

**PRECEPTORSHIP IN NURSING: PRECEPTORS' AND PRECEPTES'
EXPERIENCES OF WORKING IN PARTNERSHIP**

by

Ross Stephen Turner

A thesis submitted to the Victoria University of Wellington

in partial fulfilment of the

requirements for the degree of

Master of Arts (Applied)

in Nursing

Victoria University of Wellington

2007

ABSTRACT

This research is about preceptorship in nursing. There is considerable emphasis placed on health care organisations to support newly appointed graduate nurses, and preceptorship is a recommended model. Despite this emphasis, little is known about how preceptorship partnerships work in practice.

The primary focus of this exploratory descriptive qualitative study was to explore the perspectives that preceptors and preceptees, who had worked in partnership, had about how they established and sustained their respective roles. Three sets of registered nurses who had recently completed a preceptorship experience were interviewed about their partnership. Content and thematic analysis of this descriptive data revealed four main themes. The preceptorship relationship grows out of respect for each another and develops as a result of honest and open communication. Preceptees who have an initial positive experience into their new work area settle quickly and efficiently into their new role. Preceptees appreciate preceptors who are welcoming, supportive and willing to undertake the role, while preceptors are happy to undertake the role if the graduate displays an interest in learning and are willing to be guided. The preceptee learns what it means to be a registered nurse in the particular working context, while the preceptor learns how to support learning processes and evidence-based practices.

Further exploration and investigation of these themes and of the relationships that evolve during preceptorship partnerships is needed. By understanding these findings, organisations can prepare both the preceptor and preceptee as they begin to undertake their role to ensure future partnerships will be successful.

Keywords: Preceptorship, Working in Partnership, Clinical Sponsorship, Qualitative Description, Semi-Structured Interviews, Nursing Education.

ACKNOWLEDGEMENTS

To my wife Ann, and children Emma and Hannah, there is no way that I would have been able to complete this study if it wasn't for your patience, support and understanding. I will ever be forever grateful for those moments when you allowed me to slip away to work on this study and share with others the findings of my research. I love you.

To my parents thank you for continually showing an interest in my work and studies and for the support you have given to my family as I have worked my way through these last few years of study.

To my study participants, thank you for offering yourselves, giving up your time and allowing me to interview you about your preceptorship experience and your honesty. The findings that I have come to are because of your willingness to share.

To my work and study colleagues thank you for your support and for checking up on me, encouraging me to keep going and being there when I needed to talk things through.

To my thesis supervisor Associate Professor Cheryle Moss I have appreciated the catch-ups, telephone calls and emails as together we have worked through this thesis. You are a fount of knowledge and I believe that I have benefited greatly by having you support me in this work. I am grateful that you freely shared your wisdom with me.

To the Venturo Group who put forward a scholarship within the District Health Board enabling me to cover many of the expenses that were associated with this research I would like to thank you for your generosity.

TABLE OF CONTENTS	Page
ABSTRACT	ii
ACKNOWLEDGEMENTS	iii
TABLE OF CONTENTS	iv
LIST OF TABLES	vii
GLOSSARY OF TERMS	viii
CHAPTER 1 – INTRODUCTION	1
The Researcher.....	1
The Pertinence of the Research.....	3
Key Questions	4
Groups who will Benefit	4
Preceptorship Pilot	5
Organisation of the Thesis	6
CHAPTER 2 – PRECEPTORSHIP IN NURSING, THE LITERATURE.....	7
Literature Search	8
Reality Shock	9
Preceptorship	10
Preceptorship Framework	12
The Preceptor.....	12
The Newly Graduated Registered Nurse.....	15
Orientation.....	20
Discussion	21
CHAPTER 3 – RESEARCH STRATEGY	24
Research Question and Aims.....	24
The Research Approach	24
The Study Design	29
Participants.....	31
Data Collection	32
Data Analysis	33
Validity Criteria	34
Ethical Consideration	37

The Treaty of Waitangi	39
Discussion	39
CHAPTER 4 – A PASSION FOR PRECEPTORSHIP	42
Entry into Practice	43
Orientation	43
Communication	44
Characteristics.....	45
Sharing of Knowledge.....	45
Role Modelling	46
Support	46
Remaining Safe	46
Relationships.....	47
Partnership	47
Expectations	48
Respect and Friendships	49
Closure	49
Learning	50
The Challenge	50
Sharing Responsibilities	51
Being There	52
Discussion	52
CHAPTER 5 – GUIDING SOMEBODY TO DO A REAL JOB.....	57
Entry into Practice	58
Background Knowledge.....	58
The Right Person.....	58
The Basics	59
Characteristics.....	60
Open to Learning.....	60
Skills Development	60
Relationships.....	61
Assisting to Learn	61
Professionalism	61
Interaction	61
Keeping on Track.....	62
Sharing the Load	62
Learning	63
Small Steps.....	64
Open Mind	64
Discussion	65

CHAPTER 6 – TIME AND RESPECT FOR EACH OTHER	68
Entry into Practice	69
Familiarisation.....	69
Time Together	69
Characteristics.....	70
Willing to Help	70
Provide Feedback.....	70
Flexibility in Learning	71
Relationships.....	71
Getting On	72
Preceptors' of the Future	72
Safe Environment	73
Support from Others	73
Ending	74
Learning	74
Positive Partnership.....	74
Background Information.....	75
Discussion	75
CHAPTER 7 – DISCUSSION OF THE FINDINGS	78
The Early Stages of the Partnership – Entry into Practice.....	78
Characteristics that Provide for Success.....	83
Relationships.....	86
Learning	87
CHAPTER 8 – CONCLUSION.....	91
APPENDIX 1 – ETHICAL APPROVAL	98
APPENDIX 2 – INFORMATION SHEET	99
APPENDIX 3 – CONSENT TO PARTICIPATION IN RESEARCH.....	101
APPENDIX 4 – TRANSCRIBERS CONFIDENTIALITY STATEMENT	102
REFERENCES	103

LIST OF TABLES

TABLE ONE – FEATURES OF THE STUDY DESIGN	30
---	-----------

GLOSSARY OF TERMS

Graduate Nurse: A registered nurse with less than 12 months post registration clinical experience.

New Graduate Registered Nurse: Newly registered nurse with theoretical and practical student experiences who is able to manage and prioritise assigned client care/workload with some guidance.

Orientation: The process of introducing newly appointed staff members to their new workplace, norms, organisational goals and people.

Preceptee: A graduate registered nurse who is being orientated by a preceptor to their new work and role.

Preceptor: An experienced registered nurse orientating new nursing staff (preceptee) on a one to one basis through teaching, coaching, supervising and role modelling. For the terms of the research, it is assumed that the preceptor works in partnership with a new staff member in order to assist and support them in the process of learning and adapting to their new role.

Preceptorship: The partnership between the preceptee and preceptor as they work together through an orientation process.

CHAPTER 1 - INTRODUCTION

This research explores how the preceptor and preceptee establish their partnership and progress their working relationship during the clinical orientation period. Internationally, preceptorship is commonly used within health care organisations as a model of support for recently graduated registered nurses (Bain, 1996; Oermann & Moffitt-Wolf, 1997; Ashcraft, 2004; Baltimore, 2004). Preceptorship assists in the orientation of graduate nurses to their new clinical area and organisation (Brasler, 1993; Prebble & McDonald, 1997; Amos, 2001; Baltimore, 2004). The preceptorship model is credited with supporting health care organisational goals in the recruitment and retention of nursing staff (Hand, 2002; McNamara, 2000; Baillie, Allen, Coogan, Radley & Turnbull, 2003; Ashcraft, 2004; Cowin & Hengstberger-Sims, 2006). While studies into preceptorship have been undertaken in relation to these factors, (Chapman, 1993; Amos, 2001; Myrick & Yonge, 2004; Fox, Henderson & Malko-Nyhan, 2005) little is known about the actual experience of preceptors and preceptees working together and how they forge a learning partnership.

The Researcher

My introduction to 'preceptorship' was in the early 1990s, when recently graduated; I secured an interview for a junior registered nurse position. At the interview, I was introduced to a nurse assigned to be the 'preceptor' to the successful candidate - fortunately me. I was informed that the main role of the preceptor was to orientate the new nurse to the clinical area while supporting and encouraging them in their new role. Turning up on my first day feeling nervous, yet excited by the prospect of working with a designated nurse, I discovered that my preceptor had been placed on urgent medical leave and informed that the Charge Nurse would find a replacement preceptor when she arrived at work. In the meanwhile, I was to work with whoever was available and could accommodate me. A week later, the Charge Nurse was still trying to provide me with a preceptor. I did not feel valued by the organisation or the nursing profession as I started my nursing career. I was disappointed and vowed that, "I would never let the same situation happen to any

new nurse I worked with". I was on my own. During those first few months, I struggled to learn the role of a registered nurse, requiring more assistance than would normally have been expected of a newly registered nurse. Not having a designated preceptor to guide my practice generated issues and barriers to my learning. It is experiences such as my own that have seen preceptorship adopted as a model of support, encouraging a safe passage into professional practice, and a healthy working relationship within clinical communities (Amos, 2001; De Bellis, Longson, Glover, & Hutton, 2001; Delaney, 2003; Ashcraft, 2004; Fox et al., 2005).

After 13 years as a nurse, my current role includes the responsibility of planning, facilitating and teaching on our preceptorship training programme, as well as having responsibility for recruiting and facilitating the organisation's 12-month nursing entry to practice programme for graduate nurses. Throughout my nursing career, I have observed many beneficial preceptorship partnerships. Effective, successful partnerships are evident by the smooth transition into the registered nurse role by the graduate nurse along with an increase in their clinical skills (Brasler, 1993; Amos, 2001; Delaney, 2003; Baltimore, 2004). Anecdotal evidence from my experience is that when a preceptor provides the graduate nurse with a sound introduction to the clinical area this produces a positive outcome. This introduction includes showing the preceptee the department layout, meeting the healthcare team and learning the culture and norms of the department. Ashcraft (2004) and Baltimore (2004) believe these aspects are required for a successful graduate nurse orientation programme.

This research stems from my interest in two groups of nurses that I closely work with, the preceptor and the newly graduated nurse. Both groups need to be encouraged, respected, and valued for the roles they are undertaking as they are pivotal within the health care team; the preceptor, as they orientate, assess, nurture and educate the graduate nurse, and the graduate nurse as they learn what it means to be a registered nurse and to work in the context of a particular service within the organisation.

During my nursing career, I have been made aware of different models of support available to assist the graduate nurse to settle into their new clinical environment. These models are similar in nature, but different in their goals and include, but are not limited to, mentorship (United Kingdom Central Council for Nursing, Midwifery and Health Visiting, 1996; Butterworth, Fauger & Burnard, 1998; Greene & Puetzer, 2002; Horton, 2003), clinical supervision (Clegg, 2001; Teasdale, Brocklehurst & Thom, 2001), and preceptorship (Morton-Cooper & Palmer, 1993; Haggerty, 2002; Baltimore, 2004). A number of authors regard preceptorship as one of the most appropriate and useful support models for graduate nurses orientating to their new clinical areas (Morton-Cooper & Palmer, 1993; Johnston, 1999; Delaney, 2003; Myrick & Yonge, 2005), particularly as this model is “normally a short-lived relationship that places emphasis on the acquisition of knowledge and skills” (Ashton & Richardson, 1992, p.144). The preceptors’ goals tend to be specific in nature and include assisting the preceptee to settle into their new environment within a defined period of time by informing them in key areas of practice. These include clinical skills, key personnel, and work norms.

The Pertinence of the Research

This study explores the relationship that develops as the preceptor and the graduate nurse (preceptee) work together during the graduate nurses’ clinical orientation. Very little is known about what is required for the creation of a successful partnership, and by talking to those involved, I will be able to explore their perspective of factors which affect the establishment of this partnership. Areas to be explored include how preceptors and preceptees establish their relationship within their clinical environments while working together for a number of shifts, yet normally having never met each other until their first shift together. In some clinical areas, it is a common practice for preceptors to be asked in advance to be the preceptor to the graduate nurse coming to their area. Yet there are also times when preceptors are ‘told’ that they are preceptoring with little or no preparation.

Key Questions

Key questions to answer are: What practical pathways do the two parties generate in order to help sustain the relationship? What is the preceptor thinking prior to the partnership, knowing that they have a clinical load to consider, as well as having someone they are responsible for, whilst ensuring they provide a safe and effective introduction into the clinical area? What are the preceptors' and preceptees' insights into the practicalities of working such a relationship? How do both these parties establish and progress their working relationships bringing it to closure at a suitable moment? What learning takes place for the preceptor and the preceptee while they are in their roles? What does the preceptorship partnership mean to those within the relationship? These questions will assist to explore the preceptors' and preceptees' experience of working together.

Groups who will Benefit

The findings will benefit not only preceptors and preceptees, but also the health care organisation that they are employed in. The learning generated will show how successful partnerships are developed and sustained. The results will also benefit those who are responsible for developing the preceptorship model whether through the creation of training programmes, or through further research into the subject. Those who are involved in studying relationships and partnerships in general, will also be interested in the findings. Although the study is nursing focused, the results reflect the thoughts and feelings of both recently trained and experienced staff being introduced to the work environment and experienced staff that have the responsibility of orientating them to the new setting. Informal evaluation completed within my workplace already suggests that the purpose of preceptorship documented within the organisational policy is similar to the preceptors' expectations. It would appear that these same nurses have a good understanding of the importance of the preceptor role and expectations for new staff entering their clinical environment.

Although the research has been undertaken locally, there will be widespread interest, as it explores some of the deeper meanings and experiences of the

preceptorship partnership. Once an exploration and insight is gained into the experiences of those in the partnership, this will trigger new thoughts about ways of working with the partnership, and allow advancement of preceptoring programmes. It will assist organisations to prepare nurses for preceptoring partnerships by identifying the needs of the preceptor and preceptee. This study will help expose other relational and practical aspects associated with the preceptorship partnership and information about workplace practices. It will make a new contribution to current preceptorship knowledge, and will be of interest to co-ordinators of Graduate Nurse Programmes, those in preceptorship partnerships, and those who facilitate supportive partnerships in their organisation. It will be relevant to those who are interested in advancing theories and models in relation to preceptorship, as well as those who co-ordinate and develop preceptorship training programmes.

Preceptorship Pilot

In February 2002, in response to the 1998 Report of the Ministerial Taskforce on Nursing (New Zealand), three providers of graduate nurse programmes undertook a one-year pilot programme to understand the issues related to first year of clinical nursing practice. A main objective was to ensure that all graduate nurses had full access to a supportive learning environment through the use of preceptorship. To this end, all graduate nurses needed to be assigned a named preceptor who had undertaken a preceptorship training programme. Their reasoning was “analysis of the available literature on the subject highlighted that preceptorship was an essential part of the socialisation and professional development of the new graduate nurse” (Ministry of Health, 2004, p. 4). The pilot study was evaluated by interviewing both the graduate nurse and their preceptor. In total, 116 graduates and 49 preceptors responded. Only 38% of graduate nurses reported it was important to have one specific support person with 16% of the preceptors believing that close supportive guidance from the preceptor made a valuable contribution to the development of the new graduates. In the conclusion, and an important feature for the pilot study, it states,

new graduates gained a great deal from preceptorship, but it proved to be the hardest element of the programme to implement. The main

difficulties appeared to relate to the tension between the need to provide service in an already overstretched environment, and the need to support new graduates (p. 47).

This chapter has introduced the research topic and identified my interest in the topic and situations related to it. Studies into preceptorship and the role it plays within organisations are numerous. What appears to be lacking is research around the relationship that develops between the two parties, in particular, how the preceptor and preceptee establish, maintain and conclude this partnership. This study, by filling in some of the gaps left by previous studies, will provide new understanding to those involved in the partnership and those who are responsible for providing preceptorship as a model of support.

Organisation of the Thesis

This thesis is presented in eight chapters. Preceding the first chapter is a glossary of terms. Chapter 1 introduces the aims of the research and why it was undertaken. What I wanted to know was how the two parties in the partnership formed a relationship that enable the preceptee to orientate into the organisation and the preceptor to feel they are supported in this process, ending with a successful outcome. Chapter 2 provides a definition of the key terms and reviews preceptorship and associated frameworks. A review of the role of the preceptor is undertaken as well as the transition into practice from student nurse to newly graduated registered nurse, their orientation into the workplace and a discussion on preceptorship partnerships. Chapter 3 outlines the study research design and the approach taken to carry out and then complete the study. Chapters 4, 5, and 6 introduce the three pairs of nurses who share their experience in the partnership. The titles of these chapters have evolved from preceptor statements about their experiences. Their main headings within these chapters are the four key areas within the findings. The subheadings have also been taken from statements made during the interviews. Chapter 7 discusses the findings, whilst Chapter 8 presents the research conclusion and the learning that can be taken and shared with those who will benefit from it.

CHAPTER 2 - PRECEPTORSHIP IN NURSING, THE LITERATURE

Graduated registered nurses in New Zealand enter the workforce on completion of a three-year degree programme with a number of key abilities. Within undergraduate education, the student is taught to think critically about their clinical work and how to problem solve. They are encouraged to reflect on the practice of others as well as their own and identify possible self-progress, learn to undertake research and complete self-directed learning. Lastly, they are equipped to practice in a culturally safe manner. Although graduate nurses have completed a degree they require support as they learn the practicalities of being a registered nurse and are still considered to be what Benner (1984) describes as 'novice' nurses. Benner states "any nurse entering a clinical setting where she or he has no experience with the patient population may be limited to the novice level of performance if the goals and tools of patient care are unfamiliar" (p. 22). Preceptors are often used to provide support and assist the graduates to become familiar with providing patient care and the surrounding environment, therefore entering into a preceptor/preceptee partnership. This partnership greatly assists the graduate to enter their new workplace smoothly, making it important to understand how a good partnership is formed. The concept of preceptoring within my workplace is similar to that which occurs throughout New Zealand, Australia, North America and the United Kingdom. Therefore the findings of this study are relevant internationally to enable a better understanding of the preceptorship partnership.

This chapter gives a progressive understanding of the preceptor partnership and its importance in nursing. Graduate nurses commencing their careers journey through a transitional time that may or may not include a phenomenon known as reality shock. In order to assist the graduates through this process and to provide them with support, the model of preceptorship is encouraged. Preceptorship frameworks are not set in concrete but vary depending on the workplace. However, the aims are the same, that is, to assist the new staff member ease into their new workplace and to link theory to practice. The preceptor is a key component and the qualities and characteristics they possess are critical to

ensuring a successful orientation process. The graduate nurse enters the transition into practice from student nurse with up-to-date theoretical knowledge, but may have restricted clinical skills; the first year for them is about consolidation and becoming competent in their new role. The orientation process that the preceptor provides assists in the linking of theory to practice and is crucial to ensuring a smooth entry into the workplace.

Literature Search

In preparation for this study, an extensive literature search was completed. The hospital library databases were used, including Medline, Cochrane, CINAHL, Nursing & Allied Health Collection, Biomedical Reference Collecting and EBSCO Host. The keyword initially was 'preceptorship' which resulted in 4230 references. This was reduced to 'preceptorship AND nurse', 'preceptorship, nurse AND graduate' and 'preceptorship AND nurse AND relationship'. Other terms used included 'preceptee', 'novice nurse', 'clinical support', and 'partnership'. Findings were reduced to those published in the last 15 years, and 'English' language only. Other literature has also been used, as it has been deemed seminal to this current study. From the search, it became apparent that preceptorship is not restricted to nursing, but also medical and allied health professions. Therefore, for practical reasons and given the amount of literature available, the literature used for this research was restricted to those that were nursing based. Reference lists of a number of articles were reviewed to find additional information. Other sources utilised were textbooks around the topic of preceptorship and clinical support. These gave a clearer understanding of its history and development over the years. Searching the 'Yahoo' website under 'preceptorship', 'preceptee' and published author's surnames gained additional information.

Although there were many references to preceptorship, the majority focused on the transition into practice, recruitment and retention, encouraging critical thinking, consolidation of skills, and support. A number of the articles were published literature reviews of other articles that could benefit the search that was

undertaken. Yet in searching the literature, no writing focused specifically on the experiences of the participants within the preceptorship partnership.

Reality Shock

The transition from student nurse to registered nurse brings its own challenges. One is the ability for the newly graduated nurse to cope with the responsibility of taking a full patient load. Kramer (1974) identified this as a defining issue for the newly graduated nurse once they had received their registration and commenced their careers. She described this process as 'reality shock' and describes the word 'shock' as a total social, physical, and emotional response of a person to the unexpected, unwanted, or undesired, and in the most severe degree, to the intolerable. She suggested that it is the startling discovery and reaction to the discovery that nursing school-bred values conflict with work-world values. Kramer observed that these same nurses seemed to encounter high levels of stress, experience value conflict, started to question their role and whether or not they were prepared for this new career.

Since the early 1970s, literature has looked at the transitional period of graduate nurses. It shows that there is an emotional journey during the period from student nurse to registered nurse that affects his or her own thought process and confidence (Pigott, 2001; Haggerty, 2002; Delaney, 2003; Ellerton & Gregor, 2003). There is the realisation that they have become part of the 'real world' and a sense of being responsible for their actions. The graduate nurses sense this increased accountability, as they no longer have an umbrella support of their training institute. Researchers of professional transitions have recorded that new professionals, as they become immersed into their new roles, need to learn how to juggle personal and professional life, learn new professional and workplace cultures, have support from their organisations and more experienced professionals, and have coping strategies in place to ease that process (Bain, 1996; Oermann & Moffitt-Wolf, 1997; De Bellis et al., 2001; Delaney, 2003; Floyd, 2003). These and other contemporary authors record that the same reality shock that Kramer described are just as strong in today's new graduates and their work

places (Birk, 2000; Amos, 2001; Oermann & Garvin, 2002; Cowin & Hengstberger-Sims, 2006). Observing the graduate nurses of today in my own organisation, it appears that very little has changed - the issues that Kramer described are as relevant in our present workforce and graduate nurses are still feeling the same role transition issues as they move from 'student' nurse to 'graduate' nurse.

Cowin and Hengstberger-Sims (2006) in acknowledgment of the worldwide shortage of nurses, undertook a study on the graduate nurse's self-concept and retention within the health sector. They state:

the transitional phase from nursing student to graduate nurse broadly includes: professional socialisation, such as reality shock and work readiness, interpersonal relationships, such as interpersonal conflict, and organisational supports, and the workplace environment, such as mentors, preceptors, role models and workload (pp. 59-60).

They acknowledge that during the time when the student is learning to become a nurse, there are issues and events taking place resulting in mixed emotions and feelings, yet avenues are available for support ensuring a safe passage. Other authors (Ward, 1997; Walker, 1998; Firtko, Stewart & Knox, 2005) confirm this, showing that feeling welcomed and 'fitting in' is part of that socialisation period for the graduate nurse whilst they learn the clinical components to their role. In her article giving advice to graduate nurses on how to cope with the transition from student to registered nurse, Hathaway (1980) explains reality shock as that moment when there is a realisation that the realities of work or the role don't match with what is prepared for or taught in nursing school.

Preceptorship

Until the mid 1970s, the term preceptorship had not been widely published in nursing literature. The preceptorship model was introduced into nursing to ease the reality shock that Kramer (1974) acknowledged so often occurs when students become registered nurses (Usher, Nolan, Reser, Owens & Tollefson, 1999). The word 'preceptor' originated in 15th Century England where it meant tutor or instructor (Ashton & Richardson, 1992). A more contemporary definition of the

term 'preceptorship' as given by Nash (2001) is "an organized and planned educational program in which staff nurses are trained to facilitate the integration of newly employed members of the nursing staff into their roles" (p. 12).

Since the mid 1970s preceptorship has evolved more broadly to encompass practical assistance for the newly registered nurses who are making the transition from student to qualified professional, to experienced staff moving between units, and for student nurses undertaking clinical placements, as a way of providing additional workplace support. Since then, the literature published on preceptorship has focused on its role within the work place and the benefits of it within the health care setting, for both those working in it and their employer (Brasler, 1993; Tomey, 2000; De Bellis et al., 2001; Baillie et al., 2003; Delaney, 2003; Firtko et al., 2005).

For graduate nurses, the first year of practice is a continuation of developing clinical skills introduced to them as students. It is the time when they link theory to practice while becoming a member of the team (Nehls, Rather & Guyettes, 1997; O'Malley, Cunliffe, Hunter & Breeze, 2000; Whitehead, 2001; Chisengantambu, Penman & White, 2005; Starr & Conley, 2006). Graduate nurses not only have to cope with being in a new environment, but they also have to learn to work in a new role.

In recent years, preceptorship has been embraced in health care organisations to increase work readiness, reduce the effects of reality shock and lessen the possibility of graduate nurse attrition (Greenwood, 2000). The literature around preceptorship focuses in particular on the roles of the preceptor in the socialisation, recruitment and retention, and support for the graduate nurse as they commence their employment. But what happens when two parties unknown to each other are placed together and expected to work together in this context? The following sections of this chapter highlight key findings from national and international studies looking at the skills, needs, and learning of preceptors and preceptees when working in preceptorship partnership.

Preceptorship Framework

Preceptorship is a relationship where two people share a specified period of time together so that learning can take place. It is used to assist new staff members become immersed in their new work place and culture, and in particular, helps students to move through the transition to registered nurse. It is also useful in helping new staff link theory to practice and to consolidate and gain new clinical skills. Preceptorship differs from mentoring as nurses are in the preceptorship relationship for a short period of time; yet both roles focus on providing support for the new staff member. The preceptorship framework sees goals identified for achieving and the building of clinical confidence. The Central Manchester and Manchester Children's University Hospital (2005) defines a preceptee as "a qualified practitioner, a returnee or someone new to a practice area requiring support. His/her expertise may range from that of a novice to that of someone who has a great deal of experience" (p. 6).

The Preceptor

A preceptor is defined by Smith (2006) as "a competent, confident, and experienced nurse who assists another nurse or nursing student in giving quality nursing care by guiding, directing, or training" (p. 9). Research shows that the preceptor plays an important part in the graduate nurses' first year, assisting them to identify and meet learning needs, develop time management and orientate them to the norms of the ward/department, while also providing support as they face the challenges of being novice nurses (Usher et al., 1999; Baltimore, 2004; Chisengantambu et al., 2005; Burns, Beauchesne, Ryan-Krause & Sawin, 2006). Consideration of the role of the preceptor as an educator has also been explored. Morton-Cooper and Palmer (1993) identified that the educational relationship generated by the preceptors provides newly qualified (or returning) professionals with three key things: firstly, it provides access to an experienced and competent role model, secondly, it provides a means where they can learn to build a supportive one-on-one teaching and learning relationship and lastly, it provides a smooth transition from learner to accountable practitioner. This is supported by Amos (2001), who found that having a structured support, such as a preceptor,

assisted in the role transition from student nurse to registered nurse. The newly registered nurses confidence grew during that time especially when they were able to discuss problems with other professionals. Delaney (2003) in a phenomenological study looking at the transitional period of graduate nurses noted that there was a positive transition when they worked with preceptors who were caring, modelled critical judgement, had clinical expertise and provided support. Whilst Oermann and Garvin (2002) in their survey of 46 graduate nurses in three hospitals in the United States of America, concluded that where there was open communication between the graduate nurse and their preceptor, and when the graduate felt supported, this facilitated learning and assisted in building self confidence. Therefore, in order to provide the newly graduated nurse with a support framework while transitioning from student nurse to registered nurse, it would appear that preceptors are an appropriate means of support.

In the past, anecdotal evidence has shown that nurses have undertaken training to become a preceptor as evidence for advancement within the nursing career pathway, even though they do not want to undertake the role. These same nurses, because they are trained, have been placed as preceptors with little or no enthusiasm for the role, yet it is expected that the preceptee will benefit from this experience. Literature suggests that the best preceptors have a desire to do the role and function as a positive role model. The preceptor needs good listening and questioning skills to enable the preceptee to have the skill to assume responsibility for clinical decisions through assessment and discussion with their preceptor (Usher et al., 1999; Marquis & Huston, 2000; Jackson, 2001; Wright, 2002; Floyd, 2003; Burns et al., 2006). Pigott (2001) further expands this by suggesting that preceptors are often selected based on their availability rather than suitability and that they should be selected for their qualifications in order to develop a positive and effective preceptor/preceptee relationship. Haggerty (2002) found in order to be effective, preceptors must be experienced practitioners with the capability to reflect on their own practice and the ability to articulate this to their preceptee. Preceptors must allow the preceptee enough independence to make decisions and take on responsibilities to enable them to learn. She states that the “the preceptor

needs to be able to work with the new graduate as an individual with unique learning needs” (p. 12). Baltimore (2004) suggest that preceptors should be role models that other nurses strive to be like, who have the characteristics of patience, enthusiasm, knowledge, a sense of humour and the respect of their peers. He expands on this stating “the most common reason for employees to leave jobs within a year is because they do not feel they fit in” (p. 133).

Literature shows that preceptors require knowledge and skills to provide instruction to and evaluation of those that they are orientating (Usher et al., 1999; Delaney, 2003; Firtko et al., 2005). Being able to impart information in a positive manner and getting on well with the team members are other characteristics required by a preceptor according to Johnston (1999). Johnston states that the preceptor “must be able to evaluate the clinical performance of the student and give appropriate feedback” (p. 17). Throughout the literature a robust preceptorship development programme that gives the preceptors’ knowledge and skills in assessment and feedback, is considered essential to ensure the success of the relationship and orientation period of a new employee. O’Malley et al. (2006) supports this and note qualities such as communication, leadership and reflective practice skills as being important.

Educational institutes try to prepare nursing students for what to expect in the ‘real world’ but are also committed to teaching the ideals of nursing. While this is important, Chapman (1993) states “the increasing concern about the quality of work life and potential stressors existing in acute care hospitals indicate a need to create a work environment that is supportive to the staff nurses” (p. 54). She recommends that all efforts should be made towards eliminating stressors or if that is not possible, to assist the nurses to cope with the stressors they face. Godinez, Schweiger, Gruver and Ryan (1999) note the most stressful time in the nurses’ career will be the first three months of their employment. Therefore, a preceptor with appropriate qualities would support a healthy transition. Mee (2004) suggests that the preceptorship experience can also be beneficial for the preceptor, as it is an opportunity for them to learn from their preceptee. “Someone who’s had his

nose in the books might help you improve your computer skills or share new information about evidence-based practice that you haven't heard about yet" (Mee, 2004, p. 8). She sees that the preceptor can recharge their nursing career by providing the experience a new nurse needs to become a registered nurse.

Fox, Henderson and Malko-Nyhan (2006) undertook a survey of preceptors and preceptees at two to three months and again at six to nine months after their relationship were initiated. Their survey compared the preceptor and preceptee's (graduate nurses) perception about the effectiveness of the preceptor role, primarily looking at the roles and responsibilities of the preceptor and whether the graduate nurse felt supported in their role. The results showed that the graduates moved their focus from the employing organisation providing them with support, to being self-reliant on finding their own support network or at least are in the process of doing so. The research concluded that generally the preceptors felt that they were able to achieve their roles and responsibilities both at the two to three month period following the commencement of the relationship and at the six to nine month period.

The Newly Graduated Registered Nurse

The early 1970s saw New Zealand nursing education moving to the tertiary sector, with the first polytechnic-based Diploma in Nursing Programme. Prior to this, registered nurses were trained 'apprentice' style based in a hospital setting. New Zealand then followed the international trend in the early 1990s by preparing their registered nurses for practice at an undergraduate degree level.

Since Kramer identified and described 'Reality Shock', a number of research projects have looked at the role change from student to registered nurse (Gerrish, 1990; Oermann & Moffitt-Wolf, 1997; Delaney, 2003; Ellerton & Gregor, 2003; Ashcraft, 2004; Starr & Conley, 2006). Their combined findings reveal the importance of caring for newly graduated nurses and providing them with support and encouragement as they commence their practice as a registered nurse. Gerrish (1990) used a sample of ten newly qualified staff nurses to gauge their

perception of the transition process to their new role. Using a qualitative approach and analysing the information using constant comparative analysis, the researcher noted that the graduates found many aspects of their transition period stressful. The nurses “felt inadequately prepared, both in terms of the situations encountered and the skills required” (p. 37). The results showed that while students were shielded by their student status, as newly qualified nurses they had to deal with issues that they had previously never dealt with before, including clinical decision making and talking to bereaved relatives. Most of the graduate nurses had little indication of their progress and guidance on how they were performing and how they could improve their clinical practice. Gerrish (1990) concludes that if the “newly qualified staff nurses are confronted with a role vastly different from the one she performed as a student, then she (sic) must be allowed to develop the necessary skills” (p. 37). She suggests there are considerable benefits in learning communication skills and management using an experiential approach.

In her phenomenological study involving a purposive sample of 10 graduate nurses’ experiences moving from student nurse to registered nurse, Delaney (2003) reported, “preceptors who displayed professional qualities, such as seasoned experience, critical judgement, and clinical expertise, combined with a caring supportive attitude, facilitated healthy transitions” (p. 442). Graduates who were being preceptored by nurses without those characteristics felt a delay in their professional development and noted it to be a less positive experience. Delaney concludes that preceptors would benefit by attending educational and training programmes that helped them to address the graduate nurses’ needs as they move through their transitional process. Oermann and Moffitt-Wolf (1997) undertook a descriptive-exploratory designed study examining the stresses, challenges and threats of graduate nurses during the orientation period in their new workplace. The findings revealed that graduate nurses who had consistent preceptors were provided with positive re-enforcement, self-motivation, a well-planned orientation, role models for them to emulate and guidance in their learning. Brasler (1993) collected self-evaluations of demographic information, preceptor evaluations and clinical performance from a sample of 65 new graduates and

noted that the role the preceptor plays in assisting graduate nurses to settle into their new workplace is vital. She encourages managers to review the nurses “teaching, nursing, and interpersonal relationship skills” before selecting them to be a preceptor as these are key components of the role (p. 163).

In 1994, Prebble and McDonald explored the lived experiences of four New Zealand comprehensive graduate nurses as they adapted to working in the mental health setting. Using a qualitative descriptive approach the researchers used “semi-structured interviews focusing on the graduates current work experience and looked at how closely the philosophical beliefs and values derived from their educational preparation fitted with those they encountered within the practice setting” (p. 31). The ‘passage of transition into practice’ was a finding identified. This included a general lack of orientation and formal support and therefore, the need for the graduate to rely on and look after oneself was identified as important. Three of the four graduates gained support from their colleagues, although this was done on an informal basis. Another major finding was that of ‘contradiction’ with the participants identifying that there was a difference between their own belief about the nursing practice they wanted to give and their perceived reality of the setting. A positive theme that emerged was that all of them felt prepared for the mental health setting and working with people.

Walker (1998), while preparing to research how graduates perceived their competency in their first year of practice, noted that common themes identified in past studies included role stress, coping with challenges of the new role and the pressure on the new graduate to conform to other nurses’ expectations. There was also the pressure of accountability and the development of clinical skills required to be an experienced registered nurse. Walker states “the first year of practice is characterised by a status change from student to staff nurse which produces role stress” and “orientation programmes and preceptor programmes are crucial to help the new graduate adjust to new roles and responsibilities” (p. 37). At the end of her study Walker invited five graduates to take part in two focus groups. It showed that they perceived their performance had improved over time

as they adjusted to the registered nurse role. She states “generally, they rated themselves to be functioning at the expected level in holistic assessment and providing safe nursing care using the nursing process” (p. 39). Her research findings acknowledged the importance of having a well-structured preceptorship programme during the first three months of the clinical time to ensure there was adequate support and guidance to create safe and competent practice.

The transitional process from student to staff nurse is characterised by emotional highs and lows. Maben and Macleod (1996) found, after completing a qualitative study of graduate nurses, that a number of main themes emerged. Firstly a feeling of greater responsibility with no indication to others that they were new graduates rather than experienced staff nurses. Another theme drew attention to communication challenges and skills, recognising that “communication problems can be a source of stress for the newly qualified staff nurse” and that “breaking bad news to patients and relatives was a particular source of conflict, confirming the findings of previous studies” (p. 29). A further theme was that of ‘taking problems home’, as it was apparent that the nurses spent more time focusing on the negative aspects of their role than the positive. Looking at whether new graduates did identify the positive aspects of their work environments, they found that teamwork was an important positive, and it was also crucial for the nurses to be recognised and valued by their peers. The final theme was ‘preparing for challenges of a staff nurse role’, study participants gained confidence from the theoretical aspect of their training which helped them recognise limitations in their knowledge and that they were more aware of what they did not know. Maben and Macleod concluded “an adjustment of expectation together with a more comprehensive support programme would go a long way towards easing the transition process for newly qualified nurses” (p. 31). This knowledge is applicable for health care organisations that, as part of the internship process, must ensure that managers and other senior staff reconsider what constitutes a realistic expectation of a newly qualified nurse.

The passage and change from nursing student to registered nurse is often a stressful experience for those undertaking it. In their study, De Bellis et al., (2001) looked at issues and difficulties experienced by newly graduated registered nurses in the clinical setting as they commenced their new careers. Using a qualitative approach, the researchers ran a focus group of 21 nursing students taking part in a research project covering a 12 month period. The results identified five main themes. The themes were 'doing without thinking – getting the work done', 'orientation, hit and miss', 'Clayton's orientation', 'unsafe practices', and 'stress'. The graduates indicated that the expectations of the hospital and the staff that they worked with were that the graduates should be functioning as registered nurses with full patient loads within a short period of time of starting. They should develop ongoing learning where they could, be socialised and find their own support if they felt that they required it. The researchers acknowledge that the findings are not to be generalised but "anecdotal evidence suggests that most graduates experience similar problems" (p. 91). They conclude with the encouragement, that the nursing sector needs to continue to develop a culture that supports, protects, nurtures and enables 'young' nurses.

Another recommendation (UKCC 1990; Walker & Bailey, 1999; Delaney, 2003; Floyd, 2003), is the importance of preceptorship programmes for the first few months of the graduate nurses' practice to ensure there is a support network and guidance available to reduce their stress. By doing this, the graduate nurses are encouraged and supported to practice safely and with confidence. Fox et al., (2006) state "if preceptors do not feel they are able to provide effective support, or the preceptee feels unsupported, then this can lead to frustration by both parties (p. 361). The importance of a support structure is significant not only for the graduate, but also for the preceptor.

Walker and Bailey (1999) surveyed a sample of 30 New Zealand graduate nurses after three and seven months of clinical practice using an adapted questionnaire devised by Ryan and Hodson (1992) who had trialed it in a similar study in Australia. It identified how graduate nurses felt their clinical performance was

progressing during their first year. The researchers acknowledged that there was a “lack of research related to competence of degree graduates in New Zealand” since the transfer of nurse training from hospitals to tertiary institutes (p. 31). The nursing graduates were asked to evaluate their own nursing practice based on what they thought was expected of them as newly graduated registered nurses. Generally, 70% of the participants felt they were practicing at an expected level in regards to nursing and communication skills as well as professional standards. However, most felt after seven months that they still required some direction to meet the psychosocial needs of their patients and in using theory and research in their practice. One of the recommendations is for educational institutes to provide more emphasis on developing teaching skills and the practical application of theory and research in clinical practice.

Orientation

Many problems between employers and employees can be traced back to an inadequate induction process at the start of the employment relationship. Although not specifically about nursing, Ward (1997) detailed steps that need to be taken to ensure a positive induction for new staff into any workforce. He believes that the commencement or introduction to the job is the best opportunity the employer will have to influence positively the attitudes and values the employee will carry with them into their new work environment. Ward also believes that the induction process is one that is undertaken as rapidly and efficiently as possible so that the new staff can contribute to the common goal. The emphasis should be that they are made to feel welcomed, at ease and an important part of the organisation. Ward states:

“in this context, it is true, first impressions do count” and “in those first few weeks of employment, every new employee must be made to feel that a real effort is being made to look after their interests and assist them in every way possible to become an effective member of the team” (p. 13).

He concludes that the costs of poor induction are easily identified. Setting the scene for a positive and productive relationship with each new employee is an

investment in the future of the organisation. There is no difference to this and that of a newly graduated or experienced nurse being orientated to their new workplace.

Thomka (2001) undertook a study exploring graduate nurses and their experiences working with senior nurses during their transition to clinically functioning registered nurses. Sixteen registered nurses reflected on their orientation to the departments and relayed that “the orientation experience and interactions with professional nursing staff did not meet their expectations and reported that it led to thoughts of leaving nursing” (p. 19). The study participants expected to be accepted into their new departments and supported during their time there while they acquired the necessary skills and knowledge to become professional nurses, yet their experience of orientation proved otherwise.

Therefore, if a preceptor were supportive of them as a new member of staff and effective in their preceptoring role, then the graduate nurse would become a competent registered nurse in a shorter period of time and also have a sense of belonging within the team. Graduate nurses commencing in their new role face a number of challenges and experiences. How they deal with these can have a huge impact on their development within their new profession.

Discussion

In this chapter I have reviewed current knowledge around the preceptorship model of support and acknowledge that it is widely used within clinical settings to provide an appropriate support structure for newly employed staff into their department. For the preceptor to undertake their role of preceptoring new staff there is a large amount of expectation on them to ensure that by the end of orientation, the preceptee has become an effective staff member aware of resources and services available to them and for them to be able to function effectively within the practice setting. With generally no extra time allocated to do this role, the preceptor is expected to take over and above their normal workload, and orientate the new staff member to the norms of the clinical setting. In the setting of working with graduate

nurses, they are also expected to make sure that the new staff member has the skills to safely take on clinical responsibilities by assessing and evaluating progress, and then plan for ongoing learning opportunities.

For the graduate who has recently completed their training, their clinical orientation is spent making the transition to registered nurse. This involves learning to be accountable for their actions, whilst coping with shift work, dealing with patients' emotional and social needs and time managing their day so as not to unintentionally place extra pressure on their colleagues. The graduate nurse is also trying to fit into their new team, whilst also learning who and what resources are available to them. They attempt to reduce the amount of questions they ask their colleagues, all while trying to nurse their patients in a safe way.

The literature reviewed confirms that the transition from student nurse to registered nurse is likely to bring on feelings of stress and anxiety for the graduate nurse as they enter into a new workplace and that preceptors provide a vital link for preceptees as they enter into their new careers by assisting them to make a smooth transition. Nurses who are given responsibility to undertake the preceptoring role do so with the aim of assisting the preceptee to achieve identified aims and objectives. Successful preceptors facilitate learning through reflective practice whilst leading by example and being role models that others respect and look up to. They have good communication skills and are willing to support staff by sharing their clinical skills and knowledge.

The literature search revealed that there has been little attention given to the relationship that develops between the preceptor and preceptee and how the two parties make the relationship work. This has led me to believe that there is justification for such a study to be undertaken and is indeed required. What also appears to be lacking is research around how the preceptor and preceptee cope with and negotiate their time together, along with details of the learning that takes place between and within the partnership.

This research therefore is aimed at exploring the retrospective experiences from within the relationship that developed between the preceptor and preceptee as they undertook the preceptorship experience and to identify how they went about working such a relationship. The literature provides an understanding of preceptorship and how it assists the graduates to develop clinical skills, eases their transition into practice and provides a support network as they immerse themselves into their new roles. This research will provide information that will build on this current knowledge and provide details on how preceptors and preceptees establish and progress their relationship and partnership. It will also provide important additional information that will benefit those dealing with recently graduated nurses or those teaching on preceptorship training programmes as well as those who undertake the preceptor role. Through exploration, I will identify what the partnership meant to both members as they move through the orientation period and what practicalities were in put in place to ensure that they had a successful relationship. The data gathered within this current research from both parties, will provide updated information on how they approached the clinical orientation period and will give an opportunity for both members to express any pre-conceived thought and feelings as they prepared themselves to enter the relationship. The results will provide an insight into the experience of the preceptorship relationship.

CHAPTER 3 – RESEARCH STRATEGY

The previous chapters have established the rationale for this study and the need to research the preceptors' and preceptees' experiences of working in partnership. In this chapter the approach chosen (qualitative descriptive), and the rationale for its use is outlined. The design of the study will be discussed along with the ethical considerations and approval process, the approaches taken to collect and analyse the data and the validity of the research.

Research Question and Aims

Internationally, literature has identified preceptorship is an acceptable model of support in orientating and the familiarisation of new staff into the work place. It is used to provide assistance and support for graduate nurses as they learn what it means to be a registered nurse in today's clinical environment. While there have been studies exploring the concept of preceptorship and its impact on the graduate nurse, there appears to be little known about the actual experience of the preceptor and preceptee as they work together or how they forge their working and learning partnership. Therefore, this study's research question is, how do preceptors and preceptees establish and progress their preceptorship partnership so that it is a positive experience?

The Research Approach

The previous chapters have demonstrated a gap in published research knowledge on what takes place in the relationship between the preceptee and preceptor as they work together. Because so little is known about this phenomenon, an exploratory descriptive approach was adopted. It was designed to gather qualitative data about the experience from preceptees and preceptors who have been engaged in preceptorship partnerships. This study was undertaken to learn more about the preceptorship partnership, to understand it from within the partnership and to share those findings with others. By delving into this partnership I can explore how the two parties undertook their roles and what the partnership meant to them.

The foundational work of Sandelowski (2000), which argues the methodological rationale, and general principles of qualitative description, has been used to inform the approach and the procedural design of this study. General nursing research (Burns & Grove, 1999, Polit, Beck & Hungler, 2001) and qualitative research texts (Holloway & Wheeler, 1996) have been drawn on to provide additional support to these principles and the design of the study.

Polit, Beck and Hungler (2001) agree on the importance of qualitative studies focusing on a phenomenon that there appears to be little known about. To undertake this study, it was important to gather information about the life experience of working in partnership. Polit and Beck (2004) note that qualitative research should be used as an approach for investigating this type of question, and identify this type of approach as “the investigation of phenomena, typically in an in-depth and holistic fashion, through the collection of rich narrative materials using a flexible research design” (p. 729). In regards to qualitative research, Holloway and Wheeler (1996) state, “those who use this framework acknowledge that both researchers and the people they research have their own values and realities, therefore multiple realities exist” (p.1) and “qualitative researchers explore the ideas and perceptions of the participants, the insider’s view” (p. 3). They suggest that it is useful to do qualitative research where there is little known around the area of study “because the research can reveal processes that go beyond surface appearances” (p. 2). Polit, Beck and Hungler (2001) concur about the importance of “qualitative studies focusing on phenomena about which little is known” (p. 17). Therefore, discovering minimal literature focusing on the relationship within the preceptorship partnership, I was drawn to this methodology.

Since the mid 1970s, there has been growing interest in using a qualitative research method within nursing (Holloway & Wheeler, 1996, Burns & Grove, 1999). The focus of this type of research is to understand the whole, exploring the depth, richness and complexity that are known to be within a phenomenon through the lives of people. Where quantitative research is known to follow a linear

progression, qualitative research is closer to a circle as it is “continually examining and interpreting data and making decisions about how to proceed based on what has already been discovered” (Polit, Beck & Hungler, 2001, p. 43). Because the data collected using a qualitative approach is subjective, in that it is determined by one’s own mind and relates to how it is interpreted, it becomes integrated into the belief and perceptions of the participants and researcher themselves. The findings lead to an understanding in a particular situation and can not be generalised the same way as those using a quantitative approach. Yet, “understanding the meanings of a phenomenon in a particular situation gives insights that can be applied more broadly” (Burns & Grove, 1999, p. 339).

The most common qualitative research techniques include, but are not limited to; focus groups, in-depth interviews and case studies. Pilot studies can be used in both quantitative and qualitative research – they are usually small or limited research projects that are used to establish the validity of the study or research tools or methods. Qualitative research interviews typically use open-ended questions and aim to explore rich details associated with experience such as behaviour, attitudes and motivation (Holloway & Wheeler, 1996; Burns & Grove, 1999). The research process is also more flexible for qualitative research compared to those undertaken using a quantitative approach. Qualitative research commonly uses small sample sizes, which represent a population experiencing a particular phenomenon, but due to issues such as the context of the research, findings may not be applicable to larger or other populations. The analysis of qualitative data, while subjective, involves careful attention to systematic process and claims about outcomes are linked to considerations of both rigour and validity.

Descriptive approaches to research “have as their main objective the accurate portrayals of the characteristics of persons, situations, or groups, and/or the frequency with which certain phenomena occur” (Polit & Beck, 2004, p. 717). Polit and Beck believe that some qualitative studies do not seem to have a particular disciplined approach or have a research process embedded in a particular methodology, and so, those studies which may not have a defined name they refer

to as descriptive qualitative studies. These types of studies present in everyday language a summary of events or a phenomenon that is comprehensive. They state, “qualitative descriptive designs tend to be eclectic and are based on the general premises of naturalistic inquiry” (p. 263). They conclude that if what is wanted known is a straightforward description of an event or of a phenomenon, a qualitative descriptive approach is the method of choice. The descriptive research framework is often used when the researcher is trying to accurately describe findings “derived from careful, systemic collection and recording of information or data” (Lanoë, 2002, p. 44). Lanoë recognises that many nursing studies have used description as the main method.

In nursing literature, the most definitive account of the principles of qualitative descriptive studies was offered by Sandelowski in a paper published in the *Journal of Research in Nursing and Health*. Sandelowski (2000) recognises that the main qualitative research approaches (i.e. phenomenology, grounded theory, ethnography and narrative) use qualitative description as the basic premises, but that these approaches drive the analyses of phenomena under investigation to deeper interpretive interrogation. Sandelowski notes “there is no comprehensive description of qualitative description as a distinctive method of equal standing with other qualitative methods” (p. 335). Sandelowski argues that there are good reasons for qualitative description to be used as an approach in its own right. For Sandelowski “qualitative descriptive study is the method of choice when a straight description of phenomena are desired” (p. 334). She notes a feature of qualitative descriptive studies is that “they do not require a conceptual or otherwise highly abstract rendering of data” (p. 335). This type of research also necessitates the researcher to present the facts of the study in everyday language, whereas other qualitative study methods represent the findings utilising other terms. “Researchers are obliged to put much more of their own interpretive spin on what they see and hear” (p. 336). She suggests that utilising a qualitative descriptive approach to the study, provides the researcher with the opportunity to produce a “comprehensive summary of an event in the everyday terms of those events (p. 336).

Communication is a key tool within qualitative descriptive studies. In Sandelowski's (2000) article she notes that researchers undertaking such research stay close to the data that they have collected as well as to the events and words spoken and documented. "In qualitative descriptive studies, language is a vehicle of communication, not itself an interpretive structure that must be read. Yet such surface readings should not be considered superficial, or trivial and worthless" (p. 336). By undertaking research using this method, it allows the gathering of facts and the meaning behind them as described by the participants who produce them in a format that is logical and considered useful. Overall, Sandelowski describes qualitative descriptive as being more interpretive than quantitative, yet less interpretive than phenomenological or grounded theory descriptions.

I chose the descriptive method for this research as it allowed an opportunity to understand the experience of the parties studied. It also gave the participants an opportunity to share a holistic view of the events, which would allow a comprehensive summary of the knowledge gathered written up in everyday terms. This would enable the researcher to view the participants from within their social context as well as their cultural one and allow the participants to describe their experiences from their perspective. Furthermore, the design enabled exploration of the relationship that developed within the preceptorship partnership and the gathering of data by interviewing the study participants. Interviewing both parties together provided an opportunity to comprehend from the preceptor and preceptee their partnership. The interviews allowed the researcher to gather information from both parties to see if and how they differed from each other, and to see if they viewed the events in the same way. Being able to listen and explore the partnership from one of the participants, I could then seek comment from the other party. Sandelowski (2000) states, "researchers conducting qualitative descriptive studies stay closer to their data and to the surface of words and events than researchers conducting grounded theory, phenomenologic, ethnographic, or narrative studies" (p. 336). Therefore, by being able to hear both parties explore their perspectives of the events was important to gain a clear understanding.

Being in a situation where I was able to observe and listen as the participant's detailed their accounts of the partnership, gave an opportunity to try to understand the process by which they worked. Holloway and Wheeler (1996) deem this to be vital and state "to be able to examine the world of the participants, the health professional must not take this world for granted, but must question his or her own assumptions and act like a stranger to the setting" (p. 8). Therefore, without taking any pre-conceived ideas into the interviews, I explored their time within the partnership.

The Study Design

The study was designed to build on the principles of qualitative descriptive research. The scale of the study was limited by the scope of the Master Thesis Programme, making it even more important to explore into the experiences of working in a preceptorship partnership from within just one organisation. A summary of the features of the research design are summarised in Table One.

Table One: Features of the study design.

	Current Research	Sandelowski Principles; as noted in Research in Nursing & Health (2000).
Research Question	How do preceptors and preceptees undertake and establish their preceptorship partnership?	
Approach	Qualitative descriptive study. Little known around research question.	The collection of data to allow for a capturing of the elements of an event that come together to make it the event that it was.
Data Collection	Interviews using open ended, semi-structured questions. Audio taped and transcribed verbatim	This is directed to discover the, who, what and where of events or experiences or their basic shape. Usually include minimally to moderately structured, open-ended individual and/or focus group interviews.
Participants	Purposeful sampling. Due to small-scale study, participants recruited from local District Health Board. Three pairs of registered nurses who together have recently participated in and completed a preceptorship partnership and are no longer working in the same department.	Any purposeful sampling techniques may be used. Maximum variation sampling is especially useful as it allows the researcher to explore “unique manifestations of a target phenomenon across a broad range of phenomenally and/or demographically varied cases” (p. 338)
Data Analysis	A systematic reading and analysis of each of the transcribed texts allowed for commonalities and unique features within the preceptor/preceptee partnership. Systemic coding following the initial content coding. The decision to present each of these pairings as a chapter allowed for the capture of everyday basis of the relationship.	When analysing the data, qualitative content analysis is the strategy of choice. Provides analysis of both verbal and visual data that is orientated toward summarizing the informational contents of that data.

Validity	Three sets of data presented as contrasting accounts but exploring the phenomenon of working in partnership. Wanting to capture the everyday basis of the relationship and from within each pair. Working with both descriptive and interpretive validity, provided meanings as a useful detailing which requires careful reading of text to carefully explore the meanings the participants shared of their working in partnership. Once completed, a drafting of the accounts of the experience was completed, and the texts sent to the participants to see if they agreed with the description, interpretation and meanings. Others will grasp the presentation of the data and its meanings.	“An accurate accounting of events that most people observing the same event would agree is accurate, and interpretive validity, or an accurate accounting of the meanings participants attributed to those events that those participants would agree is accurate” (p.336).
Ethical Considerations	Victoria University of Wellington Human Ethics Committee Approval, Informed Consent obtained from the participants prior to the interviews.	
Treaty of Waitangi	The principles within this document inform all aspects of the research.	

Participants

As I was undertaking this research in a limited time frame and using participants from within my workplace, consideration was given regarding the number of study participants. Polit, Beck and Hungler (2001) note that in qualitative research, there is no firm criteria or rules around the sample size, but rather the “sample size is largely a function of the purpose of the inquiry, the quality of the informants, and the type of sampling strategy used” (p. 248). Therefore, I decided to interview three sets of nurses who had recently undertaken the preceptorship partnership.

Given the above criteria as a basis for participating in this research, letters were sent to 17 ex-graduate nurses who had been employed and completed their graduate nurse programme within the hospital from September 2004 to January 2006 and nine registered nurses who had participated in the preceptoring of these same nurses. The letters gave a brief summary of the research study and called for expressions of interest from preceptorship partnerships. Each study pair included one experienced registered nurse who undertook the preceptor role and a recently graduated registered nurse who had completed our Graduate Nurse Programme. Both nurses would have worked together as part of the graduate nurses' clinical hospital orientation but at the time of the interviews, were not working together on the same ward or department. The letter asked the pairs to make contact directly with me if they were interested in finding out more about the study. Once contact was made, an information sheet and consent form was sent with a note asking the participants again to make contact to confirm their availability. Three pairs who had been involved in a preceptorship partnership volunteered to be involved in the research. As no other pairing offered to be part of the research, the three pairs that did come forward were accepted and interviewed.

Data Collection

Once the research question had been established and the study aims formulated, the best way to collect the data had to be decided. Polit, Beck and Hungler (2001) see "the task of selecting or developing methods for gathering data is among the most challenging in the research process" (p. 261). They believe that if an appropriate method is not used to collect the data, then the validity of the research conclusion could be challenged. On reviewing the different data collection methods, it was decided that interviews would be the best method to collect data for this study. According to Holloway and Wheeler (1996) the use of interviews is the most common form of data collection. This is because health professionals are used to interviewing their clients. Roberts and Taylor (1998) state, "a research interview is a method in which the researcher asks the participant purposeful questions with the intention of investigating a research problem" (p. 162). They describe how the interview process can be undertaken using a continuum

approach between that of highly structured interviews, using an undeviating format, to unstructured interviews which may only use a few introductory questions.

This current study used a semi-structured interview approach with open-ended questions as this allowed the responders to use a variety of response options. The responders are free to say what they like. It also allowed the use of an interview guide to focus on the necessary issues but did not require the questions to be asked in the same sequence for each of the interviews but rather would be dependant on how each question was answered and ended. The guide also ensured that the same type of data was collected from each pair allowing for final comparisons to be made of all three sets of interviews. This type of questioning gave the flexibility to deviate and follow up on cues that were suggested by the participants.

Once accepted into the study, the study participants agreed that the interviews would take place in the hospital at a convenient time. The date, time and venue for the interviews were arranged. The chosen interview room allowed for a closed setting to ensure confidentiality. All interviews were scheduled to take no more than sixty minutes and were taped recorded for future transcribing. At the commencement of the interview, it was re-iterated to the participants that should either party become uncomfortable with the information being shared or felt that they did not wish to continue with the interview, they could withdraw from the research.

Data Analysis

Data analysis is described as “the systematic organization and synthesis of research data, and the testing of research hypothesis using those data” (Polit, Beck & Hungler, 2001, p. 460). Polit, Beck and Hungler suggest that when conducting a qualitative study, the analysing of the data can be intensive and time-consuming and involves “clustering together related types of narrative information into a coherent scheme” (p. 44). They state “as analysis and interpretation progress, the researcher begins to identify themes and categories, which are used

to build a descriptive theory of the phenomenon” (p. 44). Parahoo (1997) notes that the analysis of data collected using a qualitative approach is to some extent subjective, yet there is sufficient evidence noted to validate the findings.

Burns and Grove (1999), describe data analysis for qualitative research being undertaken using three stages, “description, analysis and interpretation” (p. 360) and this is the approach that has been used for this current study. With this approach the researcher is encouraged to remain in the descriptive stage of the data analysis for as long as possible. This includes reading and re-reading the data collected and recalling observations and experiences. It involves the use of codes and coding and from there, the researcher moves to the analysis stage where the data is transformed identifying features and describing interrelations. This stage is where themes and patterns within the data are identified. The last step, ‘interpretation’, sees the researcher beginning to provide an interpretation of what has been happening and starts to provide an “understanding and explanation beyond what can be stated with certainty” (Burns & Grove, p. 370).

Validity Criteria

Burns and Grove (1999) believe that scientific rigour of qualitative research cannot be compared to research undertaken using a quantitative approach, as the desired outcomes are different. In regards to quantitative research, they state, “rigour is reflected in narrowness, conciseness, and objectivity and leads to rigid adherence to research designs and precise statistical analysis” (p. 372) where as in qualitative research, the rigour is associated with “openness, scrupulous adherence to a philosophical perspective, thoroughness in collecting data, and consideration of all the data in the subjective theory development phase” (p. 372).

There are concerns from the scientific community around the credibility of qualitative data analysis due an inability to replicate the study outcomes even though the same data set is used (Burns & Grove, 1999, p. 372). Developing what Miles and Huberman (1994) refer to as a ‘decision trail’ helps other researchers to follow the logic of the original researcher, thereby being able to reach the same

conclusion. This trail requires the researcher to establish decision rules for the categorising of data, judgement making or arriving at ratings. The decision rules used in the analysis of the data are kept and all raw data should be made available in cases where it is required for review. Where there is a lack of study rigour, this can be due to either inconsistency in sticking to the philosophy of the approach, not excluding older ideas, poorly developed methods, inappropriate time spent on collecting the data, observations being carried out poorly and theoretical development being inappropriate. The evaluation of the rigour within this current study is partly based on the logic of the themes that emerge and how they relate to the phenomenon studied.

As qualitative research has an element of subjectivity (Holloway & Wheeler, 1996), and is open to criticism, it is important that the study and the findings provide evidence of validity and reliability. However, Sandelowski (1986) and Koch, (1994) believe that the final results of any study must provide a decision trail and establish trustworthiness to ensure that there has been rigour in the research.

Guba and Lincoln (1985) supported by Koch (1994) suggest there is an alternative to the above that would provide the evidence for a decision trail and trustworthiness to be assured within qualitative research. Their alternatives are credibility, transferability, dependability and confirmability. These four have been used in this current study to provide the evidence of rigour and show the evaluation criteria.

Credibility includes the researcher accurately identifying and describing those who have participated in the research. One action that can provide evidence of credibility is what Robson (1993) describes as 'prolonged involvement'. This is noted when the researcher has spent enough time learning the culture of the participants and building a trust with those who are participating in the research thereby being able to understand them and allowing for the most relevant and representative parts of the study to be examined. Within this current study this was made possible as all participants of the study were known to me as I had facilitated

the graduate programme of the recently registered nurses, and had also provided support for the senior nurses as they undertook the preceptorship roles with these graduate nurses. By knowing the participants well and having spent time with them prior to them undertaking the study, this allowed for the research to have some depth.

Being able to transfer the results from a study where a representative group has been used to the whole group is what is referred to as transferability. Within this current study the type of sampling used can be described as a 'volunteer' sample, that is, those who volunteered to take part in the study came forward following receiving notification that I was completing a study in which they fitted the required qualities. While this in itself is not transferable, it is rather a theoretical framework within the study assisting the readers to determine if it can be transferred to another setting. Therefore, "transferability is a part of qualitative research in relationship to specific sampling strategies" (Holloway & Wheeler, 1996, p. 167). What is determined is whether the specific knowledge that has been gained from the study can be transferred to other settings.

Dependability is reliant on credibility. According to Robson (1993) "a qualitative research study that establishes credibility will also be dependable" (p. 167). It is noted that if over time and conditions the data has been stable, then the qualitative research has stability (Polit, Beck & Hungler, 2001). One way for assessing the research for dependability is for a replication of the research to be undertaken or for an inquiry audit to be done. The audit involves a close scrutiny of the data collected and any supporting documentation by an external reviewer. I am positive that if this current study were to be duplicated within another District Health Board in New Zealand or internationally using participants who together had undertaken a preceptorship partnership, then similar findings would be found and be supportive of the conclusion.

Polit, Beck and Hungler (2001) define confirmability as "the objectivity or neutrality of qualitative data once they are obtained; a criterion for evaluating data quality" (p.

459). In qualitative research, confirmability focuses on the characteristics of the data gathered in the study and by utilising an inquiry audit, the auditor should be able to come to the same conclusion. Therefore, it was important that I leave a trail that provides the “methodological, analytic and theoretical decisions” (Holloway & Wheeler, 1996, p. 169) in order to establish a trustworthiness of the study.

Ethical Consideration

Before conducting any research, it is imperative that ethical issues are considered (Holloway & Wheeler, 1996). And it is suggested that within every stage of a research process, there are ethical implications (Parahoo, 1997). Beneficence, respect for human dignity and justice, are three main primary ethical principles on which standards of ethical conduct within research are based according to the Belmont Report (as cited in Roberts & Taylor, 1998, Polit, Beck & Hungler, 2001). The principle of beneficence includes freedom from harm and exploitation, and risk/benefit ratio. The principle of respect for human dignity includes the right to self-determination and full disclosure, informed consent and issues relating to the principle of respect. The principle of justice includes the right to fair treatment and privacy (Polit, Beck & Hungler, 2001). Understanding and taking into consideration the above principles and the main beliefs that lie within them will ensure that the researchers’ patients or clients are protected from harm.

Prior to commencing the recruitment of participants for this study, an application for ethical approval was sent to the Human Ethics Committee (HEC) at Victoria University of Wellington (VUW), New Zealand. The Human Ethics Committee was advised that the research wanted to undertake a small qualitative descriptive study exploring how preceptors and preceptees established their working relationship. The application detailed the plans to interview together pairs of registered nurses, who had recently participated in and completed a preceptorship partnership. Initial feedback from the HEC was that there could be seen to be a conflict of interest with me being in my current work position. Confirmation to the HEC assured them that, with the assistance of my thesis supervisor, there had been work done to

guard against this and that I would only be recruiting those with whom I had no ongoing formal relationship. It was clearly stated that my intention was to recruit the participants from within the hospital in which I worked, and that none of the participants would be on the current Graduate Nurse Programme. It was also noted that the hospital continually evaluates the Graduate Nurse Programme as well as the preceptorship experience from both the graduate nurse themselves and their preceptor, but this information is not necessarily what I was wanting, rather, how the participants viewed their experiences and the relationship within it. On receiving this, the HEC granted their approval for the study to be undertaken (Appendix 1).

Informed consent is described as “the process by which researchers ensure that potential participants understand the potential risks and benefits of participating in a study; they are informed about their rights not to participate, and they are presented this information in a manner that is free from coercion” (ICN, 1996, as cited in Parahoo, 1997). Participation in the research was voluntary and a written information sheet (Appendix 2) was sent to each participant prior to the study. Once the participants had read the information sheet and agreed to take part in this current study, a consent form (Appendix 3) was signed by them indicating that they were happy to take part and were aware that they could withdraw their participation at any stage during the research.

It was important to both the participants in the study and myself that privacy and confidentiality were maintained throughout, as well as following the completion of it. Roberts and Taylor (1998) state “Partial anonymity occurs when the researcher knows the identity of the participants but conceals it from any outsiders” (p. 200). To ensure that partial anonymity occurred throughout this study and to reduce the chances of identification being made of the participants, pseudonyms were chosen for the participants and used throughout the course of the study and their place of work or department within the hospital was not mentioned. Roberts and Taylor (1998) also note that researchers should make every effort to protect the identity of their participants and should “build appropriate procedures into the study design to

separate the identity of the participants from the data” (p. 200). The participants in this current study were advised that it would not be possible for the interviewees to be identified personally and in any reports on this research, all efforts would be made to minimise the risk of identification.

As part of the ethical approval process with VUW, it was noted that all written material would be kept in a locked file and access restricted to myself and all electronic information would be kept in a password-protected file with access being restricted also only by myself. The transcriber of the taped interviews signed a ‘Transcriber Confidentiality Statement’ (Appendix 4) and all participants in the study received a copy of the transcriptions. It is noted that all questionnaires, interview notes and similar materials are to be destroyed two years after the conclusion of the research and any audio recordings will be returned to participants and/or electronically wiped.

The Treaty of Waitangi

The principles of the Treaty of Waitangi, which incorporate partnership, protection and participation, are acknowledged as paramount within any research undertaken within the New Zealand context and so it should be noted that these principles inform all aspects of this current research.

Discussion

As previously stated, the aim of this research has come about due to my interest in preceptorship as a means of support for the new employees. It is also to explore the relationship that develops when preceptors are required to undertake the preceptoring of graduate nurses (preceptees) into their work environment. As the Graduate Nurse Co-ordinator within the DHB and often teaching on the Preceptorship Training Programme, one of the issues that I am aware of is that of being over-familiarised of the situation. Therefore, every effort was made to maintain a totally non-biased role during the course of the research. It is anticipated that the results will be added to the information already known internationally around preceptorship.

The approach taken to complete this research is by the use of a qualitative descriptive methodology, interviewing those who have recently undertaken together a preceptorship partnership. The reason for the qualitative approach was that it allowed the gathering of data in narrative form by using a design that could be flexible. This was important as it provided opportunity to explore a more in-depth holistic view of the relationship from both parties involved. A descriptive approach was also used, as there does not appear to be much known around the topic of the research and by utilising this method, through exploration, a detailed representation of the situation could be identified.

I have noted the rationale for the consideration of the participant numbers used within this research, the recruitment process and how the data was collected through the use of interviews. The method for recruitment into this research was considered the most appropriate as the research was to be completed within a short period of time. All interviews went to plan, except one which had to be postponed twice due to unforeseen circumstances that were outside the control of the both myself and the participants. Also noted within the chapter is the evaluation criterion to ensure rigour within the research and the data analysis to identify the key themes. Ethical consideration before conducting the research was imperative and prior to the research being undertaken, the Human Ethics Committee of Victoria University of Wellington granted approval. Informed consent was gained from the participants in the study who were aware that it was voluntary and that they had the right to withdraw from the research at any time. All names in the following chapters are fictitious and have been chosen to protect the identity of the participants. As a New Zealander undertaking research within the New Zealand context, it was important that the principles of the Treaty of Waitangi were adhered to, and every effort has been made to ensure that this was so.

The information generated from this study will be helpful to organisations that utilise preceptorship within their workplace as well as offer an insight into the experience of working in preceptorship partnerships. This study, as noted earlier,

will make a new contribution to knowledge, and will be of interest to those who work in preceptorship partnerships, those who use or run partnerships in their organisation, and those who are interested in advancing theories and models in relationship to preceptorship practices.

The findings of the study are presented in the following three chapters. Four key themes were evident in all three interviews, these were: the entry into clinical practice, characteristics required by both parties for a successful relationship, the relationship that developed between the two parties, and the learning that took place. Over the next three chapters the significance and practical working of working in relationship and in partnership as shared by the pairs of preceptors and preceptees will be presented and commentary in relation to these emergent themes will be offered.

Quotes noted within Chapters 4 to 6 that have been made by the participants of this study are acknowledged by a 'T' indicating Transcription number i.e. T1 = transcription for the first pair interviewed, and 'p', the page number within that transcript where the quote can be found.

CHAPTER 4 – A PASSION FOR PRECEPTORSHIP

Nancy and Alice replied first, expressing an interest in being part of the study and were keen to share their preceptorship experience. Arriving for the interview, they had a quick 'catch up' prior to commencing the interviews. Both were nervous about the interview, as well as the fear of the unknown of 'what was coming next' but soon relaxed. Although they had not worked together for six months, they did not struggle to remember their time together. Nancy and Alice enjoyed reflecting on their partnership and what it meant to them as they shared situations, experiences, and reminding each other of particular incidents.

Nancy, an experience registered nurse, underwent her preceptorship training a number of years ago. Since then, she has undertaken the preceptor role several times and does so as she enjoys preceptoring new staff. She sees it as an opportunity to be a backing board for those new to her work area while supporting them right from day one. Nancy acknowledges that those first few hours for the new staff member can be a nervous experience. Once the preceptee has arrived, settled onto the ward, and met the team members, Nancy believes it is important to start orientating them to their new surroundings by firstly advising them where to put their personal belongings. It is little things like that, she suggests, that helps them settle in more quickly. Although having never met her, Nancy was informed that she would be preceptoring Alice prior to their first shift together. Alice, as the graduate nurse, in turn, doesn't recall actually analysing how the preceptorship experience might go, but does remember hoping that her preceptor was going to like her and more importantly that the two of them would get on. From life experience, Alice knew her own expectations, yet had no real pre-conceived thoughts going into the clinical orientation apart from *"I wonder what it's going to be like when I go onto the ward"* (T1. p. 2).

During the interview process, I discovered that both Nancy and Alice had developed a respect for one another that grew out of honest and open communication skills. Nancy displayed a real passion for being a preceptor and

acknowledged several times the importance of it and the vital role it plays supporting the graduate nurse as they become immersed in their new work place. She loves precepting and assisting the new staff and Alice couldn't thank Nancy enough for her support and assistance. She noted that Nancy was kind, considerate and caring and that she would be forever grateful to her.

The remainder of this chapter explores how they entered and worked on moving their relationship forward detailing how Nancy and Alice saw the experience and what it meant to them. Learning during this time for Alice, is a vital component of the orientation, therefore it is noted what learning took place for her and if any took place for Nancy. The final part of the chapter notes whether Nancy and Alice saw their partnership as successful or not and evidence to validate this.

Entry into Practice

The first thing Nancy likes to do as the preceptor, as she sees this as a priority, is to ensure that when the new staff member arrives they are greeted and made to feel welcomed and she did this with Alice. Nancy then likes to introduce the preceptee to the team members in the clinical area, including medical staff and allied health workers. Nancy acknowledged that going into any department for the first time can be a scary experience and described that feeling as being "*enclosed*" (T1. p. 1). Reflecting on her own nursing orientation and having felt scared herself, as soon as possible she tries to help her preceptee feel calm by reducing their anxiety. This assists them to be relaxed about their new working environment.

Orientation

In preparing herself for the preceptor role and having them commence on that first morning with her, Nancy explained that she feels okay about having people work with her and so generally doesn't normally go onto that first shift with any preconceived ideas, thoughts or feelings on how the shift will go. Nancy noted that she doesn't have a set model of trying to balance the role of preceptor with her normal work load, but rather tries to get a first impression of the preceptee, then working on that impression, decides which direction to take in the orientation

process. Looking at the orientation pace at which she ends up working at with her preceptee, she explains *“whether you take a bit longer to do things, slow yourself down and work slower or go with the pace and wait until they pick things up, you can actually tell”* (T1. p. 2). Nancy indicated that this was the exact process she used with Alice. Nancy can tell by a person’s body language as to how things are actually going. If a person is leaning forward, it indicates that they are keen and interested in learning, and that she could see in Alice the notion of thinking ahead with not only looking at what was being done at the time but also ‘what do I do now?’ attitude. Nancy gave an example of this and noted that she had identified with Alice the patients allocated to them. At the time, Nancy stated, *“this is how we work, this is how we know who is here (patients)”* and then *“Alice was already walking towards the cupboards to get the patients files”* (T1. p. 2). Nancy acknowledges that to be a preceptor you need to be flexible in your routine and orientation. This becomes more of a priority if you can establish an eagerness and commitment from your preceptee. Nancy states *“you can hold people back too much or to the other extreme, the preceptee can get away on you, but as the preceptor, you need to know when to let go and when to pull back”* (T1. p.2).

Communication

For Nancy, communication is everything; the way it takes place and how it is done. When working with her preceptee, Nancy tends to pick up ‘vibes’ from them and sees them as a person that she loves teaching. Alice agreed with Nancy’s initial reflection on those first few moments together and acknowledged that being introduced into the environment in a calm way rubbed off onto her and made an impact. She felt that she very quickly became calm. Alice wondered if her age had something to do with how well things went during the orientation period as she considers herself to be an ‘older’ graduate. Reflecting back on the partnership experience, Alice believes that she was fortunate to have Nancy as her preceptor as she can now identify nurses *“who had personalities that are better together than other personalities that are not and I think that I was really fortunate that I had a preceptor like Nancy”* (T1. p. 2). Alice found Nancy was able to adjust her own working style and orientation to fit in with hers and was almost willing to bend

things to where she was in her own learning. This made her feel totally supported by Nancy. Nancy was able to pick up on the progress needed because of her great communication skills and without saying anything, Nancy was there to assist. Alice believes the ward environment can be a vicious culture, but because of her age, adjusting to the ward culture did not appear to be as hard for her as if she had been a younger graduate nurse.

Alice felt that whether you get on with your preceptor or not on that first day, can be the difference between loving and hating the clinical area and that it can leave a lasting impression. If you do not get on with your preceptor then you are on the back foot and in a negative space, leading to the possibility of the 'settling in' period taking longer and being slower. Whereas, and in her case, if you are on the front foot and with a preceptor who is more perceptive to your learning needs, then as the preceptee, you are going to be interested and ready, more willing and adaptable to the ward environment and will therefore quickly make the adjustments to the culture of the area.

Characteristics

Sharing of Knowledge

Looking at the positive qualities that Nancy had as a preceptor, Alice identified that Nancy was fantastic at making her feel welcomed and wanted in the clinical area and was put at ease immediately. Alice felt that she could ask anything. She appreciated Nancy's cool friendly manner and her willingness to share her own experiences freely. Nancy was kind not only to her, as her preceptee, but also those around her and that she had a quiet way of doing things. Alice found Nancy really helpful, even when Alice felt she was asking what she perceived to be the 'dumbest' questions and believes that preceptors need to be able to move at the pace of the preceptee and prepared to be faced with multiple questions. Nancy supports this and added that it was important to curtail the orientation to the individual and not be afraid to acknowledge when an answer was not known.

Role Modelling

Other good preceptor traits that Nancy possessed, that Alice identified, were *“her kindness to her patients, that was a huge thing, and her gentleness in her practice, that I like to see because sometimes you can get a little bit hard-hearted in your practice”* (T1. p. 3). Alice noted that Nancy gave more than 100% of herself to her job and to her patients, and that, in the end, was what she wanted for herself as a registered nurse. Alice acknowledges that although it was important that the preceptor had to have good clinical knowledge for their work setting, it was equally important to have the personality and skills to respect, teach, guide, and mentor the preceptee. Summarising the qualities, Alice states, *“I think it takes a really special person to take on a person who knows zilch and doesn’t know you and doesn’t know what to expect from you or who you are or what you are or where you have come from”* (T1. p. 10). Alice was aware that Nancy never allowed her to take on more than she could or get overloaded by somehow picking up on when Alice had got to the top of her learning limit. This, she believes, is a great quality for a preceptor, to know when enough information is enough. Overall, Alice remembers hoping that she had learnt something from the ‘entry into practice’ that she could add to future practice and when given the opportunity, to eventually be a preceptor herself.

Support

For Nancy, preceptoring is about loving to teach, portraying passion for being a registered nurse and wanting to pass on and nurture that passion to those working with you. She believes as a preceptor, it is important to remember that you can not do everything yourself and that if the circumstances dictate you need to ask someone for help. Preceptorship is not an individual role, rather a reliance on teamwork and being able to use whatever resources you have, including other nurses to get the job done.

Remaining Safe

The characteristics of the preceptee that helped make this relationship work, Nancy believes, were Alice’s maturity and her expressed eagerness to learn. This

meant that she, as the preceptor, was then passionate about wanting to help Alice learn. Alice demonstrated wanting to help people and had a wonderful manner with them - this helped to cement the relationship, according to Nancy. To keep them both safe, she ensured that Alice was comfortable about asking questions and that if she were not able to answer the questions herself, she would find someone who could, or provide Alice with the resources to find the answer herself. According to Nancy, Alice never made her feel that, as the preceptor, she needed to know everything, but rather Alice made herself available to be guided. Nancy hoped that, in the future, all her preceptee's would be like Alice - having a friendly personality, being open and willing to accept being asked to do things, being prepared to change, while sharing knowledge and accommodating the shifting of attitudes.

Relationships

Partnership

For Alice, having a positive relationship and being in partnership with her preceptor was the *"be all, and end all"* for her (T1. p. 5). She believes that relationships develop out of mutual respect and that was true for Nancy and herself, with both feeling comfortable listening and caring what each other had to say. Coming to an unfamiliar area and having a preceptor like Nancy who had, in Alice's view, great preceptoring skills, meant that Alice could not have asked for anything better and stated *"that's not making it any bigger or anything like that, it is just the way it was"* (T1. p. 5). Nancy was expecting Alice on day one, and Alice believes that acceptance went a long way in helping the relationship to be a positive experience for both. If Nancy hadn't accepted her as a new staff member, then she states *"I would have felt really, really under confident and unsure of myself but not because of that relationship, but because of my own expectations or lack of myself"* (T1. p. 10). For Alice, it was important that she got on well with her preceptor, as she did not believe that the partnership would progress into a healthy relationship if they did not. Alice notes that new staff members are more likely to be open to learning if they get on well with the other person in the partnership and acknowledge the experience that they will be providing the preceptee. She noted that sometimes

nurses witness situations where they might not agree with the way the preceptor is doing a clinical skill, however, as the preceptee, they need to acknowledge that that is how they do it and providing that they can provide a sound rational for their actions then it is acceptable. From there, as the preceptee, you can either take the way they do things on board, or choose to do it another way, which is also considered safe and appropriate for the situation. Nancy supported this and stated *“for me that is exactly what I like to hear from people who have been preceptored by me, and that is why I say, this is why we are doing this, but if you fit it to the way you are and your person and personality and as long as we have rational for what you are doing and the way you are doing it, you do it your own way”* (T1. p. 3). She notes it is important to be aware of the ‘how’ and ‘why’ with clinical skills, always providing a rational and using your own judgement in the situation.

Expectations

As part of building a positive relationship, Nancy noted it was important for the preceptor to understand their role of passing on knowledge and for the preceptee to be able to leave the experience being able to manage in a situation. Nancy states *“if I can have a part in making Alice able to feel that she can manage in any situation that she might come across because she has picked up something from my teaching, then that’s really all I can ask”* (T1. p. 12). For Nancy, the biggest thrill would be for Alice to say ‘I love my job’.

Nancy thinks that as a preceptor, you need to feed the person the knowledge that you would love them to know. She states *“I love them to be exposed to everything about nursing that is possible, even if it means going away from me and going somewhere else”* (T1. p. 3). For Nancy, it comes down to passion. For her it is important for the preceptee to see what they are getting into, to be good at it and to see that once they are on their own they are going to make a difference. When the preceptee comes in with a positive attitude that they want to be there, want to learn and asking questions, then Nancy believes the preceptorship partnership will progress in a positive way. She believes that a preceptor needs to be able to identify when the partnership is becoming overwhelming with a heavy workload.

They need to be able to step back from the situation and be supported by other team members who can take over as support people while the situation is being dealt with. For her, preceptoring is about the preceptor organising themselves to be in the right 'head space' before they start the role. In order for her to do this, Nancy likes to know something of her preceptee. Having someone working along side you requires adjusting how the day is planned out and *"what am I going to do now, rather than slip into the normal routine of the day?"* (T1. p. 6) states Nancy. It is important to adjust to the preceptor role quickly; otherwise it can be rough and inappropriate for the preceptee.

Respect and friendship

Alice believes the preceptoring relationship is built on respect and friendship. As a preceptor, it is important to let the preceptee go to provide nursing care on their own and giving them the freedom to do this. She was grateful that Nancy was an understanding preceptor who she could go to when needed, as not everyone had such a preceptor. Alice felt she was completely free to ask whatever and was given permission to do so right from the start. She states *"Nancy gave me the impression right from the outset that I could ask whatever I wanted to and whenever I did ask, she also gave me full answers and explanations, so that gave me the freedom to ask"* (T1. p. 3). Therefore, she was never afraid to go to Nancy - this boiled down to being a safety issue and the preceptee should never be in a position where they cannot ask.

Closure

Neither Alice nor Nancy believes their relationship came to a complete closure once the clinical orientation was completed. Alice always felt the freedom to go back to Nancy at any time when she needed help or assistance. Even though they are now no longer working in the same clinical area, they have remained good friends. They often bump into each other within the hospital or talk to each other if transferring a patient between their departments and always enquire as to how each other are. They acknowledge that this has grown out of a respect for each other and a wonderful rapport that developed between them. For Nancy, she

respects Alice, having undertaken the nursing training to get to where she is today. Nancy states that she has never *“felt a closure with anyone really that I have preceptored”* (T1. p.9). Describing the end result, Nancy states, *“I wouldn’t call it closure as such, it’s like a feather flying away, floating off, and I know that she is there and she knows that I’m here”* (T1. p. 9). Both questioned whether there needs to be closure given the nature of the job, with the ongoing interaction with people. They suggest that there isn’t closure but a turnaround to the degree that the preceptee may be in a different role that the preceptor may now receive benefit from. For Nancy, there is always a ‘stringy attachment’ when the preceptee departs as having spent time and energy orientating the person, providing them with learning opportunities and equipping them with the skills to become confident in their role, although no longer together, there is still no closure. Alice supports this and also notes that the preceptorship partnership is a unique relationship, that as a graduate nurse being preceptored by Nancy, she will continue to have a special bond with her, thankful for the experience Nancy provided her with.

Learning

The Challenge

For Nancy, her primary goal in preceptoring, is for the preceptee to leave the experience learning from her and knowing that they can take up the challenge of being a registered nurse, identifying what they know and how to do it, while remaining honest in their work. She sees that it is important, when orientating someone, right from the beginning, to go through the routine things on the ward or department, to look at what is done while providing a full rationale for the actions. That way, the preceptor is able to provide the logical steps in the process. Nancy never saw Alice go or extend beyond what she could handle at any time. Talking to Alice, Nancy states *“I felt that you only went as far as you knew your own limitations”* (T1. p. 4). Throughout the clinical orientation, Nancy didn’t do any ‘leading’ as the preceptor, but rather that Alice led herself while Nancy steered and talked her through the situations. Nancy enjoyed learning about Alice and her personality. Alice was able to pick up a lot in the short time frame provided to them, all while working in what Nancy describes as *“really, really trying*

circumstances” (T1. p. 10). Nancy saw in Alice the ability to cope with and adjust to the situation on the ward.

Sharing Responsibilities

One issue that Nancy identified during the partnership that could have hampered the experience was the fact that she, as a senior nurse, was often having to care for acutely unwell patients, as well as being assigned the co-ordinating role for the shift. At times she was overwhelmed with the responsibilities during the orientation period. While it is important for the preceptee to see this situation, it is equally important not to burden the preceptee with it, but rather adjust and deal with it with the support of the other team members. This ensures the orientation experience is not distracted from the positive experience that it should be. Nancy believes it is important to see that the preceptor *“can get through the crisis”* (T1. p. 5). She does this herself by adjusting to the situation and by showing the preceptee that the situations can be dealt with in a controlled way. She acknowledges that sometimes it is the smallest of issues that can ‘throw you out’; therefore it is important to adjust your own work so that you can step through it.

Alice supported this by acknowledging that from a learning perspective, Nancy *“never fed me more than I could take on board in a day”* (T1. p. 4). Alice believed Nancy’s preceptoring experience equipped her with the ability to pick up on her limitations ensuring that she didn’t become overloaded with information. Alice saw it as important for the preceptor to receive support from their team members, as the preceptor wants the orientation experience to be a positive one for the preceptee, and they could be susceptible to burn out from always giving. Nancy responded by stating that, while this is so, it was important for her to be able to recognise when she was getting overwhelmed and tired, stepping back from the situation and communicating the needs to her Clinical Nurse Leader and other nurses who would take over until the situation settles down.

Nancy wondered if Alice’s maturity allowed her to recognise when these situations arose, as Alice would often go off and do things that were required, while Nancy

was dealing with the issues at hand. Alice was able to think about the bigger picture. She also wondered if it was because Nancy sensed in Alice a willingness to want to get in and learn. Evaluating the preceptor partnership, Nancy states, *"I think for me it's another challenge, the challenge that I can get a new grad onboard, a preceptee on her way, it's really nourishing, it's really nourishing to meet them in the car park or somewhere and chat about how they're going and also to get feedback from the ward and that's just huge"* (T1. p. 6). Nancy takes great pride in knowing that Alice is now off in another clinical area excelling in her work, and is proud to know that she had a part to play in her development.

Being There

Overall, Alice believes she would struggle to detail her learning during the preceptorship partnership. What she learnt from her preceptor was huge. As the preceptee, she was learning all the time, and the work required of her throughout the day was manageable. There were always places and resources to go to for help and to assist her with her learning. The biggest thing she remembers was the assurance that her preceptor was there, providing support and she had the freedom to go to Nancy at anytime. Alice initially expected the clinical orientation to be scary, but soon realised of her preceptor that *"you had someone to turn to if it got too bad or over-whelming"* (T1. p. 10) and for her that was what made the clinical orientation a positive experience.

Discussion

That first moment of the preceptorship partnership appears to be an important event and one that lays the foundation for the pathway ahead. Nancy was aware that she would be precepting Alice and that Alice was a graduate nurse commencing on a particular date, so Nancy was ready for her. As they had never met prior to the commencement of their preceptorship partnership, it was essential to Nancy as the preceptor, to make it a priority to ensure that Alice was greeted and made to feel welcomed as soon as she arrived on the ward. To her, this was the first part of the establishment of their partnership.

An initial priority was for Nancy to introduce Alice to the other staff members giving her a positive sense that she belonged to the team. For Nancy, she saw her role as support person, providing Alice with someone she could go to for assistance, as well as responsible for orientating Alice to the clinical side of nursing and the environment. These things, all build onto the growing partnership. Nancy feels okay about having a preceptee working with her and appreciates that each person is different; therefore she does not have any set models on how she approaches the experience, but likes to get an initial impression of the preceptee. This is the approach Nancy took with Alice and gained from Alice the speed as to which the orientation would move. Alice believed Nancy was flexible in her clinical routine which didn't hold her back from undertaking the clinical skills when she was safe to do so.

Nancy believes that their partnership did not fall apart because they both had good communication skills. Nancy was able to pick up on feelings from Alice and so was able to constantly advance the way the orientation and the relationship progressed. Alice appreciated and acknowledged that she was introduced to the ward calmly and that this calmness rubbed off onto her. They both acknowledged that the time spent together was important. For Nancy, she knew that Alice was supernumerary for a set length of time and her role was to get Alice up-to-speed quickly and safely. For Alice, it was learning all she needed to learn in order to be able to undertake her role when the orientation had finished.

Alice did not have any preconceived thoughts about how the orientation would go, but remembered hoping that she would have a preceptor who she got on well with and one that would have a complimentary personality to her own. She found her 'hope' became reality and that she thoroughly enjoyed working with Nancy. Alice noted that their personalities matched and felt totally supported by Nancy. Because Alice got on so well with Nancy, she believes that this enabled her to enjoy the preceptorship experience. She believes that the positive experience she had with Nancy meant that her learning took place at a quicker rate. Because of Alice's learning during the partnership, she was able to settle into the role of

registered nurse quickly and comfortably. Because Nancy had a cool, friendly manner, was willing to share her knowledge and experience and had a patient, gentle approach to situations; Alice believed her learning was enhanced. Nancy enjoys being a preceptor as it gives her an opportunity to teach and share the passion she has for her job. She reflects the importance of remembering that you cannot do everything yourself and that you should ask for help. Sharing responsibilities is important in the preceptor role.

According to Nancy, there are characteristics of a good preceptee, which ensure a successful partnership. If the preceptee shows an eagerness to learn and to help people, as well as prepared to be guided, then she would be happy to pass on the learning to help that nurse become a good practitioner. This was true for their partnership, with Alice showing a willingness and keenness to learn, and prepared to work hard in her new role. The last quality is for the preceptee to ask questions when they are unsure and she was pleased to see that Alice did that, never doing anything that she was unsure of, but rather going to Nancy for advice, clarification or questioning.

A positive relationship between Nancy and Alice developed out of mutual respect for each other and being comfortable in listening and talking to each other about any issues, concerns or queries. Because she was made to feel accepted, Alice believes that she felt confident and sure about herself early into their time together. She knew she needed to get on with the preceptor to develop a healthy relationship. Because she got on well with Nancy, Alice was prepared to be open to the learning being shared with her. Nancy supported this - once that knowledge was learnt by Alice, and she was able to say what she was doing and why, it meant that she was on the way to developing informed practice.

Understanding the preceptor role is an important part of the relationship building. Nancy noted that the job included not only having someone with you, but being prepared to pass on knowledge. To play a positive part in the preceptee's progress and confidence as a registered nurse is all that she hopes for, and she

saw this in Alice. Alice came to the ward with a positive attitude, wanting to be there and learn, so, because of this, she believed the preceptorship partnership would progress positively. Alice believes their preceptoring relationship grew out of respect and a friendship for each other. Alice feels that the preceptee needs to be completely free to ask questions right from the start and she could do this with Nancy.

Of note is that, although they no longer work together, both Nancy and Alice believe that their relationship did not come to a complete closure at the conclusion of their orientation period. Alice still feels that she can go back to Nancy for help and Nancy is happy to respond. Nancy notes that she has never felt a closure with any of those that she has preceptored. Both questioned whether there really needs to be closure given the nature of nursing and the ongoing interaction with people. For Nancy, there is always an attachment because of the time and energy she has put into the relationship. Alice supports this and believes that this is partly due to the fact that the partnership is such a unique relationship.

Nancy's primary goal for Alice was for her to leave the experience learning from her and for Alice to know that she can take up the challenge of being a registered nurse. Once the routine of the ward has been learnt by the preceptee, then extended learning can take place. Through the preceptorship experience that she had with Alice, Nancy was able to take away more skills and knowledge to continue her growth as a preceptor and what she learnt from her time with Alice about herself and about the preceptor role, she feels has been beneficial to her as she works with other new staff.

Overall, Nancy was happy with the approach she took with preceptoring Alice and believes their successful partnership was because she enjoys undertaking the preceptor role and that Alice showed that she was keen to be there and was prepared to learn. Nancy saw it as a challenge that involved exposing Alice to clinical opportunities whilst for herself; she describes the experience as 'nourishing'. She takes great pride in seeing the fruits of her efforts and the

excellent work that Alice did.

Nancy displayed a passion for her preceptor role and as she talked about her time with Alice, frequently shared that passion with Alice and myself. The feedback from Alice is that Nancy is an excellent preceptor that others enjoy working with her and that Nancy is well liked because of her friendly, peaceful manner. From the information that Nancy shared during the interview, Alice appeared to be the perfect preceptee, keen to learn and wanting to be involved in learning opportunities, prepared to go out of her way to help others and never did anything that she was unsure about before asking others first.

CHAPTER 5 – GUIDING SOMEBODY TO DO A REAL JOB.

It had been a while since Beth and Kate had seen each other, and as with the previous couple, they spent time initially with a quick catch up. It soon became apparent from the outset of the interview, as with Nancy and Alice that these nurses respected each other and had enjoyed their preceptorship partnership. They both complimented each other's statements with supportive statements and expressed an air of 'thanks', firstly by Kate to Beth for being prepared to orientate her, and by Beth to Kate for being willing to be guided and prepared to learn.

The following sections explore Beth and Kate's time together and how they found their preceptorship partnership. The final part of the chapter looks at how their relationship developed from the commencement to the completion of the partnership. This is an important component as it is vital to gain an understanding of how the two parties involved undertook their respective roles and worked at aiming for a successful outcome.

Unlike the previous couple, Beth and Kate had met once prior to Kate commencing on the ward as a graduate nurse. Preparing to undertake her role of preceptor, one of the first things that Beth likes to do is establish whether this is a first or second rotational placement for the graduate nurse and secondly, if it is their second rotation, then identify which clinical area the graduate nurse had rotated from. Beth then identifies the initial learning needs of the preceptee. She sees those learning needs forming the basis of the orientation processes, including formatting documentation, accessing the hospital's policies and procedures and learning how to use the hospital's paging system. Beth believes that by organising oneself to work with the preceptee and establishing what their previous clinical experience are, you are able to begin teaching them what they need to know at a level that is appropriate to them rather than aiming too high and expecting too much. As it was her first rotation placement, Kate went into the preceptorship experience with an open mind and with no real idea of what to expect from the experience. Kate did feel 'out of touch' going to this placement as immediately

prior to sitting her registered nurse state finals examination; she had been placed in a community setting completing a community project, therefore it had been a while since she had been in an acute setting, let alone an acute hospital.

Entry into Practice

Background Knowledge

As a preceptor, Beth sees herself as totally responsible for her preceptee, as they are working under her supervision even though the preceptee is a registered nurse. Beth takes this approach until the preceptee is safe in their practice, even if it means getting her preceptee back to what Beth sees as '*the basics of nursing*' (T2. p. 2). Whilst acknowledging previous learning experiences can be crossed over into any departments, it is important to review and clarify previous learning to ensure that if things are done differently, it still has the same outcome and considered safe. Beth expects her graduates to come to the ward having attained some background information about the ward; including the clinical types of patients they will be caring for and with some basic nursing skills from their training. She encourages her graduates to set goals and objectives while working with her, and reviews them to ensure they are realistic and achievable. Her aim as a preceptor is to make her preceptee into a 'good nurse'.

The Right Person

Before going to her clinical area, Kate was aware of the type of ward it was, but decided to wait until she commenced there before learning more about her workplace. Her initial arrival onto the ward was not pleasant. She felt terrified about the whole situation and described her experience as being '*like the lamb to the slaughter*', isolated and feeling awful, that was until Beth became involved and then things quickly settled down (T2. p. 2). She had already developed a respect for Beth, knowing that she was a senior nurse and that as her preceptor; Beth was placed in a position to teach her.

The Basics

Kate saw her orientation experience as playing a crucial part in building her confidence and competence as a registered nurse. She believed that if she was provided a preceptor who she got on well with, then a great partnership would help her to stay on the right track. For Kate, this was more crucial than going to her second rotation placement as it would be here that she would be getting what she believes to be 'the basics' on board. If you don't get the basics sorted quickly, then *"you can end up just fumbling through it"* (T2. p. 10). This notion is supported by Beth who added that not only is the preceptee seen to be fumbling, but they *"are doing the catch up all the time"* (T2. p. 10) and in her opinion if nurses can't get the basics on board, then *"they will never be a good nurse"*, and *"you are always feeling unhappy, you don't enjoy your work...you just feel that nursing is too much"* (T2. p. 10). It was crucial to feed the graduate with small bits of information at a time, as this could give them *"heartaches, they can't remember, so feeding them small, little bits at a time is useful rather than doing everything"* (T2. p. 11). Kate supported this noting that as a graduate nurse there is the possibility of it becoming overwhelming as the whole experience can be too big. She suggests that if the preceptee is not happy with the partnership, then they need to address it with the clinical nurse leader. This allows the partnership to be sorted out and a replacement preceptor allocated. If this is not attended to, it could hamper the preceptee's clinical experience.

For both Beth and Kate, getting to grips with time management was a big hurdle to overcome. Together they worked on this within those first few days of their orientation with Beth stating, *"you are learning time management, time management is huge as a new graduate"* (T2. p. 10). Both acknowledge that their orientation period was busy and that they had lots of things to fit into the allotted time frame. Getting a grasp of time management was a major learning curve that took priority. Kate noted that if the graduate could learn this basic skill, then when they rotated into their second placement, other learning could occur without them having to worry about time management.

Characteristics

Open to Learning

Kate sees the graduate nurse needing to go into their clinical experience with good communication skills - being able to understand each other, whilst having an open mind of wanting to learn. It is important that the graduate doesn't portray the notion of 'I know it all' as there is always a learning opportunity in all situations. The graduate must allow himself or herself to be guided by their preceptor, and not be afraid to ask questions. In regards to being open and guided, she states, *"that over time you learn to do things in your own way and things like that, but if you want a good foundation, I think you've got to be vulnerable enough to allow that to happen"* (T2. p. 9).

Skills Development

To be a good preceptor is to understand what your preceptee is feeling and their skill ability. If you know that, it's really the first step to a successful partnership according to Beth. Preceptors should not prejudge their graduates, but rather treat them as new, green, yet ripe and ready to learn. They should give them the opportunity to ask questions and not imply that some questions may be 'silly'. As mentioned earlier, it is important not to impart too much learning onto the preceptee too soon, but aim to do things in small steps. That way the graduate is able to absorb the learning. The clinical experience can be hectic and for them to learn new things at that time may not be possible. Beth reflects on her own experience as a newly registered nurse, remembering those moments and sees what they can become. The key is to constantly improve, build on the graduate's skills to a point where the graduate has confidence in their own practice. Reflecting on the experience as a positive one, Beth states *"they (the preceptee) will always remember you as what you are and it will be good to see them come to you as a good nurse"* (T2. p.9).

Relationships

Assisting to Learn

For Beth, the priority when first introduced to the graduate is to focus on creating a relationship, identifying where the preceptee has come from, where they trained, and when they completed their training. She likes to note the clinical experience they encountered during their training. Beth informs them upfront that she is firm and quite strict but her goal is to make the graduate into a good nurse aiming to teach them everything in order for them to be one. She encourages her preceptee to come and discuss issues or concerns they have so that between them, they can work through the issue. She explains to her preceptee that if they have any doubts, then she would encourage and support them to seek the opinion of other nurses, if they feel comfortable to do that. Beth always informs her preceptee that the way nurses do things can be different from each other, yet still achieve the same goal. Kate supported this and agreed she learnt it was okay to consult other nurses as people do things differently, noting that as a graduate nurse, she often went to other nurses for explanations.

Professionalism

Beth sees the preceptorship partnership as strictly a professional relationship, stating, *"I try to be friendly, but not friends"* and describes how her preceptee will be one of her colleagues, not her best buddy (T2. p. 3). When you are at work, you talk about work, and the outlook on the environment. You trust each other ensuring that you would do anything for them. But she enforces that *"when you're at work, it's work"* (T2. p. 3). It is not acceptable to do something at work solely because you are a good friend, to her, *"it doesn't work like that"* and she would not see it as an acceptable practice (T2. p.9).

Interaction

Beth and Kate mentioned that verbal and non-verbal communication played a huge part in developing their relationship. Beth described how she didn't need to talk with Kate to see what progress she was making; she would often just see what she had done. Once the initial orientation period was underway, Beth liked to step

back, watch and help Kate out when needed. Beth believes that this aids the preceptee in becoming an independent practitioner. While noting this to be true, Kate said out of her respect for Beth's great grounding of her, she wanted to liaise with Beth, even if they were not working together. Kate believes that a preceptor and preceptee require complimentary personalities to come together, compromise and not always having to have things their own way. Being in a preceptorship partnership meant a lot to Kate. It provided her with a foundation and confidence to move through her clinical placement allowing her to work within a timeframe and that of a beginning registered nurse practitioner. As she reflects on this experience, it assists her to build a foundation for when she becomes a preceptor. She aims to do as good a job as Beth had done with her in relation to passing on of skills. Beth believes that if you can build a good relationship between the two parties, the partnership has a future, and will produce a good quality nurse. Honesty between the two parties is essential, with both being open-minded. It is important for both to be free to move from the partnership if that will produce a better, safer outcome. She would rather this happen than have a negative experience for one or both parties.

Keeping on Track

For Kate, the benefit of having the partnership with Beth was support. Beth was able to give her the direction she required. *"If I was going off track, I knew that I had someone at my side who could pull me back onto track or, you know, if I was concerned or worried, I didn't have to deal with that on my own"* (T2. p. 11). However, the partnership was hampered by the reality that as a senior nurse, Beth was expected to nurse the acutely unwell patients. Therefore Kate often saw patients at their worse and had to keep reminding herself that she, as a graduate nurse, was not expected to care for that patient on her own. She believes that the preceptor should be either allocated a lighter load or not take a patient load at all when initially precepting. That way, the preceptee has their undivided attention.

Sharing the Load

Beth saw the preceptor role as an opportunity to reflect on her own practice and

skills as an educator. If the preceptor sees the preceptee working well under their supervision, then they are teaching them well. Being a preceptor meant that she was given the opportunity to learn from Kate - a recent graduate with new ideas and evidence based ways of doing things. She supports Kate's thoughts around the disadvantages of the role, and adds that as a senior nurse preceptoring she is often given responsibly to not only orientate graduate nurses, but also student nurses and new nurses moving into the clinical area. Beth noted that she is often preceptoring in quick succession, giving her a constantly heavy workload with no time for a reprise. Beth notes that the preceptoring role should be shared amongst all registered nurses who have the required skills and concludes that if you can get a good preceptorship partnership, then the outcome will be the makings of a good nurse.

Learning

Kate felt that the relationship established with Beth meant she could approach Beth about anything, at any time. In this, she felt that they were continuing to develop a rapport. Kate could see that Beth was professional, so knew that if she took Beth's lead, then she was going to be on the right path. Beth never gave Kate the impression that she was unapproachable. Kath states, *"I knew that I could go, it didn't seem to matter whether it was what appeared to be even the most silliest question, whatever, I was never made to feel inferior in anyway"* (T2. p. 3). The relationship and learning was built from there. From her very first day on the ward, Kate wanted to know everything. She states, *"I was in this new clinical area. I didn't know a lot about it, so you want to be a sponge, you need the information to do your job and you want to keep that going"* (T2. p. 3). Kate's learning did not finish at the end of each shift, but rather, she would go home, look things up to gain more information. She wanted to know everything that was going to make her a good nurse. The biggest thing Kate learnt about herself during her orientation was her thirst for knowledge. She also learnt how vulnerable she was and that over the preceptorship time it was important for her to start following *"a little bit of the gut feeling that we have and that developed over time"* (T2. p.8). She saw becoming a registered nurse as an enormous responsibility and learnt that she had to trust

herself, as there was always someone prepared to help out when she needed it.

Small Steps

Beth approached Kate's learning by firstly telling her what to do, identifying the ward focus and the role of the nurse in the department. From the second day, Beth took a 'look and see' approach, ensuring Kate stayed within her observations. Beth wanted to ensure that Kate could 'walk before she ran', therefore, it was important that Kate had the basic nursing skills including giving and receiving handover and the administration of oral and intravenous medications. It is important for the graduate to have knowledge of their patient's medications, as Beth sees that to gain a patient's confidence is being able to answer their questions around their medications. One of the last things she likes to do is to ensure that there is a good rapport between the graduate nurse and other team members. If this is achieved, then staff will be more willing to assist and teach the graduate. From there, the graduate can attempt and complete more complicated and extended skills, that way, they become confident and comfortable in their new role.

Open Mind

For Beth, the preceptorship partnership opened her eyes to acknowledge that Kate was coming into the clinical area with a different type of training background to her own. What she enjoys about preceptoring is that the graduate comes to the ward with updated theoretical knowledge and, if they are in a positive partnership, they will explore the preceptor's knowledge as well as share their own. As the preceptor, Beth was able to provide learning through demonstrating practical skills, detailing rationale for the actions, while the graduate was able to update the preceptor in other ways and states, *"preceptorship is training somebody, guiding somebody to do a real job according to your capabilities and according to the situation of the place"* (T2. p. 8). Beth believes that as a preceptor she is guiding somebody to be a good person, a good person in his or her own job.

Discussion

Unlike Nancy and Alice, Beth and Kate had met prior to their partnership commencing so the introduction period of the partnership wasn't as foreign. On greeting her onto the ward, Beth wanted to discover whether this was Beth's first or second rotational placement. She does this with all those she is preceptoring as it sets up how the orientation process will be undertaken. For her, this assists to put into place a plan on how to meet the identified learning needs. Beth sees this as important, so as to begin teaching them what they need to know at a level that is appropriate and this she did with Kate.

As it was her first clinical placement since graduating as a registered nurse, Kate went to the ward with an open-mind and a 'wait and see' approach before deciding what her learning needs were. Although initially scared on arrival at her new work place, when she saw Beth she quickly settled down as she knew Beth was going to be her preceptor. She appreciated that the clinical experience with Beth was going to be a crucial part in building her own confidence and competence as a registered nurse.

To get familiar with the 'basics' was more important to Kate in this first rotation than her second one, including time management and some clinical skills. If preceptees do not attain those skills early in the orientation, they are unhappy and will not enjoy their work. Therefore, to assist in the progression of the relationship, Beth wanted to ensure that Kate was on the right path to gain those. It was crucial to feed Kate with little bits of information at a time so that the possibility of her not remembering what she had just learnt was small. Kate supported this and noted that as a graduate nurse there is the possibility of the experience becoming overwhelming, yet that was not the case for her.

Kate believes that as a graduate nurse, you need to go into your clinical experience with good communication skills, an open mind, wanting to learn and that there is always a learning opportunity in all situations. Graduates must allow themselves to be guided by their preceptor, as this will help the relationship to

progress towards a successful outcome. Beth wanted Kate to learn to do things in her own way, but first it was important for her as the preceptor, to give Kate a good foundation. To be an effective preceptor is to understand what your preceptee is feeling. If you can do this, you will progress the relationship and sustain it. Preceptors should not prejudge their graduates, but rather see them as being ready to learn. This was the approach Beth took with Kate, seeing it as important to make sure Kate had opportunities to ask questions.

For Beth, when being introduced to any graduate nurse, one of the priorities is to create a relationship with them. Beth informs her preceptees that her goal is to make them into a good nurse by teaching them what they need to know while maintaining their partnership at a professional level. Once they have the foundation laid, they can work on changing the relationship from preceptor/preceptee to peer/peer. It is important for both parties to be able to end the partnership and work with others if it is required and Beth would rather do this, than to have a negative experience for either member.

For Kate the benefit of being in partnership with Beth was the support she received. The relationship that she had with Beth gave her the freedom to approach her about anything and Beth never gave Kate the impression that she could not ever approach her or ask her anything. This allowed them to develop a rapport between them.

Being a preceptor gave Beth an opportunity to reflect on her own practice and skills as an educator as well as being a learning experience. Each time she is a preceptor, she learns something about herself, which aides her professional development and this was how it was preceptoring Kate. What Beth enjoyed about Kate was her updated theoretical knowledge, which she could learn from, further developing her own practice. How Beth approached Kate's learning was to firstly tell her what to do, followed by the 'look and see' approach. Beth wanted to ensure Kate 'walked before she ran'; therefore Kate needed to have mastered the basic nursing skills first.

Both noted that their partnership was successful. The reason for this was the verbal and non-verbal communication they both possessed. Beth didn't need to talk with Kate to see her progress but felt confident to step back and watch, aiding Kate in becoming an independent practitioner. Kate believes that the two parties had complimentary personalities, being able to come together, compromise and work through issues. Kate reflects on her preceptorship experience as one that will assist her to build a foundation for when she is a preceptor and to be as good a preceptor as Beth was to her. Beth stressed there had to be honesty and open mindedness between the two of them. According to both, this is exactly what they did and the outcome was positive.

Both Beth and Kate were relaxed during the interview and seemed to enjoy talking and reflecting on their time together. They were sure that their partnership was positive and they learnt a lot about their partnership roles and themselves. For Kate, it was gaining support from Beth to become a confident registered nurse. For Beth, Kate was the perfect example of being prepared to be guided and open to learning.

CHAPTER 6 – TIME AND RESPECT FOR EACH OTHER

As soon as Elle and Rachel heard I was undertaking this research, they approached me to indicate they were keen to take part. What was obvious from the interview was Elle and Rachel's wonderful relationship. They both appeared relaxed and expressed that they were enjoying being part of the study.

This chapter details Elle and Rachel's experience during their time together with Rachel as preceptor orientating Elle to her new surroundings. As with the previous two chapters, the chapter content has been divided into four key sections and subsections. The final part of the chapter concludes with a section discussing the main findings.

Unfortunately for Elle, her entry onto the ward for her clinical orientation as a graduate nurse is not remembered as a positive experience. She recounts how she arrived onto the ward to find that she was not assigned a designated preceptor, even though it had been indicated that there would be. Watching this situation unfold, Rachel offered to be Elle's preceptor and the partnership was quickly formed and underway. Rachel, who had undertaken a preceptorship training programme and had the clinical experience necessary, was more than happy to be Elle's preceptor.

Once the partnership had been established, immediate discussion occurred with the Clinical Nurse Leader to ensure that their two rosters were adjusted. Elle wonders if because she was an older graduate nurse and this was her second rotation placement, whether it was thought that she did not require preceptoring or that her having a preceptor was not a priority by her Clinical Nurse Leader. Although Elle had six months of prior clinical experience, the skills and competencies required to do her role in the new area were either different or new. Elle soon settled into her new ward believing that the lack of preceptoring was just the nature of nursing and to actually have a preceptor was a bonus.

Entry into Practice

Familiarisation

Elle could see that Rachel was well liked by her team members and quickly found out why. She describes how Rachel was good at pointing things out, made sure that she was orientated appropriately asking if help or assistance was needed, appeared interested in others and generally always approachable. Rachel, due to the fact that she didn't have any time to think about how she was going to orientate Elle, addressed the partnership from a 'let's see what happens' attitude. She states, *"I am a little bit laid back probably more than a lot of people, I let it flow to see where it is going to go"* (T3. p. 8). She likens it to having a controlled laid back approach, but pushing and guiding the preceptee to ensure that the required certification and skills are signed off in the time frame, and at the graduate's own speed. Elle enjoyed Rachel's laid back approach and believed that this gave her a sense of confidence and appreciation for who she was as an individual before she was pulled into the ward team. She felt that Rachel was actually installing confidence into her without making it obvious.

Time Together

Reflecting on their partnership experience, Elle believes graduates need to work a number of shifts with their preceptor and that their preceptor needs to be a nurse who wants to work with them, rather than those who do not: Elle states, *"you need to be with somebody who wants you, sometimes you end up with people and they are huffing and puffing and they are very negative and it sort of puts you back down again"* (T3. p. 8). This attitude can have a harmful effect on the graduate and rather than working together as a team it would be seen as a 'put down'. This would be an unsafe partnership as the graduate would not ask questions, as they would be afraid of the attitude attached to the response. In the end, all the graduate is wanting is support. Elle acknowledges that the ideal would be for a graduate nurse to know prior to their clinical placement their designated preceptor and for them to be rostered shifts together so that a positive partnership could be formed. Nurses need to look after each other better to reverse the decline in nursing numbers, with nurses leaving because they feel unsupported.

Characteristics

Willing to Help

For Rachel, one thing that makes the preceptorship a positive experience is that she enjoys the preceptor role no matter who the preceptee is. What makes it even more enjoyable is when the preceptee is open to learning, wanting to be helped and accepting of suggestions. Rachel reflected that Elle came across like that and was willing to be helped. Preceptors need to be ready and able to give of themselves, know that preceptees are learning and beginning practitioners, while not treating them as a baby: *"They don't know what they don't know and they won't know until you tell them"* (T3. p. 5) she states. To be a preceptor, the nurse has to want to be one and enjoy doing it. This is important as sometimes nurses undertake the role because they are told to do so by their Clinical Nurse Leader, or because they are next on the list. By being told to do the role, there is the possibility that the partnership is set up for failure even before it starts. For the preceptee, Rachel sees it as important to freely ask anything, being safe to ask, and both parties having respect for each other. Elle supported this and recommended that all preceptors should be given the opportunity to undertake the role rather than it being left to one or two nurses.

Providing Feedback

One of the most crucial parts of the orientation is critical feedback to the preceptee, done in a timely manner while taking into account of the person's position and remembering that everyone has a different learning style. This was true for Rachel and Elle, with Rachel ensuring she fed back to Elle how she saw her progress. Being a graduate nurse provides opportunities to learn, but one thing that the graduate needs to be careful of, is not asking too many questions. Elle encourages graduates *"to think about the questions you ask before you ask them, it's a busy ward, you need to use some common sense, some of it's like investigatory work, you know, you are a bit of a detective"* (T3. p. 5). Safety is the priority and some of it you have to work through, but ask questions if it means that you remain safe, *"You should never do anything that you are unsure or unhappy with"* (T3. p. 6). It needs to be remembered that this is their practice and both

parties must be safe at all times.

Overall, the initial experience as a graduate nurse is one that you will remember as you go through your nursing career and you will reflect back on past experiences and base your practice on what you remember, suggests Elle. While saying this, Elle reflected on a recent experience when she remembered the experience that Rachel had provided, giving her a hand when she needed it and helping her out. She too went out of her way and helped a new staff member, giving her a hand: *“it encourages a team spirit,”* she stated. *“Unfortunately,”* she added, *“you don’t always find that, it doesn’t always happen”* (T3. p. 7). Elle encourages preceptors to develop good communication skills, have an open relationship with their preceptee’s and develop an appropriate knowledge base, whilst being in the position to provide a safe environment. Both Elle and Rachel believe that one quality a preceptor needs is to have a good sense of humour.

Flexibility in Learning

What Rachel would like to see in her preceptee is an attitude to be open to different ways of doing things. She enjoys and appreciates it when her preceptee takes the initiative to do some extra learning and cites examples of this including researching, exploring or accessing information in their own time. Rachel likes to see her preceptee join in and encourages them to become part of the team, noting the dynamics of the team. She likes them to be open and when unsure, to be comfortable to ask questions. Another preceptee quality, which builds the relationship, is reliability - turning up to work on time, and being strong in oneself.

Relationships

According to both, negotiating with the Clinical Nurse Leader to be rostered on the same shifts was the starting point in ensuring their partnership had a chance of survival. Once done, the relationship developed as they talked about and discussed how the partnership would progress. They knew what needed to be attained, signed off and completed during the orientation so focused primarily on those things first. Elle detailed outcomes she needed to achieve and were

important to her. She believes the first year of practice is a scary one and to her, having the support of a preceptor was the biggest issue.

Getting On

Humour played a big part in establishing and maintaining this relationship and both believe that they have a good sense of humour. They got on well with each other, which Elle knew was 'lucky' as other partnerships didn't get on. She noted that if you wanted to achieve certain goals, then sometimes she had to go out of her way to achieve them. Giving each other time and respecting each other was a factor in keeping the preceptorship relationship going according to both. Elle was looking for a mentor, and after witnessing Rachel's practice, liked what she saw. She wanted to mirror that practice, so was able to learn from and be inspired by Rachel's practice. Elle saw the partnership as being between Rachel and herself; however, she also felt at times she needed the support from other team members to get some of the certifications signed off, rather than relying on Rachel to do it. She felt it wasn't fair on Rachel, who was often the only senior nurses on the shift with the authorisation to do so with other nurses 'bombarding' her for 'sign offs'. Elle didn't want to burden Rachel too much as she was aware of her heavy workload and that it was important to share the responsibilities, not to be "*on somebody's case all the time*" (T3. p. 3). Rachel didn't share Elle's view, but saw it as being part of her preceptor and senior nurses role, and why she was there and reinforced her position: "*it was my job, it's part of my role*" (T3. p. 3).

Preceptors of the Future

Rachel enjoys preceptoring and sees it as one way of developing nurses in her clinical speciality. Being passionate about her speciality, she likes to ignite that passion in her preceptee's. She addressed the preceptoring role initially by introducing Elle to the area, commencing skill development, and then slowly stepped back allowing Elle to take over. Her overall aim was to see that Elle, in a few years time, be in Rachel's present position and do the same things with those she preceptored.

Safe Environment

For Elle, the preceptorship partnership was about providing her with a safe introduction to the environment, being given the opportunity to learn and develop the skills to nurse in the new area. As mentioned previously, Elle had had limited exposure to acute nursing, so being with a preceptor who supported her to slowly develop the skills to competently and confidently nurse in that area was important to her. Rachel provided her with that support as well as a partnership where she did not feel like a burden and felt comfortable going to Rachel. Rachel was happy for Elle to ask any questions. A final aspect of the partnership important to Elle was that Rachel introduced her to the ward team and made her feel like a team member very quickly, feeling accepted and safe.

To be able to develop and strengthen the partnership, Elle believes the two parties should spend time together. Ideally, this time would be prior to commencing the clinical orientation or at least at the beginning without either participant needing to take any clinical responsibilities. This would allow them to get to know each other, work through what each person is expecting of the other and identify how the partnership would work.

Support from Others

Using other staff members for support ensures the relationship grows, according to Elle. Different nurses have different strengths and as you develop yourself in the clinical areas, it is important to know the dynamics of your team, being able to identify what strengths you can gain from other people. It comes down to communication. If there are issues to be addressed, find the most appropriate person to deal with it and get it sorted. Preceptors need as much support from their team as the preceptees if the partnership is to be successful. Rachel endorses that and notes that as a preceptor, it is helpful to for her to know she can contact people if she needs support.

Ending

Although now no longer working together, neither feels there will be a closure to their relationship. What happened, following the completion of the graduate nurse programme according to Rachel, was that the relationship evolved naturally and mutually from a preceptor/preceptee relationship to two colleagues working in one clinical area, continuing to support each other. In support of this, Rachel states *"I think if somebody leaves and goes away then it might close as they are no longer there, you don't see them, but I think if you're working together or you see each other around the place, then there is no closure"* (T3. p. 7). She notes that the two parties would always acknowledge each other in passing, enquiring how things were going. If the partnership is successful, you develop a *"sort of bond"* states Rachel, one that she hopes wouldn't close (T3. p. 7). Elle agreed and identified that nurses have to work with many different people who are coming and going, that they have to keep with that flow, utilising each other. It is not about sharing, or sharing their experience, *"it's learning"* (T3. p. 6) states Elle.

Elle and Rachel believed they had a successful preceptorship relationship. For Elle, primarily she felt supported by Rachel and learnt the requirements to successfully undertake her clinical role. Because she was well supported by Rachel, it helped her to look at others and want to treat them in a similar way. For Rachel, that is exactly what she wanted, and see she has been a successful preceptor because of the way Elle has turned out: *"look at Elle, she's been an awesome nurse, what more can you say"* (T3. p. 9).

Learning

Positive Partnership

For Rachel, working in a positive preceptoring partnership was an opportunity for Elle and Rachel to learn from each other. Although an experienced registered nurse and preceptor, she acknowledged that there were things Elle knew that she didn't and visa versa. The partnership was a teaching relationship that went both ways and important to be viewed as both being open and willing to learn from each other. Being a recently graduated nurse, Rachel was aware that Elle had come

with recent theoretical learning. If she identified herself as willing to learn from Elle, then Elle would pass on that knowledge, keeping Rachel's knowledge up to date and assisting with her own professional development.

Spending appropriate time together to learn is important. Negotiating this with the Clinical Nurse Leader is vital to ensure that the partnership has a chance to succeed notes Rachel. One skill a preceptor needs is to get their preceptee to open up and they can do this by giving them time to do so. If the preceptor is unable to do this, they need to create the time, even if it requires negotiation with the Clinical Nurse Leader. Having time together will encourage an open and honest relationship according to Rachel who suggested that honesty is a big thing and if they are struggling or doing a good job, the graduate needs to know.

Background Information

For Elle, the learning came down to two things. Firstly, informing her preceptor that she had six months prior experience in another clinical area and had attained some clinical skills that would be beneficial in this new area. Secondly, it was looking to her preceptor as being her 'light', somebody who was going to be there for her, somebody who wanted to precept her and more importantly, to teach and support her in her practice. She was initially disappointed in those first few moments when she realised that the promise of a designated preceptor had not been kept. Prior to commencing, she had visions of how the orientation would go, with the inclusion of time off to go over things and be with the same person during her orientation. However, she is pleased and thankful that Rachel stepped up and offered herself as the preceptor as Elle believes that great learning happened because of their partnership.

Discussion

Although not seen as a positive introduction to the clinical orientation, Elle quickly established herself into a relationship with Rachel, who was happy to undertake the preceptor role. Elle believes that Rachel did a good job at orientating her to the ward and was always readily approachable. As with the previous two preceptors in

the other interviews, Rachel was happy to run with a 'let's see what happens' attitude. Elle enjoyed the approach that Rachel had to preceptoring and believed that it gave her a sense of confidence and appreciation. Rachel was actually installing confidence into her without it being obvious. What Elle was expecting from her preceptor was support and that is exactly what Rachel provided her.

For Rachel, what always makes the preceptorship a positive experience is that she enjoys undertaking the preceptor role when the preceptee appear to be open to learning, happy to be helped and keen to receive suggestions. This is the experience she had with Elle who was keen to learn and went out of her way to undertake any learning offered to her. Before asking questions, Elle would always first look to see if she could find the answers in the protocol or policy manuals, and if unable to find what she was looking for, she would then ask. There were times when she worked through to find the answer and others when she would ask if she was unsure and she believes that that helped to keep the relationship between her and Rachel open. Elle and Rachel believe that they have a sense of humour and this aided in the partnership's success as humour played a big part in establishing and maintaining their relationship.

Rachel enjoyed seeing Elle open to different ways of doing things and taking the initiative to do extra learning. She joined in, was reliable, became part of the team quickly and was open to learning and asking questions. To assist with this, Elle noted outcomes that were important for her to achieve during her orientation and was able to achieve these.

Both Elle and Rachel believe a factor that kept their relationship going was that they gave each other time and respect. Elle, after witnessing Rachel's practice, identified that she wanted to mirror that practice and learn from her. Elle entered this preceptorship partnership hoping for a safe introduction to the environment plus the opportunity to develop the skills to nurse in the new area. Elle felt Rachel provided her with that and supported her well, making her feel comfortable going to Rachel when she needed to. Rachel enjoys preceptoring and sees it as helping

nurses to become passionate in her clinical speciality. That is why her partnership with Elle was a positive experience. Elle saw the partnership needing support from other team members and noted that it was important for Rachel to use other staff to support her ensuring that the relationship between them grew. She suggests it comes down to communication - if there were issues to be addressed, they were dealt with straight away. Following the completion of the preceptorship partnership, neither felt there was closure to the relationship. It evolved naturally and mutually from a preceptor/preceptee to two colleagues working in one clinical area supporting and helping each other. Although Rachel has now left the organisation, they both believe they will stay in contact as a bond has developed between them.

Elle and Rachel believe they had a successful preceptorship relationship. For Elle, it came down to feeling supported by Rachel and because of this, it has helped her to look at others and want to treat them in a similar way. For Rachel, that is exactly what she wants to hear. Working in a positive preceptoring partnership gave an opportunity for Elle and Rachel to learn from each other. Elle believes the partnership with Rachel was a teaching relationship that went both ways and Elle knew that if she were willing to learn, Rachel would pass on that knowledge and that is exactly what happened.

The interview with Elle and Rachel went well. They enjoyed talking about the partnership, reflecting on situations that happened, and laughing with one another on other matters. It was obvious that these two nurses had a wonderful time working together. They supported each other, giving each other space when required in answering detailed questions. At the end of the interview, and as we said our good byes, they went away having an appreciation for the time they had spent in the role of preceptor and preceptee.

CHAPTER 7 – DISCUSSION OF THE FINDINGS

Chapters 4, 5 and 6 have explored from within the partnership the preceptorship experience of three sets of registered nurses. These chapters have detailed the individual experience of the pairings as they commenced and then progressed their preceptorship relationship and learnt what the partnership meant to them. The pairings also detailed qualities that they believed were required by the preceptor and preceptee to possess in order for the experience to have a chance of being a successful relationship. Chapter 7 will now discuss these three partnerships and identify the common themes and findings.

This research has revealed that the success of the preceptorship partnership and their relationship during the clinical orientation was not confined to the two partnership parties, but cemented by the support from their team. During all three sets of interviews, four key themes emerged. All parties discussed the beginning of the relationship, how they planned the orientation time and how it progressed. They defined the qualities and characteristics of the preceptor and preceptee, which they saw as important in making the relationship work. All three pairs reflected on their relationship and how it developed over time. And lastly, the six nurses spoke of the learning that took place during their time together.

The Early Stage of the Partnership – Entry Into Practice

All three graduate nurses in this study had different experiences commencing their orientation. One graduate met her preceptor prior to arriving on the ward, one when she turned up that first morning and the last one not having a designated preceptor at first, but having one assigned on her first shift. Despite these differences, all three indicated they believed their orientation was successful and that they were well supported by their preceptor from the time they commenced their clinical orientation. Delaney (2003) notes that the orientation period is the commencement of a journey for the graduate nurse as they transfer from student nurse to registered nurse. This period will have a major influence over the

immediate and long-term outcomes as they move to becoming expert nurses. Therefore, with all three graduates having an orientation in which they felt supported, there was the possibility that the overall outcome would be positive.

Being made to feel welcomed into the team and having a preceptor keen to have the graduate nurse working with them, appeared to be important to the graduates and was noted to quickly calm them. A recommendation from this research would therefore be that those employing new staff members ensure that when new staff members arrive on their first day, that they are not only expected but welcomed into their new working environment and made to feel like that they are wanted. To the graduate nurses, having a preceptor who ensured they were orientated to the environment, and introduced to their fellow team members, helped to reduce feelings of anxiety. This is supported by Ward (1997) who notes there should be an emphasis to welcome the new person as they enter their work environment and made to feel not only at ease, but an important member of the team. The participants' feelings reflected those that Delaney (2003), found through her study into the transition of graduate nurses. Her study participants described that although feeling positive about commencing their new role as they began their orientation, they too had feelings of nervousness and of being scared. All three graduates in this current study noted that they had feelings of apprehension and anxiety commencing in their new departments, generally because they were not sure how it would eventuate and who their designated preceptor would be.

In regards to their orientation, none of the three graduate nurses had any pre-conceived ideas and thoughts about what was going to take place, but they all expected that they would be allocated a preceptor to settle them into their new work place in a short time. Zimmerman (2001) supports this and notes one of the findings of their study, which showed that it was important for the graduate to be able to use the equipment and know their environment before they attempt caring for patients with more complex conditions or even consider the task of delegation. Baltimore (2004), also found that the introduction of new employees to the rest of the team, as well as the culture, norms, environment and the daily routines of the

area, is the primary responsibility of the preceptor. Once the orientation is completed, the new staff member is able to move to learning more advanced issues related to patient care. Baltimore also observed that if employees do not feel part of the team, they would leave their jobs within their first year in the area. It is important that preceptors make new staff feel welcomed. In this current study the preceptors demonstrated this with the graduate nurses indicating they felt welcomed within a short timeframe of arriving on the ward.

Whether or not the preceptors had prior notice of the impending orientation of the graduate nurse did not affect the way the orientation was undertaken. Two of the three preceptors opted for a 'wait and see' approach to the orientation and used a flexible approach in the way that it was addressed. The other preceptor had a brief idea as to what she was going to do with her graduate, but first wanted to meet the graduate and find out more about her. All preceptors agreed it was important to gather information about the graduate nurse early so they could start to build a path for the orientation with information gathered including whether the graduate nurse was commencing their first or second rotation placement on their ward. If it was their first placement, then the preceptors wanted to know what clinical placements the graduate nurse had undertaken as a student. If it was their second rotation placement, it was important to establish the type of ward/department they spent their first rotation in and what skills had been attained. Overall, the preceptors were aware of the expected outcomes of the graduate nurse's orientation time. They wanted to take an approach where they could wait and see how the clinical practice unfolded, and assess the situation before developing future learning opportunities. An important aspect for both parties was the allocation of shifts together to allow them to reach the expected outcomes and for the graduate nurse to build a foundation of basic skills at an appropriate level.

All three preceptors, while orientating the graduates, reflected on their own time as graduate nurses and remembered what it was like to be new in a work environment. Understanding the graduate nurse's thoughts and feelings helped them to progress the orientation at a suitable pace. One of the concerns raised by

the preceptors was that it was quite easy for the graduate nurse to get ahead and display that they wanted to 'bite off more than they could chew'. The preceptor had to manage this, ensuring that the graduate did not exceed their level of practice or their own expectations. To assist with this, the preceptor gave small bits of information at a time, thereby reducing the possibility of overloading the graduate nurse with too much information. Ward (1997) supports this saying: "there is, however, a point at which information overload affects the employee, so care should be taken to spread the induction programme over a number of days or weeks" (p. 13). Ward suggests that the information shared with the new employee be divided out from information required to settle into the role and later, information required to undertake their job.

Having a graduate nurse who showed interest in the clinical area and wanting to learn provided their preceptor with an extra incentive to give them a good orientation. Whether this was done using verbal or non-verbal communication was not important, what was important was picking up on cues. Being there for support was one of the main aspects that the graduate nurses appreciated of their preceptor. By supporting them, the graduates felt they were able to build their own competency and confidence. From her study, Amos (2001) notes that the transition from student nurse to registered nurse is reflected in the preparation they receive during their training. However, whether that transition is successful or not is based on the support they receive. Amos, documenting the importance of support as "the single biggest factor" in helping student nurses becomes registered nurses states "having the confidence required to practice is inextricably linked to the amount and quality of support a nurse receives" (p. 39). Oermann and Moffitt-Wolf (1997) found that the majority of graduate nurses in their study who had a consistent preceptor supporting them in their orientation facilitated their learning and installed confidence in their practice. Preceptors need to be aware of the challenges and stressors that the graduate nurse encounters during the orientation period. If they do this, they will then be able to provide their preceptee with coping strategies. Walker (1998) also found this in her study - all the graduates identified the first few months of their practice were stressful as they attempted to gain the

knowledge and experience required to fulfil their registered nurse role. Walker (1998) concluded that “the longer and more structured the orientation, the more confident and less stressed the graduates were when taking responsibility for clients” (p. 41).

Fear and trepidation heading into their first clinical placements were the feelings expressed by the participants of Whitehead’s (2001) study and although support was lacking for some of the graduates, they all found ways to cope with their situations and made positive experiences out of them. The overall findings of her study were that by having a preceptor supporting the graduate nurse; it may ease their transition into their new role. As mentioned earlier, all the graduates in this current study felt totally supported by their preceptor right from commencement and that the preceptors had installed in them the importance of asking questions, including when they were unsure or wanted clarification. If the preceptor was not able to provide the answer the question, they were able guide them to the resource or person who would. All three preceptees felt safe and comfortable about approaching their preceptor and believed that they had an open communication line. Oermann and Garvin’s (2002) study showed that communication and interactions between the graduates, their manager, preceptor and other team members were important during their orientation. When the graduates found that they had open communication between themselves and other staff, they then felt supported, which then assisted their professional development and the building of self-confidence.

Finally the participants noted that both parties got on well together, felt comfortable with each other and the graduate felt they belonged to the team. In their study, Fox, Henderson & Malko-Nyhan (2005) noted, for graduate nurses and those nurses transferring into a new department, “the attitude of colleagues was instrumental in their effective integration to the work unit” (p. 195). When there was ‘positiveness’ in their colleague’s attitudes, they relaxed in their new work place. This supports the findings of this current study – the graduates felt part of the team and were introduced to other team members quickly which assisted them

to plan their patient care.

Characteristics that Provide for Success

The primary role of the preceptor includes role modelling, socialising and educating new staff members (Baltimore 2004). When exploring what made the relationship work between the two parties in this current study, success was because both the preceptor and the preceptee had characteristics that ensured a favourable outcome. Firstly, the graduates felt respected by their preceptor and so in turn, developed a respect for them. As mentioned earlier, both parties were comfortable working together in the partnership and were able to develop their relationship. Characteristics that the preceptee saw in their preceptor, or that the preceptor themselves believe they need to ensure a positive relationship, are supported by anecdotal evidence. Having a preceptor who has a welcoming nature as well as being friendly, kind, patient and non-judgement are qualities identified by the participants of this study which assisted in attaining a positive partnership. In regards to how the preceptor can assist the preceptee become socialised to the ward environment, Baltimore (2004) suggest that this can be by “helping orientees to feel welcomed by peers and co-workers, and assisting them in establishing relationships and becoming familiar with the written and unwritten norms of the unit” (p. 134). The preceptor, by trying to reduce the graduate’s anxiety and fear, and making them feel part of the team, were important and essential aspects in the socialisation of the preceptee.

All the participants in this current study believe that preceptors must be willing to share experiences and knowledge, possess practice wisdom and have a love and an ability to teach whilst able to move at the pace of the preceptee. The three graduates who were interviewed identified that their preceptor possessed these qualities that helped progress their relationship. This is supported by Johnston (1999) who notes, that preceptees want to work with preceptors who are willing to share information and knowledge with others, are good at their job, have a love for their profession and a sense of humour. She believes that a “good preceptor is an organised, supportive, well-informed, registered nurse” (p. 17). And so having a

preceptor who is not only clinically sound, but able and willing to pass on skills and knowledge, as well as having the ability to assist others to build on their skills, are important to the preceptee. Jackson (2001) reported that an effective preceptor is one that can assist their preceptee to develop confidence and competence while being able to evaluate clinical performance, has excellent teaching skills and willing to share their own knowledge and experience.

Delaney (2003) noted that preceptors, who had sufficient clinical experience and expertise, were able to give critical comments and those who were supportive and caring facilitated a transition that was considered healthy. Thomka (2001) found that participants believed that a preceptor should have a nurturing and supportive characteristic, provide leadership and guidance to graduates and be able to teach. This is reflected in this current study with the graduates being given critical feedback by their preceptor in a supportive environment and understanding that the only way that their practice was going to develop was through honest feedback. The participants also appreciated that their preceptor did not hesitate asking others for help, ensuring that the graduates were not left in an unsafe situation while the preceptor was undertaking other requirements.

Other important preceptor qualities the participants of this study noted were that the preceptor needed to love their job, wanted and enjoyed being a preceptor and were prepared to put effort into the role. These qualities are supported by two of Zimmerman's (2001) study participants who noted that the most important core behaviour that a preceptor can demonstrate is that of wanting and willing to be a preceptor. Hill and Lowenstein as cited in O'Malley, Cunliffe, Hunter and Breeze (2000) support this saying that the preceptor needs to be highly skilled and committed, with a desire and willingness to teach. Therefore, another recommendation from this current study would be that when nurses are assigned to undertake the preceptor role and orientation new staff members that they are doing so out of a desire to fulfil the role as well as being prepared to take on the extra responsibility on top of their 'normal' work requirements. Participants of this current study felt that it was vital for the preceptor to reflect on their own practice

and provide a rationale for their decisions. Jackson (2001) also believes this is required for a preceptor to be effective and notes that it is essential for the preceptor to have “the ability to recognise bad habits in herself and others and the willingness to make efforts to correct them promptly” (p. 24c). One of the participants in Zimmerman’s (2001) study found they were looking for preceptors who are safe in practice, independent and able to think critically.

In order for the graduate to achieve their goals requires a team approach according to two of the three preceptors. This was true when the preceptor undertook other responsibilities that required the graduate nurse to work with someone else. According to the participants in this study, part of the practicalities of ensuring that the partnership worked and progressed involved giving each other time and space to work through things and required respect for each other.

The last characteristic noted in this study centred on communication. The participants of the study believed that it was essential for the preceptor to gauge when the graduate was becoming overloaded and being open to all questions. The preceptors felt they should assist the graduate to develop communication skills. Communication skills in general are important in order for the preceptor to be effective according to Jackson (2001). It is important for the preceptor to be able to communicate well with their peers, patients and medical staff, as well as be able to problem solve by identifying and assessing alternatives.

All three sets of participants in this study saw their partnership as successful. What made it successful were not only the preceptors’ qualities, but the preceptees who had characteristics that allowed for a positive outcome. All three preceptors noted that they enjoyed undertaking the role of the preceptor and were keen to pass on their knowledge and clinical skills, while providing a safe environment for this to happen. All three also noted that for this to happen, the preceptee showed an openness, willingness and keenness to learn. The graduates had to show that they wanted to be guided and in this study, the preceptors saw this in them.

Generally, the study participants believe that preceptees should be friendly, communicate well and to be happy to get in and do things that are required to assist with their learning. This includes, being prepared to be guided and helped, and with an attitude of wanting to remain safe in practice. All three graduates in this study felt comfortable asking questions, and the preceptors supported this notion. They suggested that a good preceptee is one that asks questions to remain safe, and is prepared to change their way of practice.

Relationships

All three graduate nurses believe their relationship with their preceptor grew out of a respect and trust for each other. Mee (2004) says that identifying respect between two parties in the relationship is vital to its success. The graduates in this study all felt accepted in their role and appreciated that their preceptor were prepared to go out of their way to undertake the role and expose the graduate to relevant learning opportunities. What was also important to the graduates was that their preceptor was prepared to listen and assist them to develop the necessary clinical skills. The preceptor had a positive professional attitude and this assisted them to develop a rapport with their preceptee. The three graduates always felt supported by their preceptor during their orientation and this helped create a positive workplace induction. Delaney (2003) suggests that the progression of preceptees' clinical orientation is dependant on their perception of their preceptor. If the preceptor appears knowledgeable and experienced, then this makes the preceptee feel positive. She sees the preceptor playing a key role in the preceptee transition process. Fox, Henderson and Malko-Nyhan (2006) report that when preceptors feel they are unable to provide effective support or if the preceptee feels as if they are in an unsupported environment, then a feeling of frustration can be felt by both parties.

Part of the relationship success between the three parties in this current study grew from acceptance of each member as they became part of the team, the role that they were in and their honesty. Ward (1997) suggests that if the new staff member is provided with a positive introduction to the work area and a productive

relationship is formed, then it will be deemed an investment to their organisation. Walker (1998) found that being accepted, as a team member who received support and guidance was important to the graduate nurse. As mentioned previously, all the preceptees in this current study felt comfortable asking questions, were never overwhelmed or felt overloaded with information. They appreciated that their preceptor adjusted to the changing pace of the departments, compromised and worked through issues, even if this required the preceptee to have time with another nurse to learn and gain independence in their practice

All three partnerships believe they had a positive preceptorship relationship and got on well together. This, they believed, was because all parties were open minded and worked together. Mee (2004) recommends that preceptors need to enter their preceptoring relationship with an open-mind and prepared to share knowledge, skills and their experience. She suggests if the partnership is going to be successful, the preceptor must let their preceptee know their expectations and to find out theirs. However, preceptors also need to be supported in their role by their organisation and their work colleagues and this would be a further recommendation following the results of this current study. This is supported by Usher, Nolan, Reser, Owens and Tollefson (1999), who believe that preceptors require and expect the support of their team members, if they are going to undertake the preceptorship partnership. Two couples within this study mentioned that their relationship did not close, but rather that it grew from preceptorship to collegial. They still have interactions, even though they are not working in the same area, and are happy to provide each other with support and guidance.

Learning

Although all parties saw the preceptorship partnership as positive, they also saw it as a learning opportunity. The preceptees appreciated that their preceptor was accepting of them coming in with updated theoretical knowledge but limited clinical skills. Two of the preceptors took a 'wait and see' approach to the orientation, yet all three preceptors agreed it was important for preceptees to become comfortable with basic nursing skills before extending their clinical skills. One of Zimmerman's

(2001) study participants noted a similar approach where, for the first couple of weeks of orientation, they focused on achieving key competencies and then over the future weeks gradually worked on the more advanced skills.

An effective way for the preceptor to teach is to role model acceptable professional behaviour and attitudes. As the preceptee is with the preceptor for a period of time, it is important that the preceptor instil into the preceptee acceptable practices. Whitehead (2001) reports that preceptors should be mandatory for all graduate nurses with an emphasis on being positive role models providing knowledge and support so that clinical skills and confidence can be built. One of the current study participants made a similar comment - that after witnessing her preceptors practice, she wanted to mirror that practice.

Being able to share your own experience is an important component to preceptoring. In regards to adult learning, Nelson (1999) noted that the sharing of your own experience is significant. The experience that each person has differs from everyone else, but combined it provides an enormous resource to the preceptee. One way of reducing the anxiety of the preceptee is by allowing them to facilitate their own learning at a pace suitable to them.

For the preceptors in this study, the experience was about learning updated, evidence based theoretical knowledge and current training processes to becoming a registered nurse. They were able to expand their own professional development and pass on knowledge whilst providing rational for the nursing care, especially 'routine' nursing practice. This is supported by Mee (2004) who makes the suggestion that preceptors might be able to learn from the graduate nurse about current evidence based practice or improve their computer skills. It might "rejuvenate your nursing spirit" (p. 8). All three preceptors in this current study indicated that they felt 'great' preceptoring their graduate nurses and witnessed a positive outcome at the end.

For the preceptee, it was the opportunity to consolidate their knowledge gained

from their training. This is supported by Ward (1997) who sees the orientation process as an opportunity for the new staff member to understand how things are done and why, as well as learning the accepted standards and norms of performance, practice and behaviour. If these and other principles are met, then the pay-off could include a lower incidence of performance problems with an increase in the self-esteem and morale of the new staff member. McGregor (1999, as cited in Wright 2002) found that as a preceptor, having the satisfaction of seeing graduate nurses develop into confident practitioners was exciting and rewarding. The preceptors noted a personal growth in the teacher and mentor roles they provided which could be a factor in preventing or reversing burnout.

All three preceptees felt their preceptor limited the amount of information they gave so as not to overload them, which could have caused further stress or hinder their learning, yet all received the appropriate amount of information to undertake their roles. The preceptors, in return, ensured that their preceptee felt safe to ask questions and were not afraid to go to them for assistance. Amos (2001) writes that the preceptor effectiveness will determine the quality of the experience the preceptee receives while Mee (2004) suggests it is important for the preceptor to welcome the preceptee enquiries and to assure them that “there are no stupid questions” (p. 8). All the preceptees in this study noted they were made to feel that there was no such thing as a ‘silly question’.

Throughout their time together, there were issues that could be considered a hindrance to the learning. The preceptor often had to care for the most acutely unwell patients and so found that they had little time to spend with their preceptee. The preceptors are also having to co-ordinate the ward, be available to sign-off for clinical skills for other staff and so at times, have limited time with their preceptee for learning. One further recommendation therefore would be that consideration be given to the preceptors workload as they under their take preceptoring role, ensuring that they are not expected to take on more than physically possible causing them extra stress and burden.

Having a partnership where the preceptor is comfortable in providing honest feedback was identified as vital. This included positive and not so positive feedback being given. If the preceptor is not able to provide that to the preceptee, then growth can not take place as they are will not know what correction or progress is required. Nelson (1999) in regards to adult learning principles suggests it is essential for the preceptee's learning to have feedback about their performance as soon as possible for them to have a positive learning experience. She states "with continuous assessment of competencies, the preceptors and learners identify learning difficulties or learning gaps, address them immediately, and plan more experience to produce the desired outcome" (p. 1052). To be able to critically think about their practice is an important trait to install into the preceptee. Myrick and Yonge (2004) suggest that if a preceptee felt that they had the respect of their preceptor, and their preceptor was open in their approach to the relationship and flexible in their thinking, then they would be able to provide a spark for critical thinking. In this current study, the participants felt that appropriate feedback was given in a timely manner, which aided in the advancement of the graduate nurse's practice.

CHAPTER 8 – CONCLUSION

This research is about preceptorship in nursing. In particular, what was explored was how preceptors and preceptees establish and sustain their preceptorship partnership. An extensive literature search undertaken confirmed that the transitional period from student nurse to registered nurse is likely to bring on feelings of stress and anxiety for the graduate nurse as they enter into their new role. The provision of a preceptor is noted in literature to provide an important link assisting the graduate nurse to have a smooth transition into clinical practice. The literature supports the worth of preceptorship as a model of support for the graduate nurse entering into their new workplace. The preceptor is responsible for assisting the preceptee to orientate to their new role and often provided with aims and objectives for the preceptee to achieve. Evidence shows that preceptorship facilitates learning through reflection and by the preceptor leading by example. The literature focused primarily on the transition into practice of newly graduated nurses, the recruitment and retention of nurses, the encouragement of critical thinking, the consolidation of skills, and the support it provides within the workplace. What was noted during the literature search was that there appears to be a lack of literature given to the relationship that develops between the preceptor and preceptee and how the two parties make the relationship work. What was also lacking in the literature was research around how the preceptor and preceptee cope with and negotiate their time together, along with details of the learning that takes place between and within the partnership. There appeared to be a minimal amount of literature focusing specifically on the experiences of the participants within the preceptorship partnership or how they undertook their preceptor/preceptee role. This therefore led me to believe that there was justification for me to undertake my research and that it was indeed needed and the information was lacking. Being able to explore and detail the factors that affect the establishment of the preceptorship partnership and how it is sustained is important. The information documented will provide new learning, not only to me, but also to a much wider audience.

This research explored from within the preceptorship partnership what it meant to those in the preceptor/preceptee role and identified the learning that took place during the experience for both parties. Key questions used to explore the preceptorship experience, focused on the practical pathways required to generate the relationship, the groundwork completed in preparing to undertake the role, and the insights into the practicalities of working such a relationship. By using these as a basis for the questions, I was able to explore the preceptors' and preceptees' experience of working together and present my findings within this thesis.

The chosen methodology used to gather the information was an explorative qualitative descriptive design. Using this particular method enabled me to extract information so that the ideas and perceptions of those in the partnership could be heard. Using a qualitative method for this research enabled me to focus on a phenomenon of which I have identified there appears to be little known about. I was able to approach and gather, using a holistic process and flexible design, narrative material from within the partnership. To be able to present an accurate portrayal of the preceptorship experience I chose the descriptive approach to the research. By doing this type of research, I was able to present, in everyday language, a summary of the partnership as detailed to me. What was wanted known by myself was a straightforward description of the preceptorship experience. The use of a qualitative descriptive approach was an appropriate and suitable method of choice as the descriptive research framework is often used when researchers are trying to accurately describe the findings. As previously mentioned in Chapter 3, the use of qualitative descriptive study is an appropriate method of choice when what is wanted known is a straightforward phenomenon. By undertaking this methodology, I was able to stay close to the data collected from the words spoken by the participants about the preceptorship experience. Also, using this method allowed me to gather the facts and the meaning behind them and then produce those findings in a logical and useful format for others to read. I finally chose the descriptive method for this research as it allowed an opportunity to understand the experience of the parties studied.

Interviews were undertaken with three recently graduated nurses and their preceptors following their preceptorship experience. This allowed me to explore their experience and learn the practicalities of their relationship. The data was collected with the use of semi-structured open-ended questions as this provided the participants with the option of answering the questions in a variety of ways. It also gave me, as the researcher, flexibility in asking questions in different sequences and in different ways in order to gather the required data. For me, this was the most appropriate way for this research and for the collection of data and indeed I believe I was successful in doing so.

Although the study was limited to three sets of preceptorship partners from one hospital setting, the research findings suggests that the importance of a preceptee having a designated preceptor remains a vital component for a successful transition. All participants in this study provided valuable data on their experiences of the partnership and the relationship that was formed. The interviews revealed four key themes from within all three sets of interviews. The four findings focused on: the entry into practice of the new staff member, the characteristics required by both parties for a partnership to be successful, the relationship that developed between the two parties, and the learning that took place for the graduate nurse and their preceptor about and in respect to their role.

The research findings that need to be shared with the wider audience reveal that preceptors establish their partnership with the preceptee by making sure that they are welcomed onto the ward and are quickly made to feel part of the team. By doing this, the preceptor is able to settle the preceptee quickly into their new working environment. The preceptee, in return, assists in the establishment of the partnership by acknowledging and appreciating the support the preceptor provides and by showing a desire to be in that workplace and to learn as much as they can.

I suspect that it is easy for a preceptor and preceptee to form a relationship using the above process, but once it is formed, how is it sustained? The three set of registered nurses who participated in this study provided evidence that showed

that they were able to sustain the relationship by creating an interest in being part of it. They were then able to progress it with the use of honest and open communication. To assist this, the graduates felt that they could go to their preceptor at any time with questions and queries as they felt that they were in a 'safe' space. For the preceptors, it was being aware that they had developed such an initial connection with their preceptee that it would give them a sense that they could go to the preceptor at anytime. For all three preceptors, it was important not to overload their graduates with information as it could result in an increase in the preceptee's stress level. By monitoring and restricting how much they shared, they felt that they were able to enhance the preceptorship partnership.

For the preceptors, the use of a 'wait and see' approach to their preceptorship partnership was successful. The preceptors did not want to go backwards in the graduate nurse's learning, but rather work at an appropriate pace and the graduates felt that the preceptors did not expect them to move or work beyond what they could cope with. To help establish the partnership, the preceptors hoped that their preceptee would undertake some exploratory work prior to the clinical placement to find out a bit about their new work area. All three graduates noted that, although their preceptors taught them clinical skills, the preceptors also gave them the freedom to acknowledge the way they did the skill, but they could go on and do it another way, provided it was still considered safe practice. All of the graduates noted that it was important to have a good grounding in their work and to feel comfortable communicating with their preceptors. For the preceptor, being able to work so closely with another person and sustain the relationship over a period of time required the building of a rapport and making the graduate feel like they were doing a good job. Finally, it was important for the preceptors to provide honest feedback on a regular basis so that the graduate could progress in their practice and to ensure that there was open and honest communication.

For the preceptees in the study, their time with their preceptors involved a huge learning curve, which was only the start of what was to come throughout the year. Although they had developed clinical skills while in their student roles, when they

arrived on their new wards as a registered nurse, the preceptorship partnership involved them developing these and new clinical skills. They were provided with learning experiences needed in order for them to undertake their new role yet monitored to ensure that they remained within their level of practice. Finally, the learning that took place for the preceptee eventuated because they were inspired in practice by their preceptors resulting in them wanting to explore further learning opportunities.

Although they were placed in the role to orientate and teach the graduate nurse assigned to them, all three preceptors noted that they learnt that in order for the partnership to be successful, they had to enjoy having a preceptee with them. All three of the preceptors noted that while preceptoring, they learnt about the current training system and what it involved and the changes that had evolved in the training over the years. The preceptors noted that it was an important component to draw on each other's knowledge, realising that the graduate may know and share up-to-date theoretical knowledge, while the preceptor has current clinical skills to pass on.

The graduate nurses saw the overall preceptorship experience as a positive one where they were provided with preceptors who helped and supported them and were grateful and thankful that the preceptors had availed themselves to undertake the role. They realise that the preceptor role takes a lot of effort and requires a huge commitment. The graduates appreciate that the preceptor role, at times, is not an easy one to undertake, especially when the preceptor has to undertake other responsibilities while providing support to the graduates. They believe that the preceptors provided them with the foundation on which they can build their clinical skills leading to becoming confident and competent in practice.

All three preceptors believe that it is an important component in their role to undertake it with enjoyment and enthusiasm. They see their role as challenging, as they do not know what each partnership will entail until it is underway, and an opportunity to help to develop the clinical skills of someone else. The

preceptorship relationship is based on honesty and openness and if it is successful, and the preceptee progresses in practice, then in the end, the preceptor takes huge pride in the fact that they had a part to play in that success

What did the partnership mean to the participants? For the preceptors it was an opportunity to pass on knowledge and skills while assisting their preceptee to learn in an every changing situation. It was about developing a mutual respect for one another and being prepared to listen and care about their graduate as they undertook their new role in a foreign environment. It was appreciating that the graduate had come to the ward with updated theoretical knowledge which they were prepared to pass on to others and it was about being in a situation where they could encourage competent clinical practice. For the graduates, the partnership meant being provided with clinical teaching and learning that secures a good foundation on which to build further knowledge. The partnership provided them with positive role models who were prepared to have someone work with and have questions thrown at them. They realised that the preceptor role is not an isolated role, but rather one that requires the full support of the whole team and the need for a support network for the preceptor is important. Lastly, and possibly the most frequently mentioned throughout the three interviews, for the preceptee, the preceptorship partnership meant being provided a person who was prepared to support them in their clinical practice, one which they would forever be grateful was available.

I believe that the key findings within this research will be of benefit to preceptors and preceptees as they prepare to undertake their respective roles, the health care organisations that they are employed in and those who facilitate preceptorship training. Others who will be interested in the findings include those who are involved in studying relationships and partnerships in general as although the study is nursing focused, it reflects the thoughts and feelings of both junior and senior members of staff and the introduction to the workplace.

One limit to the research is that all three recently graduated nurses were in the 30

– 50 years of age bracket. Therefore, no evidence was gained from graduate nurses who had undertaken their nursing studies directly from leaving high school. All of the graduates noted that they had life experience going into the partnership and used that experience to assist them in settling into their new departments. Whether the outcome is different for graduate nurses who commenced their training at the end of their secondary school year is not known and could be a possible area for further research.

Another limitation to the research is that there were only three sets of preceptorship partnership explored. However, due to the restricted timeframe of the research, I do not believe that interviewing more partnerships was either possible or feasible. A future research opportunity therefore exists by expanding on this current research by interviewing more parties over a greater period of time. Follow up research could also be done to explore with those that were preceptored and who may now be in a preceptor role, whether they utilise any of the skills and knowledge they learnt from their initial preceptoring experiences as they undertake the preceptor role.

Now that an exploration and insight has been gained into the experiences of those in the partnership, new thoughts about ways of working with the partnership will provide an avenue to advance preceptoring programmes. Organisations will also be able to better prepare nurses for preceptorship partnerships by identifying the needs of the preceptee and preceptor that have been revealed in this research. This study has also exposed other relational and practical aspects associated with the preceptorship partnership and information about workplace practices, which will be beneficial as they support new staff members entering into the work environment.

APPENDIX 1 – ETHICAL APPROVAL

Victoria University of Wellington
Human Ethics Committee: Approval for Research

Phone 0-4-463 5676
Fax 0-4-463 5209
Email Allison.kirkman@vuw.ac.nz

TO	Ross Turner
COPY TO	
FROM	Dr Allison Kirkman, Convener, Human Ethics Committee
DATE	14 June 2006
PAGES	1
SUBJECT	Ethics Approval: No 42/2006, Graduate Nurses' preceptorship in nursing: a descriptive study of preceptors and preceptees' experiences

Thank you for your application for ethical approval, which has now been considered by the Standing Committee of the Human Ethics Committee.

Your application has been approved and this approval continues until 30 May 2007. If your data collection is not completed by this date you should apply to the Human Ethics Committee for an extension to this approval.

Best wishes with the research.

Allison Kirkman
Convener

APPENDIX 2 – INFORMATION SHEET



INFORMATION SHEET

Participants Information Sheet for a Study of the Preceptorship Partnership during the Graduate Nurses Clinical Orientation.

Researcher: Ross Turner,

Place of Study: Graduate School of Nursing & Midwifery, Victoria University of Wellington.

Thank you for responding to the advertisement calling for expressions of interest to take part in my research.

I am inviting Registered Nurses who have completed their Graduate Nurse Programme here at xxxxxx Hospital in the previous 18 months, along with their designated preceptor, to participate in this study.

I am a Masters student in the Graduate School of Nursing & Midwifery at Victoria University of Wellington. As part of the degree, I am undertaking a research project leading to a thesis. The project I am undertaking is to research/investigate (from within our organisation) how preceptors and preceptees' experience preceptorship from within their partnerships.

This particular study will give me an opportunity to explore from within my own context, some of the deeper meanings and experiences of preceptors and preceptees. I am hoping to gain helpful insights, to trigger new thoughts about ways of working, to advance teaching in the Graduate Nurse Programme, and to advance the ways we think about and prepare people in the organisation for this partnerships.

Some of the areas that I would like to explore include:

- As a partnership, how did you establish a working relationship in your clinical environment in a short period of time?
- What practical pathways did you generate to sustain the preceptorship partnership?
- What did the preceptorship partnership mean to you?
- What are your insights into the practicalities of working such relationships?
- How did you establish and progress the working relationship, and how did you bring it to closure?
- What learning took place for you as the preceptor and the preceptee while you were in that role, and in relation to your roles?

GRADUATE SCHOOL OF NURSING & MIDWIFERY

PO Box 600, Wellington, New Zealand

Phone +64-4-463 5363 Fax +64-4-463 5442 Email nursing-midwifery@vuw.ac.nz Website www.vuw.ac.nz/nsemid

Participants (three pairs) will be asked to attend together two interviews each in a space of one to two weeks with each interview taking no more than 1.5 hours. Participants must not be currently working in the same Ward or Department. Following the first interview, a transcript of the interview will be provided to the participants allowing for correction or clarification of the details recorded. The interviews will take place at the hospital in a private office or room at an agreed time.

Should any participants feel the need to withdraw from the project, they may do so without question at any time before the data is analysed. Notification to me is required as soon as able to allow other interviews to be booked so that the research can be completed.

You will be asked to choose a pseudonym prior to the interviews taking place.

All raw data will be kept confidential between yourself, your preceptorship partner, my thesis supervisor, Associate Professor Cheryle Moss, a transcriber and myself.

In keeping with the importance of making public findings, I will be looking for general themes in relation to the partnership and from written explorations. Every effort will be made to minimise identification of participants.

The thesis will be submitted for marking to the Graduate School of Nursing & Midwifery and deposited in the University Library.

It is intended that one or more articles will be submitted for publication in scholarly journals as well as possible presentation of papers at conferences and nursing forums.

All collected data and tapes will be destroyed within two years following the completion of the research.

You will be given the opportunity to read the completed work/document.

The Victoria University requires that ethics approval be obtained for research involving human participants and this has been received by them.

If you have any questions or would like to receive further information about the project, please contact myself at xxxxxxxx Hospital (027 678 0479) or my supervisor, Associate Professor Cheryle Moss, at the Graduate School of Nursing & Midwifery at Victoria University, (04 463 6141)

Ross Turner

Signed

Date:

APPENDIX 3 – CONSENT TO PARTICIPATION IN RESEARCH



CONSENT TO PARTICIPATION IN RESEARCH

Title of project: Graduate Nurses' preceptorship in nursing: A descriptive study of preceptors and preceptees' experiences.

I have been given and have understood an explanation of this research project. I have had an opportunity to ask questions and have them answered to my satisfaction. I understand that I may withdraw myself (or any information I have provided) from this project (before the analysis is completed) without having to give reasons or without penalty of any sort.

I understand that:

- all raw data and other material collected will be kept confidential between the researcher, their supervisor, my preceptorship partner, myself and the transcriber,
- it will not be possible for myself to be identified personally in any reports on this research and that all efforts will be made to minimise the risk of identification,
- I will have an opportunity to check the transcripts of the interview before analysis and preparation of the thesis or publication,
- following the completion of the research, it is intended that one or more articles will be submitted for publication in scholarly journals,
- all collected data and tapes will be destroyed within two years following the completion of the research.

I would like:

- to have the tapes returned to me Yes / No (please indicate)
- to receive a completed copy of the thesis Yes / No (please indicate)

I agree to take part in this research.

Name:
(please print clearly)

Signed:

Date:

GRADUATE SCHOOL OF NURSING & MIDWIFERY

PO Box 600, Wellington, New Zealand

Phone +64-4-463 5363 Fax +64-4-463 5442 Email nursing-midwifery@vuw.ac.nz Website www.vuw.ac.nz/nsemid

APPENDIX 4 – TRANSCRIBERS CONFIDENTIALITY STATEMENT



TRANSCRIBER CONFIDENTIALTY STATEMENT

I

Of

Understand that the information contained in these tapes and transcripts is confidential and the contents will not be disclosed to anyone other than the researcher, at any time. I will also ensure that when I am transcribing from the tapes, that it will be in an environment where they cannot be heard by anyone else.

In regards to the tapes:

- I will keep them locked up in a safe, secure place,
- I will not copy them,
- I will return them on completion of the transcribing.

Date: the day of 2006

Signature

GRADUATE SCHOOL OF NURSING & MIDWIFERY

PO Box 600, Wellington, New Zealand

Phone +64-4-463 5363 Fax +64-4-463 5442 Email nursing-midwifery@vuw.ac.nz Website www.vuw.ac.nz/nsemid

REFERENCES

- Amos, D. (2001). An evaluation of staff nurse role transition. *Nursing Standard*, 16(3), 36–41.
- Ashcraft, T. (2004). New nurses, new beginnings. *Nursing Management*, 35(4), 22.
- Ashton, P., & Richardson, G. (1992). Preceptorship and PREPP. *British Journal of Nursing*, 1(3), 143–146.
- Baillie, L., Allen, R., Coogan, F., Radley, R., & Turnbull, L. (2003). The recruitment of newly qualified nurses to their local hospital: Can improvements be made? *Journal of Nursing Management*, 11, 35–43.
- Bain, L. (1996). Preceptorship: A review of the literature. *Journal of Advanced Nursing*, 24, 104–107.
- Baltimore, J. (2004). The hospital clinical preceptor: Essential preparation for success. *The Journal of Continuing Education in Nursing*, 35(3), 133–140.
- Benner, P. (1984). *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. Menlo Park, California: Addison-Wesley Publishing Company.
- Birk, C. (2000). Please help! I'm newly qualified. *Nursing Standard*, 14, 16 & 44-45.
- Brasler, M. (1993). Predictors of clinical performance of new graduate nurses participating in preceptor orientation programs. *The Journal of Continuing Education in Nursing*, 24(4), July/August.
- Burns, C., Beauchesne, M., Ryan-Krause, P., & Sawin, K. (2006). Mastering the preceptor role: Challenges of clinical teaching. *Journal of Pediatric Health Care*, 20(3), 172–183.
- Burns, N., & Grove, S. (1999). *Understanding Nursing Research* (2nd ed.). Philadelphia: W.B. Saunders Company.
- Butterworth, T., Fauger, J., & Burnard, P. (1998). *Clinical Supervision and Mentorship in Nursing*. Cheltenham: Stanley Thornes Ltd.
- Central Manchester & Manchester Children's University Hospitals. (2005). *Preceptorship, the right start in your new post*. Educational Development Team.
<http://www.cmmc.nhs.uk/directorates/PersonalDevelopment/preceptorship.asp>
- Chapman, J. (1993). Collegial support linked to reduction of job stress. *Nursing Management*, 24(5), 52–56.

- Chisengantambu, C., Penman, J., & White, F. (2005). Preceptors central to nursing workforce. *Australian Nursing Journal*, 13(1), 35.
- Clegg, A. (2001). Occupational stress in nursing: A review of the literature. *Journal of Nursing Management*, 9, 101-106.
- Cowin, L., & Hengstberger-Sims, C. (2006). New graduate nurse self-concept and retention: A longitudinal survey. *International journal of nursing studies*, 43, 59-70.
- Delaney, C. (2003). Walking a fine line: Graduate nurses' transition experiences during orientation. *Journal of Nursing Education*, 42(10), 437-443.
- De Bellis, A., Longson, D., Glover, P., & Hutton, A. (2001). The enculturation of our nursing graduates. *Contemporary Nurse*, 11(1), 84-94.
- Ellerton, M., & Gregor, F. (2003). A study of transition: The new nurse graduate at three months. *The Journal of Continuing Education in Nursing*, 34(3), 103-107.
- Firtko, A., Stewart, R., & Knox, N. (2005). Understanding mentoring and preceptorship: Clarifying the quagmire. *Contemporary Nurse*, 19 (1-2), 32-40.
- Floyd, J. (2003). How nurse preceptors influence new graduates. *Critical Care Nurse-Supplement*, February, 26.
- Fox, R., Henderson, A., & Malko-Nyhan, K. (2005). They survive despite the organizational culture, not because of it: A longitudinal study of new staff perceptions of what constitutes support during the transition to an acute tertiary facility. *International Journal of Nursing Practice*, 11, 193-199.
- Fox, R., Henderson, A., & Malko-Nyhan, K. (2006). A comparison of preceptor and preceptee's perceptions of how the preceptor's role is operationalized. *Journal of Clinical Nursing*, 15, 361-364.
- Gerrish, C. (1990). Fumbling along. *Nursing Times*, 86(30), 35-37.
- Godinez, G., Schweiger, J., Gruver, J., & Ryan, P. (1999). Role transition from graduate to staff nurse: A qualitative analysis. *Journal for Nurses in Staff Development*, 15, 97-110.
- Greene, M. & Puetzer, M. (2002). The value of mentorship; A strategic approach to retention and recruitment. *Journal of Nursing Care Quarterly*, 17(1), 67-74.
- Greenwood, J. (2000). Critique of the graduate nurse: An international perspective. *Nurse Education Today*, 20, 17-23.

- Guba, E. & Lincoln, Y. (1985). *Effective Evaluation: Improving the Usefulness of Evaluation. Results through Responses and Naturalistic Approaches*. San Francisco: John Wiley & Sons, Inc.
- Haggerty, C. (2002). Preceptoring for entry into practice, *Whitireia Nursing Journal*, 6, 7–13.
- Hand, E. (2002). Recruitment and retention report. The preceptor connection. *Nursing Management*, 33, 17-19.
- Hathaway, D. (1980). When the honeymoon is over. *The Journal of Practical Nursing*, July (30), 32–41.
- Holloway, I., & Wheeler, S. (1996). *Qualitative research for nurses*. Oxford: Blackwell Science Ltd.
- Horton, B. (2003). The Importance of mentoring in recruiting and retaining junior faculty. *AABA Journal*, 71(3), 189-195.
- Jackson, M. (2001). A preceptor incentive program. *AJN*, 101(6), 24A–24E.
- Johnston, C. (1999). What makes a good preceptor? *Kai Tiaki Nursing New Zealand*, 5(10), 17.
- Koch, T. (1994). Establish rigour in qualitative research: The decision trail. *Journal of Advanced Nursing*, 19, 976-986.
- Kramer, M. (1974). *Reality Shock, Why Nurses Leave Nursing*. St Louis: CV Mosby.
- Lanoë, N. (2002). *Reading Research: How to Make Research More Approachable* (3rd ed.). London: Elsevier Science Limited.
- Maben, J., & Macleod, C. (1996). Making the transition from student to staff nurse. *Nursing Times*, 92(44), 28–31.
- Marquis, B., & Huston, C. (2000). *Management Decision Making for Nurses, 124 case studies* (3rd ed.). Philadelphia: Lippincott-Raven.
- McNamara, A. (2000). Mind the gap: Transitions in nursing education and care delivery systems. *Nursing Administration Quarterly*, 25(1), 39-50.
- Mee, C. (2004). Removing nurses from the menu. *Nursing*, 34(6), 8.
- Miles, M. & Huberman, A. (1994). *Qualitative Data Analysis: An Expanded Sourcebook* (2nd ed.). Beverley Hills, Ca: Sage.

- Ministry of Health (2004). 1-84: *New Graduate First Year of Clinical Practice Nursing Programme: Evaluation Report*. Wellington: Gibling.
- Morton-Cooper, A., & Palmer, A. (1993). *Mentorship and Preceptorship: A Guide to Support Roles in Clinical Practice*. Oxford: Blackwell Scientific Publications.
- Myrick, F., & Yonge, O. (2004). Enhancing critical thinking in the preceptorship experience in nursing education. *Journal of Advance Nursing*, 45(4), 371–380.
- Myrick, F., & Yonge, O. (2005). *Nursing Preceptorship; Connecting Practice and Education*. Philadelphia: Lippincott Williams & Wilkins.
- Nash, J. (2001). Prioritizing preceptorship. *Nursing News*, 25(3), 12.
- Nehls, N., Rather, M., & Guyettes, M. (1997). The preceptor model of clinical instruction: The lived experiences of students, preceptors, and faculty-of-record. *Journal of Nursing Education*, 36(5), 220–227.
- Nelson, F. (1999). Using adult learning principles for perioperative orientation programs. *AORN Journal*, 70(6), 1046–1054.
- Oermann, M., & Garvin, M. (2002). Stresses and challenges for new graduates in hospitals. *Nurse Education Today*, 22(3), 225-230.
- Oermann, M., & Moffitt-Wolf, A. (1997). New graduates' perceptions of clinical practice. *The Journal of Continuing Education in Nursing*, 28(1), 20–25.
- O'Malley, C., Cunliffe, E., Hunter, S., & Breeze, J. (2000). Preceptorship in practice. *Nursing Standard*, March 29, 14(28), 45–49.
- Parahoo, K. (1997). *Nursing Research: Principles, Process and Issues*. London: MacMillan Press Ltd.
- Pigott, H. (2001). Facing reality: The transition from student to graduate nurse. *Australian Nursing Journal*, 8(7), 24–26.
- Polit, D., Beck, C., & Hungler, B. (2001). *Essentials of Nursing Research: Methods, Appraisal, and Utilization* (5th ed.). Philadelphia: Lippincott.
- Polit, D., Beck, C. (2004). *Nursing Research: Principles and Methods* (7th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Prebble, K., & McDonald, B. (1997). Adaptation to the mental health setting: The lived experiences of comprehensive nurse graduates. *Australian and New Zealand Journal of Mental Health Nursing*, 6, 30–36.

- Roberts, K., & Taylor, B. (1998). *Nursing Research Processes: an Australian perspective*. Melbourne, Australia: Thomas Nelson.
- Robson, C. (1993). *Real World Research: A Resource for Social Scientists and Practitioner Researchers*. Oxford: Blackwell Science.
- Sandelowski, M. (2000). Focus on research methods. Whatever happened to qualitative descriptions? *Research in Nursing & Health*, 23, 334-340.
- Smith, L. (2006). The joys and responsibilities of preceptors. *Nursing*, Fall 2006 Supplement. 9–10.
- Starr, K., & Conley, V. (2006). Becoming a registered nurse: The nurse extern experience. *The Journal of Continuing Education in Nursing*. 37(2), 86–92.
- Teasdale, K., Brocklehurst, N., & Thom, N. (2001). Clinical supervision and support for nurses; an evaluation study. *Journal of Advanced Nursing*, 33(2), 216-224.
- Thomka, L. (2001). Graduate nurses' experiences of interactions with professional nursing staff during transition to the professional role. *The Journal of Continuing Education in Nursing*, 32(1), 15–19.
- Tomey, A. (2000). *Guide to Nursing Management and Leadership*. St Louis: Mosby, Inc.
- UKCC (1990), The Report of the Post Registration Education and Practice Project (PREP). London: United Kingdom Central Council for Nursing, Midwifery and Health Visiting.
- UKCC (1996), Positional Statement on Clinical Supervision for Nursing and Health Visiting. London: UKCC.
- Usher, K., Nolan, C., Reser, P., Owens, J., & Tollefson, J. (1999). An exploration of the preceptor role: Preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role. *Journal of Advanced Nursing*, 29(2), 506–514.
- Walker, J. (1998). The transition to registered nurse. The experience of a group of New Zealand degree graduates. *Nursing Praxis in New Zealand*, 13(2), 36–43.
- Walker, J. & Bailey, S. (1999). The clinical performance of new degree graduates. *Nursing Praxis in New Zealand*, 14 (2), 31–42.
- Ward, T. (1997). Good relations start at induction. *The Employer Regional Review*, 13.

- Whitehead, J. (2001). Newly qualified staff nurses' perceptions of the role transition. *British Journal of Nursing*, 10(5), 330–339.
- Wright, A. (2002). Preceptoring in 2002. *The Journal of Continuing Education in Nursing*, 33(3), 138–142.
- Zimmermann, P. (2001). Managers forum. *Journal of Emergency Nursing*, 27(3), 290-292.