



## Factors influencing preceptorship in clinical learning for an undergraduate nursing programme in the North West Province of South Africa



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### ABSTRACT

**Background:** The preceptorship model has been widely used as a method of choice for clinical learning in nursing education institutions worldwide, including South Africa. The aim of the study was to determine factors influencing preceptorship in clinical learning in an undergraduate nursing programme in nursing education institutions in the North West Province of South Africa.

**Methods:** A cross sectional design was conducted among preceptors (n = 9), preceptees (n = 177) and unit managers (n = 38) using total population sampling technique. Data about factors influencing preceptorship were collected and analysed using descriptive statistics and the Statistical Package for Social Sciences (SPSS version 23).

**Results:** The following factors influenced preceptorship positively: course expectations discussed at the beginning of placement, preceptors and unit managers with adequate knowledge to meet the preceptees' learning outcomes, hospital units were good clinical learning environments and good inter-professional relationships in the clinical areas. The factors that influenced preceptorship negatively included: the preceptors' perceived insufficient knowledge and skills to meet the preceptees' learning outcomes; and nurses in the units who did not support student supervision.

**Conclusion:** Good interpersonal and inter-professional relationships between stakeholders are important to influence preceptorship positively as do preceptors and unit managers with adequate knowledge to meet preceptees' learning outcomes. Preceptorship could be enhanced by increasing the time spent in the clinical learning environment to meet expected preceptees' learning outcomes.

### 1. Introduction

Preceptorship in clinical learning is a model widely used in nursing to assist students to transition from novice level to their new professional clinical roles, performing their tasks, gaining a basic level of knowledge and skills necessary to apply in the nursing profession (Lalonde & McGillis Hall, 2016, p. 42). The nursing curriculum comprises both theory and clinical practice that enable the nursing students to acquire the knowledge, skills and attitudes to become qualified practitioners in the real world (Dias & Khowaja, 2017, p. 2697; Jamshidi, Molazem, Sharif, Torabizade, & Kalyani, 2016, p. 1). Clinical learning is an essential and integral component as more than half of the formal part of nursing education is carried out in clinical environments where nursing students integrate theory and practice (Jamshidi et al., 2016, p. 1; Tiwaken, Caranto, & David, 2015, p. 66). In the Nursing Education and Training Standards (2010) document, the South African

Nursing Council (SANC) has set standards for the establishment and outcomes of nursing education and training programmes, including clinical learning programmes and approved those programmes that meet the requirements of the Nursing Act No. 33 of 2005.

In a constantly changing nursing education environment, nursing students require support to develop reflection, critical thinking and problem-solving (Cloete & Jeggels, 2014, p. 1; Lawal, Weaver, Bryan, & Lindo, 2015, p. 32). Undergraduate nursing students expect a supportive clinical environment that is innovative, creative and highly individualised which could be achieved when educators co-operate with clinical nurses (Lawal et al., 2015, p. 33; Lienert-Brown, Taylor, Withington, & Lefebvre, 2018, p. 161). To enable a harmonious relationship, it is essential that students maintain good relationships with clinical staff as well as with the preceptors as these relationships are crucially important factors that influences learning in the clinical areas (Lawal et al., 2015, p. 33; Lienert-Brown et al., 2018, p. 161). Previous

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studies have investigated factors influencing preceptorship from preceptors' and preceptees' viewpoints (Dias & Khowaja, 2017, p. 2697; Lawal et al., 2015, p. 33; Serrano-Gallardo et al., 2016, p. 2), but none have examined these including the unit managers simultaneously. The focus of this study was to determine factors influencing preceptorship in clinical learning in an undergraduate programme from the preceptors', preceptees' and unit managers' perspectives.

### 1.1. Literature review

The reviewed literature indicated that preceptorship and mentorship are often used interchangeably to describe the strategy used to support undergraduate nursing students in clinical learning environments. In mentorship there is a long term, more extensive and personal relationship whereas preceptorship provides short term support or at time limited intervals (Hale, 2018, p. 3). In this article, the term preceptorship has been adopted.

The preceptorship model, as a strategy, could influence the learning process within clinical placements for nursing students to garner the necessary attributes of caring and the application of situational knowledge (Lawal et al., 2015, p. 33; Serrano-Gallardo et al., 2016, p. 2).

The quality of the learning environment depends on a variety of factors such as the capacity to provide opportunities for students to learn, appropriate supervision and preceptor support (McSharry & Lathlean, 2017, p. 74). The interpersonal relationship between the preceptor and the student as well as experienced nurses appear to be the main factors affecting the clinical learning experience which can impact clinical learning positively or negatively (Lawal et al., 2015, p. 33; McSharry & Lathlean, 2017, p. 74).

### 1.2. Theoretical framework

This study was guided by Benner's adapted theory "From Novice to Expert" as well as Brenda Happel's Model on Preceptorship as a clinical learning model that involves the preceptor, preceptee, the facilitator and the clinical setting. Happell (2009, p. 372) asserted that the strength and effectiveness of the relationship of both the preceptor and preceptee might influence the achievement of learning outcomes in the clinical setting. However, some studies identified factors affecting the preceptorship model such as insufficient time to guide and lack of support from clinical placement co-ordinators and management for preceptors to fulfil their roles effectively (McSharry & Lathlean, 2017, p. 74). A Spanish study cited that students identified learning facilitators as including the promotion of responsibility and autonomy (Serrano-Gallardo et al., 2016, p. 2). Factors that hindered the learning process included a lack of trust in nursing students shown by preceptors' and unit managers' negative attitude leading to feelings of inadequacy and low self-confidence among students (Rajeswaran, 2016, p. 2; Serrano-Gallardo et al., 2016, p. 2).

Benner focused on understanding perceptual acuity, clinical judgment, skilled expertise, ethical competence and ongoing experiential learning (Brykczynski, 2010, p. 141). Benner used the Dreyfus Model of Skills Acquisition as the foundation of her work, implying that experience and proficiency are necessary for nursing practice (Oshvandi et al., 2016, p. 3014). This developmental model identifies changes which should be passed through by a practitioner to become clinically skilled (Oshvandi et al., 2016, p. 3014). As the preceptee progresses from novice to expert level, the performance in particular situations would change into using empirical experience instead of relying on abstract principles during clinical practice (Oshvandi et al., 2016, p. 3014). The preceptee should move from rule-based thinking to comprehensive understanding and be fully involved in various situations to acquire competency (Oshvandi et al., 2016, p. 3014). The preceptor must therefore be able to combine proficient clinical skills and effective teaching abilities to assist preceptees' transfer of classroom knowledge

to move from dependency to becoming an independent practitioner (Neiderriter, Eyth, & Thoman, 2017, p. 2). This is only possible in conducive clinical learning environments.

Even some preceptees who reported positive experiences during clinical placements, reported lack of support and guidance for optimizing their learning (Rajeswaran, 2016, p. 4; Serrano-Gallardo et al., 2016, p. 2). Preceptee preparation for the preceptorship experience could be achieved through conducive learning environments and supportive preceptors who guide students to acquire knowledge, hands-on skills and decision making skills (Neiderriter et al., 2017, p. 2). Dias and Khowaja (2017, p. 2698) recommended that preceptors should complete a preceptorship course to perform the role effectively.

### 1.3. Problem statement

The shortage of professional nurses in South African clinical settings, implies that student nurses do not receive sufficient support and contact in the clinical areas due to large numbers of students allocated to the same clinical learning area. The lack of clinical placements and of supervision could contribute to incompetence among newly qualified nurses evidenced by the increased number of litigations attributable to poor patient care (SANC Spotlight, 2013, p. 24).

The Preceptorship Model, as a clinical teaching strategy, was implemented in a nursing education institution in the North West Province (NWP) as envisaged in the National Strategic Plan for Nurse Education, Training and Practice (Plan, 2012/12–2016/17). During 2013, more preceptors were hired to enhance preceptorship.

As a clinical preceptor, the researcher noted that the preceptorship model, has not been assessed to identify factors influencing its effectiveness in the undergraduate nursing programme.

### 1.4. Purpose and objectives of the study

The purpose of the current study was to determine factors influencing preceptorship in clinical learning in an undergraduate nursing programme in the NWP.

The objective was to explore and describe perceptions of preceptors, preceptees and unit managers about preceptorship in clinical learning in an undergraduate nursing programme in the NWP.

## 2. Materials and method

### 2.1. Research design

A quantitative, cross sectional study design was adopted and data were collected from July until September 2016, using the total populations of 2nd, 3rd and 4th year preceptees (n = 177), preceptors (n = 9) and unit managers (n = 38). The descriptive design was selected in order to identify problems with current practice, justify current practices, make judgements, or determine what other practitioners in similar situations were doing (Burns & Grove, 2007, p. 240).

The study was conducted at 11 health care centres in the Mafikeng sub-district, and two provincial hospitals in the Ngaka Modiri Molema District, one of the four districts of the NWP.

### 2.2. Data collection and instrumentation

The author developed structured questionnaires consisting of closed-ended and one open-ended question to collect data from preceptors, unit managers and preceptees respectively. Participants were asked to respond to statements in the questionnaires and reflect their perspectives on factors influencing preceptorship in undergraduate nursing programme in the North West province, through a five-point Likert scale rating from 1 (fully disagree) to 5 (fully agree). The participants were further requested to specify any other factors they considered relevant in influencing preceptorship.

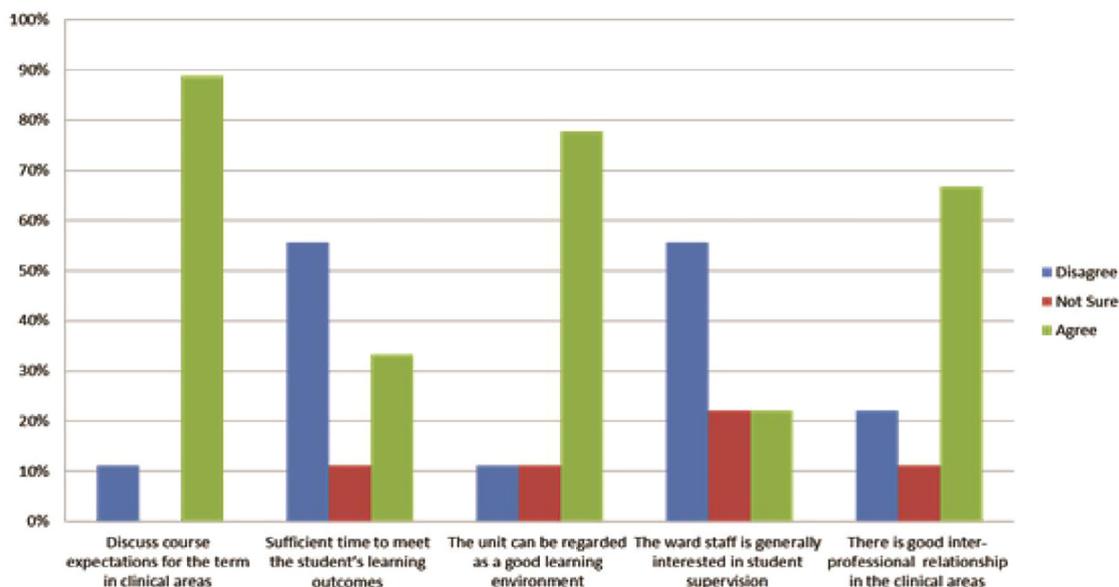


Fig. 1. Factors influencing preceptorship – Preceptors views.

A self-administered questionnaire was provided to the participants following informed consent obtained from them. They were given 15 min to complete and send back the data instrument. An independent data collector who was trained and supervised was employed to collect data from the preceptees, preceptors and unit managers who participated in the study to curb conflict of interest as research participants are colleagues and own students of the principal researcher in this study. Preceptees were recruited and questionnaires administered during the teaching sessions and preceptors were recruited individually. The unit managers were recruited by the senior nursing manager and questionnaires were administered in a meeting session and collected by the researcher in this instance.

### 2.3. Validity and reliability

A self-developed data collection instrument was used to determine factors influencing preceptorship in clinical learning for an undergraduate nursing programme in the NWP. The questionnaires were based on the literature reviewed, study objectives and the conceptual framework chosen and were given to a nurse educator and the supervisor who are experts in quantitative methods to evaluate the content validity of the data collection instruments. The questionnaires were also reviewed for their completeness, clarity and readability to ensure face validity. First year nursing students, who were excluded from participation in the actual study, completed questionnaires as a pre-test to ensure the instrument's validity. The instrument was pre-tested in order to ascertain whether or not the instrument accurately measured what it was supposed to measure. The amendments recommended after the pre-test included shortening some of the questions and using simple language that can be easily understood by participants.

The questionnaire yields consistent results if used repeatedly over time on the same respondents or when used by two researchers. Cronbach's alpha co-efficient of 0.76 for the pre-test and 0.83 for preceptors; 0.85 for unit managers and 0.88 for preceptees at confidence level of 0.95 indicated adequate internal consistency for using the tool.

### 2.4. Data analysis

The researcher analysed data at the level of individual items and used ordinal level measurements. Descriptive statistics were used to summarise and describe data on factors influencing preceptorship in an undergraduate nursing programme in the NWP (Watson, McKenna,

Cowman, & Keady, 2008, p. 353). Frequencies and percentages across different levels of training of preceptees were cross-tabulated. Open-ended question was coded and the quantification of the responses were done. Tables were used to summarize data in frequencies and percentages.

### 2.5. Ethical considerations

Ethical approval was granted by the North West University (NWU-00144-15-A9) and the Health Ethics Committee. Permission was granted by the Mafikeng Sub-district, in Ngaka Modiri Molema District and Mafikeng Provincial Hospital's and Bophelong Psychiatric Hospital's management. Ethical principles were adhered to by providing an information sheet and obtaining informed consent from each respondent, ensuring voluntary participation. The respondents had the right to decide whether to participate in the study and could withdrawing from the study at any time. Transparency of information and findings was respected through the dissemination of the results to all relevant stakeholders and participants on request. Questionnaires were coded and no names were used to ensure respondents' confidentiality and anonymity.

## 3. Results

The response rate was 100% for preceptors, 95% for unit managers and 94% for preceptees.

### 3.1. Factors influencing preceptorship - preceptors' perspectives

Fig. 1 provides responses of participants on factors influencing preceptorship in clinical learning. Preceptors agreed that the following factors affected the effectiveness of clinical preceptorship; discussing course expectations for the term in clinical areas (88.9%; n = 8); possessing adequate knowledge to meet students' learning outcomes (77.8%; n = 7). The preceptors also acknowledged that good interpersonal relationships existed in clinical areas (66.7%; n = 6) and that the units were regarded as a good learning environments (77.8%; n = 7). Most preceptors had good relationships with unit /facility managers (77.8%; n = 7) and with students (88.9%; n = 8). However, preceptors (77.8%; n = 7) were unsure if a positive atmosphere existed in the units and 55.6% (n = 5) considered the time to be insufficient to meet the students' learning outcomes and that the units' nurses were

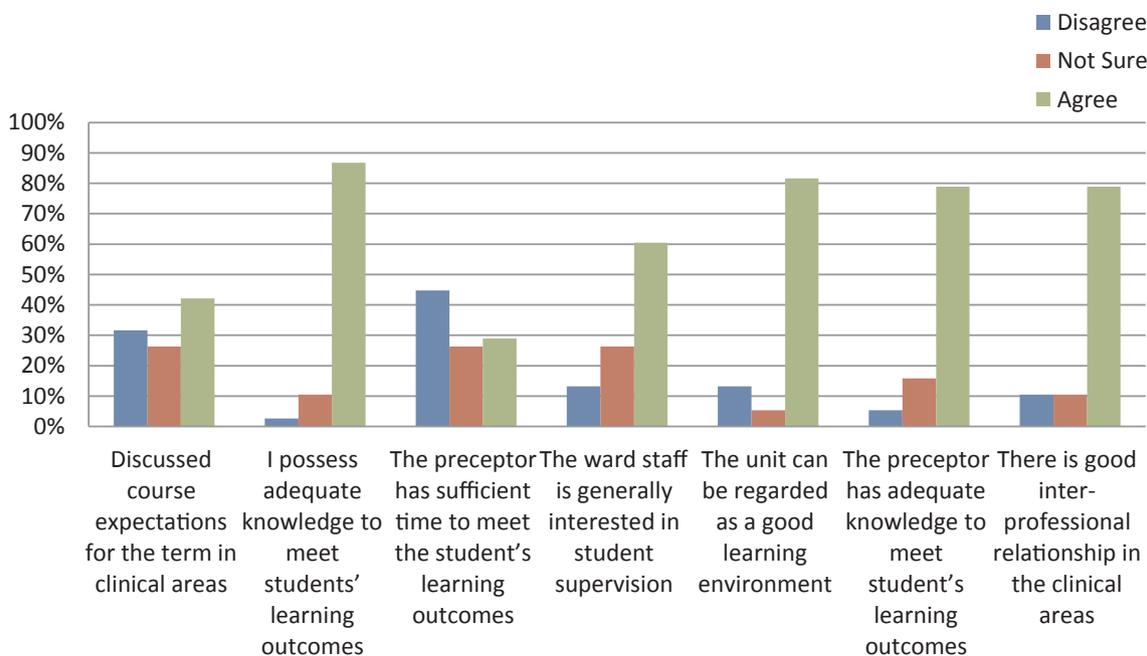


Fig. 2. Factors influencing preceptorship – Unit managers' views.

uninterested in students' supervision (55.6%; n = 5) as factors that negatively influenced the effectiveness of clinical preceptorship.

3.2. Responses to open-ended question

Preceptors (89%; n = 8) suggested preceptorship could also be influenced by: preceptors' lack of adequate knowledge and expertise; large numbers of preceptees in one area together with students from other NEIs; clinical speciality to be considered when allocating preceptors; preceptees being treated as employees; some professional nurses feeling intimidated in the presence of preceptors as not all procedures had been standardized in all clinical areas and lack of opportunities to perform certain procedures.

3.3. Factors influencing preceptorship – unit managers' perspectives

Fig. 2 shows that most managers (86.8%; n = 33) were of the opinion that they possessed adequate knowledge to meet students' learning outcomes. These managers (86.9%; n = 33) indicated that encouraging students to use learning opportunities and giving constructive feedback (52.6%; n = 20) as influencing the effectiveness of preceptorship. The managers (81.6%; n = 31) considered the units as a good learning environments where staff were interested in students' supervision (60.5%; n = 23). Some managers agreed that factors influencing preceptorship included preceptors' good relationship with students (71%; n = 27), their adequate knowledge to meet students' learning outcomes (78.9%; n = 30) as well as maintaining good interprofessional relationships in the clinical areas (78.9%; n = 30).

The response rate to an open-ended question from unit managers was 54% (n = 29), indicating that factors influencing clinical preceptorship included: preceptors' lack of adequate knowledge, expertise and preparation and some clinical procedures that are not standardized. Clinical specialities should be considered when allocating preceptors.

3.4. Factors influencing preceptorship – preceptees' views

Fig. 3 shows that most preceptees (70%; n = 124) indicated that, discussing course expectations with them in clinical areas at the beginning of the term positively influenced preceptorship. Out of 124

students who agreed that course expectations for the term were discussed, 36 (59%) were 2nd years, 50 (80.6%) were 3rd years and 38 (70.4%) were 4th years. The p-value was 0.088, indicating that there was no statistically significant difference concerning course expectation discussions within preceptees' level of training.

The preceptees who agreed that there was a positive atmosphere in the wards were 121 (68.4%), while 38 (21.5%) were unsure and 18 (10.2%) disagreed from a total of 177 preceptees. The P-value was 0.0198, indicating that there was no statistically significant difference about the atmosphere of the ward within the three levels of training (62%; n = 38 were 2nd years; 79%; n = 49 were 3rd years and 63%; n = 34 were 4th years).

Out of 94 preceptees who considered the units' nurses to be interested in their supervision, 33 (54.1%) were 2nd years, 34 (54.8%) were 3rd years and 27 (50%) were 4th years, revealing no statistically significant difference within their level of training as the P-value was 0.244. Out of 119 preceptees who felt comfortable going to the units at the start of their shifts, 43 (70.5%) were 2nd years, 46 (74.2%) were 3rd years and 30 (55.6%) were 4th years. The P-value was 0.052, which indicated no statistically significant difference within students' levels of training

Of the 136 preceptees who felt that the units were good learning environments, 47 (77%) were 2nd years, 51 (82.3%) were 3rd years and 38 (70.4%) were 4th year students. The P-value was 0.478, indicating no significant relationship within students' levels of training. Many preceptees (n = 134) considered preceptors to possess adequate knowledge to meet their learning needs, 40 (65.6%) being 2nd years, 53 (85.5%) being 3rd years and 41 (75.9%) being 4th years. The P-value was 0.066, indicating that there was no statistically significant difference.

Out of 124 preceptees who indicated that preceptors assisted them to identify appropriate learning opportunities to meet their learning needs (56%; n = 34 of 2nd years, 86%; n = 53 of 3rd years and 69%; n = 37 of 4th years) agreed with the statement. The P-value was 0.005 indicating a relationship between being assisted by a preceptor and the level of training, with 3rd year preceptees' percentage being the highest.

Most preceptees (68%; n = 121) agreed that preceptors assisted them to achieve their required competencies concerning clinical skills.

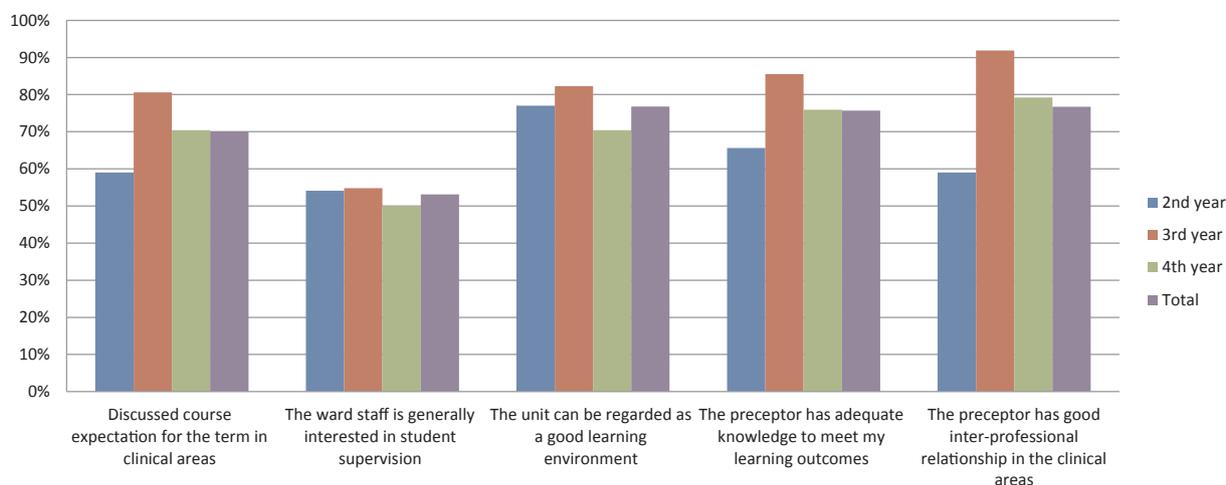


Fig. 3. Factors influencing preceptorship (Percentage of preceptees with positive response).

This is indicated by 121 preceptees, of whom 37 (60.7%) were 2nd years, 49 (79%) were 3rd years and 35 (66%) were 4th years, agreed. The P-value was 0.049, indicating statistical significance and a relationship between assistance with clinical skills and a high percentage of third years agreeing with this statement.

Out of 128 preceptees (64%; n = 39 were 2nd years, 84; n = 52 were 3rd years while 70%; n = 37 were 4th years) agreed that preceptors encouraged them to use support of other health care workers. The P-value was 0.109, indicating no statistical significance.

As many as 109 (62%) preceptees of whom 49% (n = 30) were 2nd years, 74% (n = 46) were 3rd years and 62% (n = 33) were 4th years agreed that they received constructive feedback from their preceptors. The P-value was 0.030, indicating a statistically significant difference between the levels of training with a significantly small percentage of 3rd years disagreeing with the statement.

Of the preceptees who felt that they had good relationships with the preceptors, 47.5% (n = 29) were the 2nd year, 65% (n = 40) were 3rd year and 59% (n = 31) were 4th year students. The P-value was 0.122, indicating no statistically significant difference between the relationship of the preceptor and preceptees' level of training. Most preceptees felt that the preceptors had good inter-professional relationships in clinical areas, as shown by 36 (59%) of 2nd years, 57 (91.9%) of 3rd years and 42 (79.2%) of 4th years from 135 preceptees. The P-value of 0.000 indicated a statistically significant difference between the good relationship with the preceptors and the preceptees' level of training where fewest 3rd years disagreed.

### 3.5. Responses to open-ended question by preceptees

Of the preceptees 54% (n = 29) 4th years, 40% (n = 25) 3rd years and 57% (n = 35) 2nd years indicated other factors that influenced preceptorship, namely: preceptors' lack of adequate knowledge and expertise; preceptors' failure to orientate students effectively; preceptees' preference to be placed in a specific unit for five days per week rather than for three days for continuity; some procedures were not standardized in all clinical areas and some procedures were unavailable; lack of equipment; too many students from different programmes assigned to clinical facilities impacted negatively on students' learning.

## 4. Discussion

This current study explored the perceptions of the preceptees, preceptors and unit/facility managers concerning factors impacting on students' clinical learning. Most preceptors and preceptees agreed that course expectations discussed at the beginning of each term enhanced their clinical learning but few unit/facility managers agreed. Within the

preceptorship model, the three participants, namely the preceptor, the preceptee and nurse educator have unique responsibilities. [Bvumbwe \(2016, p. 321\)](#) revealed that nursing outcomes could be improved when collaborative implementation of nursing education exists between academia and clinical practice. However, this cannot be effective without clinical staff and a clinical learning environment conducive to attain expected learning outcomes. The quality of the interpersonal and inter-professional relationships influences clinical learning and enhances preceptees' clinical competencies ([Lawal et al., 2016, p. 36](#); [Tiwaken et al., 2015, p. 69](#)).

The results indicated that discussing expected learning outcomes with preceptees and unit nurses is essential for good relationships in clinical areas. Learning outcomes have to be provided by the NEI to the units' nurses as formal information sharing is important for obtaining support from other healthcare professionals ([Bvumbwe, 2016, p. 321](#)). Preceptors, managers and unit nurses should cooperate to support preceptees' transition from novice to expert ([Lawal et al., 2016, p. 36](#)).

The preceptorship model portrays the importance of collaboration for the production of knowledgeable, skilled and competent graduates ([Happell, 2009, p. 375](#)). Preceptees depend on preceptors, staff members and nurse educator to achieve specified learning outcomes. Preceptors perceived themselves as having a good relationship with unit managers, students and other professionals in clinical areas. This emphasizes the importance of the triad relationship for ensuring that effective clinical learning. [Lawal et al. \(2016, p. 36\)](#) indicated that over 50% of their study participants desired improved relationships between the NEI and clinical units.

The unit managers and staff members encouraged preceptees and were interested in their clinical learning. Preceptees were encouraged by preceptors to use support from other professionals and they had good relationships with their preceptors. Literature supports these findings that the NEI was not the most significant factor in a preceptees' decisions to continue with the programme. Instead clinical staff and placements have the greatest impact on their decision to stay and are critical for successful clinical experience ([Lawal et al., 2016, p. 37](#)). The unit managers indicated that preceptors had insufficient time to meet preceptees' learning outcomes.

Preceptors said they possessed adequate knowledge to meet preceptees' learning outcomes. However, time was inadequate to achieve these outcomes. [Dias and Khowaja \(2017, p. 2699\)](#) maintained that preceptor preparation is vital for performing a clinical preceptor's role. The ability of nurses to supervise students is influenced by their preparedness for their supervisory role, emphasizing adult learning principles and teaching and communication skills ([Dias & Khowaja, 2017, p. 2699](#)).

The novice preceptor might require support and direction from the

nurse educator to identify learning situations while experienced preceptors might require nurse educators' support to provide feedback and it was thus important to include them in educational activities (Dias & Khowaja, 2017, p. 2699).

The practice place should provide the preceptees with an environment where they can learn how to apply principles and theories in the clinical setting (Lawal et al., 2016, p. 37). Although unit managers agreed that preceptees were encouraged to use learning opportunities in the clinical settings, preceptors held a different view. Preceptors had no such confidence but agreed that units provided good learning environments.

The preceptees experienced a positive atmosphere in the units, while preceptors perceived the atmosphere to be negative and thus influencing negatively upon preceptees' learning in clinical areas. Findings from a study by Jamshidi et al. (2016, p. 5), preceptees indicated that ineffective communication and inadequate preparation challenged them in the clinical learning environment as the stress affected their general health and disturbed their learning process. Ward managers created circumstances for a positive ward culture and as the relationship between staff and preceptees was one of the most influential factors in student learning (Lawal et al., 2016, p. 36).

Ward managers exerted an indirect influence on clinical instruction as this supervisory relationship is an important pedagogical activity of nursing staff. The logic was that the creation of learning space could make preceptees feel that they had a legitimate place wherein to act, as preceptees identified anxiety as an influential factor impacting on their clinical learning (Lawal et al., 2016, p. 37). The preceptees' readiness was influenced by their level of training, as third year preceptees were more committed than others. An interest in student supervision and a good learning environment were rated high by all preceptees across all training levels. These results are consistent with those obtained by Serrano-Gallardo et al. (2016, p. 7), that higher clinical learning showed by third year preceptees as they used reflective methodology based on self-assessment.

In this study there was a significant difference within the three levels of preceptees' training as they positively perceived the assistance provided by preceptors in identifying appropriate learning opportunities and to achieve competencies required, especially by the third year students (86%). Preceptees appreciated the presence and assistance from their preceptors, specifically third year preceptees. With these study findings and additional support from the literature (Hendricks, Wallace, Narworld, Guy, & Wallace, 2013, p. 313) the preceptor model allows for a realistic practice situation with opportunities for the students to begin to act and think like a nurse. Supervisory relationship is the most important factor contributing to preceptees' satisfaction with their clinical learning experiences.

## 5. Limitations

The study was conducted in one nursing education institution and its accredited clinical facilities in a single province. It is therefore not possible for the results of this study to be generalized.

## 6. Conclusions

This study identified a number of factors influencing preceptorship in clinical learning and explored perceptions of preceptors, unit managers and preceptees. Good interpersonal and interprofessional relationships as reported by preceptors, unit managers and preceptees positively influenced preceptorship. The good clinical learning environments as perceived by respondents provided the preceptees with learning opportunities enabling them to meet their learning outcomes. The expected learning outcomes for preceptees were discussed and presented to preceptors and unit managers. These were positive factors that influenced the preceptorship model and are important for the relationship between the NEIs and the clinical learning environment.

Factors such as a lack of support for preceptees from the ward staff influenced preceptorship in a negative manner. It is also concluded that the time allocated for clinical learning was inadequate. The success of preceptorship depends on its ability to produce competent and safe future professional nurses. This success depends on nurse educators working in partnership with unit managers and preceptors.

## Recommendations

These observations indicate that there is a need to design and offer preceptor preparation programmes in order to provide support in clinical teaching and learning as this could improve preceptors' preparedness for the role. Strengthening collaboration and partnership between the NEI, health services, nurse educators, preceptors and unit managers could enhance the effectiveness of clinical supervision. More research ought to be conducted about the effects of the preceptorship model in clinical learning for undergraduate nursing programmes.

## Competing interests

There are no organisations with conflict of interest related to the study. The authors declare that they have no financial or personal relationship that might have inappropriately influenced them in writing this article.

## Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ijans.2018.11.006>.

## References

- Bryczynski, K. A. (2010). Benner's philosophy in nursing practice. In M. R. Aligood (Ed.), *Nursing theory: utilization and application* (pp. 137–159). (4th ed.). Heights MO: Mosby Elsevier.
- Burns, N., & Grove, S. K. (2007). *Understanding nursing research: Building an evidence – based practice* (4th ed.). St Louis, Missouri: Elsevier.
- Bvumbwe, T. (2016). Enhancing nursing education via academic-clinical partnership: An Integrative review. *International Journal of Nursing Sciences*, 3(2016), 314–322.
- Cloete, I. S., & Jeggels, J. (2014). 'Exploring nurse preceptors' perceptions of benefits and support of and commitment to the preceptor role in the Western Cape Province. *Curationis*, 37(1), 7. <https://doi.org/10.4102/curationis.v37i1.1281>.
- Dias, M. J., & Khowaja, A. A. (2017). A case study on experiences of clinical preceptors in the undergraduate nursing program. *International Journal of Nursing and Health Sciences*, 11(11), 2697–2700.
- Hale, R. (2018). Conceptualizing the mentoring relationship: An appraisal of evidence. *Wiley Nursing Forum*, 2018, 1–6. <https://doi.org/10.1111/nuf.12259>.
- Happell, B. (2009). A model of preceptorship in nursing: Reflecting the complex functions of the role. *Nursing Education Perspectives*, 30(6), 372–376.
- Hendricks, S. M., Wallace, S. L., Narworld, L., Guy, G., & Wallace, D. (2013). Comparing the effectiveness, practice opportunities and satisfaction of the preceptored clinical and the traditional clinical for nursing students. *Nursing Education Perspectives*, 34(5), 310–314.
- Jamshidi, N., Molazem, Z., Sharif, F., Torabizade, C., & Kalyani, M. N. (2016). The challenges of nursing students in the clinical learning environment: A qualitative study. *The Scientific World Journal. Hindawi Publishing Corporation*, 2016, 7. <https://doi.org/10.1155/2016/1846178> Article ID 1846178.
- Lalonde, M., & McGillis Hall, L. (2016). Preceptor characteristics and the socialization outcomes of new graduate nurses during a preceptorship programme. *Wiley Nursing Open*, 4, 24–31.
- Lawal, J., Weaver, S., Bryan, V., & Lindo, L. M. J. (2015). Factors that influence the clinical learning experience of nursing students at a Caribbean school of nursing. *Journal of Nursing Education and Practice*, 6(4), 32–39.
- Lienert-Brown, M., Taylor, P., Withington, J., & Lefebvre, E. (2018). Mental health views and experiences of working with undergraduate nursing students" A descriptive exploratory study. *Nurse Education Today*, 64(2018), 161–165.
- McSharry, E., & Lathlean, J. (2017). Clinical teaching and learning within a preceptorship model in an acute care hospital in Ireland; a qualitative study. *Nursing Education Today*, 51(2017), 73–80.
- Neiderriter, J. E., Eyth, D., & Thoman, J. (2017). Nursing students' perception on characteristics of an effective clinical instructor. *Sage Open Nursing*, 3, 1–8. <https://doi.org/10.1177/2377960816685571>.
- The National Strategic Plan for Nurse Education, Training and Practice 2012/12–2016/17. Department of Health. Republic of South Africa.217.
- Oshvandi, K., Moghadam, A. S., Khatiban, M., Cheraghi, F., Borzu, R., & Moradi, Y. (2016). On the application of novice to expert theory in nursing; a systematic review.

- Journal of Chemical and Pharmaceutical Sciences*, 9(4), 3014–3020.
- Rajeswaran, L. (2016). Clinical experiences of nursing students at a selected institute of health sciences in Botswana. *Health Science Journal*, 10(6:471), 1–6.
- SANC Spotlight (2013). July-December *Newsletter*, 1(2).
- Serrano-Gallardo, P., Martinez-Marcos, M., Espejo-Matorrales, F., Arakawa, T., Magnabosco, G. T., & Pinto, I. C. (2016). Factors associated to clinical learning in nursing students in primary health care: an analytical cross-sectional study. *Revista Latino-Americana de Enfermagem*, 24, e2803.
- The Nursing Education Stakeholders (NES) Group (2010). A proposed model for clinical nursing education and training in South Africa. *Trends in Nursing*, 1(1), <https://doi.org/10.14804/1-1-2327>.
- Tiwaken, S. U., Caranto, L. C., & David, J. J. T. (2015). The real world: Lived experiences of student nurses during clinical practice. *International Journal of Nursing Sciences*, 5(2), 66–75. <https://doi.org/10.5923/j.nursing.20150502.05>.
- Watson, R., McKenna, H., Cowman, S., & Keady, J. (2008). *Nursing research: Design and methods*. Churchill Livingstone: Elsevier.