies differently. They all wanted the student to ‘fit in’ and be part of the nursing team on their unit. Another common denominator was that nurses described situations in which they were role models. Nurses sought out learning experiences for students, but also stopped short of putting a student in a situation that might be harmful to their learning or confidence.
These nurses taught through talking and by example. They were able to clarify and articulate how they worked and in the process created learning opportunities for students. Preceptors stated that they turned mundane parts of the day into learning experiences, but also looked for specific and specialized opportunities that might be going on with other nurses.

The very first thing that I do is I tell them "You have to be organized". I tell them, "It just seems silly in, a way, that everything should just flow. But it only flows if you have this plan, this day plan, this way of doing things." I make them use some kind of a sheet to write down their report that they get and highlight information that they learned throughout the course of the day that they need to relay. I make them do that.

And as I'm still running, if I have to run out of the room to do something else right away, I'm waving them to come with me and I'm explaining the entire thing as I go. What my thought processes are of it, what am I planning to do right then, what is the immediate situation, and what is the long term situation on this patient? I will explain everything. If it's later on in the rotation they will probably be more involved and I may be able to question them in a real easy way as to what would be the best situation here, what would you do first, and what would you do to prepare for this or prevent this, etc. And that's always a good experience no matter what the situation is. It's always a learning experience.

For some of these preceptors, talking about learning opportunities meant putting words to their own processes of how they planned the day, what they did to keep organized, what type of teaching style they valued and how they kept students grounded in the real world of nursing. They were eager to pass on knowledge and wisdom to their novice student. One nurse described the process this way,

*I have them actually shadow me, taking on the six patients we may have, and then as the semester goes on pretty soon we're side by side, I'm with them the whole time, but they are taking the six patients. There's no one patient or two patients. They take on the six. And at the end of the semester they are entirely in charge of those six patients...I can be there if they need me for assessment, or especially for IV meds, but the thing is I build the confidence in them that they can take on six. That's reality nursing. That's nursing today.

Although nurses did not identify themselves as role models, they described situations in which they functioned as a role model for students. Typical comments included,

...and I try to give them as much information as what I've received in school but also received in life just trying to get them on a good course.

...let's say if they're doing a catheterization technique and their sterile technique is not good. I'm there with an extra pair of gloves to just instruct them how to do it right. Teamwork. I think teaching them to be there for other nurses as well as for themselves. And...I think that we all need to support one another and just continue to go in that way... Trying to let them know that there are things that they can do to help others. I can help them, they can help me. We're just there to develop a good, a person, that will work well with other staff members. Not to be exclusive for themselves. Not to be defensive. Those are the things that I kind of look at.

Nurses talked about protecting students, not putting them into situations where they would fail, situations that might damage their confidence. They wanted the students to succeed and were willing to work hard to make sure that happened.

And that's one thing I want to do is help them to really learn their patient to the point that when I'm not there to protect them, they can do just fine by themselves. But for the most part...I do protect them when they're on the floor. One thing I will never do is ever let them be in a situation they are not sure of. I will never put them in front of a patient that they will feel lack of confidence. I will always be there to help them figure out the situation in a better way and never make them feel scared at all.

Being flexible in order to deal with the unexpected is critical in nursing. In response to a question about what happens when it gets chaotic and they have a student, one nurse described how she facilitated learning during a crisis while still protecting the student and helping them learn.

Like if there's chaos or crisis? I plant them actually. I want them to learn. I do not what them to be shooed away. I'm not going to omit them from the experience. However, if I feel that it's overwhelming then it's a learning experience to watch. So I may have them participate depending on the situation and at the same time I can still teach them. At the same time I can still be conscientious to the patient's needs, and if I feel that it's going to be too much with them right there in the midst...
of it then I will have them step aside so they can at least observe the entire situation.

The theme engaging in the process identified the different ways in which nurses taught students, from more mundane skills to more complex decision making. These nurses were role models for students and thus created an atmosphere with decreased stress where students could take advantage of one-on-one teaching from an experienced nurse. This opportunity allowed students to ‘test the waters’ of decision making, practice new skills, and apply new knowledge with confidence, knowing that their preceptor was there for back up if needed.

‘I love being a preceptor, but…’

This theme focused on various aspects of the preceptor role that at times were difficult. This included student issues, about how they were feeling on a particular day, or the environment/situation around them, such as it being very busy, high nurse to patient ratios, or scheduling conflicts with other nursing programs for preceptors. One preceptor added that being tired often limited optimal teaching situations.

Sometimes I just want to get the job done. Usually I’m a very patient person. But sometimes it’s just ‘You know what? I’m just going to do this so we can get out of here on time.’ And I shouldn’t do that. I should let them take their time and do it. Then if they start sinking obviously I’ll get in there. But not just take over something they’re in the middle of because I want to get off on time. So I have to back up and say “Okay, I won’t do this.”

Another preceptor talked about the mental energy required to be with a student one-to-one for a twelve hour shift,

Sometimes talking to them…sometimes it’s nice just to go through a shift and not talk about things. And so, if I can zone out…you can’t ever zone out if you’ve got a student.

One nurse who had stopped precepting for a year identified that when nurse to patient ratios were high it was nearly impossible to have a student because learning was so significantly affected,

It does slow you down when you have a student that is there and then especially when I had seven, they were almost regularly giving us seven patients. You really have to be running. You can’t take time to stop and explain what you’re doing and why you’re doing it. You really don’t get the good effect of any real good teaching. I don’t think it’s fair to them when I have to run…I just don’t think it would be right for them or for me. It was too much.

In summary, this theme was about what made precepting difficult. Although preceptors did struggle at times with the increased demands, they generally felt it was worth the effort. Only one nurse took time off officially until nurse/patient ratios were lower, but faculty are aware of the demand on preceptors and the need to rotate them from precepting over the course of the academic year, which involves four practicum cycles.

Accepting the role, taking responsibility

In this final theme, preceptors identified the different people who were also involved in the precepting experience for students. This meant that in addition to what preceptors accepted as their role in teaching, nursing faculty, students, and nurse managers on the unit where students were placed also had critical roles with accompanying responsibilities. All preceptors felt that it was important to have a system in place so that they could contact nursing faculty if needed. In responding to whether that system was adequate, one nurse commented,

I think it’s fine because you’re easy to get a hold of. If you were hard to get a hold of it would be a different story but I know you’re just a phone call away if I need you.

Nurses acknowledged the thank you letter written by faculty each year to recognize their effort in student learning and although they did not want additional direct contact, some felt more orientation initially would be helpful,

It might have been fun or interesting or helpful to have had a meeting with other preceptors or nursing instructors one-on-one, or a little group. Just to kind of socialize it to…get a feel for what other people have been through or what is expected more directly than a packet of information.

Nurses added that it was important students were prepared to manage patient care at a senior nursing student level. Although acknowledging that students were responsible for this, one nurse commented about the responsibility of faculty,

Make sure they know how to listen to lungs, do vital signs and do your basic patient care. If they’re comfortable with doing basic patient care then we can go on with the other learning stuff.
All preceptors indicated that it was critical for students to come prepared and willing to learn. Preceptors saw their role as teacher and as long as the student took advantage of that, worked hard and demonstrated insight into the learning experience, they felt outcomes were successful. Several preceptors identified the importance of students being insightful about their progress, as demonstrated by these comments.

In both cases they said that "I need to start working on this because I haven't fulfilled that section."

...they have come to me and said, "I really need to work on this", telling me I need to criticize more. I mean, not only tell them where they're doing well but where they're doing bad.

The notion that a preceptored clinical is an opportunity for students to take responsibility for their learning in a safe environment is succinctly stated by this preceptor,

They don't feel like they have to measure up to me, they have to measure up to themselves.

Although unit managers or administrative delegates that approved preceptor placements were not involved in day-to-day student experiences, preceptors saw this person as important in the bigger scheme of the experience. Several indicated disappointment that managers did not interact more during the student experience and recruit students for employment following graduation.

My supervisor you know we introduce her to... but they don't take down any information at all about my student except that she is there. So I don't know, I feel she should at least talk to my student. You know I just pass them in the hallway "This is [supervisor], this is [student].... Maybe some recognition from my supervisor to my student. "Welcome, I'm blah, blah, blah." Maybe get some information. You know something to show that my student is there. Not just to pass in the hallway.

Overall, preceptors identified that it was not just them involved in the precepting experience, and acknowledged that everyone linked to the experience needed to communicate and work together for a positive student outcome. Preceptors did identify that the biggest responsibility was on them for teaching and on the students for accepting their role in learning new skills and gaining knowledge as they began to function in this new registered nurse role.

Discussion

Positive rewards and benefits identified by nurse preceptors in this study far outweighed the difficulties or frustrations experienced. All preceptors expressed personal/professional gains and believed teaching students provided them with professional growth experiences as well as knowledge development, the opportunity to teach, and the satisfaction of being part of someone else's learning. These findings are consistent with other nursing research (Dilbert and Goldenberg, 1995; Usher et al., 1999; Wright, 2002). Craven and Broyles (1996) suggest that precepting keeps preceptors current clinically, facilitates professional growth needed for advancement, and provides satisfaction in watching novice new graduates develop into competent new nurses. These findings support this earlier work.

Preceptors in this study indicated that hospitals did not specifically reach out with incentives for them to precept, but also stated that extrinsic incentives were not paramount in their decision to take on the preceptor role. Most nurses had intrinsic rewards, such as personal satisfaction and the opportunity to teach as an incentive to begin and continue precepting. Incentives cited in the literature included monetary compensation (either through increase in wage or compensatory time or tuition for continuing education), as an avenue to career advancement, increased involvement in the employing hospital, being a change agent on the working unit, and acknowledgement indicating there is prestige in fulfilling this role (Dilbert and Goldenberg, 1995; Editorial, 2003; Ellerton, 2003). It is interesting to note that none of these extrinsic rewards (with the exception of a small increase in hourly wage for two preceptors) were identified by the nurses in the current study.

Processes used by these preceptors to teach students and facilitate their learning differed, however engagement in the teaching role was powerfully consistent. The focus of teaching strategies seemed very 'in the moment' and connected with the clinical situation in front of them. Comments describing teaching situations demonstrated the expert clinical status of these nurses as described by Benner (1984) through descriptions of learning situations when they were able to impart knowledge to students.

In addition, although it would be preferable to have all preceptors baccalaureate prepared, it is not realistic. Despite varying levels of educational preparation, and individualistic teaching strategies, all preceptors had a detailed plan for precepting...
that had worked for them in previous experiences. This is consistent with Ohrling and Hallberg’s (2001) findings, that preceptors had a foundation in pedagogical thinking about how the teaching/learning process should occur. This research concurs with Ohrling and Hallberg’s proposition that collaboration between preceptors and faculty strengthens the teaching competence of preceptors.

The idea that students need to be protected in the learning environment is one that educators should be more aware of. The current study found that preceptors protected the students so that confidence would not be eroded or to prevent failure. Ohrling and Hallberg’s (2001) findings support this notion, that learning is more successful if students are exposed to the ‘real world of nursing’ incrementally. This may raise questions regarding how students learn with more common education models, such as when a clinical teacher is present. Ohrling and Hallberg also found that preceptors created learning opportunities for students, which is consistent with findings from the current study.

Conclusions

Preceptors in this qualitative descriptive study found value in the precepting experience and believed they gained as much as they gave in terms of their relationship with students. None of these nurses wanted to stop precepting, despite some of the difficulties experienced. However, nursing faculty frequently have difficulty gaining approval from hospitals for nurses to precept because they are often orienting new employees. Although it is recognized that orientation is an important process for a new graduate or employee, it raises questions regarding the role and responsibility hospitals have in the education of students. Is the education process only the responsibility of academia or should hospitals be sharing this burden? It also speaks to the notion that these preceptors generally did not feel that their employer provided incentives for taking on the preceptor role such as monetary compensation or simple recognition, support for conference attendance, or as an avenue for career advancement.

Despite not having extensive training in the role of preceptor, these nurses were serious about their teaching role and had similar successful outcomes. However, a common issue raised was a lack of formal orientation. It is recommended that schools of nursing engage in formal training of preceptors that could be used as continuing education credits, or that precepting could be counted as continuing education hours.

More research needs to be conducted to expand the perspective from preceptors to students, to nursing faculty, and to employing agency. Exploring all of these perspectives, as well as more research with a larger sample size, might provide a better picture of how best to encourage nurses to become preceptors and to support them in this role.

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References