



Clinical education

Becoming a nurse preceptor, the challenges and rewards of novice registered nurses in high acuity hospital environments



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ABSTRACT

Precepting is a common and expected role of nurses in clinical settings worldwide. This research explored novice nurse's experiences of precepting undergraduate nursing students in high-acuity hospital environments. An interpretive study was undertaken with 12 novice nurses (< 3-years of post-registration clinical experience), who were precepting nursing students. Data was collected through focus groups and thematically analysed. The zone of proximal development theory was applied to understand the relationship of learning that occurs between students and nurses. Three themes were identified. Firstly, participants established that precepting students enhanced their own self-development, and was a rewarding role, that not only developed the student into a nurse, but provided opportunities for the novice nurse to learn. Second, precepting was both challenging and rewarding. The challenges involved the student, the context, and the preceptors' own teaching and learning skills, resulting in feelings of frustration and conflict between nursing care and preceptor roles. Third, precepting was an expectation of both the nursing role and from senior nurses. At times, the participants felt overwhelmed and drained, particularly when having students that challenged them on multiple consecutive shifts. Participants identified the need for guidance and support from more capable peers to develop confidence while precepting nursing students.

1. Introduction

Clinical education and practice are integral parts of learning in undergraduate nursing courses worldwide (Edgecombe and Bowden, 2009; Kamolo et al., 2017). The practical skills learnt through clinical placements are fundamental for students to develop into competent registered nurses (Edgecombe and Bowden, 2009; Strouse et al., 2018). It is important for nursing students to have dedicated clinical support with an invested interest in their education. One such model commonly used in nursing is referred to in the literature as the preceptorship model (Hilli et al., 2014a). A preceptor is defined as a nurse “who directly interacts (1:1) with the student at the bedside, or in the clinical facility” (O'Brien et al., 2014 p.20). In addition, a preceptor facilitates individualised education to link theoretical knowledge to practice skills and acts as a role model (Carlson et al., 2009). The preceptorship model has been shown to have positive benefits for students learning in the clinical environment ((Walker et al., 2012). Preceptorship is a key to workforce sustainability (Lafrance, 2018).

2. Background

Worldwide, studies have focused on experienced nurses perceived rewards and challenges of the preceptor role, in a mixture of chronic, low and high acuity health care environments (Broadbent et al., 2014;

O'Brien et al., 2014; Cassidy et al., 2012; Hilli et al., 2011, Madhavanparphakaran et al. 2013). Rewards included: preceptor satisfaction; self-development and promotion; helping students apply knowledge to practice; and preparation for leadership positions (Liu et al., 2010; Hyrkas and Shoemaker, 2007). Experienced nurses with educational preparation have reported both a greater number of rewards and higher commitment scores to the preceptor role compared to nurses without educational preparation (DeWolfe et al., 2010; Chang et al., 2013). Furthermore, diminished commitment to precepting undergraduate students has been shown to result from perceived lack of reward (Kalischuk et al., 2013). Therefore, it is important to understand what preceptors find rewarding to improve their experiences and retain them in this role.

Numerous challenges have been identified for nurses undertaking precepting. Having sufficient time and dealing with challenging students have been emphasised as major issues to overcome when precepting students in chronic and acute workplace-based environments (Liu et al., 2010; O'Brien et al., 2014). Large workloads contributed to a reduction in time for teaching students and attending patient care. This identifies a potential conflict between the nursing care and preceptor roles. Unmotivated students and lack of support challenge preceptor role satisfaction, in all healthcare environments (Liu et al., 2010; Kalischuk et al., 2013). Overall excessive workload, multiple roles, lack of support and unmotivated students reduce fulfilment in the role of an

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experienced preceptor. A lack of role satisfaction may greatly influence preceptor retention as well as the quality of clinical learning of students.

Our current understanding of the experience of precepting has developed from several studies of experienced nurses from various clinical environments, predominantly chronic and low acuity settings. Our understandings of preceptors from high acuity environments is limited to a single study within a paediatric critical care environment (Chang et al., 2013). In this study, age and experience were identified as factors that lead to preceptors reporting different rewards. Novice nurses identified: pride and accomplishment, teaching and personal development as rewards, whereas experienced nurses identified recognition and relationship building as their rewards. Reasons for these differences were neither investigated nor discussed further by the authors. Novice nurses themselves are simultaneously learning and developing as nurses with the students they are supervising. This phenomenon may be explained by the work of Vygotsky (1978), with his theory of the ‘zone of proximal development’.

The zone of proximal development describes the difference between what the learner can learn on their own and what they can learn under the guidance of a more capable other (see Fig. 1, Vygotsky, 1978). Therefore, the zone of proximal development can be used to explain how preceptors (more capable other) guide a student's internal development processes to become a nurse.

3. The study

3.1. Aim

The aim of the study was to explore novice nurse's perspectives and experiences of precepting undergraduate nursing students in high acuity hospital environments.

3.2. Design

An interpretive study design, using focus group discussions and thematic analysis (Polit and Beck, 2017) was conducted to explore the experiences of novice nurses being preceptors to undergraduate nursing students. An interpretive study allows researchers to explore the lived experiences of participants and encourages the researcher to gain a deep understanding of the phenomena (Polit and Beck, 2017). The data was then interpreted through the lens of Vygotsky's (1978) zone of

proximal development theory. Given that novice nurses are beginner practitioners and themselves still learning, the zone of proximal development theory was deemed beneficial to understand the inter-related learning that occurs between the student and the nurse in the preceptorship model of clinical education.

3.3. Participants

A purposive sample of novice registered nurses working in high acuity environments were recruited from one public hospital in South Australia. The inclusion criteria were nurses with less than 3-years of post-registration clinical experience (novice nurses), and who had precepted undergraduate nursing students. The exclusion criteria were nurses with more than 3-years post-registration clinical experience (experienced nurses), or whom precepted postgraduate students.

The study was advertised on bulletin boards in unit tearooms, inviting eligible nurses to participate. Potential participants contacted the researchers if they were interested and were subsequently emailed an information sheet and consent form, along with the date and location for the focus group discussions. Twelve out of a potential 38 novice nurses (31%) participated in the focus group discussions. Participant demographic characteristics are displayed in Table 1.

3.4. Data collection

Two focus group discussions took place in August 2016 with 12 participants. The focus groups were held at the hospital where the nurses worked. All participants were familiar with each other, as they were members of the same workplace. These focus groups allowed ease for facilitating discussions and recording audio data (Redmond and Curtis, 2009). Data collection commenced with a brainstorming session, asking participants to list any rewards and challenges they had faced when precepting undergraduate nursing students. The responses were recorded on a whiteboard to enable participants to refer to these throughout the remainder of the discussions. Semi-structured questions were used to facilitate group discussion to remain focused on the aims and objectives of the study (Table 2). Probing was used to delve below surface statements and explore latent content (Carey, 2016). The two focus groups lasted 67 and 61 min, respectively. Data was captured using a digital audio recorder as well as note taking, enabling detailed analysis to be undertaken.

3.5. Ethical considerations

Ethics approval was gained from both the university and hospital. Participants were informed that participation was voluntary and that they could withdraw from the study at any time without penalty or recourse. Participants were required to provide signed consent. As one researcher was a co-worker to the participants, she undertook an observational role only. The other researcher, experienced in qualitative research and unfamiliar with the participants, facilitated the discussions. The participants were given a study number (FGP1 to FGP12) in

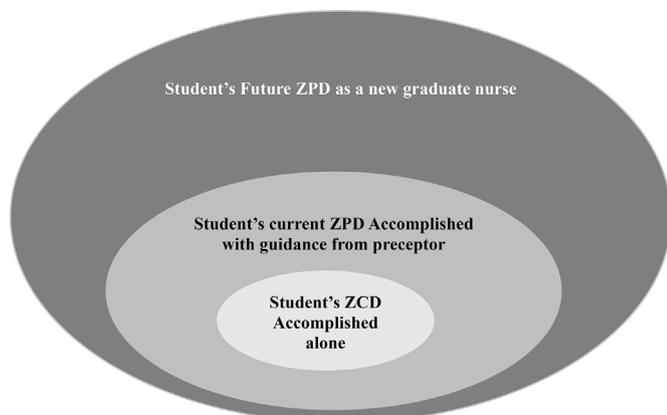


Fig. 1. Vygotsky's Zone of Proximal Development. Vygotsky's zone of proximal development. Source. Adapted from Harland (2003, p.265). ZCD zone of current development – represents the level that a learner can reach through independent learning, ZPD zone of proximal development – represents the potential distance the learner could reach with the help of a more capable peer. After successful instruction, the outer edge of the student's current ZPD then defines the limits of the new ZCD, as the student progresses to a new graduate nurse level.

Table 1 Demographic characteristics of participants (n = 12).

	First focus group (n = 7)	Second focus group (n = 5)
Gender		
Male	0	1
Female	7	4
Workplace		
Intensive care unit	6	5
Cardiothoracic ward	1	0
Post-registration years of experience		
0–1	4	5
1–2	3	0

Table 2
The focus group guide questions.

Broad opening questions
1. How do you feel about precepting undergraduate nursing students?
2. How did you come to start being a preceptor?
3. What do you find rewarding about being a preceptor?
4. What challenges have you experienced being a preceptor?
Specific questions
1. Describe a challenging experience you have had with an undergraduate student?
2. In the challenging experience you described, did you have a solution in mind to overcome the issue?
Follow-up questions
1. Did you carry out the solution?
2. What was the outcome of the situation?
3. What skills do you feel you need to have to be an effective preceptor?
4. How well do you believe you have these skills?
5. How have you been prepared for your preceptor role (ie institutional support)?
6. What CPD would be valuable to support you in your role as a preceptor?

this report, to ensure anonymity and confidentiality.

3.6. Data analysis

A thematic analysis, which is a widely used qualitative analytic method was undertaken and as deemed an effective method for analysing focus group data (Braun & Clarke 2006). Transcripts were independently reviewed, and initial open coding performed by both researchers, at which point they met and validated their coding and interpretation of the data to assist with the trustworthiness of the analysis. Coding processes were undertaken both manually and computer assisted with NVivo Version 11. Once initial coding was agreed upon, each researcher independently reviewed codes and created categories. Categories were again scrutinized collectively for the development of themes and consensus with findings. Data saturation was confirmed, with no generation of new themes in the second focus group and therefore no additional data collection was required.

3.7. Rigour

Good qualitative research should be credible, transferable, dependable and confirmable (Polit and Beck, 2017). Credibility was achieved through: (1) audio-recording focus group discussions and transcribing verbatim; (2) our explicit descriptions of process; (3) independent and collective analysis of data. For transferability we offer thick descriptions for readers to determine how findings may apply to their own context. Dependability was created through (1) maintaining a decision trail throughout data collection, analysis and interpretation; and (2) adhering to an interpretive study design when developing the focus group guide, coding data, analysing and presenting themes (Saldana, 2009). Confirmability has been demonstrated again through the explicit descriptions of the research process and integration of our findings with the literature.

4. Findings

This study explored the experiences of novice nurses being preceptors to undergraduate nursing students. Three themes were identified through data analyses. These themes were: (1) precepting as an enhancer for self-development as a nurse; (2) precepting is challenging but rewarding, and (3) precepting is an expectation.

4.1. Precepting as an enhancer for self-development as a nurse

Participants spoke of many ways in which the preceptor role enabled and promoted their own self-development. Precepting gave them confidence in their own knowledge and skills, helped with managing their workload, created reciprocal learning opportunities, gave them

opportunities to develop supervision skills, and a focus on their own role modelling.

Participants had less than two years' work experience post-registration. This meant they themselves were still novices and learning about their nursing roles and responsibilities. Participants spoke of the preceptor role as a mechanism that enhanced their own nursing skills and gave them confidence in their own capacity as a nurse:

It allows you to reflect on yourself and allows you to see how far you have come. You can model yourself to how ... when you were a student, or when you first started your grad ... and allows self-reflection. (FGP1)

Participants described being allocated a student for a shift as a complement; that other more senior staff saw them as capable in their nursing and teaching abilities. This improved the nurse's self-confidence in their own abilities as a preceptor as well as a competent nurse:

I was happy cause I took it as a complement, especially that it was coming from a TL [team leader] ... that I was capable of teaching a student. (FGP6)

Participants felt they were able to help students learn about nursing in the high acuity environments. This built on their own sense of self-worth and self-satisfaction in being able to assist in the development of students into nurses:

Just feeling like you have helped a student learn something. (FGP8)

Precepting students meant they had a second person to assist undertaking the nursing duties required on that given shift. Much of the time, students were perceived as helpful and supportive in enabling participants to undertake their nursing roles:

Sometimes they help you pick up on things ... You might be overwhelmed with what is going on and they go back to your chart "oh this has only been given once". It is sometimes good to have an extra set of eyes, to go through everything. (FGP2)

Participants felt that precepting students enhanced not only the students' learning but also consolidated their own knowledge. Preceptors identified themselves as novices in learning about being a nurse and described being only slightly ahead of the students they precept, especially in the high acuity environments. Participants were aware that they still had a lot to learn, before they could reach a level where the nursing care could be delivered without conscious efforts whilst precepting. Precepting gave these nurses an opportunity to learn from students:

The older nurses can work on autopilot and not have to stress, but you are kind of trying to function and answer questions. I think it is because we are so new. (FGP6)

I think they [students] always teach me something ... (FGP3)

However, participants identified a lack of feedback on their own learning to enhance their development as nurses and preceptors in acute care environments. Participants identified this as an issue due to the unit being so large, and not everyone knowing each other that well:

I have been here for a year now and ... they don't know who you are, and I work here full time. You feel like a student, you want to get constructive feedback, but you do not get it here. (FGP7)

Participants spoke about developing supervising skills through precepting students. Participants acknowledged that they were responsible not only for their own practice, but also for the students' practice, and did this by ensuring patient safety, giving feedback, and performing assessments.

[I was precepting] a second and a third year, and constantly making sure that they were doing the right thing ... at the end of the day you were responsible for your patient, so whatever they do reflects you.

(FGP4)

Participants described basing their practice and conducting themselves as nurse preceptors, by mimicking their own role model's good qualities such as patience and approachability, to be the nurse they aspire to be. Participants spoke about the importance of reflecting on their own experiences as a student and as novice nurse to guide further development in their nursing and preceptor roles. Precepting students was an enhancer for self-development of the participant novice nurses:

So, looking back on the qualities of the nurses I had as a student ... [I] try and take those particular things and ... practice them on my students. (FGP10)

4.2. Precepting is challenging but rewarding

Participants spoke passionately about numerous challenges and rewards they got from being a preceptor. Within this theme there were three main sub-themes: the student, the context, and the preceptors' teaching and learning skills.

Students challenged participants in multiple ways, such as when there were interpersonal relationship barriers, when student motivation/initiative was perceived as lacking, or when communication was difficult, especially when English was not the students' first language.

I found not using their initiative a challenge. Having to tell them every two minutes, "do this ... do that". (FGP11)

Participants found this a struggle, as they felt students did not listen to their instructions or they did not feel they had the skills to deal with these students. Students with limited English language or strong accents presented major barriers. Participants described having to repeat instructions or to ask students with strong accents to repeat themselves to ensure understanding. This led to the participants feeling frustrated:

I explain, "do you understand? Yes. Can you explain it to me? No. Did you not understand what I said? or do you not know how to phrase it?" and then you go through the whole cycle. (FGP6)

Students' lack of knowledge and awareness of deteriorating patients in the high acuity environments lead to patient safety concerns and posed a challenge to participants. Common examples were experiences of students that did not understand the importance of communicating out-of-range patient observations. The participants spoke of these instances as failures in the student's knowledge, as well as their own lack of awareness of the students' knowledge deficits:

I was on a night shift the student was on the late shift and did a set of obs [observations] on the patient who had come back from dialysis. I looked at the obs and the patient was in full respiratory distress. The student just left not thinking anything different. (FGP8)

The second sub-theme was the context in which precepting occurred. The high acuity clinical environment context posed challenges, as most patients required a one-to-one patient-nurse ratio. Participants described this as at times isolating and overwhelming, as they felt unable to leave the patient with the student, to gain support from senior staff. They were left to supervise students with minimal input from others. When precepting challenges arose, participants spoke of seeking support from nurse educators on the wards, or from the clinical facilitators who were employed by the University.

I have been involved with a student who had to be removed from a placement because ... they had done something ... it wasn't safe, I talked to her afterwards ... she [student] didn't seem to realise that it was actually a pretty big mistake. I talked to the facilitator and the facilitator did it in a way that wasn't public ... it is still very daunting to be involved in this ... (FGP1)

Participants described that being novice nurses was challenging.

They spoke of the struggle of keeping up with their own clinical knowledge needs, learning to manage their time appropriately, and being professional all the time as extremely demanding. Undertaking the preceptor role meant that they did not have any time out from the demands of students to focus on themselves. This was expressed as an overwhelming experience, and at times they struggled with feelings of inadequacy to manage both their nursing care and precepting roles simultaneously:

Just with being so new to nursing, I found ... a lot of times when I am overwhelmed with what the patient is giving me ... their condition or behaviour ... at times you just need a break to let your professional face fall far-out. And you can't do that with a student ... 'cause they are constantly at you ... (FGP12)

Time management issues, students that slowed work flow, and not having sufficient time to teach were challenging aspect of precepting in high acuity environments. Participants found it difficult to allow students to do all of the patient care, as this meant that they would lose opportunity to improve their own patient care skills. Furthermore, participants felt frustrated when students were not capable of working at the same pace as them, which led to time management issues and falling behind in their nursing duties:

Depends on the student ... it is a reward if they can do it ... but I think sometimes ... you are used to getting things done early and you have got your time management consolidated ... it is time to do this and you have to sit on your hands, and don't do it. (FGP4)

I guess it depends on the group you have sometimes ... they are a lot different ... so it's a bit more work on top of the work you already have. (FGP8)

The third sub-theme related to the preceptors' own teaching and learning skills. The participants described teaching in ways that they had enjoyed experiencing when they were students, and from the approaches used by their role models. Participants described a major challenge was knowing the boundaries of the student's scope of practice, and without this they were unable to plan for learning opportunities in the clinical environment:

I guess knowing what student's limitations are. Just in the past it hasn't been clear who was able to do IV [intravenous] medication or certain medications (FGP10).

As preceptors, they were left to make judgements about what they should or should not enable the student to do.

Feedback was a major teaching and learning skill that the participants found challenging. Participants spoke about seeking guidance from more experienced staff and clinical facilitators about formulating feedback and assessments for students, especially those who required critical feedback:

Cause we are so fresh out of uni [university] ourselves we are probably a little bit scared to give constructive feedback ... we are still going through our transitioning as well ... I think that connection with the facilitator is good because we are so fresh from uni we have not long had those connections ... (FGP1)

Despite recognising the many challenges of the preceptor role, the participant novices spoke with delight of their self-development and other positive benefits gained when having students.

Sometimes when you have taught them something and they get it. And you are like yeah! (FGP1)

4.3. Precepting is an expectation

Despite all participants being newly registered nurses, all of them spoke of being allocated students to precept in the early months of their

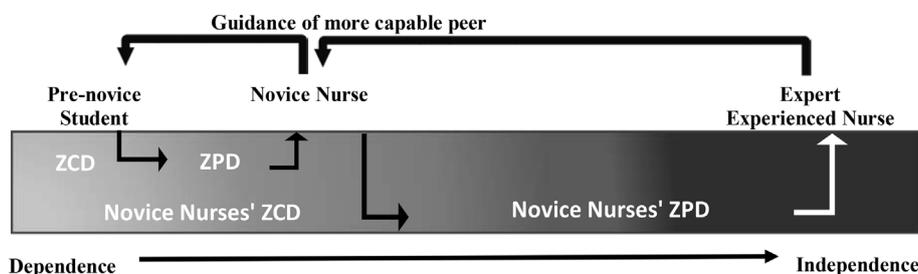


Fig. 2. Development continuum from dependence to independence for undergraduate nursing student and novice nurses with the guidance of more capable peer. ZPD = Zone of Proximal Development, ZCD = Zone of Current Development (Vygotsky, 1978).

graduate year, and in some instances on the very first day:

I had a student for my first day as a grad ... at the time I was really scared it was my first day in ICU and my first day as a nurse and luckily the student was an English-speaking student and she was kind of on it. (FGP12)

Student allocation to preceptors varied across clinical areas. Participants spoke of the variation between the general medical wards they had previously experienced and the high acuity intensive care and cardiothoracic wards where they currently worked. There was limited choice of whether they had a student or not, and there was a sense of expectation that they would comply with any allocation given to them:

I think that we also like having students ... but there are sometimes they (senior staff) are not like “are you interested in having students, are you interested in being a preceptor down the track ...” you just get assigned to them (Referring to ICU). (FGP5)

In the wards sometimes, they said “who wants one”. And I was, “yep I will take one”. (FGP12)

At times precepting was described as both being physically draining and mentally exhausting. It was seen as particularly challenging when students who were struggling were allocated to the same preceptor on multiple consecutive shifts. Only when the preceptor reached a point of heightened stress did they ask not to have students:

I had to end up going to the student facilitator and saying, “I can't do this” I had her for 5 days in a row and this was my 6th day on ... the facilitator was on and I said “I cannot do this again, please don't put me with them”. (FGP3)

Participants described that having students was an expectation but worth the effort of being part of the students' learning experience. Participants recalled appreciating what they had learnt from their preceptors when students and could see the rewarding side of precepting students.

When you think about, you have those nurses who you remember from being a student and you hold them on that pedestal ... or how do I become that person, so that I can be that person for a student. (FGP1)

The participants recognised the importance of the precepting role for the student's education and the enhancement of the nursing profession.

5. Discussion

This study revealed new evidence that novice nurses have a responsibility of being preceptors to undergraduate nursing students in high acuity environments, without undertaking preceptorship training. Novice nurses expressed a lack of knowledge and skill at times when precepting students, resulting in an inability to cope with both their nursing care and student responsibilities. Preceptor education programs have been shown to lead to more positive attitudes toward students and

the preceptor's ability to include students in daily nursing tasks (Smedley et al., 2010; Carlson and Bengtsson, 2015; Kamolo et al., 2017). Additionally, they increase nurses comfort level and effectiveness as preceptors (Horton et al., 2012; Carlson and Bengtsson, 2015). Therefore, early incorporation of preceptorship skills in nurse education may be beneficial for preparing novice nurses for their preceptor role (Ward & McComb, 2017). Preceptors need educational preparation and support to ensure they have the pedagogical competencies necessary to facilitate learning (McSharry & Lathlean, 2017). Wu et al. (2018) provide insightful information on online learning programs for preceptors, especially the contents of the programs and modes of delivery, highlighting the benefits of such training.

Vygotsky's theory (1978) highlights a development continuum from dependence to independence, which can be applied to learning to be a nurse (see Fig. 2). Novice nurses are in transition from being a supernumerary student to an employed nurse who is competent to work efficiently with minimal assistance. In some theories, learning is viewed as a natural process that occurs over time and in response to observation, assimilation and emulation (Guile and Young, 2002). In Vygotsky's theory of learning, individuals have a Zone of Current Development (ZCD), which is what they can currently do independently, however with support of an experienced other, they can be moved to their Zone of Proximal Development (ZPD) extending their development (Harland, 2003, see Fig. 1). Vygotsky's theory requires three tenets, including the use of whole authentic activities, the need for social interaction, and the process of individual change (Doolittle, 1997). Using this theory, learning becomes scaffolded, and directly linked to the individual learners needs. Vygotsky's theory allows an explanation of how people develop the capacity to do something they have not previously accomplished (Guile and Young, 2002). In the situation of the novice nurse preceptor, they themselves are in the early portion of the continuum of developing as a nurse and require the support of more experienced others to extend into their own ZPD.

Our findings have shown that the novice nurses are expected to undertake the role of preceptor, without adequate preparation and with minimal support for their preceptor responsibilities. This resulted in many challenges for achieving their nursing care and preceptor role responsibilities. The participants in this study described this situation as enhancing their own self-development as being a preceptor extended their capacities. The participants described times when they learnt from the student they were supervising, showing the reciprocal nature of learning. At times the novice nurses and students' ZCP and ZPD overlapped indicating that the novice nurses were still practicing nursing at a ‘conscious’ level as described by Spouse (2001). Whilst the novice nurses were the more experienced other for the students ZPD learning, at times this role was reversed. In some instances, participants were describing students as the more capable peer, guiding the preceptors learning. Collectively, students and novice nurses learn from more capable others, by learning with and from each other in the clinical environment, thereby participating in a mutually beneficial process (Doolittle, 1997; Hilli et al., 2014b).

Participants identified themselves as novice nurses and described

themselves as being only slightly ahead of students in the high acuity environments. Novice nurses in high acuity environments have been shown to experience a developmental lag or ‘theory-practice gap’ themselves (Rush et al., 2012). Participants in this study felt that having their own preceptor would assist in their own professional development, to both support them in their own nursing care and in precepting roles. It is known that novice nurses require guidance from experienced others for their professional development (Nicol and Young, 2007, Kamolo et al., 2017), and recent findings show that trusted relationships with preceptors, colleagues and educators were crucial to their development (Ratta, 2016). Collectively, participants believed they still required guidance from more capable others during this transitional period from novice to expert.

The recency of being a student themselves was a strong thread through the data, with both positive and negative aspects being discussed. Much of the participants’ knowledge and skills in teaching was drawn from reflection and experiences on how they were taught when they were students. Participants used techniques such as mimicking behaviours and teaching styles from their own role models. Therefore, novice nurses are not only developing the students’ learning of being a nurse but were simultaneously developing their own teaching and learning skills. Harland (2003) explains how an individual over time internalizes the new learnt and past experiences and can do more tasks with minimal or no assistance (extending the ZPD). This was evident of the novice nurses’ preceptor skills.

Becoming a nurse preceptor was both a challenging and rewarding experience for the participants. Inadequate preceptor skills, lack of confidence and organisational support as well as increased workload have been cited to cause stress for experienced preceptors (Hautala et al., 2007; Kamolo et al., 2017). Our inexperienced preceptors found the role at times mentally draining, overwhelming and increased their workload, particularly in the absence or unavailability of a more experienced other to support them. Whilst senior staff and nurse educators were in theory available, they were not always available when needed. Hautala et al. (2007) found that most preceptors report mild to moderate stress associated with precepting students, which was not found to be related to years of nursing experience. Similarly, workload management was a major concern in Kamolo et al.’s (2017) literature review findings. This study’s findings add new evidence to previous studies in that the context of a high acuity environment with a 1:1 patient-nurse ratio made the novice preceptors feel isolated at times and hindered their ability to seeking guidance from experienced staff. Although preceptors can seek help, there would often be a delay. They would have to wait until senior staff approached the bedside or waited until the end of the shift, as leaving the patient’s bedside may have resulted in safety concerns. This highlights the need for a collective zone approach to student learning (Doolittle, 1997), whereby the novice preceptor is also supported as a learner themselves, with the more experienced other supporting their development as a preceptor.

Allocation as a preceptor was taken as a complement and evidence that senior staff had confidence in their abilities as a preceptor. Only when they reached a heightened level of stress did the novice nurses question their precepting allocations. Novice preceptors perceived themselves as being capable of managing minor issues with supervising students, but were not as confident in managing major issues, such as patient safety concerns or providing feedback or assessment to some students. At times patient safety was compromised due to ineffective communication between students and preceptors. Jeong and co-workers (2011) found that communicating with students with deficits in both spoken and written language lead to lost learning opportunities. Such issues were handed on to senior nursing staff or clinical educators/facilitators to manage. Preceptors felt that nurses with extensive experience had the necessary skills to manage these problems. It was identified that some senior staff were not as supportive as others, and that knowing who to go to was important for gaining guidance and resolving issues. Preceptors expressed feeling frustrated at times having

to repeat instructions and not knowing how to give feedback to students on how to improve their English. This highlights that these novice nurses had not developed the skills required to manage these issues and needed guidance of a more capable peer to overcome them (see Fig. 2).

5.1. Limitations

The participants were recruited from a single institution in South Australia. The study would have been strengthened had it taken more broad sampling approach across institutions. However, the qualitative findings offer important insights into novice nurses precepting in high acuity areas. A potential limitation was the presence of one researcher who was known to the participants. Whilst her presence during the focus group may have influenced the discussion, she remained a silent observer throughout and the ensuing conversations provided rich meaningful data.

6. Conclusion

This interpretive study provided an opportunity to gain insight into the experience of novice nurses precepting undergraduate nursing students in high acuity environments. Through reflection and analyses we describe a deep understanding of the rewards and challenges novice nurses perceived and experienced in their precepting role. Applying Vygotsky’s zone of proximal development theory to the findings identified the transition of novice nurse’s development into confident nurses occurred through undertaking the preceptor role and gaining guidance from more capable peers. Whilst our findings resonate with previous studies, this study highlights the need for a collective zone approach to student learning, where novice nurses are better prepared and supported for their preceptor role. This is an important consideration in undergraduate curriculum development to prepare graduates for the workplace where they are expected to precept others in their early years of practice. Implications for clinical practice include ensuring novice nurses have their own support to extend their zone of development for both their nursing care and preceptor responsibilities.

Conflicts of interest

The authors do not have any conflicts of interest to disclose including any financial and personal relationships with other people or organisations that could inappropriately influence (bias) the work.

All authors have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

All authors meet the criteria for authorship, have approved the final article and all those entitled to authorship are listed as authors.

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