

Scoping review

**Preceptorship for newly qualified nurses:
impacts, facilitators and constraints**

Sarah Robinson
Peter Griffiths

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Sarah Robinson (Senior Research Fellow)

Peter Griffiths (Director)

Contact address for further information

National Nursing Research Unit
King's College London
James Clerk Maxwell building
57 Waterloo Road
London SE1 8WA

Email: nnru@kcl.ac.uk

Website: <http://www.kcl.ac.uk/schools/nursing/nnru/>

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EXECUTIVE SUMMARY

Introduction

Preceptorship is currently high on the policy agenda with recommendations for a mandatory period of preceptorship for nurses emanating from the Next stage review of the NHS (DH 2008) and from the Nursing and Midwifery Council's consultation on pre-registration education (NMC 2008,9). It is heralded as a means of improving patient care by assisting new practitioners in developing clinical skills and encouraging workforce retention by supporting students in the transition to registered practitioner.

This review, commissioned by the Department of Health, sought to assess the evidence from existing schemes relating to receipt of preceptorship, its effectiveness and factors influencing effectiveness, and to consider the implications of this evidence for the development of current proposals. Few robust studies were found in the UK or elsewhere that focus specifically on preceptorship. The following were included: the NNRU career cohort study of preceptorship experiences of newly qualified diplomates, several in-depth studies of the implementation of preceptorship in one area or Trust; and overseas studies of preceptors and preceptor relationships. Summaries of each of the studies included are available in the report appendix.

Key findings

The review identified many positive aspects of current preceptorship programmes as well as a range of factors that constrain provision and effectiveness.

▪ **Positive aspects included:**

- * Most newly qualified nurse wanted preceptorship and the majority reporting receiving it in the post qualification period
- * Assistance was provided with skill development and with easing transition into the new role
- * Relationships with preceptors were generally viewed positively
- * Preceptorship was regarded as a key component of successful transition for student to registered nurse
- * Preceptors reported benefits of the satisfaction of helping newly qualified nurses and having opportunities to further their own knowledge and teaching competencies.
- * Development of more formalised programmes had a positive impact on clinical skill development.

▪ **Negative aspects included:**

- * Substantial proportions did not receive preceptorship and there was sometimes a discrepancy between being allocated a preceptor and actually receiving preceptorship
- * Developing and consolidating clinical skills was the most likely area of deficit in support.
- * Relationships with preceptors could be problematic or truncated
- * Preceptors had often received little preparation for their role
- * Lack of time for preceptor and preceptee to work together was often experienced and regarded as the key constraint on effective delivery of preceptorship
- * Concerns existed that an over focus on competency assessment in the programme could overshadow less tangible and supportive aspects.

Implications

Maintaining the positive aspects of preceptorship programmes and addressing the deficiencies requires:

- * Organizational commitment to preceptorship in the form of workload planning that allows staff time to provide preceptorship, undergo training, and develop programmes; and recognizing and addressing competing demands on continuing professional development budgets.
- * Recognition of challenges of providing preceptorship in community and non-NHS organizations
- * Appointing senior nurses in each unit setting with responsibilities for preceptorship that include: ensuring preceptors are prepared for their role, that all newly qualified nurses are allocated a preceptor and receive preceptorship: ensuring that preceptors are able to support clinical skill development; addressing difficulties in relationships and developing back up systems to cover absences
- * Developing trust wide frameworks that facilitate commitment to, and consistency of provision, while at the same time meeting speciality specific requirements and needs of individual nurses
- * Ensuring that less tangible supportive aspects of preceptorship are not overshadowed by competency assessment.

Future research

Piloting and evaluation of new schemes should be built into the development of mandatory preceptorship programmes.

Preceptorship for newly qualified nurses: impacts, facilitators and constraints – a scoping review

INTRODUCTION

Recent recommendations about modernising career and educational pathways for health professionals in general (Department of Health 2008) and nursing in particular (NMC 2008) include a foundation period of preceptorship after qualification. Details of such schemes have yet to be finalised; however, assessing the evidence on factors that facilitate or constrain the effectiveness of existing schemes will contribute to informing further development of the current proposals. The purpose of this brief review is to assess and consider the evidence in relation to preceptorship in nursing.

Preceptorship is the second topic to be investigated in the course of a project commissioned by the Department of Health and undertaken by the National Nursing Research Unit (NNRU) to assess the evidence arising from Modernising Nursing Careers (Department of Health 2006) and the streams of work that followed its publication. The first topic in this project investigated the possible impacts of moving to graduate status at the point of registration and the report drew attention to the importance of a period of consolidation following a three-year degree (Robinson and Griffiths 2008).

Section 1 outlines the context for the review, the methods adopted and the nature of the available evidence. Sections 2 to 4 review this evidence: receiving preceptorship (2); effectiveness of preceptorship (3); and factors influencing its effectiveness (4). Implications of key findings for future policy are discussed in Section 5. Summaries of each of the research studies reviewed are included in the Appendix.

1. CONTEXT AND METHODS

1.1 Rationale for preceptorship

The role of support in facilitating the transition from student to qualified nurse has long been recognized (Kramer 1974, Lathlean 1987, Shand 1987). In the UK, this was formally acknowledged by the UKCC in its 1986 proposals for reforming nurse education. The UKCC advocated a period of learning after registration followed by a life-long programme of continuing education and professional development (UKCC 1986). The benefits of preceptorship, as this initial period of support was entitled, were set out in subsequent UKCC documents. The essence of the system was the allocation of each newly qualified nurse to an experienced practitioner working in the same setting (preceptor) who would provide support with the transition from student to registered nurse and assist with the development and consolidation of knowledge and skills. Identified as an essential part of ensuring a smooth transition from student to professional practitioner, it was argued that care and protection of patients would be enhanced by supporting and developing newly qualified nurses newly qualified nurses in this way (UKCC 1990, 1993).

A prescribed framework for preceptorship was not offered, but rather the UKCC suggested its form would depend upon the nature and setting of care-giving and the experience and confidence of practitioners. A period of about four months was recommended as appropriate (UKCC 1993). The UKCC subsequently maintained its commitment to preceptorship; thus 'Fitness for Practice' states that all newly qualified nurses and midwives should receive a properly supported period of induction and preceptorship when they begin their employment (UKCC 1999). The Department of Health 2001 document on life-long learning accepted that preceptorship was not a mandatory requirement but nonetheless it was recommended as sound professional practice (DH 2001).

While preceptorship policies have predominantly focused on the needs of newly qualified nurses, the role of preceptors has also featured. The UKCC 1993 document for example stated that a preceptor should be prepared to take on their role thus:

- have sufficient knowledge of the practitioner's programme leading to registration to identify current learning needs
- help the practitioner to apply knowledge to practice
- understand how practitioners integrate into a new practice setting and assist with this process
- understand and assist with the problems in transition from pre-registration student to registered and accountable practitioner and set, with the practitioner, objectives for learning to assist with this transition.

Currently preceptorship is featuring prominently on the policy agenda, not only for nurses but for all health professionals. The Next Stage Review of the NHS has argued that all health professionals should have a post-qualification foundation year based on the provision of preceptorship (Department of Health 2008). Support for newly qualified health professionals and time for consolidation of clinical skills are seen as key components not only in encouraging retention in the service but also in driving up the quality of patient care. This coincides with a perception that current educational programmes do not always fully prepare students for practice in a rapidly changing context of service delivery (Maben and Griffiths 2008).

Following the outcome of its consultation on pre-registration nurse education, the NMC (2008) recommended a mandatory period of preceptorship and this was subsequently included as one of eight confirmed principles to support a new framework of pre-registration education (NMC 2009). It was recognized that further exploration was needed over issues such as: objectives, period required, protected learning time, nature of assessed outcomes and potential links to first renewal of registration (NMC 2009). Aspects of recent proposals that have attracted comment include: whether newly qualified nurses would have to revalidate their registration with the nurse regulator at the end of the preceptorship period and the role that assessment of outcomes would play in this re-validation (Holland 2008). Some of the evidence reviewed here offer insights into these and other issues.

Preceptorship is not unique to the UK. For example, it has a long history in North America where preceptors are usually defined as unit-based nurses who carry out one-to-one teaching of new employees or nursing students, in addition to their regular duties (Shamian and Inhaber 1985). In Australia, preceptorship is regarded as a key component of the graduate nurse programmes that comprise a transitional year following the three-year generic nursing degree (Hayman-White et al 2007).

1.2 Methods

The research team, working in conjunction with the project steering group, developed a series of questions in relation to aspects of the effectiveness of preceptorship and factors influencing effectiveness; the evidence for these questions is presented in sections 3 and 4. As the review progressed, contextual questions emerged concerning receipt of preceptorship; the evidence for these is presented in section 2. When available, evidence is presented as to whether findings differ by branch, clinical setting, employment sector and route to registration.

For the purposes of this review, preceptorship is defined in the sense used by the UKCC/NMC; namely a system in which newly qualified nurses are each allocated a named individual, working in the same area of practice and setting, who will guide, help, advise and support them (UKCC 2001). The literature showed that the term 'preceptorship' was often used in studies which focused exclusively on support and assessment of student nurses during their course; particularly, although not exclusively, with North American research. Furthermore, the term mentorship has been used interchangeably with preceptorship, with respect to supporting, teaching and assessing students and to post qualification support. In the post-qualification period, however, mentorship refers to long term advice and guidance for junior colleagues about their career progress. We restricted this review specifically to a defined period of support during the immediate post-qualification period, which we refer to as preceptorship, since this is the focus of current proposals.

Our brief was not to undertake a full systematic review of every study undertaken on the subject but rather to review contemporary UK studies with most relevance to current discussions; take into account conclusions of reviews of earlier studies; and consider the implications of the evidence for introducing a foundation period with preceptorship at its heart. We also included those international studies that focused on topics relevant to the development of preceptorship in the UK.

1.3 Nature of the evidence

The UK evidence was drawn from research adopting a variety of approaches. Methods ranged from large-scale national surveys by questionnaire to studies in one area or trust using interviews and/or questionnaires. Some studies focused only on the preceptee, some only on the preceptor and others on both. Most focused on one branch only, most likely adult or child. Some studies explored the effects of introducing a framework for preceptorship. There were considerable differences in the extent to which the various components of preceptorship were separately considered.

Five studies provided information about preceptorship for adult branch nurses. Maben and Macleod Clark (1998) used in-depth unstructured interviews to describe experiences of transition from student to staff nurse of a small convenience sample of staff nurses qualified for less than one year. Lee (1997) focused on preceptors, with an exploration of experiences and views of a cluster sample of potential E and F grade preceptors in one large district general hospital. Gerrish (2000) used in-depth interviews to examine newly qualified perceptions of the transition from student to qualified nurse and compared these with findings from a 1985 study of newly qualified certificate nurses. Bick (2000) attempted to ascertain whether the introduction of a more formalized framework for preceptorship improved newly qualified nurses' experiences with a 'before and after' study in one hospital trust involving newly qualified nurses and a clinical facilitator. Runciman et al (2002) interviewed managers of independent nursing homes about educational support for newly qualified nurses.

Studies of child branch nurses include that by Bradley (1998) who examined the experience of transition from student to staff nurse by conducting individual in-depth interviews with a single cohort of child branch diplomates at five months post-qualification. The other three studies of children's nursing all focused on the effects of preceptorship programmes. After a new programme was introduced, Pfeil (1999) interviewed preceptees and preceptors employed in three acute health trusts in the area surrounding the university from which preceptees had qualified, once near the beginning of the preceptorship period and again at six months. She also sent questionnaires at monthly intervals for 6 months to both groups to monitor aspects of preceptees' performance. Farrell and Chakrabarti (2001) undertook a two phase questionnaire and interview study in one NHS children's Trust to evaluate effectiveness of preceptorship arrangements following development of a programme

that included a resource pack, core competencies for admission and discharge and learning contracts for specific topics. The NICU was the focus of work by Hancock (2002) who evaluated effectiveness of a preceptorship programme designed for newly qualified nurses on a neonatal unit that comprised 4 weeks of supernumerary practice, regular reviews with preceptors, a log book of all skills pertinent to the NICU and an NICU specific intravenous therapy workbook covering IV drug administration. Audit questionnaires were sent to all new staff and those supporting them.

In contrast to these studies, the National Nursing Research Unit's study of preceptorship, included in research on nurses' careers, comprised a nationally representative longitudinal study that included all four branches: adult (A), child (C), mental health (MH) and learning disability (LD). Data collection was by questionnaire sent to participants at qualification and at intervals thereafter. Expectations of preceptorship were explored at qualification and experiences of preceptorship at six months. Several publications have been produced, most focusing on one branch only. For the purpose of this review, cross branch findings from these publications have been drawn together for a summary in the Appendix and is referenced as Robinson (2008). A second study compared the adult branch cohort of diplomates with adult branch graduates; some of the questions on preceptorship were included thus affording a comparison between the two groups; these are included in the summary.

Much of the North American literature on preceptorship focuses on nursing students and primarily those taking the four-year baccalaureate degree. Useful reviews are available however, of research on the training of preceptors who are also responsible for newly qualified staff (for example Shamian and Inhaber 1985). A study of the relationship between preceptors' commitment to the role and their perceptions of benefits and rewards of, and support for, preceptorship included preceptors of nursing students and newly qualified staff (Dibert and Goldenberg (1995) and was replicated some 12 years later by Hyrkas and Shoemaker (2007). Most of the Scandinavian studies focus on preceptorship in the context of student nurse training. The graduate transition programme in Australia has been the subject of various studies (Hayman-White et al 2007); some of which have included findings on preceptorship during this period (Cleary and Happell 2005, Fox et al 2006).

Overall, we found few robust studies focusing specifically on preceptorship in the post-qualification period. Considered as a whole, however, the studies covered many different aspects of the experiences of newly qualified nurses and their preceptors. Although there is not a depth of research on any one aspect, a range of issues relevant to the development of preceptorship in the UK have been identified with some evidence available to support directions for the future implementation of a new programme.

2. RECEIVING PRECEPTORSHIP

The review provided evidence on i) whether newly qualified nurses wanted and received preceptorship and ii) the length of time for which it was received.

2.1 Expectations and receipt of preceptorship

- * *There was evidence that at qualification most newly qualified nurses wanted to receive preceptorship*
- * *There was considerable variation in the extent to which newly qualified nurses were subsequently allocated preceptors*
- * *There was considerable discrepancy between being allocated a preceptor and actually receiving preceptorship*

Bradley (1998) found that prior to qualification, child branch diplomates had viewed preceptorship very positively as a time of being able to settle and having support in undertaking the responsibilities of a registered nurse. When diplomates taking part in the NNRU careers cohort study were asked at qualification whether they wanted a preceptor in this job, nearly all said that they did (Robinson 2008).

Small-scale studies of adult branch diplomates show that provision of preceptorship was not universal. Maben and Macleod Clark (1998) report that half of the ten staff nurses interviewed had received some type of preceptorship or support in their first post, while five had received nothing at all; they suggested that paying 'lip service' to the notion was a commonly encountered attitude. Of the five receiving preceptorship, the nature of the programme varied with only two having a detailed supportive programme for six months. Gerrish (2000) found that although all respondents had been allocated a preceptor, actual provision varied; many reported positive experiences of working alongside their preceptor initially and then meeting to review progress, whereas others reported that their preceptors provided little in the way of support and constructive feedback. Variation in provision of preceptorship was also reported by Bick (2000) ranging from very effective to little more than a paper exercise, but provision improved considerably after introduction of a more formalized framework.

Child branch diplomates in the small-scale studies appeared to have fared better than their adult counterparts. All those interviewed in the studies by Bradley (1998) and Pfeil (1999) had received preceptorship and most of those taking part in the study by Farrell and Chakrabarti (2001). Bradley's study showed that this had included: working alongside the preceptor, being on the same shift, knowing the preceptor was available for questions and discussion and for some, an element of progress review (Bradley 1998). Hancock's (2002) NICU study showed that nearly all reported receiving a good or high level of support following the introduction of a preceptorship programme. Cleary and Happell's study of Australian transition programmes for mental health graduates showed that the availability of preceptors varied by clinical speciality.

The NNRU careers cohort study (Robinson 2008) showed that for all branches of the diploma course, there was a discrepancy between allocation of a preceptor and actually receiving preceptorship. Figures for the adult branch, for example, show that 85% had been allocated a preceptor, of whom 72% had actually received preceptorship; this accounts for 61% of those with a first job. Corresponding figures for actually receiving preceptorship for the other three branches were: child 68%, mental health 69% and learning disability 55%.

Nearly all the adult, child and mental health branch diplomates in the NNRU careers cohort study took a first job in the NHS, mostly likely at a D grade, the first point on the then grading hierarchy. Of the learning disability diplomates however, 16% were appointed at an E grade (the second point on the grading scale) and were less likely to have received preceptorship than their D grade counterparts: 44% vs. 61%. This may have been because they were appointed to small community settings and were the most senior nurse on site. Fourteen percent of the LD diplomates were appointed to a post outside the NHS; those in the private sector and those working for other employers were less likely to have received preceptorship than those in the NHS (48% and 31% vs. 61%). The study by Runciman et al (2002) of managers' views about preceptorship in independent sector nursing homes found that many were unclear about the concept of preceptorship. They were also concerned about providing support for newly qualified nurses in situations when the presence of an experienced registered nurse on-site could not always be guaranteed, albeit that telephone support was available.

2.2 Length of preceptorship period

- * *There was considerable diversity in the length of time for which newly qualified nurses wanted preceptorship and in the length of time for which it was provided.*
- * *Satisfaction with length was greater for periods of four months or longer than for shorter periods.*

In a study of children's nurses, Pfeil (1999) found a consensus between preceptees and preceptors that six months was the best period, since this gave time for consolidation following what was a generally perceived increase in confidence at four months. The NNRU careers cohort study (Robinson 2008) found considerable variation between and within branches over desired length when asked at qualification. The largest group in each branch opted for six months or longer; this varied from 44% of the LD branch to 65% of the child branch (the latter being consistent with Pfeil's (1999) findings).

The NNRU careers cohort study showed that the length for which preceptorship had been received varied from less than four months to six months or longer. Some respondents reported that their preceptorship was still ongoing while others expressed uncertainty as to whether it has ended. Of those whose preceptorship period had ended, substantial proportions said that it had been shorter than they had expected: from 27% of the child branch to 45% of the adult. For each branch, satisfaction with the length was higher for those reporting receipt for four months or more than for those reporting receipt for a shorter period.

3. EFFECTS OF PRECEPTORSHIP

Seven questions were identified in relation to understanding the effects of preceptorship; what were its effects on:

1. Meeting newly qualified nurses need for support
2. Confidence and competence of newly qualified nurses
3. Quality of care
4. Retention, sickness and absence
5. Choosing career pathways
6. Staff who act as preceptors
7. Organizational resources

Most of the evidence relied on self report – primarily by the preceptee.

3.1 Effects on meeting newly qualified nurses' needs for support

- * *Developing and consolidating clinical skills were the aspects of preceptorship for which demand was greatest but for which demand was least likely to be met*
- * *Other staff with whom newly qualified nurses worked also helped meet their needs for support.*
- * *The introduction of more formalised programmes of preceptorship led to an increase in confidence with specific clinical skills.*

The NNRU careers cohort study identified and investigated 12 separate aspects of the two main functions of preceptorship (assisting the newly qualified nurse to develop new skills and easing transition into the new role).

At qualification, all four branches were most likely to rate items concerned with clinical skills as very important; constructive feedback on my clinical skills followed by being taught new skills. Differences between branches also emerged; thus for mental health and learning disability diplomates, the next most important item was advising on professional issues whereas next in importance for adult and child branches were confidence building and helping settle into the work environment. Emotional support was also more likely to be very important for these adult and child branch nurses.

Demand was more likely to have been met for aspects concerned with easing transition to the new role than for those aspects concerned with developing new skills. Unmet demand was highest for aspects concerned with developing skills. The comparative study of adult branch diplomates and graduates showed that graduates were less likely than diplomates to report receiving sufficient constructive feedback on clinical skills (42% vs. 54%) and more likely to have unmet demand in this respect (52% vs. 40%).

Support was received from other staff as well as, or in the absence of, support from a preceptor. Other senior staff featured, particularly in relation to clinical skill development. Of note was the role played by healthcare assistants in supporting newly qualified nurses. This was most marked in relation to emotional support but diplomates also reported their help with clinical skill development.

Two other studies reported on preparation for specific skills following the introduction of a more formalised programme of preceptorship. Bick (2000) found that newly qualified nurses had felt

unprepared for skills such as drug administration but after a more formalized framework was introduced, preceptees reported greater supervision over this aspect of their work. Farrell and Chakrabarti's (2001) evaluation of a recently developed preceptorship programme found that all preceptees had achieved at least a minimum level with the specified competencies of admission and discharge and that all had completed at least one learning contract with the subject chosen by the preceptee.

3.2 Effects on confidence and competence

* *Preceptorship was regarded as having a key role in newly qualified nurses gaining in confidence.*

Four studies showed that respondents regarded preceptorship as having a key role in the successful transition from student to registered nurse (Bradley 1998, Pfeil 1999, Gerrish 2000, Farrell and Chakrabarti 2001). In Pfeil's study (1999), all but one of the preceptees regarded themselves at six months as functioning fully at D grade staff level (the first level on the then grading hierarchy), as did their preceptors. They were all rated as generally competent, less dependent on preceptors and were developing managerial skills. The one who had not reached this level said that preceptorship had helped to identify and solve problems. Preceptees in Farrell and Charkrabarti's study (2001) emphasised the role of preceptorship in building confidence and providing personal support while their preceptors said it enabled them to help others through the process of active empowerment in decision-making. Gerrish's (2000) comparison of data on the transition process for 1985 qualifiers with those for 1998 qualifiers showed that the latter, when supported through a preceptorship scheme, appeared to find the transition less stressful.

3.3 Effect on quality of care

* *No studies were found that investigated whether receipt of preceptorship had an effect on the quality of care.*

We found no studies that specifically addressed whether receiving preceptorship improved the quality of care provided. Certainly, several studies showed increased levels of competence during the period of receiving preceptorship (e.g. Pfeil 1999) but this does not necessarily translate into better patient care. A study to compare whether those who received preceptorship provided better patient care than those who did not would be very difficult to execute since, as the NNRU study showed, support with clinical skills can be received from sources other than preceptorship (Robinson 2008).

3.4 Effects on retention, sickness and absence

* *There was some limited evidence that dissatisfaction with preceptorship can contribute to nurses leaving a particular job.*

Although it is maintained that preceptorship may play an important part in retention in nursing (UKCC 1999, NMC 2008), we found little evidence on this subject. The NNRU careers cohort study (Robinson 2008) investigated whether dissatisfaction with aspects of first job had contributed to diplomates' decision to leave, or consider leaving it. Of interest to this review is that between 4% and 9% of the four branches stated that this was the case in relation to feedback on skills, and amount and quality of preceptorship received. We found no evidence of a relationship between preceptorship and retention in the profession.

3.5 Effect on career pathways

* *No evidence was found as to whether preceptorship had an effect on newly qualified nurses' choice of career direction.*

Although advice on career directions may be included in discussions between preceptors and their preceptees, and the NNRU study indicated that this was the case, we found no evidence to suggest that receipt of preceptorship had an effect on choice of career direction.

3.6 Effects on staff who are preceptors

* *There is some evidence that the benefits of being a preceptor need to be tangible if staff are to be committed to the role.*

North American studies (Dilbert and Goldenberg 1995, Hyrkas and shoemaker 2007) demonstrated that commitment to the role of preceptor is significantly associated with perceptions of benefits of being a preceptor and having the support to provide preceptorship. Benefits were more likely to focus on the satisfaction of being able to help new staff develop than with promotion prospects. UK studies have also identified effects on preceptors: it provides opportunities to learn and to demonstrate competence as a nurse and a teacher (Pfeil 1999) and an opportunity for developing leadership qualities (Farrell and Chakrabarti 2001).

3.7 Effects on organisation of providing resources for preceptorship

* *There was no evidence of the impact that providing preceptorship programmes has on organizations.*

Although many studies (see section 5) drew attention to the need for organizational resources (such as time and preceptor training programmes) and the importance of organizational commitment to the ideals of preceptorship if it is to be successful, no studies were found that investigated the specific time and costs entailed.

4. FACTORS INFLUENCING EFFECTIVENESS OF PRECEPTORSHIP

Six questions were identified concerning factors that might influence the effectiveness of preceptorship; these were:

1. Characteristics of preceptees
2. Profile and preparation of preceptors
3. Relationship between preceptor and preceptee
4. Workload and workplace organization
5. Employing organization
6. Nature of preceptorship programme

4.1 Characteristics of preceptees

* *There was some limited evidence that women are more likely than men to attach high importance to the emotional support aspects of preceptorship.*

The NNRU careers cohort study found that female diplomates at qualification were more likely than their male counterparts to regard certain aspects of preceptorship as very important; and this was particularly marked in relation to those aspects concerned with emotional support (there were too few men in the child branch cohort to make this comparison). Women in the learning disability cohort were more likely than men to want a longer period of preceptorship (74% vs. 58%). Child and adult branch diplomates were more likely than those in other branches to attach importance to emotional support.

4.2 Profile and preparation of preceptors

- * *In three branches of nursing in the UK, nurses with diploma qualified preceptors were more satisfied with preceptorship than those with certificate trained preceptors.*
- * *There is some evidence suggesting that preceptors in the UK were less likely to have been prepared for their role than their counterparts in North America.*

When the NNRU study was undertaken (1997/8), diplomates comprised a small proportion of the nursing workforce and not surprisingly, the largest group in each branch of newly qualified nurses were allocated a preceptor who was certificate rather than diploma trained. (Diplomates were asked whether their preceptor had obtained the registered nurse qualification via a certificate, diploma or degree course). Certificate trained preceptors were most likely to hold an E or F grade and diploma qualified an E grade.

Adult and child branch diplomates were slightly more likely to be satisfied with the quality of preceptorship provided by diploma qualified than certificate qualified preceptors: a difference that was more marked for learning disability diplomates. Mental health diplomates, however, were slightly more likely to report satisfaction with the quality of preceptorship provided by certificate qualified preceptors. Analysis by qualification and grade was limited by small cell numbers, but of note for the adult branch was that satisfaction was greatest with E grade diploma qualified preceptors followed by D grade certificate preceptors.

Several studies explored preceptors' preparation for the role although this was not linked to preceptees' satisfaction (Lee 1997, Pfeil 1999, Dibert and Goldenberg 1995, Fox et al 2006, Hrykas and Shoemaker 2007). Although the UKCC 1993 guidelines had recommended that preceptors should be qualified for at least 12 months, three quarters of those in the study by Lee (1997) said a shorter period was sufficient and were unaware of the UKCC guidelines. They also thought that preparation for the role of preceptor was necessary and should include how to teach and a list of objectives to be achieved. None of the preceptors participating in Pfeil's study (1999) had any formal structured preparation for the role and only one felt informed at the outset about preceptorship and its requirements. Consequently an informal support network emerged among preceptors. As noted, most North American studies of preceptorship refer to nursing students but those including newly qualified nurses as well, showed that most preceptors had received training for the role (Dibert and Goldenberg 1995, Hrykas and Shoemaker 2007). The latter study (Hrykas and Shoemaker 2007) found that preceptors of newly qualified nurses in particular were in need of more support to be able to fulfil their role. An Australian study of the relationship between preceptors and preceptees (Fox et al 2006) found that over half had experienced difficulties in fulfilling their role and a fifth reported that although their expectations of being a preceptor had not been met upon starting the role, this improved over time.

4.3 Relationship between preceptors and preceptees

- * *The relationship between preceptees and their preceptors is generally viewed positively by both parties.*
- * *There is some evidence about potential difficulties in the relationship.*
- * *Personal circumstances and employment moves can truncate relationships.*
- * *Having two preceptors may have some advantages.*

The majority of respondents in the studies reviewed described the relationship between preceptees and preceptors in positive terms. Pfeil's (1999) respondents for example emphasised support, encouragement, guidance and the importance of a trusting relationship in which the preceptee could be open to honest and constructive criticism. This study also showed that some preceptees preferred short but frequent contact while others preferred working whole shifts with their preceptor. Cleary and

Happell (2005) report that over 80% of transition programme graduates regarded their preceptors as supportive. The way in which the relationship developed over time was explored by Fox et al (2006) and findings showed significant improvements in availability and approachability of preceptors and a growing awareness of both parties as to what could be realistically achieved through preceptorship.

Respondents in some studies expressed dissatisfaction with their preceptor relationships. One of Bradley's respondents described the relationship as never working well (Bradley 1998). Pfeil (1999) found this was more common if the preceptors had been allocated to, rather than chosen by, the preceptee. However, choosing preceptors meant a delay in starting preceptorship as the newly qualified nurses needed time to get to know the staff in the setting before making their choice. Dissatisfaction with the preceptor was given as a reason for preceptorship ending sooner than expected by some respondents in all branches in the NNRU careers cohort study; moreover for either party a range of personal circumstances (maternity leave, ill-health) or employment decisions (moving to another setting, employer) could result in preceptorship ceasing (Robinson 2008).

Two studies identified advantages in having more than one preceptor (Pfeil 1999, Farrell and Chakrabarti 2001); for the preceptee these included increased contact time as at least one preceptor was usually available, while the preceptors were able to share the experience of preceptorship with each other. Disadvantages included lack of communication between the two preceptors as to the preceptee's progress.

4.4 Workload and workplace organization

- * *Lack of time to work together was the factor cited in all studies as most likely to constrain the delivery of preceptorship.*
- * *Off-duty rotas and patterns of patient care delivery could also preclude working together.*

Most of the studies reviewed, identified lack of time as the main factor constraining the delivery of preceptorship. Lack of time was attributed to staff shortages, high dependency patients, the demand of supervising students, having too many preceptees and focusing on those most recently qualified. Changes in the off-duty rota could mean that although the preceptee and preceptor had originally been allocated to work together, this was no longer the case (Hancock 2002). Bick (2000) also found that even when the two were rostered together, the way in which care was delivered on some wards meant that they were not working together. Cleary and Happell (2005) found that availability of preceptor varied by clinical speciality in a graduate transition programme.

4.5 Differences by employing organization

- * *There was some limited evidence that preceptorship experiences might differ by employing organization.*

Most studies focused on adult and children's nurses employed by the NHS. The NNRU careers cohort study included learning disability diplomates, 14% of whom were appointed to a first job outside the NHS. Although they had been less likely to receive preceptorship than those employed by the NHS, satisfaction with quality of preceptorship was higher (67% of those in the private sector compared with 53% of those in the NHS). The study was not able to pursue why these differences might have occurred. Runciman et al (2002) in a study of Scottish independent nursing homes reported managers' concerns that in these community settings, there was not always an experienced registered nurse on-site and that the newly qualified nurse might have to rely on telephone support in the advent of a query about care.

4.6 Nature of the preceptorship programme

- * *All studies showed that preceptorship was regarded by most preceptees and/or preceptors as having a key role in assisting the transition from student to registered nurse.*

- * *Some UK studies suggest that more formalized programmes can improve clinical skill development but that the preceptorship relationship can be undermined if the focus of the programme moves to competency assessment.*

A key finding from all the studies that included experiences of preceptees was that most found that receipt of preceptorship had helped the process of transition from student to newly registered nurse; this perception was also reflected in studies that included the experiences and views of preceptors.

Four studies of preceptorship focused on the impact of introducing a more formalized programme of preceptorship. Bick's study (2000) investigated experiences of those surveyed before and after the introduction of a more formal programme that included three standards: registered nurses willing to act as preceptors will be trained, each newly qualified nurse will have two weeks supernumerary practice to facilitate orientation to the clinical area; and each newly qualified nurse will receive effective preceptorship for six months. Improvements were found over certain clinical skills deficits and in the near universal provision of an initial supernumerary period and in newly qualified nurses knowing who their preceptor was at the outset. Hancock (2002) found that the introduction into a preceptorship programme in an NICU of a logbook of all skills pertinent to the NICU and an NICU specific intravenous therapy workbook were regarded as very useful by both preceptees and their preceptors.

Two other studies also drew the same conclusions about the benefits of more formalised programmes but sounded a warning note about an over emphasis on competency assessment. Farrell and Chakrabarti (2001) studied perceptions of a new preceptorship programme into a children's nursing service that included a resource pack, core competencies for admission and discharge and learning contracts for specific topics to be agreed by the preceptee and preceptor. Findings showed that the resource pack was well received and regarded as beneficial, the majority of preceptees had achieved at least minimum level for the admission and discharge competencies and had completed at least one learning contract. Concerns were voiced that there was a tendency to focus on completing the competencies and that these overshadowed other important aspects of preceptorship, especially when time for working together was under pressure.

The effect on preceptorship of a focus on competencies is well demonstrated in the three trust study by Pfeil (1999). Two of the trusts had an informal scheme with suggested but not compulsory learning objectives. The third trust had introduced a formal trust-wide scheme with a 100 page booklet containing compulsory learning objectives, each of which had to be individually signed by the preceptor as achieved, and which were not speciality specific. The scheme in this third trust was regarded by respondents as rigid, frequently inappropriate for individuals and prevented initiatives being developed by preceptors and their preceptees to compensate for specific deficits that they identified. The introduction of assessments had led to preceptorship becoming a question of 'completing the booklet' and all were highly dissatisfied with the scheme. The view was expressed that preceptorship had lost its supportive function and the introduction of assessments meant it had developed into a threat for the preceptee. Respondents across the three trusts rejected a "one size fits all" scheme but felt that there was a case for a formal programme that was specialty specific and preceptee orientated.

5. DISCUSSION AND CONCLUSIONS

The review revealed that there is only limited evidence from previous experience within nursing to inform the development of the current proposals for preceptorship. The studies that have been undertaken, however, suggest that a wide range of factors are relevant to the successful implementation of preceptorship and provide indications about directions that might usefully be pursued. Here we draw together the positive and the negative aspects of preceptorship identified by the review and consider the implications of these and other findings for further development of the proposals.

The evidence indicates that the majority of newly qualified nurses wanted to have preceptorship and that many went on to receive it in the post-qualification period. Assistance was provided with skill development and with easing transition into the new role. In the main, the relationship with preceptors was viewed positively and preceptorship was regarded as a key component of a successful transition from student to fully functioning staff nurse. Benefits also emerged for preceptors; these included the satisfaction of helping new nurses become confident staff nurses and having opportunities to further their own knowledge and competence in teaching. The development of more formalised preceptorship programmes that included, for example, resource packs and learning contracts were found to have a positive impact on the process.

Substantial proportions of newly qualified nurses did not receive preceptorship even when allocated a preceptor and in these situations, there was a sense that providing preceptorship was a 'paper exercise'. Deficits in support were most likely over the development of clinical skills, possibly because this was the aspect of the staff nurse role for which newly qualified nurses felt most anxious. Relationships with preceptors could be problematic or truncated due to circumstances outwith the preceptee's control. Preceptors had often received little preparation for their role and there was a degree of uncertainty as to what was expected of them. Lack of time for the preceptor and preceptee to work together was often experienced and regarded as a key constraint on the delivery of preceptorship. Changes in the off-duty rota could also preclude the two working together. Concern existed that an over focus on competency assessment in the preceptorship programme may overshadow its less tangible and supportive aspects.

If the positive aspects of preceptorship revealed by this review are to be sustained and the negative aspects addressed, organizational commitment to preceptorship is essential. This point was made by several of the authors of the studies reviewed here, with attention drawn to the need for investment in resources such as development of preceptorship programmes, training courses for preceptors and work organization that safeguards time for preceptees and preceptors to work together.

The resource challenges that this presents should not be underestimated. Funding for preceptorship will be from continuing professional development budgets upon which there are likely to be competing demands. Resolving the staff and workload problems that militate against preceptorship is a complex matter and not just one of urging Trusts to ensure that time is available. However, if managers are aware of the level of support needed by newly qualified nurses in order for them to become fully functioning members of the workforce and there is a trust wide commitment to mandatory preceptorship, it is more likely to fare better in the face of competing resource demands. Farrell and Chakrabarti (2001) recommended that preceptorship should be a formal Human Resources activity subject to quality monitoring and reporting procedures.

Most of the research reviewed related to nurses working in hospital settings in the NHS. In considering the resource challenges above, particular attention will need to be given to how best to provide mandatory preceptorship in the increasing diversity of settings in which newly qualified nurses are likely to be based. First, the move to providing more care in the community means that increasingly newly qualified nurses are likely to be working in small and scattered community units where there may be only one registered nurse on duty, and/or visiting patients at home. Implications for resources may well include allowing time for senior nurses to travel to these units and accompany preceptees on home visits. The growing involvement of non-NHS employing organizations in the provision of care, where time for preceptorship delivery and training are likely to have commercial cost implications, also present a challenge to the mandatory provision of preceptorship.

A trust policy of appointing a senior nurse in each unit or setting to have responsibility for preceptorship as part of their role, as suggested in at least one of the studies reviewed (Farrell and Chakrabarti 2001), would contribute to raising the profile of preceptorship in the organization. Having a senior nurse at unit/setting level might facilitate dealing with some of the problems identified in the studies reviewed: ideally this would be someone with substantial preceptorship experience. Aspects of such a role might usefully include:

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- Sending newly qualified nurses appointed to the unit a leaflet explaining preceptorship before they take up post
 - Ensure that all newly qualified nurses are allocated to a preceptor
 - Support preceptors by monitoring whether they have problems in finding time to meet with their preceptees and identify actions to remedy difficulties in this respect.
 - Be sensitive to, and open to discuss, difficulties in the relationships between preceptors and preceptees
 - Provide cover for preceptees when preceptors are absent or on leave
 - Ensure that potential preceptors are able to access training for their role
 - Participate with other senior nurses in developing preceptorship programmes
 - Consider whether the unit might best be served by each preceptor having a back up person to provide preceptorship when they are unable to do so
 - Ensure the transition from the end of preceptorship to the start of clinical supervision.

An issue that needs careful consideration is the increasing likelihood of preceptors qualifying for different routes to their preceptees. One study indicated that diploma qualifiers were more likely to be satisfied with preceptorship from diploma qualified preceptors. It is likely that E grade diploma nurses would be more familiar with the diploma course than traditionally trained nurses and would have been more likely to have received preceptorship themselves. A similar situation may arise with the move to all-graduate status at registration. For some considerable time after such a move, newly qualified graduate nurses are likely to be preceptored by diploma qualified nurses. The latter may have a sense that their own qualification is devalued and may be under pressure to gain a degree themselves. If they are to be committed to preceptorship, it will be important for their clinical expertise and contribution to supporting newly qualified nurses to be recognized and rewarded. This is likely to be of increasing importance if providing preceptorship for newly qualified nurses becomes an essential part of the job description of all qualified nurses, as opposed to the present situation where undertaking this role is usually on a voluntary basis.

The UKCC recommended that preceptorship should last about four months (UKCC 1986). Following their recent consultation on pre-registration education, the NMC first recommended six months mandatory preceptorship (NMC 2008) while more recently the Council has indicated that the length of time should be one of the components of a feasibility study on the implementation of preceptorship (NMC 2009). The Next Stage Review of the NHS has suggested a foundation period of preceptorship of one year for all health professionals. The studies included in our review indicated that while four months was an absolute minimum in terms of preceptees' satisfaction, six months was preferable. A balance will need to be achieved between good quality preceptorship and the length of time for which resources enable it to be maintained.

The review indicated the benefits of having a formal framework for preceptorship but one that allowed for it to be specialty specific and also tailored to the needs of each individual newly qualified nurse. There was some evidence that a move towards greater competency assessment overshadows the other less tangible and supportive aspects of preceptorship and, if the focus is entirely competency assessment, then the nature of preceptorship is very different to that originally envisaged. The nature of the programme in terms of this balance raises important issues requiring further consideration. First, it will be a critical point in current discussions as to whether the foundation period should include outcome assessment and re-validation of registration. Second, it raises the question of how best to prepare newly qualified nurses to work in specialties such as neonatal and adult intensive care which require very specific skills; perhaps by including in-house training in specific skills as part of a wider preceptorship programme. Third, consideration will need to be given as to how the preceptee's and

preceptor's perceptions of outstanding skill development needs at the conclusion of the period of preceptorship can be built into the nurse's' ongoing personal development plan.

This review has drawn together the existing evidence on the various components of existing preceptorship programmes for nurses and considered its implications for current proposals to develop and implement a period of mandatory preceptorship. Various challenges to the successful implementation of such a move have been identified and it is suggested that piloting and evaluating new schemes should be an integral part of future developments. As well as drawing on the observations from this review, the experience of post qualification supported practice in other professions may be useful in informing the shape of preceptorship in nursing.

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Appendices

Research Summaries

Bick C (2000) Please help! I'm newly qualified. Nursing Standard 5 (14): 44-47

Country in which undertaken

England

Aims

1. Obtain newly qualified nurses' personal experience of induction and preceptorship
2. Obtain observations about preceptorship held by clinical facilitator

Methods

Study design

1. Survey by questionnaire of NQNs and ascertaining views of clinical facilitator
2. Introduction of framework with three standards in light of survey results: registered nurses willing to act as preceptors for NQNs will be trained; each NQN will have two weeks supernumerary status to facilitate orientation to clinical area, induction and mandatory training: and each NQN will receive effective preceptorship of six months duration.
3. Audit forms completed by NQNs at one and six months after qualification following implementation of the new framework

Study population, sample size and response rate

Questionnaires sent to 15 nurses in one hospital Trust six months after qualification; views of recently appointed clinical facilitator; audit of 31 NQNs following implementation of a preceptorship framework. No information on sample selection.

Key variables/outcomes/analysis

Perceptions of preceptorship and of role of clinical facilitator. Frequencies

Results

1. First survey found variations in: provision of preceptorship throughout the trust (very effective in some clinical areas but little more than paper exercise in others); attendance at mandatory study sessions; and provision of an initial supernumerary period.

- * NQNs felt unprepared for some specific skills (e.g. drug administration) and non-specific deficits such as time management and prioritising of workload.
- * most were positive about commitment of preceptor but commented on limitations on working together because of: workload, and work organization precluding working together even when rostered together

2. Observations of clinical facilitator included: problems in delivering effective pcip from staff shortages and lack of understanding of NQNs' situation.

3. Second survey: Improvements in experience compared with included: increasing attendance at preceptorship day; near universal provision of initial supernumerary period, knowing who preceptor was on first day; greater supervision over drug administration

Conclusions/comment

Framework further developed in the Trust. Important for managers to be aware of level of support needed by NQNs. To offset shortages they need nurses who can work without support, this may lead to unreasonable expectations and to attrition.

Bradley S (1998) Prepared for practice? Exploring the experiences of newly qualified Project 2000 Child Branch staff nurses. *NTRResearch* 3 (4): 292-301

Country in which undertaken

England

Aims

To examine experience of transition from student to staff nurse following study in the Child Branch of Project 2000.

Methods

Study design/population/sample size and response rate

- * Small qualitative study in which a single cohort of six staff nurses who had been qualified for five months were asked to reflect on Project 200 as a preparation for practice and their experiences of the transition to staff nurse.
- * The interview schedule was based on a focus group interview conducted prior to qualification.
- * Questions about the experience of transition included preceptorship.

Key variables/outcomes/analysis

- * Content analysis of transcripts to identify themes and categories.
- * Participants were sent a summary in which personal responses were described within each category and the half who replied indicated that the summary was a good reflection of their experiences.
- * Issues from the pre-qualification focus group interviews were compared with those within the categories, enabling comparison across the student/staff nurse transition.

Results

Findings on preceptorship showed that:

- * Prior to qualification: preceptorship had been viewed with great expectations as a time of allowing one to settle and develop skills, and as an aid to minimizing responsibility and offering back up.
- * Experiences of preceptorship: all six had received preceptorship; this included working alongside the preceptor, being on the same shift, knowing the preceptor was available for questions and discussion and, for some, an element of progress review.
- * Four reported the relationship to have worked well, one that it did so after a delayed start and one perceived it as unsuccessful.

Conclusions/comment

- * One of the few studies to focus on the child branch. Small scale study that limits the generalisability of the findings.
- * Provision of preceptorship was a key factor in promoting successful transition from student to staff nurse.

Cleary M, Happell B (2005) Promoting a sustainable mental health nursing workforce: an evaluation of a transition mental health nursing programme. *International Journal of Mental Health Nursing* 14: 109-116

Country in which undertaken

Australia

Aim

To determine the level of satisfaction with the transition programme

Methods

Study design

A programme was designed to provide graduate nurses with the opportunity to develop skills fundamental to mental health nursing practice. It includes an orientation module, four 3 month clinical rotations in the main specialities, and support provided through a combination of clinical facilitator (person who provides support when asked by NQN but not working on same rotation) and unit-based preceptorship programmes. A two part questionnaire was designed to evaluate the programme; part 1 after 3 months and part 2 at the end of the programme.

Population, sample size and response rate

All registered nurses undertaking the programmes in the mental health services of one area in 2002. 39 who had started the programme in 2002 were sent the 3 month questionnaire; all replied. 40 who completed the programme in 2002 were sent the end of course questionnaire; 93% (37) replied.

Key variables, outcomes and analysis

Part 1 focused on demographics, recruitment and the orientation module, part 2 on demographics, clinical supports, theoretical education and completion of programme modules. Analysed using SPSS and presented as frequencies.

Results

- * Satisfaction with the programme was high.
- * Findings relating to support included:
 - * Satisfaction with supportiveness of the clinical facilitators was particularly high (95% for supportiveness and 87% for availability.
 - * Ratings for preceptors were lower at 84% for supportiveness and 73% for availability. This aspect of the programme received the lowest levels of satisfaction
 - * Comments made on preceptorship included: clinical support varied by placement; there was a need for supportive interested preceptors, rostered on similar shifts, with proper structured times to review progress.

Conclusion/comment

Preceptorship was the area of the programme where most work needs to be done to ensure a strong and robust programme. The authors suggest that the specific characteristics of MH settings render the need for high quality clinical support to be greater than other practice settings. For example: negative attitudes to mental health; less structure in the working environment and reduced focus on physical tasks; greater degree of professional autonomy; and more emphasis on multi-disciplinary working.

Dibert C, Goldenberg D (1995) Preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role. *Journal of Advanced Nursing* 21: 1144-1151
Country in which undertaken

Canada

Aims

To examine the relationships among preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role.

Methods

Study design

The term preceptor was used to refer to staff taking part in programmes used for socialization of nursing students and newly appointed staff. Motive for research was recognition that creation and maintenance of preceptorship programmes involve investment of human and financial resources and these could be lost if administrators fail to support preceptors. A conceptual framework predicting that individuals who perceive themselves as having access to opportunity and power are likely to be committed to organizational goals (Kanter 1977); support was substituted for power.

Study population, sample size and response rate.

A four-part questionnaire sent to a convenience sample of 59 nurse preceptors in a 400 bed teaching hospital selected from the 116 preceptors in the hospital; all replied.

Key variables, outcomes and analysis

The questionnaire contained three scales and relationships between overall scale scores and separate items were analysed using Pearson product-moment correlation coefficient, Spearman rank-order correlation coefficients, and t-tests.

1. Preceptors' perceptions of benefits and rewards scale; developed from benefits and rewards suggested in the literature and guidelines from programme in the study setting (e.g. possibility of advancement, increasing competence and skills).
2. Preceptors' perceptions of support scale; also developed from factors suggested in the literature (e.g. support, information, resources).
3. The commitment to the preceptors' role scale; developed from an existing scale. The fourth section included demographic questions (e.g. education, age, experience of nursing and of being a preceptor).

Results

Three correlations reached statistical significance, suggesting that commitment to the preceptor role is positively associated with: preceptors' perception of benefits and rewards; preceptors' perception of support; and the number of preceptor experiences.

- * Highest ranked benefits focused on satisfactions of assisting new nurses and students, improving teaching skills. Improving promotion was less likely to feature.
- * Subjects reported that co-workers were supportive of preceptorship but that nursing administrators and faculty were not highly committed to the programme.

Conclusions/comment

Nursing administrators and nursing educators should ensure that adequate benefits, rewards and supports are available to preceptors and that strategies promoted to ensure preceptors' access to these benefits.

Farrell M, Chakrabarti A (2001) Evaluating preceptorship arrangements in a paediatric setting. *Journal of Child Health Care* 5 (3): 93-100

Country in which undertaken

England

Aims

To undertake an audit of effectiveness of preceptorship arrangements in a children's NHS trust following development of a programme that included: resource pack; core competencies for admission and discharge; and learning contracts for specific topics.

Methods

Study design

Phase 1: questionnaires about preceptorship sent to NQNs. Phase 2: focus group interviews with preceptees and preceptors about experiences.

Study population, sample size and response rate

Phase 1: 17 NQNs who had completed (13) or were nearing completion (4) of preceptorship period.

Phase 2: Focus group interview with 5 of the 17 preceptees and a randomly chosen group of six experienced paediatric nurses involved in preceptorship with the NQNs.

Key variables/outcomes/analysis

Phase 1: Frequencies presented for: allocation of preceptors, frequency of meetings, learning contracts, competency assessment, clinical supervision arrangements. Phase 2: Thematic analysis led to identification of themes concerning value, resources and benefits of shared preceptorship.

Results

Phase 1: most allocated a preceptor during orientation period to the Trust. 4 changed preceptor on moving to new clinical setting. Most (82%) had 3 or 4 meetings with preceptor, while 3 had less. All completed at least one learning contract with topic chosen by preceptee. Majority achieved at least minimum level for admission and discharge competencies. Subsequent clinical supervision arrangements only discussed with five.

Phase 2: Value: preceptees emphasised confidence building and personal support. Preceptors emphasised being able to help others, mainly through process of active empowerment in decision-making. Resources: need for: suitable staff; dedicated time to be put aside; supportive team and organizational culture: pack well received and regarded as beneficial. Shared preceptorship: Positive experiences in that knew each other's preceptees and so covered when one away and able to share experiences.

Conclusions/comment

Smallscale study raising important issues for development of preceptorship. Shown to be a key support mechanism for NQNs and authors suggest development of a Charter for Preceptorship to identify expectations of organization, preceptors and NQNs. Organizational acceptance needs to be demonstrated by investment in structure and processes (especially time) and recognized as a formal HR activity subject to quality monitoring and reporting procedures. Being a preceptor should be recognised as opportunity for developing leadership qualities and this and other benefits need to be tangible to maintain commitment to the role. Concerns that that use of competencies overshadowed other important aspects. More guidance needed about learning contracts and leaflet explaining preceptorship to be sent to students.

Fox R, Henderson A, Malko-Nyhan K (2006) A comparison of preceptors and preceptee's perceptions of how the preceptor's role is operationalized. *Journal of Clinical Nursing* 15: 361 - 364

Country in which undertaken

Australia

Aims

To compare preceptor's and preceptee's perceptions about the effectiveness of how the preceptor's role was undertaken at two time periods during the relationship.

Methods

Study design

Questionnaires sent to preceptors and preceptees at 2 to 3 months and at 6 to 9 months after the relationship was initiated.

Study population, sample size and response rate

Preceptors: 59 registered nurse preceptors requested to complete the survey. Response rate was low at 24% (14) at both time points.

Preceptees: 59 registered nurses assigned preceptors on commencing employment were also requested to complete the survey. Response rate was 56% (33) at 2 to 3 months and 29% (17) at 6 to 9 months. Information not provided on population or method of sample selection.

Key variables/outcomes and analysis

Preceptors: Six aspects of fulfilment of expectations and goals of being a preceptor.

Preceptees: Eight aspects of the process of transition from student to qualified staff.

For each item, the proportion ranging options from strongly agree to strongly disagree.

Comparison of responses at two time-points using *t*-test analysis.

Results

- * Preceptors: at both time points all reported that other staff were supportive of their role; over half had experienced difficulties in fulfilling their role; and a fifth reported that their expectations of being a preceptor had not been met on beginning the role.
- * Changes over time: significant improvement in fulfilment of role expectations.
- * Preceptees: at both time points, nearly all reported that staff were supportive and helpful, and three-quarters that preceptors met with them regularly.
- * Changes over time: significant improvements for availability and approachability of preceptors; and in meeting on a regular basis to provide feedback.
- * Main point of concern was 24% reporting that preceptors not able to meet with them regularly and 23% experiencing difficulties in entering the work unit.

Conclusions/comment

Responses provided by both groups suggest that provision of preceptors have assisted in the transition of new staff and that there has been high level of support from other staff. Two groups broadly in agreement over roles and responsibilities and in recognizing both provision of support as well as when it was lacking. Greater congruence of responses at 6 to 9 months suggests that both groups may have become more knowledgeable about what could be achieved.

Gerrish K (2000) Still fumbling along? A comparative study of the newly qualified nurse's perception of the transition from student to qualified nurse. *Journal of Advanced Nursing* 32 (2): 473-480

Country in which undertaken

England

Aims

To examine newly qualified nurses' perceptions of the transition from student to qualified nurse and to compare these perceptions with those of nurses who qualified in 1985 (from the certificate course).

Methods

Study design

Semistructured interviews with certificate qualifiers in 1985 and project 2000 qualifiers in 1998.

Population, sample size and response rate

Certificate qualifiers. 10 NQNs who had qualified from one school of nursing in 1985 and were working on medical or surgical wards.

25 newly qualified nurses (22 diplomates, 3 graduates). Two-thirds had qualified from one university in England and the rest in other parts of the UK. All were working on wards in one of two hospital trusts with which the university linked.

Key variables, outcomes and analysis

- * Interview schedule included: perceptions of differences between role of student and staff nurse; preparation for the new role; how they had learnt to perform the job; relationship with other staff, patients and relatives; feedback and support systems; stressful and enjoyable aspects.
- * Transcripts of interviews with 1998 qualifiers were thematically coded by hand and compared with a secondary analysis of interviews undertaken with certificate qualifiers

Results

- * Comparison of the two groups show some similarities in the experience of transition and some differences, for example diplomates were more assertive and questioning but less likely to be confident in certain clinical, managerial and organizational skills.
- * All the 1998 nurses had been allocated a preceptor who was responsible for providing them with support, guidance and feedback.
- * Quality of preceptorship varied. For many preceptorship was a positive experience with NQN working alongside preceptor initially and then meeting regularly to review progress. Others reported that their preceptors had provided little in the way of support and constructive feedback.

Conclusion/comment

Key factors in making the transition from student to qualified nurse easier for the diploma qualifiers compared with the earlier certificate qualifiers appear to be the opportunity for NQNs to be supernumerary immediately post-qualification, together with a period of preceptorship.

Lee P (1997) What training do preceptors require?
Journal of Clinical Nursing 6: 249-50

Country in which undertaken

England

Aims

To determine the knowledge, attitudes and opinions of potential preceptors.

Methods

Study design

Questionnaire sent to a cluster sample of Grade E and F nurses considered to be potential preceptors.

Study population, sample size and response rate

Study was based in one large district general hospital. A cluster sample was drawn from five different clinical areas in which newly qualified nurses were working comprising E and F grade nurses considered by their ward manager as suitable to undertake the role of preceptor. 28 potential preceptors were identified from the off-duty rota and sent a questionnaire containing open and closed questions. Response rate was 43% (12).

Key variables/outcomes

Experience of offering formal or informal support to newly registered practitioners; length of period of support offered; views about length of qualification necessary prior to becoming a preceptor; views about whether preparation was required for the role and its content.

Analysis

Frequencies

Results

- * All 12 had experience of offering support with 6 doing so on formal basis, 2 of whom were solely responsible for the support offered to their preceptees.
- * Although UKCC guidelines recommend preceptors should be qualified for at least 12 months, 8 of the 12 respondents said a shorter period was sufficient; they were unaware of the UKCC guidelines.
- * Most (8/12) thought preparation for the role was necessary and should include: teaching and a list of goals to be achieved.
- * Some respondents misunderstood the concept of preceptor.

Conclusions/comments

Results of study indicated that potential preceptors likely to be unaware of UKCC guideline on preceptorship and local preceptor training implemented which includes the guidelines. Small scale study with low response rate but raises important issues for larger scale replication.

Maben J, Macleod Clark J (1998) Project 2000 diplomates' perceptions of their experiences of transition from student to staff nurse. *Journal of Clinical Nursing* 7: 145-153

Country in which undertaken

England

Aims

To describe experience of transition from student to staff nurse for a small groups of project 2000 diplomates and to identify factors which may facilitate or inhibit transition.

Methods

Study design

In depth interviews held with self selected sample of staff nurses qualified for less than one year. Interview framework developed through pilot work and focused on post qualification experiences, including support and preceptorship received.

Study population, sample size and response rate

Questionnaires sent to two cohorts of adult branch nurses at one college in the south of England (n=62) as part of a larger project examining philosophy and practice of nursing in context of Project 2000. Diplomates invited to take part in subsequent interview study. Five people from each cohort were interviewed to provide data from nurses 6 and 11 months post qualification, to allow for difference in transition experiences and to avoid both the 'honeymoon period' and the 3 month stress peak.

Key variables/outcomes/analysis

Data analysed inductively using the process of unitizing, categorizing and filling patterns described by Lincoln and Guba (1985). Key aspects related to: emotional highs and lows; coming to terms with new responsibilities within context of myths and realities of support and preceptorship.

Results

Transition: findings confirm earlier studies of anxieties and satisfactions experienced in transition period and lack of support. Also revealed resistance by existing staff to change, together with an initial practical deficit and displaying degree of confidence.

Support: Five had received some type of support or preceptorship in their first post; two of whom had a comprehensive detailed supportive programme for 6 months. One of these had a planned programme with objectives and learning outcomes, the other had an informal less structured experience.

Five had received no support at all.

Implementing preceptorship: Poor implementation or paying lip service was a commonly encountered attitude. All 10 felt that a period of preceptorship was an excellent idea and was or would have been helpful to them. Some had been expected to support students at a time when still in need of support themselves.

Conclusions/comment

Small scale study demonstrating variation in support received
Authors observe that further research needed to determine effects of comprehensive preceptorship programme on skill development.

Pfeil M (1999) Preceptorship: the progression from student to staff nurse. *Journal of Child Health Care* 3 (3): 13-18

Country in which undertaken

England

Aims

To increase understanding of preceptorship:

1. Does it enable participating preceptees to develop from learner to accountable practitioner?
2. How do the competence and safety levels of the preceptees develop?

Methods

Study design

1. Semi structured interviews with preceptees and preceptors on perceptions of preceptorship: once between 2nd and 6th week of preceptorship period and 6 months later.
2. Questionnaires sent monthly for 6 months intervals to both groups to monitor aspects of preceptee's performance (assessed on scale from 1=generally incompetent to 5= generally competent). Questionnaires developed and tested through pilot study.

Study population, sample size and response rate

Population was newly qualified children's nurses and their preceptors.

This study used a convenience sample of a complete cohort of 16 newly qualified children's nurses qualifying from one university and employed by three acute health trusts in the surrounding area; all took part.

19 preceptors involved in preceptorship with the cohort of NQNs (18 took part).

Response to monthly questionnaires: from 80% to 100% for preceptees and 50% to 100% for preceptors.

Key variables, outcomes and analysis

Questionnaires rated: manual dexterity, clinical knowledge, managerial skills, professional competence, dependence on the preceptor, stress levels and safe practice. Ratings presented for each group as a whole and compared.

Interviews on perceptions of preceptorship were content analysed to develop themes.

Data from individual preceptees were not matched with that of their preceptor.

Results

Key findings drawing on interview and questionnaire data for both groups were:

Preceptorship and development from learner to accountable practitioner

After 6 months all but one preceptee regarded by both groups as functioning fully as D grade staff nurses according to their job descriptions. Remaining NQN and her preceptor independently said that preceptorship had helped identify and solve problems. Both groups rated all preceptees as generally competent, the dependence on preceptors decreased and managerial skills increased. Transition a very individual experience.

Preceptee/preceptor relationship

Both groups emphasised support, encouragement, guidance and the importance of a trusting relationship so that the preceptee could be open to honest and positive criticism. Both groups regarded the preceptor relationship as fundamentally different from that between a student and supervisor.

Choosing or allocating preceptor

Both occurred. Personality clashes more likely with allocation but choice meant a delay in starting preceptorship as NQNs needed time to get to know staff before making a choice.

One or two preceptors per preceptee: 3 of 16 had two preceptors. Benefits were increased contact time but problems emerged over lack of communication.

Establishing learning objectives: All of both groups agreed that these had to be individually and actively established between preceptee and preceptor. All rejected having compulsory or pre-determined objectives.

Time required for preceptorship

Consensus on six months as best length since this gave time for consolidation following generally perceived increase in confidence at about four months. Lack of time was among most common problems mentioned by both groups, with competition for time from workloads and student supervision. Some NQNs preferred short but frequent contact, other preferred working whole shifts with their preceptor.

Being a preceptor

Role seen as a challenge, a learning opportunity and an opportunity to demonstrate competence as a nurse and a teacher. Some said it enhanced job satisfaction. No preceptor had any formal structured preparation for the role and only one felt informed at outset about preceptorship and its requirements. Consequently an informal support network emerged.

How formalised should preceptorship be?

Three trusts had different approaches.

- * Two had an informal scheme at ward level; a list of suggested (not compulsory) learning outcomes was available and no outside influence was exerted on either preceptor or preceptee. Both schemes described as working well despite occasional minor problems.
- * Third trust implemented a formal trust wide scheme which had a set time of six months and a 100 page booklet with compulsory learning objectives which were not specialty specific and each had to be individually signed by the preceptor. They were frequently inappropriate for the individual learner. Scheme regarded as rigid and preventing individual initiatives to compensating for any perceived shortcomings. Most respondents in this trust regarded purpose of preceptorship as completing the booklet. All were highly dissatisfied and felt that preceptorship had lost its supportive nature and introduction of assessments meant it had developed into a threat for the preceptee.
- * All respondents rejected a one for all preceptorship scheme but most thought that there was a place for a formal programme that was both specialty specific and preceptee orientated.

Conclusions/comment

Well designed study in one area, identifying many important aspects of preceptorship likely to be relevant in the development of the proposed foundation year.

Author recommends:

- * clarify purpose of preceptorship – for whose benefit will it be implemented.
- * prepare for preceptorship – setting up arrangements, clarifying roles and establishing trust commitment
- * include element of choice in matching preceptors and preceptees
- * appoint an experienced staff nurse as a senior preceptor to support preceptors and look after preceptees until they have chosen their preceptor
- * negotiated specific list of learning objectives, not prescribed
- * when two preceptors for a preceptee, ensure close co-operation and communication.

Robinson S (2008) Summary of research on preceptorship undertaken by National Nursing Research Unit, King's College London

Country in which undertaken

England

Aims

To investigate

1. diplomate nurses' expectations of preceptorship at qualification
2. diplomate nurses' experiences and views of preceptorship received during the first six months after qualification

Methods

Study design

Data on preceptorship were obtained as part of a nationally representative longitudinal study by questionnaire of the careers of diplomates qualifying from the adult, child, mental health and learning disability branches of the course in 1997/8. All questionnaires were developed with a pilot cohort for each branch qualifying in the preceding year. Adult branch graduate comparison undertaken by comparing diplomate cohort with four cross-sectional censuses of graduates selected to match time-points for which diplomate data available.

Study population, sample size and response rate

- * Censuses of the child and learning disability cohorts were taken due to the small number qualifying from these branches (758 and 293 respectively). Using a multi-stage sampling strategy, a two-thirds sample was taken of the mental health cohort (802) and a one-third sample of the adult (2109).

Expectations of preceptorship were investigated in the questionnaire sent at qualification. Response rates were: adult 87% (1596), child 89% (634), mental health 82% (554) and learning disability 85% (225). Graduate adult branch cohort response rate was 43% (99/232).

Experiences and views of preceptorship were investigated in the questionnaire sent at six months to those who had returned the first questionnaire. Response rates were: adult 83% (1331), child 88% (557), mental health 80% (443) and learning disability 86% (193). Graduate adult branch response rate was 50% (111/221).

Key variables, outcomes and analysis

- * Key variables at qualification were: wanting a preceptor, length for which preceptorship wanted and degree of importance attached aspects of preceptorship identified from literature reviewing and pilot work.
- * Key variables at six months were: allocation and receipt of preceptorship; length for which anticipated and received; meeting demand for each aspect of preceptorship; details of preceptor; and satisfaction with amount, quality and length of preceptorship. meeting demand for support. Pilot work identified several options for meeting demand for preceptorship. In Tables 4 and 5 these are grouped as:
 - * Demand met: had sufficient from my preceptor, had some but did not want as much/
 - * Demand not met: had some but wanted more, had none and wanted some
 - * No demand: had none and did not want any because not needed/dissatisfied with preceptor.
 - * Analysis mainly in form of branch comparisons of frequencies.

Results

Findings at qualification

Wanting a preceptor. (Table 1)

- * Of those who had obtained, or were planning to obtain a first nursing job (nearly all of each branch), the majority (92% or more) wanted to have a preceptor.

Length of preceptorship wanted. (Table 1)

- * The largest group in each branch (41% LD to 58% A) wanted preceptorship for six months. As Table 1 shows, for all but LD, this was followed by 4-5 months.

Importance attached to aspects of preceptorship. (Table 2)

- * Aspects investigated related to the two main aspects of preceptorship: developing skills and easing transition into the new role.
- * Respondents were asked to rate each on a scale of importance: (very, quite, not very and not at all).
- * Percentages for very important show that for all branches aspects concerned with clinical skills were rated the highest in importance.
- * Differences between branches emerged: for example, A and C branches attached greater importance to emotional support than MH and LD whereas the reverse was the case for advice on professional issues.

Findings at six months

Receiving preceptorship: (Table 3)

- * The majority of each branch was allocated a preceptor, varying from 74% for LD to 93% for C (Table 3).
- * About three-quarters of these respondents actually received preceptorship, meaning that less than 70% of those with a first job actually received preceptorship (55% of LD to 69% of MH).
- * 16% of LD diplomates were appointed at E grade and were less likely to receive preceptorship than those at D grade: 44% vs. 61%. Those outside the NHS (14%) were less likely to receive preceptorship than those with NHS posts (48% and 31% vs. 61%).

Findings for length and meeting demand below are for respondents who received preceptorship.

Length of preceptorship (Table 3)

- * Findings for length of preceptorship (at time of return of six months questionnaire) showed considerable diversity; between 27% A and 37% MH had received 4 months or more with smaller proportions receiving it for less.
- * For some it was still ongoing, possibly because of a delayed start date, while others were unsure as to whether it had ended.
- * Substantial minorities had received preceptorship for a shorter period than they had anticipated; satisfaction was higher with 4 months or more than with less.

Meeting demand for preceptorship: (Table 4)

- * For each aspect of preceptorship (with a couple of exceptions) more than half of each branch reported that their demand was met; this was more likely the case for aspects concerned with easing transition than with developing skills.
- * Unmet demand was highest for aspects concerned with developing skills although there was some branch variations; for example unmet demand was higher for A and C branches than MH and LD.

Satisfaction with preceptorship

- * Diplomates were more likely to be satisfied with the quality than the amount of preceptorship (A 66% vs. 48%, C 63% vs. 50%, MH 62% vs. 54%, LD 55% vs. 48%).
- * LD diplomates in the private sector were more likely to be satisfied than those in the NHS (67% vs. 53%).

Grade and qualification of preceptor

- * The majority of each branch had a preceptor who was certificate rather than diploma qualified; with a range of grades evident.
- * The A, C and LD branches were more likely to be satisfied with preceptorship from diploma than certificate qualified nurses, especially the LD (67% vs. 48%). There was some variation by grade although numbers were too small in some cells to undertake a complete analysis. Among the adult branch, satisfaction was highest for E grade diploma qualified and D grade certificate trained nurses.

Support with developing skills and easing transition into the new role (Table 5)

- * Findings presented thus far relate to those diplomates who actually received preceptorship. To obtain a more complete picture of support during the early post qualification period, all diplomates, irrespective of whether they received preceptorship, were asked whether their demand for help and support with key aspects of their new role had been met.
- * For the four aspects concerned with developing skills (constructive feedback on clinical skills, being taught new clinical skills, setting learning objectives and reflecting on practice), about a third of each branch reported that demand had been met. Unmet demand was substantial, ranging from 53% to 66% (Table 5).
- * Demand was more likely to have been met for emotional support and advice on professional issues.
- * A further question on source of support showed that senior staff other than a preceptor were the main source for developing skills but a proportion of all branches reported that they received support in this respect from health care assistants (for example figures for constructive feedback from HCAs were A 25%, child 12%, MH 35% and LD 27%).
- * HCAs featured prominently in providing emotional support A 45%, C 25, MH 43% and LD 51%.
- * Retention in post
- * A question on whether dissatisfaction with aspects of first job had contributed to a decision to leave, or consider leaving it, showed that between 4% and 9% of each branch stated that this was the case in relation to feedback on skills and quality and amount of preceptorship.

Conclusions/comment

A robust study providing detailed information on expectations and receipt of preceptorship, and the extent to which NQNs felt supported with key aspects of their role. Provided branch comparisons.

Tables

Table 1: Diplomates at qualification: views about preceptorship by branch

	Adult	Child	Mental Health	Learning Disability
Baseline figures				
No. in sample	2109	758	802	293
Response rate	87%	89%	82%	85%
	1596	634	554	225
No. with or planning to obtain a first job	1512	597	526	209
Wanting a preceptor	%	%	%	%
Yes	97	97	94	92
Did not mind	2	1	3	5
No	1	1	2	3
No answer	1	1	-	1
Total	100	100	100	100
	1512	597	526	209
Length of preceptorship wanted	%	%	%	%
3 months or less	17	11	18	29
4 or 5 months	25	23	30	27
6 months	51	58	46	41
Longer than 6 months	7	7	5	3
No answer	-	-	1	-

Table 2: Diplomates at qualification: proportion rating aspects at preceptorship as very important by branch

	Adult	Child	Mental Health	Learning Disability
Aspects of preceptorship	n = 1491	n = 589	n = 513	n = 203
<u>Developing skills</u>				
1. Constructive feedback on clinical skills	91	90	92	93
2. Being taught new skills	83	85	71	74
3. Assistance in setting learning objectives	51	56	47	50
<u>Easing transition</u>				
4. Emotional support	50	54	38	36
5. Someone to confide in	29	30	25	17
6. Help settling into the work environment	60	62	42	52
<u>Both</u>				
7. Someone to work alongside	31	32	23	29
8. Someone to meet regularly	29	33	36	31
9. Confidence building	63	63	50	57
<u>Other</u>				
10. Advice on professional issues	58	55	69	70
11. Discussing career plans	19	19	21	23

Table 3: Diplomates at six months: receipt and length of preceptorship by branch

	Adult	Child	Mental Health	Learning Disability
<u>Baseline figures</u>				
No. in sample	1596	634	554	225
Response rate	83%	88%	80%	86%
	-1331	-557	-443	-193
No. holding first job	1286	542	432	174
<u>Receiving preceptorship</u>	%	%	%	%
Allocated a preceptor	85	93	85	74
Received preceptorship	72	73	81	75
% with first job who received preceptorship	61	68	69	55
<u>Length of preceptorship</u>	%	%	%	%
a) Received for:				
6 months or more	18	22	20	24
4 or 5 months	9	10	17	5
Less than 4 months	19	15	24	26
Ongoing	27	31	20	19
Unsure whether ended	13	11	9	10
b) Completed preceptorship:				
As long as expected	52	56	49	45
Shorter than expected	45	27	33	40
c) Satisfied with length:				
4 months or more	84	85	89	78
Less than 4 months	61	48	60	24

Table 4: Diplomates at six months: meeting demand for aspects of preceptorship by branch

Aspects of preceptorship	Adult			Child			Mental Health			Learning Disability		
	Demand:			Demand:			Demand:			Demand:		
	Met	Unmet	None	Met	Unmet	None	Met	Unmet	None	Met	Unmet	None
<u>Developing skills</u>												
1. Constructive feedback on clinical skills	50	40	5	56	42	3	64	33	1	66	28	6
2. Begin taught new skills	57	37	6	55	41	4	50	37	11	58	32	10
3. Assistance in setting learning objectives	55	38	7	60	30	9	59	29	9	64	30	6
4. Assistance with reflection on practice	46	42	12	49	40	11	56	33	8	57	34	9
<u>Easing transition</u>												
5. Emotional support	64	23	14	69	20	11	64	21	13	68	16	15
6. Someone to confide in	60	17	20	63	16	22	64	13	20	63	11	24
7. Help settling into work environment	71	20	8	74	18	8	74	17	7	71	18	10
<u>Both</u>												
8. Someone to work alongside	56	34	8	57	31	12	63	25	10	59	29	11
9. Someone to meet regularly	52	37	11	53	35	12	61	29	8	73	24	2
10. Confidence building	62	31	6	63	32	5	66	24	7	60	31	9
<u>Other</u>												
11. Advice on professional issues	53	33	13	55	33	11	62	29	8	66	25	8
12. Discussing career plans	44	24	31	49	21	29	55	20	23	58	16	24

Table 5: Diplomates at six months: meeting demand for help and support by branch

Meeting demand	Adult			Child			Mental Health			Learning Disability		
	Met	Not met	No demand	Met	Not met	No demand	Met	Not met	No demand	Met	Not met	No demand
Aspects of support												
<u>Developing skills</u>												
1. Constructive feedback on clinical skills	30	66	1	35	63	1	43	53	1	36	58	2
2. Begin taught new skills	35	62	1	38	58	1	35	62	2	33	61	2
3. Setting learning objectives	32	61	3	38	57	4	36	53	5	35	57	4
4. Reflecting on practice	28	39	10	30	59	9	39	54	4	32	57	7
<u>Easing transition into new role</u>												
5. Emotional support	51	41	5	55	38	4	56	38	5	45	45	7
<u>Other</u>												
6. Advice on professional issues	39	50	9	41	50	8	49	43	6	43	48	5

Runciman P, Dewar B, Goulbourne A (2002) Newly qualified Project 2000 nurses in Scottish nursing homes: issues for education. *Nurse Education Today* 22: 593-601

Country in which undertaken

Scotland

Aims

To explore nurse managers' views of continuing education and career development of newly qualified nurses employed in independent sector nursing homes. (Undertaken as part of larger study of NHS and independent employers' views of the skills of newly qualified Project 2000 nurses).

Methods

Study design

Semi-structured interviews held with nurse managers of nursing homes in the independent sector.

Population, sample size and response rate

Of the 70 homes providing care, 10 were employing, or had recently employed, Project 2000 staff nurses and were included in the study. The managers of these homes were invited to take part (1 was responsible for two homes). All had experience of working with NQNs.

Key variables, outcomes and analysis

Interview explore: general impressions of new staff nurses; views about skill strengths and limitations; overall competence; readiness for employment; and opportunities for continuing education and career development. Transcripts thematically analysed by hand.

Results

Managers' view included:

- * Not having doctors on site and NQNs having at times to rely on support from experienced nurse colleagues off-site at the end of a telephone, was a source of pressure for both NQNs and managers.
- * Strengths of newly qualified diplomats included: questioning approach; ability to tailor care to individual circumstances, and being quick learners. Limitations focused on practical skills especially drug administration, and managerial/organizational skills.
- * Some managers very unclear about concept of preceptorship and had received no formal guidance on the subject. There were concerns about how to develop preceptorship and support particularly when the preferred option of having an experienced registered nurse always on site was not possible.

Conclusion/comment

Given other findings suggesting a relationship between a nursing home's links with educational development and improvements in care outcomes, the authors emphasise the importance of strengthening these links and suggest that intersector networking could be beneficial in this respect.