

‘To explore the learning experience of first year undergraduate nursing students in relation to their first encounter of the preceptorship model of nursing education’.

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Abstract

Rationale: In recent years nursing has undergone changes in the way student nurses are educated from the Apprenticeship Model to the Preceptorship Model of clinical education. The Preceptorship Model is now an important component of student nurse training in Ireland.

Aim: The primary aim of this study was to explore the learning experience of first year undergraduate nursing students in relation to their first encounter of the preceptorship model of nursing education.

Method: A focus group approach was the method employed to collect data from participants. The participant group were first year student nurses from a general undergraduate nursing degree programme. Four focus groups were formed, one group had six participants, while two had five and one had three. Recorded data was transcribed verbatim. Data was analysed using a thematic approach, where emerging themes were identified.

Results: Students reported that they had a positive experience of preceptorship in terms of quality; however, the lack of quantity of time with the preceptor was viewed as having a negative impact on the preceptorship experience. Barriers to preceptorship included lack of time, staff shortage and different shift patterns.

Conclusion: Being valued and being made feel part of a team are important to first year student nurses. It helps to increase their sense of belonging which is important to their overall experience. The essence of the preceptorship model, the one to one relationship the student has with the preceptor, is necessary for the socialisation and evaluation process of student integration and student learning in the clinical area.

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Chapter One: Introduction

The changing nature of nursing demands more autonomy from nurses, not only at the bedside but also extending their role in nurse led clinics, as nurse specialists and advanced nurse practitioners. O'Mara et al. (2013) state that effective clinical nurse education is critical to prepare nurses for a practice-based profession, while Franklin (2013) refers to nursing as a discipline that requires nurses to achieve clinical competence to gain registration. With the ever changing demands placed on nurses to deliver high quality of care, it is now vital that student nurses are afforded the opportunity to achieve competence in their practice.

Models of clinical education are in place to facilitate clinical learning. The Preceptorship model that is used in the Irish setting and in many countries throughout the world has been confirmed by Kimberly (2006) as prevalent in undergraduate nursing education as an alternative clinical teaching method. The preceptorship role was established in 1970's in a response to what had been described as 'reality shock' that newly qualified or novice nurses experienced when qualified. It was used to assist transition from student to staff nurse; however, this model was then introduced into undergraduate training (Brammer & O'Brien 2007; Omansky, 2010). It has long replaced the traditional method of supervising students without preceptorship.

Within the Irish context each student is provided with a named preceptor who is a qualified staff nurse and competent in their area of nursing. There is 1:1 supervision provided to the student by a qualified nurse. This named nurse is responsible for supporting, educating and assessing the student. Papastavrou (2009) states that many other countries have also embraced this change, in order to give the undergraduates a better education, ensuring a more competent workforce.

The research that is to be undertaken is to explore the learning experience of first year undergraduate nursing students in relation to their encounter of the preceptorship model of nursing education. In particular the dissertation will examine three main objectives which are

1. To explore nursing students first experience of the preceptorship model.

2. To gather information on students' experience about the factors they perceive as important to their first experience of preceptorship
3. To gather information on students' ideas of how these factors influenced their overall learning experience on their first clinical placement.

My main reason for choosing this topic is because as a Clinical Placement Coordinator (CPC), my work involves supporting the students throughout their placement and being the liaison person between the Institute of Education and the hospital setting. The motivating factors that influence this study are my beliefs that students as learners can achieve their goals in a learning environment that is conducive to learning, respectful of student needs and collaborative in its approach with all stakeholders.

The research will enhance my own personal and professional development in providing me with an insight into the perception of first years' experience in the preceptorship model of nursing education. This research should support my role as an advocate in relation to creating the best possible clinical learning environment for students. I will inform those parties involved in delivering the preceptorship model of student nursing education of my findings so that they may use this to inform their own practice in relation to preparing the students for practice.

Chapter Two: Literature Review

This literature review is based on the available literature on student nurses experience of preceptorship within the clinical environment. The aim is to identify and access the research appropriate to preceptorship and its impact on undergraduate student nurses' first clinical experience.

2.1 Methodology for literature review

In order to research the literature, a broad brush approach was used to view as many references as possible relating to preceptorship and first year student nurses experience. Computer-based electronic searches were used to access four library databases. The electronic databases searched were CINAHL (Cumulative Index to Nursing and Allied Health Literature), Medline (medical literature on line) Pubmed and Science Direct.

A number of key words were used to search for data. These were preceptorship, mentorship, first year student nurses/nursing students, nurse education and clinical placement. Heffernan et al. (2009) alludes to the confusion within the literature between preceptor and mentor. They maintain that the difference in the two is due to the type and function of the relationship. According to Heffernan (2009) preceptors are nurses who "provide a supporting relationship for an intensive but short term interval with a specific purpose", while a mentor is seen as "an experienced trusted reliable counsellor who has a long- term relationship with the person being mentored". For this study mentorship is used as a term that is interchangeably linked to preceptorship. In Ireland the term preceptorship is used in relation to undergraduate student nurse training whereas in the United Kingdom the term mentorship is used in relation to undergraduate student nurses while preceptorship is the term in relation to supporting new graduates (See Table 2.1).

Table 2.1 Terminology

Country	Terminology to refer to	
	undergraduate nursing	Post-qualification
Ireland	Preceptor	Mentor
UK	Mentor	Preceptor

Initially, the intention was to look at data over a ten-year period. However, there are no studies available on first year student nurses' first experience of preceptorship within a ten-year period, therefore the research was expanded to include literature from 2005-2016. A full breakdown of the database returns is provided in Appendix 1. Following application of the inclusion and exclusion criteria forty-two sources were identified. They included empirical studies, integrative reviews and literature reviews (See Appendix 2. for details of literature reviewed).

In order to examine the data, inclusion and exclusion criteria were used.

In terms of **inclusion criteria:**

- The data examined was limited to years between 2005 and 2016.
- The research was confined to English language papers only.
- The focus was on undergraduate student nurses experience of preceptorship

Exclusion criteria:

- Newly-qualified nurses' experiences of preceptorship as these were not my target audience.

Duplicates were removed from findings across all four databases, reducing the total sample to forty-two. Each article was reviewed for compatibility with the inclusion and exclusion criteria. On the basis of this, thirty-two were identified as of primary relevance for this study. The remaining ten articles were retained for inclusion as they contained information useful to providing background detail and discussion points relevant to the wider context of nurse education.

As a result of the database search it is clear that there is a gap in research specifically on the first experience that undergraduate student nurses have of the preceptorship

model. Only one study explored the views of first year student nurses in relation to their first experience of preceptorship during their first clinical placement (Higgins and McCarthy, 2005). Nine other studies were obtained which related to first year student nurses experience in the clinical setting. The research being undertaken as part of this study therefore addresses this gap in the literature, and contributes further by specifically exploring student nurse's very first experience of preceptorship.

2.2 Preceptorship Model of education

There is a general consensus among academics that preceptorship is defined as a clinical education model, whereby there is a one to one relationship between a registered nurse and a student nurse. The registered nurses (i.e. the preceptor), provides support and guidance for a limited time period within a clinical setting to the student nurse (i.e. the Preceptee) (Budgen and Gamroth, 2008; Rogan, 2009; Luhanga, et al 2010; Sedgwick and Harris 2012; Asirifi et al 2013; Atakro and Gross, 2016).

The emergence of the concept of preceptorship goes back to Florence Nightingale's time when she advised that inexperienced nurses should be looked after by experienced nurses who have been trained to train (Omansky, 2010). Sedgwick and Harris (2012) further expands on this idea by stating that Florence Nightingale stipulated that the first year of student nurses' education should happen within the hospital environment and that students should have direct supervision from a nurse who has the ability to guide them. Currently, the preceptorship model of clinical education is the most widely used model in undergraduate nursing education in Europe, America, New Zealand and Australia (Luhanga et al, 2010).

One of the most important happenings in the history of nurse education was the introduction of the structured degree education model and the shift of undergraduate nursing education into Universities and the Higher Education Sector (Department of Health, 2012). Student nurses moved from the traditional apprentice model of education to being supervised by a preceptor while on clinical placement.

The model of preceptorship used in Ireland is based on the one to one relationship the preceptor has with the Preceptee. Figure 2.2 illustrates the role and responsibilities

that preceptors have in supporting student nurses. Although this diagram is adapted from Vermont in the United States, the responsibilities illustrated mirror the preceptor responsibilities in Ireland. Gleeson (2008) highlights the role of the preceptor in the Irish Republic as one responsible for socialisation, teaching and assessing student nurses. She goes on to say that “registered nurses are recognised as central to student learning” therefore the provision of support for undergraduate students is essential in nurses’ education (An Bord Altranais, cited by Gleeson, 2008).

2.3 Preceptorship as a clinical educational model

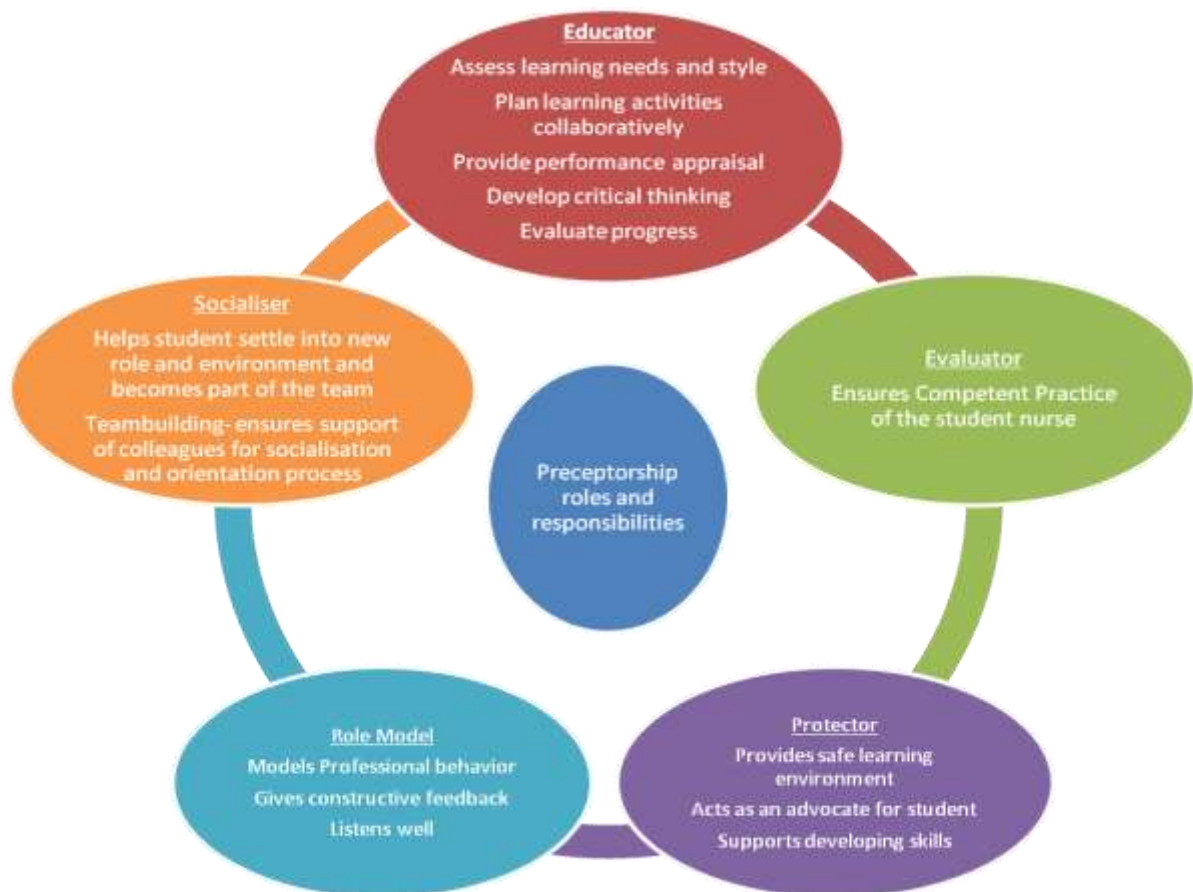


Figure 2.2 Modified from Vermont Internship Project (Boyer, 2001).

Tiwari et al. (2005) state that “preceptorship is considered to be the cornerstone in giving students the opportunity to apply theory to practice” similarly, Hilli et al.

(2014) hold the view that preceptors “play a crucial role in student nurses progressing to becoming qualified nurses” while the Nursing and Midwifery Board of Ireland (NMBI) (2015b) assert that successful preceptorship has an important impact on students going forward to become qualified nurses. Conversely, in a critique on ten practice based models of clinical nurses’ education, Budgen and Gamroth (2008) highlighted in a diagrammatic presentation the strengths and limitations of each model. The main strengths identified in the relation to the preceptorship model were;

- “That student nurses worked directly with staff members who were currently in practice”.
- “One preceptor to one student”.
- “The preceptor had responsibility to support the student and conduct an evaluation of their clinical practice”.

However, several limitations were also highlighted,

- “Not all preceptors are expert in teaching, and evaluating students”.
- “Learning may not always take place due to preceptorship workload”.
- “Student dependent on one role model”.
- “Preceptorship burnout due to workload”.

In the same vein, Sedgwick and Harris (2012) reported that even though the preceptorship model is extensively used “there is still a significant concern about the learning components of undergraduate nurse education”. This is mainly due to organizational challenges such as increased patient acuity, staff shortages, and lack of preparation in relation to the preceptor, all of which can undermine the effectiveness of the model. In a review of two models of clinical supervision, Atakro and Gross (2016) found that there was no evidence to support that the preceptorship model fosters critical thinking or has a positive effect on clinical performance, however in contrast, Brammer and O’Brien (2007) claim that preceptorship has an impact on student learning and the experience of preceptorship will also impact on the way students care for patients. Jonsen et al. (2013) also argue that the preceptorship model allows students to become part of a professional and educational relationship with the preceptee paving the way for student progression to registered nurse. Recognising the complex function of the role of preceptorship, Happell (2007) maintains that the relationship between the preceptor and preceptee forms the basis of the preceptorship

model, while Blevins (2016) in a discussion article on the “Qualities of effective Preceptors” highlights four qualities of effective preceptors as being a teacher, a role model, a nurturer and an assessor.

Billay and Myrick (2007) concurs with Sedgwick and Harris (2012) that preceptorship is the main education system for student nurses and a key advantage to student learning is preceptors’ wisdom and knowledge, however, “preceptorship workload, inadequate training and lack of time” will impinge on its effectiveness. A limitation of this review was that only one in every ten articles was sampled which might lead to exclusion of any other key preceptoring issues. Luhanga (2010) also agrees that while the one to one relationship is seen to be the essence of preceptorship, this also can be a challenge due to the abovementioned factors and calls on educators to look at a way of preserving the one to one relationship.

2.4 Role of preceptor

NMBI stipulated each student should have a named preceptor who is a registered nurse or registered midwife. This preceptor will have undertaken preparation for the role. Their main role is to support undergraduate nursing or midwifery students in their learning in the practice setting and assumes the role of supervisor and assessor of the students’ achievement of clinical learning outcomes and competence (NMBI, 2015b). Asirifi (2013) suggest that the preceptor’s role is to facilitate bridging the theory practice gap, contributing to the student’s professional development, while Varley (2012) asserts that a preceptor takes on the role of role model, teacher evaluator and support person. Apart from NMBI (2005) describing the role of an associate preceptor, as one who supports the preceptor only one other article mentions the role of the associate. There is little research on the role of the associate preceptor. With respect to the associate preceptor, Morgan and Keogh, (2005) state that “a co-preceptor is a delegated associate who acts in the absence of the preceptor”.

Before proceeding to examine the clinical learning environment, it is necessary to point out that the role of preceptor can be a complex one for nurses as it is not their primary function and the commitment to this role is dependent on ward activity, adequate staffing levels and preceptor preparedness prior to undertaking this role (Carlson, 2012).Lofmark et al. (2011) also found that one of the main factors is the

shortage of staff to meet the demands of preceptorship therefore burnout was often experienced by staff who tried to meet the demands of patient care and deal with their second role of preceptoring students. Sedgwick & Harris (2012) also found that the level of supervision was not always adequate and that there was a lack of continuity of supervision by preceptors.

2.5 The clinical Learning Environment.

The clinical learning environment is integral to nurse education with fifty per cent of all nursing programme consisting of clinical practice worldwide (An Bord Altranais 2005; Jonsen et al 2013). A number of studies emphasise that clinical placement is an important element of a nurse's education curriculum (Chesser-Smyth, 2005; O' Mara 2013) while others (Courtney-Pratt et al., 2012; Sedgwick and Harris, 2012; Bergjan and Hertal, 2013) identify it as an essential element of student training in developing competence to practice as a registered nurse.

Blum and Gordon (2009) points out that the learning environment is enhanced for students by placing them where they feel cared for by nurse preceptors. This view is supported by Bergjan and Hertal (2013) in evaluating students' perceptions of their clinical placements; they found that students felt safety was a prerequisite for a successful pedagogical relationship. This allowed students to feel safe enough to ask questions and learn from experience. Bradbury-Jones et al. (2011) sums up the findings reported in many other papers (e.g. Blum and Gordon, 2009; Bergjan and Hertal, 2013; Courtney-Pratt et al., 2012) when they state "that being valued as a learner, being valued as a team member and being valued as a person are important factors in student empowerment".

A sense of belonging has also been identified in many studies (Chesser- Smyth and Long, 2012; Grobecker 2015; Gilbert and Brown 2015) as having an effect on student learning. Students felt that being welcomed and made feel part of a team encouraged and motivated them within their studies. Grobecker (2015) provides us with the evidence that there is a direct relationship between a sense of belonging and perceived stress while a review by Gilbert and Brown (2015) confirms that poor attitude by professionals towards students affects their feeling of belonging. However, it was noted in a study by Levitt-Jones et al. (2009) another factor influencing a sense of

belonging was the duration of clinical placement as students needed a settling in period. It was recommended that no placement should be shorter than four weeks. Anecdotally, students have reported that longer placement helps in feeling part of a team, therefore a better- quality learning experience. An exploratory study by (Warne et al, 2010) on the clinical experience of nursing students in nine different countries concurs with Levitt-Jones et al. (2009) in that they found the most important influence on the student experience was the duration of clinical placement and students' supervisory relationship.

2.6 Preceptor preparedness

A qualitative study by Hegenbarth et al. (2015) on “establishing and maintaining the Clinical Learning environment for nursing students”, views it as being crucial in providing experiential education where the student gets the opportunity to link theory to practice, however this hinges on the willingness and openness on the part of staff to invest in student learning. O'Mara et al. (2013) holds this view in their study carried out on the students' experience of the challenging clinical learning environment that while clinical experience is invaluable it has complex variables that are challenging and this can influence the student experience.

Literature has recognised preceptor preparedness as influencing the quality of the student experience. In Ireland, there is inconsistency in the amount of time give to preceptorship training, however Rogan (2009) in a study on preparation of nurses who preceptor nursing students, highlights the importance of preparing nurses for their role. The preceptors who participated in this study (Rogan's study) wanted to learn what was expected of them as a “teacher, a supervisor, a mentor, an evaluator and as a colleague”. Brammer and O' Brien (2007) echoed this by maintaining that preparation and ongoing professional development will enhance the preceptor's role, while Paton (2010) calls for mentors to be supported in their role of mentoring nursing students.

Studies from preceptors' perceptions of their role as preceptors highlighted it as extra responsibility on top of their clinical workload (Carlson et al. 2010). This caused stress among preceptors as they felt they had little time to give to preceptoring. Interestingly preceptorship is not being commonly viewed as career advancement

(Paton, 2010) on the other hand those who are interested in the future of nursing will take on the preceptor role when asked (Omansky, 2010).

2.7 Student nurse experience of preceptorship and clinical learning environment.

Nine studies (excluding first year students) relating to the student experience of preceptorship and clinical placement were obtained. Varley (2012) examined the student experience of preceptorship during their final year in a hospital in Ireland. Using a qualitative approach forty-seven out of seventy final year students took part and were questioned about their experience of preceptorship. Data was analysed thematically. Findings highlighted that levels of support from preceptors varied and availability of preceptorship was influenced by the factors such as rostering and lack of consistency in preceptor/preceptee relationship. Students who reported having positive experiences highlighted the potential of the preceptorship model. As was pointed out earlier by Billay and Myrick (2007) and Sedgwick and Harris (2012), preceptorship workload, inadequate training and lack of time” impinges on the effectiveness of the preceptorship model.

Papastavrou et al. (2009) found that where students perceived deficits in practice, including preceptor hostility towards them; this negatively affected the experience of preceptorship. This is echoed by Matua et al. (2014) who reported that where preceptees disagreed with preceptors, this also had a negative impact on the preceptee relationship. O’Mara et al’s (2013) study found that some students adapt to a negative environment by trying to fix it, or reframe it by feeling that the challenging learning environment made them stronger and better able to face situations, this would not be perceived as the most beneficial environment for students. Corroborating evidence of adaptive responses by preceptees is found in studies by Billay and Mervick (2007) and Bradbury-Jones et al. (2011); where students’ responses of staying silent or experiencing difficulty in exercising their voice, highlights the need for supportive staff to help students to get through placement. In another study, Asirifi et al. (2013) highlighted views on the essence of preceptorship which was not only shared by students alone but involved preceptors and nurse educators. They felt that this is not reflected in the way it is being rolled out, and argued that a need for formal training is necessary.

Turning now to the positive experience of preceptorship, Happell (2009) maintains that students perceive the positive characteristics of the preceptor as one who is professional and consistent in their approach to work and to students. They also appreciate the preceptor who has knowledge of student's academic background, provides constructive feedback and acts as a role model in helping them feel safe and valued. Zilembo and Monterosso (2008) found that students recognised that leadership was a significant function of the preceptor. They articulated that it increased their motivation and encouraged them to achieve their learning goals. This study also highlighted the link between effective working relationships and the length of time that the preceptor is with the student, alluding to the fact that it takes time to build trust, however Lawal et al. (2015) found that while ninety per cent of participants in their study found that support from clinical staff influenced their learning they also had an expectation that staff would be supportive and the environment friendly.

2.8 First year student experience of preceptorship

There is a paucity of research on first year student experience of preceptorship during their first clinical placement. Six studies were obtained in relation to first year student nurses experience of clinical placement which focussed on various issues such as being welcomed and being valued as a learner (Bradley-Jones et al. 2011). This study employed a qualitative approach., 13 students were interviewed which highlighted that effective mentorship influenced empowerment. Similar findings were reported by (Chesser-Smyth and Long, 2012); in a mixed method study involving a larger sample of 235 students, which found that preceptors' attitudes had an effect on student self-confidence. (Blum and Gordon, 2009) highlights a nurturing environment while (Higginson, 2006) point out worries in relation to clinical procedures. Findings from a large study involving 361 students by (Jonsen et al. 2013) are similar to Coopers (2015) who interviewed 22 students. Both studies found that good preceptorship influences a sense of belonging in the clinical area These are all directly or indirectly related to the qualities of the environment which included the preceptors and all staff. On the other hand, in an exploratory study of first year nursing students learning in the workplace which is based on the principles of a program informed by Wenger Community of Practice 1998, cited by Grealish and Rance (2009), holds the view that having a mentor/preceptor may not be as important as one thinks. They maintain that

clinical experience is less dependent on the qualities of the environment but rather upon participation of students in a community of practice; however, Jonsen et al (2013) are strong in their belief on the positive influence that the preceptor has on clinical experience by stating that preceptors are crucial if student learning is to be maximized. Also in a study carried out by Department of Health (2012) they viewed preceptorship as integral to student nurse training.

In a qualitative study by Chesser-Smyth (2005) on the “Lived experience of student nurses on their first clinical placement”, ten students out of a cohort of fifty-four were interviewed to explore the experience of General Nurses on their first clinical placement. Findings suggested that when students are respected and welcomed into the clinical area, it helps with the socialisation of students into nursing. Students reported that not feeling part of the team caused anxiety among them. Even though this study was not dealing directly with the preceptorship experience, socialisation of student nurses into nursing is considered a key aspect of the preceptors’ role. While Chesser-Smyth (2005) report findings that show how influential preceptorship is on student experience, Chesser-Smyth and Long (2012) in their study on “understanding the influence of self confidence among first year nursing students in Ireland” found that students reported a definite correlation between poor preceptor attitude and its negative impact their confidence.

There were no studies found in relation the perceptions of first year under-graduate general nurses’ first experience of preceptorship in Ireland, however, one study was located which included first year student nurses from Psychiatric nursing. Higgins and McCarthy (2005) explored the experience of students from psychiatric nursing having a mentor during their first clinical placement. Even though it was within an Irish setting the word mentor was used in relation to undergraduate support, however in this study the role of the mentor is similar to the role of the preceptor. Using a qualitative approach, they interviewed six students to find out what that experience was like for them. Results showed that the students valued having a staff member “just for them”. They felt at ease being supported by a friendly supportive person who maintained a professional relationship. While this study would appear to report on the essence of preceptorship, considered in isolation, the small sample size of this study

would render wider generalisation rather tenuous; however, the findings here do converge with those reported in other studies reviewed in this literature review.

2.9 Conclusion

This chapter has explored the essence of the “Preceptorship Model” and from the literature reviewed it is evident that the student experience of the preceptorship model of education is reflective of the challenging clinical learning environment in which they are immersed. Although there was a paucity of literature available to explore first year student nurses experience, in general there was a consensus that students need to feel safe and valued, and that preceptorship preparedness is essential for the building of professional relationships (Matua et al. 2014). Overall, these studies present the important influence that preceptorship has on student training and the complex clinical environment where this happens. From the literature reviewed here it is clear that more research is needed to better understand the very first experience that first year general nursing undergraduate students have of preceptorship, since most studies explored undergraduate general nursing students’ experiences across the entire span of a three to four-year degree program. As previously mentioned one of the most important happenings in the history of nurse education was the introduction of the structured degree education model and the shift of undergraduate nursing education into Universities and the Higher Education Sector (Department of Health, 2012), therefore, it is important that new students entering into the world of nursing are being heard in relation to this learning experience, and this is the rationale underpinning this research proposal. The findings of this literature review have helped inform and guide the development to the methodological approach. The next chapter, chapter three, will outline the methodological process utilised to explore the perceptions of first year under-graduate nurses’ first experience of preceptorship in Ireland.

Chapter Three: Methodology

3.0 Introduction

This chapter will outline the methodological process undertaken with regard to the study design and offer a rationale for the approach used. It will provide information on the instrument employed to collect the data, and discuss the ethical issues relating to collection of this data.

3.1 Research Design

The research question and the three objectives guided the choice for a qualitative approach. The primary aim of this study was to explore the learning experience of first year undergraduate nursing students in relation to their first encounter of the preceptorship model of nursing education.

The research objectives are:

1. To explore nursing students first experience of the preceptorship model.
2. To gather information on students' experience about the factors they perceive as important to their first experience of preceptorship
3. To gather information on students' ideas of how these factors influenced their overall learning experience on their first clinical placement.

Gerrish and Lacey (2010) maintain that the choice of research methods is one of the most important elements of the research process and it can affect all other processes while Saunders et al. (2009) state that the research philosophy one adopts, contains certain assumptions about how the world is viewed from the researchers' perspective.

Phenomenology as a research approach provided a framework to gain an understanding of the students' lived experience of Preceptorship. Streubert Speziale et al. (2007) point out that phenomenology as a research approach is well suited to the study of various phenomena in nursing because nursing as a professional practice is rooted in people's life experience.

According to Balls (2009), phenomenology has two main approaches, the interpretative by Heidegger and the descriptive by Husserl (Mapp, 2008).

Interpretative phenomenology will be chosen as it will allow the researcher to explore the student experience. The reason for this approach is that the researcher can use their own experience as a guide to interpret the experience of others. Heidegger suggests that instead of focusing on people or the phenomena, the exploration of the lived experience should be the focus (Flood, 2010).

3.2 Data Collection Instrument

A focus group approach was the method employed to collect data from participants. According to Papastavrou and Andreou (2012) focus groups were an accepted method that was normally used in social research since 1940's, however over recent years their popularity has grown in health care research as a method for exploring different events both in the clinical and educational aspects of nursing.

Barbour (2005) and Doody et al. (2012a) also allude to this by stating there has been a change of practice in the way health care researchers use focus groups. Up until recently health researchers used focus groups for many different reasons from developing questionnaires to interpreting quantitative studies; however, there is an increase of researchers within healthcare using focus groups as a principal method. Focus groups are accepted as a legitimate qualitative research approach. This study employed focus groups as the principal method of data collection.

Consideration was given to the strengths and weakness of using focus groups. There is some evidence that focus groups should not be placed within the phenomenological framework (Webb 2003); however, in contrast Bradbury-Jones et al. (2009) argue that the essence of any phenomenological framework is the platform for individual voices to be heard, either through one to one interviews or focus groups. Based on this finding, the researcher was conscious of ensuring that all voices were heard while facilitating the groups.

Curtis and Redmond (2007) hold the view that the strength and weakness of focus groups arises from two main characteristics, the emphasis on the researcher focus and group interaction. The researcher's focus was to obtain data in relation to the preceptorship experience therefore the target audience was controlled by the researcher in relation to homogeneity and experience of the phenomena (Krueger and

Casey, 2010). The questions were also created to help capture this experience and facilitate group interaction.

Crucially, focus groups are different from any other group in that their main aim is to generate group interaction about a particular topic (Freeman 2006; Parahoo 2006; Curtis and Redmond, 2007). It is in this interaction that focus groups are suitable when the researcher requires the opinions, values and beliefs of an identifiable group (Halcomb et al. 2007). The researcher was mindful that even though the group were homogenous, in that the participants share the designation of being first year student nurses; that they nevertheless are at an early stage in their training and may feel intimidated by one to one interviews. Therefore, the rationale for using focus groups was that it is less intimidating, it allows all participants to hear and respond to different viewpoints thus producing richer data than a one to one interview. Happell (2007) alludes to the risk of the dominant participant being heard at the expense of the quieter participant. In line with best practice in conducting focus group research and to counter the above mentioned risk the researcher set out ground rules (See Appendix 3). They were designed to provide a framework to ensure that everyone could contribute in a respectful environment.

Focus groups are an effective way of collecting data (Curtis and Redmond, 2007) and are less time intensive (Shaha et al. 2011) than one to one interviews. This was very beneficial to the researcher as focus groups provided the opportunity of conducting multiple interviews at the same time, alleviating difficulties due to time constraints.

3.3 Research setting

Krueger and Casey (2010) emphasize that the environment should be comfortable and non-threatening, while Halcomb et al. (2007) go on to say that it should be socially acceptable to the participants. Cognisant of the importance of ensuring that the participants' physical and psychological wellbeing was looked after, the researcher booked a quiet room within the college setting which had comfortable seating and also access to tea making facilities. Refreshments were provided as the interviews took place in the evening time outside of the students' college timetable. The seating was positioned in a u-shaped arrangement which created a more informal setting than rows of seats and allowed for participants to see and hear each other clearly.

3.4 Sampling strategy and group size

Gerrish and Lacey (2010) maintain that non-random sampling such as purposive sampling is commonly used to enable the researcher to obtain an in-depth understanding of the phenomena being studied. In addition, it is anticipated that the group of people chosen to participate in qualitative research are the most appropriate to support the aims and objectives of the research question. The rationale underpinning purposeful sampling is that the researcher intentionally targets potential participants precisely because they will provide rich information which is of central importance to the purpose of the research inquiry. Therefore, the sample identified to participate in the focus groups was purposively selected in virtue of the framing of the research question.

The primary aim of this study was to explore the learning experience of first year undergraduate student nurses in relation to their first clinical encounter of the preceptorship model of nursing education. The most suitable sample was therefore identified as first year undergraduate nurses who had only experienced the preceptorship model of nursing for the first time; and not yet experienced their second stint under the preceptorship model.

The participant group were first year student nurses from the general undergraduate nursing degree programme. Streubert Speziale et al. (2007) indicate that participants are chosen to take part in qualitative research due to their first-hand experience with a culture, social process or phenomenon of interest. The participants were selected on the basis that they had experienced six weeks from November- December 2015, of clinical placement and it was envisaged that they would be able to reflect on and articulate that experience.

Literature would suggest that focus groups should be comprised of homogeneous participants in terms of their experience or interest but not in attitudes (Doody et al. 2012a; Lafferty, 2004). Therefore, the nursing students were chosen from the General Nursing programme only. Students from the Intellectually Disability Nursing and the Psychiatric Nursing programmes were excluded. Beyond the core shared designation, it is acknowledged by the researcher that each student will have their own unique experience of preceptorship.

The total population of this group is twenty- four.

Inclusion Criteria for the research were:

- Students must be registered on the BSc. General Nursing Undergraduate Programme.
- They must have successfully completed their six weeks of clinical placement.
- They must be over 18 years of age.
- A willingness to participate in the study.
- Must not be involved in any other research.
- Must have completed the preparation for practice module

Twenty-two of the total population of this group were eligible for inclusion in this study as two students were under eighteen years of age.

Following ethical approval (ethics are discussed in full below) the researcher sought permission from the Head of the Nursing Department LYIT (Letterkenny Institute of Technology) to arrange a meeting with the first year student nurses for the general programme in LYIT. This was granted and a meeting was held to explain the nature and purpose of the research study and to ascertain whether the students would be willing to attend a focus group.

Out of the twenty-two students who were eligible for the research study, twenty agreed to attend. One student then opted out due to personal circumstances.

Krueger and Casey (2010) suggest three or four groups should be held with each type of participant to facilitate analysis of the results. Four focus groups were held as the participants were from one professional group.

Initially, it was hoped to have five participants per group on four allocated days, however following negotiation of mutually convenient times, one group with six participants, two groups with five and one group with three emerged. The literature suggests that it is generally acceptable to have four to five (minimum) participants and up to twelve participants (maximum) per focus groups (Barbour 2005; Halcomb

et al. 2007; Krueger and Casey, 2010). This is in keeping with having the groups small enough for everyone to have an opportunity to share and yet large enough to generate data.

3.5 The role of the Moderator

The role of the moderator in focus groups is to guide and facilitate the discussion. As a researcher I undertook the lead role as moderator. As clinical placement Coordinator (CPC) with general nursing experience, I have a professional interest in understanding the strengths and limitations of the 'Preceptorship Model'. The rationale for this research is to yield insights on the first experience the first year general student nurses have of the 'Preceptorship Model'. My knowledge, background and experience with the 'Preceptorship Model' enabled me to devise a question set to guide the focus group discussion with the aim of facilitating but not directing the discussion.

The researcher also had the assistance of an assistant moderator who has a nursing background and is familiar with the undergraduate programme. Pickering and Watts (2004) devised a responsibility template for the moderator and assistant moderator and this was adapted for this study, see Table 3.1. This was helpful in distinguishing the responsibilities of both the moderator and the assistant moderator.

Table 3.1: Responsibility template for moderator and assistant moderator (Pickering and Watts 2004)

Moderator	Assistant Moderator
Organises and chooses the equipment for the interview room. Provides food and drink for the participants.	Acts as a support person to the moderator in preparing the venue.
Facilitates the discussion. Manages data. Collaborates with the assistant moderator on the level of detail of note-taking.	Acts as an observer throughout the interview process, dealing with any disturbances to the interview. Work primarily as a note taker. Not involved in discussion throughout the interview process.
Shows appreciation to participants by thanking them when closing interview.	Summarises notes and highlights key points
Following the interview, the moderator discusses the session the assistant moderator. The moderator transcribes and analyses interview data.	Debriefs with moderator.

3.6 Interview Process

A pilot of the question set for focus group interviews was carried out among the researcher's colleagues who are familiar with the preceptorship model of education. Gerrish and Lacey (2010) suggest that piloting is recommended whenever the researcher is new to focus group interviewing. Following the pilot focus group interviews, two questions were omitted as it was felt that they would add little to data generation. See Appendix 4 for full list of questions. The pilot focus group interviews also provided an opportunity to test the audio recorder and the environment. Doody et al. (2012a) describes this preparation as an essential component in preparation for the focus group interviews.

Lafferty (2004) acknowledges that the purpose of the focus group interview is to direct group discussion and stimulate conversation about the research topic. The length of each interview lasted one to one and half hours. The group interactions were recorded and written notes were taken by the assistant moderator. Plummer-D'Amato (2008) considers that using both the recording and written notes increases the validity of the data obtained.

A semi-structured question approach was used to create questions for the focus group interview. Questions used in the interviews were developed based on themes identified in the literature review, and were designed to explore students' experiences of their first clinical placement and the preceptorship of that. A mixture of closed and open ended questions were used, with additional prompting questions to use as required. The focus group interviews began with one broad open ended question that was answered by everyone in the group. Broad opening questioning allowed for a natural lead into other questions, eventually leading into transition and key questions (Plummer-D'Amato 2008). Consideration of the potential perception of the researcher by the students was also taken into account throughout the interviews. The researcher engaged with the students by way of ensuring that they were put at ease prior to the interview; however, the researcher's personal views on any given answer were withheld.

3.7 Data analysis

Data will be analysed using a thematic approach, where emerging themes will be identified, including issues of convergence and divergence, similarities and differences. The aim of the data analysis is to map out what information yielded in the focus group sessions provides insights relevant to each of the research objectives. In order to accomplish this, the focus group interviews were transcribed as soon as possible following the actual recordings. According to Saunders et al. (2009) one hour of a focus group interview is the equivalent to six to ten hours of transcribing; therefore, the researcher plans to transcribe the recordings after each focus group interview to ensure the quality of transcription. An additional rationale for completing the transcription as soon as possible after the recordings, is to ensure the researcher is not unduly influenced by time delay factors which may influence the transcription. As Stewart and Shamdasani (2015) notes "Transcriptions are not always complete, and

the moderator may want to fill in gaps and missing words, as well as correct spelling and typographical errors. There is a danger in this case, of course, because the moderator's memory may be fallible or knowledge of what was said in the course of the interview may colour the memory of what happened earlier". Notes taken by the assistant moderator during the recording of each focus group session will also need to be included in the analysis. These notes will be demarcated separately from the focus group participant data, to ensure that the primary data is not influenced. This will help to maximise the rigour of the results. Data analysis will be discussed in further detail in Chapter four.

3.8 Ethical considerations

According to Parahoo (2006) all stages of the research process have ethical implications, while Gerrish and Lacy (2010) assert that there are a number of ethical issues that require particular attention such as consent, groups and individual needs and confidentiality.

This research was approved by the Letterkenny Institute of Technology Research Ethics Committee, in line with the institute's ethics and policy procedures. An application form for ethical approval was submitted by the researcher to the ethics committee in the Letterkenny Institute of Technology prior to undertaking any of this research. The main Gatekeeper for access to nursing students, the Head of the Nursing Department was also contacted and permission sought to meet with the student nurses.

The Nursing and Midwifery Bord of Ireland highlight that the purpose of informed consent is to protect the research participants and to allow them to make informed choices (NMBI 2015a). They state that for consent to be valid, it must contain the following four elements

1. Disclosure of information.
2. Comprehension.
3. Competency
4. Voluntariness

These considerations were taken into account when consent was being obtained.

3.8.1 Disclosure of information

Clear and concise written and verbal information explaining the nature of the research was provided to each student before they signed a consent form in agreeing to partake in study. See Appendices 5 and 6 for this information. It was important to ensure that the students were informed both verbally and in writing of the intention of this study and their right to refuse to participate or withdraw at any stage throughout the process.

3.8.2 Comprehension

The researcher held a meeting with all the students to confirm that they had received the information and understood what the research entailed before making a decision to participate or not. All of those who agreed were given a written explanation of the nature of the research, the researcher and the research supervisors contact details.

3.8.3 Competence

Participants' of this research are a student group and students are regarded as a vulnerable group (LYIT 2015a) therefore they were informed of the inclusion and exclusion criteria that the researcher had in place and also their right to access counselling services should the need arise. Care was taken to repeatedly inform students of their rights to ask questions, seek clarification, and withdraw at any point of the research process without consequence. This information was shared during the invitation to participate about the research, and again at a later session where invitation to participate and the information letter and consent were issued. This information was also repeated prior to each focus group session.

3.8.4 Voluntariness

As students may feel compelled to participate in this research because of fear that it will negatively influence their clinical placement allocation and even assessment; the researcher made it explicitly clear that there would be no repercussions for not participating in this study. A copy of their signed consent form was also given to each participant. As the students are learners the interview schedules were organised outside of their class time so as not to impinge on their commitment to their studies.

3.8.5 Beneficence and Non-maleficence

This study consisted of discussion as a means of obtaining data, which involved the researcher asking students to recount their lived experiences. To ensure that the participants were not harmed or exposed to un-necessary risk, full information about the purpose of the research was explained, and participants were given opportunities to ask questions, or clarify any concerns. In planning for research which asks participants to discuss their personal experiences of a topic, it is important that researchers plan for access to additional support measures; therefore, the researcher ensured that the students had access to student counselling service or Occupational Health in the event of any issues arising.

3.8.6 Confidentiality

The participants were assured of the right to confidentiality, anonymity and privacy. It was explained to the students that their names would only be documented in the consent forms; that the information would be held separately in a locked filing cabinet in the researcher's office, completely inaccessible to anyone else, and kept completely separately from the recorded and transcribed focus group data. No personal identifiers would be used in the collection or analysis of data which would instead be fully anonymised. The guidelines for Electronic data storage (LYIT, 2015 b) and Data Protection Act (Government of Ireland, 2003) were adhered to. All electronic data is stored in an encrypted laptop which is password protected. This laptop is stored in a secure and locked cabinet in the researcher's office. Data will not be used to provide or augment any other information that others may require on students. The transcripts will be stored in a separate locked filing cabinet in a different location from consent forms. Data will be stored for five years in accordance with international best practice. The general recommendation is that there is secure retention of anonymised data for five years after the completion of the study (LYIT, 2015b).

3.9 Conclusion

This chapter address the methodological issues relevant to the research question. In attempting to gather relevant, detailed and rich data on first year student nurses' experiences of their first preceptorship; the design of the research has considered how to address ethical issues at each stage of the research. The research question and objectives are situated here within the qualitative methodological framework, and

given the interest in the lived experience of the sample; the research is also situated within a phenomenological approach. This combined with factors such as time restraints, provides the rationale for utilising focus groups as the instrument method through which to gather data. More specific details of data collection and analysis will be provided in the following chapter (chapter four).

Chapter Four: Research Findings and Analysis

4.0 Introduction

In this chapter the researcher will present and analyse the main findings from the focus groups interviews. The aim of this study was to explore student nurses' experience of the preceptorship model of education following their first six weeks of clinical placement.

The Scissor-and-Sort- Technique method was employed to extract themes. According to Stewart and Shamdasani (2015) this technique is suited to go through transcripts and identify sections that are relevant to the research questions. Three main themes were formed with several subthemes fitting:

1. Preceptorship and student support.
2. Preceptorship and student learning.
3. Factors affecting the preceptor/preceptees relationship.

These themes, as listed in Table 4.1, will be explored in more detail supported by exemplars from student nurses and by current literature. The focus groups that excerpts were taken from are indicated in the bracket following the excerpt, for example (FG1, P1) represents focus group one, participant one and so on.

Table 4.1: Themes and subthemes identified from focus groups

Themes	Subthemes
Preceptorship and student support	<ul style="list-style-type: none">• Students' perception of preceptorship.• Sense of Belonging.• Quality versus quantity.• Support by other staff.
Preceptorship and student learning	<ul style="list-style-type: none">• Preceptorship and focussed learning.• Preceptorship and student assessment.• Preceptorship and student feedback
Factors affecting Preceptor/Preceptee relationship	<ul style="list-style-type: none">• Time and continuity.

4.1 Theme 1: Preceptorship and student support

4.1.1 Subtheme: student perception of preceptorship

Prior to commencing clinical placement student nurses have a preparation for practice module which explains the preceptorship model to them. The intention of this element of the module is to assist students to understand the significance of preceptorship in relation to their learning and support in the clinical area.

Question six focussed on student nurses' understanding of preceptorship prior to their clinical placement. All participants overwhelmingly stated that they understood preceptorship to imply, that someone was going to be there for them everyday, someone to talk to and someone they could rely on.

“One person with you everyday you are there.” (FG1, P1).

“Someone to guide you or you can confide in if you have a problem”
(FG2, P3)

“Someone that would take you under their wing and show you what to do.” (FG3, P3).

“Before we came out we were thinking that the preceptor was the one that we would be working with and provide support to us” (FG4, P3).

Their perception of preceptorship before clinical placement helped alleviate their anxiety about going into the busy clinical environment, however sometimes the reality was different.

“You follow them and they show you everything, but it just doesn't work like that on the wards...that's how I thought it would be” (FG3, P2).

“I saw my preceptor on the first day and then I didn't see her for a week” (FG1, P2).

“We felt it was a good thing that the preceptor was going to be there but if we worked with them more it would have been better” (FG4, P1).

Someone that I would be working all the time, well if not all the time, then a good bit of it” (FG4, P2).

These excerpts illuminate the important role that preceptors have in the nurturing and socialising of students into the clinical areas (Billay and Myrick, 2007). As demonstrated from the respondents’ responses, they perceived preceptorship as fulfilling their basic needs of safety and security rather than an assessor of their learning in clinical placement. This is in keeping with Maslow’s hierarchy of needs. Students’ lower level needs of security and safety need to be met before they can achieve self-actualisation and increased self-esteem. Similar findings emerged from a study carried out by Levitt-Jones et al. (2009) on belongingness. It highlighted that when students commenced a new clinical placement, they focused their attention on seeking information that would help them cope in their new and unfamiliar surroundings. This would account for the students’ placing more emphasis on the preceptor as a support person rather than an educator.

According to Hilli et al. (2014) the preceptorship model is pivotal to the development of student nurses becoming professional nurses. This is based on a professional relationship which has a caring ethical foundation. The roles and responsibilities of the preceptor are multifaceted. Billay & Yonge (2004) state that preceptorship is distinct from mentorship; therefore, the concept of preceptorship needs to be clear for both the student and the preceptor. Omansky (2010) highlights role ambiguity as a theme running through their study on staff nurses’ experiences of preceptorship, and causing problems with how the preceptorship role was understood and carried out. Likewise, Andrew et al. (2008) highlights that while most first year student nurses appear to understand their role as student nurses; they have little understanding of what is expected from them in their first clinical placement. Similarly, the respondents’ findings in this study also highlight a lack of clarity about the preceptor role and what is expected from them as first year student nurses. The findings in this study suggest that further research may be warranted into how Higher Education Institutes present the Preceptorship Model to students.

4.1.2 Subtheme: Sense of belonging

Papastavrou et al. (2010b) describes the clinical learning environment as a “complex social entity” that plays an important role in students achieving their learning outcomes. In question one the respondents were asked to write down a word that best described their clinical placement experience. Figure 4.1; highlights the distribution of these findings.

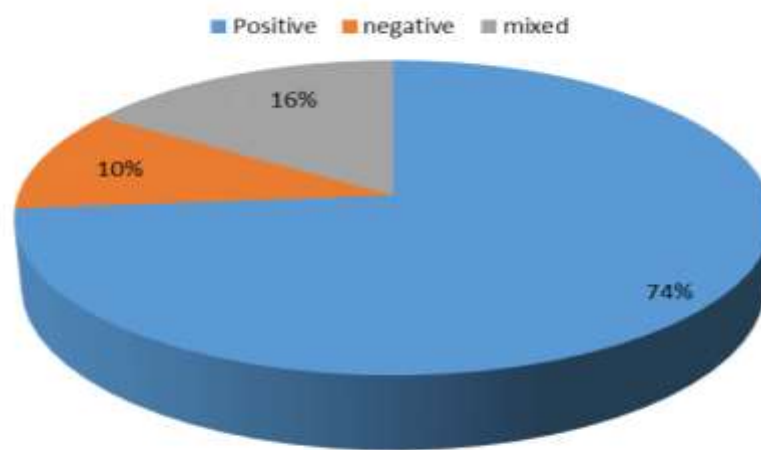


Figure 4.1: Clinical Placement Experience

Seventy-four per cent of respondents shared a common belief that despite clinical placement being challenging and unpredictable, they found it rewarding and educational. They acknowledged the importance of the clinical area in allowing them to practice what had been taught in college. Sixteen per cent had mixed feelings as at times they felt lost and unsure what to do, while ten per cent felt that it was intimidating as they felt less skilled than others. These findings are in keeping with O’Mara et al. (2013) who agree that while clinical experience is invaluable it has complex variables that are challenging and this can influence the student experience.

Out of the nineteen respondents interviewed, only one had an initial welcome and orientation by her preceptor (FG1, P5). The Clinical Nurse Managers welcomed most of the respondents in the various clinical areas. Even though their welcome was quite

informal it included an orientation to the clinical area. Interestingly, despite many respondents' not meeting their preceptors on their first day of placement, "being welcomed" still had a positive effect on helping them settle and feel less nervous about commencing placement.

"I got a good welcome from everyone; it made me feel part of the team and helped me settle in better" (FG1, P3).

"The sister welcomed me and so did the nurses, they were really nice and made me feel part of the team. They took time to show me things so I wasn't left on my own" (FG2, P1).

"The CNM give us a tour and welcomed us and showed us around. The other staff also acknowledged that I was there and welcomed me" (FG3, P5).

In contrast one respondent reported feeling nervous and unsure as she was left standing at the desk and eventually a young nurse came to the rescue.

"Not really a good welcome, I stood at the reception for a while and eventually a young nurse took me down to the canteen" (FG1, P1).

Apart from the being welcomed, other factors such as ensuring staff invited the student to go to lunch and tea break, included them at handover and in ward activities and showed them new skills, also helped the student feel part of the team.

"if they were going to tea they would tell you to come along with them and just making conversation with them, they were making an effort to make you feel involved" (FG1, P2).

"The board with our name on it beside the other nurses made me feel part of the team" (FG1, P4).

“Being part of handover, you feel like you are part of the team” (FG2, P3).

“At handover they would ask you questions about the patients and take on board what I said...they listened to me and that helped me feel part of the team” (FG4, P3).

The above reflects the importance of an environment that has a culture of openness and respect. Chesser-Smyth (2005) maintained that a warm and receptive welcome by all staff had a positive impact on students well being and self esteem. Additionally, a sense of belonging also has an effect on student learning (Chesser-Smyth 2005; Grobecker, 2015). Students who experience inclusiveness and acceptance, such as being listened to and being valued for their opinions will help in nurturing social and professional acceptance (James and Chapman, 2010). The respondents’ key message to staff is to be their role model, to support them and to empathise with them on “their first day”. Houghton (2014) describes the importance of role models in providing a positive socialisation process.

4.1.3 Subtheme: Quality versus quantity

During the focus group interviews respondents were given the opportunity to rate the support they received from their preceptor and comment on that support (Question 6). The scale was one to ten, one being the lowest support and ten being the highest; results are detailed in table 4.2.

Table 4:2: Results of Rating of Support

Rating	1	2	3	4	5	6	7	8	9	10	Total Students
Focus group 1	0	0	0	0	1	1	0	1	1	1	5
Focus group 2	0	0	2	3	0	0	0	0	0	0	5
Focus group 3	0	0	0	1	1	0	1	1	1	0	6
Focus group 4	0	0	1	0	0	1	1	0	0	0	3
Total Score	0	0	3	4	2	2	2	2	2	1	19
Percentage	0	0	17	22	11	11	11	11	11	6	
	Negative – Quantity of Support					Positive – Quality of Support					
	50%					50%					

Figure 4.2 represents the overall pattern of results given to the rating scale question about the level of support from preceptors. 11 participants in total rated their support between 3-6 on the scale (low-mid rating of support), while seven participants rated their experience at between 7 to 10 on the scale (high rate of support given). One participant did not score but spoke about her experience.

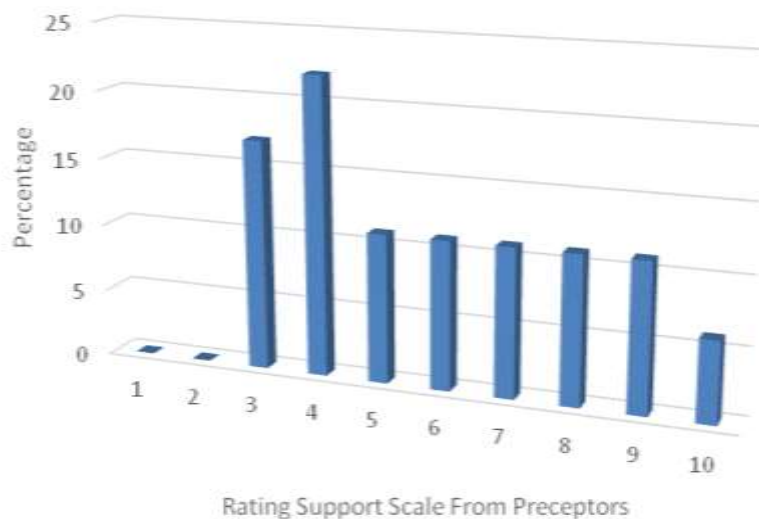


Figure 4.2: Pattern of Support Rating from Preceptors

When asked to elaborate on the rating they gave, the respondents consistently gave feedback on these two seemingly interconnected and inseparable dimensions of

support they received; namely the quality of the support and the quantity of support they received.

4.1.3.1 Quality of support

Quality of support was evident from several answers given by the respondents

“I give my preceptor a nine, she was brilliant, always supporting me and telling me to get involved and she made sure to tell me to go and see things that were going on. There were times when I didn’t see her as she wouldn’t be in for a week but when she was there she was great” (FG1, P.2).

“I said an eight for mine as I found her really supportive and encouraging...” (FG1, P4).

“I give mine an eight for the time when I was with him and he would have been there for a good lot of the time and he was brilliant...” (FG3, P3).

These comments highlight the importance of the preceptorship model in the students’ clinical experience. Jonsen al. (2013) highlights the impact that preceptorship has on student learning, not only on the student but on patient care, while An Bord Altranais (2005) places emphasis on its importance in ensuring students are equipped with the necessary skills to practice as competent nurses.

4.1.3.2 Quantity of support

In most cases Preceptors who received lower scores did so because of quantity of time spent with student as opposed to lack of quality of support:

“I give my preceptor a six, I didn’t see her that often” (FG1, P3).

This was reinforced in focus group two, where highlighting shift patterns and holidays were highlighted as barriers to quantity of time spent.

“I give my preceptor a three as I only spent three out of six weeks working with her. She had holiday in the middle of my placement and then our duties didn’t match” (FG2, P1).

Again repeated in focus group three and four.

“I give my preceptor four out of ten, helpful and nice but it wasn’t her fault that she didn’t work with me as when she was on duty I was off so I didn’t get much time to spend with her” (FG3, P2).

“I give mine a three out of ten for the simple fact I didn’t get to work with her that much, now when she was on she was fantastic and she would go through any questions and answer them. She was very good but I just didn’t get to work with her enough” (FG4, P1).

While the preceptorship model has been recognised as being important for student support and learning, Varley et al. (2012) point out in order for this to happen, the “stable and constant presence of a preceptor is necessary”. Also Budgen and Gamroth (2008) identify the main strength of the Preceptorship model, is that students work directly with staff that are currently in practice and familiar settings and culture, however Budgen and Gamroth (2008) equally point out that a main limitation is that learning may not always take place due to the preceptors’ workload.

Studies on student experience with preceptorship highlighted students being overwhelmed by the experience as they didn’t feel supported (James and Chapman 2010; Sundlers et al. 2014), whilst other studies highlighted that students found their learning was facilitated (Higgins and McCarthy, 2005), however the main challenge for respondents in this study in not having contact with their preceptor on a regular basis was the missed opportunity to avail of excellent support as opposed to being overwhelmed by the experience. 50 per cent of respondents rated lack of contact with their preceptor as a key issue affecting their rating of the level of support they received. 50 per cent of respondents however did also comment that whilst the quantity of contact time with their preceptor was an issue, the quality of the engagement was rated highly. James and Chapman’s (2010) findings regarding ‘feeling overwhelmed’ are not supported by the findings of this research, however

10.5 per cent of the respondents did comment about particular aspects of their experience not commented on by others. They gave negative responses about the quality of the preceptorship they received in terms of poor attitude which reflected poor quality not quantity.

“I give my preceptor three out of ten as she wasn’t very enthusiastic about her job and this reflected on her practices” (FG2, P4).

“I didn’t know who my preceptor was until the day before she left the ward. She was going to a new job...how about that for support. I felt very lost” (FG3 P3).

Jonsen et al. (2013) compares and contrasts the differences in good and poor quality preceptorship. This highlights the “visible preceptor” who provides a sense of security and safety for the student to learn compared to the “invisible preceptor” who was physically present but did not really engage with the student. The quotes above echo Jonson et al’s (2013) findings, since rating of support were lowest for those respondents whose preceptors were both absent in terms of quantity of time spent with preceptee and absent in terms of engagement with preceptee.

4.1.2 Subtheme: Support by other staff members

Question nine, focussed on the support that students received while their preceptors were not around. This included supported by associate preceptors, Clinical Nurse Managers and junior qualified staff nurses.

Associate Preceptors

“My associate preceptor was the Clinical Nurse Manager so she wasn’t able to step in but the other nurses did” (FG1, P1).

“My associate was the CNM but they would always assign you to a nurse everyday when your preceptor wasn’t there so you always had someone” (FG1, P2).

“My associate preceptor was the CNM on the ward, she was really good aswell. She showed me dressings and stuff” (FG3, P1).

“yeah my associate preceptor was the CNM aswell but she didn’t have time to show me anything but the nurses on the ward did make up for the preceptor not being there” (FG3, P3).

“I had an associate preceptor but even on days that my preceptors weren’t there, I had another nurse to step in and make sure that I wasn’t lost not left alone” (FG4, P3).

It emerged from my findings that even though the Clinical Nurse Manager, was a designated associate preceptor, at times they were unable to provide direct supervision to the students due to other demands from their role. So even though this stand-in preceptor is conceptualized in the model, in practice it appears that it is not working effectively since the same barriers present to access and scheduling here, however findings from a study by Gray and Brown (2016) found that line managers who were mentors themselves or who had knowledge of the mentors role were deemed to be more supportive to the mentors and this had a positive effect on preceptees.

Newly qualified nurses played a role in supporting the respondents

“Excellent support, they were loads of nurses around so I didn’t really feel alone as there were always nurses around. There were different age groups of nurses like novice nurses who knew exactly what it was like to be on placement because it was only recent for them too, so everyone came on board” (FG3, P1).

“It was just one of the nurses and I would just follow them; one of the newly qualified nurses was very good and she would tell me where to go. She would step in even at times when my preceptor was there and show me things” (FG, P4).

“It was really good aswell, there was a lot of new nurses there so they were really nice, they brought you with them, they showed you really

good stuff like vax dressing and putting in catheters. These were the newly qualified nurses” (FG3, P2).

The newly qualified nurses were better at showing us things and saying sure come along with us they were more aware as they were just out of college and knew the story (FG3, P4).

The above quotes in relation to newly qualified nurses supporting students are strong and consistent; however, these nurses are exempt from official preceptoring until they are one year qualified. To date, little evidence in the literature has been found regarding newly qualified nurses’ preceptoring student nurses, however a study by O’Shea and Kelly (2007) highlighting the lived experience of newly qualified nurses in the Republic of Ireland, reported that these nurses were being allocated student nurses as part of their work commitment. They found this to be stressful especially when they were only coming to terms with their own role. Kumaran and Carney (2014) highlight the need for new nurses to be supported in their role transition from student to staff nurse and according to Doody et al. (2012b) many of these nurses expect this transition to be problematic and “most expect to be supported and receive constructive feedback”. This is an issue that could be further explored in another study.

Associate Preceptor (but not a CNM)

“I had an associate preceptor aswell and she was really helpful, she was really nice and involving me in things and making sure that l knew where l was going and what I was supposed to be doing” (FG1, P4).

“I was working a bit with my associate preceptor but not a lot as I worked a lot with the other nurses” (FG2, P4).

“I had an associate preceptor but even on days that my preceptors weren’t on there was always another nurse to step in and make sure l wasn’t lost and never left alone” (FG4, P3).

My associate preceptor was much better than my preceptor she did a lot more work when she was on” (FG2, P2).

An associate preceptor is a delegated associate who acts in the absence of the preceptor (An Bord Altranais, 2005). Having an associate preceptor means that students have better continuity in their support and achieving their learning needs, as reflected in some of the comments above.

4.2 Theme 2. Preceptorship and student learning

The second theme that emerged from the data was the preceptor and their involvement with the student assessment and feedback. The questions focussed on the preceptor setting goals, providing learning opportunities, giving feedback and involvement in assessment.

4.2.1 Subtheme: Preceptorship and focussed learning

Some respondents reported that the setting of goals happened during their first interview between the preceptor and the student.

“We did that in the first interview and she would ask what do you want to get out of it at the end and like she went through all the indicators and the skills and everything, like Learning opportunities and we set out goals at the start” (FG1, P1).

“At my first interview my preceptor and I did the same, we set out the different wee things I wanted to achieve” (FG1, P2).

Those who experienced the initial setting of goals also had these goals reviewed at their mid interview and final interview which had a positive effect on their learning.

“We set out goals at the start and discussed these at the mid interview. At this interview she wanted to know where I was with the goals and what I had to do to or could I do more than what I first thought I could do. At the end of the placement she went back and checked my skills and I had done everything and more. It was a set plan and in my head I

knew what I wanted to get done. It helped my learning to have those goals and learning opportunities.” (FG1, P3).

“My Preceptor sat me down to do the first interview and went through all the indicators so I would know what I was expected to achieve, just so that I could have goals, just aims like really I think... as well as that she would encourage me to go and watch procedures that wasn't in the skills booklet but extra that I could learn and I thought that was really helpful. At the mid interview I just ran through them to see how I was getting on and to see if I needed to get more involved... and the last interview we did the same thing and just became more focussed on what I needed to do to get finished up” (FG4, P1).

However, for two respondents goal setting was very much ad hoc.

“No goals or learning opportunities was ever discussed by my preceptor” (FG2, P4).

“She asked me what I wanted to do” (FG3, P2).

Two respondents commented on leading out on their own assessment which produced anxiety in them. Interestingly, (FG3 P1) reported that while the quality of preceptorship was good the respondent had very little time with their preceptor due to staff shortage, however (FG3, P3) had previously reported that she felt she received very little support.

“When I had to explain to mine that we had to get certain things done and signed off by the end of placement, she tried to get a lot done when she was there” (FG3 P1).

“My preceptor didn't really know too much when we were doing the assessment she didn't understand why she had to sign so many skills and then when we were doing the medicine she didn't understand why we were doing it, when we were doing the final interview she didn't know what she was supposed to write and she was asking the other

nurses what she was supposed to do as it was her first time to do it. I was a bit nervous, she tried her best as she was nervous herself about writing and she kept putting off the final assessment and it was only because the other nurse was doing it as well” (FG3, P3).

The above quotes highlight the importance of preceptors having knowledge of the student assessment process. The key to effective preceptor ring is preparedness which has a positive influence on the preceptorship model. Preceptors are accountable for student assessment and have a responsibility to ensure that students’ practices are monitored (Pellatt 2006; NMBI 2015b). Literature suggests that there is a greater need for preceptors to be supported in their role and a need for a more collaborative approach from all stakeholders.

For others having goals helped them to feel focussed, confident and part of the team.

“On goal for each week” (FG2, P3).

“Whenever I had goals I felt more confident when I achieved them” (FG3, P4).

“Whenever I had goals to achieve I started feeling part of the team” (FG3, P5).

There were some indications from the respondents that others had a role to play in their assessment, most notably the Clinical Nurse Manager (CNM), however the associate preceptor was not mentioned as having a role in any formal assessment.

“The CMN give me goals and asked that these are completed by the end of the week” (FG2, P2).

“I did my interview with the CNM and he set goals for the next two weeks (FG3, P5).

According to Bergjan and Hertel (2013) the pedagogical atmosphere of the clinical learning environment is important for learning to take place, however even though

there was an atmosphere of openness to learning the preceptor did not always play a central role in student assessment. All nurses and midwives should guide and support students, but the preceptor is charged with a more formal dual role which includes both clinical and educational responsibilities (An Bord Altranais cited by Heffernan et al., 2009). The findings of this study endorse the findings of a study by McCarthy and Murphy (2008) that preceptors were not using all of the recommended assessment strategies that were in place for student assessment.

4.2.2 Subtheme: Preceptorship and student feedback

The respondents received feedback from all staff members. Various respondents reported that feedback helped boost their confidence, and made them feel more relaxed within the clinical setting.

For some it was informal:

“Received informal feedbacks like you are doing well, it was good, it relaxed me and that they were grateful for the work we were doing. It just made me feel welcome and part of their team” (FG4, P4).

“More so informal in just that you are getting on well but my interviews were done with different nurses so not so much formal feedback. Informal helped me feel so much more relaxed and you become confident in knowing what you are doing is right” (FG1, P1).

“Informal happened on a daily basis just generally on how I was getting on and occurred following tasks and they would say thank you which was nice” (FG4, P3).

Others had Preceptor led feedback, which helped boost their confidence

“Yeah, the second day I saw my preceptor she said she had been talking to the rest of the staff and she heard I was getting on really well and that was at the end of a shift, and she could tell that day that I was more confident than the first day”. (FG1, P3).

“It was kinda informal aswell just like in conversation, my preceptor would tell me that I was doing good and I was coming on well and in interviews aswell we would talk about it. She was always reassuring me that I was doing well and that I was coming on” (FG1, P4).

However, one respondent felt that she while she received feedback; it was not reflective of constructive feedback that is important for student progression.

“My Preceptor let me know two or three times that I was doing good but I kinda felt she was saying it for the sake of saying it, because I don’t think she spent enough time with me to see if I was progressing or not, but the nurses that I was working with each week let me know how I was doing, they always give me feedback. This boosted my confidence, they were lovely” (FG4).

The above comment from the respondent highlights the knock on effect that lack of quantity of time can have on the student. Integral to the preceptor/Preceptee relationship is trust and this can only be built when there is consistency in the preceptorship relationship.

Some commented on the inclusive nature of the feedback they received.

“I think everyday someone would say to you are coming on really well and I see a big change in you. Like you don’t seem like a first year, You are getting on really well and it would always be on the ward, it could be when you are walking out but, it happened everyday.”
(FG1, P2).

“The Health care assistant were really good at feedback I remember one saying my God I remember you on your first day coming in here you do a bed bath and look at you now not a bother on you, but you were terrified the first day” (FG1, P6).

“I received a bit from the CNM and the preceptor give me feedback in my interviews. The other nurses give me feedback when I was working

with them so I was happy enough as it would boost your confidence”
(FG3, P1).

One respondent commented on formal feedback as having a positive influence.

“Received formal feedback at our written interviews on how I was getting on and this helped me” (FG4, P5).

In contrast to all other respondents, one respondent did not receive any feedback on her progress, which left her feeling unsure.

“No not really, you are leaving at the end and you don’t know if you are getting on and they were that busy at times, you just got on with it. I don’t know maybe if I was getting on bad I would hear about it...I don’t know.” (FG1, P5).

Literature reveals that feedback is essential for student assessment (Duffy, 2013), and also essential for increasing confidence, motivation and self-esteem (Clynes & Raftery, 2008). They go on to say that feedback should be given on the students’ current practice and if necessary give advice on improving performance. The findings from the four focus groups reflect that feedback was more informal rather than focussed. Clynes & Raftery (2008) assert that assigning a preceptor to a student doesn’t automatically mean that the student will receive effective feedback; therefore, the need for preceptorship training to include effective delivery of feedback is essential.

4.3 Third theme: Factors affecting the preceptor/preceptee relationship.

4.3.1 Subtheme: Time and continuity

The main theme running through the respondents’ comments on the preceptor relationship was not spending enough time with the preceptor. While the participants acknowledged the valuable role that the preceptor played in supporting them they also made reference to the gaps in preceptor availability.

“She was good but just to have seen more of her would have helped”
(FG1, P1).

“Not getting to work with her enough” (FG2, P2).

“Not working enough with them” (FG2, P4).

Preceptor continuity was again emphasised in two groups.

“Maybe if you were always with the same preceptor and she goes then you have to get to know a new nurse and develop another relationship” (FG3, P1).

“The amount of time that we didn’t work was the thing I liked least about the experience. I think that even if the preceptor was there with you three times a week they would be able to watch you and you would be getting one-person opinion rather than ten different people, you know you would have a solid opinion” (FG4, P1).

Reduced amount of time, if it was the preceptor from day one, they could see you progress and not just a lot of people.... constant and consistent” (FG4, P3).

The respondents reported that the main factors affecting continuity preceptorship allocation were:

Preceptor’s holidays which resulted in the preceptor not being there.

“Holidays and the hours she worked were different to mine. (FG1, P2).

Different shift patterns,

“Different off duties” (FG2, P2).

“I only saw my preceptors a handful of times, about four or five times as she was on nights and I was on days” (FG3, P3).

Not being allocated to your preceptor even when they were in the ward area.

“Sometimes I would be in the woman’s wards and she would be in the men’s wards so we wouldn’t get to work together as we were in different areas” (FG2, P4).

“Same as above ward split into two different sides we were in different areas” (FG3, P2).

Poor preceptor/preceptee allocation:

I worked with my preceptor three days out of the six weeks and I didn't have an associate preceptor, (FG4, P1).

I only worked with my preceptor a handful of times as she was on night duty and I was on day duty. (FG3, P3).

I didn't work a lot with my preceptor except two days every week. (FG4, P3).

Carlson (2012) points out that the role of Preceptor can be a complex one for nurses as it is not their primary function and the commitment to this role is dependent on ward activity, adequate staffing levels. This view is also shared by Sedgwick and Harris (2012) who have identified staff shortages, increased workload and increased casualisation of nursing workforce as having an effect on the continuity of the preceptor/Preceptee relationship. This study also reflects the above findings; however, a surprise finding was poor student allocation even when the preceptor was on duty.

4.4 Conclusion

In this chapter the data analysis method, findings and analysis were discussed. The findings have been found to be consistent with other studies on the preceptorship model of education. In the next chapter the implications of these findings will be discussed and the limitations of this study will also be presented.

Chapter Five: Conclusions and Recommendations

5.1 Conclusions

The aim of this study was to gain insight into first year student nurses' first experience of the preceptorship model of clinical education by using a phenomenological approach. It is clear from the study that a receptive environment makes a difference to student learning. Even though the implementation of the preceptorship model for the participants lacked consistency, they still valued the essence of the preceptorship model, that one to one relationship as "someone being there for them" throughout their placement. Preceptor consistency was influenced by ward activity, shortage of staff and different shift patterns due to night duty and leave.

Findings were consistent with the literature in relation to the importance of the clinical area in allowing the student to practice the theory that was taught in college. The first year students had insight into this and welcomed the opportunity. Even though they found it challenging and at times intimidating, it was mostly rewarding and educational. Being welcomed to the clinical area made a difference to the students, it helped them settle in and feel part of a team. This reinforces the need for a warm receptive environment in order for the students to feel part of a team.

Respondents' perception of the preceptorship role predominantly focussed on to the preceptor as a nurturer. They had an expectation that the preceptor would be there for them at all times, some one person that they could trust. Although some respondents' had issues about their expectation not being met, they found that the quality of preceptorship was good, but the amount of preceptorship time spent with the participants was not satisfactory.

The level of preceptorship feedback varied among respondents. For the most it was informal feedback like "getting on well" was spoken about in all four focus groups. It was evident from respondents' that when goals were set and discussed, it had a positive impact on their learning and they felt more focussed. They also reported that preceptor knowledge in relation to assessment workbook varied with some preceptors unsure about assessment process.

5.2 Recommendations

There is a need to review the preceptor model of clinical education, not in relation to its very essence of the one to one relationship, but on how that can be best managed in the busy clinical environment. The findings here reveal that inconsistencies are experienced by students in terms of factors such as a sense of belonging, quality of support, quantity of support, who fulfils the preceptor functions and role in terms of feedback, support to learn skills, and signing off on assessment. Based on this, there is merit in recommending that:

1. A national framework for preceptorship is developed and implemented
2. Ward based preceptor groups are developed to alleviate the lack of clarity and the inconsistency experienced by preceptee during clinical placement.
3. Further research and theoretical work is carried out to revise and develop the preceptorship clinical education model (Boyer, 2001) to take greater cognisance of what preceptee needs are.

5.3 Strengths and limitations

The main strength of the study was the use of a qualitative approach to gain insight into the students' first experience of preceptorship. As there is little research into first year student nurses experience of the Preceptorship Model, this study will help to inform stakeholders

5.3.1 Consideration concerning samples

The researcher acknowledges that this study is limited in terms of sample size, and to one group of students from one discipline. It also is limited to one clinical placement experience therefore generalisation about the preceptorship experience cannot be made.

5.3.2 Consideration concerning researcher

Although expertly guided by a supervisor the researcher acknowledges that she is a novice researcher. It was the researchers first time to develop focus group questions and facilitate focus group interviews. To minimise this, the researcher sought help from an assistant during the interviews.

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Appendices

Appendix 1: Database Search and Findings

Databases	Number of searches	Key Words	Findings
EBSCO PLUS CINAHL	First Search	Preceptorship	2161
	Second Search	Preceptorship and first year student nurse or nursing student	7596
	Third Search	Preceptorship or mentorship and first year student nurse	1
	Fourth search	Preceptorship or mentorship and first year student nurse and clinical experience	12539
Medline	First Search	Preceptorship	2,211
	Second Search	Preceptorship and first year student nurse or nursing student	776
	Third Search	Preceptorship or mentorship and first year student nurse	2,471
	Fourth search	Preceptorship or mentorship and first year student nurse and clinical experience	2,131

Databases	Number of searches	Key Words	Findings
Pubmed	First Search	Preceptorship	4,558
	Second Search	Preceptorship and first year student nurse or nursing student	38000
	Third Search	Preceptorship or mentorship and first year student nurse	4617
	Fourth search	Preceptorship or mentorship and first year student nurse and clinical experience.	4576
Science Direct	First search	Preceptorship	2,714
	Second search	Preceptorship and first year student nurse or nursing student	1019
	Third search	Preceptorship or mentorship and first year student nurse	2,504
	Fourth search	Preceptorship or mentorship and first year student nurse and clinical experience	2,182

Duplicates were removed and search refined to years 2005- 2016			
Following the inclusion and exclusion criteria: 42			
Empirical	Literature Review	Integrative Review	Discussion papers
28	8	1	5

Appendix 2: Summary of studies included in the Literature Review

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/ limitations
Higgins and McCarthy (2005) Ireland	Psychiatric nursing students' experiences of having a mentor during their first practice placement: An Irish perspective. First year students form psychiatric nursing programme	To explore the experience of mental health students of their first clinical placement	Semi-structured interviews were used. 6 students were interviewed and findings analysed by emerging themes. Mentor same as preceptor.	The students valued having an identified member of staff who was their "just for them". The success of the student-mentor relationship was supported by a friendly, supportive but professional relationship	Study confined to one service and one group (L).
Chesser-Smyth (2005) Ireland	The lived experience of general student nurses on their first clinical experience: A phenomenological study. First year from general nursing programme	To explore experience of General nurses on their first clinical placement. To improve future clinical placements	In depth interviews and emergence of themes Purposive sampling was used 10 students were interviewed from a cohort of 54 Colaizzi data analysis was used.	When students are respected and receive a receptive welcome into the clinical area, their confidence increases both in acquisition of knowledge and socialisation into nursing. Not feeling part of a team caused anxiety among students or being asked to do tasks that was new to them.	Research carried out in one Institute only.(L) No reason given as to why they chose 10 students (L) No mention of aligning findings to international research.(L) Heideggerian philosophy of being in the world is suited to this study (S)

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/ limitations
Chesser-Smyth and Long (2012) Ireland	Understanding the influence on self-confidence among first-year undergraduate nursing students in Ireland. First year from general all nursing programmes	To study the development of self-confidence in Irish student nurses in their first year of undergraduate nurse training.	Mixed methods three stage design. Pretest =235 Posttest=146 Focus group=20 students from each discipline. Group ranged from 4-6 participants. Student self evaluation questionnaire	Self confidence fluctuated during first year. Influential to this was the influence of theoretical preparation and clinical practice, especially in relation to poor preceptor attitude	Development of self confidence must be recognised as a central tenet for the design and delivery of under graduate programmes.
Jonsen et al (2013) Finland and Sweden	Finnish and Swedish nursing students' experience of their first clinical practice placement- A qualitative study. International study	To explore student nurses experience of their first clinical placement	Qualitative study using focus groups. Narrative interviews with 22 nursing students.	Stimulating and visible preceptors provide a sense of security. Dampening and invisible preceptors produce feelings of abandonment.	Focus group interviews were recorded which increased validity, Inconsistency in length of clinical placements between two countries. Sweden (3 weeks) Finland (7-10)

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/ limitations
Blum, and Gordon (2009) Florida	Caring behaviours of preceptors, BSN Student perceptions. Year one student who had successfully completed year one	To describe caring behaviours of preceptors from student perspective	Qualitative approach Unstructured interviews. Sample size =6 students	The learning environment is enhanced for students when they feel cared for by nurses' preceptors. Caring is shown in different ways- welcoming, friendly and encouraging.	One cohort of students from one university.
Higginson R. (2006) United Kingdom	Fears, worries and experiences of first year pre- registration nursing students: a qualitative study.	Study carried out in response to issues raised by a number of students. Aim was to explore fears and concerns of first year student nurses which are inadequately addressed in the classroom	Qualitative research using narratives Purposive sampling Five students Each student interviewed twice- data analysed, concepts and categories emerged	Students had worries in relation to death, clinical procedures, examinations, financial worries, and concerns over role conflict and socialisation conflict. The process of becoming a nurse is difficult and socialisation into role is different for men than women	Research limited to UK only due to time factor, however this article calls for a more comprehensive project on addressing fears and worries in relation to students undertaking a nursing programme. Small scale study, five students only.

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/ limitations
Grealish, L., and Rance, k. (2009) Australia	An exploratory study of first year nursing students' learning in the clinical workplace	Aim to explore how first years learn in placements as part of a program informed by Wenger's (1998) community of practice.	Exploratory study Forty-nine students participated. Narrative account of experience analysed	One of the findings asserts that the clinical experience is less dependent on the qualities of the environment but rather upon participation of in the community of practice. Having a mentor/preceptor may not be as important as one thinks.	Year one students are given a lot of responsibility which would appear to contradict what the authors say when the first year is focussed on transition from layperson to student.
Bradbury-Jones et al (2011) United Kingdom	Empowerment and being valued phenomenological study of nursing students' experience of clinical practice	To explore the empowerment of nursing students in clinical practice.	1st year student nurses Qualitative method of research using in-depth interviews. Purposive sampling. 13 interviewed	Being valued as a learner, being valued as team member and being valued as a person are important factors in empowerment. Effective mentorship and a supportive environment influence empowerment.	Students had experienced at least one clinical placement. Sample size achieved criterion saturation.

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/ limitations
Cooper et al (2015) Australia	Key influences as identified by first year undergraduate nursing students as impacting on the quality of clinical placement- a qualitative study	To examine what undergraduate nursing students found helpful and non helpful on their first clinical placement	Qualitative study Longitudinal research study called the Quality Clinical Placements Evaluation project. Survey likert scale and open ended questions. NVivo 10 software used 361/553 participated	Student need to have a sense of belonging for socialisation into nursing. Student can adopt a passive role in the professional relationship with supervising nurse? how do student perceive their role.	Highlights a greater need for students' preparation prior to attending clinical placement on the role of the supervising nurses and the clinical environment

Students experience of preceptorship and clinical environment

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
Varley, L. (2012) Ireland	Preceptorship: Exploring The experience of final year students’ nurses in acute hospital setting.	To examine final year student nurses experience in a hospital in Ireland	Qualitative research. 47 students questioned using a structured enquiry schedule	Study highlights challenges facing students and preceptors. Highlights adhoc implementation of preceptorship	47/70 took part.? any difference in findings if majority of students’ respondents agreed to partake?
Asirifi, M., Mill J., Myrick, F., Richardson, G. (2013) Canada	Preceptorship in the Ghanaian context: “Coaching for a winning team”,	To explore all stakeholder perception of preceptorship experience.	Focussed ethnographic approach, including 9 preceptors, 9educators and 8 students	The essence of preceptorship not reflected in way it was rolled out. Need for formal training of preceptors and better collaboration with educators	Small sample size in comparison to total population

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
Smedley, A. and Morey, P. (2009) Australia	Improving learning in the clinical environment: perception of senior Australian bachelor of nursing students	To examine final year student nurses' perceptions of clinical area	Quantitative study using a clinical learning inventory questionnaire. Cross sectional survey design, given to students following clinical placement (actual clinical experience) and then a few weeks later (preferred clinical experience). 55/65 actual forms 38/65 preferred forms	CLE described as a community of practice and can strongly influence the success of nursing programs. students perceived satisfaction and personalisation to be the most important domain in CLE The personalisation scale =interaction with mentors and other members of nursing team	Only half of the respondents completed the 2 nd questionnaire Quantitative study only. Satisfaction with CLE was rated quite high despite differences in actual from preferred environment.
Lofmark, A. (2011) Norway	Nursing students' satisfaction with supervision from preceptors and teachers during clinical practice.	Study carried out in Norway. It examined student nurses' satisfaction by preceptors, university teachers and fulfilment of learning outcomes during clinical practice	Quantitative study using a questionnaire 380 students representing all years of training.	Both teachers and preceptors have their own role within the supervision system. Supervision by both preceptors and teachers needs to be related to learning outcomes	Each student had completed eight weeks of clinical practice. Students were from all years of the programme.

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
O'Mara et al (2013) Canada	Challenging clinical learning environment: experiences of undergraduate nursing students	Aim to find out how students define a challenging clinical learning environment. How does it impact on students' learning, how do students respond to it	Interpretive descriptive study Focus groups 54 students from 2 Canadian sites	Unsupportive staff, lack of nursing practice guidelines lack of awareness of student learning needs=challenging CLE. Students' response was to rebuild, to redirect, to retreat and to reframe. Students have the ability to build resilience.	Higher validity with three sites
Happell, B. (2009) Australia	A Model of PRECEPTORSHIP in Nursing: Reflecting the complex Functions of the Role	Article presents a model of preceptorship that is directly based on the preceptor/preceptee relationship	Aims to reflect the factors and influences that might impact, both positively and negatively on the effectiveness of the relationship	The model presented considers the other two stakeholders in the relationship.	Relationship forms the basis of preceptors/preceptee with support need from the college and the health care agency for the student and the preceptor

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
Matua G. A. (2014) Oman	Challenges and strategies for building and maintaining effective preceptor-preceptees relationship among nurses	To determine the challenges encountered and strategies used by nurse preceptors to build effective professional relationships during the preceptorship of final year nursing students.	Qualitative Research using focus groups. Two group modified approach. 21 preceptors	Students disagreed with the way preceptors carried out some of their clinical practice and this was found to have a negative impact on the preceptor/preceptees relationship.	Use of two- group modified focus group- acceptable use of qualitative method of data collection.
Zilembo, M., Monterosso, L. (2008)	Nursing students' perceptions of desirable leadership qualities in nurse preceptors: a descriptive survey	To highlight perceptions of leadership qualities in nurse preceptors.	Mediating factors included continuity of preceptors, student attitudes, the clinical setting environment, student and preceptor expectations of the clinical practice experience and interactions between the student and preceptor.	Interactions with preceptors were seen to 'make or break' the practical experience. Therefore, the relationship that is forged between preceptor and student is vital in shaping the student's experience of the clinical area and of the real world of nursing work.	

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
Lawal et al (2015) Jamaica	Factors that influence the clinical learning experience of nursing students at a Caribbean school of nursing.	Descriptive cross-sectional study with stratified random sampling. Year two and year three student	To highlight any issue that may affect learning process. 149 students	90% of participant found that support from clinical staff influenced their learning. this study found the participants also expected to meet supportive clinical staff and a friendly environment	High participant rate. Less than half of participants found their clinical area to be friendly. Preceptors influence their learning.
Papastavrou et al (2009) Finland	Student nurses experience of learning in the clinical learning environment	Study set in Cyprus. Aims to study the present clinical learning environment and how this would impact on new development in nurse education	CLES Research instrument used which involved filling out a questionnaire. Students who completed the questionnaire were the last students to experience the hospital based education as they will be moving to higher education section. 645 students completed questionnaire.	As Student nurses were supervised by a variety of healthcare workers, they were unhappy with the level of supervision. This reflects the traditional model. Students need to experience individualised supervision to ensure that the theory practice gap is decreased.	Even though a large number of graduates participated in the study, it was limited to one school only. One of the objective was to explore how students find their experience this would suggest a qualitative approach. Mixed methods approach may have suited better.

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
James and Chapman (2010) Australia	Preceptors and Patients-The power of Two: Nursing student experiences on their first clinical placement	To explore and describe the student experience of second year students during clinical placement	Qualitative approach Purposive sampling 6 students Semi structured interviews Audiotaped.	This paper gives an insight on how the experience influences their learning and influenced decisions about their future in nursing.	One sample from one university. (L)

Model of Preceptorship

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
Luhanga, F., Billay, D., Grundy, Q., Myrick, F. and Yonge, O. (2010)	'The one-to-one relationship: is it really key to an effective preceptorship experience? A review of the literature'	Authors approach subject with the assumption that the one to one relationship in the preceptorship experience enhances student learning	Literature review	Challenges to the one to one relationship such as continuity need to addressed.	
Budgen & Gamroth (2008) Canada	An overview of practice education models	Discusses 10 education models	For this study the term preceptorship is one who provides support and individualised teaching in the clinical area	Advantages and disadvantages of all Models discussed.	Clearly states advantages and disadvantages of preceptorship model

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
Sedgwick, M. & Harris, S. (2012) Canada	A critique of Undergraduate Nursing Preceptorship Model		Aim is to give a critical analysis and meaning of Preceptorship Model. Study from Canada	Clinical environments by their very nature are "unstable", therefore all involved in education of students must engage in critical reflection of currents models of clinical practice education to ensure that students can become competent.	

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
Billay, D. and Myrick, F. (2007) Canada	Preceptorship: An integrative review of the literature	To discuss evidence in literature relating to Preceptorship. To draw conclusion from results	No experimental design	75% of all the articles sampled addressed Preceptorship within the context of practice setting and its relationship to teaching and Learning. Studies showed that the preceptor behaviour such as role modelling and feedback were highly influential in student learning and critical thinking.	One in ten articles sampled which limits the information received from data
Morgan R, and Keogh (2005) Ireland	Preceptorship in Nursing: An Irish Perspective.	An overview of nursing in Ireland.		Explains preceptorship and associate preceptor in Irish context.	Preceptors have become central to assessment and must be supported in their role

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
Gleeson, M. (2008) Ireland	Preceptorship: facilitating student nurse education in the republic of Ireland	Explore the literature on models of support placing emphasis on preceptorship	Discussion paper	Highlights the important role that preceptors play in socialization, teaching and assessing students	Gives clarity to all stakeholders' involvement in student education, acknowledging the preceptors' difficult role as an assessor.
Blevins S. (2016) United Kingdom	Qualities of effective Preceptors	Highlights four qualities of effective preceptors	Discussion paper	Gives concise information on the preceptor as a teacher, a role model, as a nurturer and an assessor	

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
Hilli, et al (2014) Finland	Perspectives on good preceptorship: A matter of ethics.	Explore the experience of good preceptorship from the preceptors themselves	qualitative study	Good Preceptorship is based on caring ethics, the caring relationship of looking after the student. As Preceptorship has an impact on students learning, it will also impact on the way they care for the patient and retention of staff	Preceptors chosen for this study were limited to the ones that students stated were good at preceptoring. (L)
Atakro and Gross (2016) Ghana	Preceptorship versus clinical teaching: literature review and recommendations for implementation in Ghana	Aim was to review two models of clinical supervision. Preceptorship and clinical teaching partnership.	Review article	No evident to support preceptorship model in fostering critical thinking or having a positive effect on clinical performance	Authors advocate implementation of clinical teaching partnership as they feel preceptorship is not working due to poor working relations between hospital and university, inadequate preparation of preceptors and inadequate faculty support.

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
Brammer, J. and O'Brien (2007) Singapore	from shadow to mirror image- baccalaureate nursing clinical education at NUS	review of literature	Description of preceptorship and eligibility criteria to preceptor students	Students become more immersed in a professional and education relationship as a result of preceptorship	

Clinical placement environment.

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
Bergjan and Hertel (2012) Germany	Evaluating students' perceptions of their clinical Placements- Testing the clinical learning environment and supervision and nurse teacher scale (CLES+T scale	Investigation of clinical placement and its influence on learning	240 students second and third year. Use of gold standard clinical learning environment test adapted for supervision testing.	Safety is an important prerequisite for a successful pedagogical relationship. Learning takes place when a student feels safe enough to ask questions in a fair atmosphere.	Researcher aware that sample size was too small to legitimise any pedagogical intervention (L)
Hegenbarth et al (2014) Canada	Establishing and maintaining the clinical learning environment for nursing students: a qualitative study.	To explore preceptors' beliefs of what is conducive to learning when they are working with students	Qualitative study using multiple case study using four different units. Samples purposeful. Semi-structured interviews	Beliefs and values about adult learning in the workplace were explored. Two core themes emerged. Influencing factors and willingness. Findings were in keeping with the theory that learning is a process that takes place in a cultural and social setting.	First study in Canada to investigate unit beliefs about adult learning which influence the strategies used accommodating students from a unit wide perspective.

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
Warne et al (2010) Nine European Countries	An exploration of the clinical experience of nursing students in nine European countries	To carry out a composite and comparative view of what factors enhance the learning experience	Quantitative Questionnaire Purposive sampling Descriptive statistical analysis. 6 Participants	The factor that has the most important influence on student experience was the duration of the clinical placement and the supervisory relationship. Longer placement benefited the student /patient relationship in relation to caring.	Clinical placement experience very short-only 3 weeks' duration and sample size was small as only 6 participants were interviewed. (L) All participants were female (L)
Tiwari et al (2005) China	Student learning in clinical nursing education: Perceptions of the relationship between assessment and learning	To explore students' perceptions of what they learned and to examine how assessment influence their learning	Qualitative research design Data collection-focus groups interviews. 38 participants divided into 7 groups	Good in-depth study on how assessment impacts on students learning. It appears to limit their clinical experience in that students focus only on what is being assessed and this increases rote learning and not critical thinking.	Participants were student nurse graduates and teachers (clinical staff and academic staff) Findings of study that students' perceptions of the assessment requirements can influence their learning. (S)

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
Courtney-Pratt, H., FitzGerald, M., Ford, K., Marsden, K. and Marlow, A. (2011) Australia	'Quality clinical placements for undergraduate nursing students: a cross-sectional survey of undergraduates and supervising nurses',	To find out how increase in number of students might impact the quality of the clinical placement	Mixed method study of the quality of clinical placement for year two students. Questionnaire given to 178 students, 22 clinical facilitators and 163 Supervising ward nurses. Qualitative data obtained in form of free text.	Good return rate from respondents. Survey targeted 4 domains, welcoming and belonging, teaching and learning, feedback, confidence and competence.	Even though the CLE tool was used before by others it was still tested for reliability for this study and was viewed as reliable. Mixed method approach gives better insight into positive and negative experiences
Gilbert and Brown (2015) Australia	The clinical environment-do student nurses belong? A review of Australian literature	Aim to identify issues related to student nurses experience of belonging on clinical placement	Discussion on Findings-Short placements-reduce sense of belonging.	Health professionals' attitudes towards students may affect their sense of belonging which impacts on their learning and even retention of nurses in the profession.	Literature identified positive and negative experience. (S) Descriptive rather than critical review of literature. (L) Advise increasing students length of placement

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
Levitt, Jones et al (2009) Australia	The duration of clinical placement: a key influence on nursing students' experience of belongingness	Aim to report findings that investigated students experience of belongingness and is this experience influenced by length of placement	Mixed method multi-site case study using an anonymous online survey 363 (year 3 students) completed online survey. 18 participated in semi-structured interviews.	Duration and structure of clinical placement was one of the most important factors affecting belongingness.	Broad study including two Australian sites and one sit in UK, Anonymity of survey would increase honesty. 18 who were interviewed had also completed the survey.
Grobecker, A (2015) Boston USA	A sense of belonging and perceived stress among baccalaureate nursing students in clinical placement.	To examine the relationship between a sense of belonging and perceived stress among student nurses	A descriptive correlation research design was used to examine relationship. Survey, 1296 response rate from the database survey monkey.	Sense of belonging has a positive impact on student learning while perceived stress had negative consequences on self concept, learning skills and competence.	One measurement tool had never been noted as being used in any research articles (L) Providing a snapshot of current situation rather than over a period of time. One question was misleading for the students (L)

Preceptors

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
Carlson, E. (2012) Sweden	Preceptoring and symbolic interaction	To introduce the theory of symbolic interaction in preceptoring. SI is based on theory that human beings are best understood in a practical, interactive relation to their environment.	Discussion from findings of an ethnographic study in 2007 and 2009.	To explore Symbolic interaction as a theory. SI principles are meaning, language and thought	SI is not advocated as having primacy over other theories but will expand the understanding of and give new perspectives of nursing practice.
Carlson, E., Pilhammar, E. and Wann-Hansson, C. (2010) Sweden	'Time to precept: supportive and limiting conditions for precepting nurses',	Report of a study which describes supportive and limiting conditions for preceptors	Ethnographic approach-focus group interviews. Data from field notes and interviews. 13 staff nurses' and 16 staff nurses were then selected for four focus groups.	Time is limiting preceptorship	13 preceptors took part; all had rich experience in preceptorship as there was a good cohort of student going through annually.

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
Omansky, G. (2010) USA	'Staff nurses' experiences as preceptors and mentors: an integrative review	To evaluate research studies from Australia, Canada, Sweden, UK and USA. = integrative review	Combined studies included 1846 nurses who acted as a preceptor.	Support preceptors. Recognise the role Reduce patient assignment to increase preceptor time with student	Authors have synthesised the literature on preceptors and attempts to apply them to practice by outlining ways to support preceptors
Paton, B. I. (2010) Canada	'The professional practice knowledge of nurse preceptors',	Aim to research the type of knowledge nurses acquire and integrate to successfully assess, evaluate and teach students	Two Descriptive surveys and qualitative focus group. Descriptive study sent to 770 preceptors and 46% responded. 2 nd phase 5 individual interviews and five focus groups. (3-5) per group	Gained insight on how individuals preceptored students	The author was curious about the explanation that registered nurses offer about their own professional practice and practice knowledge within the role of preceptorship.

Author, year, origin	Title	Aim	Methodology	Findings	Strengths/limitations
Rogan, E. (2009) Canada	'Preparation of nurses who precept baccalaureate nursing students: a descriptive study',	Aim to explore the perceptions about preceptor preparation among preceptors.	Quantitative descriptive study by use of questionnaire and survey. Inclusion and exclusion criteria applied. 77/138 responded.	Nurses who precept student want to know what is expected of them. Nurse in critical area identified teaching critical thinking as more important than did nurse in other areas.	Data is presented in the form tables which are clear and the reader can obtain information about this study.
Heffernan, et al (2009) Ireland	Evaluating a preceptorship programme in South West Ireland: perception of preceptors and undergraduate students	To evaluate a programme from preceptor and student perspective	A utilization-focussed approach, a two-phase research process over a three-year period. 399 respondents from general and mental health	Programme is effective in meeting learning outcomes.	Preceptor need to be trained to precept students and it is important that managers recognise and respond to this.

Appendix 3: Ground Rules

Ground Rules for Focus Group Interviews

1. Maintain confidentiality, everything said in the group remains in the group.
2. Participants are invited to freely express their opinions without consequence.
3. The purpose of the focus group is to engage in constructive/productive dialogue and feedback. Therefore, everyone's opinion matters.
4. Be respectful of other participants' opinions.
5. Participants have the right to question for clarity.
6. Mobile phones to be placed on silence or turned off during focus group discussion.
7. Participants are free to leave at any stage throughout the discussion.

Thank you.

Appendix 4: Focus Group Interview Questions

Focus Group	Proposed Questions
Interview Sequence	Types of Questions
Introduction	Verify participants understanding of study and consent to same. Promote a relaxed atmosphere by making conversation.
Warm up	Factual questions: e.g. What type of placement did you have? Medical or Surgical. How many patients can the unit accommodate? What type of shift pattern did you work?
Main Interview Questions	<ol style="list-style-type: none"> 1. Following your six weeks of clinical placement, can you write down one word that best describes the experience. Probe question: Can you tell me a little about why you chose that word? 2. Did you receive a welcome on your first day of clinical placement? Probe questions: Who welcomed you? How was it for you? 3. Did you receive an orientation to the ward environment? Probe questions: Did it include an introduction to your preceptor? 4. What did preceptorship mean to you prior to coming out on placement? 5. What was your understanding of the role a preceptor played in your learning and assessment during your clinical experience? 6. On a scale of 1 to 10, how would you rate the support you received from your preceptor throughout your placement? Probe question: Would you like to comment further on why you chose that number? 7. Did you work the same shift pattern as your preceptor? Probe questions: If not, what were the barriers that prevented you from working with your preceptor? 8. Can you comment on the type of supervision that you received when your preceptor was off-duty? 9. Did you have an associate preceptor? Tell me about that? 10. Tell me a little about how your preceptor assisted you in achieving your learning outcomes? Probe question: Did your preceptor discuss tasks and new learning opportunities with you?

Focus Group	Proposed Questions
	<p>11. Did you receive feedback on your progress from your preceptor?</p> <p>Probe questions: Tell me about this feedback? Where did it occur? Did you set goals? Was the feedback verbal or written? How often did it happen?</p> <p>12. What did you like best about preceptorship?</p> <p>13. What did you like least about preceptorship?</p> <p>14. If you were in charge of a preceptorship training day, what information in relation to student support and learning would you consider including in the programme?</p>

Appendix 5: Consent for Participation in Interview Research

I _____ volunteer to participate in research carried out by Rosaleen O Hanlon. I understand that the project is designed to gather information of my experience of the preceptorship model of education during my first clinical placement.

1. My Participation in this project is voluntary. I understand that I will not be paid for my participation. I may withdraw and discontinue participation at any time without penalty.
2. I understand that participation involves being interviewed by the researcher, Rosaleen O'Hanlon and that she will be accompanied by an assistant. The interview will last approximately one and half hours. I understand that the focus group interview will be audiotaped.
3. I understand that the researcher will not identify me by name in any reports using information obtained from this interview, and that my confidentiality as a participant in this study will remain secure.
4. I understand that this research study has been reviewed and approved by the ethics committee in Letterkenny Institute of Technology.
5. I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction.
6. I certify that I am over 18 years of age, and give my full consent to participate in this research.
7. I have been given a copy of this consent form.

Participants

Signature _____ Date _____

Appendix 6: Information Leaflet for Participants of Research Project

I am currently undertaking a Masters of Art in Learning and Teaching at Letterkenny Institute of Technology. I have chosen to as part of my masters to research student nurses experience of the preceptorship model of education during their first clinical placement.

I am inviting you who are currently registered and in year one of the general nursing programme in Letterkenny Institute of Technology to participate in this study as you have now completed your first clinical placement and have had experience of the preceptorship model of education.

If you agree to participate in my research I will firstly seek your consent and I have attached a consent form for your information. Participation will involve participating in a focus group. The focus group will consist of students from year one of the general programme. Questions will be asked about your experience of the preceptorship model of education on your clinical placement and will last approximately one and half hours. The main things I would like to explore are your thoughts and feelings about your experience and the factors of this experience that influenced your learning.

The interviews will be audiotaped to accurately record the information you provide and will be used for transcription purposes only. If you agree to being audiotaped but feel uncomfortable at any time during the interview, I can turn off the recorder at your request. Or if you do not wish to continue, you can stop the interview at any time.

Participation in this research is completely voluntary and you are free to decline to take part in this project at any stage. There will be no consequences to you should you chose not to participate in the research project.

Confidentiality is assured as I will be assigning a numeric code to your name. Your data will be stored in a secure location.

If you have any questions about this research, please feel free to contact my supervisor Dr. Grainne Ketelaar, Grainne.Ketelaar@lyit.ie. I can also be contacted by telephone on 0877597365 or Rosaleen.ohanlon@hse.ie