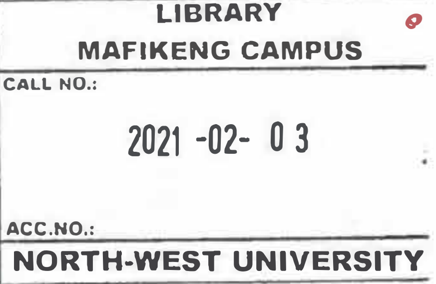
Evaluation of preceptorship in clinical learning for an undergraduate nursing programme in North West Province

S.M Lethale

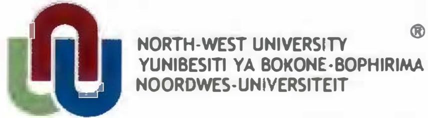
ORCiD.org/0000-0001-9278-1585

Dissertation submitted in partial fulfilment of the requirements for the degree *Magister Curationis in Nursing Sciences* at the Mafikeng Campus of the North-West University

Supervisor : Dr L Makhado
Co-Supervisor : Prof MP Koen



Graduation : October 2017
Student number : 24705179
http://www.nwu.ac.za/



It all starts here ™

DECLARATION

EVALUATION OF PRECEPTORSHIP IN CLINICAL LEARNING FOR UNDERGRADUATE NURSING PROGRAMME IN NORTH WEST PROVINCE

I, Sesepo Maria Lethale declare that the dissertation is my own work, that all the sources used have been identified and acknowledged by means of complete references, and that this thesis has not previously been submitted by me for a degree at this or any other university.

SIGNATURE

13 October 2017
DATE

ACKNOWLEDGEMENTS

First and foremost I would extend my sincere gratitude to my supervisor, Dr. Lufuno Makhado and co-supervisor, Prof. Daleen Koen for their unwavering support and encouragement during my study.

I am grateful to the following people who gave me support, courage and opportunity to complete this research study:

The participants who made this study possible during data collection.

Mr. Isaac Mokgaola, my colleague, for his guidance and support with quantitative research.

To Mr. Meko, for the assistance he offered me during data collection.

I am grateful to my colleagues at the School of Nursing Sciences (Mafikeng Campus) for their support and help during my study.

I am grateful for the support I received from my family and special gratitude goes to my daughter Tshegofatso who continuously reminded me that my studies come first and assisted me editing my paper.

I also thank all the people who contributed to my studies at various stages and are not directly mentioned in this acknowledgement.

ABSTRACT

The preceptorship model is widely used in nursing education as a clinical teaching strategy. The preceptorship model is a clinical learning strategy where an experienced and competent preceptor provides training to preceptees in order to prepare them to become professional nurses who are safe practitioners. This preceptorship model is practiced in other nursing education institutions worlwide as an effective teaching and learning strategy in the clinical setting. In South Africa, the model is implemented in most nursing education institutions, including the North West province. There is a need to evaluate its impact on the undergraduate nursing programme in the clinical learning areas.

The aim of the study was to evaluate preceptorship in clinical learning for an undergraduate nursing programme in North West Province in South Africa. A quantitative, descriptive, cross sectional study was conducted, adressing the research objectives which are: factors influencing preceptorship, level of satisfaction with precetorship and effects of preceptorship in clinical learning. The performance of preceptees in clinical learning for the year 2012 and 2014 was compared.

Total population sampling approach was used to select participants for the study and collect data. A total of 224 nurses participated in the study, comprising 38 unit managers, 9 preceptors and 177 preceptees. A structured questionnaire with close-ended and a few open-ended questions was used to collect data from respondents. Data analysis was done using Statistical Package for Social Sciences (SPSS 23) computer software. Frequency distribution was used to describe demographic data of respondents, factors, effects and level of satisfaction with preceptorship. Cross-tabulation was used to describe data of preceptees for different levels of their training. An independent t-test was performed to compare clinical performance of preceptees for the 2012 and 2014 year groups.

The results indicated a general satisfaction with the use of the preceptorship model. However, the results also showed lack of preceptor preparation for the role, poor collaboration and lack of clinical supervision. The results indicated that there was dissatisfaction with feedback and amount of time allocated for clinical learning. There is a need to strengthen collaboration and partnership between the nursing education institutions and the health care services. A preceptorship training programme for preceptor preparation and re-establishment of a clinical training department to support preceptees need to be implemented as a matter of urgency.

Keywords: Preceptorship, Clinical learning, Undergraduate nursing programme.

TABLE OF CONTENTS

DECLARATION i

ACKNOWLEDGEMENTS ii

ABSTRACT iii

TABLE OF CONTENTS v

LIST OF TABLES x

LIST OF FIGURES xi

LIST OFACRONYMS xii

CHAPTER 1 OVERVIEW OF THE STUDY 1

1.1 INTRODUCTION 1

1.2 BACKGROUND AND RATIONALE 1

1.3 PROBLEM STATEMENT 8

1.4 PURPOSE AND OBJECTIVES OF THE STUDY 9

1.4.1 Research Purpose 9

1.4.2 Research Objectives 9

1.5 OPERATIONAL DEFINITIONS OF CONCEPTS 10

1.6 THEORETICAL FRAMEWORK 12

1.7 METHODOLOGY 14

1.7.1 Research design 14

1.7.2 Population 14

1.7.3 Sampling 14

1.7.3.1 Sampling size 15

1.7.4 Instrumentation 15

1.7.5 Validity and reliability 16

1.7.5.1 Validity 16

1.7.5.2 Reliability 16

1.7.6 Data analysis 16
1.8 ETHICAL MEASURES 17
1.9 SIGNIFICANCE OF THE STUDY 17
1.10 CHAPTER LAYOUT 18
1.11 SUMMARY 18
CHAPTER 2 LITERATURE REVIEW 19
2.1 INTRODUCTION 19
2.2 PRECEPTORSHIP 19
2.3 FACTORS INFLUENCING PRECEPTORSHIP 21
2.3.1 Characteristics of preceptees 21
2.3.2 Profile and preparation of preceptors 22
2.3.3 Relationship between preceptors and preceptees 24
2.3.4 Clinical learning environment 24
2.4 EFFECTS OF PRECEPTORSHIP 25
2.4.1 Effects on confidence and competence 25
2.4.2 Effects on staff who are preceptors 26
2.5 THEORETICAL FRAMEWORK 26
2.5.1 Preceptor-preceptee relationship 28
2.5.2 Collaboration and partnership 29
2.5.3 Preceptor preparation 29
2.6 SUMMARY 30
CHAPTER 3 RESEARCH DESIGN AND METHODS 31
3.1 INTRODUCTION 31
3.2 RESEARCH DESIGN 31
3.3 RESEARCH SETTING 32
3.4 TARGET POPULATION 33
3.5 SAMPLING AND SAMPLE SIZE 33
3.5.1 Sampling Approach 34

3.5.1.1 Sample size ... 34
3.6 INSTRUMENTATION ... 35
3.6.1 Questionnaire development ... 36
3.7 PILOT STUDY ... 37
3.8 VALIDITY AND RELIABILITY ... 38
3.8.1 Validity ... 38
3.8.1.1 Content validity ... 38
3.8.1.2 Face validity ... 39
3.8.2 Reliability ... 39
3.8.2.1 Internal consistency ... 39
3.9 DATA COLLECTION ... 41
3.10 DATA ANALYSIS ... 41
3.11 ETHICAL CONSIDERATIONS ... 42
3.11.1 Ethical principles ... 43
3.12 SUMMARY ... 44
CHAPTER 4 RESEARCH RESULTS ... 45
4.1 INTRODUCTION ... 45
4.2 DEMOGRAPHIC DATA OF PARTICIPANTS ... 45
4.2.1 Demographic data for preceptors ... 45
4.2.2 Demographic data of unit managers ... 49
4.2.3 Demographic Characteristics of preceptees ... 51
4.3 FACTORS INFLUENCING PRECEPTORSHIP ... 53
4.3.1 Factors influencing preceptorship- preceptors' perspective ... 53
4.3.2 Factors influencing preceptorship - Unit managers' perspective ... 55
4.3.3 Factors influencing preceptorship - preceptees' perspective ... 56
4.4 LEVEL OF SATISFACTION WITH PRECEPTORSHIP ... 63
4.4.1 Level of satisfaction with preceptorship- Preceptor's perspective ... 63
4.4.2 Level of satisfaction with preceptorship-Managers' perspective ... 64

4.4.3 Level of satisfaction with preceptorship- Preceptees' perspective 65
4.5 THE EFFECTIVENESS OF PRECEPTORSHIP 70
4.5.1 Effectiveness of preceptorship - Preceptor's perspective 70
4.5.2 Effectiveness of preceptorship - Unit managers' perspective 71
4.5.3 Effectiveness of preceptorship - Preceptees' perspective 73
4.6 COMPARISON OF PRECEPTEES' CLINICAL PERFORMANCE IN 2012 AND 2014 78
4.7 SUMMARY 80
CHAPTER 5 DISCUSSION OF RESULTS 81
5.1 INTRODUCTION 81
5.2 FACTORS INFLUENCING PRECEPTORSHIP 81
5.2.1 Interpersonal relationship 82
5.2.2 Preceptor preparation and time factor 84
5.2.3 Clinical learning environment 84
5.2.4 Clinical supervision 85
5.3 LEVEL OF SATISFACTION WITH PRECEPTORSHIP 87
5.3.1 Support in clinical learning 87
5.3.2 Clinical placement 88
5.3.3 Feedback on clinical learning 89
5.3.4 Satisfaction with preceptorship model 90
5.4 EFFECTS OF PRECEPTORSHIP 90
5.4.1 Communication and professional skills 90
5.4.2 Confidence and competence 91
5.4.3 Critical thinking 92
5.4.4 Clinical judgment 92
5.5 COMPARING CLINICAL PERFORMANCE OF PRECEPTEES IN 2012 AND 2014 93
5.6 SUMMARY 94
CHAPTER 6 CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS 95
6.1 INTRODUCTION 95

6.2 LITERATURE CONCLUSIONS 95
6.2.1 Conclusions regarding factors influencing preceptorship 95
6.2.2 Conclusions regarding level of satisfaction with preceptorship 97
6.2.3 Conclusions regarding effects of preceptorship 97
6.3 EMPIRICAL CONCLUSIONS AND APPLICATION OF THE THEORETICAL FRAMEWORK TO THE RESULTS OF THIS STUDY 98
6.4 LIMITATIONS 99
6.5 RECOMMENDATIONS 99
6.5.1 Nursing education 100
6.5.2 Nursing practice 100
6.5.3 Nursing research 101
6.6 CONCLUSION 101
REFERENCES 103
ANNEXURE 1 INFORMATION SHEET 118
ANNEXURE 2 INFORMED CONSENT FORM 119
ANNEXURE 3 QUESTIONAIRE FOR CLINICAL PRECEPTORS 120
ANNEXURE 4 QUESTIONAIRE FOR UNIT/FACILITY MANAGERS 124
ANNEXURE 5 QUESTIONAIRE FOR STUDENTS/PRECEPTEES 128
ANNEXURE 6 ETHICAL CLEARANCE 132
ANNEXURE 7 PERMISSION TO CONDUCT RESEARCH 133
ANNEXURE 8 PERMISSION TO CONDUCT RESEARCH 134
ANNEXURE 9 PERMISSION TO CONDUCT RESEARCH 135
ANNEXURE 10 PERMISSION TO CONDUCT RESEARCH 136
ANNEXURE 11 CERTIFICATE OF EDITING 137

LIST OF TABLES

Table 3.1: Sample size of respondents 35

Table 3.2: Cronbach alpha test results of pilot and current study 41

Table 4.1: Demographic characteristics of preceptors 46

Table 4.2: Demographic characteristics for managers 49

Table 4.3: Demographic characteristics of preceptees 52

Table 4.4: Factors influencing preceptorship- Preceptors 54

Table 4.5 Factors influencing preceptorship –Unit managers 56

Table 4.6: Factors influencing preceptorship (Preceptees' perspectives) 60

Table 4.7: Level of satisfaction with preceptorship- Preceptors 64

Table 4.8: Level of satisfaction with preceptorship in clinical learning - Managers 65

Table 4.9: Level of satisfaction with preceptorship- Preceptees' perspective 68

Table 4.10: Effectiveness of preceptorship –Preceptors' perspective 71

Table4.11: Effects of preceptorship in clinical learning - Managers 72

Table 4.12: Effectiveness of preceptorship (Preceptees' perspective) 75

Table 4.13: Comparison of preceptees' clinical performance (2012 and 2014) 79

LIST OF FIGURES

Figure 1.1: Benner's theory and Happel's model 2009 (adapted).. 13

Figure 2.1: B. Happel's model of Preceptorship, 2009 (Adapted)... 28

Figure 3.1:Map of Norh West Province,South Africa with municipalities named and districts shaded...32

LIST OFACRONYMS

ABA	An Bord Altranais
BScN	Bachelor of Science in Nursing
CLE	Clinical Learning Environment
CLES+T	Clinical Learning Environment and Supervision plus Nurse Teacher Scale
CTMP	Coordinated Team Preceptorship Model
FUNDISA	The Forum of Nursing Deans in South Africa
HEI	Higher Education Institution
NEA	Nurse Educators Association
NEI	Nursing Education Institution
NMC	Nursing and Midwifery Council
NMMD	Ngaka Modiri Molema District
NWP	North West Province
NWU	North-West University
NWU-IRERC	North-West University Institutional Research Ethics Committee
NQN	Newly Qualified Nurse
PPE	Positive Practice Environment
SANC	South African Nursing Council

SPSS Statistical Package for Social Sciences

WHO World Health Organisation

CHAPTER 1
OVERVIEW OF THE STUDY

1.1 INTRODUCTION

The main purpose of this study was to evaluate preceptorship of an undergraduate nursing programme in clinical learning. This chapter outlines the background and rationale, the problem statement, purpose, objectives, theoretical framework and significance of the study as well as the operational definitions. This is followed by a brief description of the methodology, ethical measures and layout of chapters.

1.2 BACKGROUND AND RATIONALE

Preceptorship in clinical learning is a model widely used especially in nursing to assist students to transition from novice level and acquire skills necessary to apply in the nursing programme and has gained popularity as a valuable method of providing support to newly qualified nurses (Luhanga, Billay, Grundy, Myrick & Yonge, 2010:2; Farell & Chakrabarti, 2001:94). Clinical learning is an important component in nursing education that allows nursing students to integrate theory into practice. As such, in the Nursing Education and Training Standards (2012) document, the South African Nursing Council (SANC) has set standards for the establishment and outcomes of nursing education and training programmes, including clinical learning programmes and approved those programmes that meet the requirements of the Nursing Act No. 33 of 2005.

Since the first nursing school was established by Florence Nightingale, clinical teaching has been one of the most important components, but at the same time problematic areas of professional education (Mantzorou, 2004:1). Sedgwick and Harris (2012:1) indicate that since the 1980s preceptorship has become the cornerstone of clinical nursing education for nursing students. The

nursing student requires clinical experience through support and supervision for the purposes of producing a competent and a safe nurse practitioner. In a constantly changing environment in nursing education where new ways of acquiring knowledge in clinical learning are employed, nursing students require support in developing ways of being reflective and critical thinkers which is achieved by preceptor availability, consistency, providing a safe environment and space for learning, quality time and the opportunity for timely feedback and individualized teaching (Luhanga *et al.*, 2010:5; Newton, Billet, Jolly & Ockerby, 2009:318).

The support given to nursing students or preceptees in preceptorship has the potential to facilitate the clinical experience of the students by encouraging reflection and enhancing their critical thinking skills (Mantzorou 2004:1). Preceptorship is a period of practical experience and training for a student nurse by a preceptor in a clinical setting. Undergraduate nursing students are taught by preceptors who provide them with the opportunity to learn through role modelling and questioning, who create a climate for learning and impart ways of knowing about nursing (Myrick, Yonge, & Billay, 2010:82). Preceptors have a vital role to support, supervise and assess the students in their transition from being a student to a registered nurse (Pellatt, 2006 cited in Danielsson, Sundin-Anderson, Hov & Athlin, 2009:107).

The preceptors are playing the most important role in student accompaniment as compared to other professional nurses (Cele et al., 2002:51). As such there is a need to evaluate preceptorship in clinical learning for the undergraduate nursing programme. The more effective and efficient students learn to practice their nursing skills before graduating and may determine the success of their transition from being a student nurse to becoming a staff nurse (Kim, 2007:369). The effectiveness of the preceptorship model from the perspective of the preceptor, preceptee and

nursing education institution as well as nurse managers in the health settings is essential for clinical learning (Haggerty, Holloway & Wilson, 2013:162).

In recent years nursing education has undergone major changes in many countries through integrating nursing schools with universities (Landers, 2000:1550). Clinical teaching is the means by which student nurses learn to apply the theory of nursing, facilitating integration of theoretical knowledge with practical skills in the clinical setting which becomes the art and science of nursing (Mabuda, Potgieter & Alberts, 2008:19). Nursing education institutions in South Africa and globally strive to respond to changes in education and there seems to be a dichotomy between theoretical perspectives taught in the classroom and what is practiced and experienced in the clinic wards remains a problem (Landers, 2000:1550). The inadequacy of clinical experience alone may also lead to students' difficulty in their integration into the workplace (Kim, 2007:370). This has led to the theory-practice gap in nursing education.

One of the reasons for the theory-practice gap is the conscious effort on the part of nurse theorists to clarify and define rules which are direct abstractions of situations in the clinical domain (Hislop *et al* 1996 cited in Landers, 2000:1550). Landers (2000:1550) defines the term "theory" as the subject matter of nursing, taught in the classroom, which equips the students for practice. According to Mantzorou (2004:1) practical clinical knowledge rarely corresponds to the theoretical knowledge that the students acquire in the classroom and this has widened the theory-practice gap in nursing. This theory-practice gap has been shown to begin during student nurses' education and continues into practice once the nurse has qualified (Monaghan, 2015:e5). If it is an established fact that the student is at the centre of the problem of the theory-practice divide, then it seems appropriate to examine student learning from a theoretical as well as from a clinical perspective (Landers, 2000:1550). Kaviani (2000:218) suggests that one way to ease this

transition into practice is to expose nursing students to the "real world" of nursing, prior to graduation, through the preceptor model.

Presently, there are several models of clinical teaching that are described in the literature which are being used to enhance the effectiveness of student learning in the clinical setting (Budgen & Gamroth, 2008:273; Stokes & Kost, 2005:311 cited in Luhanga, Billay, Grundy & Yonge, 2010:1). Over the last decades, preceptorship has gained popularity as a valuable and leading method for clinical teaching of undergraduate nursing students (Altmann, 2006:1; Myrick & Yonge, 2005:4; Udlis, 2008:21). There are a range of preceptorship models developed over time, such as the Preceptor Model involving a single student being precepted by a single nurse and the Clinical Teaching Associate Model, which constitutes one preceptor directing the clinical teaching of a group of preceptees (Brathwaite & Lemonde, 2011:2).

Through clinical experience, the student acquires knowledge, skills and values necessary for professional practice and in turn becomes socialized into the profession (Luhanga *et al.*, 2010:1). Preceptorship has been accepted as an alternative for clinical learning by many institutions in Canada, United States, Europe and Africa. Preceptorship is defined as a one-to-one relationship between a registered nurse and a nursing student during an intense, time-limited clinical experience, with the support of nursing faculty to facilitate student learning and provide evaluation of course objectives (Udlis, 2008:20). Internationally, countries such as Canada, New Zealand, Australia, United Kingdom and other European countries have introduced preceptorship into their training modules. The information about preceptorship in clinical learning for an undergraduate nursing programme from different countries internationally, regionally and locally is discussed in the subsequent segment.

In the international arena, Canadian nursing programmes are faced with many challenges. Some of these challenges may very well undermine the effectiveness of the preceptorship model of clinical education (Sedgwick & Harris, 2012:2). Some of these programmes are also faced with organizational and operational challenges such as inconsistent selection and preparation of preceptors as well as pressure to conform to the curriculum and traditional academic calendar (Sedgwick & Harris, 2012:2). Some of the challenges mentioned by Sedgwick and Harris (2012:2) are clinical settings that are characterized by high patient acuity levels, shorter patient hospital stays, staff shortages coupled with an increased casualization of the workforce, mandatory overtime and a heavier workload. These make current healthcare settings become sub-optimal learning environments.

According to the National Health Workforce Taskforce 2008 in Australia, improving the supply of the health workforce to better meet community needs is a national priority. Hospital placement for undergraduates has increased substantially and the need to support preceptees through quality placement and the importance of effective clinical supervision of undergraduate health students in Australia is emphasized (Courtney-Pratt *et al.*, 2011:1381 : O'Brien *et al.*, 2013:19).

In New Zealand most of the Nursing Education Institutions have preceptorship programmes that they offer. The programme is offered to equip preceptors for the actual workplace. Preceptorship, as a clinical learning strategy, is implemented in order to support preceptees throughout their three-year degree programme in New Zealand during which time the preceptor acts as a role model in the clinical setting (Mitchell & Kennedy, 2013:1).

Nursing education in Europe has been undergoing changes based on the European Union's (EU) education policy on the need to modify procedures in nursing education and training to ensure

equal qualifications (CEU 2009 as cited in Jokelainen, Turunen, Tossavainem, Jamookeeah & Coco, 2010:2854). As such, the clinical practice component comprises at least 50% of the total degree programme weighting in nursing and EU countries require the use of unified terminology. For instance mentoring and other terms like supervising and preceptoring are used interchangeably and the use of assessment instruments such as Clinical Learning Environment and Supervision plus Nurse Teacher scale (CLES+T) is being tested in the European countries (Jokelainen *et al.*, 2010:2855; Bergjan & Hertel, 2013:1394).

The United Kingdom has practiced mentorship for many decades, which is provided to preceptees in the undergraduate programme admitted into one of the following four fields of nursing: adult, child, mental health or learning disability (Crombie *et al.*, 2013:1283). Challenges reported in the United Kingdom are the high attrition rate of preceptees leaving the course early before completion. In the UK, the concept of preceptorship is applied mainly to newly qualified nurses (NQN) in assisting them make the journey from "novice to expert" professionals as it has been recognised that the transition from student nurse to registered practitioner is a stressful time (Maitland, 2012:2). Other challenges cited are: a concern over the number of nurses nearing retirement age, changes in nursing education in UK, as well as transition of services from acute to primary care and lack of support for preceptorship in practice (Maitland, 2012:3; Crombie *et al.*, 2013:1282).

Regionally, countries such as Botswana and Ghana are also implementing preceptorship in their undergraduate nursing programmes. Botswana introduced the preceptorship model as a clinical teaching approach. The widening deficit in the number of nurse educators is one of the reasons why an alternative nursing education system was adopted in Botswana to improve its clinical nursing education for the undergraduate general nursing programme (Monareng, Jooste & Dube,

2009:114). The use of preceptors increased after the review of the nursing curriculum, whose role extended from that of a mere clinical supervisor, but now had the power to assess preceptees' performance and give feedback (Dube & Jooste, 2006:25; Madisa, Van Heerden & Volschenk, 2012:2). For one to be a preceptor, a minimum of three years' work experience in the clinical area is required. There still remains a challenge as there are no clear guidelines on how preceptorship should be implemented, concerns such as awarding of high grades by preceptors which do not correspond with the preceptees' classroom performance or their clinical competence (Madisa *et al.*, 2012:3).

Ghana introduced preceptorship in their nursing education programmes in order that preceptors could supervise preceptees in the practice setting (Asirifi *et al.*, 2013:169). However, working relations between the hospitals and the health training institutions in many regions in Ghana are challenging, with hospitals only passively involved in the education of students(Asirifi et al., 2013:169).

Preceptorship has been in existence in South Africa for over two decades, particularly in the North West Province. Like most of the countries, South Africa has reviewed the nursing curriculum, with emphasis on the scope of practice revision taking into consideration the current parlous health care system, international best practice and challenges currently facing nursing practice as well as clinical nursing education (Nursing Strategy, 2008:12). Nursing education institutions are expected to move to and be declared higher education institutions (HEIs). In the proposed model for clinical nursing education and training, a system of clinical preceptors is implemented which ensures a minimum level of clinical teaching and support for students during their clinical practice for role-taking (Nursing Education Stakeholders, 2010:2).

1.3 PROBLEM STATEMENT

It is clear that there are many challenges in implementing a preceptorship model effectively. The preceptorship model has been implemented in the North West University (NWU) according to a mandate from the South African Nursing Council and there is a need to evaluate its implementation in the institution for the undergraduate nursing programme. The current shortage of professional nurses in clinical settings has negatively impacted on support provided to student nurses. Student nurses do not receive sufficient support and contact in the clinical area due to high numbers of students allocated in the same learning area. The lack of clinical placement opportunities, as well as lack of supervision, has led to palpable incompetency in newly qualified nurses.

There are an increased number of litigations emanating from poor patient care as a result of nurses lacking clinical experience (SANC, 2013:24). Nursing students are subjected to varying experiences in clinical practice as a result of the clinical setting environment, student and preceptor expectations. Nursing institutions should therefore seek to promote nursing care skills, empowering students with scientific knowledge by deploying teaching strategies which enhance critical and analytical reasoning abilities (Moeti *et al.*, 2004:73). Preceptorship is therefore essential in shaping and giving support to students in the clinical area.

From the above contextualised discussion, the following questions were posed:

1) What is the level of satisfaction with preceptorship in clinical learning within the undergraduate nursing programme in North West Province?

2) Which factors influence preceptorship in clinical learning in an undergraduate nursing programme in North West Province?

3) How is the performance of preceptees in clinical learning for the year 2012 and 2014 in the undergraduate nursing programme in North West Province?

4) What are the effects of preceptorship in clinical learning in an undergraduate nursing programme in North West Province?

1.4 PURPOSE AND OBJECTIVES OF THE STUDY

1.4.1 Research Purpose

The purpose of this study is to evaluate preceptorship in clinical learning within the undergraduate nursing programme in the North West Province to improve clinical teaching and learning.

1.4.2 Research Objectives

- To assess the level of satisfaction with preceptorship in clinical learning within the undergraduate nursing programme in North West province
- To determine factors influencing the effectiveness of preceptorship in clinical learning in an undergraduate nursing programme in North West Province.
- To compare the performance of preceptees in clinical nursing for the years 2012 and 2014 in an undergraduate nursing programme in North West Province.
- To describe effects of preceptorship in clinical learning in an undergraduate nursing programme.

1.5 OPERATIONAL DEFINITIONS OF CONCEPTS

Preceptorship: It is defined as a period of time in which two people (a nurse with a student nurse or an experienced nurse with a new graduate) work together so that the less experienced person can learn and apply knowledge and skills in the practice setting with the help of the more experienced person (Mosby's Medical Dictionary, 2009). Billay and Myrick (2008:259), define preceptorship as an approach to the teaching and learning process within the context of the practice setting that affords preceptees the opportunity to develop self-confidence while increasing their competence as they become socialized into the profession of nursing. In this study preceptorship refers to the clinical learning strategy employed by the nursing education institution to support nursing students in the undergraduate nursing programme to maximize benefits of clinical nursing education in terms of knowledge, skills acquisition, providing confidence and professional socialization to novice preceptees.

Preceptor: A skilled practitioner who provides guidance and support to novice student nurses in a clinical setting to facilitate practical experience with patients (Myrick & Yonge, 2005:4). This is an experienced and competent professional nurse who is positive about nursing, students and herself employed by higher education institutions (HEI) to interact closely with allocated groups of students in a specific facility or group of facilities to optimise the clinical learning of students in formal nursing programmes (Nursing Education Stakeholders, 2010:2) . In this study a preceptor refers to a qualified professional nurse in the employment of the university in order to facilitate preceptees in achieving their clinical learning outcomes.

Preceptee: A nursing student undergoing an undergraduate nursing programme in the nursing education institution in the fulfilment of being registered with the South African Nursing Council upon completion of his/her studies (General, Psychiatry and Community) and Midwife (SANC,

1992:7). In this study preceptee refers to a nursing student undergoing an undergraduate nursing programme in a nursing education institution in the fulfilment of being registered with the South African Nursing Council upon completion of his/her studies.

Clinical learning: It is defined as that which prepares preceptees to integrate their previously acquired knowledge with skills and competencies to practice in the care of clients or patients (White & Ewan, 1991:20). Nursing education and training standards set by the South African Nursing Council defines clinical learning as part of the educational process that takes place in any practice setting in a hospital or a community. In this study it refers to the process of acquiring skills in clinical nursing practice from a novice to an expert level in an accredited clinical setting designated by the nursing education institution.

Clinical learning environment: An interactive network of forces within the clinical setting rich in planned, unplanned and incidental opportunities for creating teaching and meaningful learning for preceptees to transfer theory into practice (Dunn & Burnett,1995 quoted in Chan, 2003:519; Melrose *et al.*, 2015:31). In this study it refers to the accredited health facility where preceptees are placed in order to meet their learning outcomes through practice to become safe and competent nurse practitioners.

Unit Manager: A registered professional nurse/midwife who is responsible and accountable as a member of the nursing service management team to facilitate quality nursing/midwifery care and education within the the nursing service and healthcare organisation within the context and scope of the healthcare service delivery and financial framework of the healthcare organisation (Muller,2000: 48). In this study it refers to a professional nurse/midwife who is responsible and accountable to facilitate quality nursing care and education in healthcare clinics and hospitals accredited for preceptee placement in the North West Province.

1.6 THEORETICAL FRAMEWORK

This study employed Patricia Benner's Theory: From Novice to Expert as well as Brenda Happell's Model on preceptorship as the theoretical framework for the study. The theory and model chosen are appropriate for the research problem and congruent with the researcher's beliefs and values (Brink,van der Walt & van Rensburg, 2012:27). The researcher operates from the premise that the chosen theories provide a sufficiently robust theoretical framework for the study as it offers a link between the preceptorship model as a clinical learning strategy and experiential learning in order to produce a competent and safe nurse practitioner. There is a reflection on factors and influences that could impact positively and negatively on preceptorship. The strength and effectiveness of the relationship of both the preceptor and preceptee may have an impact on achieving learning outcomes in the clinical setting. The model is aimed at improving implementation of the preceptorship programme that maximizes the clinical learning to the satisfaction of all stakeholders (Happel, 2009:372).

Preceptorship is a clinical learning model that involves the preceptor, preceptee, the facilitator and the clinical setting. The roles of each member are important in enhancing clinical learning and as such have to be well understood and carried out by all concerned. The clinical learning environment must be conducive to the learning of student nurses. According to Andersson *et al.*, (2012:264), expectations of the preceptors have been raised along with the academic development of nursing education. Billay and Myrick (2008:259) state that the preceptor has a duty to role model and socialize the student into the role of the registered nurse, while maintaining ongoing communication with the faculty member. A competent preceptor is able to transfer critical thinking skills and values acceptable to the nursing profession.

Patricia Benner's clinical wisdom in nursing practice focused on the understanding of perceptual acuity, clinical judgment, skilled know-how, ethical competence and ongoing experiential learning (Brykczynski, 2010:141). Patricia Benner used the Dreyfus model of skills acquisition as the foundation of her work. The model is developmental in that changes in the performance in particular situations can be compared across time (Benner, 2004:189). The model of clinical competence supports the researcher's decision to use it as a theoretical framework within the study. The continuities in patient population one cares for determine the opportunities for experiential learning that are essential to progress from novice to expert level (Benner, 2004:191; Ulrich, 2012:23). The stages of clinical competence which are: novice, advanced beginner, competent, proficient and expert fit very well into this study.

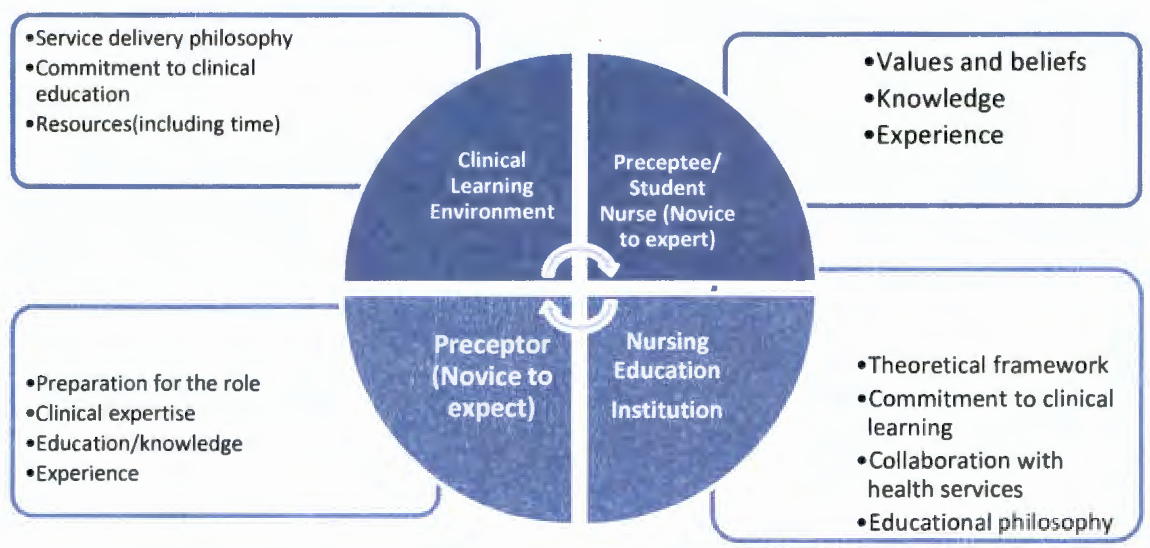


Figure 1.1: Benner's theory and Happel's model 2009 (adapted)

1.7 METHODOLOGY

The methodology that is discussed in this chapter consists of the research design, population, sampling, sampling size, instrumentation, validity, reliability, data analysis and ethical measures. In Chapter 3 a detailed discussion of methodology is presented.

1.7.1 Research design

A quantitative descriptive, cross sectional study design was used in order to evaluate preceptorship in clinical learning for an undergraduate nursing programme in North West Province. The descriptive design was selected in order to identify problems with current practice, justify current practice, make judgements, and determine what other practitioners in similar situations are doing (Burns & Grove, 2007:240).

1.7.2 Population

The population for this study comprised all the second, third and fourth year preceptees in an undergraduate nursing programme leading to registration as professional nurses, all preceptors employed by the nursing education institution and unit managers from clinics and hospitals where preceptees are placed for experiential learning.

1.7.3 Sampling

A total population sample was used where the researcher examined the entire population of second, third, fourth year students, preceptors and unit managers. The total population sampling was deemed appropriate for the study because the respondents had similar attributes and also that the study sought to prevent sampling bias due to a small population size that could have an impact on the validity of the study (Brink et al., 2012:134). Total population sampling is a type

of purposive sampling technique where you choose to examine the entire population (i.e., the total population) that have a particular set of characteristics (Laerd, 2012:1).

1.7.3.1 Sampling size

The sample size of this study is categorized in the following manner:

- Second year students: 72
- Third year students: 68
- Fourth year students: 54
- Preceptors: 9
- Unit managers: 40.

All respondents were contacted through requesting for class lists of preceptees from the secretary in the nursing department. A name list of preceptors was also sought from the nursing department. The lists of names of the nursing managers were requested from the clinic and hospitals human resources departments where they work. It was envisaged that in-depth knowledge would be obtained about the purpose of the study and make analytical generalization when using total population sampling.

1.7.4 Instrumentation

The research is quantitative in nature and a self-administered questionnaire was used to gather information. Questionnaires were prepared by the researcher in a manner that respondents filled it without seeking any assistance. Questionnaire development was based on purpose and objectives of the study, reviewed literature and the theoretical framework. A questionnaire was

used to gather information broadly from respondents on facts about preceptorship and clinical learning in relation to the study's purpose and objectives.

1.7.5 Validity and reliability

1.7.5.1 Validity

The instrument was pilot tested in order to ascertain whether or not the instrument accurately measures what it is supposed to measure, given the context in which it is applied (Brink 2012:165). The data collection instruments were given to a nurse educator and the supervisor who are experts in quantitative methods to assess how well they represented all components of the variables measured to ensure content validity (Watson *et al.,* 2008:166). The questionnaires were also reviewed for their completeness, clarity and readability to ensure face validity. First year nursing students in the chosen nursing education institution were used to test the questionnaire to further ensure validity.

1.7.5.2 Reliability

The questionnaire instrument is most commonly used in data collection and has been found to yield consistent results if used repeatedly over time on the same respondents or when used by two researchers. The questionnaires were based on the research objectives, literature reviewed and the theoretical framework chosen.

1.7.6 Data analysis

The researcher analysed data at the level of individual items and measured at the ordinal scales. Descriptive statistics were used in order to summarise numbers into a format which is easy to understand and assimilate (Watson *et al.*, 2008:353). The mean was used as measure of central

tendency and standard deviation for measure of variability in the analysis of data. Open-ended questions were coded in order to quantify the responses generated from it. Tabular and graphic methods were used to summarize data in frequencies and percentages.

1.8 ETHICAL MEASURES

The proposal was presented to the Department of Nursing Sciences and ethical committee of the Faculty of Agriculture, Science and Technology (FAST) and was also approved by the North-West University ethics committee. Ethical approval from the North West province Department of Health Ethics Committee was granted. Permission was also granted by Mafikeng Sub- district, in Ngaka Modiri Molema District and Mafikeng provincial and Bophelong psychiatric hospitals' management.

Ethical principles were adhered to by providing an information sheet and informed consent form to the respondents to ensure participation was voluntary. An information sheet containing a detailed explanation of the research study was given to all respondents and thereafter written informed consent sought. The respondents had the right to decide whether or not to participate in the study. The respondents were at liberty to exercise their rights by withdrawing from the study at any time and as a researcher was expected to respect those rights. Transparency of information and findings were respected through the dissemination of results to all relevant stakeholders and respondents on request. Questionnaires were coded and no names used to ensure confidentiality and anonymity of respondents.

1.9 SIGNIFICANCE OF THE STUDY

The findings from this study could influence the continued use of preceptorship model and improve the programme to equip preceptors. Recommendations are made to policy makers on

information obtained from the study. The findings of the study are anticipated to add to the body of knowledge on preceptorship and improve nursing practice. The study also identifies gaps for further research related to evaluation of preceptorship in clinical learning.

1.10 CHAPTER LAYOUT

The dissertation has been divided into the following chapters:

Chapter 1: Overview of the study

Chapter 2: Literature review

Chapter 3: Research design and methods

Chapter 4: Research results

Chapter 5: Discussion of results

Chapter 6: Conclusion, limitations and recommendations

1.11 SUMMARY

This chapter introduced the background, problem statement, purpose and objectives, the significance of the study as well as the operational definitions of concepts used in the study. In Chapter 2, the researcher introduces the theoretical framework used as a basis for the study and critically reviews the literature on evaluation of preceptorship in clinical learning for undergraduate nursing programmes so as to understand the various factors relating to this clinical teaching strategy.

CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION

This chapter describes the theoretical framework that was used as a basis for the study and provides a critical review of the literature on evaluation of preceptorship in clinical learning for undergraduate nursing programmes in order to understand the various factors relating to this clinical teaching strategy. Factors influencing the effectiveness of preceptorship and the effects thereof are discussed as well as the level of satisfaction that impacts on the performance of preceptees in the clinical area. Literature is also explored in order to develop the researcher's own instrument for evaluating preceptorship in undergraduate nursing programme in North West Province and bring a deeper understanding of the topic. The discussion is done under the following headings: Preceptorship, factors influencing preceptorship as well as the effects thereof and the theoretical framework adopted for the study.

2.2 PRECEPTORSHIP

Preceptorship is a clinical learning model that involves the preceptor, preceptee, the facilitator and the clinical setting. The roles of each member are important in enhancing clinical learning and as such have to be well understood and carried out professionally by all concerned. The clinical learning environment must be conducive to the effective learning of preceptees. Preceptorship as a model for fostering clinical learning has been widely adopted in Australia, the United Kingdom and North America (Orkerby *et al.*, 2009:370). In a Canadian undergraduate nursing programme, preceptorship has become the modus operandi in nursing education programmes as a complementary clinical teaching model to the traditional faculty supervised model of instruction (Sedgwick & Harris, 2012:2). Similarly, with the re-organisation of nursing

education in South Africa into the system of tertiary education during the early 1980s, several nursing colleges implemented the use of preceptorship experiences for their students (Brink, 1989:62).

The term preceptorship has been defined differently by diverse authors depending on how it is implemented in nursing education. Preceptorship is a clinical educational model in which an educational relationship provides preceptees with access to a proficient and encouraging role model within a fixed and limited time frame and can be applied to new nurses entering into practice, as well as trained nurses who are entering new, unfamiliar areas of practice (Moore, 2008:e9 & Rogers, 2004:12). Price (2014:38) defines preceptorship as work done by a suitably trained and nominated practitioner to assist the newly qualified nurse in identifying the deficits in confidence, experience and skills necessary to practice safely as a community nurse. There is a general agreement in the literature that preceptorship offers a framework for health care services to enable experienced and developing nurses to work together within a supportive professional relationship (Charleston & Happel, 2005:304). The definition of preceptorship adopted in this study endorses the clinical learning strategy employed by the university to support nursing students in the undergraduate nursing programme as proposed by SANC.

NWU LIBRARY

Preceptorship was formally acknowledged by the United Kingdom CC, in its 1986 proposals for reforming nursing education. In the United Kingdom preceptorship is currently high on the policy agenda with recommendations for a mandatory period of preceptorship for nurses emanating from the Next Stage Review and from the Nursing and Midwifery Council (NMC) consultation on pre-registration education (NMC, 2008:9). An increasing body of preceptorship literature on nursing education and practice is testimony to the massive interest generated by preceptorship (Altmann, 2006:1; Anderson *et al.*, 2012:263; Carlson, 2012:458). The main aim of the preceptorship programe is to develop independent, autonomous and clinically competent

nurses who are able to provide complete patient care at the point of employment (Bukhari, 2011:42).

2.3 FACTORS INFLUENCING PRECEPTORSHIP

The factors influencing preceptorship are discussed under the following headings: characteristics of preceptees, profile and preparation of preceptors, relationship between the preceptor and preceptee as well as the clinical learning environment.

2.3.1 Characteristics of preceptees

A preceptee is understood to be a student nurse who could be both a degree or diploma student undergoing education and training leading to a qualification which confers on the holder thereof the right to registration as a nurse (general, psychiatric and community) and a midwife according to Regulation 425 of 1985 as amended. Preceptorship is a stressful experience for students, as two strangers - a preceptee and preceptor - are brought together to provide the student with the opportunity to transition from student to graduate role. Of particular significance the transitioning process are the preceptors' recognition of the fact that students wish to be acknowledged and valued as colleagues (Myrick & Yonge, 2001:462; Sedgwick & Harris, 2012:4).

If preceptees do not feel valued, their ability to think critically may be impaired, for they need to feel comfortable in asking questions that unpack how to take responsibility and accountability for their own learning (Sedgwick & Harris, 2012:4; Myrick & Yonge, 2001:463). Preceptorship is thus a balancing act between valuing both the integrity and individuality of the students while ensuring that they are sufficiently challenged in their practice experience (Myrick & Yonge, 2001:463).

2.3.2 Profile and preparation of preceptors

Preceptors who work with undergraduate nursing students are professional clinical nurses employed in a variety of settings (Burns & Northcutt, 2009:510). There is an agreement that the essential characteristics of effective preceptors include willingness to share knowledge and skills, good communication skills, being encouraging, supportive, giving constructive feedback and being approachable (An Bord Altranais (ABA) 2003 cited by Heffernan *et al.*, 2009:542). According to Anderson *et al.* (2012:264), expectations of the preceptors have been raised along with the academic development of nursing education. Billay and Myrick (2008:259) state that the preceptor has a duty to role model and socialize the student to the role of registered nurse, while maintaining ongoing communication with the faculty member.

A competent preceptor plays an important part in the newly qualified nurse's experiences, assisting them to identify and meet learning needs, helping to develop time management and orientating them to the ways of working in a particular clinical area (Muir *et al.*, 2013:634). Such a preceptor is able to transfer critical thinking skills and values acceptable to the nursing profession. The preparation and support of registered nurses into becoming preceptors is essential in delivering effective, high quality learning experiences that meet the novice's learning trajectory (Orkerby, 2009:370).

There is more literature relating to studies on preceptorship programmes than for preceptors. An exploratory, descriptive, comparative study replicating a Canadian study by Myrick and Barrett (1992) was done in the United States of America (Altmann, 2006:5) to examine how preceptors are selected, orientated and evaluated in Baccalaureate nursing education. The results showed that most programmes reported the use of a document with preceptor selection criteria. The document, *Preceptor Orientation and Evaluation,* was perceived to be adequate. The study

showed that the improvement of the preceptorship programme can only be done by following the guidelines in the aforesaid document.

Literature reviewed indicates that in Ireland, while all registered nurses and midwives should guide and support students in clinical placement as outlined in An Bord Altranais (ABA) (2000), preceptors hold a more formal dual role, which includes both clinical and preceptorship responsibilities (Heffernan *et al.*, 2009:540). In Ireland, only nurses who have completed an approved preceptorship programme can act as named preceptors (Heffernan *et al.*, 2009:540).

The McMaster Mohawk Conestoga, Bachelor of Science Nursing (BScN) programme benchmarks the role and responsibilities of a preceptor on social learning theories and work by Johnston (2004) and, as such, the most powerful educational strategies employed by preceptors are role modelling. The preceptor's role and responsibility is to orientate students at the beginning of the course in order to allay anxiety, ensuring that students feel confident and are able to learn better. The preceptor assesses students' learning needs throughout their clinical placement. The student is assisted to set and achieve the specified learning outcomes. The preceptor also provides emotional support while guiding students in clinical reasoning and judgment as well as reflection through regular feedback and debriefing.

In South Africa a study was conducted on preparation of clinical preceptors (Botma *et al.*, 2012:67). The study showed that there is need for preceptor preparation. Botma *et al* (2012:68) indicates that it is difficult to find clinical preceptors in adequate numbers when large cohorts of students have to bemonitored and evaluated. Only two institutions in South Africa currently provide preceptorship training. The University of the Free State offers a 2 day workshop on preceptorship while the University of Western Cape offers a two week short learning course. In the proposed Clinical Training Model, preceptors play a major role and, across the country,

Nursing Education Institutions have to recruit, train and deploy preceptors in order to augment the learning of student nurses in practice (Botma *et al.*, 2012:75).

2.3.3 Relationship between preceptors and preceptees

Proper selection and preparation of nurses for the preceptor role contributes to building effective trusting preceptor-preceptee relationships, especially if this is integrated with appropriate forms of support from colleagues, managers, educators and recognised by administrative personnel (Bukhari, 2011:64). Hallett (cited in Luhanga *et al.*, 2010:3) is also of the opinion that preceptor-student relationship not only facilitates student liaison with the health care team, but also ensures that an expert practitioner is designated as responsible for the student's learning. This suggests that effective preceptors are those with good personality and people-centred skills which make the student feel involved (Heffernan *et al.*, 2009:542).

2.3.4 Clinical learning environment

Nursing is essentially a practice-based profession and, as such, clinical field placement is a vital and integral component in the curricula of pre-registration nursing courses (Chan, 2002:517; Sundler et al, 2013:661). The primary function of the health care setting is to facilitate health and healing by meeting the preventative, curative and palliative health needs of the population and health care consumers. These functions demand competent and expert care from nurses. The clients also expect that registered nurses are properly prepared, hence the health care setting serves a dual role where it also becomes an educational setting (Sedgwick & Harris, 2012:3).

Even if students have reported positive experiences during clinical placements, it has been stressed that many students have experienced placements where their clinical learning was not optimized (Sundler *et al.*, 2013:661). Consequently, student preparation for the preceptorship experience is essential so that their learning is ultimately optimized (Sedgwick & Harris,

2012:4). The clinical milieu is full of rich learning experiences and that learning is more meaningful if the learner actively participates (Andrews & Roberts, 2003:476). This is also supported by findings highlighted by Ohrling and Hallberg (2000:35) who advance the argument that students need to be prepared before learning in practice and be prepared as active participants and co-constructors of knowledge in the learning curve.

2.4 EFFECTS OF PRECEPTORSHIP

The effects of preceptorship on confidence and competence of preceptees as well as on staff who are preceptors are discussed in the subsequent segments.

2.4.1 Effects on confidence and competence

Much has been written about the value of preceptorship in preparing students for clinical practice (Seldomridge & Walsh, 2006:170). Preceptorship provides a short-term solution to the dilemma of transitioning from being a student to becoming a prepared graduate nurse as well as socialization of learners into the profession, which could be developed through role modelling and interaction with a range of professionals (Kim, 2008:371; Lofmark, Thorkildsen, Rahom & Natvig 2012:165; Orkerby *et al.*, 2009:371). Several studies have confirmed the positive impact of preceptorship, such as preceptees feeling welcome into the clinical area as part of the nursing team (Happell, 2009:373), enhancement in confidence and competence that are linked with improved patient outcomes as well as job satisfaction for new graduates (Haggerty, Holloway & Wilson, 2013:169). Findings from the literature suggest that preceptorship models are effective in achieving key learning outcomes in clinical practice (Heffernan *et al.,* 2009:546; Scells & Gill, 2009:143).

2.4.2 Effects on staff who are preceptors

Preceptors have found the opportunity to improve teaching skills, gain personal satisfaction from the role and being acknowledged by their peers for committing to being preceptor as major benefits to the mentoring role (Usher *et al.* (1999) cited in Charleston & Happell, 2004:130). A study in Jordan reported that registered nurses who underwent preceptorship training programme were provided with the opportunity for professional growth and a way for nurses to keep abreast of current teaching (Al-Hussami, Saleh, Darawad & Alramy, 2011:7). Preceptees' clinical learning through increasing registered nurses knowledge of clinical teaching was improved and these in combination subsequently worked towards improving the quality of patient care. The theoretical framework chosen for this study provides a scientific foundation for achieving the study's objectives.

2.5 THEORETICAL FRAMEWORK

The theoretical framework for the study is based on Brenda Happell's Model of Preceptorship in Nursing and Patricia Benner's Theory *From Novice to Expert* of acquiring clinical expertise. Patricia Benner used the Dreyfus Model of skill acquisition to describe and intepret skill acquisition and clinical judgement in nursing practice and education in her study which can also be used in any practice setting. Skill acquisition happens through experiential learning which requires openness and responsiveness by the learner to improve practice over time (Benner, 2004:190). The elements used in Benner's theory are: Novice, Advanced beginner, competent, proficient and expert.

According to Benner, the novice level, occurs in areas on which the student nurse has no experiental background to base approach or understanding of the clinical situation, which is at first year level, while the advanced beginner is a new graduate and is able to demonstrate marginally acceptable performance , gaining experience with real situations. The nurse who is at

competence level which is during the first to second year in practice begin to see his or her actions in terms of long-term goals or overall plan and decides what is more or less important based on informal yardsticks learned from past experiences with other patients (Benner, 2004:193). At the proficiency level, the nurse is able to discern situations as a whole rather than single pieces, because they perceive its meaning in terms of long-term goals and the nurse must literally situate himself or herself in relation to his or her work (Benner, 2004:194; Drumm, 2013:2). The expert level where practice is holistic rather than fractioned, there is extra-ordinary management of clinical problems and can now itegrate his or her grasp of the situation with his or her responses (Benner, 2004: 196).

There is a reflection on factors and influences that impact positively and negatively on preceptorship, such as the nursing education institutions and clinical organisations showing commitment through collaboration and providing necessary resources for clinical teaching and learning (Happell, 2009:375). According to Happell (2009:373), the success of preceptorship is determined by the strength of the relationship between the student (preceptee) and the professional (preceptor). The preceptor needs to accompany the preceptee throughout the clinical learning from novice till expert level. This ensures a competent and safe nurse practitioner. The researcher adapted both model and theory in contextualising the study for the South African environment.

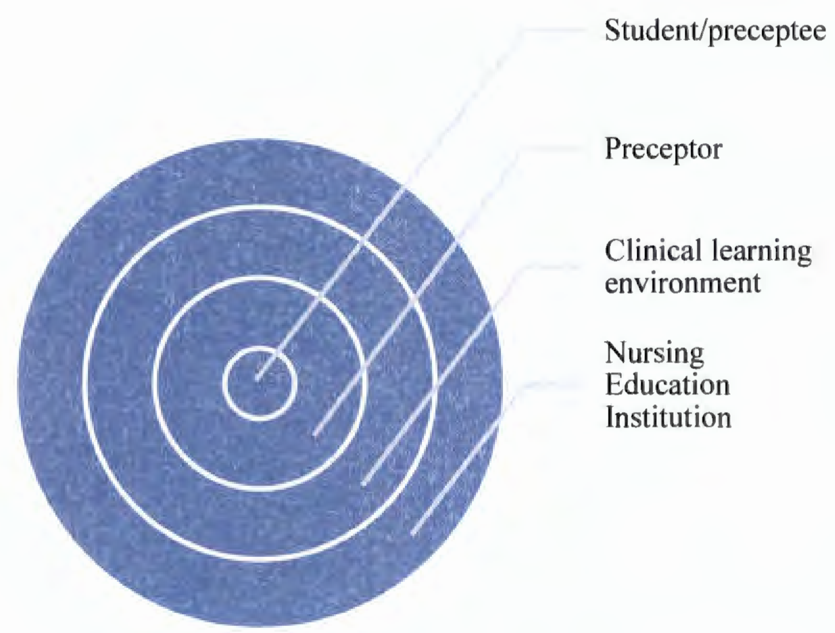


Figure 2.1: B. Happel's model of Preceptorship, 2009 (Adapted)

2.5.1 Preceptor-preceptee relationship

The preceptorship model is aimed at improving implementation of the preceptorship programme that maximizes clinical learning to the satisfaction of all stakeholders (Happell, 2009:372). The strength and effectiveness of the relationship of both the preceptor and preceptee may impact on achieving learning outcomes in the clinical setting. The relationship of the preceptor and preceptee can either be negatively or positively affected. The preceptor needs to accompany the preceptee throughout the clinical learning from novice till expert level. This ensures a competent and safe nurse practitioner.

Patricia Benner's theory and Happel's preceptorship model provides a theoretical framework for this study as a link between experiential learning and the strength of the preceptor-preceptee relationship. Experiential learning is necessary for the progression from novice to expert while the success of the preceptorship is determined by the strength of the relationship between the preceptee and the preceptor (Ulrich, 2012:23; Happell, 2009:373). Producing knowledgeable,

skilled and competent graduate is thus a shared responsibility between the NEIs and health services (Happell, 2009:375).

2.5.2 Collaboration and partnership

The preceptorship model emphasises the importance of partnership and collaboration of NEIs and health services in the provision of necessary resources and the need to demonstrate their commitment to clinical teaching and learning (Happel, 2009:375). Preceptorship must be viewed as an essential component of high quality nursing education for which nursing education institutions and health services provide necessary resources and create an environment conducive to learning (Happell, 2009:375). The health services have to provide preceptors as well as sufficient time for the mentors to be with preceptees. Preceptors, on the other hand, need to be provided with the necessary resources from the health services and NEIs, which is equipment and learning outcomes as well as information about the theoretical preparation of students prior to their placement (Heffernan et al, 2008:540; Happel, 2009:375).

2.5.3 Preceptor preparation

The framework asserts that for preceptors to fulfil their roles, preparation and support is necessary. Nurses need to possess pedagogical competence (Pedagocial Content Knowledge, also called PCK), experience and expertise in clinical settings for them to function properly as preceptors (Carlson, 2008:522; Al-Hussami et.al, 2011:2). This is enhanced by preceptorship-preparation programme that could be offered by the NEI as a means of supporting the preceptors. As preceptors acquire and develop skills of precepting, they pass through five (5) levels of proficiency, i.e., novice to expert (Ulrich, 2011:7). Literature reviewed has revealed that a practitioner could be at different levels of skills competence in different areas of practice based

on the particular practitioner's background experience and knowledge (Benner, 2004:191). Lack of preceptor preparation could lead to the widening of the theory-practice gap.

2.6 SUMMARY

The chapter discussed relevant information on factors influencing the effectiveness of preceptorship focusing on preceptees, preceptors as well as the clinical learning environment and the nursing education institutions. Effects of preceptorship on confidence and competence of preceptees and on staff who are preceptors were discussed. The theoretical framework and model outlined in Chapter 2 formed the basis for formulating questionnaires for the study. In Chapter 3 the research methodology is presented and discussed in detail.

CHAPTER 3
RESEARCH DESIGN AND METHODS

3.1 INTRODUCTION

This chapter presents the researcher's choice of methodology which was befitting to reach the objectives of the study. The research design and methods, research setting, target population, sampling and sampling size, sampling approach, instrumentation, data collection and analysis as well as ethical consideration are discussed in detail.

3.2 RESEARCH DESIGN

A quantitative descriptive, cross sectional study design was used to evaluate preceptorship in clinical learning for an undergraduate nursing programme in North West Province. As stated by LoBiondo-Wood (2014:196) the independent variable was not manipulated in non-experimental design. There was no intervention by the researcher and the study was conducted in an uncontrolled setting in order to fully understand and describe preceptorship.

The descriptive design was used by the researcher in order to identify problems with the current practice, justify current practice, make judgments and determine what other practitioners in similar situations are doing (Burns & Grove, 2007:240). There was no manipulation of the two variables, namely preceptorship and clinical learning.

Through the cross-sectional approach the researcher determined and described the relationship existing between the two variables, preceptorship and clinical learning. The relationship between preceptorship and clinical learning was determined statistically. A survey approach was used. The advantage of a survey approach is that a great deal of information is obtained from a large population in a fairly economic manner, and that survey research information can be surprisingly

accurate even in the relatively small number of subjects that was used in this study (LoBiondo-Wood, 2014:203).

3.3 RESEARCH SETTING

The study was conducted in eleven (11) health care centres in Mafikeng sub-district, and two provincial hospitals in Ngaka Modiri Molema District municipality which is one of the four districts of North West province in South Africa, whose capital is Mafikeng. Ngaka Modiri Molema District is made up of five local municipalities which are: Mafikeng, Ditsobotla, Ramotshere Moiloa, Tswaing and Ratlou. Ngaka Modiri Molema District has the following neighbours: The Republic of Botswana to the north, Dr Ruth Segomotsi Mompati District Municipality to the west, Dr Kenneth Kaunda District Municipality to the south, Bojanala Platinum District Municipality district to the east and Waterberg District Municipality (Limpopo province) to the north-east. The study was also conducted at a nursing education institution in Ngaka Modiri Molema municipality.

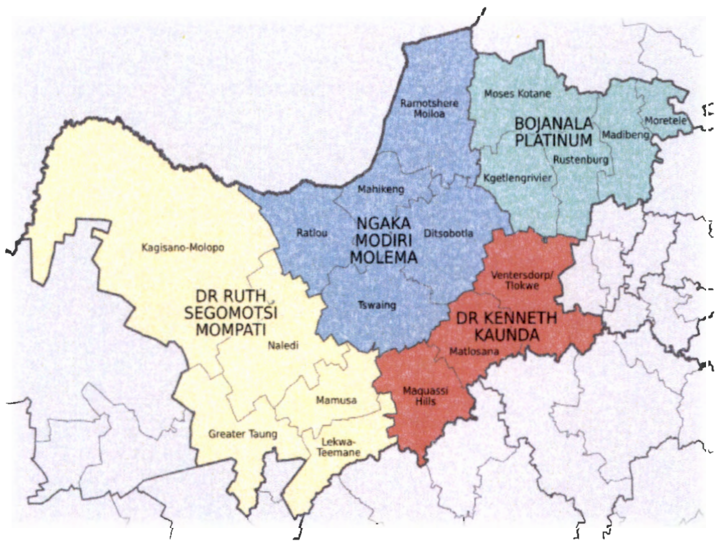


Figure 3.1: Map of Norh West Province,South Africa with municipalities named and districts shaded

3.4 TARGET POPULATION

Target population refers to the entire population in which a researcher is interested and whose composition meets specific criteria (Moule & Goodman, 2009:265; Polit & Beck, 2006:260). The target population of this study was the accessible population of nursing students and preceptors in the nursing education institution and unit managers in the accredited health facilities in the North West Province.

3.5 SAMPLING AND SAMPLE SIZE

According to Polit and Beck (2006:260), sampling is the process of selecting a portion of the population to represent the entire population. This sampling was achieved through an eligibility criterion which refers to a list of characteristics essential for membership in the target population and developed from the research purpose, a review of literature, study design and the conceptual operational definitions of the study variables (Burns & Grove, 2009:344).

The study had inclusion and exclusion sampling criteria which were as follows:

Inclusion criteria

Preceptees - All second, third and fourth year nursing students registered for an undergraduate programme with the nursing education institution in the North West Province.

Preceptors – All preceptors employed by the nursing institution in the North West Province to precept the nursing students.

Unit Managers – Registered nurses who are facility and operational managers in health care facilities accredited by SANC where preceptees are placed for their clinical learning in Ngaka Modiri Molema district, North West Province.

Exclusion Criteria

All first year nursing students registerdin the NEI in North West Province were excluded from the sample.

3.5.1 Sampling Approach

A total population sample was used where the researcher examined the entire population of second, third, fourth year students, preceptors and unit managers. The total population sampling was chosen because of the respective similarities of the respondents attributes as preceptees, preceptors and unit managers who are professional nurses, and the population size is small enough to be investigated in its entirety. This was also meant to prevent sampling bias that could have an impact on the purpose of the study and its validity (Brink *et al.*, 2012:134).

Total population sampling is a type of purposive sampling technique where the researcher chooses to examine the entire population that have a particular set of characteristics (Laerd, 2012:1). In quantitative research, it is advisable to use the largest sample size possible, because the larger the sample, the more representative it is likely to be (Polit & Beck, 2006:267).

The name lists of preceptees and preceptors were requested from the secretary in the school of nursing science of the NEI. The name lists of nursing managers were requested from their respective human resource departments in the clinics and the hospitals where preceptees are usually placed.

3.5.1.1 Sample size

The sample size refers to the total number of respondents participating in a study (Polit & Beck, 2006:509). In this study the sample size was categorized in the following manner:

Table 3.1: Sample size of respondents

Category	Population size	Sample
Preceptors	9	n=9 (100%)
Unit/Facility Managers	38	n=38 (100%)
Second year students	61	n=61 (100%)
Third year students	62	n=62 (100%)
Fourth year students	54	n=54 (100%)
TOTAL	**224**	**n=224 (100%)**

3.6 INSTRUMENTATION

Instrumentation refers to the application of specific rules to the development of a measurement device that seeks to examine specific variables in a study (Burns & Grove, 2009:43). The research was quantitative in nature and three (3) self-administered questionnaires were used to gather information from preceptors, managers and preceptees respectively (see table 3.2). Questionnaire for the preceptors had the following items: Biographical data, item 1-6, Questionnaires were prepared by the researcher in such a manner that respondents filled it without seeking any assistance. The questionnaire was a printed self-report form designed to elicit information from the research participants' written responses (Burns & Grove, 2009:406). Selected methods of measurement for a study depend on the type of data to be collected and type of design used.

Table 3.2: Questions relating to the different sections for the three populations

Self-administered Questionnaires			
Section	**Preceptors**	**Preceptees**	**Unit Managers**
1.Biographical data	Items 1-6	Items 1-4	Items 1-5
2.Factors influencing preceptorship	Items 7-17	Items 5-17	Items 6-16
3.Level of satisfaction with preceptorship	Items 18-25	Items 18-26	Items 17-24
4.Effects of preceptorship in clinical learning	Item 26-37	Items 27-39	Items 25-34

3.6.1 Questionnaire development

Development of a questionnaire was done in accordance with the steps explained by Burns and Grove (2009:406). The researcher developed a blueprint by identifying the information from the study objectives and theoretical framework chosen. The literature was reviewed for items in questionnaire that matched the blueprint criteria and this formed the basis for questionnaire development.

Questions were carefully ordered in relation to specific research objectives and grouped together in sections. General items such as demographic data were the immediate aspects identified and this cascaded to the perceptions of the research participants.

Close-ended questions were included in the questionnaires. Some respondents failed to mark all questions and this threatened the validity of the instrument. An open ended question was included for each objective in a section. The advantage of open-ended questions is that possible answers are not suggested, but the respondents answer it in their own words and express their own feelings on an issue, thus objectivity is achieved. The disadvantage of open-ended questions is the high rate of non-response to those questions and the amount and quality of responses that also varies between individuals (Watson, 2008:304). The questionnaires developed were used to

gather information from preceptors, preceptees and clinical nursing managers on perceptions about preceptorship and clinical learning.

The instrument included four sections, namely, demographic data, factors influencing preceptorship, levels of satisfaction with preceptorship and effects of preceptorship in clinical learning. The first section included four (4) questions related to demographic data for preceptees, six (6) questions for preceptors and five (5) questions for managers. The second section had twelve (12) questions for preceptees, ten (10) questions for preceptors and managers as well as an additional open ended question related to other factors influencing preceptorship respectively. The third section had eight (8) questions for preceptees, seven (7) questions for preceptors and managers respectively as well as an open ended question related to levels of satisfaction with preceptorship. The fourth section had twelve (12) questions for preceptees, eleven (11) questions for preceptors and nine (9) questions for managers together with additional information sought from respondents through open-ended questions.

A rating scale was used which lists an ordered series of categories of a variable and is assumed to be on a continuum (Burns & Grove, 2007:410). The Likert rating scale ensured validity and reliability, identifying in each response the strength of agreement in the several declarative statements expressing a viewpoint on a topic (Polit & Beck, 2006:297). The respondents were asked to indicate the degree to which they agreed or disagreed with positively worded statements, whether they 'fully agree', 'agree', 'neither agree nor disagree', 'disagree' or 'fully disagree with each of them (Watson *et al.*, 2008:303).

3.7 PILOT STUDY

The instrument was pilot tested in order to ascertain whether or not the instrument accurately measures what it was supposed to measure, given the context in which it was applied (Brink,

2012:165). A pilot study is a small-scale version or trial run of the major study (Polit & Beck, 2006:56). The questionnaire was given to 20 first year nursing students who were not part of the study for pilot testing to ensure validity as they had the same characteristics as the target population was supposed to have (Watson *et.al,* 2008:183). The data collection instrument was assessed on how well it represented all components of the variables measured and to comment on readability, layout and clarity of the questionnaire (Watson *et al.*, 2008:166). The statistical analysis of the tool was undertaken to confirm its validity and reliability. A Cronbach's alpha test was derived undertaken to validate the use of the instrument for this study.

3.8 VALIDITY AND RELIABILITY

An important part in the process of constructing a questionnaire is to ensure that the data collected are valid and reliable to maintain the rigour of the study (Watson *et al.*, 2008:166). Having a valid and reliable data collection tool affords credibility to the instrument and subsequent research findings (Moule & Goodman, 2009:184).

3.8.1 Validity

Validity refers to the capacity of an instrument to measure what it was designed to measure (Field, 2013:12) and includes content and face validity. The questionnaire was assessed for content and face validity as explained below.

NWU LIBRARY

3.8.1.1 Content validity

Content validity refers to the ability of the measure such as a questionnaire, to collect data about the phenomenon under study (Moule & Goodman, 2009:184). Content validity was ensured by giving the questionnaires to a nurse educator and to the supervisor of the candidate who are experts in quantitative research to assess the degree to which individual items represented the

construct being measured and ensured that all research objectives were measured. The faculty member suggested that the questionnaire should include some open-ended questions in order to allow participants to respond to questions in their own words rather than remain constrained within the idiosyncratic wording of the researcher.

3.8.1.2 Face validity

The questionnaires were also reviewed for their completeness, clarity and readability. Participants of the pilot study were asked to identify questions that did not make sense or might be difficult to interpret and answer (Moule & Goodman, 2009:185). The faculty member and supervisor evaluated the questionnaires and ensured that the language is understandable to all the participants.

3.8.2 Reliability

The questionnaire is the most commonly used in data collection and has been found to yield consistent results if used repeatedly over time on the same participants or when used by two researchers. Reliability is the consistency with which an instrument measures the attribute (Polit & Beck, 2006:324). The attribute applicable to the study is its homogeneity or internal consistency.

3.8.2.1 Internal consistency

The instrument was tested for internal consistency. The researcher used a Likertscale ; therefore a Cronbach's alpha test was deemed an appropriate reliability test. The pilot study conducted sought to determine if reliability was maintained and reliability estimate was also calculated on the current sample, with a reliability coefficient of 0.70 or higher being acceptable to validate

research instruments (LoBiondo-Wood, 2006:304). The Cronbach's alpha test for pilot study was established at 0.807 and current study is 0.945 at confidence level of 0.95. This indicated that the instruments are reliable as it has demonstrated adequate internal consistency on both tests.

The Cronbach's alpha estimates for reliability for the pilot and current study for section 2 to 4 were as follows: the results for items in factors influencing preceptorship were 0.76 for pilot study and 0.88 for current study. This indicated that there is adequate internal consistency reported, thus the instrument is reliable to measure factors influencing preceptorship. The results for items measuring level of satisfaction with preceptorship were 0.568 for pilot study and 0.848 for current study. This indicated that as the questionnaire was repeatedly used, the alpha coefficient improved and demonstrated adequate internal consistency. The internal consistency of the domain on effects of preceptorship was 0.83 for pilot study and 0.90 for the current study indicating that the items could be reliably used for future studies.

The cronbach's alpha estimates for reliability of the preceptors and unit managers were the following: The results for all items for the preceptors were 0.939 and 0.927 for the unit managers. This indicated that the items and tools can be reliably used for future studies on preceptors and unit managers as there is adequate internal consistency. The results for the ten (10) items for preceptors and unit managers on factors influencing preceptorship in clinical learning were 0.830 and 0.848 respectively. The results indicated adequate internal consistency and reliability to measure factors influencing preceptorship in clinical learning. The results for items measuring level of satisfaction with preceptorship in clinical learning were 0.757 for preceptors and 0.848 for unit managers, indicating adequate internal consistency and its reliability for future use. The internal consistency of the items on effects of preceptorship in clinical learning were 0.929 for preceptors and 0.902 for unit managers. The results indicated that there is adequate internal consistency and reliability for use in future studies.

Table 3.2: Cronbach alpha test results of pilot and current study

	Cronbach's Alpha Test	
Items	**Pilot study**	**Current study**
All items	0.807	0.945
Factors influencing preceptorship (Section 2)	0.760	0.887
Satisfaction with preceptorship (Section 3)	0.568	0.848
Effects of preceptorship (Section 4)	0.825	0.904

3.9 DATA COLLECTION

A self-administered questionnaire was provided to the respondents following informed consent obtained from the respondents. They were given 10-15 minutes to complete and send back the data instrument. An independent data collector who was trained and supervised was employed to collect data from the preceptees, preceptors and unit managers who participated in the study to curb conflict of interest as research respondents are colleagues and own students of the principal researcher in this study. Preceptees were recruited and questionnaires administered during the teaching sessions and preceptors were recruited individually. Most of the unit managers were given the questionnaires on two occasions and only filled them on the third occasion citing hectic busy schedules and forgetting to fill them in the questionnaire. Other unit managers were recruited by the senior nursing manager and questionnaires were administered in a meeting session and collected by the researcher in this instance. In these cases potential ethical issues were taken into consideration to ensure voluntary informed consent and to avoid coercion (Moule & Goodman, 2009:304).

3.10 DATA ANALYSIS

The Statistical Package for Social Sciences (SPSS) version 23 was used to analyse data. The researcher attended a course on statistics and use of a statistical programme in analysing data.

Data cleaning was performed prior to analysis. Descriptive statistics were used to summarize and describe data on the levels of satisfaction regarding preceptorship, factors influencing preceptorship as well as the effects of preceptorship in clinical learning. A frequency distribution was used to organise descriptive data (LoBiondo-Wood, 2010:313). Frequencies and percentages across different levels of training of preceptees were cross-tabulated. Independent t-test, which is a procedure used to test the statistical significance, was used to compare performance of preceptees in clinical nursing practicals for the years 2012 and 2014. Open-ended questions were coded by the researcher in order to quantify them. Tables were used to summarize data.

3.11 ETHICAL CONSIDERATIONS

The majority of research projects in the health and social care domain require both research governance approval and satisfactory ethical review before commencing on the research (Watson, 2008:129). Ethics deals with morality and constitutes a means of striving for rational ends when others are involved (Burns & Grove, 2005:61). Research should be undertaken in a manner that balances the advancement of knowledge with the need to respect human dignity and the right to self-determination (Moule & Goodman, 2009:39). Moule and Goodman (2009:39) further indicate that research has produced benefits in the past, but there is a need for regulation as virtually all research is harmful. Ethical principles provide guidelines whereas an ethics committee approves the research study. Ethical approval was obtained from the North-West University, where they endorsed that the research process was ethically sound in order to protect the institution, the researcher, research team, research respndents and the environment.

The researcher obtained ethical clearance after going through a process of presenting the research proposal to the faculty of agriculture, science and technology. Approval was granted by the North West University Institutional Research Ethics Committee (NWU-IRERC). The ethical clearance certificate (NWU-00144-15-A9) is attached as addendum. Ethical approval letter was

granted by the North West province, Department of Health (Policy Planning, Research, Monitoring and Evaluation) as well as from the Mafikeng Sub-District in Ngaka Modiri Molema District. Permission letters were obtained from Mafikeng Provincial and Bophelong Psychiatric Hospitals as well as from NWU School of Nursing Sciences (see annexures 6 to 8).

3.11.1 Ethical principles

The researcher was guided by the following ethical principles: autonomy, beneficence and justice.

Beneficence

Beneficence is the ethical principle that imposes a duty on researchers to minimize harm and to maximize benefits to individual research respondents and society in general (Polit & Beck, 2006:38; Moule & Goodman, 2009:57). The researcher did not identify the institutions or university in the report in a manner that would harm its image or reputation. The researcher ensured no harm occurred to participants by ensuring questions were structured carefully and monitored any signs of distress. The use of clinical judgement was necessary to manage each interview.

Justice

Confidentiality and privacy – Information was protected by researcher and no names of respondents were required on the questionnaires to be filled. Information collected was kept privately and respondents would be provided with copies of research results on request.

Autonomy

Informed Consent – Information sheet with detailed explanation of research study, informed consent were given to all respondents and questionnaire filled thereafter. The respondents had

the right to decide whether or not to participate in the study. The respondents had the liberty to exercise their right by withdrawing from the study at any time and as a researcher respected those rights. Transparency of information and findings was respected. Findings will be disseminated to all relevant stakeholders. Academic writing- The researcher acknowledged the work of others as part of honesty, integrity and prevents plagiarism throughout the study. Data collected in the form of questionnaires was stored under lock and key by the researcher and will be destroyed after three years. Data entered in the computer for analysis and storage will be password-protected for safe keeping (Moule & Goodman, 2014:69).

3.12 SUMMARY

The research design and methods used in this study was presented in this chapter. The research setting, target population, sampling and sampling size, sampling approach were discussed. Motivation was also submitted on the reason for using the total sampling population procedure employed in this study. The instrumentation with regard to its development, data collection and analysis as well as ethical consideration was discussed in detail. The results from the questionnaires are analyzed in Chapter 4.

CHAPTER 4
RESEARCH RESULTS

4.1 INTRODUCTION

In this chapter the results of the quantitative research collected through the questionnaire administered to preceptees, preceptors and managers are interpreted. The questionnaire was intended to establish and examine factors influencing preceptorship, levels of satisfaction with preceptorship and effects of preceptorship in clinical learning as well as comparing clinical competence of preceptees in 2012 and 2014.

The questionnaire was distributed to nine preceptors. 40 unit managers and 188 to preceptees. All nine (100%) preceptors, 38 (95%) nurse managers and 177 (94%) preceptees responded to the study and returned completed questionnaires.

4.2 DEMOGRAPHIC DATA OF PARTICIPANTS

The first section provides the demographic data collected from the preceptors. unit managers and preceptees. The age. gender. race of the three groups. level of training of preceptees, qualifications and years of experience in nursing for preceptors and unit managers as well as work pattern and formal preceptorship training data was collected through descriptive statistics and presented in frequency and percentage distribution.

4.2.1 Demographic data for preceptors

A total of nine questionnaires were distributed to preceptors and they were all completed and returned. The age of preceptors ranged from 31years and above 61 years. The preceptors' age ranged as follows; between 31 and 40 years (22.2%; n=2), 41 and 50 (11.1%: n=1), 51 and 60 1(11.1%: n=1). and lastly 61 years and above (55.6%; n=5).) Most of the preceptors were

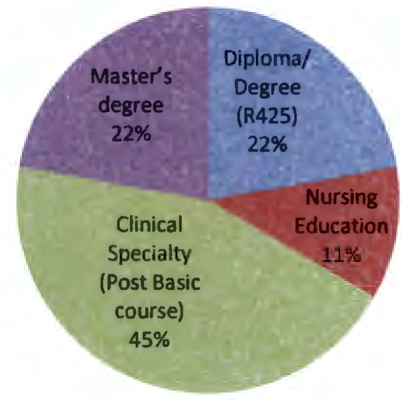
women (88.9%; n=8) which suggests that nursing is a female dominated profession. Preceptors indicated that they were employed full-time (88.9%; n=8) and part-time (11.1%; n=1). About 78% (n=7) of the preceptors had more than 20 years of nursing experience. Only 2 (22.2%) preceptors had nursing experience of less than 10 years. This demonstrates the vast knowledge and experience that most preceptors possess in nursing. Formal preceptorship training was provided for two preceptors (22.2%) while 7 preceptors (77.8%) did not have any training (Table 4.1).

Table 4.1: Demographic characteristics of preceptors

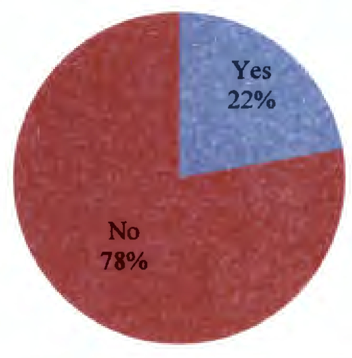
Preceptors	Frequency	Percentage
Age		
31-40	2	22.2
41-50	1	11.1
51-60	1	11.1
61 years and above	5	55.6

Gender		
Female Male	8 1	88.9 11.1
Work pattern		
Full-time Part-Time	8 1	88.9 11.1
Nursing Experience		
5-10 years 11-20 years 21 years and above	2 0 7	22.26 0 77.8

Qualifications		
Diploma/Degree (R425)	2	22.2
Nursing Education	1	11.1
Clinical Specialty (Post Basic course)	4	44.5
Master's degree	2	22.2



Formal Preceptorship Training		
Yes	2	22.2
No	7	77.8



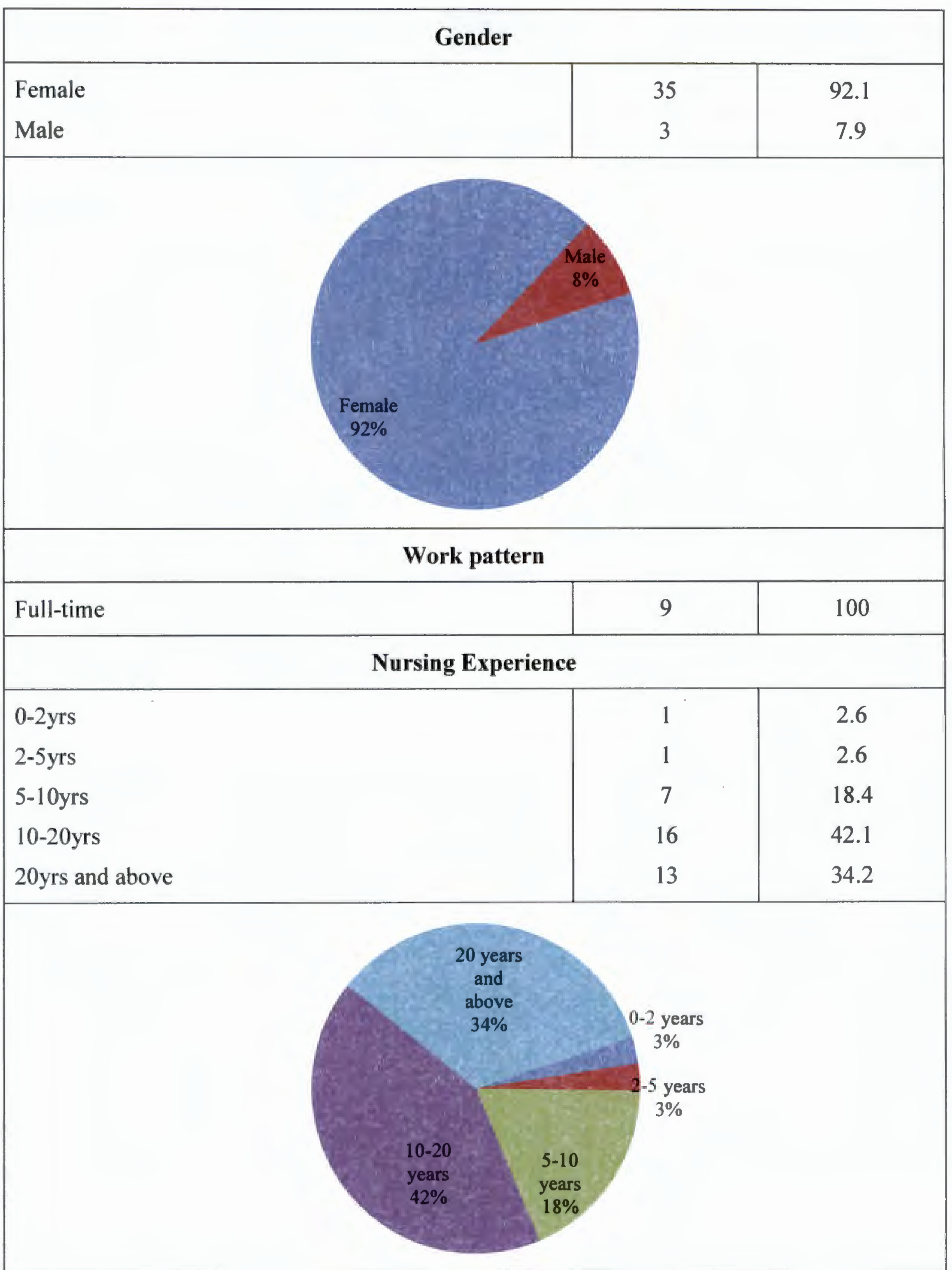
4.2.2 Demographic data of unit managers

From the total population sample, 82% (n=31) of the unit managers were in the age group 41 to 60 years, while only 16% (n=6) were in the 31-40yrs age group. Most of the managers were female (92%; n=35) while only 8% (n=3) were males, indicating that nursing is still largely a female dominated profession. All the managers indicated that they had full-time employment. The managers with 10-20 years experience were 42% (n=16) while those with 20 years and more nursing experience were 34% (n=13). Nurse managers with a clinical specialization were 45% (n=17) while 5% (n=2) had nursing education qualification. This suggests that there were more unit managers with less than 20 years experience and a good number also had clinical specialization and nursing education background while 50% (n=19) of managers had only basic diploma or degree in nursing.

Table 4.2: Demographic characteristics for Managers

	Frequency	Percentage
Age		
31-40	6	15.5
41-50	17	44.7
51-60	14	36.8
61yrs and above	1	2.6

51-60 years 37%
61 years and above 2%
31-40 years 16%
41-50 years 45%



Gender		
Female	35	92.1
Male	3	7.9
Work pattern		
Full-time	9	100
Nursing Experience		
0-2yrs	1	2.6
2-5yrs	1	2.6
5-10yrs	7	18.4
10-20yrs	16	42.1
20yrs and above	13	34.2

Qualifications		
Diploma/Degree (R425)	19	50
Nursing Education	2	5.3
Clinical Specialty (Post Basic course)	17	44.7

Clinical Specialty (Post Basic course) 45%
Nursing Education 5%
Diploma/ Degree (R425) 50%

4.2.3 Demographic Characteristics of preceptees

The age of students ranged from 18 years and above, with 18 to 21 years (32%; n=56), 22 and 25 years (60%; n=107), 26 and 35 years (6%; n=11) while only 2% (n=3) were above 35 years of age. Most of the students' age ranged between 18 and 25 years (92%; n=163). Female students formed the bulk of the respondents at 61% (n=107) followed by lesser males at 39% (n=70).

The highest number of respondents were from the 3rd years (35%; n=62), with second years proportionately at (35%; n=61) and third years standing at (30%; n=54) and they are all of African origin.

Table 4.3: Demographic characteristics of preceptees

	Frequency	Percentage
Age		
18 -21 years	56	31.6
22- 25 years	107	60.5
26- 35 years	11	6.2
36 years and above	3	1.7
Gender		
Female	107	60.5
Male	70	39.5

Level of training		
2nd year 3rd year 4th year	61 62 54	34.5 35 30.5
4th year 31% 3rd year 35% 2nd year 34%		
Race		
African	177	100

4.3 FACTORS INFLUENCING PRECEPTORSHIP

The second section illustrates the factors that are regarded as influencing preceptorship. There were eleven items for preceptors' and unit managers' questionnaires as well as thirteen items for the preceptees analysed using descriptive statistics. For each population, one open-ended question was included in the section requesting respondents to indicate other factors they think influenced preceptorship in clinical learning.

4.3.1 Factors influencing preceptorship- preceptors' perspective

Preceptors agreed to the following: discussing course expectations for the term in clinical areas (88.9%; n=8); possessing adequate knowledge to meet students' learning outcomes (77.8%; n=7) as factors that influence the effectiveness of preceptorship. The preceptors also acknowledged that there exists good interpersonal relationship in clinical areas (66.7; n=6) and that the unit was

regarded as a good learning environment (77.8%; n=7) as factors influencing the effectiveness of preceptorship. This is evidenced by preceptors having a good relationship with unit/facility managers (77.8%; n=7) as well as with students (88.9%; n=8). However, preceptors (77.8%; n=7) were not sure if a positive atmosphere existed in the units. The preceptors (55.6%; n=5) were of the opinion that the time allocated was not sufficient to meet the students' learning outcomes and that the ward staff seemed not to be interested in student supervision (55.6%; n=5) as factors that negatively influenced the effectiveness of preceptorship (see Table 4.4).

Response to open-ended question

Preceptors (89%; n=8) also added and suggested other relevant factors that they thought have potential to influence preceptorship. The factors included: lack of adequate knowledge and expertise by preceptors (25%; n=2); large numbers of preceptees in one area and those from other NEIs (50%; n=4); clinical specialisation has to be considered critically when allocating preceptors (25%; n=2); preceptees ought not to be treated as work-force (38%; n=3); some professional staff feel intimidated when preceptors are around (38%; n=3) and procedures are not standardized in all clinical areas. Another sore submission was that there were no procedures available in some units for preceptees (38%; n=3).

Table 4.4: Factors influencing preceptorship-preceptors' perspective

Item	Disagree	Not Sure	Agree
Discuss course expectations for the term in clinical areas (n=9)	1 (11.1%)	0 (0%)	**8 (88.9%)**
Possess adequate knowledge to meet students' learning outcomes (n=9)	1 (11.1%)	1 (11.1%)	**7 (77.8%)**
Sufficient time to meet the student's learning outcomes (n=9)	**5 (55.6%)**	1 (11.1%)	3 (33.3%)
The manager encourages students to use learning opportunities (n=9)	4 (44.5%)	2 (22.2%)	3 (33.3%)
There is a positive atmosphere in the unit (n=9)	0 (0%)	**7 (77.8%)**	2 (22.2%)
The unit can be regarded as a good learning environment (n=9)	1 (11.1%)	1 (11.1%)	**7 (77.8%)**

Item	Disagree	Not Sure	Agree
The ward staff is generally interested in student supervision (n=9)	**5 (55.6%)**	2 (22.2%)	2 (22.2%)
The preceptor has good relationship with the unit managers (n=9)	0 (0%)	2 (22.2%)	**7 (77.8%)**
The preceptor has a good relationship with students (n=9)	0 (0%)	1 (11.1%)	**8 (88.9%)**
There is good inter-professional relationship in the clinical areas (n=9)	2 (22.2%)	1 (11.1%)	**6 (66.7%)**

4.3.2 Factors influencing preceptorship - Unit managers' perspective

Table 4.5 shows that managers (86.8%; n=33) were of the opinion that they possessed adequate knowledge to meet students' learning outcomes. The greater number of managers (86.9%; n=33) further indicated that encouraging students to use learning opportunities and giving constructive feedback at all times (52.6%; n=20) are factors influencing the effectiveness of preceptorship. The greater number of managers (81.6%; n=31) considered the unit as a good learning environment and that staff were generally interested in students' supervision (60.5%; n=23) which together are the other factors influencing preceptorship. It was also noted that managers agreed on other factors influencing preceptorship such as preceptors' good relationship with students (71%; n=27), their adequate knowledge to meet students' learning outcomes (78.9%; n=30) as well as good interprofessional relationships in the clinical areas (78.9%; n=30).

The response rate to the open ended question from unit managers was 54% (n=29). More than one response was given to the question that requested respondents to provide other factors that they thought influenced preceptorship. These factors were submitted and they included: lack of adequate knowledge and expertise by preceptors (38%; n=11); lack of preparation by some preceptors and in some instances ineffective preceptors (28%; n=8); clinical specialisation has to be considered critically when allocating preceptors (28%; n=8) and lack of standards in performance of procedures (24%; n=7) hindered preparation of preceptees.

Table 4.5 Factors influencing preceptorship –Unit managers

Factors influencing preceptorship –Unit managers	Disagree	Not Sure	Agree
Discussed course expectations for the term in clinical areas (n=38)	12 (31.6%)	10 (26.3%)	16 (42.1%)
I possess adequate knowledge to meet students' learning outcomes (n=38)	1 (2.6%)	4 (10.5%)	**33 (86.8%)**
The preceptor has sufficient time to meet the student's learning outcomes (n=38)	17 (44.7%)	10 (26.3%)	11 (28.9%)
The manager encourages students to use learning opportunities (n=38)	3 (7.9%)	2 (5.3%)	**33 (86.8%)**
The ward staff is generally interested in student supervision (n=38)	5 (13.2%)	10 (26.3%)	**23 (60.5%)**
The unit can be regarded as a good learning environment (n=38)	5 (13.2%)	2 (5.3%)	**31 (81.6%)**
The unit manager give constructive feedback at all times (n=38)	4 (10.5%)	14 (36.8%)	**20 (52.6%)**
The preceptor has good relationship with student (n=38)	3 (7.9%)	8 (21.1%)	**27 (71.1%)**
The preceptor has adequate knowledge to meet student's learning outcomes (n=38)	2 (5.3%)	6 (15.8%)	**30 (78.9%)**
There is good inter- professional relationship in the clinical areas (n=38)	4 (10.5%)	4 (10.5%)	**30 (78.9%)**

4.3.3 Factors influencing preceptorship - preceptees' perspective

In this section, respondents who are second third and fourth year preceptees were respectively requested to rate factors influening preceptorship on ten (10) items. A five-point likert scale was used but for purpose of data analysis, responses were grouped into three indicating disagree (fully disagree and disagree responses), not sure and agree (fully agree and agree). cross-tabulation and chi-square were used to analysed

In table 4.6, most of the preceptees indicated that discussing course expectations with them in clinical areas at the beginning of the term is a factor that influenced preceptorship. Out of 124 students who agreed that course expectations for the term were discussed, 36 (59%) were 2nd years, 50 (80.6%) were 3rd years and 38 (70.4%) were 4th years. The p-value was .088, which indicated that there was no statistically significant difference on course expectations discussions within the level of training of preceptees.

The preceptees who agreed that there was a positive atmosphere in the ward were 121 (68.4%), those who were not sure were 38 (21.5%) and 18 (10.2%) disagreed with the statement from a total of 177 Preceptees. The P-value was .0198, indicating that there was also no statistically significant difference about the atmosphere of the ward within the three levels of training (62%; n=38 were 2nd years; 79%; n=49 were 3rd years and 63%; n=34 were 4th years).

Out of 94 preceptees who felt that the ward staff is generally interested in their supervision, 33 (54.1%) were 2nd years, 34 (54.8%) were 3rd years and 27 (50%) were in their 4th year of training. There was therefore no statistically significant difference within their level of training as the P-wave was 0.244. Out of 119 preceptees who felt comfortable going to the units at the start of their shift, 43 (70.5%) were 2nd years, 46 (74.2%) were 3rd years and with the decreased number 30 (55.6%) being the 4th years. The p-value was .052, suggesting no statistically significant difference on how preceptees feel about going to the units at the start of the shift within their level of training

Of the 136 preceptees who felt that the units could be regarded as good learning environments, 47 (77%) were 2nd years, 51 (82.3%) were 3rd years and 38 (70.4%) were 4th year students. The p-value was .478, thus no relationship existed between how preceptees regarded learning environment within the different levels of training. The preceptees who were of the opinion that preceptors do possess adequate knowledge to meet their learning needs were 134, out of which

40 (65.6%) were 2nd years, 53 (85.5%) were 3rd years and 41 (75.9%) were 4th years. The p-value was .066, indicating that there was no statistically significant difference within level of training of preceptees with regard to preceptor's level of knowledge.

Out of 124 preceptees who felt that that preceptors assisted them in identifying appropriate learning opportunities to meet their learning needs, 56%; n= 34 of the 2nd years, 86%; n=53 of the 3rd years and 69%; n=37 of the 4th years agreed to the statement. The p-value was found to be .005 indicating that there is a strong relationship between being assisted by the preceptor and the level of training, with 3rd year preceptees' percentage being highest on those who agree with the statement and having the lowest percentage of those who disagreed.

Most of the preceptees agreed that they were assisted by the preceptors to achieve clinical skills competencies required. This is indicated by a total of 121 preceptees, of whom 37 (60.7%) of the 2nd years, 49 (79%) of the 3rd years and 35 (66%) of the 4th years agreed. The p-value was .049, which indicated that the results were statistically significant and a relationship existed between assistance with clinical skills and third years agreeing to the statement.

Out of 128 preceptees, 64%; n= 39 were 2nd years, 84%; n= 52 were 3rd years while 70%; n= 37 were 4th years agreed that preceptors encouraged them to use support of other health care workers. The p-value was found to be .109, which indicated that there was no statistically significant difference between those preceptees who were encouraged within their levels of training and those who were not.

About 109 preceptees of which 49%; n= 30 of the 2nd years, 74%; n= 46 of the 3rd years and 62%; n= 33 of the 4th years agreed that they did receive constructive feedback from the preceptors. The p-value was .030, indicating that there is a statistically significant difference

between the levels of training. There was a significantly low percentage of 3rd year students who disagreed with the statement.

Of the preceptees who felt that they have a good relationship with the preceptors, 47.5% (n=29) of the 2nd years, 65 % (n=40) of the 3rd years and 59% (n=31) of the 4th years agreed. The p-value was .122. This indicated that there was no statistically significant difference between the relationship of the preceptor and level of training of preceptees. Most preceptees felt that the preceptors had good interprofessional relationships in clinical areas, as shown by 36 (59%) of 2nd years, 57 (91.9%) of 3rd years and 42 (79.2%) of 4th years from a total of 135. The p-value was found to be .000 indicating that there is a very strong statistically significant difference between the good relationship with the preceptors and the preceptees' level of training. The third year students had the lowest percentage of those who disagree with the statement.

Responses to open-ended questions by preceptees

About 54% (n=29) 4th year, 40% (n=25) 3rd year and 57% (n=35) 2nd year preceptees provided other factors that they thought have an influence in preceptorship. The factors reported were: lack of adequate knowledge and expertise by preceptors (14%; n=12); preceptors not orientated sufficiently and effectively (14%; n=12); preceptees preferred to be placed for five days in a week than only three days for continuity so that learning could take place effectively (16%; n=14); procedures that are not standardized in all clinical areas and unavailability of procedures in clinical areas (24%; n=21); lack of equipment in clinical areas (36%; n=32) and too many programmes in facilities that hinder student practice (12%; n=11).

Table 4.6: Factors influencing preceptorship (Preceptees' perspective)

		Level of training- Preceptees			Total	Chi-Square (p-value)
		2nd year	3rd year	4th year		
Discussed course expectation for the term in clinical areas (n=177)	Disagree	13 (21.3%)	7 (11.3%)	6 (11.1%)	26 (14.7%)	8.092[a] (.088)
	Not sure	12 (19.7%)	5 (8.1%)	10 (18.5%)	27 (15.3%)	
	Agree	36 (59.0%)	**50 (80.6%)**	38 (70.4%)	**124 (70.1%)**	
There was a positive atmosphere in the unit (n=177)	Disagree	9 (14.8%)	3 (4.8%)	6 (11.1%)	18 (10.2%)	6.017[a] (.198)
	Not sure	14 (23.0%)	10 (16.1%)	14 (25.9%)	38 (21.5%)	
	Agree	38 (62.3%)	**49 (79.0%)**	34 (63.0%)	**121 (68.4%)**	
The ward staff is generally interested in student supervision (n=177)	Disagree	15 (24.6%)	7 (11.3%)	13 (24.1%)	35 (19.8%)	5.451[a] (.244)
	Not Sure	13 (21.3%)	21 (33.9%)	14 (25.9%)	48 (27.1%)	
	Agree	33 (54.1%)	34 (54.8%)	27 (50.0%)	**94 (53.1%)**	
I felt comfortable going to the unit at the start of my shift (n=177)	Disagree	10 (16.4%)	4 (6.5%)	14 (25.9%)	28 (15.8%)	9.396[a] (.052)
	Not Sure	8 (13.1%)	12 (19.4%)	10 (18.5%)	30 (16.9%)	
	Agree	43 (70.5%)	46 (74.2%)	30 (55.6%)	**119 (67.2%)**	
The unit can be regarded as a good learning environment (n=177)	Disagree	4 (6.6%)	3 (4.8%)	7 (13.0%)	14 (7.9%)	3.502[a] (.478)
	Not sure	10 (16.4%)	8 (12.9%)	9 (16.7%)	27 (15.3%)	
	Agree	47 (77.0%)	**51 (82.3%)**	38 (70.4%)	**136 (76.8%)**	

		Level of training- Preceptees			Total	Chi-Square (p-value)
		2nd year	3rd year	4th year		
The preceptor has adequate knowledge to meet my learning outcomes (n=177)	Disagree	11 (18.0%)	3 (4.8%)	4 (7.4%)	18 (10.2%)	8.795[a]
	Not sure	10 (16.4%)	6 (9.7%)	9 (16.7%)	25 (14.1%)	(.066)
	Agree	40 (65.6%)	**53 (85.5%)**	41 (75.9%)	**134 (75.7%)**	
The preceptor assisted me to identify appropriate learning opportunities to meet my learning needs (n=177)	Disagree	14 (23.0%)	2 (3.2%)	8 (14.8%)	24 (13.6%)	14.711[a]
	Not sure	13 (21.3%)	7 (11.3%)	9 (16.7%)	29 (16.4%)	(.005)
	Agree	34 (55.7%)	**53 (85.5%)**	37 (68.5%)	**124 (70.1%)**	
The preceptor assisted me with clinical skills to achieve competencies required (n=176)	Disagree	12 (19.7%	2 (3.2%)	10 (18.9%)	24 (13.6%)	9.551[a] (.049)
	Not sure	12 (19.7%)	11 (17.7%)	8 (15.1%)	31 (17.6%)	
	Agree	37 (60.7%)	**49 (79.0%)**	35 (66.0%)	**121 (68.8%)**	
The preceptor encouraged me to use support of other health care workers (n=176)	Disagree	13 (21.3%)	5 (8.1%)	7 (13.2%)	25 (14.2%)	7.562[a] (.109)
	Not sure	9 (14.8%)	5 (8.1%)	9 (17.0%)	23 (13.1%)	
	Agree	39 (63.9%)	**52 (83.9%)**	37 (69.8%)	**128 (72.7%)**	
The preceptor give constructive feedback at all times (n=176)	Disagree	21 (34.4%)	7 (11.3%)	11 (20.8%)	39 (22.2%)	10.725[a] (.030)
	Not sure	10 (16.4%)	9 (14.5%)	9 (17.0%)	28 (15.9%)	
	Agree	**30 (49.2%)**	46 (74.2%)	33 (62.3%)	**109 (61.9%)**	
I have a good relationship with the preceptor (n=176)	Disagree	19 (31.1%)	9 (14.5%)	8 (15.1%)	36 (20.5%)	7.275[a] (.122)
	Not sure	13 (21.3%)	13 (21.0%)	14 (26.4%)	40 (22.7%)	

		Level of training- Preceptees			Total	Chi-Square (p-value)
		2nd year	3rd year	4th year		
	Agree	**29 (47.5%)**	40 (64.5%)	31 (58.5%)	**100 (56.8%)**	
The preceptor has good inter-professional relationship in the clinical areas(n=176)	Disagree	11 (18.0%)	3 (4.8%)	7 (13.2%)	21 (11.9%)	20.497[a] (.000)
	Not sure	14 (23.0%)	2 (3.2%)	4 (7.5%)	20 (11.4%)	
	Agree	36 (59.0%)	**57 (91.9%)**	42 (79.2%)	**135 (76.7%)**	

4.4 LEVEL OF SATISFACTION WITH PRECEPTORSHIP

Section 3 entailed an indication on the level of satisfaction with preceptorship from the preceptors', managers' and preceptees' perspective. Eight items were included (8) for preceptors and managers. Nine items were included for the preceptees.

4.4.1 Level of satisfaction with preceptorship- Preceptor's perspective

In table 4.7, all preceptors (100%; n=9) strongly recommended the use of preceptorship in all programmes. This was evidenced by their satisfaction with feedback given that was regular and constructive (55.5%; n=5). The use of preceptors in clinical areas was strongly supported (77.8%; n=7) as well as support from lecturers (66.7%; n=6) and from educational institution to meet the students' learning needs (66.7%; n=6). These indicated that preceptorship as a clinical learning approach is accepted and necessity of support from the nursing institutions and clinical areas is crucial. However the preceptors (55.6%; n=5) were not satisfied with support from the unit managers.

Preceptors (67%; n=6) provided additional issues that could indicate level of satisfaction with preceptorship as they deemed necessary to promote satisfaction with preceptorship, namely: need to give feedback on a weekly basis (33%; n=2); would like to have one-to-one preceptor support (17%; n=1); to have unit managers as role models for preceptees to work harder (17%; n=1); regular visits and intervention of preceptors to address dissatisfaction encountered by preceptees in clinical areas (67%; n=4) and need to have clinical teaching department (33%; n=2).

Table 4.7: Level of satisfaction with preceptorship- Preceptors

Item	Disagree	Not Sure	Agree
Satisfied with the regular constructive feedback given (n=9)	2 (22.2%)	2 (22.2%)	**5 (55.6%)**
Satisfied with the clinical placement of students (n=9)	3 (33.3%)	3 (33.3%)	3 (33.3%)
Support the use of preceptors in clinical areas (n=9)	1 (11.1%)	1 (11.1%)	**7 (77.8%)**
Satisfied with the support from the lecturers (n=9)	2 (22.2%)	1 (11.1%)	**6 (66.7%)**
Satisfied with the support from the unit managers (n=9)	**5 (55.6%)**	1 (11.1%)	3 (33.3%)
Satisfied with the support from the educational institution to meet student's learning needs (n=9)	1 (11.1%)	2 (22.2%)	**6 (66.7%)**
Would recommend the use of preceptorship in all programmes (n=9)	0 (0%)	0 (0%)	**9 (100%)**

4.4.2 Level of satisfaction with preceptorship-Managers' perspective

In table 4.8, managers (71%; n=27) were satisfied with the use of preceptors in the clinical areas. About 50% (n=19) of managers were satisfied with clinical placement of students. The managers (63%; n=24) also indicated their satisfaction with learning opportunities provided to students and agreed that students were encouraged to evaluate clinical learning experience (50%; n=19). Despite the low level of satisfaction (44.7%; n=17) with support given to students by preceptors to meet their learning needs, 87% (n=33) of managers still agreed that they would recommend the use of preceptorship in all programmes. The managers' level of satisfaction with the manner in which feedback was given in relation to students' progress was low (37%; n=14).

Unit managers (39%; n=14) provided additional issues that they deemed could influence level of satisfaction with preceptorship.

The results revealed the following issues as deemed necessary by unit managers, namely: need to give feedback on a regular basis such as weekly (10%; n=4); to have unit managers as role models for preceptees to work harder (8%; n=3); regular visits and intervention of preceptors to address dissatisfaction encountered by preceptees in clinical areas (8%;n=3); and the need to have clinical teaching department (10%; n=4).

Table 4.8: Level of satisfaction with preceptorship in clinical learning - Managers

	Disagree	Not sure	Agree
Regular constructive feedback given (n=38)	13 (34.2%)	11 (28.9%)	**14 (36.8%)**
Support the use of preceptors in clinical areas (n=38)	5 (13.2%)	6 (15.8%)	**27 (71.1%)**
Satisfied with the clinical placement of students (n=38)	12 (31.6%)	7 (18.4%)	**19 (50%)**
Satisfied with the support from the preceptor to meet student's learning needs (n=38)	11 (28.9%)	10 (26.3%)	**17 (44.7%)**
Satisfied with learning opportunities provided to students (n=38)	7 (18.4%)	7 (18.4%)	**24 (63.2%)**
Students encouraged to evaluate the clinical learning experience (n=38)	5 (13.2%)	14 (36.8%)	**19 (50%)**
Would recommend the use of preceptorship in all programmes (n=38)	3 (7.9%)	2 (5.3%)	**33 (86.8%)**

4.4.3 Level of satisfaction with preceptorship- Preceptees' perspective

Table 4.9 shows the results on level of satisfaction by preceptees within their levels of training. The table illustrated the response of preceptees to their level of satisfaction with clinical placement and showed no statistically significant difference within their levels of training (56%; n=34, of the 2nd years, 66%; n=41 of the 3rd years and 53%; n=28 of the 4th years; p=0.479). Preceptees were satisfied with learning opportunities that were provided and no statistically significant difference between their levels of training was seen (71%; n=43 of the 2nd years,

77%; n=48 of the 3rd years and 68%; n= 36 of the 4th years; p=0.720). There was low level of satisfaction with the support from unit managers and this showed no statistically significant difference within their levels of training (48%, n=29 of the 2nd years; 57%; n= 35 of the 3rd years and 40%, n= 21 of the 4th years; p=0.454).

Most preceptees agreed that support from the preceptors to meet their learning needs played a role in their level of satisfaction and there was no statistically significant difference within their level of training (53%; n=32 of the 2nd years; 74%; n= 46 of the 3rd years and 60%; n= 32 of the 4th years; p=0.077). Preceptees were satisfied with the use of preceptors in the clinical areas and there was a statistically significant difference between their levels of training with the third years preceptees being the highest (51%; n=31 of the 2nd years; 74%; n= 46 of the 3rd years and 55%, n=29 of the 4th years; p=0.035). Regular constructive feedback given about preceptees progress was indicated and agreed by most as having an impact on level of satisfaction and showed no statistically significant difference within the preceptees level of training (46%; n=28 of the 2nd years; 68%; n= 42 of the 3rd years and 57%; n=30 of the 4th years; p=0.114).

Preceptees agreed that they were encouraged to evaluate the clinical learning experience in the classroom and there was statistically significant difference within their level of training (54%; n=33 of the 2nd years; 82%; n= 51 of the 3rd years and 62%; n= 33 of the 4th years; p=0.016) as illustrated in the table, the third year level preceptees with the highest percentage (82%; n 51). This indicated that third year preceptees were satisfied with the encouragement they received in the classroom to evaluate their clinical learning experience. Most preceptees agreed that they would recommend the use of preceptors in all programmes and this showed a statistically significant difference within their level of training (53%; n=32 of the 2nd years; 87%, n= 54 of the 3rd years; 59%, n= 31 of the 4th years; p=0.001) as indicated by a highest percentage within the third year level of training (87%; n=54).

The preceptees, 4th years (24%; n=13), 3rd years (23%; n=14) and 2nd year preceptees (42%; n=26) responded and provided issues that could be added.

The results revealed the following issues as deemed necessary by the preceptees, namely: Need to give feedback on a weekly basis (34%; n=18); would like to have one-to-one preceptor support (6%; n=3); to have unit managers as role models for preceptees to work harder (6%; n=3); regular visits and intervention of preceptors to address dissatisfaction encountered by preceptees in clinical areas (25%; n=15); rotation to clinical placement should be fairly done (25%; n=13) and the need to have clinical teaching department (13%; n=7).

Table 4.9: Level of satisfaction with preceptorship- Preceptees' perspective

		Level of training- Preceptees			Total	Chi-Square (p-value)
		2nd Year	3rd Year	4Th Year		
Satisfied with clinical placement(n=176)	Disagree	11 (18.0%)	8 (12.9%)	13 (24.5%)	32 (18.2%)	3.492[a] (.479)
	Not sure	16 (26.2%)	13 (21.0%)	12 (22.6%)	41 (23.3%)	
	Agree	34 (55.7%)	41 (66.1%)	28 (52.8%)	**103 (58.5%)**	
Satisfied with learning opportunities provided (n=176)	Disagree	7 (11.5%)	7 (11.3%)	6 (11.3%)	20 (11.4%)	2.084[a] (.720)
	Not sure	11 (18.0%)	7 (11.3%)	11 (20.8%)	29 (16.5%)	
	Agree	43 (70.5%)	48 (77.4%)	36 (67.9%)	**127 (72.2%)**	
Satisfied with the support from the preceptor to meet my learning needs (n=176)	Disagree	16 (26.2%)	5 (8.1%)	11 (20.8%)	32 (18.2%)	8.446[a] (.077)
	Not Sure	13 (21.3%)	11 (17.7%)	10 (18.9%)	34 (19.3%)	
	Agree	32 (52.5%)	46 (74.2%)	32 (60.4%)	**110 (62.5%)**	
Satisfied with the support from the unit manager (n=176)	Disagree	13 (21.3%)	13 (21.0%)	15 (28.3%)	41 (23.3%)	3.657[a] (.454)
	Not Sure	19 (31.1%)	14 (22.6%)	17 (32.1%)	50 (28.4%)	
	Agree	29 (47.5%)	**35 (56.5%)**	21 (39.6%)	85 (48.3%)	
Satisfied with the use of preceptors in the clinical areas (n=176)	Disagree	19 (31.1%)	6 (9.7%)	13 (24.5%)	38 (21.6%)	10.377a (.035)
	Not sure	11 (18.0%)	10 (16.1%)	11 (20.8%)	32 (18.2%)	

		Level of training- Preceptees			Total	Chi-Square (p-value)
		2nd Year	3rd Year	4Th Year		
	Agree	31 (50.8%)	**46 (74.2%)**	29 (54.7%)	**106 (60.2%)**	
Satisfied with regular constructive feedback given about my progress (n=176)	Disagree	19 (31.1%)	12 (19.4%)	10 (18.9%)	41 (23.3%)	7.438[a] (.114)
	Not sure	14 (23.0%)	8 (12.9%)	13 (24.5%)	35 (19.9%)	
	Agree	**28 (45.9%)**	42 (67.7%)	30 (56.6%)	**100 (56.8%)**	
Encouraged to evaluate the clinical learning experience within the classroom (n=176)	Disagree	11 (18.0%	6 (9.7%)	9 (17.0%)	26 (14.8%)	12.168[a] (.016)
	Not sure	17 (27.9%)	5 (8.1%)	11 (20.8%)	33 (18.8%)	
	Agree	33 (54.1%)	**51 (82.3%)**	33 (62.3%)	**117 (66.5%)**	
Would recommend the use of preceptors in all programmes (n=176)	Disagree	15 (24.6%)	5 (8.1%)	12 (22.6%)	32 (18.2%)	18.915[a] (.001)
	Not sure	14 (23.0%)	3 (4.8%)	10 (18.9%)	27 (15.3%)	
	Agree	32 (52.5%)	**54 (87.1%)**	31 (58.5%)	**117 (66.5%)**	

4.5 THE EFFECTIVENESS OF PRECEPTORSHIP

This section on the effectiveness of preceptorship is described from the preceptors, unit managers and students' perspective. The preceptors' questionnaire had twelve items, ten for managers and thirteen for the preceptees.

4.5.1 Effectiveness of preceptorship - Preceptor's perspective

Table 4.10, indicated that, preceptors (66.7%; n=6) agreed that there was effective use of learning opportunities, thus learning took place at the desired pace (66.7%; n=6). Most preceptors (77.8%; n=7) agreed that through preceptorship, students have been able to correlate and subsequently integrate theory and practice effectively. It was evident that preceptors agreed with the following: that assisting the students with clinical skills was effective in achieving competencies required (66.7%; n=6), their willingness to attend clinical placement (55.6%; n=5), which offered quality learning experience where safe and effective care was evident (77.8%; n=7). Preceptors (77.8%; n=7) also agreed that preceptorship had an effect in improving students' communication skills and their confidence levels in clinical learning (66.7%; n=6) as well as having an effect on students' clinical judgment (66.7%; n=6). Preceptors (77.8%; n=7) agreed that preceptorship had a positive effect on students' critical thinking. This indicated that preceptorship has the potential to ensure that students achieve required competencies through assistance to master clinical skills. Preceptees felt relaxed and became confident from and through the support given to them.

Additionally, preceptors (56%; n=5) indicated other factors that they felt could promote the effectiveness of preceptorship, namely: too many preceptees thus not effective supervision (60%; n=3); monitoring of preceptees not adequate (100%; n=5); provision of feedback that is negative

and positive, demonstration of clinical skills to preceptee as remedial action (40%; n=2); and preceptors to achieve at least one goal a week with preceptees (80%; n=4).

Table 4.10: Effectiveness of preceptorship-preceptor's perspective

Item	Disagree	Not Sure	Agree
Learning opportunities used effectively (n=9)	1 (11.1%)	2 (22.2%)	**6 (66.7%)**
Learning took place at the desired pace (n=9)	2 (22.2%)	1 (11.1%)	**6 (66.7%)**
Students are able to correlate theory and practice effectively (n=9)	1 (11.1%)	1 (11.1%)	**7 (77.8%)**
Assisted the student with clinical skills to achieve competencies required (n=9)	1 (11.1%)	2 (22.2%)	**6 (66.7%)**
Effectively facilitated student's willingness to attend clinical placement (n=9)	1 (11.1%)	3 (33.3%)	**5 (55.6%)**
The unit manager encouraged students to use learning opportunities (n=9)	**4 (44.5%)**	2 (22.2%)	3 (33.3%)
Effectively assisted the student to improve communication skills (n=9)	1 (11.1%)	1 (11.1%)	**7 (77.8%)**
Improved student's confidence in clinical learning (n=9)	1 (11.1%)	2 (22.2%)	**6 (66.7%)**
Level of student's critical thinking effectively facilitated (n=9)	1 (11.1%)	1 (11.1%)	**7 (77.8%)**
Effectively facilitated the student's clinical judgement about patient care (n=9)	1 (11.1%)	2 (22.2%)	**6 (66.7%)**
The clinical placement offered quality learning experience where safe and effective care was evident (n=9)	0 (0%)	2 (22.2%)	**7 (77.8%)**

4.5.2 Effectiveness of preceptorship - Unit managers' perspective

In table 14.11, the unit managers felt that learning opportunities were used effectively as shown by (58%; n=22) of them agreeing to the statement. Encouragement of students from unit managers (90%; n=34) to use learning opportunities and providing clinical placement that offered quality nursing experience where safe and effective care was evident (68%; n=26) as having an effect on preceptorship.

Most managers agreed on the following as effects of preceptorship: improved student communication skills (76%; n=29), improved confidence level of student in clinical learning environment (76%; n=29) as well as to some extent (47%; n=18) facilitating the students' level of critical thinking. Managers (68%; n=26) also agreed on the effects preceptorship had in facilitating the students' clinical judgement about patient care. Feedback given to students was regarded by managers (68%; n=26) as a learning situation as having a positive effect on preceptorship.

Responses of open-ended questions by unit managers

Unit managers (26%; n=10) provided additional statements that they felt could influence the effectiveness of preceptorship in clinical learning. These included the following: too many preceptees thus not effective supervision (20%; n=2); inadequate monitoring of preceptees (50%; n=5); provision of feedback that is negative and positive, demonstration of practical/clinical skill to preceptee as remedial action (10%; n=1); preceptors to achieve at least one goal a week with preceptees (20%; n=2).

Table4.11: Effects of preceptorship in clinical learning - Managers

	Disagree	Not sure	Agree
Learning opportunities used effectively (n=38)	7 (18.4%)	9 (23.7%)	**22 (57.9%)**
Students are able to correlate theory and practice effectively (n=38)	6 (15.8%)	14 (36.8%)	18 (47.4%)
The unit manager encouraged students to use learning opportunities (n=38)	2 (5.3%)	2 (5.3%)	**34 (89.5%)**
Effectively assisted the student to improve communication skills (n=38)	3 (7.9%)	6 (15.8%)	**29 (76.3%)**
Improved student's confidence in clinical learning environment (n=38)	3 (7.9%)	6 (15.8%)	**29 (76.3%)**
Level of student's critical thinking effectively facilitated (n=38)	5 (13.2%)	15 (39.5%)	18 (47.4%)

Effectively facilitated the student's clinical judgement about patient care (n=38)	6 (15.8%)	6 (15.8%)	**26 (68.4%)**
The clinical placement offered quality learning experience where safe and effective care was evident (n=38)	1 (2.6%)	11 (28.9%)	**26 (68.4%)**
Feedback given by students can be regarded as a learning situation (n=38)	5 (13.2%)	7 (18.4%)	**26 (68.4%)**

4.5.3 Effectiveness of preceptorship - Preceptees' perspective

Table 4.12: The preceptees agreed that learning took place at a desired pace, showing no statistically significant difference within their levels of training (44%; n=27 of the 2nd years; 65%; n=40 of the 3rd years; 63%; n=31 of the 4th years; p=0.079). This indicated its impact to the effectiveness of preceptorship, though the second years scored lower. It was agreed that preceptees were able to correlate theory and practice effectively, showing no statistically significant difference within their levels of training (75%; n=46 of the 2nd years; 81%; n= 50 of the 3rd years; 71%; n= 35 of the 4th years; p=0.841). Most preceptees agreed with the statement that their clinical placement offered quality learning experience where safe and effective care was evident (53%; n=32 of the 2nd years; 74%, n=46 of the 3rd years; 61%, n=30 of the 4th years). There was no statistically significant difference between preceptees' level of training (p=0.171).

Preceptees also agreed that they were effectively encouraged to use learning opportunities and no statistically significant difference showed within their groups (74%; n=45 of the 2nd years; 82%; n= 51 of the 3rd years; 71%; n= 35 of the 4th years; p=0.440). This was indicated by the effect of their confidence level in clinical learning environment being improved. This showed no statistically significant difference within the preceptees' level of training (72%; n=44 of the 2nd years; 76%; n= 47 of the 3rd years; 74%; n= 36 of the 4th years; p=0.866). Preceptees indicated that their communication skills were effectively improved (67%; n=41of the 2nd years; 79; n=49 of the 3rd years; 78%; n= 38 of 4th years; p=0.287) as well as their critical thinking skills being

effectively facilitated (66%; n=40 of the 2nd years; 79%, n=49 of the 3rd years; 71%; n= 35 of the 4th years; p=0.166) showing no statistically significant difference respectively.

The effect of preceptorship was evident as indicated by preceptees agreeing that they felt competent in clinical learning and there was no statistically significant difference within their levels of training (77%; n=47 of the 2nd years;79%; n= 49of the 3rd years;79%; n= 38 of the 4th years; p=0.851). Thus, the preceptees' willingness to attend clinical placement was facilitated. This showed no statistically significant difference within their levels of training (74%; n=45 of the 2nd years; 87%; n= 54 of the 3rd years; 76%, n= 37 of the 4th years; p=0.287). The level of clinical judgment about patient care was effectively facilitated and showed no statistical significant difference within their levels of training (74%, n=45 of the 2nd years; 84%; n= 52 of the 3rd years; 76%; n= 37 of the 4th years; p=0.586).

Most preceptees agreed that preceptorship effectively facilitated good inter-professional relationship in the clinical areas and no statistically significant difference was shown within their levels of training (66%; n=40 of the 2nd years; 81%; n= 50 of the 3rd years; 69%; n=34 of the 4th years; p=0.118). Preceptees indicated that they agreed with the feedback given to them can be regarded as a learning situation, thus having an effect on preceptorship. The results showed no statistically significant difference within their levels of training (67%; n=41 of the 2nd years; 73%; n= 45 of the 3rd years; 76%; n=37 of the 4th years; p=0.407).

In addition, 4th years (9%; n=5), 3rd years (13%; n=8) and 2nd year (21%; n=13) preceptees added other aspects needed to improve, promote and affecting the effectiveness of preceptorship that they felt should be included. Thus, too many preceptees thus not effective supervision (35%; n=9); monitoring of preceptees not adequate (31%; n=8); provision of feedback that is negative and positive, demonstration of clinical skills to preceptees as remedial action (54%; n=14); and achievement of at least one clinical learning outcome a week with preceptees (14%; n=4).

Table 4.12: Effectiveness of preceptorship (Preceptees' perspective)

		Level of training- Preceptees			Total	Chi-Square (p-value)
		2nd Year	3rd Year	4Th Year		
Learning took place at a desired pace (n=172)	Disagree	18 (29.5%)	9 (14.5%)	6 (12.2%)	33 (19.2%)	8.381[a] (.079)
	Not sure	16 (26.2%)	13 (21.0%)	12 (24.5%)	41 (23.8%)	
	Agree	27 (44.3%)	40 (64.5%)	31 (63.3%)	**98 (57.0%)**	
Able to correlate theory and practice (n=172)	Disagree	5 (8.2%)	4 (6.5%)	4 (8.2%)	13 (7.6%)	1.417[a] (.841)
	Not sure	10 (16.4%)	8 (12.9%)	10 (20.4%)	28 (16.3%)	
	Agree	46 (75.4%)	50 (80.6%)	35 (71.4%)	**131 (76.2%)**	
Effectively encouraged me to use learning opportunities (n=172)	Disagree	4 (6.6%)	5 (8.1%)	3 (6.1%)	12 (7.0%)	3.755[a] (.440)
	Not Sure	12 (19.7%)	6 (9.7%)	11 (22.4%)	29 (16.9%)	
	Agree	45 (73.8%)	51 (82.3%)	35 (71.4%)	**131 (76.2%)**	
The clinical placement offered quality learning experience where safe and effective care was evident (n=172)	Disagree	11 (18.0%)	6 (9.7%)	8 (16.3%)	25 (14.5%)	6.397[a] (.171)
	Not Sure	18 (29.5%)	10 (16.1%)	11 (22.4%)	39 (22.7%)	
	Agree	32 (52.5%)	46 (74.2%)	30 (61.2%)	**108 (62.8%)**	
Improved my confidence in clinical learning environment (n=172)	Disagree	8 (13.1%)	5 (8.1%)	4 (8.2%)	17 (9.9%	1.275[a] (.866)
	Not sure	9 (14.8%)	10 (16.1%)	9 (18.4%)	28 (16.3%)	
	Agree	44 (72.1%)	47 (75.8%)	36 (73.5%)	**127 (73.8%)**	

		Level of training- Preceptees			Total	Chi-Square (p-value)
		2nd Year	3rd Year	4Th Year		
I feel competent in clinical learning (n=172)	Disagree	2 (3.3%)	4 (6.5%)	3 (6.3%)	9 (5.3%)	1.362[a] (.851)
	Not sure	12 (19.7%)	9 (14.5%)	7 (14.6%	28 (16.4%)	
	Agree	47 (77.0%)	49 (79.0%)	38 (79.2%)	**134 (78.4%)**	
Effectively assisted me to improve communication (n=172)	Disagree	8 (13.1%)	2 (3.2%)	3 (6.1%)	13 (7.6%)	5.006[a] (.287)
	Not sure	12 (19.7%)	11 (17.7%)	8 (16.3%)	31 (18.0%)	
	Agree	41 (67.2%)	49 (79.0%)	38 (77.6%)	**128 (74.4%)**	
Effectively facilitated my critical thinking (n=172)	Disagree	7 (11.5%)	1 (1.6%)	6 (12.2%)	14 (8.1%)	6.482[a] (.166)
	Not sure	14 (23.0%)	12 (19.4%)	8 (16.3%)	34 (19.8%)	
	Agree	40 (65.6%)	49 (79.0%)	35 (71.4%)	**124 (72.1%)**	
Effectively facilitated my clinical judgement about patient care (n=172)	Disagree	6 (9.8%)	2 (3.2%)	4 (8.2%)	12 (7.0%)	2.831[a] (.586)
	Not sure	10 (16.4%)	8 (12.9%)	8 (16.3%)	26 (15.1%)	
	Agree	45 (73.8%)	52 (83.9%)	37 (75.5%)	**134 (77.9%)**	
Effectively facilitated good inter-professional relationship in the clinical areas (n=172)	Disagree	9 (14.8%)	2 (3.2%)	3 (6.1%)	14 (8.1%)	7.370[a] (.118)
	Not sure	12 (19.7%)	10 (16.1%)	12 (24.5%)	34 (19.8%)	
	Agree	40 (65.6%)	50 (80.6%)	34 (69.4%)	**124 (72.1%)**	

		Level of training- Preceptees			Total	Chi-Square (p-value)
		2nd Year	3rd Year	4Th Year		
Effectively facilitated my willingness to attend clinical placement (n=172)	Disagree	6 (9.8%)	4 (6.5%)	3 (6.1%)	13 (7.6%)	5.005[a]
	Not sure	10 (16.4%)	4 (6.5%)	9 (18.4%)	23 (13.4%)	(.287)
	Agree	45 (73.8%)	54 (87.1%)	37 (75.5%)	**136 (79.1%)**	
Feedback given to me can be regarded as a learning situation (n=172)	Disagree	10 (16.4%)	4 (6.5%)	4 (8.2%)	18 (10.5%)	3.994[a]
	Not sure	10 (16.4%)	13 (21.0%)	8 (16.3%)	31 (18.0%)	(.407)
	Agree	41 (67.2%)	45 (72.6%)	37 (75.5%)	**123 (71.5%)**	

4.6 COMPARISON OF PRECEPTEES' CLINICAL PERFORMANCE IN 2012 AND 2014

The clinical performance of preceptees in the years 2012 and 2014 were compared to assess if preceptorship had an impact. In 2014, preceptorship was formalized, having garnered adequate numbers of preceptors to support the preceptees as opposed to 2012. Clinical performances in the following modules were compared: Fundamental Nursing Science (FNS), General Nursing Science (GNS) and Midwifery Nursing Science (MIY) (see next page for Table 4.13).

The results in Table 4.13 show that preceptees who received preceptorship during FNSM in the year 2014 scored higher in practical assessment (μ=82.40; SD=7.41) than those in the year 2012 (μ=65.85; SD=7.81). The mean difference (16.55) between the two groups was highly statistically significant (t=11.01, df=130, p=0.000). The 95% confidence interval showed that the mean of the population was likely to fall within 13.58 and 19.52.

The results in Table 4.13 show that preceptees in GNSM practical in 2014 scored higher (μ=62.24; SD=13.93) than those in 2012 group (μ=61.76; SD=11.52). The mean difference (.048) between the two groups was not statistically significant (t= .214, df=127, p=.416). At the 95% confidence interval this result shows that the mean of the population was likely to fall within (-3.97 and 4.93).

The results also showed that the preceptees scored lower in midwifery practicals in 2014 (μ=54.46; SD= 7.04) compared to the 2012 group that had a high score (μ =72.78; SD=10.86). The mean difference (-16.31) between the 2014 and 2012 group was more statistically significant (t=-10.1, Df= 123, p=0.000). The 95% confidence interval showed that the population mean difference was likely to fall within -19.51 and -13.11.

Table 4.13: Comparison of preceptees' clinical performance (2012 and 2014)

	YEAR	N	Mean	Std. Deviation	Std. Error Mean	Mean Difference	t	df	Sig. (2-tailed)	95% confidence interval
FNSM	2014	65	82.400	9.406	1.167	16.55	11	130	**0.000**	13.6-19.5
	2012	67	65.851	7.807	.954					
GNSM	2014	63	62.238	13.933	1.755	.48	.241	127	0.416	-3.97 -4.91
	2012	66	61.758	11.520	1.418					
MIYM	2014	67	56.463	7.035	.860	-16.31	-10.1	123	**0.000**	-19.51 – (-13.11)
	2012	58	72.776	10.863	1.426					

KEY: SD: Standard deviation SEMean: Std. Error Mean MD: Mean difference t:student's t variable df:degree of freedom CI: 95% Confidence interval

4.7 SUMMARY

Chapter 4 presented research results according to the four sections of the questionnaires from data collected from preceptors, unit managers and preceptees. In this chapter the data collected was analysed using SPSS 23 (Statistical Package for Social Science) and interpreted in a bid to address all the objectives of the study. Preceptorship in undergraduate nursing programme in a nursing education institution in the North West Province has apparently been evaluated successfully. In chapter 5 the research results are discussed based on the analysis.

CHAPTER 5
DISCUSSION OF RESULTS

5.1 INTRODUCTION

This section provides a discussion of the results that were interpreted in the previous chapter. The discussion is based on the objectives of the study namely: factors influencing preceptorship, level of satisfaction and effects of preceptorship in clinical learning in the undergraduate nursing programme as well as comparing clinical competence of preceptees during a period where adequate numbers of preceptors were provided in comparison with when there were few preceptors available.

The purpose was to identify strengths and gaps in preceptorship as implemented in the nursing education institution. The evaluation of preceptorship in the undergraduate programme is discussed from the preceptors', managers' and preceptees' perspectives. These are compared and contrasted with the existing literature and applied to the theoretical framework chosen for the study.

5.2 FACTORS INFLUENCING PRECEPTORSHIP

In the descriptive analysis of data, preceptorship was found to have influenced clinical learning positively. The preceptorship model of clinical supervision has been an integral part of nursing education for many years, and it affords preceptees the opportunity to develop self-confidence while increasing their competence as they become socialised into nursing (Baxter, 2006:104; Lofmark *et al.*, 2007:259). Within the preceptorship model, the three participants, the preceptor, the preceptee and faculty member each have a responsibility within the triad relationship (Billay & Myrick, 2008:259). However, this cannot be effective without clinical staff and a clinical

learning environment that is conducive to ensuring that expected learning outcomes are provided for preceptees. The quality of the interpersonal relationships is an influential factor for clinical learning and in enriching clinical competencies of preceptees (Lawal *et al.*, 2016:36; Tiwaken *et al.*, 2015:69).

5.2.1 Interpersonal relationship

From the results, it is clear that discussing expected learning outcomes with the preceptees, preceptors and unit staff members forms the basis of a positive and conducive relationship in clinical areas. It is important to recognize that preceptees feel a sense of belonging if all who are responsible for their learning have the same information. The learning outcomes, clarity on preceptees' current competencies and how to achieve them should be presented in the initial phase of their clinical placement (Dale *et al.*, 2013:6).

Learning outcomes have to be provided by the NEI to the health services. Unit managers form a part of the preceptorship model in ensuring quality nursing education. Lack of involvement of unit managers in preceptees' clinical learning may result in missing valuable learning opportunities as they also have the responsibility to intervene if there are issues in the preceptor-preceptee relationship. This intervention ensures that goals and objectives are met (Mitchell & Kennedy, 2013:4). Preceptees depend on the preceptors, staff members and faculty to achieve their learning outcomes in clinical settings. Opportunities for further growth are more likely when preceptors, managers and staff play a role in supporting preceptees' transition from novice to expert (Dale *et al.*, 2013:6; Lawal *et al.*, 2015:36). It is therefore necessary that all stakeholders should be fully considered in planning for the implementation of quality and effective preceptorship experiences and nurses in the clinical areas could take an active part in student teaching as partners (Cele *et al.*, 2002:50; Happell, 2009:375).

The preceptorship model clearly portrays the importance of partnership and collaboration and that the production of knowledgeable, skilled and competent graduates is a shared responsibility (Happel, 2009:375). Preceptees depend on preceptors, staff members and faculty to achieve specified learning outcomes. Preceptors perceived themselves as having a good relationship with unit managers, preceptees as well as other professional categories in the clinical areas reflected in this study. This indicated the importance of the triad relationship for support in ensuring that clinical learning take place. Preceptees need to be encouraged to learn and one significant part of nurses' role as preceptors was to create space for learning that effectively contributes to their growth and development, through modifying the clinical learning process according to the needs of the learner (Kaviani & Stillwell, 2000:220; Ohrling & Hallberg, 2000:25; Cele *et al.*, 2002:50).

The unit managers and staff members admitted that they encouraged preceptees and showed interest in their clinical learning. Similarly, the results showed that preceptees indicated that they were encouraged by the preceptors to use support from other health care workers and they also had good relationships with their preceptors. Literature supports these findings that the NEI is not the most significant factor in a preceptees' decisions to continue with the programme; instead clinical staff and placements have the greatest impact on their decision to stay (Crombie *et al.*, 2013:1286). A positive working relationship between preceptee and preceptor is vital for learning and fostering emotional wellbeing (Waldock, 2010:14).

The unit managers indicated that preceptors did not have sufficient time to meet preceptees' learning outcomes. This is in line with a study by Dale *et al.* (2013:3) who found that preceptees perceived that they were in a vulnerable position as they continuously had to balance their own needs for appropriate learning experiences and respect for the nurses' lack of time to provide as much guidance as they wanted.

5.2.2 Preceptor preparation and time factor

Preceptors indicated that they possessed adequate knowledge to meet preceptees' learning outcomes; however the time to achieve them was not sufficient. In a study by Waldock (2010:15), lack of time was frequently cited by nurses as a barrier to completing their own clinical work added to an increasing reluctance to take on "extra duties" such as supervising preceptees. It is not surprising that preceptors and unit managers in the clinical settings indicated that it is not possible to meet all the learning outcomes of the preceptees due to insufficient time. One of the key factors influencing the ability of nurses to supervise students is their preparedness for the role (Waldock, 2010:15).

Nurses who are comfortable with their preceptor roles and possess sufficient educational qualifications may also affect students' learning outcomes in positive ways (Dale *et al.*, 2013:6). However, it is often unlikely that preceptors have obtained formal education theory or learnt and mastered all precepting skills. This finding implies that there is urgent need to provide extra training for the role, follow-up education updates and ongoing evaluation (Hyrkas & Shoemaker, 2007:515; Heffernan *et al.*, 2009:548; Warren & Denham, 2010:5). The novice preceptor may require support and direction from the faculty to identify learning situations while experienced preceptors may require faculty support to provide feedback (Zawaduk *et al.*, 2014:217). Consideration needs to be given to the time and financial resources required to prepare preceptors for their role and ensuring a supportive clinical learning environment, where preceptees can receive learning opportunities (Chan, 2002:522; Heffernan *et al.*, 2009:548).

5.2.3 Clinical learning environment

The clinical learning environment provides preceptees with the opportunity to combine cognitive, psychomotor and affective problem-solving (Dale *et al.*, 2013:2). Though the primary

function of the health care setting is to facilitate health and healing, the health sector requires an adequately prepared workforce in sufficient numbers to meet service needs (Sedgwick & Harris, 2012:3). The practice place should provide the preceptees with an environment where they can receive learning opportunities (Chan, 2002:522). Although unit managers agreed that preceptees were encouraged to use learning opportunities in the clinical settings, preceptors held a different view. This left the preceptors with no confidence that there could be a positive atmosphere in the units although they agreed with unit managers that units provided a good learning environment.

A better understanding of what constitutes quality clinical education from the students' perspective would be valuable in providing better educational experiences (Chan, 2002:523). The preceptees experienced a positive atmosphere that prevailed in the units and felt comfortable going there at the start of their shift, while preceptors perceived the atmosphere to be negative and thus impacting negatively upon preceptees' learning in clinical areas. In contrast, studies in Cyprus indicated that preceptees attached lower scores to the ward atmosphere, as they felt uncomfortable taking part in the discussions during staff meetings (Papastavrou *et al.*, 2010:180). Findings from a study by Chan (2002:523) indicated that preceptees preferred a more favourable clinical learning environment than they find themselves in, thus demanded more support, respect and recognition from preceptors and clinicians in the clinical learning environment where they form part of the team. Ward managers create circumstances for a positive ward culture and contribute a positive attitude toward preceptees and their learning needs (Saarikoski & Leino-Kilpi, 2001:265).

5.2.4 Clinical supervision

Ward managers exert an indirect influence on clinical instruction as this supervisory relationship is an important pedagogical activity of nursing staff. The logic is that the creation of learning

space could make preceptees feel they had a legitimate place to be in and in which to act, feeling as secure as if they were in a 'home' (Ohrling & Hallberg, 2000:33; Saarikoski & Leino-Kilpi, 2001:265). Preceptees have their own expectations from the preceptors, regarding what and how they need to learn in clinical settings. The preceptees' readiness can also be influenced by their level of training, with third year preceptees being readier and more committed. Factors such as an interest in student supervision and having a good learning environment were rated high by all preceptees across their different levels of training. Similarly, the study conducted by Severinsson and Sand (2010:674) found that there was a general perception among the students that clinical supervision provided by staff nurses was a positive experience for most of the students. However, 78 out of the 147 participants who were in their third year of study would have liked more supervision than was available (Severinsson & Sand, 2010:674).

In this study there was a significant high level of difference within the three levels of preceptees' training as they positively perceived the assistance given to them by preceptors in identifying appropriate learning opportunities as well as with clinical skills to achieve competencies required, especially the third years. This is in line with a study by Severinsson and Sand (2010:674) where respondents expected to get their degree in a short time. This indicated that preceptees appreciated the presence and assistance from their preceptors, with specific reference to third year preceptees. With these study findings and additional support from the literature (Hendricks *et al.*, 2013:313) the preceptored model allows a realistic practice situation with opportunity for the student to begin to act and think like a nurse. Supervisory relationship is the most important factor contributing to the clinical learning experiences satisfaction of preceptees.

5.3 LEVEL OF SATISFACTION WITH PRECEPTORSHIP

Satisfaction with preceptorship in clinical settings is the cornerstone of ensuring that transfer of knowledge, skills and attitudes is facilitated. Preceptors, educators and service providers have expectations as to how and what the clinical field should provide, although undoubtedly these expectations differ (Midgley, 2005:343). This is shown by the different results that indicated that there was a high level of satisfaction with the use of preceptors and the support provided by lecturers and the nursing education institutions. This view was not shared by everyone as preceptors ranked the support from managers as being low.

5.3.1 Support in clinical learning

The management style of the unit manager was regarded as the second most important factor contributing to satisfaction with the clinical learning environment as this also contributed to the commitment of qualified staff to supervise and guide preceptees (Saarikoski & Leino-Kilpi, 2001:265). The support from the unit staff and preceptors in clinical areas could be a source of motivation for preceptees. Hallin and Danielson, (2009:300) found that lecturers supported preceptees and preceptors with equivalent information and this assisted the preceptors to set aside time for introduction before practice that would certainly have played an important part in helping preceptees to get over "beginner's uncertainty" quickly.

NWU

The results also emphasized the importance of university support where lecturers give appropriate information about student outcomes, as preceptees viewed positively and as beneficent the supervision from both preceptors and teachers. This support contributed to the fulfilment of intended learning outcomes (Hallin & Danielson, 2009:301; Lofmark *et al.*, 2012:158). Faculty involvement with preceptors and preceptees takes time, commitment, and technique to ensure competent nursing delivery (Zawaduk, 2013:218). Support and appreciation

of preceptees during clinical placement is vital in realising that a safe and competent practitioner is produced.

5.3.2 Clinical placement

Preceptees indicated satisfaction with their clinical placement and support from the unit managers. Papastavrou, Lambrinou, Tsangari, Saarikoski and Leino-Kilpi, (2009:180) also had similar results with studies conducted in Cyprus as preceptees evaluated their clinical learning environment and supervision by staff nurses as good. However, these results were not consistent with the findings by Karabulut *et al.*, (2015:14) who observed that preceptees did not think that their clinical practice setting was sufficient. The relationship between the supervising nurses and preceptees are important influences on the placement experience and assist a preceptee's transition into a safe, competent practitioner (Courtney-Pratt *et al.*, 2011:1386; Sedgwick & Harris, 2012:4).

There are several aspects of undergraduate placements that are critical in providing high quality experience, which entails feelings of belongingness, welcome and acceptance, strategies to facilitate teaching and learning and thus developing competence (Courtney-Pratt *et al.*, 2011:1382). The findings of this study however further showed that preceptors were less satisfied with clinical placement of preceptees. This could be primarily because preceptors understood the importance of clinical environment in terms of it being a learning environment in ensuring that preceptees achieve their learning outcomes. In contrast Papp *et al.*, (2003:267) states that even though the preceptor knows the ward in which the preceptee is practising, the lecturer is still more capable of identifying elements that are important for each particular practice. Papp *et al.*, (2003:267) further suggest that co-operation between clinical practice

placements and the school should be developed further to establish the best learning environment for the preceptees.

The results from the study by Lofmark *et al.*, (2012:167), showed a high level of satisfaction for the support from preceptors and the association between preceptor supervision and meeting the learning outcomes was high. Clinical placement is regarded as an important element in the whole learning process of preceptees as they interact with their preceptor and staff members (Papp *et al.*, 2003:263; Midgley, 2005:342). The quality of clinical placement does not benefit the preceptee only but preceptors in extending and enhancing their own knowledge, skills and assist with development of confidence in that role as well as providing feedback and opportunity for critical reflection to the preceptees (Courtney-Pratt *et al.*, 2011:1387).

5.3.3 Feedback on clinical learning

Feedback is as a measuring tool for all concerned in preceptees' clinical learning. If one party is not given feedback, as was the case with unit managers in this study, clinical nursing education cannot improve and preceptees are not likely to achieve their learning outcomes. Several studies also showed that supportive responses from the preceptors, unit managers and patients improved preceptees' self-confidence as well as their motivation to learn and develop communication and documentation skills (Jiang *et al.*, 2012:155; Severinsson & Sand, 2010:675). Moreover, Newton *et al.*, (2009:325) indicate that the effectiveness of the workplace as a learning environment is predicated on ensuring that constructive feedback from both healthcare workers and students is facilitated. Communication and feedback carried out in a respectful, friendly and supportive way results in good learning experiences and growth for preceptees, even in problematic situations (Dale *et al.*, 2013:6).

5.3.4 Satisfaction with preceptorship model

The high level of satisfaction with preceptorship was echoed by 100% of preceptors, preceptees and unit managers involved recommending the use of preceptorship in all nursing programmes by the nursing education institutions. This was shown by study findings that students who had positive experience expressed willingness to continue working at their host hospital, as they were highly motivated and thus prepared for clinical work (Jiang, 2012:155). In a study by Latessa *et al.*, (2007:701) most community preceptors indicated that they were satisfied with preceptorship and likely to continue precepting. Preceptorship has always been a vital part of the practice of nursing (Mantzorou, 2004:8).

5.4 EFFECTS OF PRECEPTORSHIP

Clinical teaching is an invaluable instructional tool in developing the nursing skills of preceptees (Shepard, 2014:74). Respondents in this study perceived that preceptorship experience helped improve clinical skills, communication, confidence, competence and clinical judgement skills of preceptees though unit managers did not indicate that critical thinking skills have been improved. Preceptees in the study conducted by Shepard (2014:83) perceived preceptorship to have been beneficial for professionalism, communication and clinical skills, though they did not perceive their critical thinking skills and confidence level as having been significantly changed.

5.4.1 Communication and professional skills

Learning how to communicate and document should influence user involvement and the preceptees need to have basic tools or competencies to transform their intellectual knowledge into effective actions (Severinsson & Sand, 2010:675). In this study most of the preceptors, managers and preceptees felt that preceptorship has indeed assisted preceptees to improve their communication skills. This was also supported by the results from a study done by Muir

(2013:636), where preceptors perceived that they had an impact on preceptees' clinical skills and knowledge, role development, personal skills and preceptees' relationship (professional and communication skills).

5.4.2 Confidence and competence

Some preceptees stood out as particularly confident, competent individuals whose documentation abilities improved and progressed in organizational skills and time management (Wieland, 2007:320). This could be attributed to a skilled preceptor who is motivated, active and authentic participant in the sessions (Severinsson & Sand, 2010:764).

Preceptors in the current study as well as unit managers and preceptees agreed that preceptorship had an influence in improving the students' levels of confidence in clinical learning. This is supported by a study by Woods *et al.*, (2014:7) on the preceptees' overall confidence level, though they declared that they lacked confidence in their ability to care for a case load of three or more patients. The presence of preceptors in assisting preceptees with clinical skills to achieve desired competencies was highly applauded as indicated in several studies as it is certainly a confidence builder. This fact consolidates the perceptions on the advantages of the preceptor model (Hendricks *et al.*, 2013:314; Edwards *et al.*, 2015:1266).

The study showed that preceptors, preceptees and unit managers perceived that the clinical placement to be of good quality and that learning opportunities were used effectively. Learning was effectively taking place at a desired pace and this motivated preceptees to attend their clinical placement willingly. Dialogue between preceptees, preceptors and staff members invite questions in a reflective and critical manner, thus challenging thinking through sharing of perspectives (Forneris & Peden-McAlpine, 2009:1721). The unit managers had a different

opinion from the preceptors and preceptees, stating that critical thinking was not effectively achieved.

5.4.3 Critical thinking

Success in leading preceptees to think critically rests with the tone set by preceptors and staff. A positive and confidence-boosting tone allows students to use sound judgement to make immediate clinical judgement. This also insinuates that bad judgments must be refined and corrected in particular cases (Myrick & Yonge, 2001:466). Critical thinking can be regarded as a process of engaging in a dialogue between the preceptees, preceptors and staff members through questioning. This critical thinking must be taught. However, mastering critical thinking takes time and those who provide clinical supervision to preceptees need to understand that.

Forneris and Peden-McAlpine (2009:1717) derived four attributes of critical thinking from the works of educational theorists, which are: context, reflection, dialogue and time. This framework could assist preceptors and those providing clinical supervision to change their conceptualisations of critical thinking (Forneris & Peden-McAlpine, 2009:1720). The preceptors, unit managers and preceptees felt that clinical judgement was said to be effectively improved in this study. Findings from the study by Fornesis and Peden-McAlpine, (2009:1721) illustrated that critical thinking could be enhanced by preceptors through stimulating the novice nurse to engage in an intentional and reflective dialogue.

5.4.4 Clinical judgment

Clinical judgment, like critical thinking is an essential skill which every nurse needs. There is a disjuncture however on how to present this skill to preceptees and how to assess it (Lasater, 2006:496). Tanner's clinical judgment model components, which are noticing, interpreting, responding and reflecting, are discussed and could be used in clinical learning to ensure good

clinical reasoning depending on the situations learning and caring is taking place (Benner, 2004:188; Lasater, 2006:497). Clinical reasoning is necessary, particularly for novice preceptees in transition into clinical practice and clinical judgment has relied on participants' responses to cases, or on participants' recall of particular situations in practice (Lasater, 2006:496). Preceptees need to be directed and be focused on important changes in a patient's condition in order to practice good clinical judgement skills as this could improve their clinical performance.

5.5 COMPARING CLINICAL PERFORMANCE OF PRECEPTEES IN 2012 AND 2014

Clinical performance is defined as the ability to function competently and to demonstrate the appropriate knowledge, judgment and skills while in the clinical setting (Barrett and Myrick, 1998:366). According to the South African Nursing Council (SANC) competencies are a combination of knowledge, skills, judgement, attitudes, values, capacity and abilities that underpin effective performance in a profession. It is therefore necessary to determine and comply with SANC requirements for any preceptee to be declared competent and move to the next level of training or complete the undergraduate nursing programme.

Comparison is undertaken between clinical performances of preceptored students in the year 2014 to those where preceptors were few in 2012 in the three clinical modules, i.e., Fundamental Nursing Science, General Nursing Science and Midwifery Nursing Science. There was a statistically significant difference in the clinical performance of preceptees in Fundamentals of nursing sciences for the year 2014 than in 2012. Preceptees scored higher in the year 2014 than in 2012.

In Midwifery preceptees mean score was high in the year 2012 than in 2014 with a more statistically significant difference. These findings are similar to the results of a study by Yonge

and Trojan (1992) . In general nursing science, the mean score for the year 2012 was higher than in the year 2014 with no statistical significant difference. Similarly findings of studies quoted by Barrett and Myrick (2003) indicated no significant statistical difference between the clinical performance of preceptored and non-preceptored groups. The different results in the subjects could be due to the disagreement on methods that could adequately measure competence (Bartlett *et al.*, 2000:370).

Clinical performance of preceptees is measured through formative and summative evaluations, assessing the three domains, i.e., knowledge, psychomotor and affective skills. Formative evaluation is not intended to be grated as it serves in giving feedback regarding clinical learning and forms part of clinical learning strategy. Clinical performance in the current study was graded in the Objective Structured Clinical Evaluation tools (OSCE) by assessors, while in other studies preceptees performed self-evaluation and preceptors also evaluated them, leading to differences in grading. Preceptors scored preceptees higher than they scored themselves.

5.6 SUMMARY

In this chapter the discussion of results was adequately addressed. Preceptorship in the undergraduate nursing programme has been successfully evaluated, addressing factors, effects and level of satisfaction within the undergraduate nursing level. In the next chapter, limitations are identified and conclusions drawn in order to come up with recommendations on how to improve preceptorship.

CHAPTER 6

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

In this final chapter, conclusions, limitations and recommendations based on the study resuts are discussed. The conclusions provided about the study are drawn from literature conclusions, empirical conclusions and applied to the theoretical framework of this study. In order to improve preceptorship in clinical learning recommendations will be made for nursing practice, nursing education and nursing research. Limitations of the study will also be highlighted.

6.2 LITERATURE CONCLUSIONS

It is clear that the results of the study indicated that the purpose of the study has been achieved. Literature regarding evaluation of preceptorship in clinical learning was developed in Chapter one (1) in order to provide a background of the study. Conclusions regarding factors influencing preceptorship, levels of satisfaction, effects and clinical performance of preceptees were obtained from integrating literature with the study results. The researcher summarizes what is already known about preceptorship in a bid to draw conclusions.

6.2.1 Conclusions regarding factors influencing preceptorship

A supportive clinical learning environment is important in securing the required teaching and learning process in order to provide the preceptees with learning opportunities (Chan, 2002:522). Failure to provide adequate learning opportunities for preceptees to competently and safely care for patients could result in a nursing graduate who has not met the required standards and competencies of the profession (McHugh & Lake, 2010, quoted in Lawal, 2015:36). The nature of the clinical learning environment has major impacts on the outcomes of the students' field

experiences (Chan, 2002:523). Factors contributing to failure of providing a conducive CLE could be associated with lack of knowledge by preceptors and staff members of the preceptees' expected learning outcomes. Other factors such as lack of preceptor preparation could add to challenges faced by preceptees in the CLE.

One of the key factors influencing the ability of nurses to supervise students is their preparedness for the role (Waldock, 2010:15). Preceptors are required to possess professional as well as academic qualifications and employers have a responsibility to provide preceptors with the knowledge and skills required (Bengtsson & Carlson, 2015:2). The preparation of and support for professional nurses to become preceptors is important in the delivery of effective, high-quality clinical learning experiences that meet nursing students' learning needs or outcomes (Cloete & Jeggels, 2014:2). Heffernan *et al.*, (2009:548) indicated in their study that the success of preceptorship in practice is the responsibility of both educators and clinicians working in partnership, therefore consideration needs to be given to the time and financial resources required to prepare preceptors for their role. The nature and quality of the preceptor relationship is an anchor to the preceptoring process (Heffernan *et al.*, 2009:542).

The importance of an effective interpersonal relationship between clinical staff and preceptees in creating a positive learning environment is emphasized as the most influential in the development of nursing skills, knowledge and professional socialization and as such the clinical staff should be prepared in their role as they participate as role models and teach preceptees to care (Tiwaken *et al.*, 2015:73; Lawal *et al.*, 2016:37). Factors such as lack of interpersonal relationship in the CLE may result in anxiety amongst preceptees thus impacting learning in the clinical areas (Lawal *et al.*, 2016:37). Relationships often take time to develop and are influenced by communication, willingness, previous experiences, and the attitudes of both the nurse and preceptee (Waldock, 2010:16).

6.2.2 Conclusions regarding level of satisfaction with preceptorship

The negative factors identified in this study could have an influence on the level of satisfaction with preceptorship by the relevant stakeholders in the clinical areas and the NEI. This study revealed that preceptees were not satisfied with the manner feedback was provided to them. It is also concluded that preceptees were not satisfied with time spent in clinical areas and having to compete with students from other NEIs for clinical placement and with the support from unit managers, preceptors and the NEI. In a study by Woods *et al.*, (2014:8), students placed high value on clinical placement as a method of increasing their level of perceived confidence and competence to practice independently.

6.2.3 Conclusions regarding effects of preceptorship

The results from this study reflected on experiences of respondents on what inhibits effective clinical learning. The critical points identified in this study from close ended and open ended questions are inability of preceptees to correlate theory and practice, lack of critical thinking skills and lack of effective clinical supervision as well as inability to achieve expected learning outcomes. Approaches in order to decrease the gap that exists between the academic and the clinical component of nursing education should be explored and would also help the clinical instructors to design strategies and new innovative ways for more effective clinical teaching (Tiwaken *et al.*, 2015:72). It is therefore submitted that integration of both theory and practice with good clinical supervision could enable preceptees to feel confident with their abilities and competent to take care of patients, thus also contributing to the fulfilment of intended learning outcomes to a large extent (Lofmark *et al.*, 2012:168, Tiwaken *et al.*, 2015:72).

6.3 EMPIRICAL CONCLUSIONS AND APPLICATION OF THE THEORETICAL FRAMEWORK TO THE RESULTS OF THIS STUDY

The results of this study are contextualized within the theoretical framework chosen, which is adapted from Patricia Benner's Novice to Expert theory and Brenda Happell's preceptorship model. *Novice to Expert Theory* focuses on experiential learning and is geared towards moving novice nurses to more experienced nurses and to provide opportunities for the preceptor to be recognized as an expert caregiver (Rogers, 2004:18). Preceptorship model on the other hand focuses on preceptee-preceptor relationship and the role of nursing education institutions and nursing services in the partnership for effective clinical learning.

On application of the *Novice to Expert Theory* and preceptorship model as the theoretical framework, it can be concluded that collaboration and partnership between stakeholders in the preceptorship model was lacking. This is shown by unit managers who indicated that they were not included when learning outcomes of preceptees were discussed by faculty member, preceptees and preceptors, while preceptors perceived that they are not welcomed in the clinical areas. The lack of collaboration and partnership was seen as a factor that led to the clinical learning environment not to have a positive atmosphere for learning and no support for preceptee and preceptors. This can lead to preceptees who are not confident, incompetent and lack critical thinking skills. Preceptor-preceptee relationship forms the basis for the preceptorship model.

In conclusion, there is lack of critical thinking amongst preceptees when in clinical areas. Critical thinking in nursing is purposeful, outcome-directed thinking, which is driven by patients' needs and guided by professional standards and preceptors can facilitate critical thinking in many ways, especially by communication during clinical supervision (Baltimore, 2004:137; Popil, 2010:204). One of the functions of the preceptor is to facilitate the application

of theory to practice, as well as encouraging higher levels of thinking (Nursing education stakeholders, 2010:6). Preceptors in this study were not well prepared for the role as they also lacked expertise in clinical teaching and learning.

The necessity of preparing preceptees for today's complex health care environment after graduation has resulted in new academic and practice partnership where nurse managers have key roles, however teaching people to think critically is a challenge and engaging in critical conversation with novice nurses is not a skill that comes naturally (Popil, 2010:204; Marchigiano *et. al.*, 2011:144; Fornesis & Peden-McAlpine, 2009:1716).

6.4 LIMITATIONS

The study was limited in that it was conducted in one nursing education institution and its accredited health care services in one province and results emerging from it cannot be generalised. The clinical practical marks of some of the modules were not available, thus a clear picture in regard to clinical performance of preceptees could not be obtained. The collection of completed questionnaires from some of the unit managers was a challenge. This might affect the integrity and validity of research results of the study. However, the support from the nursing manager of the affected hospital allocated one of the managers to collect the remaining questionnaires.

6.5 RECOMMENDATIONS

A number of recommendations emerged from the study. The following recommendations were made based on the conclusions: on nursing education, nursing practice and nursing research.

6.5.1 Nursing education

- Clinical education and training must be strengthened by re-establishing clinical teaching departments or units at all NEIs or hospitals, supported by a co-ordinated system of clinical preceptors and clinical supervisors and funding to support the endeavours (Strategic Plan for Nursing Education, 2012/13-2016/17:33).
- Develop an appropriate preceptorship model for South Africa.
- There is a need to design and offer preceptor preparation programme in order to provide support in clinical teaching and learning. This could improve preceptor preparedness for the role and improve effectiveness of preceptorship model.
- Formal recognition of the preceptor in their role and responsibilities should be considered and could probably include financial reward.
- Reduce workload for preceptors so that they can spent more time with preceptees in the clinical areas
- Grading of clinical performance of preceptees need to be standardized in order to be able generalize the grading in different settings

6.5.2 Nursing practice

- Strengthen collaboration and partnership between the NEI, health services, faculty members, preceptors and unit managers.
- This could be achieved by planned regular clinical meeting and share information on current practices in clinical teaching and learning with the managers, preceptors and faculty members.

- Creation of positive practice environment (PPE) as a matter of urgency to reduce its negative impact on preceptorship
- Clinical teaching departments to be re-established as a matter of urgency

6.5.3 Nursing research

- Conduct more empirical studies on evaluation of preceptorship in clinical learning in undergraduate nursing programmes in other provinces in South Africa to validate the results of the current study.
- More research ought to be conducted on different preceptorship models and their appropriateness in the South African context.
- Critical thinking and clinical judgment are critical components in clinical learning and need further scientific investigation.
- Conduct research on a regular basis to evaluate if the clinical teaching model is being implemented as stipulated in the strategic plan for nursing education, 2012/13-2016/17.
- Further research using mixed method approach is required to have in-depth understanding of preceptorship in an undergraduate programmeme.

6.6 CONCLUSION

The purpose of the study was to evaluate preceptorship in clinical nursing for an undergraduate nursing programme in the North West province. The quantitative design, which was cross sectional and descriptive in nature, was effective and suitable for the study having achieved all the research objectives and confirmed the efficacy of the theoretical framework applied. A total population sampling was used to collect data for the survey with SPSS version 23 used for analysis. The open-ended and close-ended questionnaires were appropriate in collecting the

relevant data from respondents. Limitations of the study were highlighted and conclusions made. Recommendations for nursing education, practice and research have been suggested in order to improve clinical preceptorship in an undergraduate nursing programme in South Africa.

REFERENCES

Al-Hussami, M., Saleh, M Y N., Darawad M & Alramly, M. 2011. Evaluating the Effectiveness of a Clinical Preceptorship Programme for Registered Nurses in Jordan. *The Journal of Continuing Education in Nursing*. 42(12):1-8.

Altmann, T.K. 2006. Preceptor Selection, Orientation, and Evaluation in Baccalaureate Nursing Education. *International Journal of Nursing Education Scholarship*. 3(1). **DOI:** https://doi-org.nwulib.nwu.ac.za/10.2202/1548-923X.1014

Anderson, S.C. Danielson, A. Hov, R. & Athlin, E. 2012. Expectations and experiences of group supervision: Swedish and Norwegian preceptors' perspectives. *Journal of Nursing Management*. 21(2):263-272.

Andrews, M. & Roberts, D. 2003. Supporting student nurses learning in and through clinical practice: The role of the clinical guide. *Nurse Education Today*, 23:474-481.

Asirifi, M A, Judy,E M, Myrick, F A & Richardson, G. 2013. Preceptorship in the Ghanaian context: 'Coaching for a winning team". *Journal of Nursing Education and Practice*. 3(12):168-176.

Baltimore, J J. 2004. The Hospital Clinical Preceptor: Essential Preparation for success. *Journal of Continuing Education in Nursing*. Volume 35(3):133-140.

Barrett, C. & Myrick, F. 1998. Job satisfaction in preceptorship and its effect on the clinical performance of the preceptee. *Journal of Advanced Nursing*, 27(2):364-371.

Bartlett, H.P. Simonite, V. Westocott, E. Taylor, H.R. 2000. A comparison of the nursing competence of graduates and diplomates from UK nursing programmes. *Journal of Clinical Nursing*, 9(3):369-381.

Baxter, P. 2006. The CCARE model of clinical supervision: Bridging the theory-practice gap. *Nurse Education in Practice*, 7(2):103-111.

Benner, P. 2004. Using the Dreyfus Model of Skill Acquisition to Describe and Interpret Skill Acquisition and Clinical Judgment in Nursing Practice and Education. *Bulletin of Science, Technology & Society*, 24(3):188-199.

Bengtsson, M & Carlson. E. 2015. Knowledge and skills needed to improve as preceptor: Development of a continuous professional development course - a qualitative study part I *BioMedical Central Nursing*. 14(51). DOI 10.1186/s12912-015-0103-9.

Bergjan, M. & Hertel, F. 2013. Evaluating students' perceptions of their clinical placements – Testing the clinical learning environment and supervision and nurse teacher scale (CLES + T scale) in Germany. *Nurse Education Today*, 33(11):1393-1398.

Billay, D. & Myrick, F. 2008. Preceptorship: An integrative review of the literature. *Nurse Education in Practice*, 8(4):258-266.

NWU LIBRARY

Billay, D. B. & Yonge, O. 2004. Contributing to the theory development of preceptorship. *Nurse Education Today*, 24(7):566-574.

Botma,Y., Jeggels.J. & Uys.L.R. 2012. Preparation of Clinical Preceptors. *Trends in Nursing*. 1(1):67-78 http://fundisa.journals.ac.za http://dx.doi.org/10.14804/1-1-25

Brink,H I L.1989.The term preceptor: Its interpretation in South African colleges and international nursing literature. *Curatioinis* 12(3 & 4):62-66.

Brink, H., van der Walt, C. and van Rensburg, G. 2012. *Fundamentals of Research Methodology for Healthcare Professionals*. 3rd edition. Juta. Cape Town.

Brathwaite, A.C. & Lemonde, M. 2011.Team Preceptorship Model: a Solution for Student's Clinical Experience. *International Scholarly Research Network (ISRN Nursing)*. 53(3):1-8 Doi: 10.5402/2011/530357

Brykcznski, K A. 2010. Benner's philosophy in nursing practice. In M R Aligood(4th ed.). *Nursing theory: utilization and application* (137-159). Heights M O : Mosby Elsevier.

Budgen, C & Gammoth, L.2008. An overview of practice education models. *Nurse Education Today* 28(3):273-283.

Bukhari, E A. 2011. Nature of Preceptorship and its impact on clinical nursing care from the perspective of relevant nursing staff. School of Nursing, Midwifery and Social Work. University of Manchester.

Burns, H K & Northcutt, T. 2009. Supporting Preceptors: A Three-pronged Approach for Success. *The Journal of Continuing Education in Nursing*. 40 (11):509-513.

Burns, N. & Grove, S.K. 2007. *Understanding Nursing Research: Building an Evidence –Based Practice*. 4th Ed. Elsevier. St Louis, Missouri.

Carlson, E. 2012. Precepting and symbolic interaction – a theoretical look at perceptorship during clinical practice. *Journal of Advanced Nursing*. 69(2):457-464. doi: 10.1111/j.1365-2648.2012.060047.x

Cele, S.C. Gumede, H.A. & Kubheka, B.A. 2002. An investigation of the roles and functions of nurse preceptors in the clinical areas. *Curationis* 25(1):41-51.

Chan, D.S.K. 2003. Validation of the Clinical Learning Environment Inventory. *Western Journal of Nursing Research*, 25(5):519-532.

Chan, D.S.K. 2002. Associations between student learning outcomes from their clinical placement and their perceptions of the social climate of the clinical learning environment. *International Journal of Nursing Studies*, 39(5):517-524.

Charleston, R & Happell, B. 2005. Coping with uncertainty within the preceptorship experience: The perceptions of nursing students. *Journal of Psychiatric and Mental Health Nursing*. 12(3):303-309.

Charleston, R. & Happell, B. 2005. Preceptorship in psychiatric nursing: An impact from an Australian perspective. *Nurse Education in Practice*, 5(3):129-135.

Cloete, I.S. & Jeggels, J., 2014, 'Exploring nurse preceptors' perceptions of benefits and support of and commitment to the preceptor role in the Western Cape Province', *Curationis* 37(1), Art. #1281, 7 pages. http://dx.doi.org/10.4102/ curationis.v37i1.1281

Courtney-Pratt, H., FitzGerald, M., Ford, K.,Marsden, K & Marlow, A. 2011. Quality clinical placements for undergraduate nursing students: A cross-sectional survey of undergraduates and supervising nurses. *Journal of Advanced Nursing*, 68(6):1380-1390. doi:10.1111/j.1365-2648.2011.05851.x.

Crombie, A. Brindley, J. Harris, D. Marks-Maran, D. Thompson, T.M. 2013. Factors that enhance rates of completion: What makes students stay? *Nurse Education Today*, 33(11):1282-1287.

Dale, B. Leland, A. & Dale, J.G. 2013. What Factors Facilitate Good Learning Experience in Clinical Studies in Nursing: Bachelor Students' Perceptions? *IRSN Nursing*. Volume 2013, Article ID 628679, :pp1-7. http://dx.doi.org/10.1155/2013/628679.

Danielson, A., Sundin-Anderson, C., Hov, R. & Athlin, E. 2009. Norwegian and Swedish preceptors' view of their role before and after taking part in a group supervision programme. *Nursing and Health Sciences* , 11(2):107-113.

Drumm, J., 2013. From our readers: Novice to expert–a nurse educator's personal journey. *American Nurse Today*, 8(4), p.2.

Edwards, D., Hawker, C., Carrier, J & Rees, C. 2015. A systematic review of the effectiveness of strategies and interventions to improve the transition from student to newly qualified nurse. *International Journal of Nursing Studies*. 52(7):1254-1268.

Farrell, M. & Chakrabarti, A. 2001. Evaluating preceptorship arrangements in a paediatric setting. *Journal of child health care or professionals working with children in the hospital and community*, 5(3):93-100.

Field, A., 2013. *Discovering Statistics Using IBM SPSS Statistics*. 4th edition. SAGE Publications Ltd. Washington DC.

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

Haggerty, C., Holloway K. & Wilson, D. 2013. How to grow our own: An evaluation of preceptorship in New Zealand graduate nurse programmemes. Whitireia Community Polytechnic, Porirua, New Zealand; Nursing Council of New Zealand, Wellington, New Zealand

Hallin, K. & Danielson, E. 2009. Preceptoring nursing students: Registered nurses' perceptions of nursing students' preparation and study approaches in clinical education. *Nurse Education Today*, 30(4):296-302.

Happell B. 2009. 'A Model of Preceptorship in Nursing: Reflecting the Complex Functions of The Role.' *Nursing Education Perspective* 30(6):372-376.

Heffernan, C., Heffernan E., Brosnan M. & Brown, G. 2009. Evaluating a preceptorship programme in South West Ireland: perception of preceptors and undergraduate students. *Journal of Nursing Management*. 17(5):539-549.

Henderson, A., Twentyman, M., Heel, A. & Lloyd, B. 2006. Students' perceptions of the psycho-social clinical learning environment: An evaluation of placement models. *Nurse Education Today*, 26(7):564-571.

Hendricks, S.M., Wallace, S L., Narworld, L., Guy, G & Wallace, D. 2013. Comparing the effectiveness, Practice Opportunities and Satisfaction of the Preceptored Clinical and the Traditional Clinical for Nursing Students. *Nursing Education Perspectives*, 34(5):310-314.

Hyrkas, K. & Shoemaker, M. 2007. Changes in the preceptor role: Re-visiting preceptors' perceptions of benefits, rewards, support and commitment to the role. *Journal of Advanced Nursing*, 60(5):513-524.

Jiang, R., Chou, C & Tsai, P. 2012. Preceptor-Guided Clinical Practical and the Learning Experiences of Nursing Students. *The Journal of Nursing Research*, 20(2):152-157.

Johansson, U. B., Kaila, P., Ahlner-Elmqvist, M., Leksell, J., Isoaho, H. & Saarikoski, M. 2010. Clinical learning environment, supervision and nurse teacher evaluation scale: Psychometric evaluation of the Swedish version. *Journal of Advanced Nursing*, 66(9):2085-2093.

Jokelainen, M. Turunen, H. Tossavainen, K. Jamookeeah, D & Coco, K. 2010. A systematic review of mentoring nursing students in clinical placements. *Journal of Clinical Nursing*, 20(19/20):2854-2867.

Karabulut, N., Aktas Y.Y. & Alemdar, D.K. 2015. The relationship of clinical learning environment to nursing students' academic motivation. *Kontakt*, 17(1):9-15. Doi.org/10.1155/2013/628679.

Kaviani, N. & Stillwell, Y. 2000. An evaluative study of clinical preceptorship. *Nurse Education Today*, 20(3):218-226.

Kim, K.H. 2007. Clinical Competence among Senior Nursing Students after Their Preceptorship Experiences. *Journal of Professional Nursing*, 23(6):369-375.

Laerd Dissertation. 2012. Total population sampling. http://dissertation.laerd.com/total-population-sampling.php (Downloaded 04/02/2015)

Landers, M.G. 2000. The theory-practice gap in nursing: The role of the nurse teacher. *Journal of Advanced Nursing*, 32(6):1550-1556.

Lasater, K. 2006. Clinical Judgment Development: Using Simulation to Create an Assessment Rubric. *Journal of Nursing Education*. 26(11):496-503.

Latessa, R., Beaty, N., Landis,S., Colvin, G & Janes, C. 2007. The Satisfaction, Motivation and Future of Community Preceptors: The North Carolina Experience. *Academic Medicine*, 82(7):698-703.

Lawal, J., Weaver,S., Bryan,V. & Lindo, L M J. Factors that influence the clinical learning experience of nursing students at a Caribbean school of nursng. *Journal of Nursing Education and Practice*, 6(4):32-39.

Letizia, M. & Jennrich, J. 1997. A review of preceptorship in undergraduate nursing education: Implications for staff development. *Journal of Continuing Education in Nursing*, 29(5):211-216.

LoBiondo-Wood, G. & Haber, J. 2014. *Nursing Research: Methods and Critical Appraisal for Evidence-Based Practice*. 7thEd. Mosby, Missouri.

Lofmark, A., Thorkildsen, K. Raholm, M. & Natvig, K G. 2012. Nursing students' satisfaction with supervision from preceptors and teachers during clinical practice. *Journal of Nurse Education in Practice*, 12(3):164-169.

Luhanga, F.L, Billay, D., Grundy, Q, Myrick, F & Yonge, O. 2010. The One-to-One Relationship: Is it Really Key to an effective Preceptorship Experience? A Review of the Literature. *International Journal of Nursing Education Scholarship*, 7(1):1-15.

Mabuda, B. T., Potgieter, E. & Alberts. U U. 2008. Student nurse's experience during clinical practice in Limpopo Province. *Curationis*, 31(1):19 -27.

Madisa M, Van Heerden B B & Volschenk M. 2012. Preceptors' and Faculty's Opinions about the Implementation of Preceptorship In the Diploma Nursing Curriculum in Botswana. Stellenbosch Unversity. South Africa.

Maitland, A. 2012. A study to investigate newly qualified nurse"s experience of preceptor ship in an acute hospital in South-East of England. Master of Science in Learning and Teaching dissertation. University of Surrey. England.

Mantzorou, M. 2004. Preceptorship in Nursing Education: Is it a viable alternative method for clinical teaching. *ICUS NURS WEB J*. Issue 19:1-10.

Marchigiano, I S., Edulee, N. & Harvey, K. 2011. Developing critical thinking skills from clinical assignments: A pilot study on nursing students' self-reported perceptions. *Journal of Nursing Management,* 19 (1) : 143-152.

Melrose, S., Park, C. & Perry, B. 2015. *Creative clinical teaching in the health professions.* Retrieved from http://epub-fhd.athabascau.ca/clinical-teaching/

Midgley, K. 2005. Pre-registration student nurses perception of the hospital-learning environment during clinical placements. *Nurse Education Today*, 26(4):338-345.

Mitchell, D. & Kennedy, M. 2013. The experience of undergraduate nursing students, preceptors and academic staff members in clinical practice: An exploration of this triadic relationship. *NMIT Occasional Paper Series*, January 2013.

Moeti, MR, van Niekerk SE & CE van Velden. 2004. Perceptions of the clinical competence of newly registered nurses in the North West province. *Curationis*. August 2004, pp.72-84.

Monaghan, T. 2015. A critical analysis of the literature and theoretical perspectives on theory-practice gap amongst newly qualified nurses within the United Kingdom. *Nurse Education Today*, 35(8), el-e7.

Monareng, L.V., Jooste, K. & Dube, A. 2009. Preceptors' and preceptees' views on student nurses' clinical accompaniment in Botswana. *Africa Journal of Nursing and Midwifery*. 11(2):113-127.

Moore, M. L. 2008. Preceptorships: Hidden benefits to the organization. *Journal for Nurses in Staff Development, 24*(1):E9-E15.

Mosby's Medical Ditionary. 2009.

Moule, P and Goodman, M. (2009). *Nursing Research: An Introduction.* 1st Edition. SAGE. London.

Muir, J. Ooms, A. Tapping, J. Marks-Maran, D. Phillips, S. Burke, L. 2013. Preceptors' perceptions of a preceptorship programme for newly qualified nurses. *Nurse Education Today*, 33(6):633-638.

Muller, M. 2000. Standards for Clinical/Nursing Unit Management in South Africa. *Health SA Gesondheid*, 5(1):45-54).

Myrick, F. 2002. Preceptorship and Critical Thinking in nursing education. *Journal of Nursing Education*, 41(4):154-164.

Myrick, F., Yonge, O. & Billay, D.2010. Preceptorship and practical wisdom: A process of engaging in authentic nursing practice. *Nurse Education in Practice*, 10(2):83-87.

Myrick. F & Yonge, O. 2005. Nursing Preceptorship: Connecting Practice and Education. Lippincott, Williams & Wilkins: Philadelphia.

Myrick, F & Yonge, O. 2004. Enhancing critical thinking in the preceptorship experience in nursing education. *Journal of Advanced Nursing*, 45 (4):371-380.

Myrick, F. & Yonge, O. 2001. Creating a climate for critical thinking in the preceptorship experience. *Nurse Education Today*, 21(6):461-467.

Newton, J.M. Billet, S. Jolly, B & Ockerby, C.M. 2009. Lost in translation: Barriers to learning in health professional clinical education. *Learning in Health and Social Care*, 8 (4):315-327.

Nordgren, J. Richardson, S. & Luarella, V.B. A Collaborative Preceptor Model for Clinical Teaching of Beginning Nursing Students. *Nurse Educator*, 23(3):27-32.

Nursing Strategy for South Africa 2008. *Department of Health. Republic of South Africa*

O'Brien, A. Giles, M. Dempsey, S. Lynne, Slater, L. McGregor, M.E. Kable, A. Parmenter, G. Parker, V. 2013. Evaluating the preceptor role for pre-registration nursing and midwifery student clinical education. *Nurse Education Today*, 34(1):19-24.

Ockerby, C M., Newton. J M., Cross, W M & Jolly, B. 2009. A learning partnership: exploring preceptorship through interviews with registered and nivice nurses. *Mentoring and Tutoring: Partnership in Learning.* 17(4):369-385.

Ohrling, K. & Hallberg, R.I. 2000. Student nurses lived experiences of preceptorship. Part 2 - The preceptor-preceptee relationship. *International Journal of Nursing Studies*, 37(1):25-36.

Papastavrou, E. Lambrinou, Tsangari, H. Saarikoski, M. Leino-Kilpi, H. 2010. Student nurses experiences of learning in the clinical environment. *Nurse Education in Practice*, 10(3):176-182.

Papp, I. Markkanen, M & von Bonsdorf, M. 2003. Clinical environment as a learning environment: Student nurses' perceptions concerning clinical learning. experiences *Nurse Education Today*, 23(4):262-268.

Pellatt, G.C. (2006). The role of mentors in supporting pre-registration nursing students. *British Journal of Nursing*, 15(6):336-340.

Polit, D F & Beck, C T. 2006. *Essentials of Nursing Research: Methods, Appraisal and Utilization.* 6th Edition. Lippincott Williams and Wilkins

Popil,I. 2010. Promotion of critical thinking by using case studies as teaching method, *Nurse Education Today*, 31(2):204-207.

Price, B. 2014. Perception of nurses in the community. *Primary Health Care: Continuing Professional Development,* 24(4),36-41.

Price, D.M. Buch, G.L. & Hagerty, B.M. 2015. Measuring Confidence in Nursing Graduates within the Framework of the AACN Essentials. *Nursing Education Perspectives,* 36(2):116-117.

Rogers, J. 2004. Evaluating the effects of preceptorship programmes on nurse job satisfaction. Washington State University, July 2004.

Saarikoski, M. & Leino-Kilpi, H. 2002. The clinical learning environment and supervision by staff nurses: Developing the instrument. *International Journal of Nursing Studies,* 39(3): 259-267.

SANC Spotlight. Newsletter. Volume 1, Issue 2, July-December 2013.

South African Nursing Council. 2012. Nursing Education and Training Standards. Government Printers. Pretoria.

SANC. 2006. Nursing Act 33 of 2005 (ACT No. 33 OF 2005). Government Printers. Pretoria.

SANC. 1985. Regulation relating to the approval of and the minimum requirements for the education and training of a nurse (General, Psychiatric and Community) and Midwife leading to registration Regulation R425 ,February 1985, as amended. Government Printers. Pretoria.

Sedgwick, M & Harris, S. 2012. A critique of the undergraduate Nursing Preceptorship Model. *Nursing Research and Practice.* 12(1):1-6. Doi:10.1155/2012/248356

Scells, M. & Gill, R. 2009. An evaluation of a strategy to improve the support of orthopaedic nurses through a team preceptorship programme. *Journal of Orthopaedic Nursing,* 11(3-4): 135-145.

Seldomridge, A.L. & Walsh, M.C. 2006. Evaluating Student Performance in Underground Preceptorships. *Journal of Nursing Education*, 45(5);169-176.

Severinsson, E. & Sand, A. 2010. Evaluation of the clinical supervision and professional development of student nurses. *Journal of Nursing Management*, 18(6):669-677.

Shepard, L.H. 2014. Student perceptions of preceptorship learning outcomes in BSN programmes. *Journal of Nursing Education and Practice*, 4(5):73-84.

Stokes, L., & Kost, G. (2005). Teaching in the clinical setting. In D. M. Billings & J. A. Halstead (Eds.), *Teaching in nursing: A guide for faculty* (2nd ed., pp. 325-346). St Louis, MO: Elsevier Saunders.

Strategic Plan for Nursing Education, Training and Practice 2012/13 – 2016/17. Department of Health. Republic of South Africa.

Sundler, A J., Bisholt, M B. Ohlsson U, Engström A K & Gustafsson M. 2013. Student nurses' experiences of the clinical learning environment in relation to the organization of supervision: A questionnaire survey. *Nurse Education Today*. 34(4):661-666.

The Nursing Education Stakeholders (NES) Group. 2010. A proposed model for clinical nursing education and training in South Africa. *Trends in Nursing,* 1(1) http://fundisa.journals.ac.za http://dx.doi.org/10.14804/1-1-23

Tiwaken, S U., Caranto, L C. and David, J J T. 2015. The real world: Lived experiences of

Student Nurses during Clinical Practice. *International Journal of Nursing Sciences*, 2015, 5(2): 66-75. DOI: 10.5923/j.nursing.20150502.05

Udlis, K.A. 2008. Preceptorship in Undergraduate Nursing Education: An Integrative Review. *Journal of Nursing Education,* 47(1):20-29.

Ulrich, B T. 2012. *Mastering precepting: A nurse's handbook for success.* Sigma Thetha Tau International. Honor Society of Nursing.

Waldock, J. 2010. Facilitating student learning in clinical practice. *Kai Tiaki Nursing New Zealand.* 16(1):14-16.

Warren, A.L. & Denham, S.A. 2010. Relationship between formalized preceptor orientation and student outcomes. *Teaching and Learning in Nursing*, 5(1):4-11.

Watson, R., McKenna, H., Cowman, S. and Keady, J. 2008. *Nursing Research: Design and Methods.* Churchill Livingstone: Elsevier

White, R. & Eawn, C. 1991. *Clinical Teaching in Nursing.* 1st Edition. Springer Science and Business Media Dordrecht, Hong Kong.

Wieland, D M., Altmiller, G M. Dorr, M T and Wolf Z R. 2007. Clinical Transition of Baccalaureate Nursing Students during Preceptored, Pregraduation Practicums. *Nursing Education Perspectives* , 28(6):315-321.

Woods, C. West, C. Mills, J, Park, T. Southern, J. Usher, K. 2014. Undergraduate student nurses' self-reported preparedness for practice. *Collegian.* 22(4). http://dx.doi.org/10.1016/jcolegn.2014.05.003.

Yonge, O., Myrick, F. & Ferguson, L M. 2011. Preceptored Students in Rural Settings Want Feedback. *International Journal of Nursing Education Scholarship,* 8(1):1-14.

Zawaduk, C., Healy-Ogden, M., Farrell, S., Lyall, C & Taylor, M. 2014. Educator informed practices within a triadic preceptorship model. *Nursing Education in Practice*, 14(2):214-219. DOI:10:1016/j:nepr.2013.08.008.

Zilembo, M. & Monterosso, L. 2008. Towards a conceptual framework for preceptorship in the clinical education of undergraduate nursing students. *Contemporary Nurse*, 30(1):89-94.

ANNEXURE 1

INFORMATION SHEET

EVALUATION OF PRECEPTORSHIP IN CLINICAL LEARNING FOR UNDERGRADUATE NURSING PROGRAMME IN NORTH WEST PROVINCE

Purpose of the Study

The aim of the study is to evaluate preceptorship in clinical learning for undergraduate nursing programme at a selected nursing education institution.

To the Participants

I am presently engaged in research study and request your participation in a survey that will take between 10 to 15 minutes. Participation is completely voluntary and no pressure, however subtle, may be placed on you to take part. If you agree to take part, we shall ask you to sign a consent form.

Information will be protected by researcher and no names of participants will be used. Information collected from participants will be protected, kept private and confidential. Information collected will be kept under lock and key.

Your participation is voluntary and you are free to withdraw from the study at any time, without stating reasons.

By agreeing to take part in the study, you are also giving consent for the data that will be generated to be used by the researcher for scientific purpose.

ANNEXURE 2

INFORMED CONSENT FORM

(UNIVERSITY OF NORTH WEST- MAFIKENG CAMPUS)

Title Of Project: **Evaluation of preceptorship in clinical learning for undergraduate nursing programme in North West Province.**

I, the undersigned... (Full names and Surname), volunteer to be a participant in a study on Evaluation of preceptorship in clinical learning for undergraduate nursing programme in North West Province conducted by the researcher.

I have read the statement of information of the study and also heard the oral version thereof.

I declare that I understand that:

1. I am free to discontinue participation at any time without fear of being sanctioned by the researcher. The information given up to the point of termination could still be used by the researcher.

2. I was informed that there will be no payment offered to participate in this study.

3. The researcher will grant anonymity and my identity will not be revealed.

Signature of Participant: .... Date: ....

Signature of Investigator: .... Date: ....

Signature of Witness: .... Date: ....

THANK YOU FOR YOUR PARTICIPATION

ANNEXURE 3

QUESTIONAIRE FOR CLINICAL PRECEPTORS

We invite you to complete this important survey on the evaluation of Preceptorship in clinical learning for undergraduate nursing programme. This survey should take about 10 – 15 minutes to complete.

Section 1: Demographic Data

1. Age:

1	**21-30yrs**	**2**	**31- 40yrs**	**3**	**41- 50yrs**	**4**	**51 – 60yrs**	**5**	**61 and above**

2. Sex:

1	**Female**	**2**	**Male**

3. Work pattern:

1	**Full- time**	**2**	**Part-time**

4. Nursing experience:

1	0-2yrs	2	3-5yrs	3	6-10yrs	4	11-20yrs	5	21yrs and above

5. Qualification/s achieved:

1.	Diploma/ Bachelor's degree in Nursing (R425)
2.	Nursing Education qualification
3	Clinical Speciality(Post Basic course)
4	Master's Degree

6. Do you have formal preceptorship training?

1	**No**	**2**	**Yes**

Section 2: Factors influencing Preceptorship

LIKERT TYPE SCALE

1 – Fully disagree; 2- Disagree; 3- Neither agree nor disagree; 4- Agree; 5- Fully agree

This section relate to your evaluation of factors influencing effectiveness of preceptorship. Please Mark with the **cross (X)** the number on the scale to indicate the extent to which you disagree or agree with **the statement/item provided.**

	Item	1	2	3	4	5
7	Discussed course expectations for the term in clinical areas					
8	Possess adequate knowledge to meet students' learning outcomes					
9	Sufficient time to meet the student's learning outcomes					
10	The manager encourages students to use learning opportunities					
11	There is a positive atmosphere in the unit					
12	The unit can be regarded as a good learning environment					
13	The ward staff is generally interested in student supervision					
14	The preceptor has good relationship with the unit/facility managers					
15	The preceptor has good relationship with students					
16	There is good inter- professional relationship in the clinical areas					

17. What other factors do you think affect preceptorship in the clinical areas?

....

....

....

....

....

....

....

....

....

....

....

Please Turnover to the Next Page

Section 3: Level of satisfaction with preceptorship in clinical learning

This section relate to your assessment of level of satisfaction with preceptorship in clinical learning. Please Mark with the **cross (X)** the number on the scale to indicate the extent to which you disagree or agree with **the statement/item provided.**

		1	2	3	4	5
18	Regular constructive feedback given					
19	Satisfied with the Clinical placement of students					
20	Support the use of preceptors in clinical areas					
21	Satisfied with the support from the lecturers					
22	Satisfied with the support from the unit managers					
23	Satisfied with the support from the educational institution to meet student's learning needs					
24	Would recommend the use of preceptorship in all programmes					

25. What other issues would you like to include?

....

....

....

....

....

....

....

....

....

....

Please Turnover to the Next Page

Section 4: Effects of preceptorship in clinical learning

This section relate to the effects of preceptorship in clinical learning.

Please Mark with the **cross (X)** the number on the scale to indicate the extent to which you disagree or agree with **the statement/item provided.**

	Item	1	2	3	4	5
26	Learning opportunities used effectively					
27	Learning took place at the desired pace					
28	Students are able to correlate theory and practice effectively					
29	Assisted the student with clinical skills to achieve competencies required					
30	Effectively facilitated student's willingness to attend clinical placement					
31	The unit manager encouraged students to use learning opportunities					
32	Effectively assisted the student to improve communication skills					
33	Improved student's confidence in clinical learning					
34	Level of student's critical thinking effectively facilitated					
35	Effectively facilitated the student's clinical judgement about patient care					
36	The clinical placement offered quality learning experience where safe and effective care was evident					

37. Please indicate any other statement that you feel can be included.

NWU LIBRARY

....

....

....

....

....

....

THANK YOU FOR YOUR PARTICIPATION .

ANNEXURE 4

QUESTIONAIRE FOR UNIT/FACILITY MANAGERS

We invite you to complete this important survey on the evaluation of Preceptorship in clinical learning for undergraduate nursing programme. This survey should take about 10 – 15 minutes to complete.

Section 1: Demographic Data

1. Age:

1	21-30yrs	2	31- 40yrs	3	41- 50yrs	4	51 – 60yrs	5	61 and above

2. Sex:

1	Female	2	Male

3. Work pattern:

1	Full- time	2	Part-time

4. Nursing experience:

1	0-2yrs	2	3-5yrs	3	6-10yrs	4	11-20yrs	5	21yrs and above

5. Qualification/s achieved:

1.	Diploma/ Bachelor's degree in Nursing (R425)
2.	Nursing Education qualification
3	Clinical Speciality(Post Basic course)
4	Master's Degree

Section 2: Factors influencing Preceptorship

LIKERT TYPE SCALE

1 – Fully disagree; 2- Disagree; 3- Neither agree nor disagree; 4- Agree; 5- Fully agree

This section relate to your evaluation of factors influencing effectiveness of preceptorship. Please Mark with the **cross (X)** the number on the scale to indicate the extent to which you disagree or agree with **the statement/item provided.**

	Item	1	2	3	4	5
6	Discussed course expectations for the term in clinical areas					
7.	I possess adequate knowledge to meet students' learning outcomes					
8	The preceptor has sufficient time to meet the student's learning outcomes					
9	The manager encourages students to use learning opportunities					
10	The ward staff is generally interested in student supervision					
11	The unit can be regarded as a good learning environment					
12	The unit manager give constructive feedback at all times					
13	The preceptor has good relationship with student					
14	The preceptor has adequate knowledge to meet student's learning outcomes					
15	There is good inter- professional relationship in the clinical areas					

16. What other factors do you think affect preceptorship in the clinical areas?

....

....

....

....

Please Turnover to the Next Page

Section 3: Level of satisfaction with preceptorship in clinical learning

This section relate to your assessment of level of satisfaction with preceptorship in clinical learning. Please Mark with the **cross (X)** the number on the scale to indicate the extent to which you disagree or agree with **the statement/item provided.**

		1	2	3	4	5
17	Regular constructive feedback given					
18	Support the use of preceptors in clinical areas					
19	Satisfied with the clinical placement of students					
20	Satisfied with the support from the preceptor to meet student's learning needs					
21	Satisfied with learning opportunities provided to students					
22	Students encouraged to evaluate the clinical learning experience					
23	Would recommend the use of preceptorship in all programmes					

24. What other issues would you like to include?

....

....

....

....

....

....

....

....

Please Turnover to the Next Page

<u>Section 4: Effects of preceptorship in clinical learning</u>

This section relate to the effects of preceptorship in clinical learning

Please Mark with the **cross (X)** the number on the scale to indicate the extent to which you disagree or agree with **<u>the statement/item provided</u>**

	Item	1	2	3	4	5
25	Learning opportunities used effectively					
26	Students are able to correlate theory and practice effectively					
27	The unit manager encouraged students to use learning opportunities					
28	Effectively assisted the student to improve communication skills					
29	Improved student's confidence in clinical learning environment					
30	Level of student's critical thinking effectively facilitated					
31	Effectively facilitated the student's clinical judgement about patient care					
32	The clinical placement offered quality learning experience where safe and effective care was evident					
33	Feedback given by students can be regarded as a learning situation					

34. Please indicate any other statement that you feel can be included.

....

....

....

....

....

....

THANK YOU FOR YOUR PARTICIPATION.

ANNEXURE 5

QUESTIONAIRE FOR STUDENTS/PRECEPTEES

We invite you to complete this important survey on the evaluation of Preceptorship in clinical learning for undergraduate nursing programme. This survey should take about 10-15 minutes to complete.

Section 1: Demographic Data

1. Age: _______.

2. Gender:

1.	Female	2.	Male

3. Level of training:

1.	2nd Year	2.	3rd Year	3.	4th Year

4. Race

1.	African	2.	White	3.	Coloured	4.	Indian

Section 2: Factors Influencing Preceptorship

LIKERT TYPE SCALE

1 – Fully disagree; 2- Disagree; 3- Neither agree nor disagree; 4- Agree; 5- Fully agree

This section relate to your evaluation of factors influencing preceptorship.

Please Mark with the **cross (X)** the number on the scale to indicate the extent to which you disagree or agree with **the statement/item provided.**

	Item	**1**	**2**	**3**	**4**	**5**
5	Discussed course expectations for the term in clinical areas					
6	There was a positive atmosphere in the unit					
7	The ward staff is generally interested in student supervision					
8	I felt comfortable going to the unit at the start of my shift					
9	The unit can be regarded as a good learning environment					
10	The preceptor has adequate knowledge to meet my learning outcomes					
11	The preceptor assisted me to identify appropriate learning opportunities to meet my learning needs					
12	The preceptor assisted me with clinical skills to achieve competencies required					
13	The preceptor encouraged me to use support of other health care workers					
14	The preceptor give constructive feedback at all times					
15	I have good relationship with the preceptor					
16	The Preceptor has good inter-professional relationship in the clinical areas					

17. What other factors do you think affect preceptorship in the clinical areas?

....

....

....

....

....

....

....

Please Turnover to the Next Page

NWU

Section 3: Level of satisfaction with preceptorship in clinical learning

This section relate to your assessment of level of satisfaction with preceptorship in clinical learning. Please Mark with the **cross (X)** the number on the scale to indicate the extent to which you disagree or agree with the **statement/item provided**.

	Item	**1**	**2**	**3**	**4**	**5**
18	Satisfied with the Clinical placement					
19	Satisfied with learning opportunities provided					
20	Satisfied with the support from the preceptor to meet my learning needs					
21	Satisfied with the support from the unit managers					
22	Satisfied with the use of preceptors in clinical areas					
23	Satisfied with regular constructive feedback given about my progress					
24	Encouraged to evaluate the clinical learning experience within the classroom					
25	Would recommend the use of preceptorship in all programmes					

26. What other issues would you like to include?

....

....

....

....

....

....

....

....

....

Please Turnover to the Next Page

Section 4: Effects of preceptorship in clinical learning

This section relate to the effects of preceptorship in clinical learning.

Please Mark with the **cross (X)** the number on the scale to indicate the extent to which you disagree or agree with the **statement/item provided**.

	Item	**1**	**2**	**3**	**4**	**5**
27	Learning took place at the desired pace					
28	Able to correlate theory and practice effectively					
29	Effectively encouraged me to use learning opportunities					
30	The clinical placement offered quality learning experience where safe and effective care was evident					
31	Improved my confidence in clinical learning environment					
32	I feel competent in clinical learning					
33	Effectively assisted me to improve communication					
34	Effectively facilitated my critical thinking					
35	Effectively facilitated my clinical judgement about patient care					
36	Effectively facilitated good inter professional relationship in the clinical areas					
37	Effectively facilitated my willingness to attend clinical placement					
38	Feedback given to me can be regarded as a learning situation					

39. Please indicate any other statement that you feel can be included.

....

....

....

....

....

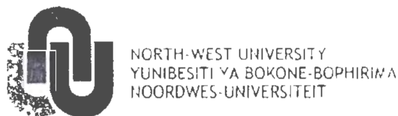
....

....

THANK YOU FOR YOUR PARTICIPATION

ANNEXURE 6

ETHICAL CLEARANCE



Private Bag X6001 Potchefstroom
South Africa 2520

Tel (018) 299-4900
Faks. (018) 299-4910
Web http://www nwu ac za

Institutional Research Ethics Regulatory Committee
Tel +27 18 299 4849
Email Ethics@nwu ac za

ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by the **Health Science Ethics Committee (FAST)** the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby approves your project as indicated below This implies that the NWU-IRERC grants its permission that provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below

Project title: Evaluation of preceptorship in clinical learning for undergraduate Nursing programme in North West province

Project Leader: Ms SE Lethale/Dr L Makhado

Ethics number	N	W	U	-	0	0	1	4	4	-	1	5	-	A	9

Approval date: 2015-08-14 **Expiry date**: 2020-08-13 **Category** N/A

Special conditions of the approval (if any)

- All corrections must be made as communicated to the researcher in the letter from the Health Science Ethics Committee on 14 August 2015

General conditions

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following

- *The project leader (principle investigator) must report in the prescribed format to the NWU-IRERC*
  - *annually (or as otherwise requested) on the progress of the project,*
  - *without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project*
- *The approval applies strictly to the protocol as stipulated in the application form Would any changes to the protocol be deemed necessary during the course of the project the project leader must apply for approval of these changes at the NWU-RERC Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited*
- *The date of approval indicates the first date that the project may be started Would the project have to continue after the expiry date, a new application must be made to the NWU-IRERC and new approval received before or on the expiry date*
- *In the interest of ethical responsibility the NWU-IRERC retains the right to*
  - *request access to any information or data at any time during the course or after completion of the project;*
  - *withdraw or postpone approval if*
    - *any unethical principles or practices of the project are revealed or suspected*
    - *it becomes apparent that any relevant information was withheld from the NWU-IRERC or that information has been false or misrepresented,*
    - *the required annual report and reporting of adverse events was not done timely and accurately,*
    - *new institutional rules national legislation or international conventions deem it necessary.*

The IRERC would like to remain at your service as scientist and researcher and wishes you well with your project. Please do not hesitate to contact the IRERC for any further enquiries or requests for assistance.

Yours sincerely

Linda du Plessis

Digitally signed by Linda du Plessis
DN: cn=Linda du Plessis, o=NWU, ou=Vaal Triangle Campus, email=linda.duplessis@nwu.ac.za, c=ZA
Date: 2015.09.04 18:02:24 +02'00'

Prof Linda du Plessis

Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

ANNEXURE 7

PERMISSION TO CONDUCT RESEARCH

health
Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

3801 First Street
New Office Park
MAHIKENG, 2735

Enq: Kedumetse Shogwe
Tel: 018 391 4504
kshogwe@nwpg.gov.za
www.nwhealth.gov.za

POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

Name of researcher : Ms S.M Lethale
North West University

Physical Address (Work/ Institution) NORTH WEST UNIVERSITY – MAFIKENG CAMPUS
CNR ALBERT LUTHULI AND UNIVERSITY DRIVE
MMABATHO
2735

Subject : Research Approval Letter- Evaluation of preceptorship in clinical learning for undergraduate nursing programme in the North West Province.

This letter serves to inform the Researcher that permission to undertake the above mentioned study has been granted by the North West Department of Health. The Researcher is expected to arrange in advance with the chosen facilities, and issue this letter as proof that permission has been granted by the Provincial office.

This letter of permission should be signed and a copy returned to the department. By signing, the Researcher agrees, binds him/herself and undertakes to furnish the Department with an electronic copy of the final research report. Alternatively, the Researcher can also provide the Department with electronic summary highlighting recommendations that will assist the department in its planning to improve some of its services where possible. Through this the Researcher will not only contribute to the academic body of knowledge but also contributes towards the bettering of health care services and thus the overall health of citizens in the North West Province.

Kindest regards

Dr. FRM Reichel
Director: PPRM&E

14/12/2015
Date

Researcher

19/01/2016
Date

Healthy Living for All

LEPAPHA LA BOITEKANELO
DEPARTMENT OF HEALTH
Kgetsana Poso /Private Bag X2068
Mmabatho 2735
14 DEC 2015
NORTH WEST PROVINCE
REPUBLIC OF SOUTH AFRICA

ANNEXURE 8

PERMISSION TO CONDUCT RESEARCH

1st Floor, NWDoH New
Office Park
Cnr Sekame & First Str
Industrial Site
MAHIKENG, 2745
Private Bag X127
MMABATHO, 2735

Tel: (018) 391 4608
Fax:
Email:
Lmogotsi@nwpg.gov.za

MAHIKENG SUB DISTRICT

TO : **MS S M LETHALE**

CC : **ASSISTANT MANAGERS NURSING**
OPERATIONAL MANAGERS

FROM : **MS. L F MOLAPONG**
ACTING PHC MANAGER

RE : **REQUEST PERMISSION TO CONDUCT RESEARCH**

This communiqué serves to inform you that your request has been approved.

Permission has been granted by Director Policy, Planning, Research, Monitoring and Evaluation

Please note that relevant managers will be informed

Thanking you in advance for your usual support and cooperation

Regards

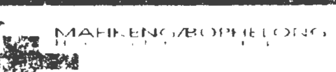
L.F. Molapong
Ms. L F Molapong
Acting PHC Manager

27/6/2016
Date

Healthy Living for All

ANNEXURE 9

PERMISSION TO CONDUCT RESEARCH



Lichtenburg road corner
Danville, Mafikeng
Private Bag X2031
Mafikeng, 2735

Tel (018) 383 2005
Fax (018) 383 3643
mmoromane@nwpg gov za
www nwhealth gov za

MAFIKENG PROVINCIAL HOSPITAL

TO	:	MS. SM LETHALE
CC	:	ALL MPH OPERATIONAL AND NURSE MANAGERS
FROM	:	DEPUTY DIRECTOR NURSING
DATE	:	29/06/2016
SUBJECT	:	PERMISSION TO CONDUCT RESEARCH.

This communiqué serves to inform you that your request to conduct research in Mafikeng Provincial Hospital has been approved.

All Operational and nursing managers will be informed about this research.

Hope you find this in order.

DEPUTY DIRECTOR NURSING
MS. MJ MOROMANE

NORTH WEST PROVINCE
REPUBLIC OF SOUTH AFRICA

Healthy Living for All

ANNEXURE 10

PERMISSION TO CONDUCT RESEARCH

OFFICE OF THE CEO: BOPHELONG PSYCHIATRIC HOSPITAL

TO : Ms S.M Lethale

FROM : Mr M.D Monokoane
Chief Executive Officer
Bophelong Psychiatric Hospital

DATE : 25 August 2016

SUBJECT: RE- APPLICATION TO CONDUCT RESEARCH DATA ON OPERATIONAL MANAGERS

This letter serves to inform you that permission is granted for you to conduct research.

You are expected to make an arrangement in advance with the Acting Nursing Services Manager (Ms T. Tyolo) at telephone no: (018) 383 6700, extension no: 6777.

Kind regards

M.D Monokoane
Chief Executive Officer
Bophelong Psychiatric Hospital

CHIEF EXECUTIVE OFFICER
Bophelong
Psychiatric Hospital
2016 -08- 25
REPUBLIC OF SOUTH AFRICA

1

Healthy Living for All

ANNEXURE 11

CERTIFICATE OF EDITING

Private Bag X2046, Mmabatho
South Africa, 2735

Tel. +2718 389-2451
Cell: 0729116600
Web: http://www.nwu.ac.za

School of Teacher Education and Training
Tel: +2718 389 2451
Cell: 0729116600
Email: 22065215@nwu.ac.za

3rd February, 2017

TO WHOM IT MAY CONCERN

CERTIFICATE OF EDITING

I, Muchativugwa Liberty Hove, confirm and certify that I have read and edited the entire thesis **EVALUATION OF PRECEPTORSHIP IN CLINICAL LEARNING FOR AN UNDERGRADUATE NURSING PROGRAMME IN NORTH-WEST PROVINCE** by **Sesepo Maria Lethale**, student number **24705179** submitted in partial fulfilment of the requirements for the degree **Magister Curationis (Nursing Sciences)** at the North-West University, Mafikeng Campus.

Sesepo Maria Lethale was supervised by **Dr Lufuno Makhado** and co-supervised by **Professor MP Koen** of the North-West University.

I hold a PhD in English Language and Literature in English and am qualified to edit academic work of such nature for cohesion and coherence.
The views and research procedures detailed and expressed in the dissertation remain those of the researcher/s.

Yours sincerely

Dr M.L.Hove

Original details: Dr M.L.Hove (22065215) C:\Users\22065215\Desktop\CERTIFICATE OF EDITING.docx
3rd February 2017

starts here ™