EMPOWERING NURSING PRECEPTORS TO MENTORING UNDERGRADUATE SENIOR STUDENTS IN ACUTE CARE SETTINGS

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Nurse preceptors play an important role in the transition of nursing students from classroom to clinical practice not only in the United States but also internationally. However, many preceptors feel a lack of confidence in their role as mentors to nursing students rather than experienced nurses because of inadequate preparation or formal training. A study looking at the educational needs of nurse preceptors would be invaluable to academic educators because they choose strategies and develop content for a handbook to serve as a quick reference. Thus, the mentorship experience for preceptors would be enhanced by incorporating the needs and preferences of the preceptors into their training and resource materials. The purposes of this study were to identify the needs of the nurses who precept students rather than nurses who mentor other nurses and to evaluate if the current handbook was a useful reference for preceptors during a practicum in acute care settings. A multiprocedural mixed method study was used. Data were collected through a questionnaire that was adapted with the permission of the author. Descriptive statistics and a chi-square test were used to compare differences in the means. The preceptorship handbook helped preceptors mentor undergraduate senior nursing students. In addition, the currently developed preceptorship handbook was recognized as a useful reference in mentoring nursing students by 100% of the participants. (Index words: Nursing preceptorship; Preceptorship handbook; BSN students; Critical care) J Prof Nurs 29:e32–e36, 2013. © 2013 Elsevier Inc. All rights reserved.

ACADEMIC NURSE EDUCATORS face challenges to prepare students to integrate successfully into diverse professional practice. Nursing education intertwines many stakeholders with different needs. The public expects professional nurses to provide quality health care (Poindexter, 2008). Health care leadership needs competent providers (Yordy, 2006). Professional organizations such as the Institute of Medicine, Quality and Safety in Nursing Education, and the American Association Colleges of Nursing in the Essentials of Baccalaureate Degree Nursing Education recommend nursing students to demonstrate proficiency in specific competencies. Nursing students want adequate training in delivery of safe and competent practice (Matos, 2007; Oermann & Heinrich, 2005). For these reasons, nurse preceptors play an important role in transition of the nursing students from classroom to clinical practice not only in United States but also internationally; however, many preceptors feel a lack of confidence because of inadequate preparation for the role of preceptor (Omansky, 2010; Pennington, 2008; Smedley, Morey, & Race, 2010). According to Rogan (2009), limited research is available to clarify the needs of the nurses who precept students rather than nurses who mentor other nurses.

Background

The preceptorship is a valuable experience between an experienced nurse and a student (Rogan, 2009). The concept of preceptorship that is used concurrently with the concept of mentorship emerged as a reflection of the need of novice nurses who experienced a “reality shock” during their transition from nursing school to clinical
practice (Omansky, 2010). Nurse preceptors assist in the application of knowledge and decision-making skills in clinical areas under well-designed objectives written by academic educators. During the preceptorship, students have an opportunity to learn about the dynamics of the acute care setting while working under the supervision of the seasoned nurse. The preceptorship is a teaching method that is used by 85.9% of the professional schools in United States offering a Bachelor of Science in Nursing (BSN) education (Altmann, 2006). Australia, Canada, United Kingdom, and United States, the major nurse-employing countries of the world, utilize nurse preceptors as a response to the academic faculty shortage (Omansky, 2010).

Nurse preceptor satisfaction is a key factor to retention of nurses who are not only willing but also qualified to precept (Rogan, 2009). In an integrative review of the literature, Omansky (2010) concluded a lack of information related to the preceptors' experiences. In addition, the preceptors' qualifications have been a ground of ongoing empirical discussions (Altmann, 2006). According to Virginia Board of Nursing (2011), preceptors must be licensed at or higher than the student's level in order to be eligible to precept students. However, in many cases, the availability of nurses to precept students becomes a leading criteria of selection (Altmann, 2006). The preceptors' attitude toward teaching students is a very important aspect of their satisfaction. Factors that negatively influence the attitude of the preceptors may range from poor training to assignments and task delegation that are not clear or specific (Ralph, Walker, & Wimmer, 2009; Zilembo & Monterosso, 2008). On the other hand, important factors leading to a positive preceptorship experience are having adequate time to precept, being educated on the role of the preceptor, and receiving sufficient faculty support (Bourbonnais & Kerr, 2007; Rogan; Smedley et al., 2010).

The academic nurse educators must know what information the nurse preceptors need to feel prepared adequately to mentor undergraduate nursing students (Smedley et al., 2010) because “[n]urse preceptors experience role ambiguity, conflict and overload when interacting with students” (Omansky, 2010, p. 697). Altmann (2006) conducted a literature review and concluded that a formal or informal orientation to guide the nurses to their role of preceptors is often absent. A study looking at the educational needs of nurse preceptors teaching BSN students in critical care settings was invaluable to academic nurse educators as they choose strategies and develop content for preceptor education. With that knowledge in hand, nurse educators could then create an organized handbook to serve as a quick reference during the preceptorship period. The international nursing body could benefit from a study of this kind as well to enhance the preceptorship experience and better prepare international nurse preceptors to mentor nursing students in acute care settings.

The purposes of this study were to identify the needs of the nurses who precept students rather than nurses who mentor other nurses and to evaluate if the currently created handbook was a useful reference for preceptors during a practicum in acute care settings. The following research questions and hypotheses guided the study: What information should be included in a handbook to help preceptors mentor undergraduate senior nursing students? Is a preceptorship handbook a useful reference in mentoring undergraduate senior nursing students? The following hypotheses were tested: H1: A preceptorship handbook will help preceptors mentor BSN senior students; H2: The current preceptorship handbook is a useful reference in mentoring senior students in acute care settings.

**Method**

A multiprocedural mixed-method research was selected to answer the research questions. This method integrated the benefits of qualitative and quantitative data collection and analysis. The data collection instrument included a questionnaire divided into 12 content areas with 55 items. The quantitative component of the instrument included a 3-point Likert-type scale; the qualitative aspect provided participants the opportunity to answer open-ended questions and enter comments by using comment boxes. The study used a survey instrument “Educational Support for Critical Care Nurse Preceptors” that was adapted with permission of the author. The instrument was validated in a study by Alspach conducted with nurse preceptors from critical care settings in 2005 (Alspach, 2005). An Institutional Review Board approval was obtained before initiating the survey.

A stratified purposive sample of 28 preceptors from acute care settings best served the purpose of the study because these nurses mirrored the characteristics of critical care preceptors at the clinical facility. During the preceptorship rotation, the senior students were expected to gain clinical experience in critical care settings. The program curriculum was based on two preceptorship rotations—one in medical/surgical areas and one in critical care settings. The preceptors were identified by the managers from the acute care units and were randomly matched with a nursing student. To be eligible for the study, the preceptors had to (a) hold a current nursing license at or higher than the student’s level, (b) have practiced clinical nursing for at least 1 year, and (c) have served as preceptors to undergraduate senior students.

The design of the study was based on a multiprocedural approach. At the beginning of the preceptorship, the academic nurse educator met with each preceptor individually and guided them through the content of the preceptorship handbook. The orientation regarding how to use the handbook lasted from 10 to 30 minutes and varied based on the preceptor’s experience precepting students and the amount of time they had available to meet. The academic educator explained the specific college mission and program outcomes and answered questions to clarify the material. Information in the handbook included (a) state board recommendations;
During the practicum, the academic nurse educator visited the preceptor in the middle of the clinical experience to ensure that the educational needs of the preceptor were met and to answer any additional questions related to the use of the handbook. The length of the commitment of the preceptors equaled the duration of the senior preceptorship, which was 90 clinical hours. At the end of the preceptorship, the nurse preceptors were invited to complete an anonymous electronic survey to evaluate the handbook usefulness and relay what additional materials should be added to the preceptorship handbook.

Confidentiality was maintained to protect participants from improper use and disclosure of information. The completed questionnaires were kept on a secure server with protected password. The collected information was not shared with anyone outside of the research team. Each participant’s e-mail was coded during the data analysis, which only the principal investigator had access to. No names or other identifiers were collected. The data were kept in a password-protected computer, and when transferred to Excel spreadsheet, the participants’ e-mails were not included. All data were deleted as soon as data analysis was completed and reviewed.

Data were collected and entered in an Excel spreadsheet. Descriptive statistics using percentage, mean, and standard deviation were calculated. Chi-square calculations analyzed the differences in the means that would lead to rejection or retention of the hypotheses. Of the 28 survey distributions, 2 respondents completed the survey partially, and 25 respondents completed the survey fully. The calculated response rate for the study was 89.3%; 25 out of 28 preceptors completed the study. Weekly electronic and telephone reminders of the due date were sent to the preceptors, and the survey was completed within the timeframe of 1 month.

**Results**

The participants in the study were female nurse preceptors with an average of 9.25-years mean age of experience precepting students. However, 7 of 27 preceptors have been precepting from 10 to 19 years. The preceptors mentored on average of 7 nursing students, ranging from 1 to 50; 1 preceptor has mentored 50 students. The nurse preceptors worked with the students in the following acute care settings: coronary care unit, surgical intensive care unit, neonatal intensive care unit, medical–surgical intensive care unit, neurotrauma intensive care unit, pediatric intensive care unit, vascular intensive care unit, and emergency department.

In answering research question one, the participants evaluated the following content as essential to be included in preceptorship handbook and to prepare nurses to serve as preceptors to nursing students: (a) teaching students how to set priorities and organize workload (88%, $SD = 0.33$, $\mu = 1.16$), (b) supervising preceptees (88%, $SD = 0.33$, $\mu = 1.12$), (c) preceptor’s role and qualifications and preceptor and preceptee responsibilities (84%, $SD = 0.37$, $\mu = 1.16$), (d) how to evaluate student’s performance constructively (84%, $SD = 0.37$, $\mu = 1.16$), (e) managing completion of orientation within time available (79%, $SD = 0.42$, $\mu = 1.2$), (f) setting realistic goals with preceptees (76%, $SD = 0.44$, $\mu = 1.24$), (g) conflict resolution and problem-solving strategies (76%, $SD = 0.44$, $\mu = 1.24$), (i) the amount and the types of nursing experience dedicated to preceptorship (72%, $SD = 0.46$, $\mu = 1.28$), and (j) teaching delegation (72%, $SD = 0.46$, $\mu = 1.28$). See Figure 1 for visual representation of the percentage analysis.

Regarding research question two, the preceptors found that the current BSN preceptorship handbook was a useful reference in mentoring students (100%, $SD = 0$, $\mu = 1$). Figure 1 visually represents the descriptive statistic results. The percentage (%) showed agreement, the mean ($\mu$) of each question

![Figure 1](https://example.com/figure1.png)
showed the highest level of importance, and the standard deviation (SD) showed the variances in the means.

Qualitative analysis, identifying common themes, was performed for the open-ended questions. The following themes emerged as a useful content to be included in the handbook: (a) managing and prioritizing workload, (b) dealing with difficult people and failing students, (c) critical thinking skills applications, and (d) communications with doctors. The preceptors identified delegation of skills as an essential content for the handbook.

In the quantitative analysis, the preceptors selected the combination of self- and educator-provided instructions (65%, SD = 0.66, μ = 1.43.) as a preferred method of orientation to the role of preceptor. In the qualitative analysis, the participants selected printed, on-line, and CD materials as preferred methods of orientation. The participants requested a designated meeting time and the orientation provided by the academic nurse educator to last longer than 10 minutes. Quantitative and qualitative analysis was performed to evaluate the need for ongoing education related to years of experience. The nurses with more than 5 years of preceptorship experience identified a need for ongoing orientation based on printed and Web materials. The nurses with 1 to 4 years of experience had a variety of responses ranging from single to ongoing orientation and longer than 10-minute orientation.

Two research hypotheses were tested. The first null hypothesis predicted that the preceptorship handbook will not help preceptors mentor BSN senior students. The second null hypothesis predicted that the current preceptorship handbook is not a useful reference in mentoring senior students. The results of chi-square calculation (χ² = 999.41) indicated a statistically significant difference in the responses of the participants that cannot be because of chance alone (P < .05; see Table 1). Based on the statistical calculations, the null hypotheses were rejected. The results supported the conclusions that a preceptorship handbook helped preceptors mentor BSN senior students and that the current preceptorship handbook was a useful reference in mentoring BSN senior students.

### Discussion

The findings of this study were congruent with the review of the literature. Rogan (2009) noted that the participants in her study identified the preceptors’ responsibilities as the single most essential content area for preceptor’s preparation. In this study, the preceptors from acute care settings have identified the following as essential components for educational materials that aim to prepare nurses to serve as preceptors to nursing students; (a) the preceptors’ and preceptee’s responsibilities, (b) how to supervise students, and (c) information of how to teach students to set priorities and organize workload. The nurses in this preceptorship study wanted to have clear and specific information of institutional expectations during the preceptorship experience with nursing students. In an open-ended questions from the qualitative aspect of the survey, one nurse highlighted the importance of the “knowledge of preceptee's previous clinical performance in order to focus on areas needing more attention i.e. team building/leadership/self confidence/time management.” Manias and Aitken (2005) contended that in clinical settings, the preceptors needed to be qualified, competent, and credible instructors in their clinical areas in order to practice effectively in the roles of supervisors and evaluators of student skills. The nurses in the study identified that information on supervising and evaluating the student’s performance constructively was an essential content to be included in the handbook. A nurse suggested implementation of daily and weekly feedback forms to track the progress of the student.

Conflict resolution and related problem-solving strategies were identified as essential components to be included in a preceptorship handbook. The preceptors commented that conflict resolution strategies were not well covered during the preceptorship orientation. This finding was congruent with another study concluding that conflict management was discussed inadequately during the preceptors’ orientation (Altmann, 2006). Conflict is usually a result of diverging interests and inadequate resources (Bolman & Deal, 2003), and the development of conflict management strategies may equip the preceptors with knowledge if conflicts occur. Clark (1999) postulated that “recognition of conflict as a normal phenomenon is essential” (p. 251) and concluded that dealing with the issue rather than blaming the person was an important part of conflict management and may lead to improved communication.

### Implications for Nurse Educators

Nurse preceptors are utilized not only in the United States but also worldwide. In many countries such as Australia, Canada, and United Kingdom, the nursing students undergo a rigorous practicum experience under the supervision of clinical nurse preceptors (Omansky, 2010). Knowing what preceptors need for their role may contribute to increased satisfaction and better clinical experience. This study aiming to survey the preceptors' needs in mentoring students from a specific educational program is an important step toward building professional partnership. Preparing content to serve as a quick reference during preceptorship leads to better preceptor's preparation and increases the confidence of the preceptor to provide meaningful guidance to nursing students. As a result of limited research in the area of mentoring nursing students rather than nurses, this study adds valuable knowledge to the understanding of what nurse preceptors need to equip the preceptors with knowledge if conflicts occur.

| Table 1. Results of the Statistical Calculations |
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| Test | Value |
| χ² | 999.41 |
| df | 26 |
| P | <.05 |

Note. χ² = chi-square distribution, df = degrees of freedom, P = probability.
need to precept students and how the academic nurse educator can contribute to a positive experience.

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