TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION AND RATIONALE

The term preceptorship has been used in the context of nursing for a relatively short period of time, having first appeared as a classification in the International Nursing Index of 1975 (Shamian & Inhaber 1985:79). The word "preceptor" has a general connotation of tutor or instructor (Shamian & Inhaber 1985:79). Goldenberg (1987/88:11) states that preceptorship is a unique experience in which the preceptee/student is guided by a preceptor in developing higher-level practice skills that contribute to quality patient care.

This study sought to explore and describe the views of preceptors and their preceptees regarding the role of the preceptor during clinical accompaniment of nursing students in the Botswana context. A study about the significance of preceptorship as a clinical teaching approach, where a professional nurse acts as a preceptor for student's learning, can offer future guidance to those actively involved in nursing education (Ohrling & Hallberg 2000:13). Furthermore, this knowledge could help to make clinical teaching more efficient and effective. The findings of such a study will help improve preceptorship in Botswana and even regionally.

Brennan and Williams (1993:34) state that the concept of preceptorship emanated in the United States in the late sixties and early seventies. The nursing profession has through the years, adapted and modified the meaning of "preceptor" to describe a unit-based professional nurse who carries out one-to-one teaching of new employees or nursing students.

Shamian and Inhaler's (1985:79) description of preceptorship notes that the one-to-one situation in preceptorship provides an effective mechanism for learning.

It is evident from literature that the student/preceptee can learn effectively under the guidance of a competent senior person who interacts with the student in a one to one situation (Bashford 2002:14).

Shamian and Inhaber (1985:79-81) further point out that, the person who is already successful in an occupation, for example the professional nurse in charge of a unit, knows exactly what knowledge and skills are necessary in the profession. This information should serve as one of the guidelines for nurse educators in defining the characteristics that professional nurses need to have as preceptors. Preceptorship should help students to become competent professional nurses.

A study of nurses' lived experiences as preceptors revealed their conviction that preceptorship instilled confidence in students and empowered them in clinical practice learning situations (Ohrling & Hallberg 2001:530). However, Been (2001:132-134) found that the effectiveness of clinical accompaniment in the learning process was diminished by the growth in numbers of students requiring such accompaniment in a changing hospital environment. The increasing deficit in capacity is one of the reasons why an Alternative Nursing Education System was adopted by Botswana to improve its clinical nursing education and why preceptorship was employed as a clinical teaching approach. The ratio of students to nurse-educator was also high to allow effective student supervision in clinical practice hence the need to introduce preceptorship.

1.2 BACKGROUND TO THE BOTSWANA SITUATION

In 1990 the Ministry of Health (MOH) requested Kellogg Foundation consultants to design an Alternative System of Nursing Education for Botswana. The Ministry needed the nursing education system to be more efficient and cost effective to support career development for practising nurses who wanted to further their studies through the upgrading system. The Ministry also wanted to improve the knowledge and skills of nurses and nursing students for the direct provision and management of Primary Health Care Services (Curriculum for Basic Diploma in General Nursing; June 1995, page not numbered).

Following the submission of a report by the Kellogg consultants, the Ministry of Health appointed a task force in 1990 to review the findings and recommendations made by the

consultants. The focus of the task force was to determine the relevance and feasibility of the recommendations made by consultants. Based on the analysis of the Kellogg report, the task force came up with the following primary recommendation: that the Enrolled Nurses in Botswana should be upgraded to Registered Nurses by means of a two-year Registered Nursing Programme.

A National Curriculum Planning and Development Committee (NCPDC) were then established to work on this recommendation. The committee comprised representatives from all stakeholders namely, the five (5) Institutes of Health Sciences (government owned), two (2) Mission Training Institutions, the University of Botswana (UB), the Unified Local Government Services (ULGS), Hospital Services (HS), Primary Health Care representatives and the Ministry of Education (MOE). The NCPDC facilitated the planning, development and implementation of the new General Nursing Basic Diploma and Enrolled Nurse/Registered Nurse Upgrade curricula.

On March 8 of 1994, the University of Botswana's Executive Committee of the Board of Affiliated Health Training Institutions (BAHTI) approved the modified Registered Nurse Curriculum, which was to be implemented in 1993. The revision of the General Nursing Curriculum and development of the Enrolled Nurse/Registered Nurse Upgrade programme brought about a distinct and observable turning point in the Botswana Nursing Education System. The general and upgrade curricula brought about the use of the preceptorship model as a method of providing clinical education for nursing students.

It was decided that preceptors should be utilised to accompany final year students (year III internship) for the new General Nursing Basic Diploma Program. Furthermore, the Enrolled Nurse-Registered Nurse Upgrade programme was to employ the services of preceptors during the clinical practice for both the full-time and part-time students.

Prior to the introduction of the Alternative Nursing Education System the Traditional Faculty Model was used for clinical teaching.

During the currency of the Traditional Model nurse educators (faculty members) maintained direct contact with students throughout their different levels of training (first, second and third years) in the clinical practice setting, while also having the responsibility of formal academic tuition. The need for a preceptor role became evident in this regard. On average the

nurse educator supervised eight or more students depending on the number of students enrolled in each Health Training Institution.

Under the preceptorship system in most nursing training institutions in Botswana ,nursing students in their final year of training are directly with a preceptor during all duty shifts (day and night). The nurse educator visits the students and preceptors fortnightly as resource persons and to facilitate learning.

The Preceptorship Model has the advantage of allowing close accompaniment and practice oriented education of students. Preceptors have the opportunity to serve as role models for practical experiences in the evolution of nursing expertise (Goldenberg 1987/88:11-13; Atkins & Williams 1995:1006-1015; Bain 1996:104-107; Elderkin 1999:32; Reilly & Oermann 2000:196).

Many international research studies have addressed the concept and process of preceptorship and how it assists the training and role transition from student to professional nurse (Ohrling & Hallberg 2000:13). The only studies on preceptorship done in Southern Africa were in Namibia (Jooste 1991) and two unpublished report in Botswana (Acheson 1997:2-11; Maskey 1997:2-11).

Maskey (1997:1-11) conducted a study on the learning needs of preceptors for students, enrolled for the General Nursing Programme. A study by Acheson (1997:2-11) focused on the evaluation of the General Nursing Programme by students with emphasis on the curriculum aspects and preceptor-student support and supervision as compared to support offered by nurse educators to the preceptee.

Both Maskey (1997:11) and Acheson (1997:10-11) recommended that further studies were needed to determine if preceptors perform roles effectively.

The above-mentioned studies were done in the infancy stage of introducing preceptorship in Botswana's Nursing Education System. During this time, preceptorship was still a grey area that posed a challenge for nurse educators to critically analyse its implementation, costs and benefits.

The findings of this study could also assist the Ministries of Health and Education, as well as Health Training Institutions to consider ways of strengthening preceptorship in nursing education through in-service training programmes.

The *significance* of the findings of this study also lies in the fact that it could indirectly contribute to improving the standard of nursing education and the quality of client\ patient care by ensuring that nursing students are adequately prepared for their professional role during training, and maintain of skills, knowledge and attitudes which is critical to the role of a professional nurse/preceptor.

However, it was not clear how preceptors and preceptees view the fulfilment of the role of the preceptor in some clinical practice settings. Unlike countries like the United Kingdom and the United States of America preceptorship in Botswana has existed for approximately a decade. However, it has rapidly gained increasing momentum and recognition, as it is the clinical instruction approach that is adopted by the eight (8) Health Training Institutions in the country. Although preceptorship has been identified as a viable approach for effective socialisation of students and nurses to their professional role, it was also important to study the role of the preceptor in planning, organising and evaluating learning opportunities for students enrolled for the new General Nursing (GN) and Enrolled Nurse/Registered Nurse upgrade nursing programmes.

1.3 STATEMENT OF THE PROBLEM

Myrick (2002:154) states that although preceptorship is increasingly being used in practice settings, little is known about how preceptors teach and even less is known about how preceptorship relationships are fostered. The same situation prevailed in Botswana as indicated in 1.2 and needed to be examined with a view to promoting and facilitating clinical learning for students.

Preceptors expressed concerns about various problems and issues during the Systematic Programme Review Seminar held in Gaborone during October (1999). Issues raised during this presentation were related to the characteristics of the preceptor and planning, implementation and evaluation strategies during preceptorship.

Issues raised by mentioned preceptors in relation to the *characteristics of the preceptor* were that:

- preceptors were inadequately prepared for their preceptorship role
- motivation among the preceptors lacked
- incentives and rewards for preceptors were lacking, and that.
- support from other nursing colleagues, supervisors and nurse educators, was minimum.

Major issues were attributed to the lack of *planned learning activities* during preceptorship which included:

- Insufficient time for performing the preceptorship role in the midst of routine nursing responsibilities and tasks in the units.
- I'll-defined objectives for learning opportunities provided during preceptorship

Some of the preceptors who participated in this seminar mentioned that they had limited knowledge of *teaching strategies* and that the problem was exacerbated by students' unwillingness to take responsibility for their own learning.

Preceptors stated that the process of *students' evaluation* was tedious and cumbersome given the time constraint and numbers of students concerned. The concerns raised by the preceptors in the preceding paragraphs indicate four distinct problem areas in the preceptorship process that formed the conceptual framework for this study (figure 1.1). Without adequate preparation of preceptors for their role, preceptorship cannot be successful.

Apart from the above-mentioned seminar, a General Nursing Programme Evaluation survey (Botswana Unpublished Report 2001:62), highlighted that preceptors from health facilities expressed concerns that work overload militated against effective preceptorship and planning learning opportunities and evaluation of the preceptees. The preceptors' responses thus justified the need for an in-depth investigation to the role of the preceptor in the clinical practice setting in Botswana.

The overall question for this study can thus be stated in the following question:

How do preceptors in clinical practice settings fulfil their role in the accompaniment of their preceptees ?

Reviewed literature on preceptorship indicates a need for careful and diligent selection of nurses with desirable characteristics for taking up the role of preceptorship. Although the selection criteria may vary from country to country, the attributes that the preceptor should possess should be similar regardless of the setting.

1.4 PURPOSE OF THE STUDY

The purpose of this study was to explore and describe the views of preceptors and preceptees regarding how the role of the preceptor is fulfilled in clinical nursing practice settings. The findings were be used to describe recommendations for improvements in the future role of the preceptor in clinical practice settings in Botswana.

1.5 RESEARCH OBJECTIVES

The objectives of this study were:

- to explore and describe
    - ***characteristics*** which preceptors should possess to carry out their preceptor role in the clinical practice setting;
    - how purposefully the preceptors ***plan the learning opportunities*** for preceptees; in the clinical practice setting
    - which approach should preceptors follow in the ***implementation of different teaching strategies*** during accompaniment of the preceptees; and how the evaluation of the preceptees takes place after learning opportunities in the clinical practice setting have occurred.
- describe ***recommendations*** on how preceptors should effectively fulfil their role in the clinical practice setting.

1.6 CONCEPTUAL FRAMEWORK

The conceptual framework emerged from the problem statement (4 problem areas) and was in line with the objectives of the study.

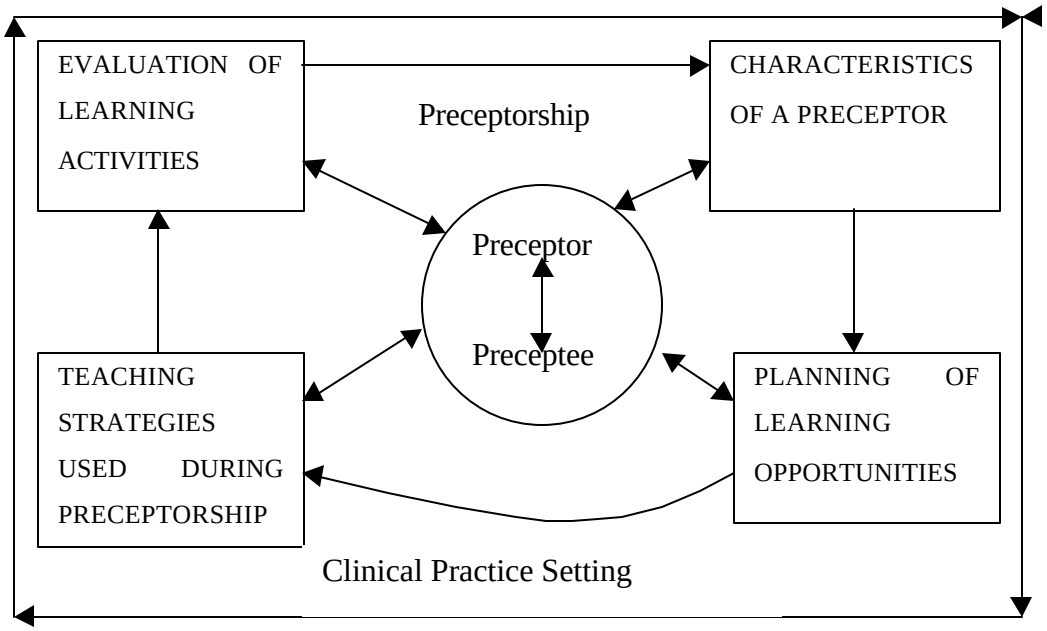


Figure 1:1 Conceptual framework on preceptorship

The conceptual framework (fig 1.1) for this study comprises four concepts that are inherent and critical in the preceptorship process namely; characteristics of the preceptor, planning of learning opportunities, and the use of different teaching strategies and evaluation of learning activities. In this framework the preceptor and preceptee are the key stakeholders involved in the preceptorship relationship. The preceptor should possess certain characteristics that will assist him / her to plan, implement and evaluate clinical learning activities of the preceptee. During preceptee accompaniment the preceptor is charged with the responsibility of guiding and supervising the preceptees in the accomplishment of learning activities. The following concepts of the conceptual framework are therefore described:

The term defines a preceptor as "a teacher or instructor" (Concise Oxford Dictionary 1999:1075). For this study the term ***preceptor*** will include an expert registered nurse who assists students to achieve predetermined learning objectives in a clinical milieu through the use of role modelling and subsequent practice of appropriate nursing behaviours (Bennan & Williams 1993:35). Furthermore***, preceptor*** will refer to a registered nurse with a minimum of two years of clinical experience who acts as a facilitator, counsellor, supervisor and resource person for one or more preceptees during the student's internship. In this study a preceptor is supposed to have undergone orientation to the preceptorship role for a minimum period of at least one day and should have been acting as a preceptor for a period of not less than six months.

NB. In the following chapters the term "she" will be used, although a preceptor could also be a male.

Registered Nurse refers to "a person who has completed a program of basic general nursing education and passed such examinations in the practice of nursing as may be determined by the council, and is registered in the appropriate register" (Nurses and Midwives Act, 1995:A2). In this study the term registered nurse will refer to a nurse who holds a diploma in general nursing, is registered with the Nursing and Midwifery Council of Botswana, and who is working in a hospital or clinic setting in Botswana.

The term ***characteristic*** is defined in the Oxford Dictionary (1999:237) as "typical of a particular person, place or thing. In this conceptual framework the term characteristic refers to the attributes, features or traits that the preceptor needs to possess and how these personal attributes influence the preceptorship relationship and the student accompaniment process. The characteristics of the preceptor are important and influence the preceptor-preceptee relationship.

According to evidenced distilled from a number of sources, suitability for the preceptorship role is predicated on specific topics such as the following: sincere interest in preceptorship, ability to act as a role model, teach and supervise students, basic educational preparation for the preceptorship role, good interpersonal and communication skills, sufficient nursing experience (De Young 1990:3-4; Bremann & William 1993:34-36;Kramer 1993:274; Westra & Graziano 1992:213-214; Jooste & Troskie 1995:8-9,12-13; Bain 1996:1.4; Maskey1996/97:10; Acheson 1997:9; Coates & Gormely 1997:95; Fliesser, Graffin & Beynon 1999:42; Allen & Simpson 2000:509-510; Ohrling & Hallberg 2001:237; Bashford 2002:14).

A ***preceptee*** is "a student who is engaged in studying something or a person who takes a particular interest in a subject" Oxford Dictionary (1999:1424). In this study a preceptee is a final year nursing student (3rd year) training for Basic Diploma in General Nursing or an Enrolled Nurse Upgrade student being supervised by a preceptor during clinical attachment or internship. In this study the terms student and preceptee will be used interchangeably.

The definition of the ***preceptorship relationship*** used in this study is mentioned by Reilly and Oermann (1999:196) who state that preceptorship relationships are based on role modelling. In this relationship the student acquires or modifies behaviour by observing vicariously a role model that has the behaviours expected of a mature professional. In this study preceptorship also refers to the relationship that exists when a preceptee in the clinical setting is guided, supervised and evaluated by a preceptor in the clinical practice setting. Preceptor-preceptee is a learning relationship that exists between an experienced registered (preceptor) and a final year student nurse (preceptee), where the preceptor guides the preceptee in developing high-level practice skills and developing towards becoming a registered practitioner.

The term ***clinical practice setting*** in this study refers to a health facility (either a hospital or clinical) where the preceptor and preceptee interact during preceptorship relationships.

Planning of learning opportunities during preceptorship is essential. The Oxford Dictionary (1993:1092) defines planning as "deciding on, and arranging in advance". For the purpose of this study, planning means arranging, or organising a method, or way of proceeding throughout the preceptorship process by making a plan of action that will guide learning activities for the preceptee. Planning of learning opportunities is pivotal in preceptorship.

Collaborative planning prevents conflicts of interest that could otherwise result between the preceptor and the preceptee, which could ultimately affect their relationship and attainment of learning objectives. Planning also helps to avoid bottlenecks that often result from doing things haphazardly. When several activities are scheduled for the same time then at the end none of them is satisfactorily accomplished. Joint planning of learning activities and objectives provides guidelines for the entire preceptorship process.

For the purpose of this study ***teaching strategies*** used by the preceptor will refer to the different methods and approaches used by the preceptors during clinical teaching. The definition for implementation used in this study is consistent with the Oxford Dictionary (1982:10), which is "putting into effect". This is the actual implementation or working phase when the preceptor's and preceptee's plans are being put into action.

The main focus of the study is on how the learning activities are conducted in the clinical practice setting. Learning activities include teaching strategies used, assignment of students to certain tasks, provision of the existing resources for use by both the preceptor and preceptee and communication channels to be followed. No method can be singled out as exclusively correct. Different strategies complement each other to facilitate conceptualization and create the best combination to suit the needs of all students.

In this study ***evaluation*** of preceptees' learning activities refers to the stage of preceptor assessment of the preceptee's planned clinical learning and achievement of learning objectives. Evaluation in this context will focus on finding out how learning is achieved in relation to course and programme objectives and clinical learning needs. The focus of evaluation is also directed towards establishing if a preceptee has prior knowledge of what clinical assignments they will be assessed on, how and when the assessments must be carried out, familiarity with clinical objectives and clinical evaluation tools and the preceptor's readiness and willingness to assess the preceptee

1.7 DEFINITIONS OF OTHER TERMS

1.7.1 Fulfillment

According to the Concise Dictionary (1989:249) fulfilment means "to develop and use one's abilities fully". For the purpose of this study fulfilment refers to the preceptees' ability to carry out, satisfy and accomplish clinical requirements under the guidance and supervision of a preceptor.

1.7.2 Accompaniment

In this study the term ***accompaniment*** refers to the support, guidance and supervision offered to the preceptee by the preceptor in the accomplishment of clinical learning activities during preceptorship.

1.8 OVERVIEW OF THE STUDY

CHAPTER 1: Orientation to the study

CHAPTER 2: Literature review

CHAPTER 3: Methodology

CHAPTER 4: Data, analysis and interpretation Part 1

CHAPTER 5: Data, analysis and interpretation Part 2

CHAPTER 6: Conclusions, implication, recommendations, and limitations of the study

1.9 SUMMARY

Preceptorship is a relatively new concept in the Botswana's nursing education system and clinical practice settings. The study aims to explore and describe the fulfilment of the role of the preceptor in preceptee accompaniment. The background of preceptorship in Botswana was outlined.

The purpose of the study was emphasised, the problem stated, and justification for the study made. In the following chapter a detailed literature review will be presented with regard to the role of the preceptor.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The purpose of this study was to explore and describe the views of the preceptors and preceptees regarding how the role of the preceptor is fulfilled in some clinical practice settings. In this chapter the researcher reviews relevant literature on preceptorship in nursing education internationally, regionally and nationally.

Literature relevant to the study was reviewed to establish its relevance and applicability to Preceptorship in Botswana. Findings from relevant literature from 1988 to 2004 are presented.

Brink (2000:76) states that "literature review is a process involving finding, reading, understanding and forming conclusions about published research theory on a particular topic". According to Burns and Grove (1999:46), relevant literature refers to those sources that are pertinent or highly important in providing in-depth knowledge needed in studying a selected problem.

For students to become proficient in clinical practice they need competent preceptors who will assist them in the active use of all education opportunities available within the service area in order to develop themselves professionally (Jooste & Troskie 1995:2). These authors further state that the preceptor has the responsibility to direct, support, assess and evaluate the progress of students. Laforet-Fliesser, Ward-Griffin and Beynon's (1999:42) findings indicate that preceptors are constantly faced with a challenge to balance the multiple demands of their students and clients simultaneously.

2.2 PRECEPTORSHIP AND SELECTION OF A PRECEPTOR

2.2.1 Selection of a preceptor for the preceptorship role

Selection of preceptors is done differently in different countries and settings, depending on the availability of resource personnel and educational objectives to be met.

It is important that the preceptor should possess the right characteristics and qualities in order to be able to effectively perform her role in the accompaniment of the student/preceptee. Some authors identified the following as desirable characteristics of a preceptor: clinical competencies, interest in the preceptorship role, ability to socialise the preceptee to the roles of a professional nurse, and willingness to serve as a role models (Jooste & Troskie 1995:11-15; Atkins & Williams 1995:1006-1015; Bain 1996:104-107; Reilly & Oermann 1999:196; Usher, Nolan, Reser, Owens & Tollefson 1999:506; Sawin, Kissinger, Rowan & Davis 2001:197). These authors credit the preceptorship model for its advantage of allowing close supervision and practice oriented education of students. Furthermore preceptors serve as role models for practical experiences in the evolution of nursing expertise. Similarly, Oliver and Aggleton (2002:2) contend that, both preceptors and preceptees, need to have a clear understanding of the process they are engaged in and their respective roles and responsibilities.

Hardyman and Hickey (2001:59) suggest that in selecting preceptors, emphasis should be placed on matching students learning needs with the knowledge and experience of the preceptor. These authors further state that the preceptor's role is concerned with the development of clinical competencies through guidance. However, reviewed literature has shown that although there are certain characteristics to be considered when selecting nurses for the preceptorship role, these are just guidelines and are not exclusive and exhaustive. Basically, two methods of selection have been identified namely; ***voluntary*** and ***involuntary***.

2.2.1.1 Voluntary preceptorship

Voluntary selection refers to advertising the preceptor posts for all registered nurses who are interested and thus show their interest by coming forth to take up the post. Often the

advertisement is by way of a memorandum or newsletter that is circulated within the same clinical setting/health facility where preceptors are need. The prospective preceptors could respond in writing by way of application letters or simply approaching the person who invited the applications, depending on the specifications in the advert. The recruitment personnel would review the applications, interview the applicants and select those that seem suitable to take up the role. Mundy (2003:66) suggests that asking for volunteers is the best method of getting preceptors who will positively influence students /preceptees' learning.

Jooste and Troskie (1995:8-9) also identified the interest of a person to participate in preceptorship as an important characteristic in preceptor selection.

2.2.1.2 Involuntary preceptorship (Selection by appointment or nomination)

This recruitment criterion requires nurse managers to select names of prospective preceptors through knowledge of their capabilities, i.e. abilities that demonstrate they can perform the role effectively. The preceptor is simply appointed to take up the preceptorship role without being given an option as to whether or not they are willing to precept. This is the most commonly used method in the selection of preceptors in most clinical practice settings in Botswana.

The involuntary preceptor section method is not without limitations, as most preceptors have indicated lack of interest or inability to perform the preceptorship role due to other commitments (Maskey 1996-97:10; Molefe, Ncube, Pilane, Baikepi, Makhwade & Dube 2001:54 in a unpublished report).

According to Acheron (1997:9 unpublished report) if preceptors are to be enthusiastic and effective in the preceptorship role, they should have the choice to be preceptors rather than being assigned.

Ohrling and Hallberg (2001:531) identified differences in the fulfilment of the preceptor role between nurses who voluntarily agreed to teach students as part of their role and those who did not. Registered nurses who volunteered to teach were those who had undertaken further studies and were informed about university expectations of the students and found their

teaching task satisfying. Registered nurses who were assigned to the preceptorship role found themselves as inadequate and not ready for the demanding and challenging preceptorship role. The results of the above study emphasise the importance of selecting preceptors through the voluntarily approach. This approach enhances nurses' level of understanding and commitment to the preceptorship role and the responsibilities entailed therein.

2.3 CHARACTERISTCS OF A PRECEPTOR

This section of the review seeks to describe the characteristics that a preceptor should possess during preceptee accompaniment.

Bashford (2002:15) states that "if you are thinking of becoming a preceptor look at yourself". Several other authors identified the following as characteristics that one should possess in order to be a good preceptor: good *communication skills* with new employees and nursing students, *helping skills* in relation to patient care responsibilities, *respect, confidence in others, clinical expertise, ability to* professionally *role model*, ability to demonstrate *leadership skills, proficiency promoting a team spirit among unit personnel*, and unit-specific skills, *emergency* preparedness and the ability to fulfil to all mandatory educational requirements (Byrd et al. 1997: 345; Nordgren et al. 1998:28; Jooste & Troskie 1995).
Characteristics of a preceptor discussed in this review include:

- The clinical experience of the preceptor
- Academic qualifications of preceptors
- Interpersonal relationships
- Communication skills
- Role modelling
- Interest/willingness to act as a preceptor, to supervise and to teach students.

These characteristics are further explored as indicated in the next section.

2.3.1 The clinical experience of the preceptor

The United Kingdom Central Council (UKCC) specify certain characteristics of a preceptor that focus on first level nurses who have had at least one year (or equivalent) experience within the same or related clinical field as the student/preceptee requiring support (Bain 1996:104).

Kramer (1993:274) notes that the selection of preceptors should be based upon the knowledge and clinical competency levels of unit-based nurses. The preceptors should demonstrate superior knowledge and competence levels in preceptee accompaniment with a minimum of nine to twelve months experience on a specific unit.

In a related study Westra and Graziano's (1992:241) findings revealed that the preceptor should have at least six months of clinical experience and that clinical experience should be a criterion for consideration in preceptor selection. Similarly, Mundy (2002:66) also emphasizes that the preceptor must have excellent clinical skills, as working with a clinically skilled preceptor increases the hands-on care, expands the variety of patient events and exposes the student to the seasoned nurse's vast store of knowledge.

2.3.2 Academic qualifications of preceptors

Grealish and Carroll (1998:5) state that while the clinical competences and responsibilities of the registered nurse are learned, it is not very clear if critical thinking and analytical skills of a professional are clearly demonstrated in the preceptorship model. The authors further state that inadequate academic qualifications of the preceptors are a weakness that interferes with the role of the preceptor.

Registered nurses lack first degree qualification and are appointed or nominated to act as preceptors. Likewise, Perry (1988:20) envisages that the preceptor should hold at least one academic degree higher than that being earned by the student or should be a master practitioner who continues practice and work on improving the nursing practice.

In the General Nursing Programme Evaluation and Review Report (2001:43-44), nurse educators in Botswana expressed similar sentiments with Grealish and Carroll (1998:5) and Perry (1988:20) and made the following characteristics essential in the preparation of preceptors for role performance:

- basic degree as a minimum qualification,
- full training programme with certification,
- Regular refresher courses and seminars on clinical teaching courses and educational principles.

Although the above qualifications may be ideal, one would wonder if Botswana has adequate numbers of nurses who hold Basic Nursing Degrees, enough to warrant that it could be adopted as a minimum qualification for preceptorship for diploma students.

Maskey's (1996 /97:9) unpublished report came up with a recommendation that preceptors should be selected on the basis of academic performance and their ability and willingness to be a preceptor. However, the specific academic performance and qualifications were not spelt out and this makes it difficult to compare with qualifications of preceptors in other settings.

2.3.3 Interpersonal relationships

De Young (1990:3) states that "an effective teacher is skilful in *interpersonal relationship*". The skill is demonstrated by taking a personal interest in the students, being sensitive to students' feelings and problems, conveying respect for students and alleviating students' anxieties.

Being accessible for conferences, fairness in all dealings with others, permitting students to express differing points of view, creating an atmosphere in which students feel free to ask questions and conveying a sense of warmth are also characteristics of good interpersonal relationships.

Similarly, Goldenberg (1987/88:11), Westra, Marsha and Graziano (1992:213), Jooste and Troskie (1995:14) and Coates and Gormely (1997:95) emphasised that healthy interpersonal relationships are of utmost importance in preceptorship if accompanied by mutual respect and the ability to make the preceptor show insight into the frustrations of the preceptee.

Byrd et al. (1999:344-345) stress the importance of the relationship between the nursing educators and the preceptors in an endeavour to attain preceptorship objectives. If preceptors, nurse educators and preceptees have well-developed interpersonal skills, relationships during preceptorship will evolve automatically. This evolution simply requires the triad (preceptor, preceptee and nurse educator) involved to be aware of strengths and limitations and the need for improvement of the preceptorship relationship. Preceptors should regard their preceptees

as worthwhile individuals having something to offer the patient and the nursing profession. This boosts self-esteem of the preceptees and strengthens the preceptorship relationship.

2.3.4 Communication skills

The importance of effective communication skills in sustaining the preceptorship relationship cannot be overemphasized.

Jooste and Troskie (1995:14) maintain that good communication skills will assist the preceptor in determining the needs of the preceptee, interacting effectively with nursing personnel, being a listener who can react to anxiety, or expressed fears by the preceptee. Furthermore, good communication skills help the preceptee to accept responsibility assigned to her and to trust that the preceptor will provide necessary guidance.

According to Fliesser, Griffin and Beynon (1999:42) the preceptorship interrelationship is dependent on trust, an available support system, honest communication, mutual respect, acceptance, encouragement and mutual sharing between the student and preceptor.

Similarly, Ohrling and Hallberg (2001:537) also emphasised the importance of communication in the sustenance of the preceptorship relationship. According to these authors, good communication is of utmost importance between the preceptor, and student. The preceptor should know the students' learning needs while in the clinical area, if she is to be of benefit to the student. Both the preceptor and student should communicate with each other about their learning problems, needs and concerns. Effective communication will not only strengthen the preceptor-preceptee relationship but will also enhance the attainment of clinical objectives by the preceptee. These needs can only be known and effectively met through good communication amongst the parties involved. The preceptor model is often used in an attempt to bridge the gap between education and practice for the preceptee. Effective communication by the preceptor helps in this regard and further enables preceptees to achieve confidence in their practice and facilitates transition into the staff nurse role or professional growth (Bain 1996:104; Reilly & Oermann 1999:198).

Good and effective communication and interpersonal relations are hallmarks for the prosperity of any relationship, preceptorship inclusive. Establishment of clear and open lines

of communication between the preceptors and the preceptees is of paramount importance in the sustainability of the preceptorship relationship. Relevant and pertinent information must be appropriately and timely communicated. If there is a need to organize seminars to disseminate information, funds should be made available for such activities.

2.3.5 Role modeling

Preceptorship relationships are based on role modelling. In this relationship the learner acquires or modifies behaviour by observing vicariously a model that has the desired behaviours.

Clinical preceptors are nursing practitioners in a clinical setting who serve as role models and teachers for students, new graduates, and other nurses through a one-to one relationship. Preceptorship facilitates role transition and entrance into a system where the student should be able to practice leadership skills (Reilly & Oermann 1999:196). Similarly, Hardyman and Hickey (2001:59) argue that a preceptor enhances the preceptee's clinical competence through direct role-modelling and emphasises the importance of role-modelling in bridging the theory-practice gap. The authors further state that role-modelling is central to the preceptorship relationship, which should emphasise the acquisition of knowledge and skill. Bain, (1996:105) also concurs with other authors by stating that a preceptor teaches, counsels and inspires, serves as a role model and supports growth and development of an individual (the student) for a fixed and limited amount of time, with specific purpose of socialising the novice into the relevant role.

Preceptorship relationships are geared towards grooming, moulding and developing a competent professional nurse. In order to be good role models, preceptors should be provided with the necessary resources to carry out their role. Daily nursing actions, in conjunction with the preceptors' responsibility and willingness to let the students' perform, help student nurses to develop their own knowledge. The ultimate goal in the preceptor-preceptee relationship should be to allow and assist the preceptee to achieve enough competence to be able to perform like a registered nurse (Ohrling & Hallberg 2000:31).

Kramer (1993:276) alludes to Ohrling and Hallberg's (2000: 31) observations by stating that preceptors should be scheduled to consistently work with the preceptees. Preceptees often

take several days or weeks before they are able to assess, organise and prioritise their work. The guidance and support by a consistent preceptor is very crucial for socialising the preceptee to the actual role of becoming a professional nurse.

Similarly, Reilly and Oermann (1999:196) and Byrd et al. (1997) concur with the findings of the above cited authors by stating that working on a one- to- one basis with the nurse functioning as a preceptor, students are able to model behaviours of the nurse professional and become socialized into the professional role.

2.3.6 Interest/willingness to act as a preceptor to supervise and to teach students

De Young (1990:3-4) emphasises that "today's student is tomorrow's colleague". A caution is made to those preceptors who believe that showing concern for and interest in students leads to lack of discipline, with students taking advantage of the relationships with the preceptor as an unfortunate situation.

As previously indicated, preceptors should be selected on a voluntary basis, and must be willing to act as preceptors. Willing preceptors will manifest with the behaviours of, and the interest the preceptor displays in the nurses or preceptee's need for professional growth, the way the preceptor perceives her role as rewarding and challenging and often determines how the preceptor will exhibit interest in the teaching process and desire to teach (Jooste & Troskie 1995:12-13; Bashford 2002:14. In some related literature it was indicated that selection of preceptors required that the preceptor should apply for the preceptorship role, and identify their own professional short and long-term goals. A recommendation should then be sought from the applicants' manager to further testify to the applicant's experience. Finally the coordinator of the preceptor programme, who seeks individuals for the preceptor role, should receive the manager's recommendation and preceptor's application for consideration. The process described above addresses a willing preceptor who applies to take up the preceptorship role and is ready to go through the long process and the challenges involved in order to be chosen for the role (Westra & Graziano 1992:241; Haas, Deardorff, Klotz, Baker, Coleman, & Dewitt 2002:518-523).

Although the process described in the preceding studies seems to be long and tedious, it could probably be the best because only those determined interested and dedicated nurses would take up the preceptorship role, unlike when people are chosen or appointed by management when they are not willing.

However, given certain constraints like shortage of nurses and the unwillingness of some nurses to take up the role, nursing services managers are sometimes compelled to appoint nurses to take up the preceptorship role.

2.4 PREPARATION OF PRECEPTORS FOR THEIR ROLE

Preceptors should be adequately prepared for their clinical teaching role in a variety of ways in order to meet and overcome the challenges entailed therein. It is imperative that training of preceptors be as comprehensive and embracive as possible, for the supervision and assessment of the preceptee and adequate knowledge of the programme structure and objectives. Lack of knowledge and inadequate preparation for the preceptor role are setbacks and stumbling blocks to the effectiveness of preceptorship process.

Preceptors in a study of Allen and Simpson (2002:508) reported that they had not attended any preparation or upgrade sessions, which was distressing to students who believed that their preceptors were prepared for the role, only to find that this was not the case.

However, Haas et al. (2002:519) point out that during training, preceptors should be provided with a package that includes the institutional philosophy, description of the preceptor responsibilities, prerequisites students should have completed, course objectives, student accountability, an evaluation form, a checklist, contact information for faculty and a preceptor contract.

Adequate preceptor preparation will assist the preceptors both physically and psychological to take up the challenging and fulfilling roles of a preceptor. With limited knowledge and skills the preceptorship objectives can be very difficult to achieve even / or the most determined preceptor and preceptee. Preceptors should be prepared well in advance by empowering them with the information, resources and techniques they would need in performing their preceptor role.

2.4.1 Preceptor orientation and topics to be covered

Bain (1996:107) argued that without adequate knowledge and preparation of the preceptor, preceptorship programmes are in danger of becoming condensed orientation or crash courses in survival within nursing.

While it might not always be feasible for preceptors to be taken for an intensive training or short course orientation (two weeks to a month), it is important that some re-orientation sessions be held frequently to equip preceptors with current and relevant information on their role. Different research findings have shown that although preceptorship-training workshops vary between days to weeks, continuing workshops are vital to sustain the preceptorship programme (Kramer 1993:274-275; Ohrling & Hallberg 2000: 31; Molefe et al 2001, unpublished report).

Young et al (1989:129-131) findings on preparation and needs of preceptors showed a significant difference in the level of performance between nurses who have been precepted and the ones who have not. The findings are contrary to Brennam (1993:36-37) who state that there is no difference between these two groups.

Various topics should be addressed during preceptorship training and orientation. Some of the important topics are teaching-learning strategies, principles of adult learning and teaching learning theories, assessment of individual learning needs, feedback and evaluation, role definition and responsibilities, problem-solving and alleviating reality shock in the clinical setting, Primary Health Care issues, management and counselling, preparation of lesson plans, issues of professionalism, clinical instruction and the philosophy and rationale for the knowledge and skills to be learnt.

Literature on preceptorship reveals that in addition to the essential topics to be covered the preceptor should be provided with the necessary documents they will need during the process of preceptorship. Such documents include the curriculum, goals and objectives of the programme and clinical expectations (Kramer 1993:274; Cerinus & Ferguson 1994:37; Maskey 1996 /1/ 97: 9-10; Coates & Gromely 1997:95; Usher, Nolan, Reser & Tollefson 1999:507; Ohrling & Hallberg 2000:531). Westra and Graziano (1992:214) also concur with

the above-cited studies with regard to the topics that need to be covered in the training and preparation of preceptors.

In a related study, Ohrling and Hallberg (2001:531) argued that preceptorship preparation cannot be adequate and appropriate if preceptors are not involved in curriculum issues. These authors indicated that often preceptors are expected to meet preceptees who are directed by current curriculum and study guides and yet such documents are often developed outside the preceptors' realm and are not made available to them.

Similarly, Coates and Gromely (1997:95) and Usher et al (1999:507-508) emphasized the importance of the preceptors having knowledge of the curriculum, support from educators, good interpersonal relationships, sound knowledge base, teaching strategies and principles of adult learning. The United Kingdom Central Council for Nursing (UKCC 1993:3) also states that a preceptor should be prepared to take on the preceptorship role by having sufficient knowledge of the practitioner's programme leading to registration to identify current learning needs and help the practitioner to apply knowledge to practice.

Preceptors in Coates and Gormely (1997:94-96) expressed a concern that time for the preparation of preceptors for their preceptor role was inadequate. Preceptors who participated in this study had been prepared for only two days. The motion for increasing the number of days for preceptor orientation was supported by lecturers and managers in the same study. Thirty-eight preceptors (61%) cited the need for in-service training as crucial; they suggested that they needed more than a two-day preceptor course for them to acquire teaching skill.

Given the high expectations placed on the preceptors at individual and organisational level and as mentors of nursing students, it is therefore not surprising that a lot of concerns from both preceptors and students have been expressed regarding the consequences of inadequate preparation for preceptors (Oliver & Aggleton 2002 30-38).

2.4.2 Preceptor and preceptee support during preceptorship

The role of the nurse educator and nursing service management is to support the preceptor and the preceptee in the attainment of preceptorship objectives. In the same way the role of the preceptor is to support the preceptee in the achievement of clinical objectives.
The nurse educator should be a resource person for both the preceptee and the preceptor. Nurse educators should provide preceptors with strategies to increase the level of student's learning by affirming risk clinical behaviours and intervening to facilitate learning. Ward sisters who participated in a study by Coates and Gormely (1997:95-96) mentioned that support for preceptors from college teaching staff would help preceptors to cope with their role. Over and above, the ward should support both preceptors and preceptees in this new learning endeavour. Preceptorship entails supporting the role transformation of nursing students and provides opportunities to formally recognize them and promote clinical competence. It is also evident that preceptorship, if properly implemented helps students develop adaptive competencies in performing the roles of professional nurses upon completion of their training (Been 2001:134).

According to Kramer (1993:274) workshops for training of preceptors that could vary from a few hours to several weeks should be ongoing and conducted on a monthly basis to help in the sustainability of preceptorship. Furthermore, workshops give preceptors opportunities to express feelings concerning situations that have occurred during previous situations of preceptorship. Opportunities for group support, networking with other preceptors, problem-solving and role-playing often serve as a strong support system for preceptors.
In a study by Ohrling and Hallberg (2000:16-19) student nurses stated that when given responsibilities by the preceptors in an interactive way it, increased their sense of independence. They viewed a person as growing with responsibility. The more responsibility students perceived they were getting, the more they were challenged to learn, the more they read, and the better they could perform the task. In this study, student nurses confirmed that when given a chance to perform similar actions over and over again, their feelings of competence became stronger.

Students stressed the importance of having a preceptor who has time to support and show them how to perform nursing activities. Having time to be with the preceptors, observing and

listening while they carried out nursing activities, allowed preceptees to mature and acquire courage to act by them.

While the importance of preceptee support by the preceptor during preceptorship cannot be over emphasized, the preceptor on the other hand should get support from all concerned and relevant parties for preceptorship activities. When people feel supported in their efforts, their productivity is enhanced and objectives are achieved. Giving preceptors time off from routine work to attend to the preceptees would be a significant type of support from their colleagues and supervisors.

In a related study, Young et al. (1993:130) suggested the need for administrative support and commitment, as the success of the program is dependent on the administration's spearheading the program. These authors further state that without administrative support preceptorship programmes would naturally collapse.

An observation made between Maskey (1996:97:6-8) and the General Nursing Programme Evaluation and Review Report (2001) was that although the two surveys were done at different times and using different groups of participants, the results are similar. In principle these results clearly reveal a need for strengthening preceptor- preceptee support in the clinical settings.

2.4.3 Incentives of preceptorship

A study by Usher, Nolan, Reser, Owens and Tollefson (1999:507-512) revealed a positive correlation between the preceptor's perception of material and non-material rewards and role performance. This study also revealed a positive correlation between the preceptors' perception of support and their commitment to the preceptor role. The study further outlines challenges to the nursing education system, that it should take cognisance of the fact that preceptorship is an added responsibility of the registered nurse, hence, some form of incentives and support is necessary to motivate preceptors to effectively perform their roles.

Based on this study, it is evident that preceptors view preceptorship as a reciprocal process that should be accompanied by some form of tangible or observable rewards or benefits and not just a simple "thank you".

In a study by Been (2001:134) preceptors cited preceptorship advantages which include: learning the floor routine, probability of performing news skills and chances of closely observing professional nurses, assessing patients and hear them think aloud, asking questions, receiving immediate validation of own patient findings, practicing and observing management skills and experiencing the typical day of a nurse.

According to Been's (2001:134) findings a conclusion could be drawn that preceptees benefited from the preceptorship process as a result of close contact between the preceptee and preceptor on a daily basis. Similarly, preceptors in a study Byrd et al. (1997:344-345) stated that preceptoring students made them experience and enjoy the atmosphere of learning and questioning. The preceptor's job satisfaction and opportunities for administration skills as well as their sense of responsibility were enhanced and they had increased opportunities to demonstrate competence as a nurse and teacher.

Rewards for preceptorship should be in various forms such as money, time compensation, recognition lunches and badges to identify position. Although the said incentives are idealistic and unnecessary, adequate acknowledgement and recognition can be given by managerial encouragement, support and provision of time and resources for adequate training of preceptors and scheduled time for preceptor-preceptee interaction (Kramer 1993:274; Bain 1996:106).

Literature on benefits and rewards of preceptorship highlights the need for preceptors to be given some form of reward, benefits or incentive as a token of appreciation for their contributions in the development of the clinical skills of the preceptee. The type or nature of the rewards may probably differ from setting to setting or institution to institution depending on the availability of resources.

2.5 PLANNING LEARNING OPPORTUNITIES FOR PRECEPTEES

In this section of the review focus was on how learning opportunities are planned during preceptorship. Emphasis was also on the importance of the preceptor's ability to plan such

learning opportunities and the involvement of the preceptee and other members of the nursing team as partners in planning learning activities in a timely and appropriate manner.

When planning, it should be the preceptor's vital and most crucial role to take responsibility for patient safety and student learning through asking questions, observing and to a certain extent, controlling what students do (Ohrling & Hallberg 2000:31).The role of the preceptor in planning is to ensure that the safety of the preceptee and client should be of first consideration over the acquisition of knowledge and skill. The learning opportunities should be made available when it is safe to do so, weighing risks and benefits that could be prevailing at that time.

Planning is an important principle of clinical teaching. It provides structure and context for the preceptor and student, as well as a framework for reflection and evaluation. Furthermore, Spencer (2003:591) mentioned that preparation is regarded as evidence of a good teacher by students.

According to Nordgren, Richardson and Laurella (1998:29), clinical sites for student's placement should be surveyed for the availability of preceptors and the appropriateness of the facilities to meet student's learning objectives. Planning involves working out, not only what the preceptees need to learn, but also the logistics of how they will be fitted in the already existing system, and how their needs were met.

2.5.1 Time for holding planning sessions with preceptees and identifying their learning needs

Ohrling and Hallberg (2000:30-31) emphasized the importance of students being met, guided, shown around and introduced to staff and patients by their preceptors.

This gesture by the preceptor makes students develop a feeling that they were given access to the place for learning. There is a need for the preceptor to plan for time to meet with the preceptee and discuss issues related to their learning activities and availability of opportunities in the clinical practice setting. Concerns and questions should be attended to and a mutual agreement reached in terms of scheduling meeting times for discussions which

could range from daily to weekly meetings. Assignments to be undertaken by both the preceptors and preceptees should be clearly stipulated and, if possible, evaluation dates set.

Preceptor's ability to plan learning activities depends on availability, orientation, teaching and guidance provided by nursing educators to preceptors. In order to provide preceptees with opportunities to learn, the preceptor obtains clinical experiences with aggregate populations and this is best achieved through collaborative partnership between preceptees and preceptors (Laforet-Fliesser et al. 1999:14-15). Planning sessions with preceptees should be the initial phase of preceptorship through which all other implementation modalities are based.

While planning learning activities are pivotal in the preceptorship process, several studies indicate that although the preceptors are well aware of its importance, they either lack the knowledge of how to go about it or lack time to do so. Spencer (2003:591) argues that time pressure is one of the many challenges facing clinical teaching, more especially if needs of the patients and students conflict.

This author points out that it is important to block-in time in the clinical setting to accommodate student teaching.

Several authors state that the busy schedules and multi-focal roles of preceptors leave them with very little time to plan learning opportunities, despite the emphasis placed on the importance of planning by some researchers (Castledine 2000:46-48; Haas et al. 2000:520; Taylor 2000:173-174; Atkins & Williams 1995:1006).

Brennan and Williams (1993:36) contend that the paucity of contact time the preceptors spent with the preceptees is, another problem facing the preceptorship relationship.
The authors state that, preceptorship by its very nature, require extra time and add to the responsibilities of the nurse preceptor. If such problems are not acknowledged there is a danger of preceptorship becoming a paper exercise being performed in a poor manner leading to inconsistent and frustrating experiences for both the preceptor and the preceptee?

2.5.2 Helping preceptees meet their learning needs in nursing practice

In a study undertaken by Ohrling and Hallberg (2000:13-25), students indicated that it should be a joint venture with the preceptor, allowing them to have more time with them to discuss their learning needs and giving advice in formulating learning goals. However, over time student nurses felt that they become aware of the goal through the dynamic process of moving forward and backwards in learning. When preceptees are involved in planning their learning activities they feel mature, reducing dependency on the preceptor, they become more independent and their competence is increased. In a similar study, Ohrling and Hallberg (2000:31) added that creating space for learning, providing concrete illustration, exercising control and seeking reflection are important variables in planning to meet learning needs of preceptees.

Based on reviewed literature, a conclusion could be made that the preceptor should plan the learning opportunities in such a way that the preceptee would be in accompaniment of a preceptor on each shift. This opportunity requires adjusting the duty schedules well in advance to prevent inconveniences that could be caused by having to alter the schedule on a daily basis to accommodate the preceptor and preceptee.

2.5.3 Preceptor's awareness of the limitations and strengths of the preceptee

Yonge, Myrick and Haase (2002:84-87) indicate that preceptorship is among the most common sources of stress for both preceptors and their preceptees.

The stress emanates from a variety of sources which include the unfamiliar environment, increased demands and information given to the student, adjusting to different teaching styles and developing the ability to quickly grasp the requirements of the work place.

Yonge et al. (2002:84-87) argue that it is important that preceptors be aware and sensitive to the problems and weaknesses of their preceptees without any prejudice brought about by the situations and circumstances prevailing in the clinical area. While it is the responsibility of the preceptee as an adult learner to select their own clinical learning experiences, the preceptor should be able to assist the preceptee based on identified strengths and weaknesses.

Similarly, Taylor (2000:173-174) identified certain ambiguities that can be present in the clinical area which if not considered in planning learning activities, can be obstacles to effective learning. These ambiguous situations facing nursing students in clinical experiences include but are not limited to novelty, which refers to being in a completely new situation which is unfamiliar and complex. Furthermore, the preceptor should orientate the preceptee to the clinical setting, use clearly stated objectives and discuss all commonalities.

Atkins and Williams (1995:1006), in their study on "registered nurses experience of being a preceptor" state that the patterns of mentoring emerging with pre-registration in the nursing evaluation of Britain is similar to the concept of preceptorship. This type of preceptorship involves formally arranged relationships with students being attached to preceptors for short periods of time for several months corresponding to their clinical placements.

The preceptors should be able to identify the strengths and weaknesses of the students and assign those tasks accordingly, to prevent unnecessary stress associated with failure, shame and being perceived as incompetent.

2.5.4 Opportunities for preceptees to attend developmental programs

Developmental programs in the clinical setting area should be available in different forms such as in-service lectures, ward conferences and or ward rounds in an endeavour to facilitate the clinical teaching-learning process for both the preceptors and preceptees.

2.5.4.1 Conferences

Conferences can be held prior to clinical learning sessions to determine what activities should be covered during the clinical sessions. These sessions could also entail clarification of learning objectives and any other issues of concern relating to the clinical learning activities to be undertaken. A pre- clinical conference is a preparatory phase for the preceptee to understand clinical expectations for the day. On the other hand a *post-clinical conference*

involves a discussion or problem-solving activity in relation to experiences encountered in the clinical setting and can also be termed a retrospective review of the clinical practice (de Torney & Thompson 1987:169; Reilly & Oermann 1999:405).

Based on the descriptions of clinical conferences by the above cited authors, clinical conferences have multiple advantages for the preceptee. The major benefits deduced from the literature include getting feedback from each other on the learning activity encountered, receiving help from other group members on how to solve clinical problems, increased self confidence and increased cooperation and team spirit among students. Clinical conferences can assist the preceptee to use critical thinking and the art of presenting ideas, listening to the ideas of others, critiquing what was presented and coming up with alternative solutions to clinical problems. Preceptors should therefore be able to plan for and facilitate clinical conferences.

2.5.5 Focus of learning opportunities during preceptorship

2.5.5.1 Needs of the service / unit

Castledine (2000:46-48) cautions that during planning, nurses on training should no longer be regarded as junior employees to an outworn system of discipline. They must be accorded full student status so far as intrinsic requirements of nursing training permit. The author further indicates that the old system of nursing education was dominated by the need to supply service with a constant stream of students as pairs of hands. Castledine (2000:48) advocates that the new curriculum focuses on academic achievement and full that student's status is ideal. The preceptee should not be viewed as a worker but as a student with learning needs to be met.

2.5.5.2 Role of the preceptee

A study by Haas et al. (2002:519) states that the role of the preceptee in promoting active learning during collaborative partnership between academia and service should be to identify at least two or three goals they plan to address each clinical day. In the later phase of the preceptorship relationship students were assigned to their preceptor rather than to specific

patients. To enhance critical thinking the students were asked to self- reflect at the end of each clinical day and share their clinical experiences with peers through weekly clinical conferences and case study presentations. During these conferences the other preceptees were able to ask questions and provide feedback to the presenting preceptees regarding patient care plans.

2.5.5.3 Skills the preceptee has already acquired

Learning activities should be planned in such a manner that new knowledge and skills being introduced should be easily integrated with previously learnt information in order for it to be meaningful. The preceptor should assist the learner to relate previous learning situations, increase self reflection and facilitate the preceptee to become a competent nurse (Ohrling & Hallberg 2000:232).

During planning, the preceptor and preceptee should agree on what the preceptee should do first, how much time is needed to accomplish the task, how much assistance will be needed and how much is already known to the preceptee. This information will provide a clear direction of the course of action to be taken and enhance goal attainment.

2.5.5.4 Preceptee's professional role

Professional socialisation is the "complex process by which a person acquires knowledge, skills and a sense of occupational identity that are characteristic of a member profession" (Clayton, Broome & Ellis 1989:72). These authors further argue that what students know of the role they are about to assume is portrayed by the clinical teachers, who in this case are preceptors. As the preceptees interact with practicing nurses, it becomes the culture of the practicing nurses whose role expectations the preceptees will encounter after graduation. In a preceptorship relationship the preceptee forms an intense relationship with the precepting nurse and is exposed to her professional identity through dialogue, observation and role modelling. At the end of the preceptorship, the experience acquired should assist the preceptee to resolve incongruencies and be better able to assume professional role behaviours.

2.5.5.5 Preceptor's role

The roles of the preceptor are multiple, demanding and challenging. Haas et al. (2000:520) contend that during preceptorship the preceptors should function as role models in their designated clinical areas. They should orientate the preceptees to the clinical area and assist them to identify and monitor available resources that would facilitate accomplishment of the clinical objectives and preceptees' goals. The preceptor should ensure safe nursing practice by supervising the preceptees' performance of clinical skills.

Several quantitative studies were conducted to identify the preceptor's role during preceptorship which include, supervising the students, role modelling of nursing behaviours, teaching, promoting team spirit, ensuring good interpersonal relationship and communication with the preceptee and other team members, giving guidance to the preceptee, clarifying topics to the level of the preceptee and willingness to demonstrate procedures (Bashford 2002:15; Haas, Deardorff, Klotz, Baker, Coleman, & Dewitt 2002:518-523; Ohrling & Hallberg 2001:530-540; Ohrling & Hallberg 2000: 228-239; Taylor 2000:173-174; Byrd et al.1997:344-351; Coates & Gormely 1997:95 Jooste & Troskie 1995:14; Brennam & William, 1993:34-36; De Young 1990:3-4).

Similarly, Bryan and Brewer (1997:23) state that preceptors should be available to discuss issues in nursing, preceptor's responses to clinical experiences and questions related to professional role development.

In a study by Grant, Ives, Raybould and O' Shea (1996:27-28) the authors state that teaching is considered an essential role of the registered nurse. And the registered nurse should not only teach and supervise students in the clinical setting, but be a resource, liaison and referral person for the students. Preceptors should be able to give either provide information or direct their preceptees to other resources persons or materials if need be.

2.6 TEACHING APPROACHES USED DURING PRECEPTORSHIP

This section of the literature review focuses on the teaching approaches/strategies used by preceptors during preceptorship. It is important for the preceptor to be able to vary teaching approaches in order to enhance learning in different clinical situations.

Teaching strategies should stimulate and also motivate the preceptees' desire to learn more. Different teaching approaches are options for any teacher (preceptor inclusive) to help students meet educational objectives. In this section teaching approaches and strategies or methods shall be used synonymously.

Reilly and Oermann (1999:161) state that the multipurpose nature of the clinical field, types of learning outcomes, diversity of the nursing competencies, and differences among learners and teachers require various methods for teaching in the practice setting. No one method is sufficient for teaching in the clinical setting. The following are aspects that address some of the approaches and strategies, to be followed by a preceptor.

2.6.1 Teaching strategies used by preceptors during clinical teaching

Several teaching approaches and strategies could be used during preceptorship. However, the following are some of the few commonly used classifications of teaching methods in the clinical setting (Reilly & Oermann 1999:164).

The choice of a teaching strategy should be primarily the responsibility of the preceptor. However, it is more beneficial and relevant if done in collaboration with the preceptee. The preceptee's input provides evidence of the preceptor attending to the needs of her preceptee, not the personal preferences of the preceptor or needs of the institution, which might not be in line with the clinical objectives and interest of the preceptee.

2.6.1.1 Problem-solving

Problem-solving of decision-making. It is a systematic process that focuses on analysing a difficult situation. Problem-solving can also be viewed as a way of formulating and testing hypothesis. This approach requires a problem and goals to be clearly identified, alternative

solutions explored, alternatives evaluated, the appropriate solution selected, the solution implemented and the results evaluated (De Young 1990:22-25; Marquis & Huston 1996:28-30). To be able to solve a problem, the preceptees must have a clear picture or idea of the problem or goal and be in a position to recall previously learned rules that relate to the solution.

The role of the preceptor as a clinical teacher is to help the preceptee define the clinical problem and ascertain that the preceptee has already learned the concepts and rules that will be needed to solve the problem. The preceptor can determine this prior knowledge by asking the preceptee questions or to come up with suggestions or even demonstrate how a similar problem or similar situation was handled previously. The clinical setting is infested with challenging problems which require solutions on a daily basis. Preceptees need orientation on how to solve client's problems so as to have an insight of dealing with similar and related problems upon completion of their training. The preceptor should therefore assist the preceptee step-by-step until a solution to the problem is sought or alternatives generated.

2.6.1.2 Experiential learning

Experiential learning theory holds that learning is most effective when based on experience. This approach requires reflection and planning. In reflection, the students looks back and thinks about the experiences in terms of what it means and how it relates to previous experience (Spencer 2003:591).

This strategy is designed to make learning more activity-oriented; the emphasis is to shift education from the mere transmission of content to bringing theory and real-life experiences more close to each other. Furthermore experiential teaching methods provide for direct experiencing of events through clinical practice involving interaction with real clients and others in the field. In this teaching strategy, learning is a result of participation in the event to be learned (De Torney & Thompson 1987:25; Reilly & Oermann 1999:165; Spencer 2003:591).

Preceptorship by definition is an experiential method of clinical instruction as it allows the preceptee to practice nursing in the real clinical setting in the accompaniment of an

experienced nurse. Other teaching strategies under this classification include, but are not limited to, simulations, games, clinical assignments such as nursing care plans, case studies, reflective diaries, clinical logs and role plays.

Experiential methods are important as they recognise the individuality of the learner in terms of differences in their perception of the events in the learning environment hence the learning outcomes in this regard evolves from the experience of each preceptee. Most importantly, experiential methods involve the whole learner in cognitive, psychomotor and affective aspects of the learning process (Reilly & Oermann 1999:165-175). Nursing is a practice discipline that involves the three domains mentioned, it is therefore imperative that the preceptor be able to identify and implement different experiential teaching strategies to ensure attainment of the preceptee's learning objectives during preceptorship.

A study by Taylor (2000:174) revealed similar findings that the complexity and ambiguity in clinical settings can be alleviated by the use of case studies to allow students to develop critical thinking skills that foster increased competence. This author further states that students need to be assisted to focus on thorough assessment and analyses before evolving their action plans and have pre- and post-clinical conferences. These approaches will help in establishing priorities of care and opportunities for individual preceptees to review their day in relation to achievement of clinical objectives and ways in which clinical learning will be used in future experiences.

2.6.1.3 Observation

Observation is a teaching strategy often used in routine learning. Learners are assigned to observe nurses or other professionals performing various aspects of health care that preceptees usually cannot perform (De Young 1990:202).

Given some guidance and if paired with individual nurses who they can observe and question, the learning experience can be better than other methods of teaching (De Young 1990:202). Preceptorship is a form of participatory observation.

The preceptees learn through observation, then doing or participating in what they observe being done in the clinical practice area. The preceptee observes and practices alongside the

preceptor or other experienced nurses and learn new knowledge and skills each time through observation of concrete examples.

2.6.1.4 Demonstration

Demonstration, dialogue and coaching were other effective teaching strategies used by preceptors (Byrd et al. 1997:344-346). This approach is effective in learning clinical skills also the preceptee can observe what is being done by more experienced practitioners, ask questions as to why and how things are done in a certain manner and repeatedly perform the same task under supervision. The preceptor's knowledge of and ability to use different teaching strategies in the clinical setting cannot be overemphasised.

Like other researchers, Coates and Gormely (1997:91) maintain that qualified nurses should teach nursing skills in the clinical area and preceptorship is a system that can best be utilized to improve clinical teaching and learning through demonstration of desired clinical skills and procedures.

2.6.2 Active involvement and taking part in learning activities

De Young (1990:133) states that when individualised learning is used, the role of the preceptee changes drastically. The student ceases to become passive in learning and becomes totally active. The preceptee begins to study, manipulate information and prepare for discussions. Generally, the preceptee is required to take on a large part of the responsibility for his or her learning.

Jooste and Troskie (1995:30) state that involvement of the preceptee in activities that are relevant to her current practice is the key to success. The role of the preceptor in this regard is to provide the preceptee with the opportunity to increase personal accountability. The preceptor should view the preceptee as an adult learner who can and should actively contribute to the teaching-learning process.

In a study by Ohrling and Hallberg (2000:13-25) the students indicated that learning should be a joint venture with the preceptor allowing them to have more time with them to discuss

their learning needs and give advice in formulating learning goals. When preceptees got involved in planning their learning activities, they felt mature and competent.

2.7 EVALUATION OF LEARNING ACTIVITIES BY PRECEPTORS

In this section the terms evaluation and assessment will be used synonymously.

Schoener and Garret (1996:41) indicated that typically, evaluation methods focus on students performance and attainment of course objectives. In preceptorship however, evaluation is said to be coupled with the appraisal of the preceptorship programme. These authors further contend that in preceptorship evaluation is not complete until the members of the triad (educator, preceptor and preceptee) and the setting in which the experience occurred, are evaluated.

The preceptor provides preceptees with repeated opportunities to cultivate not only the technical skills but also the cognitive creative skills needed to care for clients in a realistic manner through ongoing evaluation and feedback. The authors view nurse educators and preceptors as equals in their ability and responsibility to evaluate the preceptee's performance and attainment of course objective, however, in their view, the nurse educator has the finally responsibility to assign a grade.

2.7.1 Clinical objectives

The clinical objectives indicate the learner competences to be evaluated. Clinical objectives further help the learner to be free to learn with the knowledge of the outcomes of learning to be judged (Reilly & Oermann 1999:384). Similarly, Grant et al. (1996: 27-28) state that seeing that students objectives are achieved is a crucial role of the nurse preceptor.

The above mentioned notion could mean that properly stated and communicated objectives should be a blueprint or mind-map for the preceptee in relation to the exact competences she/he will be assessed on during preceptorship and how such competences shall be assessed or evaluated. Reilly and Oermann (1999:384) emphasize the importance of objectives, not only to the learner, but also to the clinical preceptor. These authors argue that clinical objectives direct the clinical teacher to specific behaviours to be evaluated rather than

allowing the teacher's personal desires and beliefs to become the focus of the evaluation. The clinical objectives should communicate to the learner, the behaviours to be developed, and in turn, focus on the evaluation.

2.7.2 Evaluating preceptees against predetermined objectives

The preceptor and preceptee should establish goals and meet at regular intervals to discuss the preceptee's progress towards achievement of the set goals. In the evaluation process objectives are viewed as directives, as a result preceptees evaluation should be based on these predetermined objectives. Furthermore when objectives are set by the preceptor and preceptee in mutual agreement prior to commencement of the evaluation process, they could facilitate achievement of the learning objectives of the preceptee and fulfilment of the role of the preceptor as a clinical teacher and assessor in an atmosphere of good will (Jooste & Troskie 1995:33).

Brennan and Williams (1993:26) mentioned that while the benefits of preceptorship may appear substantial, there are a number of problems faced by both preceptors and preceptees. These authors indicate that differing expectations may arise from the preceptors unrealistic expectations about the preceptees level of knowledge and performance ability. There may be a tendency to evaluate the preceptee according to the level of performance of an experienced nurse without considering the student's lack of experience.

2.7.3 Guidance during evaluation

Bryemand and Brewer (1997:22) argue that one of the goals of a preceptorship program is to redesign the teaching-learning process based on the assessment of the individual student's interest, life experiences and learning styles.

Based on the preceding information, evaluation and feedback could be viewed as a means to an end, not an end in itself. Evaluation should serve as the preceptor's guide to prepare and assist the preceptee to successfully achieve the ultimate goal of acquiring the skill or level of competencies desired. The preceptor as a clinical teacher has the responsibility to evaluate

the progress of the preceptee and give feedback in a way to guide and if possible, develop new objectives with the preceptee towards overall goal attainment.

According to White and Ewan (1991:134-135), feedback to students when performing clinical practice presents an invaluable opportunity for guiding individual students. These authors further state guiding students by giving feedback is giving away one's skills to the student. In essence, it's like guiding by leading behind the student, placing your hand on his/hers at times to transfer the amount of pressure to be used in massage, or listening with the student to body sounds or monitors. This notion could imply that feedback during evaluation is more than just guiding, by demonstrating exactly what is to be done and how it should be done.

2.7.4 Evaluation and feedback

De Torney (1987:171) states that the fundamental responsibility of the clinical teacher is to give students feedback and suggestions about their learning and performance. Most preceptors in Westra and Graziano's study (1992:213-214) had little or no experience in teaching and evaluating their nursing colleagues. The study indicated that preceptee evaluation entails effective communication skills, assessment of readiness and ability to give constructive feedback.

In another study by Coates and Gormely (1997:92-94), preceptors and preceptees rank-ordered the preceptors' role as an assessor last. In this study, which included preceptors, students, lecturers/tutors and unit managers, all parties placed assessment low, in relation to other duties. A question could be asked that if preceptors have no ability of assessing students, who then should do it?

This concern could be viewed as an indication that both the preceptors and their preceptees did not regard the preceptor's role as an assessor as important over other roles of role modelling, teaching clinical nursing, supervision, facilitation for learning, motivation and counselling.

Lack of training and other responsibilities like being in charge of the ward, short placement of students, short time for preparation and shortage of preceptors were cited as limitations to the role of assessor (Coates & Gormely 1997:94). Contrary to Coates and Gormely's findings, Reilly and Oermann (1999:196) outlined that in the role of the preceptor as a teacher, evaluator and giving feedback are important.

White and Ewan (1991:134) also outlined the importance of feedback. They argue that timely feedback should be given to avoid errors. Feedback requires sensitive observation and a degree of trust and genuine concern for the preceptee. These authors further emphasised that the giving and receiving of feedback needs to be done in the context of a comfortable, open and relaxed relationship. The preceptee should be given comments immediately after performance, both verbally and in writing. The feedback should include areas that require improvement.

2.7.5 Opportunity for preceptees self-evaluation

Preceptees should be able and allowed to perform self introspection or develop a sense of personal knowing, which ultimately makes shared human experiences to be meaningful (Chinn & Kramer 1995:9-10). Personal knowing refers to learning to know and accepting one 's self abilities. It provides the individual with an in-depth desire to overpower one's weaknesses and exploit ones potentials and opportunities to the fullest capacity. When preceptees reflect on themselves they strive to strengthen the areas of limited achievement and incompetence, thus enhancing attainment of their clinical learning objectives.

Preceptees should be given an opportunity for self-evaluation, i.e. time to reflect on the omissions, achievements strengths, weakness and areas, which they need to improve on. Self-evaluation is an essential part of the learning process. It is important for the preceptee to be provided the opportunity to evaluate progress.

Self-evaluation assists the preceptee to develop insight into areas of deficiency regarding level of proficiency as well as achievement of objectives (Jooste & Troskie 1995:34).

2.7.6 Giving formal feedback about preceptee's progress in the unit

Evaluation is a form of feedback and should be an ongoing activity interwoven in the teaching-learning process. Evaluation should be both formative and summative. LeGris and Cote (1997:63) affirm that preceptors should jointly, with the faculty, be responsible for students' assessment and provide feedback on the student's progress. Feedback, if timely and correctly applied, should be diagnostic and assist in correcting the learning deficiencies and promoting demonstrated abilities. Evaluation should also help identify areas in which further learning is needed, develop new objectives and plan relevant learning experiences. This notion is consistent with Reilly and Oermann (1999:380) who argue that through the evaluation process, information is provided to determine students' progress towards goal achievement, identify learning needs, and propose strategies for improving student learning.

According to Grant, Ives, Raybould and O' Shea (1996:27-28), providing feedback to students is regarded as an important aspect of the clinical teaching role of nurse preceptors.

2.8 SUMMARY

In this chapter the researcher discussed the *characteristics* of a preceptor which include role modelling, willingness and interest in the role of preceptorship, interpersonal and communication skills, the importance of preceptor and preceptee support during preceptorship and benefits of preceptorship to both parties. *Planning of learning opportunities* by preceptors *teaching strategies* used by preceptors and the preceptors' ability to *evaluate* preceptee's learning activities were discussed according to various literature sources.

The following chapter (Chapter 3) provides a discussion on the methodology of the study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This study focuses on the fulfilment of the preceptor role in the preceptee accompaniment in the clinical practice settings in Botswana. The emphasis is on exploring and describing the views of final nursing students and of their preceptors on preceptee accompaniment during preceptorship.

This chapter outlines the method and setting of the target population (preceptors and preceptees), sampling methods, approach to data collection and the data analysis. Measures to ensure reliability and validity and due observance of ethical considerations implemented during the research process and will be reported in this study.

3.2 RESEARCH DESIGN AND METHODOLOGY

Polit, Beck and Hungler (2001:447) define a research design as a blueprint for conducting a study. It guides the planning and implementation of a study in a way that is most likely to achieve the intended goal".

The approach to this study was non-experimental, explorative, descriptive and quantitative. The method of this study was by means of a survey.

3.2.1 A non-experimental design

The main purpose of this non-experimental research was to determine and reflect the views of preceptors and preceptees about the preceptor's role in some clinical practice settings in Botswana.

This study did not lend itself to an experimental design given the purpose of the research, and the fact that researcher wanted to establish significant differences if any, between the views of preceptors and preceptees on the preceptorship role.

3.2.2 An exploratory approach

The purpose of this approach is to probe a single process, variable or concept in a way that allows a flexible research design that covers all aspects of the problem (Brink & Wood 1988:100-102). The researcher found it fitting to employ an exploratory approach for this study because not much was known about preceptorship in some nursing clinical practice settings. Moreover, no research literature was found on the views of preceptors and preceptees about preceptorship in that country.

3.2.3 A descriptive study

The above-mentioned object of this study is in line with Gay and Airasion's (2000:275) observation that a descriptive study determines and describes the way things are, and that it may also compare how sub-groups view the phenomenon of preceptorship as it relates to nursing education issues.

The quantitative descriptive and exploratory approach was employed in this study for the following reasons:

- Descriptive and inferential statistics are used to examine significance in opinions of the preceptor-preceptee research groups (Burns & Grove 1999:195).
- Information on the role of the preceptors was obtained directly from both preceptors and preceptees who were directly involved in preceptorship as a clinical teaching strategy.
- This design provided the researcher with information about the attributes of preceptors, how learning activities are planned by preceptors and preceptees, teaching strategies that are used by preceptors and how preceptors evaluate learning activities of preceptees.

Burns and Grove (1999:192) state that the purpose of descriptive research is to provide a picture of a situation as it naturally occurs. This design provided the researcher with new insight into the current method of clinical teaching and highlighted potential strategies for future improvement through statistical data on current preceptorship practice in nursing educational institutions (Polit et al. 2001:472; Burns & Grove 1999:481). A *descriptive research design* was employed to gain more information about characteristics within a particular field of study such as preceptorship.

This research proceeded without a hypothesis and was guided by the research objectives as presented in chapter one of the study (section 1.5). The descriptive approach, as recommended by Polit and Hungler (1991:147), was applied as follows:

Numerical data was collected and subjected to quantitative analysis by using statistical procedures to manipulate the data, e.g. chi square (÷2) for the purpose of describing phenomena or assessing the magnitude and reliability of their interrelationship (Polit, Becker & Hungler 2001:469). The latter was important in this study.

3.2.4 A quantitative survey

Quantitative research refers to the study of phenomena that lend themselves to precise measurement and quantification. It therefore entails the collection of numerical data that is manipulated by means of statistical procedures in order to describe phenomena or measure the relationship between and how relative it is (Polit et al 2001:469). This method was used because the object was to determine whether a significant correlation existed between the two groups of respondents concerned, and because it was considered appropriate to the use chi-square (÷2) test of association to measure the relationship between the views of preceptors and preceptees about the preceptorship in clinical nursing educational settings.

The quantitative survey used here is a useful method of investigating clinical-practice problems such as preceptorship and to obtain information about the activities, beliefs,

preferences and attitudes of people by means of direct questioning of a sample of respondents (Polit, Beck & Hungler 2001:472; Burns & Grove 1999:481).

Data was collected from two groups composed of final year preceptees in clinical practice and the preceptors who supervised and guided these preceptees in the different clinical fields. Relevant clinical nursing included clinics with and without maternity wings, government-district, missionary, mine and government referral hospital, offering practical training in medical, surgical, paediatric and maternity wards and special care units, like accident and emergency, theatre, recovery and intensive care units.

It is important to mention that besides health care facilities owned by government and missionary organisations, all health care facilities owned by mines and other concerns also participate in the training of health workers, including nurses making their facilities available for that purpose.

3.3. TARGET POPULATION

Burns and Grove (1999:474) define population as "all individuals that meet the sample criteria for inclusion in a study, sometimes referred to as target population."

Preceptee population

In the seven health training institutions, 444 final-year nursing students were enrolled for the 2000/2001 academic year (Curriculum Unit Ministry of Health, Gaborone 2000). These nursing students were experiencing preceptorship during their clinical attachment in the Basic Diploma programme in the 3rd year of training or in the two year Enrolled Nursing / Registered Nursing Upgrade programme. The aggregate numbers of the preceptees were obtained from the Curriculum Unit of the Ministry of Health, and verification of the numbers was done with each health training institution. Table 3.1 shows the population (N = 444) distribution of preceptees from which the sample for this study was obtained.

Table 3.1 Preceptees population

BASIC DIPLOMA (GENERIC)		ENROLLED NURSING / UPGRADE	
Name of Institution	Number of Students	Number of students	TOTAL
Deborah Retief School of Nursing	-	46	46
Institute of Health Sciences Francistown	84	13	97
Institute of Health Sciences Gaborone	81	23	104
Kanye SDA College of Nursing	40	3	43
Institute of Health Sciences Lobatse	41	10	51
Institute of Health Sciences Molepolole	41	8	49
Institute of Health Sciences Serowe	30	24	54
TOTAL			**n=444**

The total population of preceptees included in this study was (N= 444).

Eligibility criteria for inclusion of preceptees

Every preceptee who participated in the study met the following inclusion criteria:

- Final-year students (3rd year Generic diploma, 2nd year Enrolled Nursing / Registered nursing programme). These students were received as equivalent in practice.
- Preceptees in clinical-practice attachment under the supervision of a preceptor in a health-care facility identified by their respective health training institutions.
- Voluntary participation in the study.

Preceptor population

Eighty preceptors who were supervising and guiding preceptees from the seven training institutions (Refer to Annex C), were identified.

Eligibility criteria for inclusion of preceptors

The following inclusion criteria were used for selection of the preceptors who were asked to participate in the study.

- All registered nurses who had been appointed as preceptors and had undergone a minimum of a one-day orientation programme for their preceptorship role.
- Preceptors who were actively supervising preceptees on clinical practice attachment in a clinic or hospital setting.
- Preceptors with a minimum of six months experience in their role as a preceptor.

3.3.1 Sampling

Sampling is defined by Brink (2000 : 133) as "the process of selecting a sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest.''

Sampling for preceptees

A non-probability, convenience sampling approach was used to select preceptees. Burns and Grove (1999:459) define this type by referring to sampling as "including subjects in the study because they happen to be in the right place at the right time, entering the subjects in the study until the desired size is reached." This method was convenient for the researcher in view of time and financial considerations. Table 3.2 outlines the sample size and distribution of preceptees.

In this study the disadvantages of non-probability sampling were reduced by increasing the sample size for the preceptees to 50% of the population and by choosing a reasonably homogenous population.

Specific clinical settings were visited for each training institution and the first fifty (50%) of the preceptees, who were identified for a specific training institution, that volunteered to participate and also complied with the eligibility criteria, were conveniently included in the

sample (3.3.1). Researchers are generally advised to use large sample sizes to maximise validity and generalizability of results.

Table 3.2 Sampling of preceptees

HEALTH TRAINING INSTITUTIONS	NUMBER OF STUDENTS	SAMPLE SIZE
Deborah Retief School of Nursing	46	23
Institute of Health Science - Francistown	97	48
Institute of Health Sciences - Gaborone	104	52
Kanye SDA College of Nursing	43	23
Institute of Health Sciences – Lobatse	51	25
Institute of Health Sciences – Molepolole	49	24
Institute of Health Sciences – Serowe	54	27
TOTAL	**(n)=444**	**(n)=222**

Sampling for preceptors

The total population of preceptors formed the sample for this study. The reasons for using this convenient method was as follows:

Firstly, the population concerned was sparsely distributed across the country and not easily accessible, hence the need to include the entire population.

Secondly, the researcher needed to solicit all the preceptors' views on preceptorship. Finally, the whole preceptor population had to be included in order to exclude gender and age biases.

3.4 DATA COLLECTION PROCESS

Data collection approach and method

Data collection is the "identification of subjects and the precise, systematic gathering of information (data) relevant to the research purpose or the specific objectives, questions or hypothesis of the study" (Burns & Grove 1999:460).

The study employed a structured data collection approach by distributing two similar questionnaires to the sample groups of preceptors and preceptees, with a view to collecting systematic and unbiased data on the views of the respondents.

The research instrument

A research instrument is a device or technique used by the researcher to collect data; such instruments include questionnaires (Polit et al 2001:463). Similarly, Burns and Grove (1999:272) refer to a questionnaire as a printed self-report form designed to elicit information that can be obtained through written or verbal responses of the subjects.

A questionnaire was chosen as the data-collecting tool for this descriptive study to gather a broad spectrum of information from respondents on the role of the preceptor in preceptee accompaniment. Furthermore, the questionnaire was more advantageous than other methods of data collection because it was less time consuming. Moreover, respondents were not put under pressure of giving immediate information, as would have been the case with an interview. Finally a relatively large number of respondents from a geographical area could be included at the same time (Brink & Wood 1988:46-147; Polit et al 2001:272).

This strategy was also used with the hope that subjects would be able to collect questionnaires in person and that this procedure might enhance the return rate of questionnaires.

The respondents were informed that questionnaires would be collected within 2-5 days after distribution.

Some respondents completed the questionnaire on the same day and handed it back to the researcher or research assistants.

Characteristics of the instrument

Two similar English questionnaires were used (Annexure A and B), i.e. one for the preceptors and the other for the preceptees, with a covering letter requesting respondents to answer the questions contained in the questionnaires. Mostly closed questions used with geographical area a fixed rating (Likert scale) of strongly disagree (1) disagree (2) agree (3) and strongly agree (4).

Both questionnaires were divided into five sub-sections The first section of the questionnaire addressed the demographic characteristics of the respondents and the other four sections sought to meet the research objectives indicated in chapter one of the study.

Section one of the questionnaires included personal questions such as age, educational qualification, gender, years of experiences, number of preceptees assigned to the preceptor and type of health facility where the respondent was working. These variables were selected because they could have an influence on the views and opinions of the respondents regarding the topic of preceptorship (Polit & Hungler 1991).

Sections 2 to 5 of the questionnaire consisted of the headings related to the characteristics and skills of the preceptor, planning of learning activities, teaching strategies used by the preceptor and the preceptor's evaluation of preceptees performance of learning activities.

The last item of the questionnaire was an open-ended question that asked the respondents (both preceptors and preceptees) to state their opinions and suggestions about preceptorship in their work situations

Distribution of the research instrument

The researcher identified research assistants (nurse educators from some health training institutions) to assist in the distribution of the research instruments to both the relevant respondent groups (preceptors and preceptees). Before handing out the questionnaires the researcher briefed the research assistants on the instrument so that they could explain questions to participants, if the need arose, and thus to ensure that questionnaires were

correctly completed. However, the researcher personally distributed and collected the bulk about (80%) of questionnaires to ensure a good return rate.

Questionnaires given to preceptors were marked A, and questionnaires given to preceptees were marked B. The final questionnaires are included as attachments to this study (See Annexure A and B).

Questionnaire response rate

A total of 222 questionnaires were distributed to the preceptees. Two hundred preceptees completed and returned the questionnaires. The response rate was 90.1% as reflected in Table 3.4.

Table 3.3 Preceptees questionnaire response rate

TRAINING INSTITUTE	NUMBER OF DISTRIBUTED	RESPONSE RATE

	QUESTIONNAIRES	
Deborah Retief School of Nursing	23	23 (100 %)
Institute of health Sciences Francistown	48	46 (95.8%)
Institute of health sciences Gaborone	52	32 (61.5%)
Kanye SDA College of nursing	23	23 (100 %)
Institute of health sciences Lobatse	25	25 (100 %)
Institute of health sciences Molepolole	24	24 (100%)
Institute of health sciences Serowe	27	27 (100%)
TOTAL	**n=222**	**200 (90.1%)**

A total of 80 questionnaires were distributed to preceptors who met the inclusion criteria for the study. Seventy-two (72) questionnaires were completed and collected by either the researcher or research assistants. The return rate for this group was 90% since only 8 (10%) failed to return their questionnaires.

Reasons given for failure to return questionnaires by both the preceptees and the preceptors were lack of time to complete or misplacing of the questionnaire. The overall response was gratifying.

3.5 DATA ANALYSIS

The researcher coded all the returned questionnaires for easy entry into the computer. A quantitative data analysis was done with the assistance of two statisticians using the Statistical Package for Social Sciences (SPSS). Both descriptive and inferential statistical methods were employed. The statistical tests performed included the chi-square ($x2$) of association and frequencies for both preceptors and preceptees on items on the questionnaire.

3.5.1 Data analysis methods

Frequency distributions and chi-square ($x2$) were employed in the analysis of data.

The *chi-square* ($x2$) test involves a comparison between the observed and the expected number of cases falling into each category and expected number of cases (Brink 1987:31-32). The chi-square ($x2$) statistics was chosen because of its wide use for data that are in the form of categories and frequencies (Chapter 4).

The term *frequency* refers to the rate at which an event is repeated, i.e. the number of times it occurs within a given period of time. Such rates of frequencies are arranged in frequency tables (Brink 2000:191; Woods & Catazaro 1988; Brink 1987:31-32). The numbers of both preceptors and preceptees responding to each item where indicated in this study. Data is presented in tabular and graphic formats in chapter 4.

3.6 RELIABILTY AND VALIDITY IN THE RESEARCH PROCESS

3.6.1 Reliability

Reliability is the consistency and dependability demonstrated by a research instrument when it is used to measure a variable or attribute that it was designed to measure (Brink 2000:213-214; Struebert & Carpenter 1995:317).

The reliability of the factor analysis was tested in the original instrument (Jooste 1991) by means of scale counts, and the Cronbach Alpha measured the reliability of the factors

obtained. The Cronbach Alpha indicated a reasonably high reliability of the scale counts for the different factors (Table 3.4).

Table 3.4 Factor analysis of the questionnaire (Jooste 1991)

Section of questionnaire	**Scale of six actors**	**Cronbach Alpha (a) (Reliability coefficient)**
Characteristics of the preceptor	Scale count of factor 1	0.0895
	Scale count of factor 2	0.823
Planning of learning opportunities	Scale count of factor 3	0.857
Teaching strategies during preceptorship	Scale count of factor 4	0.790
	Scale count of factor 5	0.548
Evaluation of the preceptee	Scale count of factor 6	0.853

A statistician and five nursing education specialists viewed the already developed instrument critically and no measurement defects were found.

3.6.2 Validity

Validity and reliability are critical concepts in research since they affect all processes leading to research findings. To ensure validity and reliability the researcher took care to be objective throughout the study. Objectivity should be an integral part of research to ensure that the researcher's personal biases and preferences do not influence the interpretation of the findings.

The questionnaires used for this project were structured and standardised from one respondent to the other, making it less prone to different interpretation and changes in emphasis. The research assistants were oriented beforehand about the purpose, contents of the instrument and how to administer it.

3.6.2.1 Internal Validity

Internal validity refers to the degree to which the finding and by implication the method used, will generate findings that can be trusted. The main risks to internal validity in quantitative research include objectivity of the data collection procedures, analysis and interpretation, and choosing the population and sample (Rossow 2000:178-179).

In this study the researcher ensured internal validity by complying with ethical research standards during data collection, making sure that data was recorded fully, maintaining principles of neutrality and ensuring competence of both the researcher and research assistants (nurse educators) in data collection techniques by thoroughly orientating the research assistants (nurse educators) for the data collection process.

3.6.2.2 Face and content validity of the instrument

Polit et al. (2001:309) states that *content* validity is concerned with the adequacy of coverage of the content area. It seeks to identify how representative questions are formulated. Content validity is based on an intuitive judgment by experts in the field (Brink 2000:168). Face validity is described as the most obvious kind of instrument validity and merely means that the instrument appears to measure what it is supposed to measure. In this particular study the content and face validity of the questionnaires were determined by the input from five nursing education experts who scrutinised the questionnaires to ascertain the appropriateness of questions and if those questions corresponded with the objectives of the study.

Both questionnaires were given to five nurse educators to comment on the clarity and relevance of content/items on preceptorship from the Botswana perspective. The overall comment was that the instruments comprehensively covered all the aspects that needed to be explored about preceptorship in the clinical practice settings.

3.6.2.3 Construct validity of the instrument

Construct validity is the degree to which an instrument measures the construct under investigation (Polit et al 2001:459). The instrument for this research project was tested by means of a factor analysis in a study done by Jooste (1991) for construct validity. Factor analysis is a method of identifying clusters of related items on a scale. The major purpose of the factor analysis done by Jooste (1991) was to reduce a large set of variables to a smaller, more manageable set (Polit et al. 2001:311, 364). Six *factors* emerged in the study of Jooste (1991) through oblique rotation. The factors corresponded with the items as they were originally grouped, in the four sections previously described (Table 3.3). This proved to be a validly constructed instrument.

3.6.2.4 External validity

External validity is the degree to which the results of the study can be generalised to settings or samples other than the ones studied (Brink 2000:124). The external validity of this study was determined by supporting the findings from the preceptors and preceptees with reviewed literature and with findings from similar and related studies from other settings. The convenience of sampling has implications for the external validity. However, for this study large samples of preceptors (100.0%) and preceptees (50.0%) participated in the study to overcome this obstacle.

Valid data collection

During data collection both the researcher and research assistants (nurse educators) tried to suspend all personal prejudice by being as systematic and accurate as possible in dealing with the distribution of the questionnaire. Optimum conditions in terms of the setting for the collection of data were created by contacting respondents at their usual work locations and allowing them to choose a private and comfortable place for completing the questionnaires free from any perceived environmental threats.

Valid Data analysis

During data analysis validity was maintained by the use of appropriate statistical techniques, namely the chi-square test (*x2*). The statistics were found fitting and appropriate as the data obtained was in the form of categories and frequencies (Brink 1987:31-32). Conclusions

drawn were based on the principles of statistical significance according to empirical evidence.

3.7 ETHICAL CONSIDERATIONS

In ensuring safety of the participants and preventing violation of human rights, permission to carry out this study was sought from the Ministry of Health (Research Unit) through the Office of the State President, District Matrons from selected clinical practice settings (health facilities) and Principals of all eight Health Training Institutions (Annexure A and B).

Informed consent was obtained from each respondent after a full and thorough explanation of the aim of the study and the potential benefits of participating in the study were explained. The respondents were assured verbally and in writing that for the sake of *anonymity* and *confidentiality* their names would not appear anywhere in the research findings. Anonymity was of particular importance to preceptees who might have felt threatened by the presence of senior members of the profession, particularly lecturers if interviews were to be conducted. The absence of the researcher ensured that subjects' responses could not be influenced by the researcher. Their considerations / responses were based on descriptions provided in the questionnaires (Brink 2000:153; Polit et al 2001:269; Burns & Grove 1999:272).

The anonymity also enabled participants' preceptors to express their views on the process of preceptorship without fear of causing conflict among themselves.
The respondents were also informed that participation was voluntary, and that they could *withdraw* at any time during the process if they felt uncomfortable about it.

Respondents were allowed to complete the questionnaires in a suitable place of their own choice away from the presence of the researcher, work situation or other staff members. This was done to provide *privacy* and *psychological comfort*. In addition, respondents were requested to be as objective and truthful with their responses as they could be (Refer to Annexures A and B). Finally, the questionnaires allowed each respondent 45 minutes answering so that enough time would be allowed to obtain the requested information.

Participants were informed that they would have access to the findings of the study if requested.

1.8 SUMMARY

The design of the study on the views of preceptors and preceptees about the preceptorship approach was described in this chapter. This research study was non-experimental, exploratory, descriptive and quantitative in nature. Two similar questionnaires (one designed for the preceptor and one for the preceptee) were distributed. The research instrument and the population(s) and setting for the study were described. The data gathering, analysis and entry were discussed as well as the ethical and specific considerations relating to the research process. Data analysis and interpretation are discussed in the next chapter.

CHAPTER 4

DATA ANALYSIS AND PRESENTATION: PART 1

4.1 INTRODUCTION

In the previous chapter data collection methods and preparation for data analysis were discussed. In this chapter the researcher presents the findings of the study according to descriptive and inferential statistical analysis. This chapter first presents the demographic data of all respondents. Secondly, all items that do not indicate significant differences in opinions between the two sample groups (preceptors and preceptees) will be discussed.

The data will be presented according to the sections in the questionnaire namely:

- Demographic characteristics of the respondents
- Attributes of the preceptor
- Planning learning activities for the preceptee
- Teaching strategies used by preceptors
- Evaluation of learning activities of the preceptee.

It will be noted that the numbers of responses differ from item to item. Out of the two hundred (200) preceptees and seventy-two preceptors who returned the questionnaires, not all responded to all items. The number of responses to each item and the percentage calculated accordingly will be indicated with the description of the item.

4.2 DEMOGRAPHIC BACKGROUND OF THE RESPONDENTS

4.2.1 Ages of respondents

(Item 1.1 of questionnaires)

Figure 4.1 provides the age distribution of preceptor respondents.

The ages ranged between 25 and 54 years. Forty-eight percent (48.0%) of the preceptors were aged between 25 and 34 years, 28 (39.0%) were aged between 35 and 44 years, while

only 13.0% were between 45 and 54 years of age. From the results it could be concluded that more than half (52.0%) of the preceptor respondents were aged between 30 and 49 years. The largest single group of respondents (31.0%) fell in the age bracket of 30 to 34 years. It was also interesting to note that there was only one preceptor respondent in the 50 to 54 years age group.

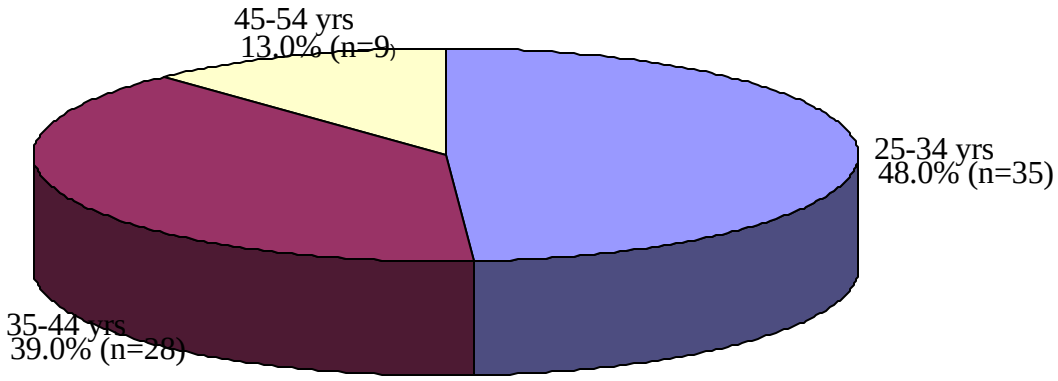


Figure 4.1 Age distribution of preceptors (n=72)

Figure 4.2 highlights the age distribution of preceptee respondents. The ages of the preceptees ranged between 22 and 47 years of age. The results indicate that the most preceptees (124; 62.0%) were in the 20 to 29 age group, 32.0% (n=64) were in the 30 to 39 age group, and only twelve (6.0%) were in the 40 to 49 years group.

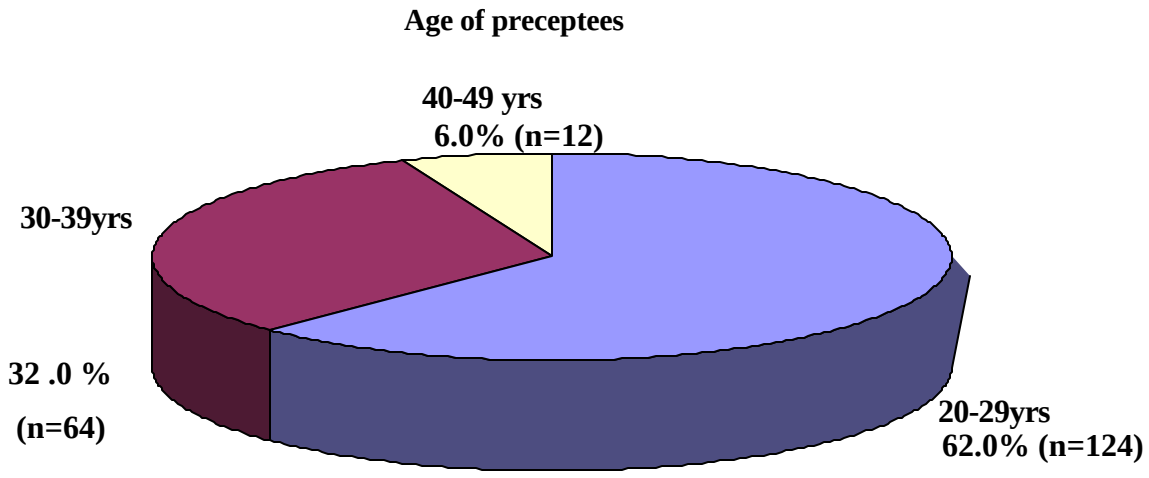


Figure 4.2 Age of preceptees (n=200)

Jooste and Troskie (1995:8-9) state that preceptors should be older than preceptees as older nurses are regarded as wiser than their younger counterparts. The results depicted in Figures 4.1 and 4.2 are consistent with this notion since the preceptors in this study were older than their preceptees in most instances. Considering the results above, the researcher assumes that in this particular study the preceptors' ages also indicate their years of experience in nursing professional practice, which has equipped them with the skills and knowledge required to accompany the preceptee in clinical practice.

4.2.2 Preceptors' clinical nursing experience as a nurse

(Item 1.2 of both questionnaires)

Table 4.1 indicates the length preceptors' clinical experience as professional nurses. Their years ranged between 2 and 26 years, with a mean of 11.43 years.

Table 4.1 Period of clinical experiences of preceptors (years)

Period of clinical experience as a nurse	Number of preceptors n	Minimum (years)	Maximum (years)	Mean (years)
		2	26	11.43
1-10	60			
11-20	11			
21-25	1			
Total	**72**			

The findings reflected in Table 4.1 comply with the suggestions of Ashton and Richardson (1992:143) that preceptors should be practitioners with at least 12 months, experience in a relevant field. Item 1.2 shows that the preceptors in this study are experienced professionals who can help preceptees to meet their professional learning needs given that experience is regarded as the best teacher.

4.2.3 Number of preceptees assigned to a preceptor

(Item 1.4; of questionnaire A)

Table 4.2 reflects the numbers of preceptees assigned to a preceptor for accompaniment during preceptorship and learning of clinical activities.

Table 4.2 Number of preceptees assigned to a preceptor (n=72)

	Minimum students	Maximum students	Mean of preceptees
Number of students assigned to a preceptor	2	23	7.82

The results in Table 4.2 show that individual preceptors accompanied from 2 to 23 students, although most authors advocate a ratio of 1:1 (Ohrling & Hallberg 2000:14; Ohrling & Hallberg 2001:530; Nehls et al.1997:223; Ashton & Richardson 1992:143; Goldenberg 1987 / 88:11; Shamian & Inhaber 1985:79). The results differ from the mentioned norm and the researched situation is far beyond the ideal, because the large numbers of students placed in the clinical settings cannot be accompanied on a one-to-one basis. On the other hand it should be borne in mind that the high ratios are a result of the government's efforts to meet the country's demand for human resources demands.

Unfortunately the possibility should be allowed that the clinical space/area where preceptees were attached for practice may have been influenced by limited resources. Despite the reality of the findings of this study it appears unrealistic to expect one preceptor to accompany such a large number of preceptees.

4.2.4 Preceptors' nursing qualifications

(Item 1.7 of questionnaire A)

The researcher included **item 1.7** in the instrument to determine if preceptors possess qualifications and skills that equip them to perform their preceptorship role.

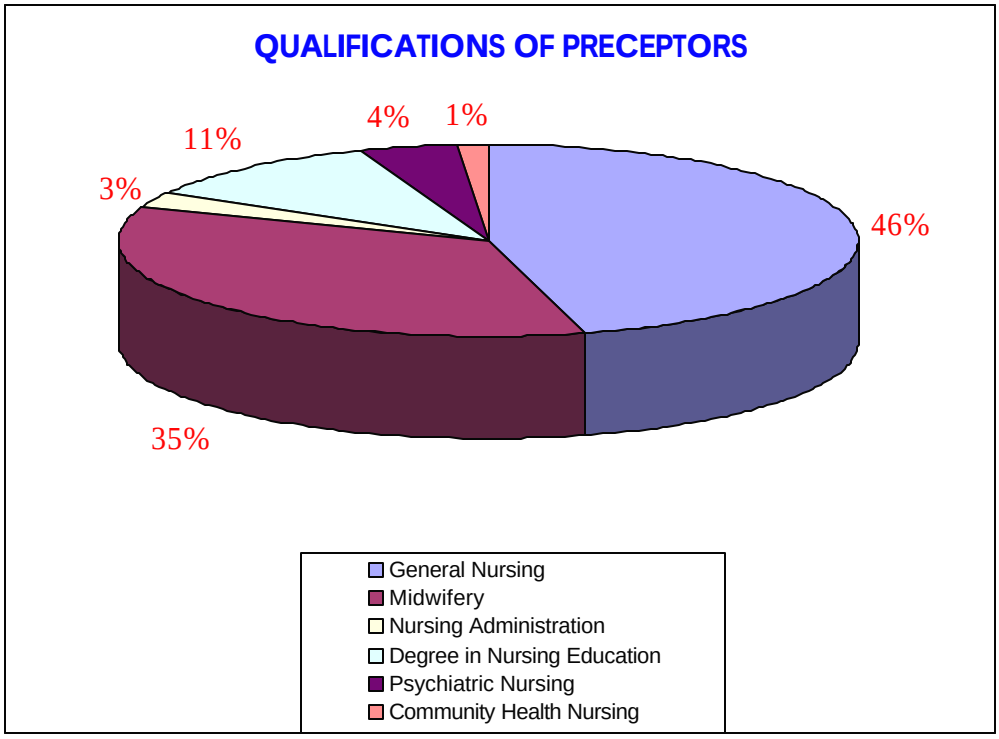


Figure 4.3 Nursing qualifications of preceptors (n =72)

Figure 4.3 indicates the qualifications of preceptors who responded to item 1.**7**. The results of this study indicated that although all preceptors had basic diploma in General Nursing, not all possessed post basic qualifications. Almost half (46.0%) of the preceptors were registered nurses with no other post-basic qualifications. The preceptors would be expected to supervise the preceptees by virtue of their own experience and exposure in different clinical settings

despite the fact that they were not all experts in the specific clinical fields in which the preceptees needed to be taught and guided.

Although one might argue that the preceptees in this study were basically trained to function as registered nurses with no post basic qualifications, the fact still remains that the General Nursing curriculum structure specifies that before graduating as a general nurse, preceptees must have been accompanied in practice for a stipulated period in the specialty clinical areas named in the preceding paragraph. If preceptees can gain the required skills and meet the curriculum objectives the will need assistance of clinical experts in these areas to guide, supervise, direct and evaluate their learning activities.

4.2.5 Reading nursing literature for non-study purposes

(Item 1.11of questionnaire A; 1.4 of questionnaire B

The findings in Figure 4.4 indicate that only 51.0% of the preceptees read nursing literature for non-study purposes while the corresponding figure for preceptees is 49.0%.

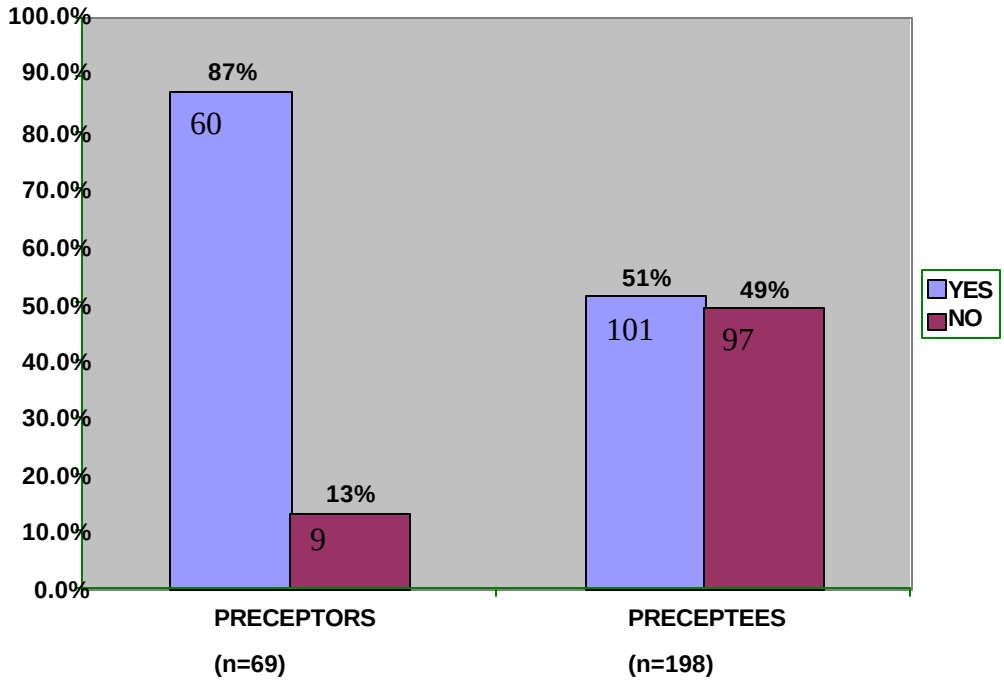


Figure 4.4 Involvement in reading nursing literature for non study purposes

Preceptees are most likely to be reading only prescribed and recommended texts. Preceptees often have a lot of learning activities and assignments to accomplish within stipulated deadlines during the internship period under the accompaniment of the preceptor (Curriculum for Basic Diploma in General Nursing June 1995:10). This leaves them with little or no time to read other forms of literature.

However, preceptors 60 (87.0%) should be commended for their efforts to update their knowledge through reading nursing literature despite their busy schedules of routine patient care activities as they still managed to get time to read nursing literature.

Dibert and Goldenberg (1995:1145) point out that the preceptors are faced with a variety of problems associated with the preceptor role, such as lack of support from non-preceptor colleagues and insufficient time to spend with the preceptees and reading literature.

4.2.6 Involvement in private studies

(Item 1.9 of questionnaire A)

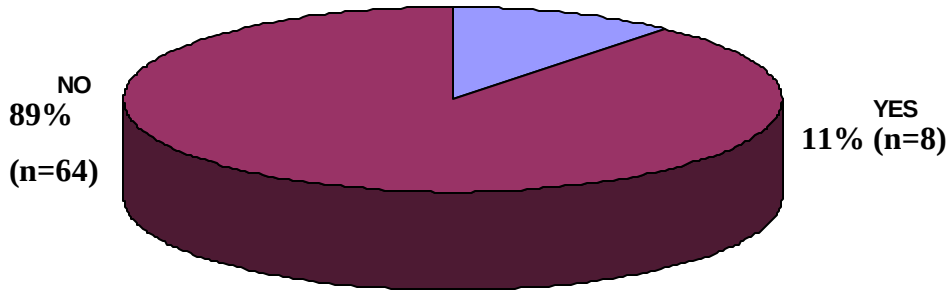


Figure 4.5 Preceptors' involvement in private studies (n=72)

Preceptors are nurses who are expected to perform both the preceptorship role and patient care responsibilities without being allocated extra time or being exempted from other routine nursing activities. Nevertheless, 3 (37.5%) were privately studying for a diploma in Nursing Administration, 1 (12.5%) was studying for a Bachelor of Nursing Administration degree, 1 (12.5%) was studying Law and the remaining 3 (37.5%) were studying for a masters degree in Public Administration. Preceptors involved in private studies were either part-time

students attending evening classes or studying as distance education students in various tertiary institutions.

4.2.7 Location of clinical practice settings in which respondents worked

(Item 1.14 of questionnaire A; item 1.15 of questionnaire B)

It is evident from Table 4.3 that respondents were situated in different health care settings. Thirty-seven percent (37.0%) of preceptees were allocated to remote rural settings (clinics) while only ten preceptors (13.9%) shared their preceptees work settings. A relatively large percentage of preceptors (44.4 %) came from health-care settings in large villages where the second largest number of students (33.0%) were situated. The lowest percentage of students (29.0%) who participated in the study came from urban health facilities. The students in urban health care settings were accompanied by the second largest number of preceptors (38.9%).

Table 4.3 Health facilities where respondents worked

Location of health facility	PRECEPTEES		PRECEPTORS	
	n	%	n	%
Urban	58	29.0	28	38.9
Remote rural	74	37.0	10	13.9
Large village	66	33.0	32	44.4
No response	02	1.0	02	2.8
Total	**200**	**100.0**	**72**	**100.0**

The type of health facility also influences preceptorship activities and the learning experiences of the preceptees (Curriculum for Basic Diploma in General Nursing, June 1995). Preceptors and preceptees working in urban settings are exposed to diverse teaching-learning activities as opposed to those in rural settings.

4.2.8 Location of preceptees' training school

(Item 1.6 of questionnaire B)

The researcher was interested to see where the largest numbers of preceptees were being trained.

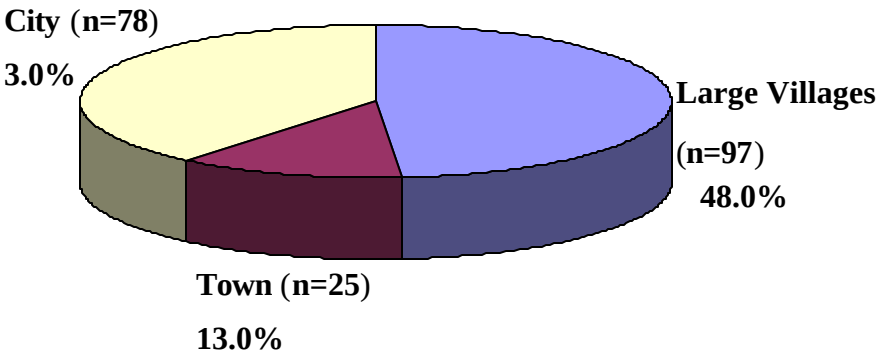


Figure 4.6 Location of preceptees' training institutions (n=200)

The results indicate that preceptees were geographically scattered in different training institutions. The majority of 97 (48.0%) of the preceptees were training in institutions located in the large villages of the country. On the other hand 78 (39%) of the respondents came from an institution located in the city (Gaborone) while the remaining 25 (13.0%) of preceptees were undergoing training at an institution situated in a town (Lobatse).

4.2.9 Type of health facility where respondents worked

(Item 1.7 of questionnaire B)

Findings reflected on Table 4.4 indicate that the majority of preceptees (31.0%) were working in referral hospitals while the rest were working in health posts.

Referral hospitals can probably provide rich learning experiences because they are mostly staffed with specialised professionals such as medical specialists, nurses, midwives, pharmacists and allied health professionals. It was evident from the findings that the largest numbers of preceptees were concentrated at the more advanced and specialised health facilities so that they could benefit from adequate learning experiences.

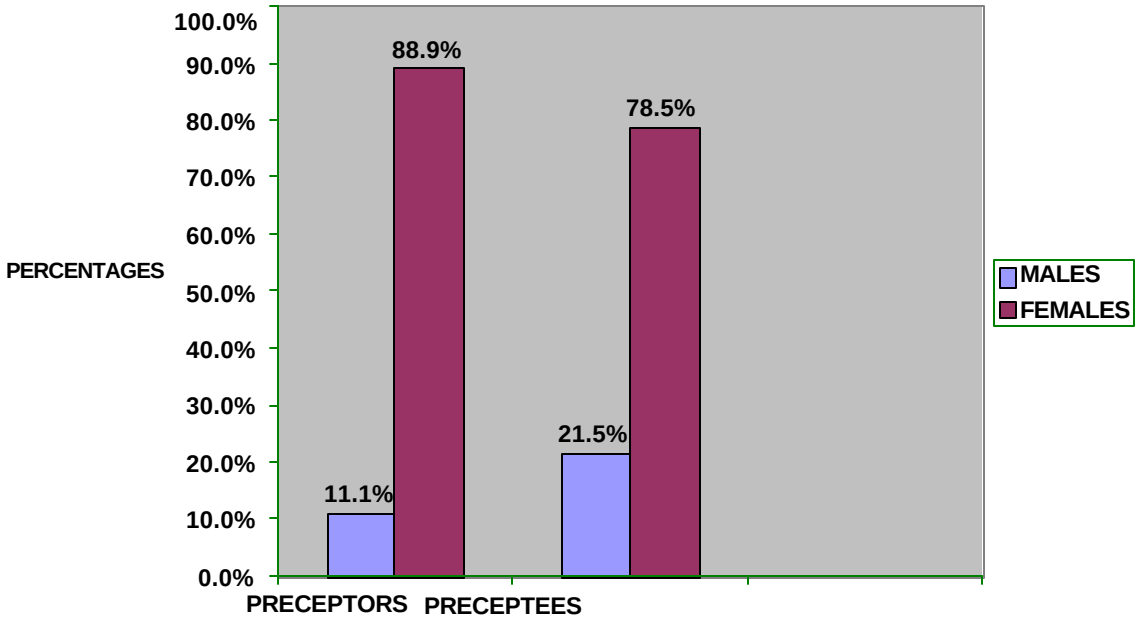
Table 4.4 Type of facilities where preceptee worked

Type of health facility	**Preceptee' Respondents n**	**%**
Referral hospital	62	31.0
District Hospital	39	19.5
Clinic with maternity facilities	25	12.5
Clinic without maternity facilities	21	10.5
Mission hospital	35	17.5
Mine hospital	11	5.5
Health post	7	3.5
Other	0	0.0
Total	**200**	**100.0**

4.2.10 Gender of respondents

(Item 1.15 of Questionnaire A; item 1.9 of Questionnaire B)

The results reflected in Figure 4.7 clearly indicate that there are more females than males who take up nursing as a career in the clinical settings under study. Details of gender distribution are reflected in Figure 4.7.



Preceptors (n=72) **Preceptees (n=200)**

Figure 4.7 Gender of the respondents (n=272)

Significantly fewer male than female preceptors (88.9%) and preceptees (78.5%) participated in this study. The principle of gender equality should be applied by selecting prospective students according to their applications and high school results which are definitive in this regard. Despite their low numbers compared to females, males are well represented in comparison with previous years when nursing seemed to be a predominantly female profession (Kupe 1993:29-59).

4.2.11 Preceptors' experience in the preceptorship role

(Item 1.18 of questionnaire A)

The experience of preceptors in the preceptorship role ranged between 1 and 18 years with a mean of 4.38 (Table 4.5)

Table 4.5 Preceptors' years of experiences as preceptors

	Minimum years	Maximum years
Number of years as a preceptor (n=65)	1	18

Of the 72 preceptors (100.0%) who responded to this item, 65 (90.3%) had been preceptors for more than one year.

4.2.12 Preceptors' previous experience in teaching

(Item1.12 of questionnaire A)

In a study undertaken by Maskey (unpublished report 1996/97:6-7) on 'learning needs of preceptors in Botswana', preceptors expressed concerns about their lack of experience in teaching and advocated inclusion of teaching methods, preparation of lesson plans and principles of adult learning as topics in preceptor orientation so that they could become acquainted with teaching principles, enable them to have an insight in principles of teaching.

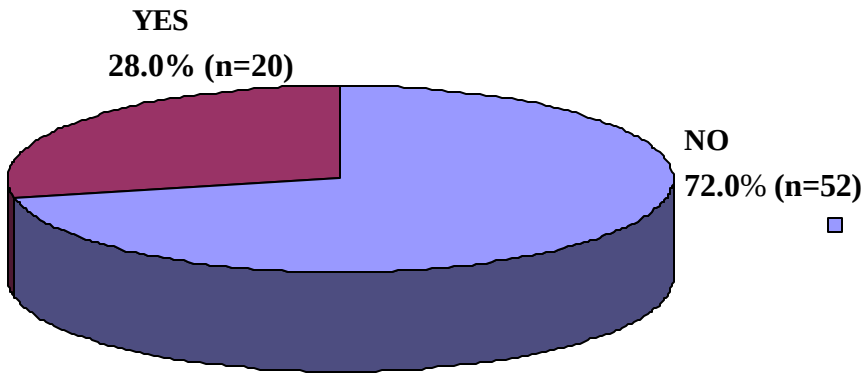


Figure 4:8 Preceptors' Previous teaching experience (n=72)

The findings in Figure 4.8 indicate that only 20 of the 72 preceptors (28.0%) had teaching experience It is disappointing to observe that 52 (72.0%) of the preceptors had no teaching experience. This lack of teaching experience is confirmed by Maskey (1996/97:6-7) and Bain (1996:105).

The ability to teach and supervise preceptees is one of the fundamental responsibilities of preceptors, who should be able to impart knowledge of all patient care activities to their

preceptees. Most importantly, they should be able to demonstrate that they have adequate clinical skills. A basic teaching background would be an added advantage for a preceptor to meet these responsibilities effectively.

4.3 CHARACTERISTICS OF THE PRECEPTOR

The first objective of the study was: ***"To explore and describe which characteristics the preceptors possess to carry out their preceptor role in the clinical practice setting".***

4.3.1 Preceptor's interest in preceptorship role

(Item 2.1 of both questionnaires)

A high number of preceptors 50 (71.4%) and preceptees 158 (79.0%) agreed that preceptors displayed on active interest in their preceptorship role. However, a small number of both preceptors 20 (28.6%) and preceptees 42 (21.0%) expressed the views that some preceptors lacked interest in the role.

Table 4.6 Interest in preceptorship role

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	50	71.4	20	28.6	70	100.0
Preceptees	158	79.0	42	21.0	200	100.0

Shamian and Inhaber (1985:82) indicate that the preceptor's multiple functions include, but are not limited to, orientation of the preceptees to the unit, socialisation of the preceptee within the unit, assisting them to establish objectives and priorities during orientation to

internship. Furthermore, these diverse, demanding and challenging functions require commitment and intense interest in the preceptorship role. Findings reflected in Table 4.6 indicate that generally preceptors in some of the clinical practice settings are interested in the preceptorship role despite the associated challenges and demands.

4.3.2 Preceptor's competence in clinical teaching

(Item 2.2 of both questionnaires)

The item in Table 4.7 sought to establish if preceptors were competent in the clinical teaching of preceptees.

The majority of both preceptors 52 (74.3%) and preceptees 130 (66.0%) agreed that the preceptors are competent in clinical teaching. Only 18 (25.7%) of the preceptors and 67 (34.0%) of the preceptees who responded to the item, viewed preceptors as incompetent in the clinical teaching role.

Table 4.7 Competence in clinical teaching

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	52	74.3	18	25.7	70	100.0
Preceptees	130	66.0	67	34.0	197	100.0

These results are similar to findings of related studies done regionally and internationally that emphasised that a preceptor should possess a sound background of teaching ability, assessing learning needs, planning and providing orientation to preceptees and evaluating clinical performance (Morano 1989:21; Goldenberg 1987/88:11-1; Westra & Graziano 1992:214, Jooste & Troskie 1995: 9; Nordgren et al.1998:28).

4.3.3 Preceptor's academic qualifications

(Item 2.3.1 of both questionnaires)

A very low response rate from the two groups of respondents is evident from Table 4.8.

Table 4.8 Insufficient academic qualifications

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	9	34.6	17	65.4	26	100.0
Preceptees	46	55.4	37	44.6	83	100.0

Table 4.8 shows that the majority 17 (65.4%) of the 26 preceptors who responded and slightly less than half (44.6%) of the preceptees in disagreed that the preceptors had insufficient academic qualifications (refer to Figure 4.3). Based on the findings, a conclusion could be drawn that only 65.4% viewed themselves as having sufficient academic qualifications. This being the case, preceptors are likely to face some constraints in applying the teaching- learning principles that would facilitate implementation of the preceptorship process.

4.3.4 Preceptor's nursing knowledge

(Item 2.3.2 of both questionnaires)

A significantly low number of respondents from both groups attempted to answer this question from both respondent groups (Table 4.9). Only 32 out of 72 preceptors (44.4%) responded to the question.

Table 4.9 Insufficient nursing knowledge

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	16	50.0	16	50.0	32	100.0

Preceptees	52	67.5	25	32.5	77	100.0

The views of the preceptors reflected a 50.0% agreement that they had insufficient nursing knowledge while half (50.0%) indicated that they had sufficient nursing knowledge. Preceptees (67.5%) was of the opinion that insufficient nursing knowledge was a characteristic of the preceptor...

Preceptors are expected to be experienced nurses with a good nursing background so that they can assist and teach the preceptees. If preceptors view themselves as having insufficient nursing knowledge one wonders about the quality of guidance and supervision given to the preceptees in the nursing profession. Furthermore, if preceptees (32.5%) doubt the professional knowledge of the preceptor, it is doubtful whether the preceptee can gain anything from such a preceptor given his/her lack of confidence in the preceptor.

4.3.5 Preceptor's clinical experience

(Item 2.3.3 of both questionnaires)

Corlett, Palfreyman, Staines and Marr (2003:183-190) argue that since preceptors are specialists within a particular clinical field they can focus on teaching students, they know about their specialty and have the knowledge and experience to do it effectively. Similarly, Bartz and Srsic- Stoehr (1994:155) rated clinical experiences as the most important requirement for preceptorship.

Table 4.10 Insufficient clinical experience

Respondents	**Agree**		**Disagree**		**Total**	
	n	**%**	**N**	**%**	**n**	**%**

Preceptors	8	32.0	17	68.0	25	100.0
Preceptees	23	30.3	53	69.7	76	100.0

It is evident from the findings reflected in Table 4.10 that the responses of preceptors (68.0%) and preceptees (69.7%) are about equally positive. These findings are consistent with those of Jooste and Troskie is (1995:11-12) findings who set the requirements that nurses must be functioning in a clinical setting to be considered for preceptorship and if possible, should have adequate clinical experience of not less that one year in the area of practice.

Ellerton and Gregor (2003:106-107) state that clinical practice situations present opportunities for learning, in that preceptees can see in their encounters with patients, clinical entities that they have only studied in theory. The clinical setting can also help them to discover what they can do. Jooste and Troskie (1995:13-16) concur that a preceptor should possess extensive and varied clinical experience, maintain a high standard of clinical performance, and use her extensive clinical knowledge as a basis for management.

4.3.6 Preceptor's teaching experience

(Item 2.3.4 of both questionnaires)

Approximately half of the preceptors and preceptee (54.8%; 41.2%); indicated that preceptors teaching experience was sufficient. It could be interpreted that the preceptor group need sufficient teaching experience.

Table 4.11 Insufficient teaching experience

Respondents	**Agree**		**Disagree**		**Total**	
	n	**%**	**N**	**%**	**n**	**%**

Preceptors	14	45.2	17	54.8	31	100.0
Preceptees	50	58.8	35	41.2	85	100.0

Clinical experience and expertise of preceptors are of paramount importance for the accompaniment of students for a specified learning experience, particularly in view of the preceptors' clinical teaching responsibilities (Johnson 1999:66-68).

Preceptors are expected to play a major and significant role in helping the preceptees to attain their clinical objectives through effective teaching-learning sessions conducted in clinical practice settings.

4.3.7 Preceptor does not feel threatened by students

(Item 2.8 of both questionnaires)

Item 2.8 in Table 4.12 sought to establish whether preceptors felt threatened by the presence of preceptees.

A high percentage of preceptees and preceptors (80.5%; 76.4% respectively) agreed that the preceptor did not feel threatened in the presence of the student. Newborn & Smith (1998:496) state that a preceptor should not only act as a nurse who gives guidance, support and assistance to students in learning new skills and behaviours, but should also *be a friend*.

Table 4.12 Not feeling threatened in the presence of students

Respondent	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptor	55	76.4	13	18.0	68	100.0
Preceptee	161	80.5	33	15.5	194	100.0

However, there were small percentages of both preceptors and preceptees (18.0%; 15.5% respectively) who agreed that some preceptors perceived preceptees as a threat, perhaps because previous findings reflected the view that preceptors were lacking in professional

qualifications (Figure 4:3), clinical experience (Table 4.10) and teaching experience (Table 4.11).

4.3.8 Preceptor's knowledge of various nursing skills

(Item 2.19.4 of both questionnaires)

A large number of 65 (97.0%) of preceptors and 174 (92.1%) of preceptees agreed that preceptors have on various nursing skills, while only 2 (3.0%) preceptors and 15 (7.9%) preceptees disagreed that preceptors had various nursing skills (Table 4.13).

Table 4.13 Knowledge of nursing skills

Respondents	Agree		Disagree		Total	
	n	%	N	%	n	%
Preceptors	65	97.0	2	3.0	67	100.0
Preceptees	174	92.1	15	7.9	189	100.0

Hardyman and Hickey (2001:59, 61) state that one of the roles of the preceptor is to help the preceptee to apply knowledge to practice and provide constructive feedback on the preceptee's clinical skills. Based on Hardyman and Hickey (2001:59, 61) findings, knowledge of nursing can therefore be regarded as one of the pillars of effective preceptorship.

Given the significance of the role of the preceptor in regard to professional knowledge and skills, it is necessary for the preceptor to possess varied knowledge and skills in nursing for the benefit of not only the preceptee in her accompaniment but also the patients under their care. The findings reflected in Table 4.13 indicate the knowledge of nursing skills possessed by preceptors in this study that are a great benefit for the preceptees in their accompaniment.

4.3.9 Awareness of students' strengths and limitations

(Item 3.6 of both questionnaires)

One of the clinical characteristics of the preceptor is to assess the preceptee‘s readiness and ability to assume and perform tasks. Assessment should be done without prejudice towards the preceptee.

Table 4.14 Awareness of students’ strengths and limitations

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	51	76.1	16	23.9	67	100.0
Preceptees	128	64.6	70	35.4	198	100.0

Preceptors and preceptees largely agreed (76.1%; 64.6%) respectively that preceptors are aware of t students’ limitations and strengths (Table 4.14). The importance of the preceptor’s ability to identify the strengths and weaknesses of the preceptee cannot be overemphasised. This ability can help the preceptor to design assignments that the preceptee can be asked to perform either independently or under close supervision. Such discernment will help to safe guard the preceptor, preceptee and the health facility malpractice and law suits resulting from the incompetent novices of the nursing profession. Preceptors have to take time to know their preceptees as individuals with different learning needs and learning at different paces. It can be concluded that the characteristics of the preceptor that need the most attention are academic qualifications (item 2.3.1), teaching experience (item 2.3.5), clinical experience (item 2.3.3) and basic nursing skills (item 2.4). It is evident from the findings that there is a need to revisit the criteria for preceptor selection. While interest in the preceptorship role is an important criterion for the selection of preceptors, allowance should be made for other variables like individual nurses’ workloads and other responsibilities besides patient care activities.

4.4 PLANNING OF LEARNING OPPORTUNITIES

This section of the study addresses the second objective of the study, which was: ***To explore and describe how purposefully the preceptors plan learning opportunities in the clinical practice.***

4.4.1 Identification of students' learning needs

(Item 3.1 of both questionnaires)

According to Jooste and Troskie (1995:19) it is the responsibility of the preceptor to estimate the needs of the preceptee and to plan learning experiences accordingly. Similarly, Bashford (2002:18) states that the preceptor should identify and select learning situations so that the preceptee can gain competence in new situations for which new skills and knowledge are required.

Table 4 15 Identifying students' learning needs

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	47	65.3	25	34.7	72	100.0
Preceptees	113	56.5	87	43.5	200	100.0

Although two-thirds (65.3%) of the 72 preceptors agreed that they had identified the preceptees' learning needs, their counterparts 25 (34.7%) indicated that preceptors are not always in a position to identify the learning needs of preceptees. Approximately half, namely 56.5% of the 200 preceptees agreed that their preceptors were able to identify their learning needs.

One preceptor said in response to an open ended question: "***We often desire to sit with the students and find out what exactly they want to know. But it is not always possible due to other responsibilities like patients' loads and administrative tasks. I therefore suggest that preceptors be general nurses whose sole responsibility is patient care activities with no other responsibilities."***

The conclusion that can be drawn from these results is that preceptors should focus more on identifying students' learning needs when they plan learning opportunities. Although ideally preceptors are expected to be with the preceptees all the time, and to identify their learning needs this goal may be unattainable at times.

Studies done by Coates and Gormely (1997:96) and by Ohrling and Hallberg (2000:27-28) also indicate concerns and frustrations about the preceptor's inability to identify and meet students' needs due to other work related responsibilities.

Bashford (2002:18) contends that it is the preceptor's prerogative to identify clinical situations that would enhance the preceptee's learning, sense of responsibility and accountability as well as his/her feelings of security and accomplishment.

4.4.2 Topics preceptors include in clinical teaching

(Items 3.4.1; 3.4.2; 3.4.3; 3.4.4; 3.4.5; 3.4.6; 3.4.7 of both questionnaires)

Preceptors should include several topics in clinical teaching during preceptee accompaniment as indicated in Table 4.16.

Overall, approximately 70.0% or more of preceptors and preceptees agreed that communication skills, conflict management, application of the nursing process, professionalism, management skills and critical thinking were topics included in clinical teaching (Table 4.16).

However, the results reflected in Table 4.16 shows that a large percentage of preceptees (38.3%) disagreed that preceptors include the topics of conflict management and new developments in technology in clinical teaching.

Table 4.16 Topics included by preceptors during preceptee teaching in clinical practice

TOPIC	PRECEPTORS			PRECEPTEES		
	Agree n %	Disagree n %	Total n %	Agree N %	Disagree n %	Total n %
Communication skills	58 82.9	12 17.9	70 100.0	139 70.6	58 29.4	197 100.0
Conflict management	50 70.4	21 29.6	71 100.0	121 61.7	75 38.3	196 100.0
Application of the nursing process	57 79.2	15 20.8	72 100.0	153 77.3	45 22.7	198 100.0
Professionalism	53 76.8	16 23.2	69 100.0	142 72.1	55 27.9	197 100.0
New developments in technology	34 47.9	37 52.1	71 100.0	110 55.8	87 44.2	197 100.0
Management skills	53 76.8	16 23.2	69 100.0	140 71.4	56 28.6	196 100.0
Critical Thinking	55 82.1	12 17.9	67 100.0	138 71.1	56 28.9	194 100.0

Preceptees who are not exposed to ***conflict management*** techniques might find themselves unable to deal with the realities of conflict resolution upon completion of their training, and this render them ineffective as managers.

Given contention by Wise (1995:339-341) that conflict arises from a perception of incompatibility or differences in beliefs, values, attitudes, goals, priorities and interpretations, it is evident that conflict is inevitable wherever people interact, thus presenting a major challenge for effective leadership. Preceptees are future managers and need to be taught early in their training how to deal with conflict, which they will often encounter in clinical practice.

McCloskey and Grace (1994:284) assert that there is a need for nursing to consider the use of multifaceted approaches to improve the quality of patient care and meet the challenges brought about by technological developments. The findings of this study reflect relatively low percentages of respondents (47.9% of preceptors and 55.8% of preceptees) who agreed that preceptors do teach ***new technological developments*** to preceptees. This could be an indication that preceptors are not very conversant with some of the new technological trends or developments in the profession.

One preceptee's response to the open ended question was: "The preceptors in the surgical ward taught us to load the patients' data on the computer and to me it was something new and interesting. In ICU we were taught how to operate different machines." The only problem was that there was only one nurse who had undergone formal training as an ICU nurse. Some of the nurses were just learning the use of machines like us.

4.4.3 Planning sessions to determine students' learning needs

(Item 3.2 of both questionnaires)

Proper planning of learning opportunities is essential if clinical learning and preceptorship objectives are to be adequately accomplished. Preceptors and preceptees should hold regular planning sessions and select appropriate learning experiences collaboratively. In the selection of appropriate learning experiences for the student the preceptor should identify and access opportunities within the agency that meet the student's learning objectives (Johnson 1999:69). More than fifty percent (55.7%) of preceptors and 62.3% of preceptees disagreed that preceptors hold planning sessions to determine the learning needs of preceptees. It was therefore concluded that planning sessions with students were lacking.

Ohrling and Hallberg (2000:27-33) state that good preceptoring facilitates students' learning and that preceptors need to know the student by holding planning sessions with a view to facilitate their learning.

Table 4.17 Holding planning sessions with students to determine their learning needs

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	31	44.3	39	55.7	70	100.0
Preceptees	75	37.7	124	62.3	199	100.0

The findings shown in the Table 4.17 indicate a problem area that needs to be addressed if preceptorship objectives are to be effectively accomplished. In response to the open question one preceptee said:

"We hardly plan or discuss anything with our preceptor because she is either too busy with the patients or out attending a seminar or workshop. We plan our own learning activities. Sometimes I feel preceptorship is not worth anything. I have really not gained much from it".

4.4.4 Time to plan learning activities

(Item 3.5 of both questionnaires)

According to Johnson (1999:68) the preceptor and student should agree on times to plan learning activities, and should select appropriate experiences. Table 4.18 indicates the preceptors' and preceptees' responses to whether or not the preceptor had time to plan learning activities with and for the preceptee.

Table 4.18 I have sufficient time to planning learning activities

Respondents	Agree		Disagree		Total	
	n	%	N	%	n	%
Preceptors	17	23.9	54	76.1	71	100.0
Preceptees	65	33.0	132	67.0	197	100.0

A major time constraint with regard to planning learning activities was evident from the responses of both sample groups. Only 23.9% of preceptors and 33.0% of preceptees indicated that preceptors had sufficient time to fulfil the planning role.

These findings are similar to observations made by Kaviani and Stillwell (2000:223), namely that preceptors found it difficult to spend adequate time with preceptees. These authors mentioned that preceptors were also expected to take full responsibility for client/patient care activities. Given preceptor-preceptee ratios greater than 1:2 it might not be feasible for the preceptor to make time on each shift to attend to the planning for individual learning needs of preceptees.

Allen and Simpson (2000:511) concur with Kaviani and Stillwell (2000:223) in noting that most preceptors felt there was a lot of work attached to the preceptorship role if it had to be done properly, but that their managers did not recognize this.

4.4.5 Preceptor's focus of learning opportunities during preceptorship

(Item 3.10.3; 3.10.4 of both questionnaires)

Item 3.10.3 in Table 4.19 focuses on the professional role of the student, while item 3.10.4 (Table 4.20) outlines the focus on the preceptor's role.

Table 4.19 Focusing on the student's professional role

Respondents	Agree		Disagree		Total	
	n	%	N	%	n	%
Preceptors	53	76.8	16	23.2	69	100.0
Preceptees	130	65.7	68	34.3	198	100.0

A large number of preceptors (76.8%) and preceptees (65.7%) agreed that preceptors focus on the professional role of the student during preceptorship teaching (Table 4.19). A large number of preceptees (34.3%) and a lesser number of preceptors (23.2%) indicated a lack of attention to the professional role of the preceptee.

Emphasis on the professional role is considered important for the novice of any profession. Ryan and Brewer (1997:20-21) state that when students start educational preparations for a career they experience critical immersion into the profession and are eager to embrace and internalise the values, traditions, knowledge and skills that serve as the cornerstone of the profession. It is therefore important that preceptors play a significant role in socialising the preceptee into the role of a professional nurse.

The following is an open question response from one preceptee indicating the desire that the preceptor should focus on his/her professional role when planning learning activities.

"Although preceptorship was challenging, I experienced a deeper insight into the role of the nurse. It allowed me time to reflect on my personal values of human life, caring and suffering and above all to appreciate other people".

Item 3.10.4 sought to find out if preceptees focused on their specified roles.

Table 4.20 Focus on the role of the preceptor

Respondents	Agree		Disagree		Total	
	n	%	N	%	n	%
Preceptors	47	69.1	21	30.9	68	100.0
Preceptees	139	71.3	56	28.7	195	100.0

About two thirds 47 (69.1%) of the preceptor respondents and 139 (71.3%) of the preceptees respondents agreed that preceptors focused on their roles as preceptors. Nearly one third namely (30.9%) of the preceptors disagreed that they focused on their role. Some preceptees felt that lack of attention to the preceptorship role was caused by staff shortages. This opinion is confirmed by the following response to the open question;

"Because of shortage of staff in the clinical settings they are expected to work just like the ward nurse leaving them with no time to focus on their learning needs as students".

Johnson (1999:68) states that during preceptorship the student is expected to exercise good judgement when participating in role performance activities, while the preceptor provides ongoing guidance and support as the student gains experience and new competencies. The preceptee should prepare a learning contract and develop learning objectives with input from the preceptor.

One preceptor said in response to the open-ended question: "Some students show no interest at all. They have to be told one thing over and over again; they don't ask questions not even during doctor's round and yet if asked a question they wouldn't answer a thing. They come to the ward or clinic with no objectives. Some can't even perform basic procedures like administration of an intramuscular injection correctly at this level of training."

The examples given in the preceding paragraphs are clear indications of the lack on the part of preceptees to be motivated and interested with respect to the preceptor role.

Jooste and Troskie (1995:20) found that nursing personnel have a need to learn about matters relevant to their professional role and the problems they face. The role of the preceptor is to provide the preceptees with the necessary support, supervision, and guidance whenever they encounter unexpected situations in their work.

4.4.6 Giving learning opportunities for preceptees in the clinical practice setting

(Item 3.11 of both questionnaires)

Learning opportunities in the clinical setting should be ongoing and offered, whether planned or as incidental learning activities.

Item 3.11 reflects on how learning opportunities were offered to the preceptees. More than a third of both respondent groups namely, (33.3%) of the preceptors and (39.4%) of the preceptees disagreed that learning opportunities are ***only*** given if specific situations occur (Table 4.21). Learning should be an ongoing process and every available learning opportunity exploited to the maximum. In the clinical setting a lot of incidental learning opportunities are available and preceptees should be given the opportunity to learn at any time without necessarily having to wait for scheduled times. Nordgren's et al. (1998:29) contention is that during preceptorship students appreciate the time and attention given to them daily by they preceptors, most importantly for the great variety of patient care experiences and learning opportunities they receive.

Table 4.21 Learning opportunities only when specific situations occur in the unit

Respondents	Agree		Disagree		Total	
	n	%	N	%	n	%
Preceptors	44	66.7	22	33.3	66	100.0
Preceptees	120	60.6	78	39.4	198	100.0

From the results regarding planning of learning opportunities, a conclusion can be drawn that the preceptor should focus more on identifying learning needs of the students (item 3.1), teaching conflict management and new technological development (Table 5.11), holding planning sessions with students to determine students' learning needs (item 3.2), have more time for planning learning activities (item 3.5), focus on the professional roles of the preceptor and preceptee (items 3.10.3; 3.10.4) and providing learning opportunities in the unit (item 3.11).

4.5 TEACHING APPROACHES USED DURINIG PRECEPTORSHIP

This section of the study discusses items that sought to address the third objective of the study. To: ***explore and describe which approaches the preceptors follow in implementation of different teaching strategies during accompaniment of the preceptees in the clinical practice setting.***

4.5.1 Teaching strategies

In this study teaching strategies and teaching methods will be used interchangeably. Jooste and Troskie (1995:29-30) state that during preceptorship subjects are adequately covered by use of a variety of teaching methods that include lectures, discussions, panel discussions, and role-plays. Similarly, De Young (1990:42.43) also emphasised the importance of using different methods of teaching. The same author contends that the choice of a teaching strategy is basically dependent on the type of learning, one is intending to achieve and can also depend on the interest and ability of the teacher.

Logsdon and Ford (1998:37) assert that the use of teaching strategies, that support the learning needs expressed by students, is very important.

Table 4.22 reflects respondents' views on different teaching strategies used by preceptors during preceptorship.

The findings show that 25.8% of the preceptors and 28.8% of the preceptees are agreeing that role-plays are seldom used. Other methods that were used to a lesser extent are case studies, group activities and the lecture method.

According to De Torney and Thomson (1987:33-34) the primary purpose of ***role playing*** is to assist preceptees to gain new perceptions about human relationships particularly in regard to insight and empathy into behaviours and feeling people who are different from themselves.

In response to an open question one preceptor said: "The clinical area is just too busy with patients coming in every minute. There is hardly time to play or perform games .In my

opinion role plays are more appropriate in the skills laboratory not in the ward or clinic." Time constraint seemed a limiting factor in the utilisation of this method.

According to De Young (1990:149) case studies help students to place basic problems into real life situations as they see how such problems evolve and are handled from the nursing perspective Approximately half the preceptor (52.4%) and less than half (43.9%) of the preceptees agreed on use of ***case studies*** in clinical teaching. A case study could present a holistic picture of a client's health care problem and requires more in-depth analysis of such problems. As a clinical teaching strategy, the case study is based on the client for whom the student is responsible for care. Analysis of a case accords the student opportunities to examine interrelationships of multiple phenomena in the clinical situation, expand the student's knowledge base, and develop skills of problem-solving and critical thinking (Reilly & Oermann 1999:169).

Findings reflect that approximately half (48.7%) of the preceptees agreed on utilization of ***group activities***. White and Ewan (1991:175) states that peer support group in problem-solving could assists students with similar experiences and concerns. The preceptor can thus act as a facilitator, while the preceptees takes the lead. Well implemented group activities can be an effective way to lead the preceptees into critical thinking and problem-solving.

Table 4.22 Teaching Strategies used during preceptorship

TEACHING STRATEGY	**PRECEPTORS**						**PRECEPTEES**					
	Agree		**Disagree**		**Total**		**Agree**		**Disagree**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Decision-making sessions	43	**70.5**	18	29.5	61	100.0	108	**59.7**	73	40.3	181	100.0
Problem-solving sessions	46	**73.0**	17	27.0	63	100.0	125	**66.8**	62	33.2	187	100.0
Discussion sessions	55	**82.1**	12	17.9	67	100.0	146	**75.3**	48	24.7	194	100.0

Demonstrations	46	**71.9**	18	28.1	64	100.0	121	**64.0**	68	36.0	189	100.0
Case studies	33	**52.4**	30	47.6	63	100.0	82	**43.9**	105	56.1	187	100.0
Group activities	30	**46.2**	35	53.8	65	100.0	91	**48.7**	96	51.3	187	100.0
Lecture method	31	**47.0**	35	53.0	66	100.0	92	**49.5**	94	50.5	186	100.0
Role play	16	**25.8**	46	74.2	62	100.0	53	**28.8**	131	71.2	184	100.0
Ward rounds	46	**73.0**	70	27.0	63	100.0	115	**62.2**	70	37.8	185	100.0
Seminars	43	**63.2**	25	36.8	68	100.0	131	**67.5**	63	32.5	194	100.0

De Torney and Thompson (1987:95) state that a lecture creates a passive type of learning that tends not to be retained. These authors further state that, attitudes, skills and feelings cannot be learned through pure show and tell procedures like a lecture. It is evident in these results that both the respondent groups' had dichotomous views in the preceptors' use of the lecture method where approximately fifty percent of both groups either agreed or disagreed on the utilization of the ***lecture method*** by the preceptors.

Although not all clinical learning activities can be best taught using the lecture method, it is important for the preceptor to define and explain certain concepts to the preceptees to facilitate understanding and enhance easier application of the concept to practice.

The findings indicate that decision-making, problem-solving, discussion groups, demonstrations, ward rounds, and seminars are often utilized by preceptors.

A total of 70.5% of the preceptors and 59.7% of the preceptees were in agreed that *decision-making* was one of the strategies encouraged by preceptors (Table 4.22). White (2003:113) states that students learn decision-making by actual involvement in the process. By making decisions in a real situation, they are able to see the immediate consequences. If the results of

the decision made are undesirable, they can backtrack to identify the factors that led to poor decision-making.

A significant percentage of preceptors (73.0%) and preceptees (66.8%) agreed that the *problem- solving* method was one of the clinical teaching strategies used by preceptors. Reilly and Oermann (1999:212-213) argue that in the clinical setting students are continually confronted with a variety of problems, these problems can either be easy to solve or complex for the level of the student because of the unique nature of the problem. A lot of factors play a role in the preceptees ability to solve problems such as, level of experience, complexity of the problem, stage of the learner's cognitive development and ability to reason.

The majority of preceptors (82.1%) and preceptees (75.3%) agreed they hold ***discussion session*** together. Only 17.9% of the preceptors and 24.7% of the preceptees disagreed with the notion that preceptors organize or facilitate group discussion sessions (Table 4.22).

Through active participating in the discussions, students develop skills which are crucial in critical thinking (De Torney & Thompson 1987:101). Preceptors should have a clear-cut purpose of what they intend to accomplish when holding a discussion session.

One preceptee in response to the open question said: "In the afternoon we have very few or no patients at the clinic that's the time the preceptors call us to discuss problems and issues we encountered on that day and come up with recommendations where possible. We benefit a lot from these discussions".

A *demonstration* provides for learning through visual and auditory modes (Reilly & Oermann (1999:186). Findings reveal approximately two thirds 46 (71.9%) of preceptors and 121(64.0%) of preceptees agreed that preceptors use this method (Table 4.22). Reilly and Oermann (1999:186-87) contend if the preceptee is not able to grasp important underlying principles of the procedure, there is no harm in allowing the preceptee to observe that procedure once more, before performing it.

Findings reflect that 73.0% of preceptors and 62.2% of preceptees agreed that preceptors use *ward rounds* as a teaching strategy (Table 4.22). Spencer (2003:591) states that ward rounds are teaching rounds whereby students see patients either as individuals or groups. However

key issues such as selection of patients, ensuring that ward staff know what is happening, briefing both patients and students, using a side room rather than the bedside of the patient for discussions about the patients and ensuring that all relevant information about the patient is available (X- ray films, laboratory results and record) are necessary play a role in the effectiveness of this method.

A total of 63.2% of the preceptors and 67.5% of the preceptees agreed that preceptors conduct *seminars* (Table 4.22).The use of seminars by preceptors in this study affirms De Young's (1990:109-10) notion that the seminars strategy is designed to teach and develop group process and leadership skills. It is therefore evident that seminars are an important clinical teaching strategy.

4.5.2 Use of teaching aids by preceptors

(Item 2.20.3 of both questionnaires)

Table 4.23 illustrates the responses of the two respondent groups on teaching aids used by preceptors during preceptorship.

Table 4.23 Use of chalkboard during teaching

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	7	12.1	51	89.9	58	100.0
Preceptees	39	21.7	141	78.3	180	100.0

Generally, findings in Table 4.23 revealed that most preceptors did not utilise the chalkboard as a teaching aid during their clinical teaching assignments. Only 7 (12.7%) of the preceptors and 39 (21.7%) preceptees agreed on the use of chalkboard in clinical practice. These findings differ from Jooste and Troskie (1995:29-30) who state that subjects are adequately catered for by use of a variety of teaching methods and the traditional methods such as textbooks, posters and chalkboards are frequently used by preceptors rather than lectures, discussions, panel discussions and role plays.

A preceptor's response to the open question was: "I have a limited knowledge of the use of different teaching methods because I'm not trained as a teacher. I'm just a nurse. I feel more comfortable with just talking and discussing with the students and showing the posters from Sexually Transmitted Diseases (STD Unit), Family Health Division (FHD) Epidemiology Unit and Ministry of Health (MOH).".It is evident that the preceptors lack skills in using different teaching methods.

4.5.3 Other implementation approaches used during preceptorship

(Item 2.20.4 of both questionnaires)

The preceptor should assess the preceptee's knowledge on certain clinical tasks, readiness to learn, and clinical environment for its conduciveness to enhance learning. The following are some aspects that should be addressed during implementation of preceptorship.

4.5.3.1 Preceptees' ability to prioritise assigned tasks

(Item 4.2 of questionnaire A; item 4.3 of questionnaire B)

The Concise Oxford Thesaurus (2002:679) defines priority as giving precedence, greater importance, preference, or putting in first place. The item in Table 4.24 sought to determine the preceptees ability in distinguishing priorities regarding tasks assigned to them during clinical learning activities.

Table 4.24 Students have difficulties in prioritising the orders I give them

Respondents	Agree		Disagree		Total	
	n	%	N	%	n	%
Preceptors	24	34.3	46	65.7	70	100.0
Preceptee	47	24.0	149	76.0	196	100.0

Findings reflect that both groups 46 (65.7%) of preceptors and 149 (76.0%) of preceptees did not have problems with prioritising tasks give to them by the preceptors. Ability to prioritise tasks helps to ensure that important things are addresses first. In nursing life threatening situations or needs should be addressed first regardless of when they have been encountered. The preceptees' ability to prioritise tasks reflects a growing level of understanding and competence.

4.5.3.2 Preceptee's ability to accomplish given tasks on time

(Item 4.3.1 and 4.3.2 of questionnaire A; item of 4.4.1 questionnaire B)

According to Bashford (2002:14) preceptors should be cautious about their expectations of preceptees.

Table 4.25 Students have problems in completing tasks on time

Respondents	Agree		Disagree		Total	
	n	%	N	%	n	%
Preceptors	18	27.3	48	72.7	66	100.0
Preceptee	65	33.2	131	66.8	196	100.0

Approximately two thirds (72.7%) of the preceptors and preceptees (66.8%) disagreed that preceptees have problems in completing tasks on time (Table 4.25). When assigned a task to perform for the first time, the experience involves a lot of uncertainty particularly with identifying the client's problems and coming up with solutions. Students in their final year of training which in this case is the preceptorship period) may not have learnt ways of rapidly grasping information from clinical reports and planning appropriate care and this is often a challenge (Bashford 2002:14-5).

Table 4.26 Students have problems interpreting orders accurately

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	29	43.3	38	56.7	67	100.0
Preceptee	58	29.6	138	70.4	196	100.0

Less than half (43.3%) of the preceptors and 29.6% preceptees agreed with the view that preceptees have problems with interpreting orders. These findings indicate preceptees could have acquired some skills and knowledge that assist them to interpret orders accurately. Findings concur with Bashford's (2002:18) view that through repeated experience in the care of similar patients or situations, the student gains self-confidence, initiative and an increased competence on task performance. Preceptors should allow the preceptee enough time to master the skill and watch them improve their psychomotor, cognitive, affective and clinical judgment.

4.5.3.3 Availability of opportunities for preceptees to try alternative actions or techniques

(Item 4.4 of questionnaire A; item 4.5 of questionnaire B)

The overall purpose of the preceptors is to provide the preceptees with opportunities to learn and master clinical skills necessary to perform the registered nurse's role. Much as it is important for the preceptor to ensure that these necessary skills are acquired, it is also important to consider a variety of ways and alternative actions that could be employed to solve a problem or accomplish the same task.

Table 4.27 Giving students opportunities to try alternative nursing actions as they have been taught (applying different techniques to accomplish tasks)

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	51	78.5	14	21.5	65	100.0

Preceptee	143	72.2	55	27.8	198	100.0

A strong agreement was observed between the responses of the preceptors (51;78.5%) and preceptees (143;72.2%) allowed exploring and employing alternative nursing actions and techniques to accomplish assigned tasks (Table 4.27).

4.5.3.4 Frequency at which the preceptor offers opportunity for students' learning

(Items 4.9.1; 4.9.2; 4.9.3 of questionnaire A; items 4.10.1; 4.10.2; 4.10.3 of questionnaire B)

Table 4.28 reflects the frequencies with which the preceptors were able to offer individualised learning opportunities to preceptees while in clinical practice. It was evident from the results that preceptors offered individualised learning opportunities at different time intervals according to time availability.

Table 4.28 Offering of individualised learning for students

Frequency at which preceptors offer learning opportunities to preceptee	PRECEPTORS						PRECEPTEES					
	Agree		Disagree		Total		Agree		Disagree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Daily	31	52.5	28	47.5	59	100.0	88	50.3	89	49.7	175	100.0
Weekly	20	46.5	23	53.5	43	100.0	84	49.4	86	50.6	170	100.0
Monthly	11	35.5	20	64.5	31	100.0	57	38.0	93	62.0	150	100.0

Both the preceptor and preceptee respondents groups respectively agreed that learning opportunities were offered more on a daily basis (52.5%;50.3%) than either a weekly (46.5%; 49.4%) or monthly basis (35.5%; 38.0%). Bashford (2002:18) states that daily conferences or discussions to provide learning opportunities for the student foster self-confidence, a sense of accomplishment and growth for both the preceptor and student. Developing a habit of daily conferences even for as short as five minutes can help avoid accumulating unresolved issues that could later cause bottle-necks in the preceptorship relationship.

4.5.3.5 Preceptees opportunities to attend staff development programs

(Items 4.11.1; 4.11.2; 4.11.3 of questionnaire A; items 4.12.1; 4.12.2 4.12.3 in questionnaire B)

Table 4.29 is a reflection of findings regarding preceptees' attendance of staff development programs and the criteria used for attending such programs.

Findings in Table 5.29 reflect that less than half of the preceptors (42.6%) and preceptees 45.6% agreed that preceptors give preceptees opportunities to attended staff development programmes on request. Over half (63.0%) of preceptors and of preceptees (57.3%) agreed that preceptees attended staff development programs only when assigned and willing.

However, approximately a third (37.3%) of preceptors and 33.9% of the preceptees agreed that preceptees attended staff development programs when ordered though not willingly. The findings in generally indicate poor attendance by both respondent groups, unless assigned to attend.

Table 4.29 Giving students opportunities to attend staff development programmes

Staff development opportunities for students	PRECEPTORS						PRECEPTEES					
	Agree		Disagree		Total		Agree		Disagree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
On request	23	42.6	31	57.4	54	100.0	83	45.6	99	54.4	182	100.0
Assigned and willing	34	63.0	20	37.0	54	100.0	106	57.3	79	42.7	185	100.0
Ordered though not willing	15	37.5	25	62.5	40	100.0	59	33.9	115	66.1	174	100.0

4.5.3.6 Guidance to preceptee during preceptorship

(Item 4.15 of questionnaire A; item 4.16 of questionnaire B)

Johnson (1999:68) states that it is of utmost importance for the preceptor to provide ongoing guidance as a preceptee gains experience and new competences in clinical practice. This includes, observing student's behaviours, noting progress and giving feedback.

Table 4.30 Giving guidance to students when they come in contact with new experiences

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	66	94.3	4	5.7	70	100.0
Preceptees	170	85.9	28	14.1	198	100.0

Table 4.30 indicates high percentages of preceptors (94.3%) and preceptees (85.9%) who agreed that the preceptors give guidance to the preceptees when they come in contact with new experiences

The importance attached by authors to the guiding role of the preceptor is greatly emphasized in preceptorship literature (Johnson 1999 65-78; Grealish & Carroll 1998:3-11; Kaviani & Stillwell 2000:21-226; Bashford 2002:14-20; Hardyman & Hickey 2001:58-64). The importance of the preceptor's role in guiding the preceptor is based on the notion that preceptees are in clinical practice for a specific learning purpose or objective and time period. Perry (1988:20) also describes a preceptor as one who guides, tutors and provides direction aimed at a specific performance.

4.5.3.7 Giving students chances to prepare for participation in discussions during preceptorship

(Item 4.17 of questionnaire A; item 4.18 of questionnaire B)

Two items were included in the questionnaires to establish if preceptors give preceptees chances to participate in discussions and whether these discussion sessions were held on a regular basis.

Table 4.31 Giving students' chances to prepare for participation in discussions

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	54	77.1	16	22.9	70	100.0
Preceptees	126	64.0	71	36.0	197	100.0

Approximately three quarters of the preceptor 54 (77.1%) and two thirds 126 (64.0%) of preceptees agreed that preceptors give preceptees chances to participate in discussions (Table 4.31). Findings are consistent with the viewpoint of De Torney and Thompson (1987:101) that by actively participating in the discussions, students do not only learn the generalization, but also develop skill crucial in critical thinking. Given opportunities to participate in discussions, preceptees will be able to think aloud as they discuss with others and appreciate other's views on how they differ with their own. Spencer (2003:591) contends that when students see patients in pairs or groups, through reporting back with or without a follow up visit for further discussion, they can learn a lot from each other. Discussion opportunities allow the preceptor to clarify certain myths and misconceptions that could be prevalent in relation to some situations or beliefs about causes of certain illnesses.

4.5.3.8 Getting students for discussion sessions during preceptorship

(Item 4.18 of questionnaire A; item 4.19 of questionnaire B)

Table 4.32 reflects the responses of the two groups on how students are taken for discussion sessions during preceptorship.

Table 4.32 Getting students on regular basis for discussions

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	27	39.7	41	60.3	68	100.0
Preceptees	80	40.2	119	59.8	199	100.0

Only 27 (39.7%) of the preceptors and 80 (40.2%) of the preceptees agreed that students gather on a regular basis for discussions. The general picture portrayed in these results is that students are not taken for discussions on a regular basis.

Daily conferences or discussions provide feedback to the student which fosters self confidence, changes as needed and a sense of accomplishment for both the preceptor and preceptee. Developing the habit of daily discussions, even for a very short period of time, can help avoid the catch up syndrome (Bashford 2000:18).

Findings in the section regarding *the implementation of different teaching strategies and approaches* brought to the fore the areas to be give more emphasis during preceptorship. These were: use of chalkboard (item 2.20.3), prioritisation of tasks by students (items 4.3.2 ; 4.3 questionnaires A and B respectively), offering individualized learning for preceptees (item 4.9 and 4.10 questionnaires A and B), giving opportunities for staff development to students student (items 4.11.1; 4.11.2; 4.11.3 of questionnaire A ; items 4.12.1; 4.12 .2 4.12.3 of questionnaire B), and getting students for discussion sessions during preceptorship (Item 4.18 of questionnaire A; item 4.19 of questionnaire B), case studies (item 4.12.5 of questionnaire A ;item 4.12.5), group activities (item of 4.12.6 of questionnaire A; item 4.13.6 of questionnaire B) and role play (item 4.13.8 of questionnaire A ;item 4.13.8 of questionnaire B).

4.6 EVALUATION OF THE PRECEPTEES AFTER LEARNING

OPPORTUNITIES HAVE OCCURRED

This section of the study discusses items that sought to address the fourth objective of the study, which was: To explore and describe how the evaluation of the preceptee takes place after learning opportunities in the clinical practice settings have occurred.

Clinical evaluation is a judgmental process that reflects values of the participants. Evaluation could be subjective since it involves human beings with their own set of values that influences the process. It is this value component of evaluation that makes it crucial for evaluators to examine their values, attitudes, beliefs, biases and prejudices about the evaluation process (Reilly & Oermann 1999:383).

4.6.1 Feedback on preceptee's progress

(Item 5 of both questionnaires)

Johnson (1999:68) emphasised the necessity for preceptors to give positive, constructive, and formal or informal feedback to the preceptee. Formal feedback when provided in writing, will serve as a reminder and point of reference for the preceptee, unlike verbal feedback that can easily be forgotten.

Table 4.33 Giving formal feedback on students' progress in the clinic / unit

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	53	73.6	19	26.4	72	100.0
Preceptees	125	63.1	73	36.9	198	100.0

In response to item 5.1, it was interesting to note that 53 (73.6%) of the preceptors and 125 (63.1%) preceptees agreed that preceptors gave formal feedback to the preceptees on the

progress in the unit or clinical area in which they worked (Table 4.33). These findings are in line with the viewpoint of Perry (1988:22), that achievement of clinical skills and competences is dependent on a variety of factors including constructive formal feedback. The same author states that formal feedback should be provided in writing.

Table 4.34 Using standardized evaluation tools / forms to evaluate students' performance

(Item 5.2 of both questionnaires)

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	58	82.9	12	17.1	70	100.0
Preceptees	167	84.3	31	15.7	198	100.0

Over eighty percent of the preceptors and of the preceptees (82.9% and 84.3% respectively) were in agreement that preceptors use standardized tools to evaluate student's performance (Table 4.34). However, 17.1% of the preceptors and 15.7% of preceptees disagreed with the statement. The results revealed that most of the preceptors evaluate the preceptees using standardized tools.

It is important that preceptors should be provided with standardized tools that will assist the preceptors to evaluate the preceptees objectively and maintain uniformity. The above are contrary to Calman et al.'s (2002:251) findings whereby preceptees expressed concerns that preceptors who had been trained did not understand the use of an assessment tool or seem no to take evaluations seriously.

A preceptee in this study expressed sentiments about the preceptors in some health facilities particularly with regard to the completion of the clinical evaluation tools. The preceptees stated:

"Although preceptors are given clinical tools at the beginning of the internship period they never complete until the very last day of the clinical attachment. Sometimes they are filled in when we have moved to another clinical rotation and sent to the lectures without us seeing them. We will then be asked by the lectures to come and sign the tools. This gives us no chance to ask questions about our evaluation, let alone to challenge certain comments or grades if we don't agree with them. The lecturer will tell you that I have no say on these marks or comments; you should have made sure that you see your grades and discuss them with your preceptor before leaving the clinical placement.

The only alternatives would be to either take the evaluation tool back to the preceptors who might not be in the health facility at the time attending a seminar elsewhere or to just sign for the sake of peace which is very unfair to us as students".

There is a need for orientation of the preceptors in the utilization of the clinical evaluation tool and emphasis to be placed on preceptee involvement and feedback.

4.6.2 Evaluation of students against predetermined objectives and clinical competences

(Item 5.3 of both questionnaires)

Schoener and Garrett (1996:41) state that typically, evaluation methods focus on students' performance and attainment of course objectives. The preceptor plays a role in student evaluation so as to determine how well personal and course objectives are met.

Table 4.35 Evaluating students against predetermined objectives and clinical competencies

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%

Preceptors	58	84.1	11	15.9	69	100.0
Preceptees	157	81.8	35	18.2	192	100.0

A large percentage 58(84.1%) of both preceptors and preceptees 157(81.8%) agreed that preceptors evaluate students against predetermined objectives and clinical competences. It was noted that though few in number, there are some preceptors (15.9%) who indicated that they do not evaluate the preceptees against predetermined objectives (Table 4.35).

The Diploma in General Nursing Curriculum (1995: iv) clearly states the objectives that should be attained by the student at the end of training.

The objectives describe the expected terminal outcomes or behaviours of the graduate at the end of training. These objectives form the basis for preceptee evaluation during preceptorship. This practice is consistent with O'Shea (1994:101) who states that the learner's goals should focus on the achievement of the program objectives. The preceptee should formulate personal goals and objectives which will assist the preceptee and preceptor in planning meaningful learning experiences. Evaluation of the preceptee will therefore be based on the goals and objectives predetermined by the program and the learner.

4.6.3 Students are conversant (knowledgeable) with objectives and competences before they are evaluated

(Item 5.4 of both questionnaires)

According to Grealish and Carroll (1998:6) one of the important roles of the preceptor is to identify learning objectives for the student, such as setting realistic goals and clarifying issues.

Table 4.36 Making sure that students are (knowledgeable) conversant with objectives and competences before they are evaluated

Respondents	**Agree**		**Disagree**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**
Preceptors	56	82.4	12	17.6	68	100.0

Preceptees	155	79.1	41	20.9	196	100.0

A notably high number 82.4% of the preceptors and 79.1% of preceptee agreed that preceptees were conversant with objectives prior to being evaluated (Table 4.36).

Perry (1988: 22) states that it is crucial that learning objectives be clearly understood by both the preceptor and preceptee. Standards of practice which define procedures and responsibilities that must be set should also be clarified.

If preceptees are to formulate their own learning objectives based on course and program objectives as indicated in O'Shea (1994:101), then the question as to whether preceptees are knowledgeable (conversant) with objectives and competences before they are evaluated, would be non-existent.

4.6.4 Preceptee counseling by preceptor

(Item 5.6.4 of both questionnaires)

In Table 4.37 the findings revealed a great deal of positive consistence in the views of the preceptors and preceptees with regard to the role of the preceptor as a counsellor during preceptorship.

Table 4.37 Giving counselling sessions

Respondents	**Agree**		**Disagree**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**
Preceptors	41	60.9	27	39.1	68	100.0
Preceptees	117	60.3	75	39.7	192	100.0

Approximately sixty percent (60.9%) of the preceptors and 60.3% of preceptees agreed that during evaluation of learning activities the preceptors provides counselling to the preceptees. Provision of guidance and counselling sessions is one of the interpersonal characteristics of a preceptor identified by Bartz and Srsic-Stoehr (1994:156).

Gibson and Mitchell (1990:142-143) mentioned that, regardless of the nature of counselling, it should be goal driven, and have a purpose aimed to attain an objective. During preceptorship, counselling can help the preceptee to achieve both personal and preceptorship objectives. Gibson and Mitchell (1990:5-6) affirm that counselling helps an individual to have a clear understanding of the self.

4.6.4 Taking the feelings of the preceptee into account

(Item 5.6.5 of questionnaires)

Taking students' feelings into consideration should be considered during evaluation of clinical activities.

Table 4.38 Taking students feelings into account during evaluation

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	68	95.8	3	4.2	71	100.0
Preceptees	200	100.0	0	0.0	200	100.0

While 95.8% of the preceptors agreed that they take students' feelings into consideration, 100.0% of the preceptees concurred with the same views (Table 4.38). In a study by Cahill (1996:794-795) a major feature of the students' accounts of their experience was placed on the attitudes of trained nurses towards them.

In a study done by Andrews and Wallis (1999:203) findings revealed that when dealing with preceptees, emphasis should be placed on mutual respect and consideration for the preceptee's feelings of anxiety and uncertainty. Based on findings in (Table 4.38) a conclusion can be drawn that the preceptor in this study takes the preceptees feelings into consideration during evaluation

4.7 SUMMARY

In this chapter the frequencies that revealed no significant differences in the views of the preceptor and preceptee have been described. Similarities were observed in the responses of

the two groups of respondents to various items that indicate consistency in the way preceptors and preceptees views the role of the preceptor .In the next chapter (Chapter 5) significant differences found on specific items will be discussed.

CHAPTER 5

DATA ANALYSIS AND PRESENTATION: PART 2

5.1 INTRODUCTION

In the previous chapter the data analysis on the frequencies of items that did not indicate significant differences in opinions between the two sample groups (preceptors and preceptees) were analyses and described.

This chapter presents all items with significant differences between the responses of the preceptors and preceptees in accordance with the objectives of the study. The chi square (÷2) test was used to determine significance and of data, which involved a comparison between an observed number of cases falling into each category and an expected number of cases (Brink 1987:123). It should be noted that the number of respondents who completed a specific item differs from item to item as mentioned in chapter 4.

5.2 CHARACTERISTICS OF A PRECEPTOR

The first objective of the study was: To explore and describe which characteristics the preceptors should possess to carry out their preceptor role in the clinical practice setting.

Gillespie (2002:569) highlighted the effects of the preceptor preceptee's learning experiences and learning outcomes. Significant differences between the responses of preceptors and preceptors in relation to the first objective of the study were found. Preceptors and preceptees differed significantly in opinions on most items that addressed the first objective of the study.

5.2.1 Preceptor's interest in teaching

(Item 2.3.5 of both questionnaires)

Table 5.1 illustrates the responses of the two respondent groups on the preceptor's interest in teaching and supervising the preceptee during preceptorship.

Table 5.1 Preceptor lacks interest in teaching and supervising students.

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	10	38.5	16	61.5	26	100.0
Preceptees	63	68.5	29	31.5	92	100.0

÷2 = 6.522, df 1, p-value <0.05

Findings indicated that 10 (38.5%) of preceptors stated they lacked interest in supervising and teaching students. Over sixty percent of the preceptees 63(68.5%) agreed that preceptors lacked interest in teaching and supervising preceptees.

According to Jooste and Troskie (1995:12) preceptors should be selected according to their interest in preceptorship. This therefore means if preceptors lack interest in the role, efforts to prepare them for the role will be futile and simply a waste of resources. Preceptors' lack of interest in teaching and supervising preceptees could lead to preceptees not being able to accomplish their clinical assignments due to lack of guidance and role modelling by the preceptors. One preceptee in response to the open question stated: "Some preceptors lacked knowledge and skill about preceptorship thus why they seem not to have interest in the students, may be that they feel challenged when students ask them questions".

The preceptees therefore advocate for proper orientation of preceptors to assist them to be able to perform their role.

5.2.2 Preceptor's knowledge on basic nursing skills

(Item 2.4 of both questionnaires)

It is important for the preceptors to have adequate knowledge and skills in nursing so that they can transfer the knowledge to the preceptees in their accompaniment.

Table 5.2 Knowledge on basic nursing skills

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	70	97.2	2	2.8	72	100.0
Preceptees	149	75.3	49	24.7	198	100.0

÷2 = 15.231, df 1, p-value <0.005

A significant difference between the responses of the preceptors and preceptees was observed in item 2.4 as 70 preceptors (97.2%) agreed they had knowledge on basic nursing skills and only 149 (75.3%) of preceptees agreed with the preceptors; views. Preceptees should be attached to preceptors because preceptors are regarded as experts in nursing who posses the necessary knowledge required for quality nursing care (Westra & Graziano 1992:214).

5.2.3 Preceptor as a role model

(Item 2.5 of both questionnaires)

The role model function of the preceptor is described as the pillar in preceptorship relationships (Bashford 2002:16; Hardyman & Hickey 2001:59; Johnson 1999:67; Perry 1988:20; O'shea 1994:98; May 1980:1824).

Table 5.3 Role model in the nursing unit

Respondents	Agree		Disagree		Total	
	N	%	n	%	n	%

Preceptors	64	98.5	1	1.5	65	100.0
Preceptees	155	78.3	43	21.7	197	100.0

÷2 = 12.891, df 1, p-value <0.005

Table 5.3 reflects that a total of 64 (98.5%) of the preceptors agreed that they acted as role models in the nursing units or wards versus 155 (78.3%) of the preceptees that agreed with this statement. Wright (2002:139) states that the role of the preceptor should demonstrate model behaviours and technical skills expected of a nurse in a unit, and aid in socialising the novice nurse into the work situation.

5.2.4 The preceptor respects students in the work situation

(Item 2.7 of both questionnaires)

The findings in Table 5.4 reveal a significant difference in the views of the preceptors and preceptees regarding the respect preceptees receive from their preceptors.

Table 5.4 Respect for preceptees in the work situation

Respondents	**Agree**		**Disagree**		**Total**	
	N	**%**	**n**	**%**	**n**	**%**
Preceptors	71	100.0	0	0.0	71	100.0
Preceptees	154	78.6	42	21.4	196	100.0

÷2 = 16.474, df 1, p-value <0.001

A hundred percent of the 71 (100%) of the preceptors who responded to the item indicated that they respect their preceptees. Only 154 (78.6%) of the preceptees responded that they agreed with this statement.

In an open ended question one of the preceptees said: “Some preceptees often experienced criticisms from some of their preceptors and that the preceptors are biased against us because of our tribal origin so we are considered as not intelligent”. Such comments are a cause for concern that which could interfere with attainment of preceptorship objectives. It is very

important that both the preceptor and preceptee should respect one another to facilitate good relationship and enhance learning opportunities.

Myrick and Yonge (2001:461-467) indicated that preceptees watch very carefully how respectfully preceptors and staff field their comments, quickly notice nonverbal cues that indicate how open, approachable and supportive the preceptors and staff are to their questions and contributions and then discern how valuable they are as colleagues. These authors further state that when preceptors genuinely value, support and work with preceptees in the practice setting and staff accept them as part of the team, a climate that is conducive to learning and critical thinking is established. Then preceptees feel safe enough to question, to challenge and be challenged, and to be creative in their problem-solving.

5.2.5 Preceptor's acknowledgement of students' frustrations

(Item 2.11 of both questionnaires)

The preceptor has a responsibility to identify and acknowledge the preceptee's frustration in the clinical setting, which is often a new and unfamiliar environment, different from the familiar class room setting.

Table 5.5 Acknowledge and understand students' frustration

Respondents	Agree		Disagree		Total	
	N	%	n	%	n	%
Preceptors	52	73.2	19	26.8	71	100.0
Preceptees	112	57.1	84	42.9	196	100.0

÷2 = 5.040, df 1, p-value <0.05

A relatively high number of preceptors 52 (73.2%) agreed that they acknowledge and understand students' feelings of frustration. Only 112 (57.1%) of the preceptees indicated agreement with the statement (Table 5.5). Bashford (2002:17) emphasised that it is important for the preceptor to acknowledge the frustration that preceptees may experience in the clinical setting.

5.2.6 Freely exchanging of ideas between the preceptor and preceptee

(Item 2.12 of both questionnaires)

In response to item 2.12 a significant difference was observed between the responses of preceptors and preceptees on the exchange of ideas between preceptors and preceptees.

Table 5.6 Allowing students to exchange ideas with the preceptees

Respondents	Agree		Disagree		Total	
	N	%	n	%	n	%
Preceptors	66	93.0	5	7.0	71	100.0
Preceptees	147	77.4	43	22.6	190	100.0

÷2 = 7.363, df 1, p-value <0.01

While a large number of the preceptors 66 (93.0%) agreed that they freely exchanged ideas with the preceptees, only 147 (77.4%) of the preceptees concurred with this view. Reilly and Oermann (1999:182) stated that the relationships between the preceptor and the preceptee should be significant in promoting discussions, and for the preceptee to be comfortable with the preceptor as they can express their views and feelings as well as take risks in responding to questions. The significant differences in opinions in Table 4.10 indicate that the preceptors should pay more attention to allowing students to exchange ideas with them more freely.

5.2.7 The preceptor listens to the students' problems in the work situation

(Item 2.13 questionnaires A and B)

In item 2.13, the level of agreement between the preceptors and the preceptees in their responses was significantly different. In Table 5.7 a total of 69 (95.8%) of the preceptors indicated that they listen to preceptees problems in the work place versus 156(78.4%) of the preceptees who agreed with the same view.

Table 5.7 Listening to the students' problems in the work situation

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	69	95.8	3	4.2	72	100.0
Preceptees	156	78.4	43	21.6	199	100.0

÷2 = 10.208, df 1, p-value <0.05

Ohrling and Hallberg (2000:27-29) state that in a good example of preceptoring, the preceptor should provide student nurses with space for learning. Creating space for learning in this context includes listening to the students' question, seeing and supporting individual students in questions and welcoming their opinions helps the students to smoothly fit in the unit.

5.2.8 Giving guidance when preceptee experiences problems

(Item 2.14 questionnaires A and B)

In Table 5.8 the majority of the preceptors 67 (94.4%) and to a lesser extent 163 (82.3%) of the preceptees agreed that the preceptors gave guidance to preceptees when they experience problems.

Table 5.8 Giving students guidance when they experience problems

Respondents	Agree		Disagree		Total	
	N	%	n	%	n	%
Preceptors	67	94.4	4	5.6	71	100.0
Preceptees	163	82.3	35	17.7	198	100.0

÷2 = 5.1 81, df 1, p-value <0.05

The differences in opinions indicate that preceptees are not fully satisfied with the guidance they get from preceptors. Byrd et al (1997:344) stated that guiding students in clinical practice is one of the benefits of preceptorship as it gives the student the opportunity to

practice clinical skills with a clinical nurse who has the expertise needed for day-to-day practice. This implies that the role of the preceptor is to provide guidance to the preceptee in the attainment of clinical learning objectives and mastery of clinical competencies.

5.2.9 Preceptor's ability to stimulate professional interest in the preceptee

(Item 2.15 of both questionnaires)

Preceptors as role models and resource persons are expected to stimulate the preceptees' interest in the nursing profession. The preceptees should have a desire to emulate their role models in order to be competent professional nurses, upon completion of their clinical practice.

Table 5.9 Stimulating students' interest in the profession

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	63	90.0	7	10.0	70	100.0
Preceptees	130	65.7	68	34.3	198	100.0

÷2 = 14.023, df 1, p-value <0.005

In Table 5.9 a significant difference existed in the responses of the preceptors and preceptors. A total of 63 (90.0 %) of the preceptors agreed that they stimulated the preceptees' interest in the profession. On the contrary, 130 (65.7%) of the preceptees were in agreement with the preceptors in this regard. According to Gillespie (2002:572) the preceptor's ability, clinical skills, and confidence should be a strong influence on students' development of an identity as a professional nurse. The preceptor should be instrumental in setting the pace to influence professional behaviours in their preceptees.

5.2.10 Preceptor's ability to clarify topics to preceptees

(Item 2.17 of both questionnaires)

The item on clarification of topics was included in the questionnaire in an endeavour to determine if the preceptor was able to clarify topics to preceptees in relation to learning activities that take place during preceptorship. Details of the findings outlined in Table 5.10

Table 5.10 Preceptor's ability to clarify topics to preceptees

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	59	83.1	12	6.9	71	100.0
Preceptees	134	68.7	61	31.3	195	100.0

÷2 = 4.708, df 1, p-value <0.05

Table 5.10 indicates that the majority 59 (83.1%) of preceptors perceived themselves as able to clarify topics to the level of students' understanding. In contrast 134 (68.7%) of the preceptees agreed with their preceptors' views on this statement. A general conclusion from these results would be that the preceptors felt that had given a sound preparation base to equip the preceptees with the needed nursing skills. Findings of this study should be a challenge for the preceptors, that they should pay more attention and take more time to clarify topics and concepts to the level of the preceptee's understanding

It is of importance that preceptors should be able to clarify ambiguities to the preceptees in their accompaniment in order to drive away anxiety and fear that are obstacles to effective learning (Ashton & Richardson 1992:144; Taylor 2000:173).

5.2.11 Promotion of team spirit

(Item 2.18 of both questionnaires)

Grealish and Carroll (1998:5) contended that when working with preceptors, students value the independence provided to them, working with other nurses, the opportunities to practise and the sense of being part of a unit team.

Table 5.11 Promoting team spirit in the unit

Respondents	Agree	Disagree	Total

	n	%	n	%	n	%
Preceptors	71	98.6	1	1.4	72	100.0
Preceptees	147	74.6	50	25.4	197	100.0

÷2 = 15.518, df 1, p-value <0.005

According the statistical data in Table 5.11 a significant difference was observed in the perceptions of the two respondent groups in relation to team spirit. While 71 (98.6%) of the preceptors agreed that they promoted team spirit in the units, only 147 (74.6%) of the preceptees were in agreement with their preceptors. Since preceptors are role models they should be able and are expected to unite the nurses and preceptees as a team and be role models in executing professional behaviour and the spirit of belonging.

Grealish and Carroll's (1998:5) found that when preceptees work with preceptors they valued the sense of being part of a unit team. This statement confirms the importance of the existence of team spirit facilitated by the preceptor.

5.2.12 Willingness to demonstrate procedures

(Item 2.19.2 of both questionnaires)

Preceptors and preceptees differed in their responses regarding the preceptors' willingness to demonstrate procedure to the preceptees during clinical practice attachment.

Table 5.12 Willingness to demonstrate procedures to students

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	62	86.1	10	13.9	72	100.0
Preceptees	140	71.4	56	28.6	196	100.0

÷2 = 5.350, df 1, p-value <0.05

In Table 5.12 a total of 62 (86.1%) of the preceptors agreed that they were willing to demonstrate procedures to the students while only 140 (71.4 %) of the preceptees were in agreement with this view. The major role of the preceptor is that of clinical teaching and demonstration of clinical skills as a very important method of clinical teaching. People remember what they have practised and observed much longer than what they have heard. Wright (2002:138-139) emphasized that preceptors are expected to have experience and advanced clinical skills and be willing to demonstrate clinical skills and teach in an effective manner.

5.2.13 Preceptor's interest in teaching

(Item 2.19.3 of both questionnaires)

Bashford (2002:14) states that an interest to teach is one of the desired interpersonal characteristics of a preceptor.

Table 5.13 Showing interest in teaching students

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	64	91.4	6	8.6	70	100.0
Preceptee	136	68.7	62	31.3	198	100.0

÷2 =12.950, df 1, p-value <0.005

Findings reflect a large number 64 (91.4%) of the preceptors who agreed that they showed interest in supervising and teaching students. A lesser percentage (68.7%) of the preceptees agreed with this statement. Ohrling and Hallberg (2001:531) argue that, nurses who voluntarily opt to be preceptors perform the role much better than those who are selected by their managers. Lack of interest in the teaching role indicated by approximately one third (31.3%) of the by preceptees, (Table 5.13) could be a result of preceptors being appointed to the role, when they did not opt for it themselves.

5.2.14 Preceptor's self confidence

(Item 2.19.5 of both questionnaires)

Jooste and Troskie (1995:15) indicate that a preceptor should have self-confidence, but at the same time be aware of her own weaknesses.

Table 5.14 Self confidences in preceptorship

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	71	100.0	0	0.0	71	100.0
Preceptee	133	67.5	64	32.5	197	100.0

÷2 = 28.542, df 1, p-value <0.005

A very significant difference between the views of the preceptors and preceptees on the confidence of preceptors in their preceptorship role was noted as indicated by the findings in Table 5.14. All preceptors who respondent to the item, namely 71 (100%) agreed that they had confidence in their work, while only 133(67.5 %) of the preceptees shared similar views with the preceptors with regard to this statement.

Students in a study by Gillespie (2002:570-572) stated that the teacher's ability and confidence as an educator and nurse, influenced their ability to meet students learning needs. Preceptors can create a distance between themselves and the preceptees when they lack self-confidence in their role.

5.2.15 Preceptor's professional behaviour

(Item 2.19.6 of questionnaire A; item of 2.19.7 questionnaire B)

Oliver and Aggleton (2002:33) argue that when preceptors exhibit professional behaviour, it offers a framework within which preceptees may ground the principles of their practice in the context of a dialogue with a more experienced professional.

Table 5.15 Exhibiting professional behaviour

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	68	98.6	1	1.4	69	100.0
Preceptees	151	76.6	46	23.4	197	100.0

÷2 = 15.377, df 1, p-value <0.01

Findings on item 2.19.6 clearly depict that the preceptors and preceptees do not agree that all preceptors exhibit professional behaviour at the work place. While 68 (98.6%) of the preceptors agreed that they exhibit professional behaviour only 151 (76.6%) of the preceptees where in agreement with the preceptors regarding this statement (Table 5.15).

Preceptors should always be available for the preceptees and act professionally to socialise them to the professional role of a nurse (Westra & Graziano1992:212; Nehls et al. 1997:220-226; Byrd et al. 1997:345; Reilly & Oermann 1999:196). Similarly, Oliver and Aggleton (2002:34) state there is a relationship between the preceptorship model, culture of the profession and the extent to which the profession is externally regulated.

5.2.16 Interpersonal relationships between the preceptor and preceptee

(Item 2.19.7 of questionnaire A; item 2.19.8 of questionnaire B)

One hundred percent (100%) of preceptors who responded to the item in Table 5.16 agreed that they demonstrated good interpersonal relationships with their preceptees. On the contrary, only 151(76.3%) of the preceptees were in agreement with the views of the preceptors.

If the relationship between the preceptor and preceptee is strained for whatever reason, it could have a negative impact on the entire preceptorship process culminating in failure to accomplish learning objectives. De Young (1990:3) states that an effective teacher should be skilful in interpersonal relationships. This skill could be demonstrated in taking a personal interest in the students, being sensitive to students' feelings and problems, conveying respect for students, alleviating students' anxieties, being accessible for conferences, fairness in all

dealings with others, permitting students to express differing views, creating an atmosphere in which students feel free to ask questions, and conveying a sense of warmth. According to Myrick and Yonge (2004:371) the preceptorship relationship needs to be revitalized so as to influence and sustain the preceptorship programme in nursing education.

Table 5.16 Demonstrating good interpersonal relationships with students

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	72	100.0	0	0.0	72	100.0
Preceptees	151	76.3	47	23.7	198	99.0

÷2 = 19.075, df 1, p-value <0.005

5.2.17 Use of good communication during preceptorship

(Item 2.19.8 of questionnaire A; item 2.19.9 of questionnaire B)

Good communication is one of the many assets needed for the preceptorship role (Coates et al 1997:95). Similarly, Mamchur and Myrick (2003:188) affirm the potentially deleterious effects of communication and interpersonal problems between the preceptors and preceptees in the preceptor-preceptee relationship.

Table 5.17 Using good and appropriate communication skills

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	67	97.1	2	2.9	69	100.0

Preceptee	146	74.1	51	25.9	197	100.0

÷2 =15.518, df 1, p-value <0.005

In Table 5.17 it is observed that 67 (97.1%) of preceptors who responded to this item agreed that they use good and appropriate communication skills. A notion supported by only 146 (74.1%) of the preceptees. Based on this evidence, there is a need to employ corrective measures to improve the communication process hence facilitating the clinical teaching-learning process.

Byrd et al (1997:345) cite factors enhancing the experience of preceptorship as a clearly structured programme, open and clear communication and ongoing feedback.

Communication should be open, clear, precise and appropriate to avoid misconceptions and suspicions. Most importantly, communication requires a feedback to ensure that correct information has been disseminated to the relevant party (Mariner-Tomey 1996). Inappropriate communication strains the preceptor-preceptee relationship and hinders goal attainment in preceptorship.

5.3 PLANNING LEARNING OPPORTUNITIES

5.3.1 Planning learning opportunities

This section of the study discusses significant items related to planning of learning opportunities by preceptors during preceptorship. The items discussed in this section, sought to address the second objective of the study.

The second objective of this study was: To explore and describe how purposefully the preceptors plan learning opportunities in clinical practice setting.

According to Jooste and Troskie (1995:19) before the preceptor and preceptee are allocated to each other, general information should be obtained regarding educational background, clinical and other experiences and personal characteristics.

Planning of learning opportunities should be a collaborative venture between the preceptor and preceptee. Most importantly, focus should be on the learning needs of the preceptee and also take into account the needs of the clinical setting. The preceptor is often privileged over the preceptee by virtue of being a member of the clinical setting or unit team and is in a better position to manipulate the environment and make learning more realistic and enjoyable the preceptee.

5.3.2 Meeting preceptees' learning needs

(Item 3.3 of both questionnaires)

O'Shea (1994:102) asserts that the preceptor has a general idea of the type of clients and experiences most likely to be available in the clinical setting. The preceptor's knowledge of such experiences combined with the learner's and programme objectives, should assist the preceptor to make some choices and plans that will meet the learning needs of the preceptee.

Table 5.18 Helping students meet their learning needs in nursing practice

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	55	77.5	16	22.5	71	100.0
Preceptees	117	59.4	80	40.6	197	100.0

÷2 = 6.651, df 1, p-value <0.05

In Table 5.18 a large number 55 (77.5 %) of the preceptors agreed that they assisted preceptees to meet their learning needs in nursing practice while only 117 (59.4%) of the preceptees agreed with this statement. Preceptees thus perceived preceptors as not meeting

their learning need in practice. Ohrling and Hallberg (2001:536) mentioned that helping students to meet their needs, is a task oriented learning dimension, that requires the preceptor to start with identifying parts of the students most urgent learning needs, during the planning phase of learning opportunities.

In response to the open ended question, some preceptees expressed concern that some preceptors had no time for the preceptees and even recommended that nurse educators should supervise the students if learning objectives are to be met.

The following was a comment from a preceptor:
"I'm too busy with my patients and I'm still expected to follow up the students. Students' teaching and evaluation should be the responsibility of the lecturer not a unit nurse. I have no interest in teaching hence I did not choose to be a teacher." The above comment is an indication of frustration as a result of not being able to help the preceptees who desperately needs to be helped. It is clear that preceptees under the supervision of such a preceptor are likely not to get any assistance or support in meeting their learning needs. Jooste and Troskie (1995:19) contended that it is the responsibility of the preceptor to estimate the needs of the preceptee and plan learning experiences accordingly. If preceptors do not identify the learning needs of their preceptees, the learning opportunities of preceptees are not addressed appropriately.

The findings of Myrick (2002:159) reflect the preceptor's positive support to the preceptee in planning learning opportunities that is devoid of any form of threat and fear.

5.3.3 Preceptees' opportunities to be actively involved in planning learning activities

(Item 3.7 of both questionnaires)

If preceptees are not involved in planning activities to help them accomplish their objectives, the question comes to the face, what criteria do preceptors use to plan the learning opportunities without preceptee involvement?

Table 5.19 Giving students' opportunities to take part in planning their learning activities

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	55	79.7	14	20.3	69	100.0
Preceptees	126	64.0	71	36.0	197	100.0

÷2 = 5.129, df 1, p-value <0.05

A total of 55 (79.7%) of preceptors who responded to item 3.7 agreed that they gave preceptees an opportunity to take part in planning their learning activities.

On the contrary only 126 (64.0%) of the preceptees agreed that they were given such opportunities (Table 5.19). Based on the findings it could also be argued as to how effective such learning opportunities are planned if the intended beneficiary namely the preceptee is not involved in planning such opportunities?

The findings in Table 5.19 indicate an area in which preceptors should have more authority to manipulate the clinical environment than the preceptee. The preceptor should spearhead planning of learning opportunities to benefit the preceptee. According to Jooste and Troskie (1995:30-31), the preceptor should provide the preceptee with the opportunity to increase her personal accountability. Proper guidance and active involvement in planning through learning activities will assist the preceptee to achieve learning objectives.

Kramer (1993:274) recommended that prior to beginning clinical orientation of preceptees it would be helpful for the preceptee to complete a checklist to assess learning needs. A skills assessment checklist would help the preceptor and preceptee to work together to plan, develop, and evaluate achievement of learning goals. DeYoung (1990:90) states that positive correlations have been found between active participation in learning and the retention and recall of information

Similarly, Johnson (1999:69) notes the importance of the preceptee in exercising initiative and good judgment during a precepted experience. The preceptor as a resource person should actively involve the preceptee in the development of an individualised learning plan, based on the programme and preceptee's learning objectives and needs.

5.3.4 Preceptee's motivation to learn

(Item 3.8 of both questionnaires)

Preceptees should be motivated to actively take part in their learning and use preceptorship to enhance their clinical learning.

The following was a comment from one preceptee in response to an open ended question:

"Preceptorship and internship period was cumbersome, physically and emotionally taxing leaving me exhausted at the end of each day on duty."

Table 5.20 Students are motivated to take part in the learning situation that occur in the unit

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	51	78.5	14	21.5	65	100.0
Preceptee	169	89.4	20	10.6	189	100.0

÷2 = 4.107, df 1, p-value <0.05

A difference was observed between the opinions of the preceptors and preceptees in relation to whether preceptees were motivated to take part in the learning situation (Table 5.20). More preceptee respondents 169 (89.4 %) than preceptors 51 (78.5%) agreed that the preceptees were motivated to take part in the learning situations that occur in the unit.

Preceptees should be motivated and allowed to participate in activities taking place in their clinical practice setting.

Aproximately, a fifth of preceptors 14 (21.5%) indicated that the lack of motivation among preceptees to participate in their learning, required urgent attention.

Perry (1998:20) contends that clinical learning, although supervised, should become increasingly self-directed by the final year of the programme. Preceptees are encouraged to identify their learning needs and assume responsibility for organising their own learning experiences.

5.3.5 Preceptees' opportunities for attending staff development lectures

(Item 3.9.1 of both questionnaires)

Preceptors and preceptees disagreed significantly in their views on item 3.9.1. While 52 (74.3%) of the preceptors who responded to the item agreed that they give preceptors opportunities to attend in-service education only 105 (54.4%) of the preceptees were in agreement with their seniors (Table 5.21).

When preceptees are allocated in the clinical setting they become part of the human resource. Thus there is a need for them to be equally up-to-date with new information and health trends affecting their clinical practice. In-services education lectures would assist the preceptees to be able to integrate clinical experience gained and theory from the classroom.

Table 5.21 Giving students' opportunities to attend in-service education lectures

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	52	74.3	18	5.7	70	100.0
Preceptees	105	54.5	88	5.6	193	100.0

÷2 = 7.633, df 1, p-value <0.01

Jooste and Troskie (1995:20) mention that in-service programs help to produce a nurse who is in possession of a scientifically based judgment with regard to decision-making in nursing care.

5.3.6 Focus on planning learning activities

(Items 3.10.1 to 3.10.5 of both questionnaires)

A systematic estimate of both the needs of the health service and current levels of work performance of the individual is necessary for proper consideration of the format and content of educational opportunities (Jooste & Troskie 1995:20).

Table 5.22 Focusing on needs of the service setting (ward/clinic) when planning learning opportunities

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	64	92.8	5	7.2	69	100.0
Preceptees	146	74.5	50	25.5	196	100.0

÷2 = 9.270, df 1, p-value <0.005

A high number of preceptors 64 (92.8%) agreed that planning learning activities were focused on the needs of the services setting as well as the unit. However, only 146 (74.5%) of the preceptees agreed with the views of the preceptors in this regard. Findings confirm viewpoints uttered by students in a study by Calman et al. (2002:522) who expressed concern that they felt they were used as just another pair of hands. In that study, preceptors were regarded as less caring in regard to students learning needs. According to the students' comments, the preceptors only wanted students to help them meet the needs of the practice setting.

"They have no time for us {preceptors}. They only want us to do routine ward work, if we ask to go for the community study or home visits they tell our teachers that we don't want to work. I feel we are being used as cheap labour to cover for the staff shortage and our learning needs are not a given priority".

Table 5.23 Focusing on problems that students have experienced in nursing practice

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	58	81.7	13	18.3	71	100.0
Preceptees	107	55.4	86	44.6	193	100.0

÷2 = 14.160, df 1, p-value <0.005

Findings in Table 5.23 indicate a vast difference that existed in the responses of the preceptors and the preceptees on problems that preceptees encountered in the practice setting. While 58(81.7%) of the preceptors agreed that during learning opportunities they focus on problems the preceptees experience in nursing practice, only 107(55.4%) of the preceptees shared similar sentiments. Preceptees learning opportunities should be addressed individually, based on the individual problems identified.

Jooste and Troskie (1995:20) state that subjects that best fulfil both the needs of the organisation and individual must be selected. Preceptees need to learn what is relevant to their professional role and the problems they encounter.

Table 5.24 Strengthening skills that students have already acquired

Respondents	**Agree**		**Disagree**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**
Preceptors	59	68.8	9	13.2	68	100.0
Preceptees	137	69.9	59	30.1	196	100.0

÷2 = 6.654, df 1, p-value <0.01

A significant difference was observed between the responses of the preceptors and preceptees who responded to item 3.10.5 in Table 5.24. A significantly high number of preceptors 59 (86.8%) of preceptors agreed that learning opportunities are focused on strengthening the skills that the students have already acquired. On the contrary, a lower percentage of 137 (69.9%) of the preceptees agreed with the statement.

According to Nitko (1983:99-100), when teaching preceptees, it is important to first find out what they already know, and then build on the known to facilitate better understanding and mastery of new information, concepts and skills.

Similarly, Byrd et al. (1997:344) state that the preceptorship method enhances previous learning by enabling students to apply theoretical knowledge to current clinical situations and leads to increased confidence and knowledge of the reality of clinical nursing.

If preceptors do not identify with what the preceptees already know, they might plan learning activities that do not address learning needs of the preceptees.

5.3.7 Scheduling of learning opportunities

(Item 3.12 of questionnaire A; item 3.11 of questionnaire B).

In Table 5.25 the findings highlighted a major problem of time constraint in planning for students learning activities, particularly more on the part of the preceptor.

Table 5.25 Scheduling of learning opportunities

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	39	56.5	30	43.5	69	100.0
Preceptees	81	41.5	114	58.5	195	100.0

÷2 = 4.030, df 1, p-value <0.05

The results depicted in Table 5.25, indicate that slightly over half 39 (56.5%) of the preceptors and less than half of the preceptees 81(41.5%) agreed that learning opportunities were offered according to a time schedule. In other related studies, students expressed that it was important for them to have time to discuss their learning needs with a preceptor who could help by giving advice in formulating learning goals (Nehls et al. 1997:223; Ohrling & Hallberg 2000:16-17). The findings in Table 5.25 indicate that some preceptors do not schedule learning opportunities for their preceptees.

Based on the findings of this study the following questions could be asked:

If time is not scheduled for learning opportunities, how do preceptors guide and direct learning opportunities for their preceptees? Another question would be, if scheduled and planned sessions with the preceptees are no offered, how then can the preceptors guide and direct learning activities of preceptees?

5.3.8 Preceptee's knowledge of preceptor's expectations

(Item 4.1 of questionnaire A; item 4.2 of questionnaire B)

The findings on the preceptors' and preceptees' responses whether preceptees are knowledgeable of what preceptors expect of them are illustrated in Table 5.26

A total of 174 (87.9%) of preceptees who responded to this item agreed that they knew what the preceptors expected of them. Only 51 (75.0%) of the preceptees were in agreement with the views of the preceptors on this item.

Table 5.26 Students know what is expected from them as finalists

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	51	75.0	17	25.0	68	100.0
Preceptees	174	87.9	24	12.1	198	100.0

÷2 =5.489 df 1, p-value <0.05

The significant differences in the views could possibly be related to other factors observed in this study whereby preceptors and preceptees have not totally agreed in their responses to many items in the questionnaire. The following are a few of the many items which could account for the responses to Table 5.26 where differing views were observed; open lines of communication (item 2.9 questionnaire B), use of good and appropriate communication skills (item 2.19.8 questionnaire A), realistic expectations of preceptors on preceptees performance (item 4.1 questionnaire B) and preceptors lack of interest in students' teaching and supervision (item 2.3.5 in questionnaires A and B). Several authors have emphasized the importance of good communication.

If communication is not clear and precise it is most likely that the preceptee will not know exactly what is expected of her/him resulting in a lot of confusion, frustration and role conflict.

When preceptees do not know what is expected of them by their preceptors it could be difficult and almost impossible for them to complete the assigned tasks proficiently and on time.

5.4 TEACHING APPROACHES AND STRATEGIES USED DURING PRECEPTORSHIP

The third objective of this study was: To explore and describe which approach the preceptors follow in implementation of different teaching strategies during accompaniment of the preceptees.

Choice of a teaching strategy is basically dependent on the type of learning one is intending to achieve and can also depend on the interest and ability of the teacher. A wide range of teaching strategies and approaches can be used in clinical teaching including but not limited to, demonstrations, role plays, simulations, case studies, discussions, clinical conferences, ward rounds and use of audio and visual aids (textbooks, posters, video cassettes (De Young 1990:42-43).

5.4.1 Teaching aids used by preceptors

(Items 2.20.1; 2.20.2; 2.20.4; 3.9.3 of both questionnaires)

Different teaching approaches, strategies and aids are used during the teaching-learning process to emphasize certain concepts or content. The choice of a teaching method is basically dependent on the teacher (De Young 1990:42.43). Preceptors likewise have their own preferences when it comes to approaches and teaching aids to use in clinical teaching. Tables 5.27 to 5.29 indicate the teaching aids used by preceptors during preceptorship.

Table 5.27 Using posters as teaching strategies

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	34	55.7	27	44.3	61	100.0
Preceptees	69	36.3	121	63.7	190	100.0

÷2 = 6.418, df 1, p-value <0.05

The responses to item 2.20.1 indicated a surprisingly very low percentage of positive use of posters. In almost every health facility in Botswana' s health care delivery system posters are abundantly used as teaching methods to disseminate information to clients and health care workers. Finding in Table 5.27 indicate that slightly over than half 34 (55.7%) of the preceptors who respondent to the item and less than half 69 (36.3%) of the preceptees, agreed that posters are used as teaching aids.

The low rate of poster usage in this study is a problem and reflects ineffective use of this valuable resource which should be abundant in all clinical settings in the country.

De Torney (1987:22) describes posters as visual aids that can be used for clarification and retention of information. A poster is further viewed invaluable in fixing information in a student's memory.

Based on De Torney' description, preceptors should make maximum use of the posters available at their disposal to assist preceptees' retention of whatever message it conveys. For the level of a finalist student most health related posters in clinical settings are often easy to understand and interpret. It is crucial that preceptors be exposed to different teaching strategies to assist them to be in a better position to help the different preceptees in their accompaniment (Ohrling & Hallberg 2001:536-537; Sawin, Kissinger, Rowan, & Davis, 2001:197-206).

Table 5.28 Use of textbooks

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	46	71.9	18	28.1	64	100.0
Preceptees	95	50.0	95	50.0	190	100.0

÷2 =8.411, df 1, p-value <0.005

Findings in Table 5.28, depicts a significant and interesting discrepancy in the responses of preceptors and preceptees to item 2.20.2. While 46 (71.9%) of the preceptors agreed that they used textbooks as teaching aids, only 50.0% of the preceptees agreed with the preceptors. Findings clearly indicate that many preceptors seem not to be using textbooks during their clinical teaching sessions.

Table 5.29 Ward conferences

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	39	72.2	15	27.8	54	100.0
Preceptees	87	46.8	99	53.2	186	100.0

÷2 =9.872, df 1, p-value <0.005

In Table 5.29 a total of 39 (72.2%) preceptors who responded to the item agreed that ward conferences are used for clinical teaching purposes as oppose to less than half of the preceptees 87(46.8%) of the preceptees in agreement.

A relatively high number 99 (53.2 %) of preceptees disagreed that preceptors used ward conferences as teaching strategies. There is conclusive evidence that some preceptors do not conduct clinical conferences with the preceptees.

Reilly and Oermann (1999:182-183) state that clinical conferences enable the teacher to identify the concerns and feelings of the students regarding their practice experiences.

Furthermore, clinical discussion provides an opportunity for group or individual problem-solving, in relation to problems in which students are involved in practice, and for sharing clinical experiences in the group.

The same authors further indicated that Nursing and Multidisciplinary conferences emphasize the process of collaborative decision-making in which plans for patient care are developed, evaluated, and revised. Multidisciplinary ward conferences enable the preceptee practitioners to explore different perspectives of issues affecting care and the delivery of that care.

Table 5.30 Other teaching aids used

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	9	69.2	4	30.8	13	100.0
Preceptees	4	36.4	7	63.6	11	100.0

÷2 = 6.522, df 1, p-value <0.05

Findings in Table 5.30 indicate significantly low numbers of both respondent groups who responded to item 2.20.4. A total of only 13 out of 72 preceptors and 11 out of 200 preceptees responded to this item. Approximately one third (69.2%) of the preceptor respondents agreed that they used other teaching aids besides textbooks, posters and chalkboards, only 4 (36.4%) of the preceptees were in agreement with the preceptors. The findings reflected in Table 4.30 indicate significant differences in the views of the two respondent groups with regard to the preceptors' utilization of other teaching aids.

5.4.2 Preceptees' proficiency in task performance

(Item 4.3.3 questionnaire A; item 4.4.3 questionnaire B)

At a certain level of training and exposure to clinical settings and real life situations, preceptees are expected to perform at a certain level of proficiency to show that learning has occurred. Table 5.31 depicts the responses in relation to preceptee performance.

Table 5.31 Student's difficulties in performing tasks or orders proficiently

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	35	53.8	30	46.2	65	100.0
Preceptees	52	26.8	142	73.2	194	100.0

÷2 = 14.771, df 1, p-value <0.005

Preceptees disagreed to a large extent 142 (73.2 %) with 30 (46.2%) of the preceptors that they have difficulties in performing tasks assigned to them by preceptors (Table 5.31). It is evident from the findings that the preceptors and their preceptees were not in agreement in their responses to item 4.3.3.

However, it could be expected that preceptees as students and being new in the profession, could encounter difficulties in performing certain tasks as they are still learning and are not as yet fully competent. Preceptees should be made aware that proficiency in task performance, needs repeated practice and acceptance of one's limitations. An acceptance attitude would assist them to learn more and is part of being a learner.

5.4.3 Learning environment

(Item 4.5 of questionnaire A; item 4.6 of questionnaire B)

Ohrling and Hallberg (2000: 29-30) indicated that, creating space for learning meant that the preceptors created a place where the preceptees could feel secure and which allowed them to learn, grow, mature and acquire professional competence. Creating space for learning involves place, time and feeling secure. It is therefore vital that preceptors be knowledgeable and able to create a conducive learning environment.

Table 5.32 Creating an atmosphere that is conducive and promoting learning

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	61	85.9	10	14.1	71	100.0
Preceptees	127	64.5	70	35.5	197	100.0

÷2 =10.464, df 1, p-value <0.001

Over three quarters 61 (85.9%) of the preceptors agreed that to they created an atmosphere conducive to preceptee learning, while only 127 (64.5%) of the preceptees concurred with the preceptors' views (Table 5.41). A conducive learning environment is of paramount importance in planning learning activities. If preceptees perceive that preceptors do not create a conducive learning environment then it is a cause for concern. A conducive atmosphere for learning entails not only the physical environment but also interpersonal and organisational properties such as mutual respect and trust between the preceptors and preceptees and other members of the health team.

According to Wright (2002:139-140) the responsibility of the preceptor is to create an environment where nurses can learn and assume increased responsibility, yet have the guidance and counsel of an experienced nurse. The same author further state that a positive learning environment can foster an increase in professionalism and collegiality which result in decrease of turn over and improvement of patient care.

Preceptee prefer a clinical setting with a high degree of staff support and morale. Nursing students perceived that the management style and interpersonal skills, including approachability of clinicians are of prime importance (Chan 2002:70; Myrick & Yonge 2001:461-467).

5.4.4 Preceptor's recognition of students' rights to their own convictions

(Item 4.8 of questionnaire A; item 4.9 of questionnaire B)

The Oxford dictionary (1987:133) defines a conviction as a firm opinion or belief. Human beings have their individualised value system which influences their beliefs about their environment, whether positively or negatively.

Table 5.33 illustrates the responses of the participants with regard to preceptor's recognition of the rights of the preceptees to their own convictions during clinical learning under the supervision and guidance of the preceptor.

Table 5.33 Recognising the students' right to their own convictions

Respondents	Agree		Disagree		Total	
	n	%	n	%	N	%
Preceptors	60	85.7	10	14.3	70	100.0
Preceptees	109	55.6	87	44.4	196	100.0

÷2 = 18.895, df 1, p-value <0.001

A significant large number of 60 (85.7%) of the preceptors agreed that they recognise the preceptees' rights to their convictions. Approximately half, 109 (55.6%) of the preceptees agreed with the preceptors (Table 5.33).

The findings indicate that preceptors need to pay more attention to the students' right to their own convictions and beliefs.

Preceptees have the right to their own beliefs about life, disease, death, nursing and learning, to mention just a few. The preceptee enters the clinical setting with such beliefs that will in turn influence his/her relationship with patients and staff. The role of the preceptor is to explore and understand the preceptee's beliefs without undermining and ridiculing those beliefs that might not be in line with her own.

If the preceptor identifies some strong beliefs in the preceptee, which could interfere with delivery of quality care or hinder the learning process, a very tactful strategy should be used to persuade the preceptee to bend personal beliefs with empirical facts based on research. The preceptor should be patient and nurture the preceptee through the change process.

Personal convictions that do not interfere with clients' well-being or the well-being of other staff should not be discouraged.

5.4.5 Preceptees' participation in learning activities

(Item 4.13 of questionnaire A; item 4.14 of questionnaire B)

Table 5.34 Students actively participate in their learning activities

Respondents	Agree		Disagree		Total	
	n	%	n	%	N	%
Preceptors	44	65.7	23	35.3	67	100.0
Preceptees	169	87.1	25	12.9	194	100.0

÷2 = 13.860, df 1, p-value <0.001

A significant difference was observed in the responses of the preceptors and preceptees to item 4.13. A large number of 169 (87.1%) of preceptees agreed they take part in learning activities as opposed to similar responses by only 44 (65.7%) preceptors (Table 5.34). However, it is expected that one would have a more positive opinion about oneself in an item that requires a measure of accountability and responsibility on one's.

Based on the findings there is conclusive evidence that some preceptees do not actively participate in their learning activities. Failure of the preceptees to actively participate in their learning activities could affect attainment of their learning objectives.

5.4.6 Preceptees'ability to make independent decisions

(Item 4.14 of questionnaire A; item 4.15 of questionnaire B)

The item on Table 5.35 sought to find out if preceptees were able to make independent decisions on routine and familiar patient care issues, without being overly dependent on the preceptors.

Table 5.35 Making independent decisions on routine and familiar issues

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	41	61.2	26	38.8	67	100.0
Preceptees	169	84.5	31	15.5	200	100.0

÷2 = 14.877, df 1, p-value <0.001

A large majority of the preceptees 169 (84.5%) who responded to the item, indicated that they were able to make independent decision on routine and familiar patient care activities. Only 41(61.2%) of the preceptors agreed with the views of the preceptees on this statement (Table 5.35).

The differences in these views could be twofold. Firstly, the preceptees could have rated themselves high in their level of competence. Secondly, preceptors could be expecting too much from the preceptees at this level of training. Ohrling and Hallberg (2000:20) state that through doing, practising, and thinking, the students' learning develops and they seek to find their ways of doing things based on their acquired theoretical knowledge and in comparison with the preceptor as their role model.

It is therefore important that preceptees should be given opportunities to exercise their thinking, doing and feelings so that where possible they should make independent decisions, based on what they learned from their preceptors.

5.4.7 The preceptor as a resource person

(Item 4.16 of questionnaire A; item 4.17 of questionnaire B)

Table 5.36 depicts the responses of the respondents on the item which sought to find out if preceptors served as resource persons for preceptees in the clinical practice.

Table 5.36 Serving as a resource person when student needs answers

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	67	94.4	4	5.6	71	100.0
Preceptees	152	77.9	43	22.1	195	100.0

÷2 = 8.548, df 1, p-value <0.005

Findings on Table 5.36 reveal that a large number of preceptors 67 (94.4%) viewed themselves as resource persons, far more than their preceptees (77.9%) perceived them to be. Brennan and William (1993:34-35) states that during preceptorship the student is assigned to a particular preceptor so the student can experience day-to-day practice with a resource person immediately within the clinical setting. The role of the preceptor is to assist the student to achieve predetermined learning objectives by acting as a resources person and assisting the preceptees to solicit and lobby for the need resources if need be.

The significant difference in the two group respondents is a cause for concern since the preceptees are entirely left under the guidance and supervision of preceptors and occasionally visited by nurse educators. If preceptors do not fully serve as resource persons, how then do preceptees meet their learning objectives in clinical practice?

5.4.8 Preceptees' ability to ask questions during learning sessions

(Item 4.18 of questionnaire A; item 4.20 of questionnaire B)

Findings indicate that 172 (86.4 %) of the preceptees agreed that they asked questions during learning sessions a notion alluded to by only 43 (61.5%) of their preceptors (Table 5.37). Questioning stimulates critical thinking that is regarded as an important educational requisite. (Myrick 2002:154).

Table 5.37 Ability to ask questions during learning sessions

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	43	61.5	27	38.6	70	100.0
Preceptees	172	86.4	27	13.6	199	100.0

÷2 = 18.650, df 1, p-value <0.001

The disagreement observed suggests a significant difference between the views of the preceptors and their preceptees in their response to the item and calls for implementation of remedial measures to correct the prevailing situation.

Brennan and William (1993:34) who state that many preceptors enjoy the atmosphere of questioning and learning and have commended on how it promotes the sharing of ideas within the clinical environment and leads to improved quality of care, enhanced job satisfaction and opportunities for the demonstration of skills. Thinking is a skill that needs to be activated through in depth probing with questions.

5.5 EVALUATION OF LEARNING ACTIVITIES

This section of the study comprises items that sought to answer the fourth objective of the study which was: To explore and describe how the evaluation of the preceptees takes place after learning opportunities in clinical practice settings have occurred.

Evaluation is defined as the process of obtaining information for making judgments about the preceptee. Through the evaluation process, information is provided to determine preceptees' progress towards goal attainment, identify learning needs and propose strategies for improving student learning (Reilly & Oermann 1999:380). It is important to understand that evaluation is not merely the allocation of a grade following a learning activity, rather the meaning attached to the grade and possible remedial measures to be implemented.

5.5.1 Discussion sessions following students' evaluation

(Item 4.12.3 of questionnaire A; item 4.13.3 of questionnaire B)

Johnson (1999:68) indicated that in evaluating a student's performance, the preceptor uses the goals and objectives specified in the student contract to provide both formal and informal feedback.

Table 5.38 Holding discussions with students to discuss their problems

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	54	76.1	17	23.9	71	100.0
Preceptees	110	56.4	85	43.6	195	100.0

÷2 =7687, df 1, p-value <0.01

Over two thirds of the preceptors, 54 (76.1 %) stated that they held discussion sessions with students to discuss their problems, to a much lesser extent only 110 (56.4%) of the preceptees agreed with this statement (Table 5.38).

These findings indicate a significant difference in the views of the respondents and could have a negative impact on preceptorship outcomes if students' problems regarding their experience are not discussed and solved.

It is however crucial that time be made available for discussions of learning activities and progress of the preceptees despite the busy schedule of the preceptors.

The advantages of discussions include: training in self-expression and critical thinking, increased familiarity with group process and putting the student in an actively learning role (DeYoung 1990:86). Discussions will accord the preceptor the opportunity to know and appreciate the preceptee's needs, concerns, fears, anxieties and aspirations. In a similar manner, the preceptee will have the opportunity to know the preceptor better, realise own

strengths, limitations and weaknesses and more importantly, get guidance for future improvement.

5.5.2 Giving constructive criticism

(Item 5.6.2 of both questionnaires)

Johnson (1999:68) states that positive, negative and constructive feedback is a necessary component of the preceptorship experience. Similarly, Reilly and Oermann (1999:196) state that the preceptor should provide feedback assist learners in integrating education and work values and be involved in their evaluation.

Table 5.39 Give constructive criticism to students following evaluation

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	61	91.0	6	9.0	67	100.0
Preceptees	115	59.6	78	40.4	193	100.0

÷2 =21.091, df 1, p-value <0.001

The views of preceptors and preceptees' responses on this item were nearly completely parallel. The majority 61(91.0%) of preceptors and to a lesser extent only 59.6% of the preceptees agreed that preceptors gave constructive criticism to preceptees (item 5.6 in Table 5.39). These results depict a significant difference between the views of the preceptors and preceptees with regard to preceptors provision of constructive criticism to students following evaluation

In Byrd et al (1997:347-348), preceptors cited that the ability to give constructive criticism and clinical competence are critical factors in learning partnerships.

In another study by Laforet-Fliesser et al. (1999:49) students stated that constructive criticism helped them get the best out of preceptorship

In an open question response, some preceptees in health care facilities expressed a concern that "preceptors are not patient with us and do not appreciate our efforts instead they criticised, ridiculed and blame us most of the time". In a study by Hardyman and Hickey (2001:62), 91% of the preceptees rated constructive feedback by the preceptor as a very important aspect in preceptorship.

It is worth mentioning that self-evaluation often has limited objectivity, particularly if one has to rate oneself negatively. However, given that, it is imperative that preceptees should receive, appreciate and accept constructive feedback and criticism from their preceptors, if they are to perfect their practice skills. Based on the findings of this study a conclusion could drawn that constructive criticism to students following evaluation is still a problem area different from suggestions given in the cited studies in the preceding paragraphs.

5.5.3 Preceptees' guidance following evaluation

(Item 5.6.3 of both questionnaires)

Reilly and Oermann (1999:146) point out that learning in the clinical setting cannot always be controlled and that students encounter situations in which they have no prior experiences, hence the importance of the preceptor's guidance.

Table 5.40 Giving guidance to students during evaluation

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	63	91.3	6	8.7	69	100.0
Preceptee	137	71.7	54	28.3	191	100.0

÷2 = 9.868, df 1, p-value <0.005

Findings demonstrate that the majority of the preceptors 63 (91.3%) agreed that they give guidance to preceptees during evaluation. However, only 137 (71.7%) of the preceptees were in agreement with the preceptors. The support and guidance given to preceptees by their preceptors is extremely valuable.

When desired learning experiences are not available on a particular day, the preceptors should be flexible and guide the preceptees to develop new objectives for the day, based on available learning activities and opportunities, to prevent frustration.

According to a study by Johnson (1999:68), is of utmost importance for the preceptor to provide ongoing guidance and support as the student gains experience and new competences. Findings in Table 5.40 reveal a significant difference in agreement between the preceptors and preceptees and are suggestive of a further exploration on how well preceptors give guidance to preceptees in the accompaniment during preceptorship. Flaws would be resolved as preceptors and preceptees become increasingly aware of their roles. Without proper guidance, a lot of shortcomings could exist in the clinical practice setting that could become obstacles to the preceptorship process.

5.5.4 Opportunities for preceptees' self-evaluation

(Item 5.7 of questionnaire A; item 5.8.of questionnaire B)

The findings demonstrate a significant difference between the responses of the two respondent groups in relation to whether or not preceptors give preceptees opportunities for self-evaluation.

Table 5.41 Students' opportunities for self evaluation

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	58	81.7	13	18.3	71	100.0
Preceptee	107	55.7	85	44.3	192	100.0

÷2 = 13.853, df 1, p-value <0.001

While 58 (81.7%) of the preceptors agreed that they give students opportunities for self-evaluation, a much less number of preceptees 107(55.7%) was in agreement with view points of preceptors.

The results in Table 5.41 signify a problem area that needs to be rectified in order to facilitate effective preceptorship relationship. However, the results are consistent with Maskey (1996/97:7-9) and Acheson (1997:10-11) wherein preceptors indicated that they needed more orientation on principles of adult learning and student evaluation.

The possible factors contributing to the differing views of preceptors and preceptees could be multi-focal. It is possible that since most of the preceptors in this study lack teaching experience, they mighty not be aware of the importance of preceptee involvement in self-evaluation.

Evaluation is based on individual perceptions; as such preceptees should be given an opportunity to express their views and perceptions about their performance and the learning environment and experiences they encounter in the clinical setting.

5.5.5 Preceptees' opportunity for asking their preceptors questions about their evaluation

(Item 5.8 of questionnaire A; item 5.9 of questionnaire B)

According to Usher et al. (1999:507) evaluating the preceptee is an important aspect of the preceptor's role although it was found that most preceptors had little or no experience in this role.

Table 5.42 Giving students time to ask questions about their evaluation

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	65	94.2	4	5.8	69	100.0
Preceptees	100	52.6	90	47.4	190	100.0

÷2 =36.057, df 1, p-value <0.001

Table 5.42 depicts a high number of preceptors 65 (94.2%) who indicated that they give preceptees time to ask them questions about their evaluation. Approximately only half of the preceptees 100 (52.6%) agreed with this statement.

The disagreements in the views of preceptors and their preceptees on this item could culminate into some conflict that can prejudice the preceptorship relationship if not given proper and prompt attention. However, if conclusive evidence to support the views of the preceptees can be found then, it would be evident that some preceptors do not take the feelings of the preceptees into consideration, a situation that could require urgent attention in order for the intended purpose of preceptorship to be achieved.

5.5.6 Preceptor and preceptee opinions on preceptee's progress

(In item 5.9 of questionnaire A; item 5.10 of questionnaire B)

A significant difference was observed in the responses of the preceptees and the preceptors in Table 5.43 in response to the opinions of the two respondent groups on preceptee's progress.

Table 5.43 Agreement on the student's progress

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	70	97.2	2	2.8	72	100.0
Preceptees	109	56.2	85	43.8	194	100.0

÷2 =38.335, df 1, p-value <0.001

The majority of the preceptors 70 (97.2%) agreed that themselves and the preceptees should agree on the preceptees 'progress, versus only 56.2% of the preceptees (Table 5.43).

Wright (2002:140) argues that new ideas may be ridiculed by experienced nurses in the pretext that "we don't do it that way or in my day we did…" From the latter statement it is possible that the preceptee might be taught out-dated techniques and sometimes less beneficial thus compromising quality and if they disagree as students they might be labelled as rebellious or uncooperative.

Collaboration of the preceptor and preceptee in ascertaining the progress of preceptorship activities is crucial. O'Shea (1994:100) contends that although it is not necessary to like or agree with the value system of the student, it is necessary to be open and accepting of the

right of the other person to be different. Each new preceptee provides an opportunity for personal and interpersonal growth of the preceptor.

5.5.7 Setting of new learning objectives

(Item 5.10 of questionnaire A; and 5.11 of questionnaire B)

Goals and objectives are vital to the whole learning process. The goals of the programme, preceptor and preceptee are interwoven to form the pattern of the clinical experience (O'Shea 1994:101).

Table 5.44 Setting new objectives for the student following evaluation

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	42	58.3	30	41.7	72	100.0
Preceptees	150	78.1	42	21.9	192	100.0

÷2 = 9.367, df 1, p-value <0.005

On a positive note, a higher number of preceptees 150(78.1%) agreed to a larger extent than their preceptors, that preceptors set new objectives for them following evaluation. However, it was surprising and interesting that only slightly over half of the preceptors 42(58.3%) were in agreement with the preceptees.

Reilly and Oermann (1999:196) emphasise the role of preceptor as a teacher who provides instruction for learners based on identified objectives and individual learning. Similarly, the United Kingdom Central Council for Nursing (1993:3) stated that a preceptor should set with the preceptees objectives for learning to assist with transition from student to registered practitioner and alleviate the problems associated with the transition process.

Clinical goals of the preceptee should include being able to set appropriate priorities in providing care to clients, providing safe and effective care, working collaboratively with other members of the health team, recognising personal strengths and weaknesses, being able to seek for help when in doubt, gaining confidence and competence in the new role and communicating effectively with others in potentially stressful situations (O'Shea 1994:101).

5.5.8 Preceptor's expectations of preceptees during preceptorship

(Item 5.11 of questionnaire A; item 5.12 of questionnaire B)

Gillespie (2002:570-571) states that there is a need for a preceptee and preceptor to negotiate the expectations regarding clinical learning experiences. The author furthermore pointed out that preceptors should have realistic expectations of the preceptees.

Table 5.45 Preceptors 'expectations on students' performances are realistic

Respondents	Agree		Disagree		Total	
	n	%	n	%	n	%
Preceptors	64	91.4	6	8.6	70	100.0
Preceptees	152	77.6	44	22.4	196	100.0

÷2 =5.630, df 1, p-value <0.005

Responses on Table 5.45 depict that a large number of the preceptors respondents (91.4%) perceived their expectation of the preceptees as realistic. In response to the same item over two third of preceptees (77.6%) agreed with the preceptors. Wright (2002:141) emphasized the need for preceptors to be sensitive to the needs of preceptees and hold realistic expectations of their abilities and perceptions in their new role. The same author further states that nurse leaders are often quick to stifle the idealistic views novice nurses have, towards sensitive patients.

5.6 SUMMARY

The characteristics of the preceptors, how learning activities are planned, teaching strategies used during preceptorship and preceptee evaluation by preceptors were the key areas addressed in this study. The information serves as a basis for improvement of preceptorship in the majority of the clinical practice settings. It could be concluded that preceptors and preceptees differed significantly in their views on various aspects in preceptorship. By using the chi-square (x^2) for statistical analysis, information regarding the significant differences in

the views of respondents on preceptorship was processed. Preceptors rated themselves high in most items but were rated relatively low in the same items by their preceptees.

In Chapter 6 conclusions, implications, recommendations and limitations of the study shall be addressed.

CHAPTER 6

CONCLUSIONS, IMPLICATIONS, RECOMMEDATIONS AND LIMITATIONS OF THE STUDY

6.1 INTRODUCTION

This chapter presents conclusions, recommendations, implications and limitations and recommendations related to the role of the preceptor in some of the clinical practise settings in the Botswana context. A non-experimental, quantitative, descriptive and exploratory research design was followed to address the research problem regarding the shortcomings in the role fulfilment of the preceptor in some clinical practice settings.

The overall question for this research was: How do preceptors in clinical practice settings fulfil their role in the accompaniment of their preceptees?

The conclusions and recommendations of this study will be described in accordance with the objectives but will first give an overview about the demographics of the respondents will be given first.

6.2 DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

- **Ages of preceptors**

The majority of preceptors were aged between 25 and 39 years with 39% of preceptors being aged between 35 and 44 years, while only 12% of this group were in the age group of 45 to 54 years (Figure 4.1). The preceptors in this study were relatively young and still have a long career life ahead to improve their preceptor skills.

- **Ages of preceptees**

Preceptees were much younger in terms of age. Most of the preceptees (62%) were aged between 20-29 years.

Thirty-two percent (32%) of preceptees were in the 30 39 to age group, while only 6% were aged between 40 and 49 years (Figure 4.2).The findings confirm with Jooste and Troskie (1995:8-9) that stated that preceptors should be older than preceptees as older nurses are regarded as wiser than their younger counterparts.

- **Preceptors' clinical experiences**

Preceptors in this study had varied clinical experiences that ranged between 2 and 26 years with a mean of 11.34 years. Based on the findings it could be concluded that the vast nursing experiences possessed by preceptors helped them to be conversant with most nursing issues and experiences to teach, supervise and guide preceptee in their accompaniment in clinical practice. These findings are in line with Byrd et al. (1997:344-351) which state that the preceptor's clinical competence contributes to a successful teaching-learning relationship.

- **Number of preceptees assigned to a preceptor**

It was evident that the number of preceptees assigned to each preceptor varied depending on the clinical practice setting (clinic or hospital setting). Preceptors were in accompaniment of between 2 and 23 preceptees at a time with a mean of 7.82 (Table 4.2). Findings reveal unrealistic preceptor-to-preceptee ratios, far beyond the recommended 1:1 (Itano, Warren & Ishida 1987:69; Goldenberg (1987/88: 11); Grealish & Carroll 1998:5). The large numbers of preceptees could interfere with the preceptors' ability to efficiently and proficiently perform their preceptorship role.

- **Qualification of preceptors**

The findings revealed that all preceptors who participated in this study had a minimum qualification of a Basic Diploma in General Nursing. However, some preceptors in this study had acquired additional post basic diplomas and a few had acquired basic degrees in various nursing specialties (Figure 4.3). The different specialities of the preceptors could in a way mean that qualifications made them more able to demonstrate a diversity of knowledge, skills and expertise in the professional domain. According to literature (Perry 1988:20; Grealish & Carroll 1998:5; Phillips & Duke 2001:523-529) preceptors in other parts of the world have a minimum qualification of a basic degree.

- **Preceptor involvement in private studies**

It was interesting to note that the majority (89%) of preceptors were involved in private studies (Figure 4.5). Such studies were being carried out as part-time or distant education. If preceptors are themselves enthusiastic and eager to learn it could serve as a good example for their preceptees. However, the demand associated with studies students could be an obstacle to the preceptors in the performance of their preceptorship role and guiding the preceptees in meeting their learning needs.

- **Reading nursing literature for non-study purposes**

There was a vast difference between the responses of the preceptors and preceptees in the way they indicated to be reading nursing literature for non-study purposes. While 87.0% of the preceptors agreed that read for non study purposes only 51% preceptees concurred (Figure 4.4). Based on the findings of this study it is evident that preceptees most likely dependent on their preceptors to provide them with information on current nursing issues, which is an obstacle towards effective learning. This being the case, it could therefore be concluded that these findings illuminate an area of concern that pauses a challenge to the preceptors to encourage their preceptees to develop an inquiring mind, search for information independently so as to improve personal and professional growth.

- **Location and type of health facilities where respondents worked or were located**

Respondents worked in different clinical settings found in urban, rural, small and large villages throughout Botswana (Table 4.3). The placement was based on the health care delivery system, population distributions (referral, districts hospitals, clinics with or without maternity wings and health posts in both urban and rural settings) and the learning activities to be attained at the time (Table 4.4). These health facilities could provide diverse learning experiences as they deal with different conditions and health situations and are staffed with professionals from different disciplines possessing varied expertise (Curriculum for Basic Diploma in General Nursing 1995:3 Fig 1).

- **Preceptors' previous teaching experience**

The majority of 72% of preceptor respondents lacked teaching experience (Figure 4.7). The lack of teaching experiences by most preceptors could be an obstacle in effectively and proficiently performing their teaching role during preceptorship.

- **Preceptor's experience in the preceptorship role**

All the preceptors had served as preceptors for not less than one year with a mean of 4.38 years of experience in the preceptorship role. The length or period of the preceptors' experience in their role could be viewed as assisting the preceptor in effective carrying out the role of preceptee accompaniment. These findings illuminate and confirm earlier results of Hayes (2001:111-118) that the clinical experience of the preceptor and compatibility with the preceptee could facilitate or hinder learning activities.

6.3 CHARACTERISTICS OF THE PRECEPTOR

The first objective of the study was: To explore and describe which characteristics the preceptors possessed to carryout their preceptorship role in the clinical practice setting.

6.3.1 Conclusion

The characteristics of the preceptors have a direct bearing on the outcome of the preceptorship relationship and attainment of the preceptee's clinical objectives as indicated in research literature. Preceptors must possess characteristics that enable them to be sensitive to the learning needs of their preceptees at all times. This reduces tension, fear and stress that could be associated with the unfamiliar environment and fear of failure and possible ridicule for not being able to meet set expectations. The preceptor's ability or inability to possess desirable characteristics could act as a motivator or barrier to effectively execute the preceptor role. The following are some of the desirable preceptor characteristics indicated in this study:

- knowledge on basic nursing skills (item 2.4) and sufficient knowledge of various nursing skills (item 2.19.4 in Table 4.4; 4.13; 5.2), clinical experience (item 2.3.3 in Tables 4.10), interest in teaching (Table 5.1) and supervising students (item 2.3.5) serving as a role model (item 2.5) and confident in the preceptor role (item 2.19.5 in Table 5.14), good interpersonal relationship (item 2.6 in Table 5.16) and good communication skills (item 2.19.8 in Table 5.17).

- Respect for students in the work situation (item 2.7 in table 4.5), understanding students frustration (item 2.11 in Table 5.5), exchanging ideas freely with students (item 2.12 in Table 5.6) and listening to students problems in the work situation item 2.13 in Table 5.7)

- Giving students guidance and stimulating interest in the profession (items 2.14; 2.15 in Tables 5.8; 5.9), promoting team spirit and exhibiting professional behaviour (items 2.18; 2.19.6 in Tables 5.11; 5.15, ability to clarify topics to students' item and demonstrating procedures to preceptees (items 2.17; 2.19.7 in Tables 5.10; 5.16).

The above lacking characteristics are similar to important characteristics cited in most preceptorship literature (Jooste & Troskie 1995:11-15'Atkins & Williams 1995:1006-1015; Bain 1996:104-107; Reilly & Oermann (1999:196; Usher, Nolan, Reser, Owens & Tollefson 1999; Sawin, Kissinger, Rowan & Davis 2001; Baker, Dalton & Walker 2003) Findings indicate that some preceptors in this study lacked these important characteristics and this could interfere with their ability effectively carryout the role of preceptee accompaniment.

The findings illuminate an overwhelming demand for selecting preceptors and preparation of the preceptors with ideal characteristics to sustain the preceptorship relationship. Preceptors should have a sound knowledge and skills to help them share their expertise in teaching through, guiding preceptees, demonstrating procedures and clarifying topics to the level of the preceptee.

Lack of good communication skills and poor interpersonal relationship between the preceptor and preceptees could have negative implications on the preceptorship relationship. Based on the findings of the study it could therefore be concluded that *there is a need for the preceptors to develop desirable characteristics* to enable them to fulfil their role efficiently.

6.3.2 Implications for nursing education and practice

The results obtained from items addressing the first objective from this objective have implications for nursing education and nursing practice. It should be ensured that prospective preceptors are selected based on the characteristics of a preceptor stipulated in the

preceptorship literature. Orientation should focus on developing desirable characteristics of a tutor. A competent preceptor is needed to promote quality in nursing education leading to quality nursing care.

6.3.3 Recommendations

A good personal, educational and professional profile of the preceptor could help to determine if a preceptor possesses the characteristics needed to enable her perform the preceptorship role with its many challenges.

More effective preceptor orientation programs should be conducted. Seminars and workshops should be conducted on regular and continuous basis to re-orientate nurses who are already serving as preceptors and to prepare those who are prospective preceptors for the new role.

6.4 PLANNING OF LEARNING OPPORTUNITIES DURING PRECEPTORSHIP

The second objective for this study was stated as: To explore and describe how purposefully the preceptors plan learning opportunities for the preceptees in the clinical practice setting.

6.4.1 Conclusion

Some preceptors are not able to effectively carrying out their role in purposefully planning preceptees learning opportunities in the clinical practice settings. Inability to plan learning for the preceptees opportunities for the preceptees could result in failure of both the preceptor and preceptee to achieve the preceptorship objectives. Several constraints with regard to attainment of purposeful planning of learning opportunities were evident in the responses. The following are shortcomings in the planning role:

- Identifying and meeting the learning needs of the preceptee (items 3.1; 3.3 in Tables 4.15; 5.18) need attention. Some preceptors often lacked time to identify the learning needs of the preceptees and to help them meet such needs.

- Opportunities for preceptees to actively be involved in learning activities (item 3.7 in Table 5.9) and preceptees' motivation in taking part in learning situations that occur in the unit (item 3.8 in Table 5.20)were lacking. Preceptees were offered inadequate opportunities to actively be involved in planning their learning activities although preceptors indicated lack of motivation by some preceptees in this regard.

- Holding planning sessions to determine students learning needs (items 3.2 in Table 4.17), time for planning learning activities (item 3.5 in Table; 4.18) and scheduling of learning opportunities (item 3.12; 3.13 in Table 5.30) indicated a time management problem. Preceptors encountered problems in scheduling learning opportunities and holding planning sessions with the preceptors due to time constraints. A strategy is needed to address time constraints in the preceptorship relationship.

- Offering learning opportunities when specific situations occurred (item 3.11 in Table 4.21) uses an item that neede attention. Learning needs was not always offered when specific situations occurred in the clinical setting. Inability to offered learning opportunities could deprive the preceptees opportunities for incidental learning experiences.

- A lack in focus when planning learning opportunities for the preceptees (items 3.10.1 to 3.10.5 in Tables 4.19; 4.20; 5.22; 5.23; 5.24)is evident. There was a lot of diversity in the focus of learning opportunities during preceptorship. Focus was on the needs of the service areas, problems experienced by the preceptee in nursing, the preceptor's professional role, and strengthening skills that preceptees had already acquired.

Various topics were included by preceptors during clinical teaching (Items 3.4.1 to 3.4.7 in Table 4.16) Preceptors included a variety of topics during their clinical teaching sessions such as communication skills, conflict management, the nursing process, professionalism, new developments in technology, management skills and critical thinking. Lack of good and appropriate communication can result in strained interpersonal relationships and conflicts between the preceptors and their preceptees (Mamchur & Myrick 2003:188-189). Knowledge

on management skills, professionalisms, critical thinking and application of the nursing process is vital in the day-to-day execution of the nurse's roles and responsibilities.

The major impediments highlighted in planning learning opportunities were insufficient time for the preceptor to fulfil the planning role concurrently with meeting client care activities and other professional obligations particularly in this age of nursing shortages and inadequate preparation of the preceptor for the role.

The study findings confirm results from similar studies (Nehls et al. 1997:223; Ohrling & Hallberg 2000: 536; Allen & Simpson 2000:505-514; Johantgen 2001:131-135; Ohrling & Hallberg 2001:16-17; Sawin, Kissinger, Rowan & Davis 2001) where inadequate preceptor preparation/orientation and lack of time to carry out the roles of the preceptor were singled out as major challenges for preceptors and the entire preceptorship process. Preceptors also need some rewards or incentives as a token of appreciation for their challenging role.

6.4.2 Implications for nursing education and practice

The findings have implications for nursing education and practice to ensure that preceptors are provided with the necessary training, support, and needed resources to help them plan learning opportunities in accordance with preceptorship objectives and expectations.

6.4.3 Recommendations

- Preceptors should be granted flexi-time to meet with their preceptees, discuss their learning needs and together plan implementation modalities toward goal achievement.

- Furthermore, preceptors should be exempted from some responsibilities that would demand most of their time leaving preceptees unaccompanied. A possibility is that senior nurses, who are also charge nurses or unit managers, should not act as preceptors. By virtue of their positions, other responsibility is an inevitably part of their job description that leaves them with no time to be with the preceptees, let alone having to plan how to implement learning opportunities.

- The role of the preceptor and her responsibilities should be debated considering the time the preceptor should spend with the preceptees in the units, to allow time for incidental teaching-learning opportunities if they arise.

- Workshops on planning learning activities, including developing lesson plans, identification of learning needs and principles of clinical teaching would assist in equipping preceptors with information and skills on how to plan the preceptees' learning activities.

6.5 TEACHING APPROACHES USED BY PRECEPTORS

The third objective for this study was stated as: To explore and describe which approaches the preceptors follow in implementation of different teaching strategies during accompaniment of the preceptee.

6.5.1 Conclusion

If the preceptors are to meet the individual learning needs of the preceptees they should be able to use teaching approaches that address each preceptee's individual needs... Findings indicate that although preceptors used different teaching strategies in clinical teaching some teaching methods were used to a much lesser extent than others (items 4.12.1 to 4.12.9 questionnaire A; items 4.13.1 to 4.13.9 questionnaire B in Table 4.20). Teaching strategies seldom used by the preceptors include seminars (item 3.9.2), case studies (item 4.12.6), group discussions (item 4.12.6); lecture method (item 4.12.7) role plays (item 4.12.8 ward rounds and clinical conferences (items 3.9.3; 4.12.9).

In addition to the teaching strategies preceptor should also implement the following approaches more effectively to facilitate teaching-learning in the clinical setting:

- Ascertaining the preceptee's proficiency in task performance, preceptees prioritisation of and accomplishing tasks on time are items to be addressed. Findings indicate that preceptees need more guidance to be able to prioritise, perform assigned tasks efficiently and accomplish tasks on the specified time.

- Preceptors should recognised preceptees' right to own conviction, serve as resources persons, make available learning opportunities to try alternative action and techniques and offer guidance when preceptees experience problems in the clinical practice. The uniqueness of preceptees in trying alternative actions should be respected, while the preceptor is available as resource person and when problems are experiences.

- It was evident that preceptees are not taken for discussions sessions on a regular basis to address their learning activities and progress.

- Some preceptors allowed preceptees opportunities to attend staff development/in-service lectures guided that took place in the clinical setting and guiding them in clinical teaching. However, each preceptor used a different approach to assign preceptees to attend these lectures. Attendance of staff development lectures could be viewed as a way of broadening the preceptees' knowledge on clinical based learning, problem-solving and clinical judgement.

The shortcomings in the diverse approaches, teaching strategies, and teaching aids used by preceptors in this study are evident and emphasis should be placed on the important of the teacher's ability and competence in utilising different teaching methods. (De Young 1990; Kissinger Rowan & Davis 2001:197-206; Nash 2001:12; Ohrling & Hallberg 2001:536-537; Phillips & Duke 2001:523-529 Myrick & Yonge 2001:461-467). The extent to which there approaches were used was viewed significant differently by the preceptors and the preceptees. While preceptors in some clinical practice setting were able to implement a variety of teaching strategies and approaches to enhance preceptees learning and attainment of preceptorship objectives, some of their counterparts experienced problems.

6.5.2 Implications for nursing education and practice

There is a critical and overwhelming need to intensify the orientation/ preparation of preceptors in their teaching role with particular reference to different teaching strategies and approaches to enhance clinical based teaching-learning activities.

6.5.3 Recommendations

Preceptors should have refreshers courses on teaching approaches to assist them to select appropriate approaches in each unique clinical encounter for the preceptees in their accompaniment.

Selection of a teaching approach should be preceptee-focused rather than being predominantly based on the preceptor's preference.

Preceptors should be encouraged to use a checklist to allow the input of the preceptees, in indicating their preferences for approaches that benefit them better.

Existing working conditions of the preceptors should be improved to allow them more time to familiarise themselves with learning styles of their preceptees so to be able to select and employ different approaches as the need arises.

6.6 EVALUATION OF PRECEPTEES AFTER LEARNING ACTIVITIES

The fourth objective for this study was: To explore and described how the evaluation of the preceptee takes place after learning opportunities have taken place

6.6.1 Conclusion

Evaluation of the preceptees' learning activities is one of the major problems and challenges facing the role of the preceptors. Typically, evaluation methods focus on students' performance and attainment of course objectives (Schoener & Garrett 1996:41; Hohler 2003:833-835).

The findings indicate that while some preceptors and preceptees agreed that preceptors were able to meet the desired criteria for preceptee evaluation with no problems, some of their counterparts had differing views in this regard.

Results indicated that the two groups of respondents agreed to a large extent about the preceptors' ability to perform the following:

- Formal feedback was given to preceptees on their progress in the unit (item 5.1 in Table 4.33), standardised tools were used to a large extent in the evaluation for evaluating preceptees' performance (item 5.2 In Table 4.34)

- Preceptees were evaluate against predetermined objectives (item 5.4 in Table 4.35), and preceptees were made aware (conversant) of objectives on which evaluation would be based prior to being evaluated (item 5.4 in Table 4.36).

- It was also evident that some preceptors provided counselling sessions during evaluation (item 5.6.4 Table 4.37) and took the feelings of their preceptees into account during evaluation (item 5.6.5 in Table 4.38).

However, preceptors and preceptees differed in their views some evaluation issues. Significant differences were evident in response to the following items:

- Preceptors and preceptees did not agree that discussion sessions were held to discuss the evaluation outcome (item 5.5 in Table 5.38) and giving preceptees' constructive criticism was rated very low by the preceptees (item 5.6.2 in Table 5.39). The findings were not consistent to the views of Byrd et al. (1997:344-351) who stated that the ability to give and receive criticism contributes to successful learning.

- Preceptors and their preceptees disagreed to a great large that preceptors gave preceptees opportunities to ask questions about their evaluation (item 5.8 questionnaire A; item 5.9 questionnaire B in Table 5.42), or guide them during

evaluation (items 5.6.3 in Table 5.40), and giving preceptees opportunities for self–evaluation (item 5.7 questionnaire A; item 5.8 questionnaire B in Table.41).

- Preceptors agreed to a large extent that they are of the opinion that themselves and their preceptees should agree on the preceptee's progress (item 5.9 questionnaire A; item 5.10 questionnaire B in Table 5.43), they should set new objectives for the preceptees following evaluation (item 5.10 questionnaire A; item 5.11 questionnaire B in Table 5.44) and their expectations from the preceptees should be realistic (item 5.11 questionnaire A; item 5.12 questionnaire B in Table 5.45). The preceptees differed from the opinions of their preceptees in their responses to the same items.

Findings of this study confirm what has already been documented in literature about the problems associated with preceptee evaluation wherein most preceptors found preceptees' evaluation to be one of the biggest challenges associated with the preceptor role (Acheson 1996:9; Coates & Gormely 1997:92-94; Baker & Walker 2003:11; Hohler 2003:8, Jenkins & Nibert 2004:13).

6.6.2 Implications for nursing education and nursing practice

The findings illuminate a need that nurse educators should orientate preceptors on educational measurement and evaluation. Emphasis should be placed on consultative evaluation and giving feedback to the preceptee. This could help the preceptors to be able to identify their strengths and weaknesses in relation to their role as assessors and seek assistance where need be. Clinical practice managers should allow preceptors time to attend seminars on preceptee evaluation and give them ample time to prepare for evaluation of the preceptees in their accompaniment. Factors interfering with objective evaluation of the preceptee in the clinical setting could have a negative influence on the preceptee's perception of the preceptor role and interfere with her future relationship with preceptees in her accompaniment.

6.6.3 Recommendations on the role of the preceptor in preceptee evaluation

Based on the findings of this study the following recommendations are made:

- Preceptors and preceptees should agree on how and when evaluations will be carried out, well in advance.

- Preceptees should be accorded opportunities to ask questions about an evaluation event and seek a second opinion if they feel dissatisfied with the preceptor's grading.

- Where possible, evaluation should be done by two preceptors or a preceptor and another unit nurse, to prevent biases and subjectivity.

- All preceptors should undergo a compulsory assessment course on clinical evaluation at least annually if not twice a year.

- Where possible, preceptors selection should be based on the nurse's possession of a *nursing education background* and a sincere interest to teach the preceptees.

6.7 LIMITATIONS IDENTIFIED DURING THE STUDY

During the course of the study certain limitations were identified. Some of the limitations identified in this study warrant further research on preceptorship in Botswana. The most important limitations are:

- Very little literature was found on preceptorship in Botswana despite that it is the clinical teaching approach adopted by most of the Health Training Institution in the Country. The non-probability sampling used in this study does not permit generalisable of the research findings to entire population of the preceptees in the Botswana context.

- The non-probability (convenience) sampling used could have introduced the risks of biases and subjectivity, which are major disadvantages of non-probability sampling (Brink 2000:140). The size of the sample aimed to overcome the latter.

- The use of research assistants to distribute questionnaires in rural areas, could have been a problem in terms of clarifying some items for preceptees.

6.8 RECOMMENDATIONS FOR FURTHER RESEARCH

- A qualitative study could be conducted to explore and describe the lived experiences of the preceptors and preceptees in the clinical practice settings.

- A study on the perception of the preceptors about their role expectations and support they get from the nursing education and nursing service management sectors would assist in the planning and implementation of preceptorship activities.

6.9 SUMMARY

This non-experimental, exploratory, descriptive, quantitative study sought to describe the role of the preceptor in selected clinical practice settings. The study included 72 preceptors and 200 students/preceptees who agreed to participate in the study. A self-administered questionnaire was used to collect data. Data was analysed by using descriptive and inferential statistics. The study findings provided answers to the research question and objectives of the study related to the role of the preceptor in the clinical practice setting during preceptee accompaniment.

The findings of this study indicated that there were numerous constraints that interfered with the preceptors' ability to effectively carryout their role of preceptee accompaniment in the clinical setting. These constraints include, as not being in possession of desirable characteristics of a preceptor, lack of time to plan learning opportunities, lack of teaching experiences and inadequate knowledge on preceptee evaluation. These findings gave an understanding of the situations faced by both the preceptors and preceptees during the preceptorship process and how it affects the clinical teaching process and attainment of learning objectives. Limitations of this study were also highlighted. These led the researcher to make recommendations on how the situation could be improved as well as suggestions for further research.

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