



## Reconceptualising preceptorship in clinical nursing education in Ghana

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### 1. Introduction

Clinical teaching in nursing education is a worldwide challenge that needs to be context specific (Vitale, 2014) in relation to local health needs, current and potential nursing roles within the health system, and availability of human, fiscal, and clinical resources. Resource constraints, however, pose greater challenges in low and middle-income countries. In 2016, we engaged in a four-cycle community-based participatory action research (CBPR) study to examine current issues in clinical nursing education in one school of nursing in Ghana and worked collaboratively with stakeholders in visioning possibilities for improvement. Congruent with the CBPR approach (Caine & Mill, 2016), a four-member Collaborative Research Team from the School of Nursing engaged in the study consulted in the development of the research as it progressed, collaborated in data analysis, determined priorities for action, and participated in devising and implementing recommendations.

The term “community” in action research refers to a group of people who are living or working together in a locality or geographically dispersed area and share an interest, emotion or identity (Bomar, 2010; Northway, 2010; Stringer, 2007). Therefore, the term “community” in this study is referred to as the stakeholders of clinical nursing education in Ghana which include: a) nursing students, b) nursing faculty, c) clinical teachers at the clinical agencies, and d) policy makers of nursing education in Ghana (Ministry of Health [MOH], Nurses and Midwives Council for Ghana [NMC], Ghana Registered Nurses and Midwives Association [GRNMA]). Whereas community-based research is a philosophical approach which aims to collaboratively address the needs and issues within the community, participatory action research (PAR) is geared towards uncovering power imbalances and changing community systems to achieve social justice by involving policy makers or people linked with socio-political endeavours in the wider community (Caine & Mill, 2016).

Cycle One findings, from questionnaire data gathered from undergraduate students, graduate students, and faculty and interviews with

key stakeholders in the health ministry, nursing association and midwifery and nursing council, related to needs for more effective clinical teaching, supervision, and evaluation; enhanced collaboration between educational institution and clinical agency personnel; additional availability of equipment in both clinical agencies and schools of nursing; and, reduced travel time for student engagement in clinical activities. Increasing numbers of students and nursing schools with no additional human, fiscal, and clinical resources emerged as major barriers to quality student nurse clinical practice (Asirifi et al., 2017). The intent of this paper is to present key findings of Cycles Two, Three, and Four in order to document how such evidence became the basis from which a decision to focus on re-conceptualisation of preceptorship occurred and, subsequently, what was recommended.

#### 1.1. Preceptorship

In the preceptorship model, final year nursing students are paired in one-to-one relationships with preceptors for clinical experience within a specific period of time with support from nursing faculty (Hilli & Melender, 2015; Oosterbroek, Yonge, & Myrick, 2017). Preceptors are experienced registered nurses who provide practical experience and educational preparation to nursing students on one-on-one basis at the clinical settings (Myrick & Yonge, 2005). Notwithstanding the above explications, because of resource constraints of staff nurses even in high resource countries, preceptors may supervise more than one student simultaneously (Sedgewick & Harris, 2012). Preceptorship promotes: a collaborative working environment for the stakeholders involved in preceptorship; continuity in student learning as patient care opportunities can be taken as they arise; and evaluation of student performance which involves both preceptor and faculty. Also, preceptorship fosters students' confidence, competence, critical thinking abilities, and improvement of both preceptor and student nursing practice. (Schuelke & Barnason, 2017; Walker, Dwyer, Moxham, Broadbent, & Sander, 2011). Although preceptorship incorporates the above-mentioned benefits, limitations may include: preceptor lack of expertise in teaching and

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student evaluation; perception of teaching as an added workload or stress; dependency of students on one role model; student and preceptor incompatibility; and, preceptor “burnout” (Sedgwick & Harris, 2012).

### 1.2. Preceptorship in Ghana

In Ghana preceptorship has become the most common teaching approach used in clinical education in nursing. Introduced in the 1990’s (Opore, 2002), preceptors receive formal preparation in clinical teaching and serve as a liaison to bridge the gap between theory and practice. Contrary to preceptorship as portrayed in the nursing literature (Hilli & Melender, 2015; Oosterbroek et al., 2017), preceptors in Ghana may supervise more than five students at a time with no reduction in their patient workload. Preceptors and their assigned students do not necessarily work the same shift over the entire clinical rotation (Asirifi, Mill, Myrick, & Richardson, 2013; Asirifi et al., 2017) and students assigned to a preceptor may be at different levels in their education or from varied disciplines. While preceptors are identified as the nurses primarily responsible for clinical teaching on clinical units, staff nurses, charge nurses, and in-service co-ordinators also teach and supervise students (Asirifi et al., 2017). Evaluation of student performance is done by the preceptors or the nurses who supervise students in the setting and submitted to faculty for grading (Asirifi et al., 2013, 2017). Clinical faculty members tend to spend limited time in clinical agencies, in part because of assignment to multiple agencies and the amount of time needed to travel between agencies because of severe traffic congestion (Asirifi et al., 2017). In addition, preceptors expect extrinsic rewards, such as more pay for their clinical teaching responsibilities, and relationships with students tend to be hierarchical rather than collaborative.

Given the challenges in clinical teaching revealed in Cycle One, and the data collected in Cycles Two and Three, it became evident that changes were needed in the preceptorship model used in nursing education in Ghana if clinical nursing education was not to lapse back into features of the historical apprenticeship model where students were placed on a unit and education was incidental as students provided service. While using students for service is unlikely to happen at the university where this study was conducted, findings revealed that students may be observers rather than caregivers in the clinical setting and learning may be incidental rather than deliberative. Re-conceptualisation of preceptorship in Ghana is therefore needed to allow for active engagement of students and clinical teachers in the clinical teaching and learning.

## 2. Research approach

A community-based participatory action research (CBPR) approach was used to inform and guide this study. The stakeholders of nursing education are referred to as a community because the group involves individuals working together towards a common goal of providing a high standard of nursing education to students (Stringer, 2007). According to Greenwood and Levin (2007), action research is one of the most powerful ways of generating new knowledge. It aims to change the situation of a group, organization or a community and encourages group participation by involving everyone (participants and the researcher) to take some responsibility in the research process. Community-based participatory research is a collaborative research approach that equitably involves all participants in the research process, as well as values the unique contributions of each participant to identify and problem solve issues chosen by the community to achieve social change (Bomar, 2010; Jull, Giles, & Graham, 2017). Therefore, this CBPR project promoted a collaborative approach to investigate the possibilities for optimizing clinical teaching in a baccalaureate nursing program in Ghana in cognizance of both the constraints posed by resource limitations and the possibilities for change that exist.

The intent of this CBPR study was “to engage stakeholders in a

research process to ascertain the strengths and weaknesses of the current model(s) of clinical education in one undergraduate baccalaureate nursing program in Ghana; and offer strategies to enhance clinical teaching effectiveness that meet or surpass national standards and are feasible within current and potential resources” (name deleted to maintain the integrity of the review process, p.110). The first research question, to identify issues, was explored in Cycle One but addressed in more depth in Cycles Two and Three. Two presentations were conducted in Cycle Two. Issues of clinical teaching identified in Cycle One were shared with nursing students and faculty to provide opportunity for validation and additional input. Additionally, separate presentations on CBPR and eight clinical teaching models identified in the literature and used in different countries in the world were presented to faculty members and graduate students. The presentation included a description of each of the clinical teaching models, including strengths and weaknesses. Feedback was obtained from participants.

Purposive sampling was used to recruit participants for the individual and focus group interviews. Purposive sampling technique involves judgemental selection of particular settings of participants based on the researcher’s knowledge of the population and the objectives of the research to provide rich information about the phenomenon of study (Taherdoost, 2016). The researcher therefore includes such rich cases (participants) in the study because they warrant inclusion (Tongco, 2007). Since the focus of Cycles Two, Three and Four was to engage with stakeholders of nursing education to plan, develop collaborative strategic vision to enhance on the effectiveness of clinical nursing education in Ghana, the inclusion criteria for participants were as follows: a) Graduate students who had clinical nursing experience in their nursing education program or had taught in nursing schools in Ghana; b) clinical teachers and preceptors in the clinical agency who had experience in supervising or teaching nursing students in clinical practice; and c) faculty members with experience of teaching in the undergraduate nursing program or have engaged in the clinical teaching program in the nursing school. The external stakeholders were recruited in Cycle One; and were included in the study because they were actively engaged in policy making in nursing education in Ghana (name deleted to maintain the integrity of the review).

Data collection for Cycles One to Four occurred from March 2016 to March 2018. Flyers advertising the study were distributed to graduate students and to faculty members and the potential of participation in focus group or individual interviews was announced in the Cycle Two presentations. Both strategies included the primary researcher’s contact information and an invitation to contact her if they were willing to participate. For the clinical agency staff, the primary researcher contacted and explained the research intent and process, as well as provided the CBPR study information materials, to the Director of Nursing at the acute care hospital. The Director agreed with the study and approached the clinical teachers and the preceptors about participation.

Individual interviews were completed with seven faculty members at the School of Nursing and separate focus group interviews were conducted with six graduate students and eight clinical agency staff. Encounters began with open-ended questions about participants’ experiences followed by probing questions to obtain detailed data about the topic of interest. Individual interviews ranged from 45 to 90 min and focus group interviews from one to two hours. All interviews conducted at the places convenient for the participants and were audio-taped and transcribed verbatim. A personal journal and field notes recorded the researcher’s feelings, observations, reflections, and insights. A summary of preliminary findings was presented to the Collaborative Research Team members as Cycle Two progressed.

### 2.1. Ethical considerations

This research project received ethics approval from the University of Alberta Research Ethics Board, Project Name “Using Community-based Participatory Action Research to Optimize Clinical Teaching in

Baccalaureate Nursing Education in Ghana,” No. Pro00058691 (Renewal), February 2017 – February 2019. Furthermore, ethics approval was obtained from the Noguchi Memorial Institute for Medical Research, 082/15-16; and Korle-Bu Teaching Hospital, KBTH-STC 00061/2016, both in Accra, Ghana. Participation in the individual and focus group interviews was voluntary. An information letter about the study was delivered to each participant. Written consent was obtained from each of the participants before the commencement of the individual and focus group interviews. The informed consent indicated that the interview would be audio recorded. Anonymity cannot be ensured with focus groups and everyone knew who the Collaborative Research Team members were. As most participants were known to the Collaborative Team members, no raw data were shared with them. The first author made detailed summaries of the findings and shared the summaries with the team for analysis and interpretation. Also, the participants involved in the focus group interview and the Collaborative Research Team were informed to maintain confidentiality regarding what is said or shared in the group. While not ideal, this strategy did preserve confidentiality of what the individual participants shared. To ensure anonymity throughout the dissemination of findings, participants were assigned codes. The graduate students were identified as GS1, GS2, GS3, GS4, GS5, and GS6. The faculty members were identified as F1, F2, F3, F4, F5, F6, and F7. The preceptors were identified as P1, P2, P3, P4, P5, P6, P7, and P8. Also, the external stakeholders who participated in the individual interview in Cycle One were assigned codes. The representatives from NMC were identified as NMC1 and NMC2. Participants from GRNMA were identified as GRNMA1 and GRNMA2 and the representatives from MOH were identified as MOH1 and MOH2.

The interpretive descriptive approach to data analysis was used to increase the theoretical sophistication of the preliminary analysis of findings. Thorne (2008) describes interpretive descriptive research as a qualitative research approach that requires integrity of purpose derived from sources such as the actual practice goal of understanding what we do and do not know on the basis of the available empirical evidence. The interpretive descriptive approach enables the research team to describe the core concepts of the data and seek embedded meanings. Interview data are analyzed for repeated phrases, codes developed to identify concepts, and both compared across interviews. Codes with similar meaning are collated and labeled to form categories. Field notes provide information on the context surrounding interviews and focus group discussions. Preliminary data analysis for Cycle Two was conducted by the primary researcher, shared with the Collaborative Research Team and thesis committee members, and discussed in relation to meanings, implications, and where to go next in the research.

The decision to focus on a re-conceptualisation of preceptorship to better fit the Ghanaian context was made at the end of Cycle Two. The goal is to improve the clinical education of nursing students in one clinical setting as an exemplar for what could be useful across other schools of nursing in Ghana. Additional literature was reviewed to support and explain findings. Using Kotter's eight-step theory of organizational change (2012), a new vision for change, with strategies, was developed in Cycle Three. Cycle Four involved validation of the way forward with key stakeholders, including incorporation of their feedback and suggestions. Ethical clearance was granted by review panels at two universities and one clinical agency.

### 3. Results

Most of the participants indicated the need for quality clinical nursing education in Ghana. They provided their input on the need for re-conceptualisation and strengthening of the preceptorship model within the resource-constrained environment as the first priority. Major findings are introduced in relation to rationale for reconceptualising preceptorship, role expectations, planning for success, and challenges before discussion of the way forward.

#### 3.1. Rationale for reconceptualising preceptorship

The usual conceptualisation of preceptorship as one student with one preceptor who provides guidance and mentorship throughout a clinical rotation is neither reflected nor possible in the Ghanaian context. There are too many students and too few preceptors. Thus, nursing leaders are advocating that all registered nurses should receive preceptorship preparation. Innovative strategies are needed to bridge the gap between academia and practice settings. Ghanaian nurse leaders are aware of the issues and are already devising plans to strengthen clinical nursing education. An MOH representative indicated that:

At the policy making level... this topic on improvement of the quality of clinical teaching is at the center of discussion at the moment .... This is so important, it needs a lot of innovations so I am interested to see what we can do together to strategize ways to close this gap between the training institution and the clinical area [MOH1].

Currently, selected staff nurses are prepared for preceptorship through an NMC program or at nursing schools.

#### 3.2. Role expectations

As preceptors, faculty, students, and ward staff are all involved in clinical teaching, clarification of roles and responsibilities is critical if strong supportive relationships are to evolve. Preceptors in the study indicated that they provide feedback, ask questions, support students to grow in the care of patients, and evaluate student performance using a clinical schedule book that is primarily task focused. An NMC representative said:

We prepare the preceptors solely to teach the students. They organize clinical conferences, and provide feedback to the students about their clinical performance. They are supposed to liaise with schools to provide clinical teaching. This is what the concept of preceptorship is about in our context but I wouldn't say it's done 100% but at least this is how far we've brought it [NMC1].

Preceptor participants indicated that they use clinical practice objectives provided by the nursing schools to foster achievement of the expected clinical teaching and learning outcomes. For example, “When the schools bring us their letter and objectives about 6 weeks before the clinical practice, it helps us to plan our schedule and be prepared for the students” [P2]. Evaluation documents completed by the preceptors are sent to the schools for final grading.

Faculty members prepare nursing students theoretically and in the skills laboratories before placement in clinical settings. Prior to the commencement of the students' clinical experience, the faculty member is expected to submit the list of students' names, the expected areas of practice, and the clinical objectives to the Director of Nursing Services at the clinical agency and to the preceptors or the staff nurses responsible for teaching students. Clinical faculty members are expected to oversee the students' experiences and spend time with the students on the units, as well as support the preceptors and students as required during the clinical rotation but some of these expectations may not be met consistently. A faculty member described her role in clinical teaching as:

Our roles include liaising with the clinical instructors in the school's skills laboratory and drawing the schedule for the clinical placements in the various hospitals. We ensure that the clinical introductory letters are sent to the various hospitals, follow the students to the clinical settings on their first day to ensure that they are received properly, and then we leave the rest of the clinical teaching in the hands of the preceptors[F2].

This description suggests little or no collaboration in the actual clinical teaching.

Students are expected to be respectful, punctual, dress

professionally, show interest in learning, and understand the expectations as outlined in the clinical objectives. A graduate student participant with preceptorship experience indicated that:

*Their clinical objectives are like a commitment to the students' clinical learning so I always find out by asking the students about their clinical objectives and expectations. I then give them the opportunity to select those achievable objectives to work with [GS1].*

This statement is interesting as Cycle One data revealed that students were not always provided with the clinical objectives of a practicum nor were they asked to develop their personal objectives (Asirifi et al., 2017). As well, there is a sense in the statement that the objectives may not be achievable in the specific clinical setting. Clear objectives, leveled to reflect the student's expected clinical capacity at a specific point in the program, constitute an important structural component of clinical practice. In Ghana peer teaching occurs among students during their clinical practice as post-RN students participate in the same clinical placements as other undergraduate students, generally with the same objectives. Critical thinking may not be encouraged as hierarchical relationships in health care, nursing, and society may discourage students from asking challenging questions or voicing concerns about the care patients receive.

Unit staff nurses are expected to assist preceptors in teaching students. One preceptor indicated that *"We realized that every nurse on the ward was contributing to teaching the students [P1]."* Another preceptor added that *"The staff nurses were made to understand that not only the preceptors are expected to teach the students; every staff member is responsible for teaching students [P3]."* A third preceptor described how *"In my unit the head of the unit .... creates the awareness that every nurse is a teacher [P6]."* Staff nurses contribute to students' clinical teaching and learning. Still another preceptor commented:

*I know the nurses who are competent and capable of teaching. If I see students with such nurses I know they are safe and I leave the students in their hands but occasionally, I pop in to see how the students are doing and then at the end of the shift the nurses would give me report on the teaching and learning activities of the day [P2].*

Participants indicated that there are staff nurses who really have the passion to teach and whose knowledge and skills get utilized.

### 3.3. Planning for success

Orientation is critical to successful student teaching and learning. Students, faculty, preceptors, and nursing staff should receive orientation in order to understand their personal roles, expectations, and responsibilities, as well as those of the other players in the setting. A graduate student participant suggested:

*I think it would be better if the students are introduced to the clinical objectives and allowed to set [add] their clinical objectives on what they are supposed to achieve. This would enable students to assess their level of performance according to the set objectives [GS3].*

Most of the preceptors agreed that they needed adequate preparation and orientation to teach students effectively. One of the preceptors indicated that: *"We need more educational support in all the processes involved in clinical teaching in the form of workshops or... handouts [P4]."* One faculty member explained the need for faculty expertise in clinical teaching: *"so that they can support the students and the preceptors in clinical practice [F2]."*

Most participants recommended increased collaboration and partnership among the internal and external stakeholders of nursing education in Ghana. One external stakeholder indicated that: *"There must be collaboration between the universities and the clinical facilities because if the clinical staff are involved in planning clinical teaching projects, the implementation becomes easier [GRNMA 2]."* Similarly, faculty members explained that: *"If we plan clinical teaching programs with the clinical*

*agencies, supported by NMC and MOH, it will be more effective [F6]."*

Most of the faculty members and external stakeholders identified the post-RN students as experienced nurses who could contribute to teaching their generic counterparts in the clinical setting, especially in face of current staff shortages. A faculty member added that *"we usually combine the post RNs with the generic students for clinical practice so that while the senior nurses (post-RNs) are serving as students, they also help to teach the younger ones [F3]."*

### 3.4. Challenges

Most participants indicated the major challenges of clinical teaching as: teaching multiple students from different agencies, levels, and disciplines; heavy workload and patient care responsibilities of preceptors; preceptors' shifts not always coinciding with student clinical hours; lack of incentives to motivate preceptors to teach; lack of clarity of clinical expectations; inadequate student preparation for clinical practice; and, lack of clarity in relation to students' clinical evaluations.

Most of the preceptors indicated that they often supervised multiple students from various institutions or various healthcare disciplines simultaneously. Meeting each student's needs is complex and there is a tendency to make learning experiences similar for all students. Giving students full responsibility for the nursing care of specific patients may not fit with a unit where team nursing is practiced, but could encourage deliberative planning in relation to clinical objectives. Students could be responsible for reminding a preceptor of objectives, communicating learning needs that remain unmet, and suggesting clinical opportunities that would enhance their learning. Genuine clinical practice, as opposed to observation, enhances skill and knowledge development. Preceptors could provide guidance about clinical opportunities in the specific unit at the onset of a student's practicum and, therefore, cue students as to the theoretical and skill review needed to provide care and integrate knowledge. While individual and focus group data suggested that holding clinical conferences was a preceptor responsibility, there was no corroboration that such learning opportunities were actually occurring with any regularity.

Preceptors usually have heavy clinical, as well as teaching, responsibilities. Perhaps students could assume many of the patient care activities under the supervision of the preceptor. Thus, the preceptor role could become similar to the clinical instructor role when a group of students is assigned to one or two units and each student provides full patient care for one or more patients under faculty and unit staff guidance. The preceptor ensures that patients get safe nursing care by checking and supplementing each student's knowledge and skill, providing necessary teaching, and supervising skills such as wound dressings until the student becomes competent. The students, however, share the clinical workload. A graduate nursing student indicated that *"In some clinical settings.... they don't really have trained preceptors because of the staff shortages. It therefore poses heavy work load for the few preceptors available to teach the students [GS2]."*

Another challenge mentioned by most faculty members was that preceptors and students are not always on the same shift. For cost, convenience, and safety reasons students usually work Monday to Friday day shifts as the School of Nursing provides transportation between the university and the clinical settings. A faculty member explained that:

*Students are not able to work the hour shifts with the preceptors due to the timing or the clinical schedule for preceptors. For example, we identified three preceptors in a unit to work with our students but ... we sent our students to the unit, we realized that two of the preceptors were on leave and the other one was on night duty. So, the preceptors are not always available for our students. But if there's a way they can be on the shift of the students, it would be very helpful [F6].*

As staff nurses, preceptors are on clinical rotations, while student schedules are fixed.

Lack of clarity in relation to reasonable expectations in terms of student preparation and preceptor evaluation of students' performance were mentioned as challenges by most participants. A preceptor indicated that "students need adequate preparation and orientation to the expectations of their clinical practice [P7]." Another preceptor stated that "the clinical objectives guide the areas to teach but most of the time, some of the students have not been taught or exposed to their expected areas of competency and objectives before they come (for practice) [P2]." One of the graduate students added that: "I think if the objectives are communicated to the students in class before they get to the wards, the students would be more involved in the clinical practice [GS 6]." Participants indicated that the students have limited input into their clinical evaluations.

Most participants indicated that preceptors receive inadequate to no incentives to motivate them to teach. It is seen as an added responsibility to their job rather than a professional responsibility. One faculty member stated that "there should be some kind of reward system, not necessarily money, but if there's a way of winning points that would contribute to the preceptors' academic advancement... give them some points for entry into schools or contribute to their professional promotion, it would be useful [F7]."

Two priorities for change received consensus at the end of Cycle Three. Reconceptualising preceptorship was one. Clinical evaluation, identified as the second priority for change, will receive in-depth focus in subsequent research.

## 4. Discussion

### 4.1. Reconceptualising preceptorship in Ghana

Before discussing the way forward for re-conceptualisation of preceptorship in Ghana, it is important to shed light on the use of Kotter's theory of organizational change (Kotter, 2012) in relationship to CBPR in this study. Change is one of the major purposes of CBPR and Kotter's eight-step theory of organizational change is congruent with CBPR. The first two steps, *creating a sense of urgency* and *establishing a guiding coalition*, were achieved in the first cycle of the study (Asirifi et al., 2017). Step three, *forming a strategic vision*, was achieved in Cycles Two and Three and involves creating and shaping a vision to facilitate the change effort and establishing strategic initiatives to achieve the vision (Kotter, 2012). Cycle Four involved validation and communication of the vision and strategies.

### 4.2. A new vision

A clear vision enables the stakeholders of an organization to focus on the achievement of the set goals (Kotter, 2012). Our vision is for enhanced collaboration across all stakeholders in the creation of optimal conditions for preceptorship as a clinical teaching model that will provide high quality clinical education for student nurses in the study School of Nursing as an exemplar for what is possible across Ghana. Collaboration between clinical agencies and academia promotes generation of new knowledge from reflection, shared power, active learning, and decision making among these institutions (De Jongh, Hess-April, & Wegner, 2012). Using a collaborative philosophy in clinical nursing education in Ghana will give preceptors, faculty, and students the opportunity to use and share experiences to enhance their practice.

### 4.3. Strategic initiatives

Specific strategic initiatives guide stakeholders in an organization to work toward making the vision a reality (Kotter, 2012). Potential strategic initiatives are: central planning; faculty planning and development; enhanced preceptor development; same shift for preceptors and students; relationships, defined roles, and responsibilities of preceptors, nursing staff, clinical faculty, student peers, and students; clear

clinical objectives and evaluation criteria and process; and, preceptor appreciation. Some of these strategies are already in progress.

#### 4.3.1. Central planning

External stakeholders are aware of the burden of the large numbers of students on clinical agencies and are initiating plans to address this problem. Through centralized planning, external stakeholders, namely the NMC and the MOH in collaboration with nursing schools and clinical agencies, are initiating meetings to ensure that students in reduced numbers and from fewer schools or disciplines practice on units concurrently. Such inter-agency communication should reduce the incidence of preceptor assignment to students from varying levels and with widely different learning needs at the same time and facilitate opportunities to focus on specific learning needs at appropriate levels of clinical practice (De Jongh et al., 2012).

#### 4.3.2. Faculty planning and development

The new Dean of the School of Nursing in this study is a Collaborative Research Team member and has recruited six additional faculty members to address the critical shortage of academic teaching staff. It is also important to provide adequate educational preparation about the roles and expectations of all players in the preceptorship relationship (Yonge, Ferguson, Myrick, & Haase, 2011). Clinical faculty need preparation about clinical teaching and the preceptorship model. This could be accomplished through orientations, workshops, or seminars focusing on communication of expected standards of practice for various levels of students; clinical teaching strategies; clinical objectives; clinical evaluation; and, preceptor selection, guidance, and support. Development of a context-specific preceptorship handbook would enhance consistency in messages offered and a reference for everyone (Odelius, Traynor, Mehigan, Wasike & Cadwell, 2016; Oosterbroek et al., 2017). Clinical faculty, as often as feasible, could be placed in one clinical agency for clinical supervision and collaboration with preceptors and should receive orientation to the clinical setting. Benefits of faculty orientation to the clinical setting include: increasing learning support and collegial relationships among nursing staff, preceptors, faculty, and students; involving faculty and students as team members in the practice unit; and, enhancing faculty ability to be more involved in unit activities with students as they balance classroom and clinical work (Felecia, 2013; Smit & Tremethick, 2014). This strategy could be used in Ghana to increase the retention of clinical faculty in the School of Nursing and enhance the success of preceptorship.

The clinical faculty in Ghana could be more involved in students' clinical activities by setting a half day per week (or bi-weekly) for clinical seminars at the School of Nursing during clinical practice rotations to discuss clinical experiences, nursing procedures, patient care scenarios, and essential topics pertaining to clinical practice to increase student's critical thinking and understanding about nursing care as well as to provide a check on students' clinical knowledge and progress (Granero-Molina et al., 2012; Hoften, Gustafsson, & Haggstrom, 2010). Students could be encouraged to keep a diary or journal to record clinical learning activities and opportunities to share during the clinical seminars, as well as document issues to discuss and observations they find troubling.

#### 4.3.3. Enhanced preceptor development

Preceptor preparation and orientation is imperative for effective preceptorship. It is therefore important for preceptors to understand the expectations, goals, and pedagogical processes involved in clinical education (Krampe, L'Ecuyer, & Palmer, 2013; Yonge et al., 2011). Faculty could organize workshops or seminars to orientate preceptors to the course outline, course objectives, clinical teaching strategies, stimulation of critical thinking through questioning, provision of feedback, and evaluation of students' performance (Krampe et al., 2013; Warren & Denham, 2010).

#### 4.3.4. Preceptor and assigned students on same shifts

Negotiation would be needed to ensure students and assigned preceptors share the same shifts. If students cannot change from a day shift due to reasons of safety or transportation issues, this strategy may be difficult to implement. Perhaps two preceptors who work different shifts could share a group of students so that there is greater consistency than tends to occur now. Chuan and Barnett (2012) suggest that students who work closely with the same preceptor during their clinical experience are most likely to receive adequate supervision and a positive pedagogical atmosphere in their clinical practice.

#### 4.3.5. Preceptor selection

Criteria for preceptor selection help with identification of nurses with the required knowledge and skills needed to teach students. Participants in this study indicated that student teaching is a professional responsibility of registered nurses. Therefore, all staff nurses should be prepared as preceptors to help teach the large numbers of students who practice in the clinical setting. Since staff nurses contribute to students' clinical learning (Asirifi et al., 2017; Chuan & Barnett, 2012), they should all be given adequate preparation. Altmann (2006), however, believes that preceptor selection should be based on length of service or experience in nursing practice, attitude towards student teaching, and educational background. While some nurses should never preceptor a student because of lack of competence or positive role modelling, there is a need to strive to create and locate students in clinical settings where care is good.

Preceptorship education could be integrated into post-RN baccalaureate and graduate nursing programs. Our study revealed peer learning among students when post-RN students are mixed with other undergraduate students and become involved in peer teaching. Currently, both types of students are in the same program and have the same prescribed clinical objectives but their needs and potential learning trajectories are different. Making peer clinical teaching an objective for post-RN students would enrich their program and they would already have preceptorship training on graduation. They could attend preceptorship training as part of their program and graduate with this additional qualification. Since most of the graduate students teach in nursing schools in Ghana, they could take advantage of such educational preparation to ensure effective clinical education and preceptorship in their schools. Such a strategy would increase numbers of competent preceptors. Ideally, preceptors should be selected based on their passion to teach students, baccalaureate or higher degree in nursing, excellent team playing skills, ability to stimulate critical thinking through provocative questioning, competence in nursing practice, willingness to receive educational preparation in preceptorship, excellent communication skills, and respectful human relationships (Altmann, 2006). While not practical currently, this could be a future goal.

#### 4.3.6. Relationships, roles, and responsibilities of preceptors, nursing staff, clinical faculty, student peers, and students

Apart from preceptors, nursing staff teach students. Peer teaching also occurs among students during clinical practice. Most participants indicated that nursing staff and students require preparation to understand their roles and responsibilities in order to foster a positive relational environment in preceptorship. This is congruent with Lehmann and Brighton's (2005) statement that students require orientation about their roles and expectations in preceptorship in order to both meet their learning goals and take advantage of learning opportunities that may allow them to exceed their goals. In order to fully engage students in preceptorship in Ghana, faculty should orientate them on the clinical course objectives, evaluation criteria, and rationale for seminars and pre/post conferences. Preceptors and staff at clinical agencies should also orientate students on clinical site routines and agency policies and procedures (Lehmann & Brighton, 2005). Perhaps junior staff nurses could be paired with senior nursing students or post RN students for teaching, with the official preceptor serving as a

facilitator of the experience and mentor of the more junior staff nurses. This team learning approach can promote supportive relationships among students, nursing staff, and preceptors during clinical teaching and learning experiences (Brathwaite & Lemonde, 2011).

Respectful human relationships in clinical teaching and learning promote development of personal and professional growth and encourage active student participation. (Haitana & Bland, 2011). Congruent with a humanistic approach to teaching and learning, processes that foster student achievement of learning goals include: a respectful environment or relationship between learners and teachers; interactive participation, questioning, and sharing of thoughts by students; and, teachers assuming primarily a facilitator role (Bracarense et al., 2014; Diekelmann & Lampe, 2004).

The primary focus of humanism as an educational philosophy is the autonomy and dignity of individuals involved in teaching and learning as well as assisting the learners to become more of who they are (Billing & Halstead, 2007; Bracarense et al., 2014). Humanism promotes critical thinking, application of knowledge to practice, authentic being in nursing, experiential learning, and the ability of students to establish and meet their own goals (Billing & Halstead, 2007; Bracarense et al., 2014). Using humanism as a philosophical underpinning in clinical nursing education promotes student-centered learning whereby students take responsibility for their own learning; respectful relationships exist among students and clinical agency staff, preceptors, and students; and, teaching strategies promote full engagement of students. This approach could reduce the risk of students maintaining passive roles in learning.

#### 4.3.7. Clinical objectives and evaluation criteria

Clinical objectives address clinical learning needs, knowledge, and skills to be mastered in clinical nursing practice (Lehmann, Brooks, Popeo, Wilkins, & Blazek, 2012). Students should be allowed to supplement faculty mandated objectives with personal objectives related to their specific learning needs and interests. This approach encourages students to assume responsibility for their own learning. Also, clinical objectives from both the faculty and students should be communicated to the preceptors to guide their clinical teaching and evaluation (Billing & Halstead, 2007).

#### 4.3.8. Preceptor appreciation

Preceptors need to be appreciated and motivated to increase their interest and satisfaction in teaching. Preceptors in Ghana could be motivated by monetary incentives, appreciation from management and colleagues, and incentives such as workshops or conference sponsorship (Asirifi et al., 2013; Campbell & Hawkins, 2007). Preceptorship could become a recognized competency for renewal of professional nursing registration in Ghana. Schools of nursing could sponsor events such as teas, free educational offerings, or a token such as a pin which, when worn on a uniform, would identify a nurse as an excellent clinician and a designated preceptor.

#### 4.4. Potential barriers or threats to change

Acknowledging and alleviating actual and potential barriers to organizational change is critical in enabling people within an organization to function efficiently (Kotter 2012). Potential barriers to effective implementation of a reconceptualised preceptorship model in the Ghanaian context include addressing a tradition of hierarchical relationships, continued lack of fiscal and human resources, and resistance to change. All stakeholders need to acknowledge that clinical education can be improved through many of the suggested strategies and embrace the possibilities. While some strategies are easy to assume, others may need tweaking. Some may stimulate organizational shifts while others may be tried but not work within the context.

In Ghana, traditional hierarchical relationships between teachers and students create an educational environment in which truly active

participation of students is discouraged (Bohmig, 2010). Teachers are authority figures and students are expected to adhere to teaching authority with minimal or no questioning (Bohmig, 2010). This traditional hierarchical relationship limits the promotion of the student-centred learning that is critical to successful adoption of a preceptorship model that produces caring and critical-thinking professional nurses. Professional hierarchies in healthcare limit the critical thinking and questioning by nurses that produce a patient-centred and inter-professional collaborative environment in which excellence in patient care flourishes. This challenge can be addressed through the lens of a humanistic approach to teaching that could filter into clinical practice after graduation.

The researchers' understanding of critical social theory made conscious a desire to encourage participation of all stakeholders of nursing education, including students (often silent voices), to engage in critical discourse and collaborative decision making for reconceptualising preceptorship towards the implementation of effective clinical education in Ghana. Critical social theory promotes questioning of the historical norms or structures and power relationships in terms of whose voices are marginalized or silenced (Sumner & Danielson, 2007)

#### 4.5. Communicating the potential strategies for change

The fourth step of Kotter's organizational change theory focuses on ensuring that most people in the organization accept and understand the vision (Kotter, 2012). Thus, communication of the vision to key stakeholders in nursing education in Ghana occurred in Cycle Four. The research findings and the strategies for reconceptualising preceptorship were presented to the key stakeholders of nursing education for further input of ideas to strengthen the effectiveness of preceptorship in Ghana. Stakeholder suggestions included the need for a specific country-level policy document as a guide for effective preceptorship, the merit of advocating for official engagement of part-time preceptors, and the possibility of the nursing and midwifery council having the power to determine student nurse entry quotas annually.

#### 5. Conclusions

The choice of a clinical teaching model in a particular context depends on available resources and the ability to use the clinical teaching approach effectively. In a CBPR project conducted in Ghana, nursing education stakeholders agreed that preceptorship in a reconceptualised form is the most feasible clinical teaching approach to improve student nurse learning. Drawing on Kotter's organizational theory of change, strategic approaches for reconceptualising preceptorship in the Ghanaian context are recommended. The vision includes enhanced collaboration among all stakeholders to promote optimal environments for clinical teaching in nursing education. The CBPR approach, by engaging stakeholders from policy, clinical, and educational levels from the very beginning, incorporated knowledge translation to decision-makers as part of the research process. Formation of a Collaborative Research Team within the School of Nursing, from where much of the change needs to be initiated, has hopefully stimulated the motivation and energy needed to implement the suggested strategies.

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#### Conflict of interests

No conflicts of interest have been declared by any of the authors of this manuscript.

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