PERCEIVED BENEFITS OF PRECEPTOR

EDUCATION: MIND THE GAP

by

Kendra Marie Brown

A scholarly project submitted in partial fulfillment
of the requirements for the degree

of

Doctor of Nursing Practice

in

Family and Individual Health

MONTANA STATE UNIVERSITY
Bozeman, Montana

April 2018

ACKNOWLEDGEMENTS

This project is dedicated to my husband, Seth, my daughter, Evelyn, my father, Dan, and mother-in-law, Sandy. Thank you, Seth, for being daddy, chauffeur, chef, housekeeper, and supporter. I could not have accomplished this without you! Thank you, Evelyn, for being my joy when I felt defeated. Your snuggles and kisses made those days much brighter. Thank you to my father for always being my biggest supporter in everything I chose to do. Thank you, Sandy, for being my confidant and always being willing to spend the day with Evelyn.

Thank you to my committee chair, mentor, and friend, Dr. Sandy Kuntz, for your tireless effort to make me a better student. Thank you to my committee members, Susan Raph, DNP, RN, NEA-BC, Christy Buttler-Nelson, MN, RN, and Danette Melvin, MN, RN-BC, NE-BC, CNL, for your willingness to participate in this endeavor and for all your contributions along the way.

Lastly, I would like to thank all the nurse preceptors who continue to purse education into their role so the next generation of nurses can thrive in their newly acquired responsibilities. Special thank you to those nurse preceptors who participated in my project.

TABLE OF CONTENTS

TABLE OF CONTENTS CONTINUED

v

LIST OF TABLES

ABSTRACT

Preceptors are uniquely positioned to positively impact the new nurse transition-to-practice gap. Although well prepared for their role as a registered nurse, many nurses are underprepared for their role as a preceptor. In the literature review, there is an identifiable gap when it comes to the education of nurse preceptors. Using a qualitative, phenomenological approach, the lived experience of the nurse preceptors was the focus. This study utilized a semi-structured interview format that was guided by three inquiry questions: (1) In what ways have the preceptor modules increased your effectiveness as a preceptor? (2) How have the preceptor modules improved your satisfaction with your experience as a preceptor? and (3) Do you believe completion of the preceptor modules has contributed to a new graduate's transition to practice success? If yes, describe how? If no, describe why? The three primary themes that emerged were: (1) increased awareness, recognition, and recall of learning-style preferences, (2) role importance, and (3) evidence of success for the preceptee. These themes will be useful when the modules are updated.

CHAPTER ONE

PROJECT INTRODUCTION

Nurse preceptors are uniquely positioned to help students, new graduates, and new employees mind the education-to-practice gap that exists on the frontlines of care (Ulrich, 2012). Often considered the "heart and soul" of nursing, preceptors positively, and sometimes negatively, impact a nurse's transition to independence and the provision of safe and quality care (Kuntz & Winters, 2014; Kuntz, Leishman-Donohue, Charlton, & Dorhauer, 2015). Although state boards of nursing specify educational requirements for faculty teaching nursing, the educational qualifications of preceptors is non-regulated and voluntary.

In 2012, the Robert Wood Johnson Foundation (RWJF) Academic Progression in Nursing (APIN) grant provided an opportunity for Montana (MT) to develop objectives that would "increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020" (IOM, 2010, p. 12). Part of the challenge of this broad change is the preparation and development of nurses as they transition to practice. One objective of the MT APIN grant was to "design and deliver asynchronous, evidence-based continuing education modules for preceptors actively engaged or interested in learning more about the art of precepting" (Kuntz et al., 2015, p. 10). A goal of the preceptor project was to evaluate the impact and the preceptor's perception of effectiveness of the modules and overall satisfaction with the preceptor-preceptee experience. As nursing workforce trends indicate (Buerhaus & Auerbach, 2015), "there is a need to not only educate the next

generation to meet the demands of diverse populations across the lifespan" (Institute of Medicine [IOM], 2010, p. 10), but also ensure the smooth transition of a new nurse into the workplace.

The Montana Center to Advance Health through Nursing (MT CAHN) Preceptor Modules include the following goals: (a) enhance preceptor effectiveness and satisfaction with the precepting experience and (b) prepare preceptors to support the development of students and new graduates transitioning to practice. Contact hours are awarded by the Montana Nurses Association (MNA), accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Five online modules delivered asynchronously through webinars are enhanced through readings from a book by Beth Ulrich, *Mastering Precepting: A Nurse's Handbook for Success* (2012). Participation in a blog (discussion board) allows preceptors a place to discuss application of their knowledge and challenges encountered in their role. A total of 17.5 free contact hours are available to preceptors who complete all five modules and four blogs. The module topics and objectives are listed in Table 1 (Kuntz & Winters, 2014).

Table 1: Preceptor Module Topics and Objectives

Module (CE)	Topic	Primary Objective
I (3.8)	Role Description	Define the roles and relationships critical to preceptor success.
II (3.9)	Communication	Examine communication strategies to enhance the preceptor/preceptee experience.
III (4.2)	Learning Styles	Describe teaching/learning strategies to improve preceptee performance.
IV (4.6)	Planning	Analyze steps in designing a strong learning experience for preceptees.
V (1.0)	Evaluation	Examine strategies for evaluation of preceptees.

Background

More than 500,000 seasoned registered nurses (RN) are anticipated to retire by 2022. The United States (U.S.) Bureau of Labor Statistics projects the need to produce 1.1 million new RNs for expansion and replacement of these retirees (American Nurses Association [ANA], 2014). The number of nurses leaving the workforce each year has been growing steadily from approximately 40,000 in 2010, to an expected nearly 80,000 by 2020 (Buerhaus & Auerbach, 2015). "The number of new graduates that entered the workforce has substantially increased from approximately 68,000 individuals in 2001 to more than 150,000 in 2012 and 2013" (U.S. Health Resources and Services Administration [HRSA], 2014, p. 3). To meet the anticipated demand, academic institutions across the country responded to the threat of a nursing shortage by increasing admissions. However, adequacy of the nursing workforce varies by region of the country and by state (HRSA, 2014).

The fastest growth for RN employment is projected in the western and mountain states (ANA, 2014). Estimates for Montana indicate a 20% annual RN job growth from 2012 to 2022 (ANA, 2013). Although this appears to be impressive growth, HRSA (2014) projected that, by 2025, Montana will have a deficit of approximately 800 RNs. Although we don't know where the shortages will occur, in a rural state, shortages frequently impact small communities and critical access hospitals and the vulnerable rural populations they serve. Although these data help education and practice organizations broadly prepare for future workforce needs, additional considerations involve the quality, satisfaction, and cost of precepting and managing the new nurse workforce. At the healthcare facility utilized for this project, the estimated cost of orienting a new nurse is approximately $80,000, with a turnover rate of 10.4% annually (J. Leishman Donahue, personal communication, November 29, 2017).

Problem Statement

Preceptors are uniquely positioned to positively impact the new nurse transition-to-practice gap. Although well prepared for their role as a registered nurse, many nurses are underprepared for their role as a preceptor.

Project Purpose

The purpose of this project is to evaluate the perceived effectiveness of, and satisfaction with, the RWJF APIN grant preceptor modules in educating preceptors for

their role with preceptees: undergraduates and nurses in graduate programs, new

graduates, and new employees.

Inquiry Questions

1.   In what ways have the preceptor modules increased your effectiveness as a

preceptor?

2.   How have the preceptor modules improved your satisfaction with your experience

as a preceptor?

3.   Do you believe completion of the preceptor modules contributed to a new

graduate's transition to practice success? If yes, describe how? If no, describe why?

Significance of the Project

"Ninety percent of nurse educators believe that graduates (are) prepared to

transition to professional practice; however only 10% of practice leaders agreed to this"

(Sharpnack, Moon, & Waite, 2014, p. 254). This statistic points to either unrealistic

expectations of practice or preparation over-confidence by educators. "Those

transitioning between being a nursing student and being a professional nurse can be

overwhelmed and challenged by the need to assume professional responsibility related to

their licensed nurse roles" (Chen, Duh, Feng, & Huang, 2011, p. 132). New nurses

depend heavily on those around them to assist in their transition. New nurses look for

guidance and someone to help bridge the gap during stressful transitions. "Preceptors

serve in a variety of critical roles including teacher/coach, leader/influencer, facilitator,

socialization specialist, role model/protector, evaluator/feedback provider" (Ulrich, 2012, p. 1). Preceptors are the first to welcome new nurses to the professional world of nursing at the point of care. As described above, preceptors serve in a variety of roles for the new graduate nurse. Preparation of the preceptor for their role is understudied. Preceptors serve at the gateway for preceptees to discover safe practice as they build a lifelong career.

This pertains to the DNP-prepared FNP because, as nurses, we all must start from our modest registered nurses roots. It is in these roots that we begin to lay the groundwork of our future selves and for our fellow colleagues. We strive as a profession to perfect the art of nursing and typically depend upon our fellow nurses for guidance.

<div align="center">Theory/Conceptual Framework</div>

Transitions Theory: Afaf Ibrahim Meleis

Role transition and growth can be a fun and exciting time in a nurse's career. Nurses have the opportunity to take on many roles throughout their careers. Meleis (Masters, 2015) stated, "Transition is a process triggered by a change that represents a passage from a fairly stable state to another fairly stable state" (p. 262). Leaving the stable environment can be challenging for some; however, many nurses thrive in adapting to new environments or situations. Meleis Transition Theory (Masters, 2015) will help guide this project to better understand the complex world of education for nurse preceptors.

Meleis described five key concepts related to transitions within nursing: (1) types and patterns of transitions, (2) properties of transition experiences, (3) transition conditions (facilitators and inhibitors), (4) process indicators and outcome indicators, and (5) nursing therapeutics (Masters, 2015). However, for the purpose of this project, one of the five concepts (nursing therapeutics) will help explain key linkages with preceptor education. Nursing therapeutics is "conceptualized as measures applicable to therapeutic interventions during transitions" (Masters, 2015, p. 264). The role of patient-educator is emphasized in nursing school, but the nurse-educator role clearly requires additional preparation. Meleis described three nursing therapeutics components: assessment of readiness, preparation for transition, and role supplementation (Masters, 2015).

Assessment of readiness examines whether or not the nurse is ready to transition into the role of a preceptor. This should happen when the nurse, with advanced clinical work, has demonstrated competent, effective, and safe patient care. The nurse may demonstrate curiosity towards the role of preceptor as well. Communication is essential in this step and usually takes place at the unit level.

Preparation for the transition is the second nursing therapeutic. This phase consists of education that provides the best conditions for transition. At this stage the preceptor modules are used to provide the nurse with the basics related to roles/relationships, communication, learning styles/teaching strategies, planning, and evaluation of the precepted experience.

Finally, role supplementation is "a deliberative process that is applied when role insufficiency is identified. In this process, the conditions and strategies of role

clarification and role-taking are used to develop preventive or therapeutic measures to decrease, improve, or prevent role insufficiency" (Meleis, 2010, p. 17, as cited in Masters, 2015, p. 264). Preceptors need a clear definition of what the role entails and how to best respond to the needs of a preceptee. The transition theory will be useful in evaluating the preceptor's self-perception of the value of the preceptor-education experience after module completion. Nurses are committed to a life of learning. Stepping into the preceptor role through an educational process is another area in which to engage that commitment.

<p style="text-align:center">Definition of Terms</p>

Preceptor is "an individual with demonstrated competence in a specific area who serves as a teacher/coach, leader/influencer, facilitator, evaluator, socialization agent, protector, and role model to develop and validate the competencies of another individual (Ulrich, 2012, p. 1).

Preceptee, according to the Merriam-Webster (n.d.) dictionary, is defined as "a person who works for and studies under a preceptor." This term is used interchangeably throughout the literature with orientee.

Robert Wood Johnson Foundation (RWJF) focuses on the health and healthcare issues facing our country (RWJF, 2012). RWJF is the nation's largest philanthropist devoted exclusively to health and healthcare (RWJF, 2012).

Academic Progression in Nursing (APIN) initiative provided funding over two years to each of the nine state Action Coalitions that have developed or made substantial

progress toward statewide action plans to achieve the Institute of Medicine 80% bachelor of science in nursing (BSN) (RWJF, 2012).

Montana Center to Advance Health through Nursing (MT CAHN) is the official state action coalition of the Future of Nursing Campaign for Action (MT CAHN, 2016). The MT CAHN was formed in response to the Institute of Medicine report released in October, 2010, The Future of Nursing: Leading the Change, Advancing Health (MT CAHN, 2016). This is the platform through which nurses access the MT CAHN preceptor modules.

Assumptions

1. Preceptors receive little to no education in nursing school specific to their role as a preceptor.
2. The MT CAHN preceptor modules help prepare preceptors for their role and responsibilities.
3. Other influences could impact the preceptor experience (e.g., past experience as a preceptee).
4. Nurses will be willing to share their perceptions related to the precepting experience and possible impact of the modules.

Limitations

Limitations of this study include few comparison studies that focus specifically on preceptor education and the qualitative evaluation of perception of preceptor-education

results. In addition, the sample size is small and non-generalizable. The study was limited

to one facility and a convenience sample.

Organization of the Remainder of the Project

This scholarly project is presented in five chapters. Chapter One includes the

introduction, background, statement of the problem, purpose, significance, theory,

definitions, and assumptions/limitations. The second chapter reviews the literature on this

topic. Chapter Three describes the methods for this project. The findings are presented in

Chapter Four and a summary of conclusions is covered in Chapter Five.

CHAPTER TWO

REVIEW OF LITERATURE

Description of Literature Search

The databases used for this literature search were Cumulative Index of Nursing and Allied Health Literature (CINAHL) and Web of Science. The search terms used within each database were "preceptor preparedness," "preceptor education," and "preceptor role." Inclusion criteria for the search included peer-reviewed, full-text articles written in English between 2000-2015. After eliminating articles based on relevancy and inclusion criteria, 12 articles were included in this literature review.

Literature Findings

Role Conflict

The role of a nurse is demanding and can become overwhelming when coupled with the responsibilities and stressors associated with teaching/guiding a preceptee. Not only is the nurse responsible for the role of patient caregiver, but also the multiple expectations of precepting. These two roles can lead to role conflict for the nurse preceptor. Chen, Duh, Fen, & Huang (2011) explored preceptor experiences related to training new graduate nurses in the acute hospital setting in Taiwan. Nurses experienced psychological stress and burden when acting as a preceptor due to role conflict. "Preceptors in this study felt frustrated and stressed by conflict between their concurrent roles as preceptors and nurses" (p. 137). This study consisted of 15 nurse preceptors that

participated in semi-structured, in-depth interviews with tape recordings that were

transcribed and analyzed using a hermeneutic circle approach. "The three inclusion

criteria were the nurses (1) had served as a preceptor before this study, (2) had experience

training a new graduate nurse and (3) were willing to share their precepting experience"

(p. 133). The results concluded that "preceptors were challenged by their concurrent roles

as preceptors and nurses with heavy workloads as well as their fear of failure to succeed

as preceptors" (p. 138).

Natan, Qeadan, & Egbaria (2014) stated that "role ambiguity is a lack of

definition of the preceptor role, creating a large discrepancy between the envisioned role

of the preceptor and the reality of the role" (p. 1425). In this study, the researchers

explored the connections between characteristics of preceptorship, benefits and rewards

of precepting, support from management, and commitment to the role of preceptor in

Israel using a quantitative correlational design. Inclusion criteria included RN status,

completion of the preceptorship course, and current nurse preceptor status. Two hundred

of the preceptors returned the five-part questionnaire (Perception of Benefits and

Rewards Scale, Preceptor's Perception of Support Scale, Commitment to the Preceptor

Role Scale, experiences as preceptor and sociodemographic information section), which

produced a response rate of 83%. Results of this study related to role conflict concluded

that support from the workplace was related to readiness to commit to the preceptor role.

This conclusion supports the findings that lack of education in the role of preceptor

hinders the nurse's ability to completely commit to the role of preceptor and is consistent

with the findings of Chen et al. (2011) that conflict in roles should be acknowledged and

nurses should be provided ample opportunity to decipher these roles to protect patient-care quality and teaching/learning outcomes.

Lack of Preceptor Education and Support

Preceptors must have the knowledge and skill of an exceptional point-of-care nurse mixed with a passion for teaching. The combination of these two gifts and capabilities helps the preceptor succeed in their endeavor to educate the next generation of nurses. To support this complex role, preceptors should be offered the educational tools to flourish in this role; an essential support is often overlooked by organizations.

Chang, Lin, Chen, Kang, & Chang (2015) conducted a mixed-method study that utilized a cross-sectional questionnaire and focus-group interviews to explore nurse preceptor perceptions on their training courses related to their role as preceptor in Taiwan. Full-time nurse preceptors who worked at any of the eight hospitals in northern Taiwan were recruited to participate in this study. Three-hundred eighty-six questionnaires out of 411 were returned resulting in an 85.2% response rate. Through the use of focus-group interviews, three themes emerged: "(1) nurses received inadequate training prior to being appointed as a preceptor; (2) courses that were offered were more theoretical than practical; and (3) nurses experienced stress from multiple sources during their experience as a nurse preceptor" (p. 224). In regard to inadequate training, the nurses who participated in these focus groups stated that, often, they did not finish their required training prior to becoming a nurse preceptor due to the nationwide shortage of nurses. Since the courses were more theoretical than practical, the nurses felt that the content was less applicable to training new nurses.

Panzavecchia and Pearce (2014) conducted a small study (n=11) in the United

Kingdom. The authors took a qualitative descriptive approach to examine the support

provided to preceptors and the qualities they need to best fill the role of preceptor. A

questionnaire was distributed to gather demographic data and responses to closed-ended

questions with an opportunity to include qualitative comments. The questionnaire was not

formally piloted; an expert researcher acted as a resource to strengthen tool validity and

reliability. Some of the study participants agreed to semi-structured interviews (*n*=5) that

were conducted to gain insight into how preceptors felt about their role and their

perceptions of the preceptorship experience. Three themes emerged from this study: "(1)

lack of preparation for the role; (2) expectations of a preceptor and how they perceive

their role; and (3) limitations and difficulties" (p. 1121). All participants made it clear

that they had received no formal preparation for their role as preceptor. "This study has

identified that lack of preparation for the role, how preceptors perceive their role and how

this impacts their functionality, through highlighting the limitations and difficulties

associated with the role" (p. 1123). The lack of formal preceptor education was further

identified by Haggerty, Holloway, and Wilson (2012). The authors conducted a

longitudinal study in New Zealand of 21 Nursing Entry to Practice (NETP) programs that

identified "preceptor selection, education and support to not always get the attention they

warrant" (p.30). The study ran from 2007-2009 with varying response rates. In regard to

preceptor education, just under half of their participants (49%) agreed or strongly agreed

when asked if their education adequately prepared them for the preceptor role. Also fewer

than half (47% in 2007, and 48% in 2008-2009) of participants agreed or strongly agreed

that the training they received to prepare them for the role of preceptor made them

confident about their role as preceptor. Throughout this longitudinal study, preceptors

consistently raised concern for ongoing education, regular feedback on their

effectiveness, and concern over nurses acting as preceptors without education for the role.

This study also recognized flexible educational technology to assist in the education of

preceptors as a vital element to the success of educating preceptors.

Similarly, a New Zealand pilot study conducted by Adlam, Dotchin, & Hayward

(2009) demonstrated the need for training and support of the preceptor as a strong theme

for success. Biggs & Schriner (2010) also stated that organizations should support and

recognize preceptors for the instrumental role they play in the success of new nurses.

Chen et al. (2011) stated, "A standardized education program for preceptors, including

evaluation forms, may also develop well-informed preceptors who are committed to their

role and the organization because they feel supported and connected to the organization"

(p. 138).

In a study conducted by Horton, DePaoli, Hertach, and Bower (2012), a Nurse

Preceptor Academy (NPA) was created to provide preceptors with the tools to empower

new graduate nurses to become competent and valuable members of their healthcare

team. The research question guiding the study was, "Did the preceptors feel better

prepared to precept after attending the NPA?" (p. E3). The participants consisted of 714

RNs who attended an eight-hour NPA course. A survey was used to measure preceptor

preparedness following NPA. Based on a Likert scale ranging from 1 (no), 2 (probably

not), 3 (undecided), 4 (probably), to 5 (yes), the mean participants score of 4.56 indicated

that the purpose of the NPA had been achieved (p. E3). The researchers concluded that

"educators and managers must collaborate to provide a supportive work environment that

will allow preceptors to meet the many demands of their roles as educators and

evaluators" (p. E6).

Lee, Tzeng, Lin, & Yeh (2009) conducted a quasi-experimental study to design a

preceptorship program and evaluate its effects on turnover rate and cost, quality of care,

and professional development. In regard to the professional development aspect of this

study, serving as a preceptor in a pilot study was difficult for participants. Since the

program was new, no support system was available for the preceptors, which caused

stress. This stress may have contributed to the preceptor's lack of loyalty to the preceptor

role. The results indicated that support and education are key when it comes to preparing

preceptors for their role.

Adult-learning Principles

The education of preceptors should include information about "how to engage

novice nurses to think at higher levels, how to work with as opposed to dictating to the

novice, and how to role model their thinking to effectively impact the knowledge behind

their action effectively" (Forneris & McAlpine, 2009, pp. 1716-1717). According to

Baltimore (2004), "critical thinking uses both logic and intuition; is based on knowledge,

skills, and experience; and is supported by professional standards and ethics" (p. 137).

To facilitate critical thinking, preceptors should have knowledge of adult-learning

principles.

Forneris & McAlpine (2009) conducted a small study (*n*=6) in the United States and evaluated the impact of preceptors who utilized reflective contextual learning interventions on new graduate nurses' critical thinking skills. "The importance of linking thinking and doing should be emphasized through the preceptor's use of context, reflection, dialogue and time to impart practical wisdom" (p. 1723).

The study conducted by Chang et al. (2015) found that the course on adult-learning principles was "overly theoretical and insufficiently practical" (p. 225). This finding demonstrated the need to make the material on this important topic relatable to practice. The need for preceptors to understand and be able to apply adult-learning principles is imperative to the success of the preceptee.

Sorrentino (2013) described how a nurse staffing shortage at an emergency trauma center (ETC) was solved by developing an orientation and preceptor program. When designing the preceptor aspect of this program, mandatory attendance of an eight-hour educational offering based on Benner's concept framework that covered preceptor roles and responsibilities while focusing on Kolbs' adult-learning principles was instituted. Kolbs' principles were introduced to provide insight about the assumptions of how adults learn and how their role model may affect learning. Along with these principles, preceptors were taught about reflective feedback that enables orientees to think critically and reflect upon what is learned. "Use of this method of learning helps orientees apply concepts and theories to clinical situation and promotes problem solving, decision making, and retention of the information" (p. e88).

Baltimore (2004) described how hospitals have a responsibility to provide

preceptors with adequate preparation for their role as preceptors. According to the author,

a formal preceptor preparation program should be instituted to ensure the success of both

the preceptor and the orientee. This program should be steeped in adult-learning

principles as described by Baltimore (2004) in the following quote:

> 1) Content should be based on perceived needs of the learner; 2) content should be repeated and sequenced in a logical fashion; 3) Active learning methods should be used to facilitate retention; 4) care should be given to provide a safe and supportive environment (p. 135).

Preceptor programs must provide practical information that can be applied immediately

to the precepting experience (Baltimore, 2004). By providing educational content that is

meaningful, retention will be more likely. Adlam, Dotchin, and Hayward (2009) also

supported that preceptors need to be educated on adult-learning, assessment, and teaching

methodologies.

Evaluation of Preceptor Education

Asking preceptors for feedback on a course is vital information that aids in

ongoing efforts to improve educational opportunities. Improvements can be made on the

basis of this feedback to any preceptor educational offering. There are very few research

studies that look specifically at the evaluation of preceptor education.

Sandau, Cheng, Pan, Gaillard, & Hammer (2011) conducted a "mixed method

study with quasi-experimental design for the interventional quantitative portion of the

study that was used to test nurse preceptor self-reports of confidence and comfort in five

specific roles" (p,117). The study had two different cohorts for preceptors: "Cohort 1 –

preceptors who had been preceptors but not participating in the preceptor workshop, and Cohort 2 – preceptors who participated in the workshop" (p.121). Cohort 2, the intervention group, received an eight-hour, preceptor education program that revealed a significant improvement in confidence and comfort in preceptor roles. This evaluation was reported by the attendees of the course three to six months after completion. This study provided supporting evidence for a one-day preceptor workshop to prepare preceptors for their role. Throughout the literature, preceptors valued the education they received into their role, but often felt more was needed.

The study conducted by Chang et al. (2015) on perceptions and experiences of nurse preceptors in regards to their training revealed that "nurse preceptors perceived current training courses, which were selected by nursing educators, as ineffective and impractical" (p. 224). The course that the nurse preceptors in this study valued the most was the communication skills course. According to Chang et al. (2015), "…research related to nurse preceptors' perceptions of and experiences with preceptor training courses is relatively limited" (p. 220). There is a clear gap in the literature about nurses' perceptions or their education into their role as a preceptor and how to improve their training courses.

Conclusion

While there are many resources and articles about the new graduate nurses transitioning to professional nurse and orientation/preceptor programs, very few focus on the education of the preceptor. Gaps in the literature are identifiable when it comes to the

education a nurse receives when they step into the role of preceptor. Few studies have focused specifically on the education or perceived education that a nurse has received in regards to becoming a preceptor.

The goal of this DNP scholarly project was to evaluate the perceived effectiveness of and satisfaction with the RWJF APIN grant preceptor modules in educating preceptors for their role with preceptees. The study will help identify gaps within the MT CAHN preceptor modules and provide a better understanding of what the nurses who have participated in the modules expect in preceptor education.

This is relevant to the DNP-prepared FNP because, as mentioned earlier, all advanced-practice nurses start their humble roots as registered nurses. It is imperative that nurses not only learn to be lifelong learners, but also know how to teach the next generation of nurses. As a profession, we learn and grown from evidence-based practice that we have seen demonstrated by our colleagues.

CHAPTER THREE

METHODS

Introduction

The purpose of this study was to evaluate the perceived effectiveness of and

satisfaction with the RWJF APIN grant preceptor modules in educating preceptors for

their role with preceptees: undergraduates and nurses in graduate programs, new

graduates, and new employees. Preceptors include nurses with preceptor experience and

those new to the role. Preceptor insight and experience will help gauge the effectiveness

of the modules and need for improvements and be guided by the following questions:

1. In what ways have the preceptor modules increased your effectiveness as a

preceptor?

2. How have the preceptor modules improved your satisfaction with your

experience as a preceptor?

3. Do you believe completion of the preceptor modules have contributed to a new

graduate's transition to practice success? If yes, describe how? If no, describe why?

Sample and Setting

The participants for this project were purposively selected from a group of nurse

preceptors from a major hospital in Montana who have completed the MT CAHN

preceptor modules. Access to the primary organization and a list qualified preceptors was

made possible through the APIN preceptor education team who have monitored module

progress throughout the grant period. From the total population from the target organization, approximately 10-15 nurses were selected for an interview. Eligibility for this study includes the following criteria: the participant (a) is a nurse who holds an active RN license in the state of Montana, (b) has worked in an acute hospital setting at the time they completed the MT CAHN modules, (c) has completed all five MT CAHN modules, and (d) has served as a preceptor with at least one preceptee since completing the modules. Demographic data were collected on each interviewee.

<div align="center">Design</div>

A qualitative, phenomenological research design was used for this project. According to Houser (2013), phenomenology is a type of qualitative research that explores "the meaning of a phenomenon among a group whose members have experienced it" (p. 396). This approach is "rigorous, critical, and systematic . . . and is useful in understanding the way (preceptors) react and respond to. . . unique events" (p. 400). For this project, the lived experience of preceptors was the focus. A semi-structured interview format based on the inquiry questions (Appendix D) was used to uncover post-module evaluation data to support the application of concepts and module effectiveness from the preceptor's unique perspective. According to Polit and Beck (2012), focused or semi-structured interviews take place when the interviewer prepares:

> . . . a written topic guide, which is a list of areas or questions to be covered with each participant. The interviewer's job is to encourage participants to talk freely about (the questions) on the guide, and to tell stories in their own words. This technique ensures that the (interviewer) obtains all the information required, and it gives people the freedom to provide as many illustrations and explanations as they wish (p. 537).

In addition to the semi-structured interviews, secondary data were incorporated into the results based on the project questions and de-identified comments from the module preceptor blogs.

<div align="center">Procedure and Analysis</div>

After IRB-exempt application approval, the primary organization will be contacted prior to reaching out to potential preceptor participants. A description of the project and consent letter will be sent to participants prior to the interview. Appointments with the preceptor will be scheduled and a semi-structured interview will be conducted one-to-one and face-to-face at the primary organization site. Each interview will be audio recorded for later transcription. As an incentive to participate, a drawing for a $100 Target gift card will be held at the completion of the interviews.

Once transcription is complete, content analyses will be conducted by the DNP student to identify primary themes. According to Polit and Beck (2012), content analysis is "the process of organizing and integrating material from documents, often narrative information from a qualitative study, according to key concepts and themes" (p. 723). To achieve interrater reliability, the DNP's committee chair will review the transcripts to determine and confirm theme agreement.

According to Noble & Smith (2015), to ensure the credibility for qualitative study findings the author should:

> . . . account for personal biases; acknowledge biases in sampling and ongoing critical reflection of methods to ensure sufficient depth and relevance of data collection and analysis; meticulous record keeping,

demonstrating a clear decision trail and ensuring interpretations of data are consistent and transparent; establish a comparison case seeking out similarities and differences across accounts to ensure different perspectives are represented; including right and thick verbalism descriptions of participants' accounts to support study findings; demonstrating clarity in term of thought processes during data analysis and subsequent interpretations; engaging with other researchers to reduce research bias; respondent validation which includes inviting participants to comment on the interview transcript and whether the final themes and concepts created adequately reflect the phenomena being investigated; & data triangulation – different methods and perspectives help produce a more comprehensive set of findings (pp. 34-35).

Summary

Preceptors impact the success of newly licensed nurses both professionally and personally. Preceptors are at the heart of successfully onboarding and retaining new staff. Preceptors need the ability to demonstrate their skills, apply and explain their critical thinking, and have insight into their role (Panzavecchia & Pearce, 2014). It is imperative that organizations adequately educate preceptors for their role and determine perceived effectiveness of the preceptor education.

CHAPTER FOUR

RESULTS

Project Purpose

The purpose of this DNP scholarly project was to evaluate the perceived

effectiveness of, and satisfaction with, the RWJF APIN grant preceptor modules in

educating preceptors for their role with preceptees: undergraduates and nurses in graduate

programs, new graduates, and new employees.

Inquiry Questions

1. In what ways have the preceptor modules increased your effectiveness as a

preceptor?

2. How have the preceptor modules improved your satisfaction with your

experience as a preceptor?

3. Do you believe completion of the preceptor modules have contributed to a new

graduate's transition to practice success? If yes, describe how? If no, describe why?

Review of Methods

The participants for this project were purposely selected from a group of nurse

preceptors from a major hospital in Montana who have met the eligibility criteria: (a)

holds an active RN license in the state of Montana, (b) has worked in an acute hospital

setting at the time they completed the MT CAHN modules, (c) has completed all five MT

CAHN modules, and (d) has served as a preceptor with at least one preceptee since completing the modules. An initial email detailing the study and information about participation was sent on April 18, 2017, to 16 registered nurses who met the inclusion criteria (see Appendix A). Four nurses accepted the initial invitation. On April 22, a reminder email was sent to the remaining 12 registered nurses who met the criteria but had not responded to the initial email. A participation incentive was offered and a drawing for a $100 Target gift card was held after the interviews were complete (see Appendix B). In addition, nurses who agreed to the interview were given points toward their hospital's professional-growth program.

The interviews took place April 23-27, 2017. A sign-up schedule with 60-minute time slots was provided to participants (see Appendix C). The nurse preceptors were encouraged to contact the interviewer if a time outside the set times would work better for them. Originally, 10-15 potential participants were anticipated based on the number of nurse preceptors whom completed the modules within one cohort. However, only six nurse preceptors agreed to participate and were interviewed.

The interviews took place at a major hospital in a large conference room set up by the hospital education-department contact. The participants sat across the table from the interviewer. The consent for the interview to be tape recorded and transcribed was included in the initial email. At the beginning of each interview, the interviewer explained and obtained verbal permission for the recording and transcription of the interviews. Snacks and water were provided for the comfort of the interviewee. The

participants came before their shift started, during their lunch break or on their day off. Each participant was engaged throughout the interview.

Demographics

The participants came from a variety of clinical areas including obstetrics, recovery room, emergency room, progressive cardiovascular unit, and rehabilitation. The average number of years in practice was 24, with a range of 9-36 years. The average number of years as a nurse preceptor was 15.4, with a range between 7 and 33 years. Among the participants, five were bachelor's prepared in nursing and one was prepared with an associate degree in nursing. Inquiry into National Certification into their respective fields revealed that three of the six participants were certified, one stated they held no special certifications, and the remaining two did not receive any questioning about certification.

This group represented seasoned preceptors rather than nurses new to the precepting experience. Although the educational target of the MT CAHN basic preceptor modules was a nurse new to precepting, this group of experienced preceptors provided valuable insight into their experience related to the preceptor education.

Results

Once the interviews were complete, the interviewer/DNP student transcribed the interviews word for word. Initially, the interviewer/DNP student read through the transcripts once, without marking them, to get an overall sense of the interview. During

the second reading of the interviews, the interviewer/DNP student began to write themes

that emerged in the margins of the paper. Primary themes of each question began to

appear during this process. A third pass through the transcribed interviews and a

different pen color was utilized to validate primary themes identified in the second

reading and identify any subthemes that may be remaining. At this time, the transcribed

interviews were kept tucked away so the DNP student could look at them with a fresh set

of eyes after a few days. On the final reading of the transcripts, the interviewer/DNP

student put the identified primary themes and subthemes into a table that was then

emailed to the committee chair. The committee chair conducted a separate content

analysis to determine degree of agreement. An interrater reliability of approximately 90%

was found. The following paragraphs discuss the primary and secondary (subthemes)

found throughout the interviews.

Question 1

In what ways have the preceptor modules (education) increased your effectiveness

as a preceptor?

The primary theme that emerged from this question is the increased awareness,

recognition, and recall of learning-style preferences related to the precepting experience.

This theme was captured in four out of the six preceptor ($n=4$) interviews. The following

quotes from the transcripts are examples of this theme:

> . . . before, I knew (learning-style preference) was important, but now I
> actually have the conversation with (the preceptee)…she said it
> helped…she needed a few different types (of approaches) to get the
> education…(instead of just) spewing information…like we often do when
> we are in a hurry…(I also used) visuals.

> The part that did help me was the different ways of communicating because every preceptee is different in how they learn and how I communicate that to them.

Preceptors applied concepts, such as learning-style preference, from the modules to precepting and found benefit. Others found the modules to be beneficial in honing their ability as a preceptor.

> For me personally, (the education) was more kind of recalling. It allowed (me) to remember some of the processes that we learned way back in school…(increased) awareness of people's differences in how they learn…(the education) was more of a refresher…being more attuned to the specifics of whether it be my teaching style or their learning style…it was a good review.

> I kinda left some open time each day for questions…that I probably have not officially done before…(the education) was a good reminder.

One of the preceptors made an interesting observation related to her own knowledge and experience as a preceptor.

> What I have found as a preceptor is that I learn something from every person I orient…so that's what is fun to me…being able to learn from them and I think it makes them feel better too. Like oh wow I taught my preceptor something.

Several subthemes emerged from Question 1, but may have been captured in just one interview. For instance, the book resource was mentioned as triggering application of information to a preceptee situation.

> (After reviewing the resources) I focused a lot on their learning and how they learn best.

Mindfulness regarding the role of the preceptor and the importance of the team in creating an environment in which the preceptee can succeed was another subtheme that was identified.

I think the modules have helped me realize how important the preceptor role is in the (the preceptee) success.

(Regarding short staffing)…Sometimes you feel like the (preceptee's) experience isn't actually what it should be…(it is) important to have the conversation with the people on your team…(the) support needs to be there…(the preceptee) is not just an extra body

Sometimes (staff) would have to take assignments they didn't want…for the preceptee's greater good. I think the (preceptor education) empowered me to say "nope" we are not doing it this way…we need to give (the preceptee) better backing.

One preceptor found the importance of constructive feedback that changed

behavior to be rather challenging, but appreciated a video embedded in the modules with

an expert preceptor demonstrating how to give constructive feedback.

Positive feedback was never difficult, but feedback that changes behavior was always very hard and gave me knots in my stomach and I knew I had to do it…I really enjoyed the interview they had with the mental health professional and he talked about feedback. It kinda put me at ease watching someone do it and watching them do it correctly and with expertise…changed my perception a little bit…

Another experienced preceptor noted that the preceptor education was not

particularly beneficial to her effectiveness as a preceptor.

…(the preceptor education or modules) just seemed to be a lot of theories… it's more (about) hit the floor running.

This preceptor highlighted an important point identified in the literature.

Educational courses that are more theoretical than practical are often less valued. Chang,

Lin, Chen, Kang, & Chang (2015) identified this point as one of their three themes during

their study of preceptor perceptions of their training courses in Taiwan. During this study,

nurses felt that the content was more theoretical than practical, which made it less

applicable to training new nurses. According to Baltimore (2004), preceptor programs

must provide information that can be applied immediately to the precepting experience.

Providing information that is meaningful to the preceptee is more likely to contribute to

retention (Baltimore, 2004). According to Haggerty, Holloway, and Wilson (2012), the

use of flexible educational technology is vital to the success of the education of

preceptors. A subtheme from this study reiterates the importance of flexibility in

different modes (modules that contained lectures and videos and the book) of getting the

information to the preceptors.

In a study conducted by Horton, DePaoli, Hertach, and Bower (2012), researchers

stated that "educators and managers must collaborate to provide a supportive work

environment that will allow preceptors to meet the many demands of their roles as

educators and evaluators" (p. E6). This is demonstrated in this study as well in the

subtheme of creating an environment for the success of the preceptee. Biggs and

Schriner (2010) also stated that organizations should support and recognize preceptors for

their role in the success of the preceptee.

Question 2

How have the preceptor modules improved your satisfaction with your experience

as a preceptor?

The main theme that emerged in this question was role importance. Preceptors

felt that recognizing their role as a preceptor had a profound effect on their ability to

teach the preceptees.

> Realizing the effect you have and the role that you play in developing (a
> preceptee).

I am really passionate about rehab nursing so I get excited and want to get them excited about it.

Preceptors demonstrated the teaching role in this study. One preceptor found benefit in the fine tuning of her skills.

… I think the hardest (part of being) a preceptor is not those that don't know what they don't know or that conscious incompetence, it's not that. It's the people that have no idea what they don't know and it's very hard to bring them back in…as a nurse I am a nurturing person and it was very hard to try and nurture them into knowledge that, no, we don't know everything and I have done this for a long time and I don't know everything. And the more I know the more I figure out I don't know. And if you know more than me, that's a problem and I think these have always been the hardest (preceptees) for me to deal with.
I like it because it keeps me on my toes…because when someone asks, well, why do you do that? You have to go, well, because…it really makes you stop and think.

…anytime you fine tune any of your skills it's a good thing….

Application of key communication concepts rang through on this question as well. One preceptor talked about taking the concepts back to her unit preceptors who revamped some parts of their own preceptor program.

After I completed the class, I went back (to my unit and spoke to my fellow preceptor colleagues); we redeveloped our orientation checklist and from the modules about communication…we developed that communication tool (preceptor to preceptor) so (now) it is a little more structured instead of in passing "hey they need to work on this a little more." (The tool helped target) what have they already learned, what do they still need to work on…that piece was getting missed.

This same preceptor goes on to express satisfaction with the newly developed tools based on concepts learned from modules.

So as far as satisfaction, developing new tools from these modules and applying them in my (preceptor) practice.

One preceptor expressed dissatisfaction with the preceptor education. Citing the information was not specific enough for her specialized department.

> (The modules) were time consuming…(they were not) very specific for my department because we are different.

In reviewing the literature, role conflict was a theme that emerged from the 12 articles reviewed for this project. In the study conducted by Natan, Qeadan, & Egbaria (2014), it was found that the lack of education into the role of preceptor hinders the nurse's ability to completely commit to the role of preceptor. Chen, Duh, Fen, & Huang (2011) concluded that "preceptors were challenged by their concurrent roles as preceptors and nurses with heavy workloads as well as their fear of failure to succeed as preceptors" (p.138). This theme found in the literature review did not emerge in this study. However a question was not asked specifically in regards to the multiple roles that a preceptor must play.

Another theme that emerged from the literature review was the lack of support for the preceptor (Adlam, Dotchin, & Hayward, 2009). In this study, one preceptor contradicts this finding. After receiving the education from the modules, the preceptor took it back to her unit and applied knowledge to revamping her unit's preceptor program. The preceptor does not mention in her interview a lack of support from management.

Question 3

Do you believe completion of the preceptor modules has contributed to a new graduate's transition to practice success? If yes, describe how? If not, describe why?

The main theme in the final question was evidence of success of the preceptee. Three of the six preceptors believed the modules contributed to the success of their preceptee.

> …I think the new grad that I had (was helped)…she had all good things to say about her experience with me and she is doing great on the unit now.

> I would say absolutely…You have better orientation you become a better nurse.

> …a good preceptor will change things for you.

> I think this (the modules/preceptor education) has made me a better preceptor and I think it's definitely helped my students and preceptees.

> …the person I do have (the modules) did help because she has been a little difficult at times. And that has kind of helped me figure out how do I talk to her.

Two of the preceptors had different outlooks on the modules.

> …I don't think it has contributed to the success or failure of anyone I have precepted.

> I didn't find a lot of value in it…. Maybe for someone new (to precepting).

One preceptor didn't offer an answer specifically. She outlined her unit-specific preceptor program and how it has been successful for that particular unit.

Unexpected findings and additional themes included information about precepting history. Two of the preceptors casually mentioned that they did not have any education prior to assuming the preceptor role.

> (In the past) we oriented people…but there wasn't any organized program. It was like follow somebody and follow their schedule and they will teach you what you need to know.

> (For the orientation program) It was just here, here's a nurse…. It was go along with her and she will teach you something.

These unexpected findings also emerged in the literature review. Panzavecchia and Pearce (2014) conducted a small study in the United Kingdom to examine the support provided to preceptors and the qualities they need to best fill the role of preceptor. In this study, each participant (n=5) made it clear that thy received no formal preparation for their role as preceptor. In the study by Haggerty, Holloway, and Wilson (2012), preceptors consistently raised concern over nurses acting as preceptors without any education for the role. In another study, Lee, Tzeng, Lin, & Yeh (2009) evaluated a preceptorship program and its effect on turnover rate and cost, quality of care, and professional development. They concluded that support and education are key when it comes to preparing preceptors for their role.

For the main theme of evidence of preceptee success in this question, a review of literature did not produce any support. However, this may be due to the narrow scope of the literature review focused on preceptor education and not the outcome for the preceptee.

<u>Summary</u>

Six nurse preceptors met the inclusion criteria and agreed to participate in this qualitative, phenomenological inquiry. The interviews were conducted April 23-27, 2017, in a large conference room at the hospital where the preceptors worked. After transcription of the interviews, review of the transcripts by the interviewer/DNP student, and interrater reliability provided by the committee chair, the primary themes identified in this study were: increased awareness, recognition and recall of learning-style

preferences, role importance, and evidence of success for preceptees. Information

gathered and analyzed provides a greater understanding of the perceived effectiveness of

the MT CAHN preceptor education modules. When the modules are updated, it will be

important to consider these themes. Since these basic modules are intended for nurses

new to precepting, it will also be important to clearly indicate the target population for

this education.

CHAPTER FIVE

DISCUSSION

Theories provide the base from which we seek to understand patients and their unique health problems and from which we plan our interventions to assist them (Zaccagnini & White, 2014). "Nursing theory improves our care by giving it structure and unity, by providing more efficient continuity of care, by achieving congruence between process and product, by defining the boundaries and goals of nursing actions, and by giving us a framework in which to examine the effectiveness of our interventions" (Zaccagnini & White, 2014, p. 13). The theory chosen to guide this DNP scholarly project was Transition Theory developed by Afaf Ibrahim Meleis (Masters, 2015). More specifically, the theorist's concept of nursing therapeutics identifies "measures applicable to therapeutic interventions during transition" (Masters, 2015, p. 264). Three nursing therapeutic components are discussed by Meleis: assessment of readiness, preparation for transition, and role supplementation (Masters, 2015). These three nursing therapeutics were fundamental to the project. .

The incidental findings of this study spoke to the assessment of readiness and the preparation for transition. When these experienced preceptors first started precepting, there was no education for the role of the preceptor. It is encouraging to see the profession embrace the need for transitions into practice.

Role importance was one of the main themes that emerged from the interviews. This theme is supported by Meleis's role supplementation aspect of nursing therapeutics.

Role supplementation is a deliberative process that is needed when role insufficiency is identified (Master, 2015). The study participants recognized their role as a preceptor as important. The participants utilized their teaching role to better understand their preceptees and how best to make sure the preceptees succeeded.

The Doctor of Nursing Practice (DNP) Essentials also helped guide this project (The American Association of Colleges of Nursing's [AACN], 2006). "Practicing at the doctoral level is a highly complex, rich, multileveled experience that demands deeper insights if we are to effectively help our clients and represent our profession (Zaccagnini & White, 2014). One of the DNP essentials that pertained to this project is the Nursing Science and Theory: Scientific Underpinnings for Practice (Zaccagnini & White, 2014). This essential is demonstrated thru the use of Meleis Transition Theory as described in the paragraphs above.

Clinical scholarship and evidence-based practice is another of the DNP essentials this project highlights. The AACN Position Statement on Defining Scholarship for the Discipline of Nursing defined scholarship as "those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that: 1) is significant to the profession, 2) is creative, 3) can be documented, 4) can be replicated or elaborated, and 5) can be peer-reviewed through various methods" (Zaccagnini & White, 2014, p. 63). The significance of this scholarly project is reflected in the quest to guide the next generation of nurses and develop preceptor education. The literature review revealed a gap in the area of preceptor-education evaluation and this project specifically assessed the perceived effectiveness of the MT CAHN preceptor modules. The project

offered a creative and unique opportunity to value and document the perceptions of participants. Replication would be limited due to the unique perceptions of individual participants. However, elaboration on the project would be achievable by working with the themes provided and restructuring the modules. This project is being peer reviewed by a committee of experts in the precepting arena.

The DNP role of healthcare advocacy is manifested in this project as well. The 2015 Code of Ethics for Nurses with Interpretive Statements (ANA, 2015) states: "Individuals who become nurses, as well as the professional organizations that represent them, are expected to adhere to the values, moral norms, and the ideals of the profession but also embrace them as part of what it means to be a nurse." Evaluation of preceptor education provides a unique opportunity to assess, shape, and further the social contract nurses have with society through enhanced preparation of nurses as they transition into practice.

The IOM's 2001 report, Crossing the Quality Chasm: A New Health System for the 21st Century, identified four key issues that contribute to poor quality of care and poor health outcomes: "the complexity of the knowledge, skills, interventions and treatments required to deliver care; the increase in chronic conditions, inefficient disorganized delivery systems; and the challenges to greater implementation of information technology" (Zaccagnini & White, 2014, p. 221). This project addresses these issues brought about by the IOM in an indirect way. Again we rely heavily on those who have been in the profession to teach the new graduates the ideals of care. Without proper training of those who precept, the rope unravels and the new graduate receives the

fallout. The DNP Essential of Inter-professional Collaboration for Improving Health is outlined in this project as well. The preceptor education should consider all aspects of care including the collaboration of different healthcare entities to provide the best care possible for the patient. It is up to the preceptor to demonstrate the benefits of inter-professional collaboration.

Summary of Findings

The purpose of this DNP scholarly project was to evaluate the perceived effectiveness of, and satisfaction with, the RWJF APIN grant preceptor modules in educating preceptors for their role with preceptees: undergraduates and nurses in graduate programs, new graduates, and new employees. This was completed through the use of semi-structured interviews of six, individual nurse preceptors, transcription of those interviews, and analysis of the interviews for theme identification. The three primary themes that emerged were: (1) increased awareness, recognition, and recall of learning-style preferences, (2) role importance, and (3) evidence of success for the preceptee.

Increased awareness, recognition, and recall of learning-style preferences was the main theme that emerged from the inquiry question: "In what ways have the preceptor modules increased your effectiveness as a preceptor?" Several of the preceptors (n=4) suggested the modules were effective in increasing their awareness of learning-style preferences. That not all preceptees learn the same way and to have multiple options available to aid in teaching was the best way to tackle different learning styles.

Role importance was the main theme that emerged from the inquiry question related to satisfaction. Preceptors felt their role had a significant impact on their ability to teach the preceptees.

For the final inquiry question, "Do you believe completion of the preceptor modules has contributed to a new graduate's transition to practice success?", the theme that emerged was evidence of success for the preceptee. Three of the six ($n=3$) preceptors believed the modules contributed to the success of their preceptee.

These themes will be useful when the modules are updated. It will also be important to clearly indicate the target population for these newly modified modules.

<u>Limitations</u>

Qualitative approaches to understanding perception include several limitations that were noted in this project. Inclusion criteria for the sample participant nurse preceptor consisted of having at least one preceptee since taking the modules. Since there was considerable time between the preceptor education and the interview, recall of specific information from the modules may have been limited. Most of the participants had taken the modules six to twelve months prior to be being interviewed. The participants were from different backgrounds and some units had a high turnover rate (self-reported by participant) whereas others did not. This variable impacted determination of an appropriate timeline for the interviews. The inquiry was also limited by the response of the participants and, possibly, the narrow questions. The participants were asked three, rather straightforward question on their perception of the MT CAHN

preceptor modules. Had the questions been asked a different way, possible different answers would come to light. Even with the questions being open-ended, a couple of times, the interviewer had to prompt the participant to expand on the information provided. The sample size limits any generalizability of the project. Despite incentives to participate, such as a Target gift card and professional growth points awarded through their employer, the sample size was small (N=6). This small sample size possibly influenced the potential richness and depth of the inquiry.

<u>Project Barriers</u>

Some barriers emerged that influenced the recruitment for project participants. The hospital in which the participants worked had just undergone a union vote (to unionize or not to unionize). The primary contact at the site shared that the nurses had voted in early April and it was a time of contention among them. Having more than one route to get the information about the interviews to the potential participants may have produced a better response rate. This project utilized email and tapped one primary contact at the hospital to get the information out to potential participants. Other suggested ways to get future information out to potential participants would be to post flyers with inclusion criteria and incentives to participate in various heavily populated nurse arenas, such as break rooms for different units. Making a connection with unit managers may have produced a higher response rate as well.

Use of a contact number for the researcher and a more formal interview schedule could be used to increase participation.

Recommendations for Future Studies

Due to the busy lifestyle and complicated work schedules of nurses, one aspect of future studies could focus on the best method of getting the desired education to the nursing population. Whether it be an in class participation or an asynchronous webinar format, this would be beneficial information to gather and help guide future education offerings for preceptors.

Future studies should continue to look into preceptor education as there is an identifiable gap in the literature in regards to this important aspect of education. As a profession, nursing utilizes preceptors in undergraduate studies and in all arenas of professional development. It is important to capture the effectiveness of preceptor education and build upon the education provided. An approach to this could include studying undergraduate programs and their education on the preceptee role and functions.

REFERENCES

Adlam, K.A., Dotchin, M., & Hayward, S. (2009). Nursing first year of practice, past, present and future: Documenting the journey in New Zealand. *Journal of Nursing Management, 17*(5), 570–575.

American Association of Colleges of Nursing (AACN). (2016). State profile. Retrieved from: http://www.aacn.nche.edu/government-affairs/resources/Montana1.pdf

American Nurses Association. (2013). Nursing job growth and salaries by state. Retrieved from: http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/workforce/Nursing-Job-Growth-and-Salaries-by-State.pdf

American Nurses Association. (2014). Workforce. Retrieved from: http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/workforce/Increased-Investment-Needed-to-Produce-11-Million-RNs-Head-Off-Nursing-Shortage.pdf

American Nurses Association. (2015). Code of ethics for nurses with interpretive statements. Retrieved from: http://nursingworld.org/DocumentVault/Ethics-1/Code-of-Ethics-for-Nurses.html

Baltimore, J. J. (2004). The hospital clinical preceptor: Essential preparation for success. *The Journal of Continuing Education in Nursing, 35*(3), 133–140.

Biggs, L., & Schriner, C. L. (2010). Recognition and support for today's preceptor. The *Journal of Continuing Education in Nursing, 41*(7), 317–322.

Buerhaus, P. L., & Auerbach, D. L. (2015). Shortage of nurses are not as dire as predicted, but challenges remain to meet nation's needs. Retrieved from: http://www.montana.edu/news/15738/shortage-of-nurses-not-as-dire-as-predicted-but-challenges-remain-to-meet-nation-s-needs

Buerhaus, P. L., Auerbach, D. L., & Staiger, D. O. (2016). Recent changes in the number of nurses graduating from undergraduate and graduate programs. *Nursing Economic$, 34*(1).

Bullock, L. M., Paris, L. G., & Terhaar, M. (2011). Designing an outcome-focused model for orientating new graduate nurses. *Journal for Nurses in Staff Development*, *27*(6), 252–258.

Chang, C. C., Lin, L. M., Chen, I. H., Kang, C. M., & Chang, W. Y. (2015). Perceptions and experiences of nurse preceptors regarding their training: A mixed method study. *Nurse Education Today*, *35*, 220–226.

Chen, Y. H., Duh, Y. J., Feng, Y. F., & Huang, Y. P. (2011). Preceptors' experience training new graduate nurses: A hermeneutic phenomenological approach. *Journal of Nursing Research, 19*(2), 132–140.

Forneris, S. G., Peden-McAlpine, C. (2009). Creating context for critical thinking in practice: The role of the preceptor. *Journal of Advanced Nursing, 65*(8), 1715–1724.

Haggerty, C., Holloway, K., & Wilson, D. (2012). Entry to nursing practice preceptor education and support: Could we do it better? *Nurses Praxis in New Zealand, 28*(1), 30–39.

Health Resources and Services Administration (HRSA). (2014). Future of the nursing workforce: National and state-level projections, 2012-2025. Retrieved from: http://bhpr.hrsa.gov/healthworkforce/supplydemand/nursing/workforceprojections/index.html

Health Resources and Services Administration (HRSA). (2015). HRSA report on nursing workforce projections through 2025. American Association of Colleges of Nursing (AACN). Retrieved from: http://www.aacn.nche.edu/media-relations/HRSA-Nursing-Workforce-Projections.pdf

Horton, C. D., DePaoli, S., Hertach, M., & Bower, M. (2012). Enhancing the effectiveness of nurse preceptors. *Journal for Nurses in Staff Development*, *28*(4), E1–E7.

Houser, J. (2015). *Nursing research: Reading, using, and creating evidence*. (3rd Ed.). Burlington, MA: Jones and Bartlett Learning.

Institute of Medicine (IOM). (2012). *The future of nursing: Leading change and advancing health*. Washington, DC. The National Academies Press.

Kiel, J. M. (2012). An analysis of restructuring orientation to enhance nurse retention. *The Health Care Manager, 31*(4), 302–307.

Kuntz, S., & Winters, C. (2014). Preceptors: The heart and soul of nursing. *MNA: The Pulse, 51*(2), 12.

Kuntz, S. W., Leishman-Donohue, J., Charlton, D., & Dorhauer, K. (2015). Montana nurse preceptor modules: An education-practice partnership opportunity. *MNA: The Pulse, 52*(4), 10.

Lee, T. Y., Tzeng, W. C., Lin, C. H., & Yeh, M. L. (2009). Effects of a preceptorship programme on turnover rate, cost, quality and professional development. *Journal of Clinical Nursing*, *18*(8), 1217–1225.

Masters, K. (2015). *Nursing theories: A framework for professional practice*. (2nd ed.). Burlington, MA. Jones & Barlett Learning.

McLeod, S. (2008). Likert Scale. *Simply Psychology*. Retrieved from: http://www.simplypsychology.org/likert-scale.html

Montana Center to Advance Health through Nursing. (2016). *About*. Retrieved from: http://mtcahn.org/about/

Natan, M. B., Qeadan, H., & Egbaria, W. (2014). The commitment of Israeli nursing preceptors to the role of preceptor. *Nurse Education Today, 34*, 1425–1429.

Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-Based Nursing, 18*, .34–35. doi: 10.1136/eb-2015-102054.

Panzavecchia, L., & Pearce, R. (2014). Are preceptors adequately prepared for their role in

supporting newly qualified staff? *Nurse Education Today*, *34*, 1119–1124.

Polit, D. & Beck, C. (2012). *Nursing research: Generating and assessment evidence for nursing practice.* (9th Ed.). Philadelphia, PA: Wolters Kluwer/Lippincott Williams and Wilkins.

Preceptee. (n.d.). Retrieved November 10, 2016 from: http://www.merriamwebster.com/medical/preceptee

Robert Wood Johnson Foundation, (2012). Robert Wood Johnson Foundation launches initiative to support academic progression in nursing. Retrieved from: http://www.rwjf.org/en/library/articles-and-/2012/03/robert-wood-johnson-foundation-launches-initiative-to-support-ac.html

Sandau, K. E., Cheng, L. G., Pan, Z., Gaillard, P. R., & Hammer, L. (2011). Effect of a preceptor education workshop: Part 1. quantitative results of a hospital-wide study. *Journal of Continuing Education in Nursing, 42*(3), 117-126.

Sharpnack, P. A., Moon, H. M., Waite, P. (2014). Closing the practice gap: Preparing staff nurses for the preceptor role. *Journal for Nurses in Professional Development, 30*(5), 254–260.

Sorrentino, P. (2013). Preceptor: Blueprint for successful orientation outcomes. *Journal of Emergency Nurses*, *39*, e83–e90.

Ulrich, B. (2012). *Mastering precepting: A nurse's handbook for success*. Indianapolis, IN: Sigma Theta Tau International.

Zaccagnini, M. E., & White, K. W. (2014). *The doctor of nursing practice essentials: A new model for advanced practice nursing. (2nd edition).* Burlington, MA: Jones & Bartlett.

APPPENDICES

APPENDIX A

COPY OF EMAIL SENT ON APRIL 18TH AND 22ND

Hello,

My name is Kendra Brown. I am a Doctoral Candidate in the Montana State University Family Nurse Practitioner Program. I am reaching out to all of you today in hopes of borrowing a bit of your valuable time to gain insight into some recent training you completed. I am conducting a study based on your view of the education you received from the Montana Center to Advance Health Through Nursing (MT CAHN) preceptor education modules. (The attachment explains the study in more detail.) I am looking forward to meeting you all and learning about your experiences with these modules. Please, if you have any questions or concerns, do not hesitate to contact me. Thank you in advance for participating in this study!

Sincerely,

Kendra Brown, RN, BSN

Kmbrown6@yahoo.com

406-498-1586

APPENDIX B

COPY OF CONSENT SENT AS ATTACHMENT IN EMAIL

CORRESPONDENCE ON APRIL 18TH AND APRIL 22ND

Consent Cover Letter

Nurse Preceptors Education

Dear Nurse Preceptors:

Thank you for your support of the profession of nursing that you demonstrate when you become a nurse preceptor. Your actions have a significant impact on students and new nurses as well as educational institutions and your individual practice site.

I am currently enrolled in the Family/Individual Doctorate of Nursing Practice program at Montana State University and am in the process of completing my scholarly project. I am conducting a study to evaluate your perception of the value of the knowledge you obtained by completing the Montana Center to Advance Health through Nursing (MT CAHN) preceptor education modules. The purpose of this project is to evaluate the perceived effectiveness of, and satisfaction with, the Robert Wood Johnson Foundation (RWJF) Academic Progression in Nursing (APIN) grant preceptor modules in educating preceptors for their role with preceptees: undergraduates and nurses in graduate programs, new graduates, and new employees.

You have been selected for this study because you have participated in the MT CAHN online preceptor modules, hold an active RN license in Montana, work in the hospital setting, and have precepted at least one preceptee after module completion. It is my hope that you will be comfortable in giving your honest thoughts and answers to a few qualitative questions about your experience.

If you choose to participate in the study, a brief, structured, face-to-face interview with me will take place at a time and place convenient for you. Each session will be recorded, de-identified, and transcribed prior to data analysis so the confidentiality of your response is assured. Once the transcriptions are complete, the student researcher (myself) and my committee chair (Dr. Sandra Kuntz) will review the transcripts for the identification of themes.

In appreciation for your participation, you will be entered into a drawing to win a $100 Target gift card. The drawing winner will be notified via work email with the gift card to be picked up at Jan Leishman-Donahue's office.

Your participation in the study is completely voluntary. By responding to this request and setting up a time with the student researcher, you are granting your consent to participate in this study. Thank you in advance for your assistance.

Sincerely,

Kendra Brown, RN, BSN

APPENDIX C

INTERVIEW TIMES

Please indicate your name in the interviewee column. To help avoid conflicting times please indicate your 1st, 2nd, and 3rd choice of date in time. For example:

Date	Time	Interviewee
Monday, April 24th, 2017	9:00 AM – 10:00 AM	Kendra Brown – 1st
Wednesday, April 26th, 2017	3:00 PM – 4:00 PM	Kendra Brown – 2nd

A confirmation email will be sent with the date in time of the interview.

Interview Times

Date	Time	Interviewee
Monday April 24th, 2017	8:00 AM-9:00 AM	
	9:00 AM-10:00 AM	
	10:00 AM-11:00 AM	
	11:00 AM-12:00 PM	
	12:00 PM-1:00 PM	
	2:00 PM -3:00 PM	
	3:00 PM-4:00 PM	
	4:00 PM-5:00 PM	
	5:00 PM-6:00 PM	
	6:00 PM-7:00 PM	
	7:00 PM-8:00 PM	
	8:00 PM – 9:00 PM	

Date	Time	Interviewee
Tuesday, April 25th, 2017	8:00 AM-9:00 AM	
	9:00 AM-10:00 AM	
	10:00 AM-11:00 AM	
	11:00 AM-12:00 PM	
	12:00 PM-1:00 PM	
	2:00 PM-3:00 PM	
	3:00 PM-4:00 PM	
	4:00 PM-5:00 PM	
	5:00 PM-6:00 PM	
	6:00 PM-7:00 PM	

	7:00 PM-8:00 PM	
	8:00 PM – 9:00 PM	

Interview Times

Date	Time	Interviewee
Wednesday, April 26th, 2017	8:00 AM-9:00 AM	
	9:00 AM-10:00 AM	
	10:00 AM-11:00 AM	
	11:00 AM-12:00 PM	
	12:00 PM-1:00 PM	
	1:00 PM -2:00 PM	
	2:00 PM-3:00 PM	
	3:00 PM-4:00 PM	
	4:00 PM-5:00 PM	
	5:00 PM-6:00 PM	
	6:00 PM-7:00 PM	
	7:00 PM-8:00 PM	
	8:00 PM – 9:00 PM	

Date	Time	Interviewee
Thursday, April 27th, 2017	8:00 AM-9:00 AM	
	9:00 AM-10:00 AM	
	10:00 AM-11:00 AM	
	11:00 AM-12:00 PM	
	12:00 PM-1:00 PM	
	2:00 PM-3:00 PM	
	3:00 PM-4:00 PM	
	4:00 PM-5:00 PM	
	5:00 PM-6:00 PM	

APPENDIX D

INTERVIEW QUESTIONS

1.   In what ways have the preceptor modules increased your effectiveness as a preceptor?

2.   How have the preceptor modules improved your satisfaction with your experience as a preceptor?

3.   Do you believe completion of the preceptor modules has contributed to a new graduate's transition to practice success? If yes, describe how? If no, describe why?

APPENDIX E

DEMOGRAPHIC QUESTIONS

1. How long have you been in practice?

9 years	15 years	35 years	33 years	16 years	36 years

2. How long have you been a nurse preceptor?

7 years	14 years	30 years	1.5 years	7 years	33 years

3. What is your highest level of nursing education (ADN, BSN, MSN, etc.)

Bachelors	Bachelors	Bachelors	ADN	Bachelors	Bachelors

4. Certification?

Yes	Yes	Yes	No		

5. Area of work?

Rehab	OB	OB	PACU	ER	PCVU