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Understanding the needs of nurse preceptors in acute hospital care setting: A mixed-method study

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A B S T R A C T

Nurse preceptors play an important role in supporting newly qualified nurses during transition periods. However, limited attention is given to the needs and experience of nurse preceptors with expected responsibilities. This study aimed to examine the perceived needs of nurse preceptors in three public acute hospitals by using a sequential mixed method approach conducted between March and August 2017. A questionnaire that comprised socio-demographic data, Clinical Teaching Behaviour Inventory (CTBI), and RN Preceptor Learning Needs Assessment, was distributed to all nurse preceptors. Semi-structured qualitative interviews were conducted with a purposive sample of 10 informants to complement the quantitative findings. We received 260 completed questionnaires, giving a response rate of 78.8%. The highest mean CTBI domain score was "Using appropriate teaching strategies" (Mean = 3.65, SD = 0.56), whereas the lowest was "Providing feedback and evaluation" (Mean = 3.51, SD = 0.60). The top five topics identified as the most important in nurse preceptor training were critical thinking, prioritising, teaching techniques, conflict management and teamwork. Qualitative findings revealed that the informants experienced tension with their dual roles and strained relationships with co-workers. The expectations of the informants for support were recognition from management level and highlighting coaching tactics, reciprocal learning and collegiate support.

1. Introduction

Preceptorship aims to support newly qualified health care practitioners in their transition from students to staff members in a clinical environment (Department of Health (DH), 2010; Muir et al., 2013; Panzavecchia and Pearce, 2014). Preceptorship is one of the three key elements in nursing professional development in the UK (DH, 2010). Following the development of preceptorship guidelines by the Nursing and Midwifery Council in 2006, a national preceptorship framework for nursing, midwifery and specialist community public health nurse was formulated to guide employers and managers in ensuring a standardised approach for its effective implementation (Northern Ireland Practice and Education Council for Nursing and Midwifery, 2013). Likewise, the importance of preceptors is gaining recognition in the U.S. For example, a nurse preceptor certification has been developed to recognise the proficiency of nurse preceptors in specialty practice (American Academy for Preceptor Advancement, 2016), and Nurse Preceptor Academy has been developed in several states to prepare preceptors (Horton et al., 2012). Although the design of the preceptorship programme is important, a growing awareness is observed towards the influence of preceptors on the preceptorship process.

1.1. Definition of nurse preceptor

The terms preceptor, mentor and supervisor are often used interchangeably in the literature to describe experienced nurses responsible for coaching student nurses or newly graduated nurses during clinical practice (Lennox et al., 2008, Australian College of Nursing, 2018; Yonge et al., 2012). However, the roles and responsibilities of preceptors differ from those of mentors and supervisors in terms of time frame, levels of commitment and relationship. A supervisor is often referred to the professional support and guidance offered by experienced nurses in a small group format in a clinical setting (Struksnes et al., 2012). A mentor offers support related to individual growth and development, such as career progression, scholarly endeavour and personal achievement, in a one-to-one format. Mentoring relationships usually involve a high level of commitment with a progression of relationship phases for a long time frame, and the relationship extends outside of the workplace (Gopee, 2015). On the other hand, a preceptor refers to an experienced staff nurse who teaches and provides formal

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feedback to preceptees on their performance for a designated time period in a structured preceptorship programme (Omansky, 2010). Preceptorship lasts for a short period usually in terms of weeks, aiming to provide authentic experience, guidance, reflection, feedback and evaluation for newly graduate nurses (Budgen and Gamroth, 2008; Haitana and Bland, 2011).

1.2. Roles and responsibilities of nurse preceptors

Nurse preceptors are regarded as inspirational role models who demonstrate professional values and behaviours of nursing (DH, 2010). The literature describes the extensive responsibilities of nurse preceptors for preceptee development, which include but not limited to the consolidation of knowledge and skill, competency validation, confidence building, skill development in terms of goal setting, prioritising care, problem-solving and clinical decision-making, building professional relationships with co-workers and role socialisation (DH, 2010; Ward and McComb, 2017). Therefore, nurse preceptors must be sensitive to their preceptees' individualised learning and development needs and provide immediate and constructive feedback to facilitate their transition and personal growth (DH, 2010; Muir et al., 2013). These responsibilities require nurse preceptors to possess professional knowledge and a range of skills, such as teaching techniques, evaluation, positive communication, time management and organisation (Foy et al., 2013; Horton et al., 2012).

Since the mid-1990s, the Hospital Authority has launched a nurse preceptorship programme in Hong Kong public hospitals to facilitate the immersion of newly recruited nurses into the clinical environment, to validate their professional competency and to increase nurse retention through clinical socialisation. The scope of the nurse preceptorship programme has then expanded to facilitate personal growth and development among newly recruited nurses. Nurse preceptors are nurses working in clinical settings who generally possess more than two years of continuous clinical experiences. However, the specific criteria may vary across specialties, clinical departments and hospitals. On-the-job training on various topics, such as counselling, teaching strategies, interpersonal skills, leadership and evaluation, is provided in parallel by the Hospital Authority and individual hospitals to prepare nurse preceptors for the role and ensure quality standard of the preceptorship programme. However, nurse preceptors perceive themselves as ill-prepared given their impractical or inadequate training and a lack of support from peers, managers and organisations (Chang et al., 2015; Chen et al., 2011; Panzavecchia and Pearce, 2014; Lindfors et al. (2018). The gap between role expectations and undesirable experiences of nurse preceptors suggests the inclusion of their voices in the development of the preceptorship programme to improve its outcomes. Studies rarely focus on the needs and experiences of nurse preceptors in relation to the precepting process. The precepting process refers to the transitional period for an experienced nurse to teach, instruct, supervise for clinical skill acquisition and serve as a role model for a student or graduate nurse for a set time period within his/her specialty area (Carlson et al., 2009).

1.3. Study aims

The present study aims to examine the perceived needs of nurse preceptors in acute hospital settings. The research questions are as follows. (1) How do nurse preceptors perceive their clinical teaching behaviours? (2) What are the key topics to be covered in the nurse preceptor training? (3) What challenges do they encounter in the precepting process? (4) What kinds of support can enable nurses to become a nurse preceptor?

2. Materials and methods

2.1. Study design

We adopted a sequential mixed method approach, which includes a cross-sectional survey study and focus group interviews. Quantitative and qualitative findings were complemented through triangulation design to understand the experiences and expectations of nurse preceptors towards support for their designated roles and responsibilities (Creswell et al., 2003). The survey study enabled the researchers to collect massive data from diverse groups within a short timeframe, whereas focus group interviews enabled the researchers to explore in-depth views towards the phenomenon of interest through group interaction and dynamics.

2.2. Setting and sample

This study was conducted in three acute public hospitals at different hospital clusters and geographic locations in Hong Kong. Nurses were eligible for the study if they were delegated as nurse preceptors for junior nurses in their current hospitals. Nurses on leave for six months or over in the past year were excluded. Among the qualified respondents, a purposive sample of 10 informants from different hospitals was recruited for the interviews. Respondents who participated in the cross-sectional survey were invited to join the focus group interviews. Respondents who volunteered to join the interview were instructed to fill in a contact information sheet, which was enclosed in a sealed white envelope and returned to the research nurse. Data gathering was implemented between March and August 2017.

2.3. Instruments

A questionnaire that comprises (1) socio-demographic data, (2) Clinical Teaching Behaviour Inventory (CTBI) and (3) RN Preceptor Learning Needs Assessment was used in the survey study. The first part involves profiling of characteristics in terms of gender, age, educational level and clinical and nurse preceptor experiences. CTBI aims to enable participants to evaluate their clinical teaching behaviours (Lee-Hsieh et al., 2016). The 23 items were divided into six factors, namely, committing to teaching (4 items), building a learning atmosphere (5 items), using appropriate teaching strategies (5 items), guiding interprofessional communication (3 items), providing feedback and evaluation (3 items), and showing concern and support (3 items). Each item was rated on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree). The Cronbach's α was 0.96 (N = 260) for the total item pool and 0.64, 0.69, 0.84, 0.84, 0.74, and 0.69 for the six factors. The content and construct validity of the instrument were established through Delphi study and confirmatory factor analysis, respectively (Lee-Hsieh et al., 2016). The RN Preceptor Learning Needs assessment tool was developed by Foy et al. (2013) to identify the key topics that will be included in preceptor training. The tool includes a list of 29 education topics generated from literature and expert opinions. Participants were asked to rate the importance of each topic on a five-point Likert scale (1 = not important at all to 5 = extremely important). Face validity was ensured through peer-review, and the value of Cronbach's α for the total item pool (N = 260) was 0.97. Respondents were further asked to identify the five most important topics that they want to include in the nurse preceptor training and whether these topics were covered in the existing training.

2.4. Interview schedule

Semi-structured focus group interviews were conducted to explore the challenges experienced by nurse preceptors in fulfilling their role and expectations towards the support they receive. An interview schedule was used to guide the interviews. The questions were in open-

ended format, such as “Could you share your experience of being nurse preceptors?“; “What challenges did you encounter in the precepting experience?” and “From your point of view, how could you be better supported to fulfil the nurse preceptor role?“.

2.5. Data collection

The questionnaires were distributed to all potential participants (n = 331) through the study hospitals together with a written information sheet about the study purpose to all potential participants (n = 331). The completed questionnaires were returned to a research nurse of the study. Respondents who agreed to participate in the interviews were contacted by the research nurse to schedule an appointment for individual or focus group interviews, depending on the availability of the nurse preceptors. The preceptors were interviewed at a time convenient to both the respondents and research nurse. Three focus group interviews, with one in each hospital, were conducted. An individual interview was conducted with an informant who could not join the group interview. Each interview lasted for approximately 1 h. The research nurse with no relation to any of the included hospitals conducted and facilitated each interview in a private room at the nurse preceptors’ corresponding hospital.

2.6. Data analysis

Statistical Package for Social Sciences (SPSS) version 24.0 was used for quantitative analysis. Descriptive statistics were used to summarise demographic characteristics and responses to the questionnaires. Interviews were recorded in the native language. The recordings were then transcribed verbatim by a trained senior nursing student. Qualitative content analysis (Graneheim and Lundman, 2004) was used to identify the significant statements and phrases as condensed meaning units. Three authors (i.e. HC, WS and CW) read the transcripts, independently performed the initial coding, and then discussed and shared the coding scheme with the whole research team to reach a consensus on the codes to prevent biased decisions. These codes were abstracted and collated into sub-categories. These subcategories represent different groups of codes with similar meaning and were further condensed into main categories while preserving the core meaning.

2.7. Ethical considerations

This study was approved by the Cluster Research Ethics Committees of the respective hospital clusters. Participation was on a voluntary basis. A completed questionnaire from a participant in the study was considered as consent to participate for the survey study to ensure anonymity. Prior to the interviews, the research nurse explained the study purpose, procedures, benefits, risks and right to refuse or withdraw from the study to the interviewees to ensure their agreement in signing the written consent. The interviews were digitally recorded with the consent of informants.

3. Results

3.1. Participant characteristics

We received 98, 101 and 73 completed questionnaires from hospitals A, B and C, respectively (total: 260), with a response rate of 78.8%. Table 1 shows that most of the participants were females (76.5%) and with a status of registered nurse (75.0%). One-third obtained a master's degree (34.6%), and 58.1% received a baccalaureate degree. The average duration of clinical experience and being a nurse preceptor was 13.9 (SD = 7.6, range 2–33 years) and 6.2 years (SD 5.4, range 0.5–23 years), respectively. Two to three preceptees were assigned to each nurse preceptor per year. Over half of the preceptees attended preceptor training related to teaching methods (58.5%), interpersonal skills (52.3%) and evaluation skills (57.7%), and one third attended training on preceptee counselling (32.3%).

Table 1
Participants’ characteristics (N = 260).

		n (%)
Gender	Female	199 (76.5%)
	Male	61 (23.5%)
Hospitals	Hospital A	91 (35.0)
	Hospital B	73 (28.1)
	Hospital C	96 (36.9)
Age groups	25–30	48 (18.5%)
	31–35	53 (20.4%)
	36–40	54 (20.8%)
	41–45	44 (16.9%)
	46–50	28 (10.8%)
	≥51	27 (10.4%)
	Not disclosed	4 (1.5%)
Ranks	Registered nurse	195 (75.0%)
	Advanced Practice Nurse/Nursing Officer/Ward Manager	65 (25.0%)
Highest Educational level	Higher Diploma/Post registration Certificate	18 (6.9)
	Bachelor degree	151 (58.1)
	Master degree	90 (34.6)
	Doctoral degree	0
	Not disclosed	1 (0.4)

A total of 21 respondents completed and returned the contact information sheets. Nine respondents failed to attend the interview. Two withdrew before the interview started. Finally, 10 nurse preceptors from the three study hospitals participated in three focus group interviews and one individual interview. The characteristics of the informants are shown in Table 2. Six of the informants were males, and the remaining four were females. The mean age was 36.5 years old (SD = 6.3), and the age range was 29–46 years. The informants had worked in their present units for an average of 13.2 years (SD = 7.1), and their years of experience as a nurse preceptor ranged from 1 year to 20 years, with a mean of 6.25 years (SD = 5.6).

3.2. Clinical teaching behaviours

The overall mean score was 82.9 (SD = 10.5), ranging from 46 to 112 (see Table 3). The mean scores of the domain “Using appropriate teaching strategies” (mean = 3.65, SD = 0.56) was the highest, whereas that of “Providing feedback and evaluation” (mean = 3.51, SD = 0.60) was the lowest.

Two informants who participated in the interviews shared the following, which helped to explain the trend.

> *“I try to use different kinds of method to explain a task to ensure the preceptee understand how to do it. Since different preceptees have different types of personalities, I usually try to find out my preceptee's character before starting preceptoring.” (P8)*

Table 2
Demographic characteristics of the informants (N = 10).

Code	Types of interview	Hospital	Gender	Age	Rank	Years as preceptor
P1	FG1	A	F	42	APN	20
P2	FG1	A	F	45	APN	10
P3	FG2	B	F	40	APN	6
P4	FG2	B	M	30	RN	1
P5	FG2	B	M	31	RN	3
P6	FG2	B	M	30	RN	2
P7	FG2	B	M	42	APN	8
P8	Individual	C	M	35	APN	4.5
P9	FG3	C	M	46	RN	6
P10	FG3	C	F	29	RN	2

APN = Advanced Practice Nurse, FG = Focus group, RN = Registered nurse.

Table 3
Clinical teaching behaviour inventory (CTBI) (N = 260).

	Mean (SD)	Level of agreement (%)		
		Strongly disagree/ Disagree	Neutral	Strongly agree/ Agree
Overall (Range: 23–115)	**82.88 (10.45)**			
Committing to teaching	**3.64 (0.54)**			
I exhibit professional behaviour so I can be a good role model for the new nurses.	3.90 (0.66)	1.2	24.2	74.6
No matter how the new nurse behaves, I am always willing to provide instruction.	3.63 (0.78)	7.3	31.9	60.8
I am able to tolerate poor performance by the new nurses, and offer them the opportunity to let them learn it again.	3.52 (0.82)	9.7	32.4	57.9
I am willing to offer extra time to teach the new nurses.	3.50 (0.86)	12.7	31.5	55.8
Building a learning atmosphere	**3.58 (0.53)**			
I plan learning objectives together with the new nurses.	3.49 (0.75)	9.2	36.2	54.6
I do not bring my personal emotions into the instruction.	3.62 (0.76)	5.4	35.1	59.5
I praise the new nurses when it is appropriate.	3.92 (0.73)	2.3	20.1	77.6
I make the new nurses like approaching me.	3.65 (0.75)	5.4	33.8	60.8
I do not correct the new nurses' mistakes in front of others.	3.23 (0.95)	20.1	37.8	42.1
Using appropriate teaching strategies	**3.65 (0.56)**			
I use appropriate teaching methods with the new nurses.	3.54 (0.75)	4.3	38.1	57.6
Through asking questions, I guide the new nurses' analysis of clinical problems.	3.78 (0.69)	4.2	23.5	72.3
I guide the new nurses in finding problem-solving methods.	3.70 (0.71)	5.0	28.1	66.9
I guide the new nurses in combining the most recent literature and consideration of the patients' condition in order to provide the most effective nursing care.	3.43 (0.83)	13.1	35.8	51.2
I guide new nurses in gradually being able to independently perform clinical practice requirements.	3.78 (0.62)	3.1	23.1	73.8
Guiding inter-professional communication	**3.64 (0.58)**			
I guide new nurses in improving patient and family member communication with the new nurses.	3.62 (0.69)	4.6	36.2	59.2
I guide new nurses in performing inter-professional team member communication and coordination.	3.68 (0.66)	5.4	26.9	67.7
I guide new nurses in expressing the nurse's point of view about patient care to the inter-professional team members.	3.61 (0.65)	4.2	35.4	60.4
Providing feedback and evaluation	**3.51 (0.60)**			
I give timely feedback to the new nurses about their learning performance.	3.65 (0.68)	5.0	31.9	63.1
I use the evaluation form to objectively evaluate the performance of new nurses.	3.30 (0.83)	16.5	40.0	43.5
I use concrete facts to let the new nurses understand the strengths, weaknesses, and improvements of their work performance.	3.59 (0.71)	5.4	36.9	57.7
Showing concern and support	**3.58 (0.58)**			
I actively express concern about the new nurses' life outside of work.	3.12 (0.85)	20.0	46.9	33.1
I let the new nurses speak openly to me about the stress and frustration of their work.	3.72 (0.74)	4.2	31.2	64.6
When new nurses encounter problems, I always actively provide a helping hand.	3.91 (0.62)	0.4	22.7	76.9

"First, I do not know how much he/she (preceptee) has already known, and how much I need to teach him/her. Second, I do not know that how deep he/she want to learn, what he/she want to learn, or what can I give him/her in practice environment?" (FG1)

The three items with the highest agreement were "When new nurses encounter problems, I always actively provide a helping hand"; "I praise the new nurses when it is appropriate; " and "I exhibit professional behaviour so I can be a good role model for the new nurses".

These quantitative findings are consistent with the sharing of the informants who expressed the following:

"I hope that I can discuss with them (preceptees) what difficulties they have encountered. I would like to understand that … are they lacking knowledge? Inadequate confidence? Or other things else? I hope that I understand them more and try to help them." (FG3)

"Some (preceptees) may be more active or eager to learn. If they have problems, they would take the initiative to find me, or they would even search the answer in an advance, and then confirm with me." (FG2)

"The attitudes of the preceptees are very important. Some of them are eager to learn … they prepared themselves in an advance. When they had questions about the current practice, they tried to find the answer on the internet, and then they approached me to confirm their understanding … I am pleased to see that they are so initiative. They can adapt to the role more effectively compared to others … but some are relatively passive. For those who learn slower, you have to be patience." (FG2)

"When I started taking my preceptor role, I recall the teaching methods adopted by my preceptor who is my role model. Although he spoke about my mistake directly, I did not feel humiliated. I now use the same method to teach my preceptees." (FG2)

"I used my own time, of course, under the agreement of the preceptees. I could teach them a lot thing in half an hour or an hour." (P8)

The three items with the lowest agreement were "I actively express concern about the new nurses' life outside of work"; "I do not correct the new nurses' mistakes in front of others"; and "I use the evaluation form to objectively evaluate the performance of new nurses".

These findings can be explicated by the following statements from the informants:

"Although our relationship (preceptor-preceptee) started from being colleagues, I hope we could actually establish … friendship. We can find out what difficulties did the preceptees encounter at work … I hope we could overcome these together, but in fact it is difficult … since each colleague has different personalities, we are not able to entertain each individual, sometimes our personalities may not match with each other." (FG2)

"How can I take care of their (preceptees) feelings during critical or emergency situations, just like what my colleague say, how could we teach them when we are at the moment involving life and death issues. In fact, it is difficult to handle these situations." (FG2)

"For me, the most difficult thing for a preceptor is not about teaching knowledge, but their attitude, referring to their learning attitude, attitude towards patients, their interpersonal skills … You need to pay extra effort to shape them." (FG2)

"Sometimes it is difficult to evaluate the performance of the preceptees because we were being arranged in different shift duties or teams. I can

Table 4
RN preceptor learning needs assessment (N = 260).

Education topics	Ranked as top 5 topics to be included (%)	Covered in current training (%)
How to teach: Critical thinking	30.4	54.6
How to teach: Prioritising	27.3	51.2
Teaching techniques	26.2	70.0
Conflict management	23.8	51.9
Teamwork	22.7	55.4
Dealing with a difficult orientee	19.2	43.5
Accountability	16.9	51.5
Stress of the preceptor	17.3	38.8
Scheduling	17.3	47.3
Giving feedback	16.5	74.2
Evidence-based practice	15.8	51.5
Effective listening skills	13.8	66.2
Resources available for teaching	13.8	49.2
Reality shock	13.5	42.3
Socialisation	13.1	46.5
Delegation	12.3	45.0
Legal issues of precepting	11.9	35.4
Adapting teaching to accommodate learner	10.8	60.4
Assessing the orientee's competency	9.6	56.9
Organisation	8.8	53.8
Developing orientation goals	6.2	56.5
Learning theories	6.2	54.6
Orientee's perception of orientation	5.8	56.5
Expectations of the preceptor	5.0	61.9
Overview of nursing orientation	5.4	62.3
How to access clinical resources	4.2	50.8
Paperwork	4.2	48.1
Classes available for preceptors	3.8	51.2
Sequencing of assignments/ progression of orientee	3.8	50.8

hardly observe their performance and so had to rely on the comments from colleagues only." (FG3)

3.3. Key topics to be covered in nurse preceptor training

The top five topics identified by participants as the most important in nurse preceptor training were critical thinking (30.4%), prioritising (27.3%), teaching techniques (26.2%), conflict management (23.8%) and teamwork (22.7%) (Table 4). Legal issues of precepting and stress of the preceptors were perceived as the least being covered in the existing training.

The informants in the qualitative interviews expressed:

"I would like to learn some teaching techniques or practical evaluation tools through the training. Please also tell us, what the preceptees need to learn, or what we need to teach them when they come to our speciality." (FG1)

"Teaching strategies are important. We have not received training on education. It is important to adopt effective teaching methods." (FG3)

"I focus on some … soft skills, such as communication, or conflict management. How do we manage (critical) situation? It is better to have such related courses or workshop for us." (FG2)

"Similarly, I would like to look for some skills … for example … if I want to deal with a difficult preceptee, any skills can be used? As I mentioned before, each individual has his/her own character, I cannot use the same method to teach all of them. I want to know more if there will be some more useful skills." (FG2)

"We are not just teaching, it is also important for them to learn how to communicate with other co-workers effectively when they work in ward. It is better if there are more training in this area." (FG2)

Table 5
Qualitative findings on precepting experience (N = 10).

Main category	Subcategory
Challenges in the nurse preceptor role	Tension between clinical duty and providing guidance
	Strained relationship with co-workers
Expectations towards support for nurse preceptors	Recognition from management level
	Additional focus on coaching tactics
	Opportunities for reciprocal learning and collegiate support

3.4. Precepting experiences

Table 5 summarises the main categories and subcategories of the qualitative findings. Challenges in taking the nurse preceptor role were identified, though the informants generally appreciated the precepting experience as a reciprocal learning and growth process.

3.4.1. Challenges in the nurse preceptor role

3.4.1.1. Tension between clinical duty and providing guidance. Most of the informants were torn between clinical and preceptor roles because the nurse preceptor responsibilities were added on top of their primary duties. The dual roles were perceived as a burden, but they acknowledged the importance of providing guidance to junior colleagues. As newly qualified nurses need to be rotated to two clinical departments in three-year time to broaden their view, the workload that emerged from precepting seems ceaseless. Some informants mentioned that:

"We are very strict with their clinical performance because it may ruin the patient's health … The current design of the preceptorship programme adds challenge to the precepting experience. When the preceptees become more familiar with our department, they have to swap with another department … It is exhausting because these preceptees accounted for one third of our manpower. It just like a cycle. I spend time to teach the preceptees. When they were able to work independently, I have to teach the newly arrived preceptees again." (FG1)

"[For example] a task may take me five minutes only, but I will have to spend nearly an hour with the preceptee to explain it, follow by demonstration and return demonstration." (FG3)

"I have to manage my own clinical duty and simultaneously I have to take up the preceptor role. I also have to take care of his/her (preceptee) … psychological feeling, or his/her ability to adapt with the work stress. In fact, it is a great pressure for a preceptor, my workload was increased since my clinical duty had not been reduced." (FG2)

"The most difficult thing is that it is already very demanding with heavy patient loads. I have many tasks to perform such as taking care of the patients and administrative tasks, but additionally, I am required to take up the teaching responsibilities …" (FG3)

3.4.1.2. Strained relationship with co-workers. Several informants stated that the responsibilities of guiding the preceptees appear to be entirely assumed by the preceptors. The informants were expected to be accountable for the preceptees' performance and thus sometimes felt being challenged by co-workers and managers if the preceptees did not progress satisfactorily:

"Sometimes I feel I am standing in between colleagues and preceptee … I understand the preceptees may not perceive like this, but it seems that there is prejudice against them among my colleagues, especially for those with slow progress. May be their job attitude is not as good as expected, but I think this is really his/her characteristics … which is difficult to be

changed" (FG2)

"These preceptees are facing a lot of pressure, and then the views of colleagues will also make them stressful. I think colleagues should not have unrealistic expectations towards these new colleagues … As preceptors, we also need to let colleagues know that the performance of these preceptees are improving." (FG2)

"Colleagues sometimes gossiped about who is the preceptor of the junior staff if they did not perform well. It seems to put blame on the preceptor … you cannot teach everything to the preceptees." (P8)

3.4.2. Expectations towards support for nurse preceptors

3.4.2.1. Recognition from management level. The informants generally opined that support from management level affects the quality of preceptorship. Preceptor training was in place in the organisation, but many informants stated that they did not have the chance to attend before they took up the nurse preceptor role. The recognition of being a nurse preceptor also varied across hospitals:

"I learnt to be a preceptor from experience. The training is not offered beforehand. Usually, you would be nominated to the training course halfway afterwards, depends on the availability of these courses … While some colleagues were entitled to training leave to attend the course, many were asked to use their own time … We only have one day off every week and so many of us would not attend the training." (P8)

"There was once when the ward manager could arrange most of our (preceptor and preceptees) shift duties together … it is easier for me to assess the preceptees' performance … and I had more opportunities to teach them … This enables me to conduct a more accurate evaluation of their performance." (FG3)

"Sometimes my ward manager said, "This problem was not associated with the preceptor." This is reassuring. I believed my manager is really supporting the preceptor … these words were so important. After listening to these words, I don't mind anymore, I am pleased to continue to teach them (preceptees) …. Therefore, support from management level was very important for preceptors." (P8)

3.4.2.2. Additional focus on coaching tactics. The informants suggested providing increased emphasis on coaching tactics and communication skills for guiding junior colleagues in the nurse preceptor training. Several informants expressed the importance of understanding the characters and needs of the preceptees to facilitate their adjustment to the new environment:

"We always have to manage unexpected circumstances, emergency situations, and life-threatening condition. It is hard to deliver the messages to the preceptees … hard for them to grasp the skills. We cannot just ask them to mimic us, like teaching children. How can we let them know what is the right thing to do while treating them with respect and preventing them from enormous pressure?" (FG2)

"When you noticed that the preceptee is doing something wrongly, you want to correct him, but what is the trick in telling him without jeopardising our relationship … How could we tell him directly without causing hard feelings, and let him know how he can improve." (FG2)

"The characters of the young generation seem different from us. They are relatively passive … So, if we do not attempt to understand this new colleague as a person and why he act like this, we may misinterpret their behaviours." (FG1)

"We must take the initiative … to understand background of the preceptee." (FG1)

"Perhaps the young people nowadays generally have a sheltered upbringing … so the role of preceptor is not only teaching the skills, but also providing psychological support to them." (P8)

3.4.2.3. Opportunities for reciprocal learning and collegiate support. For the format of nurse preceptor training, the informants preferred interactive workshops and small group discussions on various scenarios to didactic lectures. Instead of one-off training session, they believed that group sharing and follow-up meetings would facilitate reflective learning and peer support among nurse preceptors. For example, they shared the following:

"In terms of format, I prefer workshops. Since we are teaching a person, not just presenting the content of a book, there would be some personal interactions, for example, deliver the take home messages through scenarios would let us understand the skills more easily." (FG2)

"Theory … I have attended the training which focused on theory, however, precepting is a practical issue. It is better if the preceptor training programme used scenarios or experience sharing." (FG 2)

"I love to teach. Some preceptees, especially those newly graduated, asked very interesting questions. I also learn much when I search the answer for them." (P8)

[For example] When an incident occurs, I discuss with the preceptee on the incident. In fact, both of us are teaching and learning together." (FG3)

"It would be good if the preceptors can gather once or twice a year in an informal way to share the bittersweet precepting experience and give mutual support to each other." (FG3)

"Preceptors also need psychological support themselves." (P8)

4. Discussion

This multisite study used a sequential mixed-method approach aimed to gain a full picture on the needs of nurse preceptors from their perspectives. The preceptorship programme was introduced in Hong Kong public hospitals for two decades. To the best of our knowledge, this study is the first published to examine the experiences of nurse preceptors with the precepting process. The findings showed that the current nurse preceptor training is not standardised, and a considerable number of participants do not receive training prior to assuming the nurse preceptor role.

The overall CTBI mean score and mean domain scores in this study were lower than those of the Taiwan counterparts (Lee-Hsieh et al., 2016; Lee et al., 2017). Among the various clinical teaching behaviours, the participants perceived a higher level of agreement on their performance in the domain "Using appropriate teaching strategies". Participants considered teaching techniques and strategies for teaching, critical thinking and prioritising as the three most important topics to be covered in the nurse preceptor training. Qualitative finding revealed their expectations towards training on coaching tactics that facilitate adult learning among preceptees. According to Trede et al. (2016), facilitation skills in precepting must include propositional knowledge (knowing that) and process knowledge (knowing how). Strategies concerning learning styles, teaching modalities, generational differences and educational theory were identified as the major learning needs of nurse preceptors (Foy et al., 2013; Sroczynski et al., 2012). Nevertheless, Chang et al. (2015) reported that nurse preceptors found training related to adult learning theory as the least practical.

The CTBI domain "Providing feedback and evaluation" was rated as the lowest by the participants. This result contradicts an earlier study (Lee-Hsieh et al., 2016), which reported that the mean score of this domain was the highest in nurse preceptor self-evaluation. For this finding, Horton et al. (2012) highlighted the importance of raising nurse preceptors' awareness towards their communication style and equipping them with communication techniques for providing praises

and criticisms. Another plausible explanation for the low rating grounded on qualitative findings is the insufficient time for participants to work with their preceptees because of their nonmatching work shifts or different clinical teams assigned. This arrangement may have placed the nurse preceptors in a difficult position to evaluate the performance of their preceptees. The heavy clinical workload and patient acuity resulted in competing responsibilities of the clinician and preceptor roles that deprived the nurse preceptors' time to supervise the performance of preceptees and provide timely feedback.

Our findings echoed those of Chen et al. (2011) showing that the role of nurse preceptor is perceived as burdensome because of role conflicts and excessive administrative work. Given that preceptorship is situated learning that provides newly qualified nurses with immediate access to an experienced nurse for guidance, Nielsen et al. (2017) highlighted the need for opportunities for nurse preceptors and preceptees to get along and work with each other to improve learning outcomes. This finding matched the expectations of the participants in this study who expressed the desire to get to know the uniqueness of each preceptee and provide specific guidance accordingly. The literature suggests that reducing patient load for nurse preceptors and providing support from colleagues, especially during busy times, can allow protected time for nurse preceptors and their preceptees (Sroczynski et al., 2012; Muir et al., 2013; Ward and McComb, 2017).

Conversely, the participants shared a lack of collegial support and culture of blame, which further exerted pressure on nurse preceptors. This feedback is congruent with Chen et al., (2011) findings that nurse preceptors were vulnerable to criticism from colleagues on preceptee performance. Furthermore, co-workers and managers do not appreciate the role of the nurse preceptor nor do they understand the limitations of the newly qualified nurse (Chang et al., 2015; Chen et al., 2011; Panzavecchia and Pearce, 2014). These observations partly explained why teamwork and conflict management were ranked by participants among the top five topics that should be included in the nurse preceptor training in the survey. Lindfors et al. (2018) noted that communal commitment, which requires collective engagement, is the key to shape an environment conducive for nurse preceptorship. Constructive feedback from colleagues on preceptees' performance is a kind of support for nurse preceptors (Ward and McComb, 2017). Hence, supporting preceptees to assimilate into the clinical environment and culture must be a shared responsibility of all co-workers rather than on an individual nurse preceptor. A shared approach with multiple nurse preceptors will help improve the overall effectiveness of preceptorship and alleviate stress from nurse preceptors (Trede et al., 2016; Ward and McComb, 2017).

We acknowledge the following limitations of this study. First, causal inferences among variables could not be delineated because of its cross-sectional nature. Hence, qualitative findings were complementary for providing insights into possible causality. Second, data collection was conducted on a self-reported format and voluntary basis. Assuring anonymity in the survey study helped prevent socially desirable responses with a high response rate. To further increase the generalisability of the findings, we collected data in three out of seven hospital clusters in Hong Kong. Some of the informants in the interviews might have been recommended by hospital nursing supervisors and were possibly the most outstanding and experienced preceptors in their speciality area. These respondents may have been hesitant to share sensitive issues or thoughts during the interviews. However, the research nurse, who was not associated with any hospital, acted as a facilitator in each interview to enable informants to feel comfortable and relaxed to open up to talk. In addition, a private room was provided to maintain confidentiality and privacy. Finally, no observer presented in the interviews. Therefore, the research nurse provided feedback and took notes for the supplement information during the interviews.

5. Conclusions

The findings of this study showed that not all nurse preceptors received training prior to assuming the role. The preceptors placed great emphasis on strengthening nurse preceptor training related to teaching techniques and restructuring the format that promoted peer interaction and learning in an ongoing fashion. The findings informed the need to revisit the process and structure of the implementation of the nurse preceptorship programme. This approach will enhance organisation and collegial support for nurse preceptors to improve the effectiveness of nurse preceptorship.

Contribution

All authors contributed to the study conceptualization and design, and data interpretation. HC, WS, WL, HW, CC, LT and CW are responsible for coordination and data collection; all authors participate in data analysis and interpretation; HC, WS and CW drafted the manuscript. All authors involved in critical revision of the manuscript and approved the final version of the manuscript.

Conflicts of interest

All authors declared that they have no conflict of interest.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.nepr.2019.06.013.

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