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Perceptions of preceptorship among newly graduated nurses and preceptors: A descriptive qualitative study

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ABSTRACT

Preceptorship is important to newly graduated nurses as they transit from being a student to a practitioner, but it can be stressful for the preceptors. With the current problem of nurse shortage, perceptions about preceptorship need to be explored. The objective of the study is to explore the perceptions, experiences, and needs of nursing preceptors and their preceptees on preceptorship, using a descriptive qualitative design. Audio-recorded semi-structured interviews were conducted from August 2016 to November 2016 in an acute tertiary hospital in Singapore. Ten preceptor-preceptee pairs were interviewed. Thematic analysis was used to analyze the interview transcripts. Four themes emerged from the thematic analysis: (1) social role of the preceptor, (2) letting go of preceptees, (3) communication and the use of technology, and (4) involvement of nursing managers. This study reported about contextual influence on the perceptions of preceptorship, showing both positive and negative aspects of preceptorship. Future multi-centered and longitudinal studies are needed to explore preceptors' and preceptees' perceptions of preceptorship so that intervention programmes can be developed to support them.

1. Introduction

Newly graduated nurses (NGNs) experience a steep learning curve and a gamut of emotions as they make the transition from student to practitioner (Ebrahimi et al., 2016; Penprase, 2012). These first few months are particularly stressful, and can leave NGNs vulnerable to burnout and job dissatisfaction (Laschinger et al., 2016). In addition, demanding work requirements and poor practice environments lead to NGNs' attrition (Flinkman et al., 2013). The involvement of a preceptor contributes to an effective transition for a NGN (Clipper and Cherry, 2015; Moore and Cagle, 2012). Successful preceptorships contribute to increased job satisfaction and decreased turnovers (Lavoie-Tremblay et al., 2011; Washington, 2013). A previous study (Salt et al., 2008) found that the highest nursing retention rates were associated with healthcare systems that adopted preceptorship as, with the added support received, NGNs feel secure in continuing their nursing careers.

2. Background

Traditionally, the preceptor is seen to function as an educator, guiding their preceptee who are NGNs to gain clinical knowledge and skills (Wilson et al., 2013). Boyer (2008) draws out the more tangible functions of preceptors as safety administrators and competency validators for their preceptees. As a preceptor guides and orientates a preceptee, the more interpersonal attributes of the preceptor are tapped on (Wilson et al., 2013). Being a socializer, the preceptor offers emotional, mental, and social forms of support (Hautala et al., 2007). Inconsistent or inexperienced preceptors may even breed frustration and negativity in NGNs (Washington, 2013). Without consistency in preceptor quality, success in preceptorship is difficult to achieve (Blum, 2009).

Preceptorship aids in building up NGNs' competence and confidence levels as they start their working lives (Kelly and McAllister, 2013). Generally, nurses have to perform various advanced skills in clinical environments as preceptees. A Japanese study by Kuroda et al. (2009) revealed that a preceptee's inexperience not only diminishes self-confidence but increases anxiety and impedes his/her learning. NGNs experience a drop in their social capital and moral support as they transit from school to workplace (Kelly and McAllister, 2013). Preceptees' low self-esteem further leads to difficulties in effective communication

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(Muir et al., 2013; Penprase, 2012). An Australian study (Kelly and McAllister, 2013) found that traits such as friendliness and helpfulness in preceptors can aid preceptees' coping; however, due to nursing bureaucracy and the outcome-driven nature of healthcare environments, such traits are rare.

However, many preceptors face challenges during preceptorship. Previous studies (Hautala et al., 2007; Lewis and McGowan, 2015; Richards and Bowles, 2012; Tracey and McGowan, 2015) identified that, on top of their usual workload, preceptors faced stress due to the additional work for being a preceptor. Many preceptors also experienced role strain (Dodge et al., 2014). Furthermore, the quality of preceptorship is affected when the preceptors lack knowledge about preceptorship (Haggerty et al., 2012). Consequently, these challenges decrease job satisfaction in preceptors and also affect the working experience and transition for NGNs.

With nurse shortage being a global issue (Healthcare Information and Management Systems Society, 2016), providing appropriate preceptorship is crucial to retain the NGNs and decrease turnover of nurses. To provide appropriate preceptorship, perceptions about preceptorship need to be explored among preceptors and preceptees with varying ethnicities, nationalities, age groups, and educational background. However, the majority of the studies on preceptorship were done in Western countries. To our best of knowledge, there is a dearth of literature done in Asian countries, such as Singapore. Singapore is one of the countries in the world with a rapidly ageing population (United Nations, 2015), which resulted in the increasing demand for nurses in the country (Kotwani, 2017). Moreover, considering the multinational characteristics and diverse socio-cultural population of Singapore's nursing population, exploring preceptorship in the local context would be useful at the global level.

3. Aim of study

The aim of this study is to explore the perceptions, experiences, and needs of preceptors and preceptees in an acute tertiary hospital in Singapore.

4. Methods

4.1. Design

A qualitative research design was used for this study to gain an in-depth understanding of the phenomenon of interest through the experiences of the participants (Polit and Beck, 2017).

4.2. Participants

Preceptors-preceptees pairs were recruited from the general wards of a hospital in Singapore. The inclusion and exclusion criteria are tabulated in Table 1.

4.3. Data collection

Participants were personally invited by the first author. The research objectives and aims, along with the potential risks and benefits, were verbally explained to them in detail before obtaining written consent. Voluntary participation was highlighted, and the participants' queries were answered. Audio-recorded semi-structured interviews were used for data collection. Open-ended questions were used to elicit a richer description of the participants' preceptorship experiences (Lambert and Lambert, 2012). Non-verbal cues that suggested anxiety, tension, or stress were documented in the researcher's diary to aid analysis (Rubin and Rubin, 2012).

Data collection and data analysis were done concurrently. Data saturation was achieved after interviewing 16 participants (eight pairs), and four more participants (two pairs) were interviewed to ensure that no new data emerged (Strauss and Corbin, 2015).

4.4. Data analysis

The interviews were transcribed to verbatim within a few days of each interview. All ambiguous phrases and expressions were clarified with the participants through post-interview phone calls. Non-verbal cues were combined with the transcripts to prevent any dilution of meanings.

Thematic analysis was utilized for this study as it minimized adding description to data and interpreted the topic through the identification, analysis, and reporting of themes (Braun and Clarke, 2006). Transcripts were read multiple times for familiarity. All transcripts were cross-analyzed with other transcripts to generate themes (Khan and VanWynsberghe, 2008; Klenke, 2016). Color-coding was used to analyze the transcripts as it assisted the identification of texts with similar meaning (Braun and Clarke, 2006). Texts with similar meaning were highlighted with the same color and were matched perceivably with any linked data. These colored concepts formed the initial codes and were referred to during the subsequent detailed cross-analysis (Morse and Field, 2013). The analysis results were verified and refined by four members of the study team who performed independent analyses of the transcripts. Any differences in their analyses were finalized through discussion.

4.5. Rigor

Rigor was achieved through credibility, confirmability, dependability, and transferability (Houghton et al., 2013; Lincoln and Guba, 1985). Credibility was ensured through audio-recording every semi-structured interview. Verbatim transcriptions were included within the presentation of the findings (Houghton et al., 2013). Field notes were also taken during the interviews to record non-verbal cues. Data were verified through a follow-up session to ensure that the transcript resounded with the participants' actual views. Confirmability was ensured through the description of themes using direct quotes from the transcripts within the presentation of findings. Four study team members participated in the data analysis and the generation of initial themes. Dependability was ensured through the study team members practicing bracketing throughout the research process. Bracketing occurs when preconceived notions and assumptions are suspended to allow an individual to get a participant-derived meaning of the phenomenon (Polit and Beck, 2017). Transferability was ensured through a rich description of the study setting, research methods, and the demographics of the participants (Thomas and Magilvy, 2011). Purposive sampling increased the representativeness of the sample (Polit and Beck, 2014).

4.6. Ethical considerations

Prior to the study, ethics approval was obtained from the Clinical Institute Review Board (CIRB reference number: 2016/2693). Informed consent was collected from the participants before the commence of data collection. Voluntary participation was emphasized. Participant anonymity was kept and any data collected were kept confidential.

5. Findings

A total of 20 participants (10 preceptor-preceptee pairs) participated in this study. A summary of the sample demographics is presented in Table 2. Four common themes emerged from the thematic analysis of the interview transcripts: (1) social role of the preceptor, (2) letting go of preceptees, (3) communication and the use of technology, and (4) involvement of nursing managers.

Table 1
Inclusion and exclusion criteria for preceptors and preceptees.

	Inclusion criteria	Exclusion criteria
Preceptors	Registered with the Singapore Nursing Board	Preceptorship experience was only with non-newly graduated nurses (NGN) nurses (e.g. student nurses, enrolled nurses)
	Aged 21 years and above	Preceptorship experience with paired preceptee lasting less than one month
	Nominated in a formal "preceptor" role to an NGN during the year of 2015–2016	Preceptors who will be resigning from the hospital within the study period
	Can be a local or foreign nurse Nursing pre-registration may be completed locally or overseas	
Preceptees	Registered nurses who have recently started employment in the study hospital post local pre-registration academic preparation or who have completed their first year after graduation from local pre-registration academic preparation in study hospital	Preceptorship experience with paired preceptor lasting less than one month.
	Newly graduated registered nurses working in the study hospital from 2015 to 2016	Completed pre-registration academic preparation and initial transition period in another healthcare institution
	Can be a local or foreign nurse	Are enrolled nurses, patient care assistants and healthcare assistants
	Have undergone, or are undergoing preceptorship in study hospital	Preceptees who will be resigning from the hospital within the study period

Table 2
Demographics of the sample participants (n = 20).

Characteristics	Preceptors (n = 10)	Preceptees (n = 10)
	% (n)	% (n)
Age		
20–30	50 (5)	100 (10)
31–40	40 (4)	0
> 40	10 (1)	0
Gender		
Female	100 (10)	100 (10)
Male	0	0
Marital status		
Single	70 (7)	90 (9)
Married	30 (3)	10 (1)
Nationality		
Singaporean	50 (5)	60 (6)
Malaysian	10 (1)	20 (2)
Filipino	20 (2)	0
Burmese	10 (1)	10 (1)
Indian	10 (1)	0
Chinese	0	10 (1)
Race		
Chinese	60 (6)	40 (4)
Malay	0	40 (4)
Indian	10 (1)	10 (1)
Filipino	20 (2)	0
Burmese	10 (1)	10 (1)
Designation		
Staff Nurse	0	100 (10)
Senior Staff Nurse	100 (10)	0
Highest educational qualification		
Diploma	0	90 (9)
Advanced Diploma	20 (2)	0
Degree	80 (8)	0
Degree with Honours	0	10 (1)
Department/specialty [1]		
Medical	30 (3)	30 (3)
Surgical	20 (2)	20 (2)
Endoscopy	20 (2)	20 (2)
High Dependency	10 (1)	10 (1)
Geriatrics	20 (2)	20 (2)
Years worked in department		
< 2	20 (2)	90 (9)
2–8	40 (4)	10 (1)
> 8	40 (4)	0

5.1. Social role of the preceptor

The majority of the preceptors and preceptees highlighted how a preceptor has a social function that is intertwined with the functional aspect of being a preceptor. It was evident that preceptees valued the social role of their preceptors and tended to speak in detail on the interpersonal aspect of every experience and interaction during their preceptorships. Preceptors, on the other hand, were more objective in their sharing and explained more about their functional duties as preceptors before adding details about the social role they played.

I'll make them be [sic] comfortable with me first. I don't like them to be scared of me. So, I try, as much as I can, to be lenient to them so they will share with me. I will try to be, like … for them … the [sic] friend [even though I am] a preceptor. (Preceptor 010.28, 30–31).

Preceptees were appreciative of nurturing qualities such as patience and a passion to teach, which preceptors displayed. Some preceptees expressed that they were afraid to ask questions and preferred having a preceptor who was patient with their questions and learning progress.

Whenever I ask her a question, I will say, "Can I ask you one stupid question?" Then, she will say, "No question is ever stupid!" … And then, let's say, [if] I have ever asked her (the same thing) before … she won't be, like, "I told you so many times!"

No, she is not that kind of person. She will just explain again. And then, she will say, "If you forget [anything], you can still ask me." (Preceptee 020.35–40).

5.2. Letting go of preceptees

Preceptors who were relationship-oriented formed close working relationships with their preceptees to build upon mutual trust and understanding, which allowed their preceptees to develop a sense of accountability towards them. These close working relationships enabled the preceptors to identify mistakes quickly and safeguard clinical safety as they supervised their NGNs closely.

> … *Because they (the preceptees) are really new, so [] you must* really *stick to them. To make sure everything is correct. But as time goes by, when they [are] able to handle it, then, I'll slowly, like, leave them alone already []. But, after the whole shift, I [will] still need to, like, countercheck. (Preceptor 007.310-312*).

However, this ironically became a problem for some preceptor-preceptee pairs whose close relationships made it difficult to establish independence in preceptees. Some preceptees grew so accustomed to the consistent support and guidance of their preceptors that they found it difficult to function independently.

So, by the time the termination [comes]– that's difficult because if they cannot manage already [sic] … they depend on me like their preceptor is [always] there. They [are], like, more comfortable when you are around. (Preceptor 018.99–100).

This finding was consistent as the preceptees shared that they constantly needed their preceptors to be around to check their work. Preceptees also mentioned that their preceptors would usually be a back-up or helper for the work that they could not complete in time.

One preceptee explained how her preceptor would be there to perform nursing duties in her place when she was busy with other matters:

Like, the doctor [will] order 12 o'clock antibiotics, but [at] 12 o'clock, I am busy with something, with other patients, then she (the preceptor) will help me to do [it]. (Preceptee 014.122–123).

5.3. Communication and the use of technology

Both preceptors and preceptees mentioned that the use of technology during preceptorship acted as a means of communication for both work-related information and informal purposes. Through mobile text messages and online messaging, preceptors and preceptees were able to communicate during non-working hours.

When we are not in the same shift that she's working [in], [when] she [is] not sure about anything, she also [sic] will text me and ask. Maybe because she feels comfortable talking to me than the rest (other nurses). (Preceptor 007.148–149,151).

Preceptees also mentioned that their preceptors would use technology to encourage them and give them advice. This was especially so for a few non-local NGNs who received support through such means from their preceptors.

Even, like, [when it's time to] go home, and [whenever] she noticed that I look[ed] depressed or I [was] feel[ing] down, she will message me and she will encourage me … and she's quite good (to me). (Preceptee 011.9-11).

From the preceptees' perspectives, the use of social media and mobile text messages were a sign of the close relationships they had with their preceptors. For NGNs, being able to contact their preceptors during non-working hours meant that their preceptors were approachable and friendly. One preceptee recounted how her preceptor would express concern for her well-being through text messaging:

If I am not feeling well, she will, like, text me. But this is outside of work, la. She will text me, like, "Eh … make sure you eat your meds (medication)." (Preceptee 022.26–28).

5.4. Involvement of nursing managers

The involvement of nursing manager as a key player in preceptorship was mentioned by both preceptors and preceptees. Nursing managers, or ward sisters, are influential third party in preceptorship.

Our nurse managers assign us to the preceptees. I don't think they know the new girls (preceptees) well, but at least they know how many preceptees I have. Let's say [if there are] resources or whatever shortage, then we [will] also go [sic] and approach the [ward] sister [to discuss it], [and] they will also provide [support] to us. (Preceptor 019.93–94).

Preceptees acknowledged the presence of nursing managers but the majority expressed that the nursing managers would not be the first person they approached for help. There was a recognition of a nursing manager's authority in the ward and of the higher position the nurse held in the nursing hierarchy. Some preceptors were aware of this and one even mentioned that she felt that the nursing managers could potentially step in to firmly address preceptees in a way that she could not as a preceptor.

Let's say I'm talking to the … my preceptee … right … sometimes, maybe they can get hurt or take us for granted … But when they (the ward sisters) inform [the preceptees], or when they observe something, then they [become] involved in their (preceptees') training … I think maybe [it is] better. (Preceptor 004.206–210).

6. Discussion

This study explored the perceptions, experiences, and needs of preceptors and preceptees in an acute tertiary hospital in Singapore. Compared with previous studies (Kelly and McAllister, 2013; Kuroda et al., 2009; Penprase, 2012), the demographics of the participants are diverse, which can be explained by the demographics of nurses in Singapore (Singapore Nursing Board, 2016). The findings provided a fresh perspective of preceptorship in the Singapore context.

Preceptorship serves as a building block in the career of every nurse, especially in the Singapore context. Although preceptorship is characterized by a structured programme with explicit guidelines and protocols (Lee et al., 2009), this study revealed a more interpersonal 'people' aspect of preceptorship. This study reported that the preceptor role challenges an experienced nurse to advance in her nursing practice. It demands her to invest time and effort in another individual that she had no prior relationship with. Despite this, the preceptors in this study demonstrated qualities such as care and devotion to their preceptees.

This study found that fostering independence in preceptees was a difficult goal in preceptorship. Preceptors experienced role strain as they had to balance being strict invigilators while maintaining close and friendly relationships with their NGNs. This is congruent with previous studies (Hautala et al., 2007; Wilson et al., 2013), in which preceptors held the role of a mentor while being a source of social support for their preceptees. However, some preceptees could not establish independence as they were heavily dependent on their preceptors for security, even at the end of their six-month preceptorships. A study (Murrells et al., 2008) found that NGNs took 12 months to feel comfortable and confident in the hospital and that there is usually a downward trend in job satisfaction for NGNs when they enter hospitals during their first year. For nurses in the study hospital, these crucial 12 months overlapped with their six-month preceptorships. These preceptorship experiences can affect how NGNs perceive their future careers in nursing and can also affect their decisions to remain in the profession (Lavoie-Tremblay et al., 2011; Washington, 2013). This emphasizes the magnitude of preceptors' responsibilities to provide good preceptorship experiences for NGNs.

Personal characteristics affected the working style of each preceptor and, invariably, the preceptorship experience they offered. Leadership style and the level of a preceptor's engagement can affect a preceptee's transition experience and job satisfaction (Giallonardo et al., 2010; Kim, 2007). In this study, pairs who encountered difficulties in their relationships often had preceptors who were either too relationship-oriented or too task-oriented. While having close relationships with preceptees may be useful (Kelly and McAllister, 2013), preceptors who were more relationship-oriented faced difficulties of being firm when correcting their preceptees and being taken seriously. Thus, they found it challenging to foster independence in their preceptees. Preceptors who were largely task-oriented had tenser preceptor-preceptee relationships and their preceptees were more critical of feedback.

In one study (Matua et al., 2014), open communication was found to be a hallmark of successful preceptor-preceptee pairings. One form of communication in preceptorship is the provision of feedback, which enables NGNs to learn and improve their clinical skills (Wilkinson et al., 2013). If feedback is ineffectively given, it can lead to frustration and undesired stress in NGNs (Hegenbarth et al., 2015; Wilkinson et al., 2013). Giving good feedback is essential in preceptorship as it relieves NGNs of insecurities by building their confidence levels, which is a key objective of preceptorship (Bengtsson et al., 2015). Difficulty in giving feedback arises when there is a fear of offending the recipient (Burgess and Mellis, 2015).

The preceptors in this study strove hard to build close relationships with their preceptees to establish trust and respect. Technology was used by preceptors to reach out to their NGNs, and these preceptees reciprocated positively. A trusting relationship between the preceptor and the preceptee can mediate the power difference between the two, thus promoting effective communication (Carlson et al., 2010). Based on the model of influence without authority (Cohen and Bradford, 2005), a reciprocal-type relationship may allow preceptors to achieve preceptorship objectives through the power of influence and role modelling. Furthermore, the current generation of NGNs are millennials and they thrive when they are trusted, supported, and understood by

their superiors (Myers and Sadaghiani, 2010). Preceptees in this study belonged to Generation Y (born in 1980–2000), in which the characteristics of this generation are having a dislike for hierarchy, having difficulties in relating to superiors, and engaging in the use of technology and computers (Brunetto et al., 2012). This may explain why technology such as social media and mobile text messages played a part in bridging the gap between preceptors and preceptees.

In this study hospital, preceptor-preceptee pairings were assigned by a nursing manager who did not know who the NGNs were. The assigning of preceptors has often been criticized to only encompass an assessment of the preceptor's availability, nursing experience, and seniority (Blum, 2009; Hyrkäs et al., 2014). Thus, the important aspects of preceptor ability such as teaching ability and personality are often overlooked (Hyrkäs et al., 2014). A study (Lockwood-Rayermann, 2003) suggested that the selection of preceptors should include an assessment of their leadership characteristics as preceptors serve as role models to preceptees. Haphazard pairings by the management can lead to potential conflicts within the preceptor-preceptee pair. Furthermore, a preceptor-preceptee relationship requires effort to develop and maintain. Hence, even with the best planning by the nursing manager, reciprocal recognition and respect are needed between the preceptor and the preceptee for their relationship to blossom. A study (Washington, 2013) found that a regular assessment of the preceptor-preceptee relationship benefited the pair's relationship and aided in evaluating if the preceptee's learning needs were met.

6.1. Limitations

Non-English-speaking participants were not interviewed. Language deterred potential participants who were non-local and more comfortable in their mother tongues, such as Mandarin Chinese, Malay, and Tagalog. Data were collected in only one study site. As preceptorship programmes are conducted differently in every healthcare institution, this may limit the generalizability of the findings.

7. Conclusion

The diverse mix of nationalities, educational qualification, and generations in this study's preceptor-preceptee pairs provided a fresh perspective of preceptorship in the Singapore context. Our findings suggest the need for preceptorship programmes to be catered according to the needs of the local nursing population. Knowing how preceptorship is perceived by the individuals, this study has generated implications for the development of future preceptorship programmes to increase the job satisfaction and retention of NGNs.

Preceptorship pairings can potentially involve preceptees having more than one preceptor to gain an exposure to different working styles and to allow preceptors to relieve from the stress generated by the role. This may also help to negate the negative consequences of mismatched preceptor-preceptee pairs, as identified in this study. It will be beneficial to provide preceptors with psychosocial support since they are expected to perform their best and are under constant scrutiny by their supervisors and colleagues in preceptorship. Additionally, the use of a regularly updated online portal can be created to support preceptors and preceptees. Through this portal, preceptorship-related information can be transmitted and administrative documents can be submitted. Overviews of academic curricula can also be included in collaboration with local nursing education institutions.

Future studies should be conducted in other hospitals, in Singapore and in other countries, because preceptorship programmes are unique to each healthcare institution and are developed according to the goals of each hospital. A longitudinal research design can be employed in the future to look at the perceptions of preceptorship among NGNs of different cohorts for more representative findings as variables such as nursing education received, training of preceptors, and NGNs' orientation programmes may evolve over time and affect preceptorship experiences and perceptions. Additionally, specific studies with regard to the perceptions of preceptorship among groups of nurses with varying nationalities, age groups, and educational backgrounds can be done to explore perceptions within the different groups.

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Appendix A. Supplementary data

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Declarations of interest

None.

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