

PRECEPTORS' AND PRECEPTES' VIEWS ON STUDENT NURSES' CLINICAL ACCOMPANIMENT IN BOTSWANA

Monareng, L.V. (MA Cur)
University of South Africa
Department of Health Studies
Email: monarlv@unisa.ac.za. **Corresponding author**

Jooste, K. (D Litt et Phil)
University of Johannesburg
Department of Nursing Science

Dube, A. (MA graduate)
University of South Africa
Department of Health Studies

Abstract

An alternative nursing education system was adopted by Botswana to improve its clinical nursing education, employing preceptorship as a clinical teaching approach. 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 prevails in Botswana and needed to be explored with a view to promote and facilitate clinical learning for students. This study sought to describe the views of preceptors and their preceptees regarding the role of the preceptor on the planning of learning activities during clinical accompaniment of student nurses in Botswana. Recommendations were described for preceptors on planning learning activities of preceptees in clinical nursing practice situations.

This non-experimental, exploratory descriptive quantitative study sought to describe the role of the preceptor in selected clinical practice settings. A population of seven nursing education institutions were included. A convenient sample was selected that included 72 preceptors and 200 students/preceptees who agreed to participate in the study. A self-administered questionnaire was used to collect data. Data were analysed by using descriptive and inferential statistics.

The findings revealed that preceptors should focus more on identifying the learning needs of the students, hold planning sessions with students to determine these needs and have time to schedule learning activities. Preceptors need to focus on their professional role to provide reality based, skills-oriented learning opportunities in the unit for preceptees during clinical accompa-

niment. The preceptor's role demands examining how learning activities should be planned so that the preceptees achieve their own learning objectives and those of the unit concerned.

KEYWORDS: Botswana, clinical nursing practice, clinical teaching; learning activities, preceptor, preceptee, student nurses.

INTRODUCTION AND BACKGROUND INFORMATION

A study about the significance of preceptorship as a clinical teaching approach, where a professional nurse acts as a preceptor and the benefits of preceptorship for students' 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 to improve preceptorship in Botswana.

Preceptorship, according to Jooste (2009), is described as an interdependent method in which the flow of communication and the control of learning experiences are shared by both the healthcare professional as an educator (preceptor) and the follower (student or preceptee). Preceptor is defined by Neutens (2006:4) as a teacher or an instructor playing a combination of roles as mentor, supervisor and assessor in order to develop leadership skills in another individual. The role of nurse preceptor is critical to the successful integration of student nurses into the profession. Preceptors provide orientation, socialisation, personal and professional support for nursing neophytes. Through guidance, observation and quality supervision, preceptors can greatly enhance student nurses' knowledge, skills and problem solving abilities. They provide students with a critical link between theory and practice (Smedley & Penney, 2009:31). The preceptorship model has the advantage of allowing close accompaniment and practice oriented education of students. More so, preceptorships are acknowledged in most education institutions as professional learning experiences of mutual benefit to preceptors and student nurses. Preceptors have the opportunity to serve as role models for practical experiences in the evolution of nursing expertise (Charleston & Happell, 2004:129; Reilly & Oermann, 2000:196). 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).

The increasing deficit in the number of nurse educators is one of the reasons why an alternative nursing education system was adopted by Botswana to improve its clinical nursing education. The preceptorship model was therefore employed as a clinical teaching approach. The ratio of students to nurse-educator was too high to allow for effective student supervision in clinical practice hence the need to introduce preceptorship. Kemper (2007:12) argues that patient load and poor planning of learning activities contribute to negative preceptorship experiences. Therefore, this study sought to describe the views of preceptors and their preceptees regarding the role of the preceptor

during the planning of learning activities, in clinical accompaniment of student nurses in Botswana.

PROBLEM STATEMENT

In Botswana, it was decided that preceptors should be utilised to accompany final year students (year III internship) for the new General Nursing Basic Diploma Programme. The Enrolled Nurse-Registered Nurse Upgrade Programme was about to employ the services of preceptors during the clinical practice for both the full-time and part-time student nurses. Therefore, in most nursing training institutions in Botswana, student nurses in their final year of training are accompanied by a preceptor during all duty shifts (day and night). The nurse educator visits the students and preceptors in the units every second week as resource persons to enhance clinical learning.

A general nursing programme evaluation survey in Botswana, (Molefe, Ncube, Pilane, Baikapi, Makhwade & Dube 2001:62) in an unpublished report indicated that preceptors from health facilities expressed concerns that work overload militated against effective preceptorship. The preceptors' responses in this survey justified the need for an in-depth investigation on how the role of the preceptor is viewed in the clinical practice settings in Botswana. Smedley and Penney (2009:34) also report that increased workloads, reductions in human resources and increased use of technology (without adequate training) were hampering professional nurses' effective preceptor roles.

Planning of learning activities requires analysis of the work place where students are allocated to be in line with their educational requirements at different levels of training. It also involves developing ways of teaching, assessing, assisting and monitoring students in clinical practice (Smeddley & Penney, 2009:33). Although preceptorship is increasingly being used in practice settings (Myrick, 2002:154), little is known about how preceptors plan learning opportunities, teach, evaluate or relate with preceptees during accompaniment. Zilembo and Monterosso (2008:1) also contend that there is little evidence to show that preceptorship is effective, as few studies have focused on the needs and values of the students in this educational arrangement. This problem also existed in Botswana.

The overall research question for this study was thus:

How do preceptors purposefully plan learning activities of preceptees in clinical nursing practice settings in the Botswana context?

PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of this study was to describe recommendations for preceptors in planning

learning activities for preceptees in nursing practice. To obtain this outcome, the objectives of this study aimed to:

- explore and describe the views of preceptors of how they purposefully planned learning activities for preceptees in clinical nursing practice settings
- explore and describe preceptees' views on how the preceptors purposefully planned learning activities for preceptees in clinical nursing practice settings
- describe recommendations for preceptors for purposefully planning the learning activities for preceptees in clinical nursing practice settings in Botswana.

KEY CONCEPTS

For the purpose of this study the following concepts were operationally defined.

Clinical nursing practice setting refers to a health facility (either a hospital or clinic) where the preceptor and preceptee who are nurses interact during preceptorship relationships.

Views refer to opinions of both preceptors and preceptees on how learning activities were planned during clinical accompaniment in nursing practice situations.

Learning activities refer to activities in which 3rd (final) year student nurses engaged under the guidance of a mentor to gain knowledge and clinical skills in a nursing practice arena.

Preceptor refers to a registered nurse with a minimum of two years' clinical experience acts like a facilitator, counsellor, mentor, supervisor and resource person for one or more preceptees.

Preceptee is a final 3rd year student nurse training for the Basic Diploma in General Nursing or an Enrolled Registered Nurse Upgrade student being supervised by a preceptor during clinical placements.

METHODOLOGY

The study used a non-experimental quantitative, exploratory and descriptive research design which was conducted in seven Botswana nursing education institutions of the research, which was to establish significant differences if any, between the views of preceptors and preceptees on the planning of learning activities during clinical accompaniment in nursing education settings in Botswana.

The purpose of the exploratory approach was to explore a single process, in a way that

allowed a flexible research design that covers all aspects of the problem; because not much was known about preceptorship in Botswana's nursing education institutions and clinical practice settings (Terre Blanche, Durrheim & Painter, 167:2006). A descriptive research design was employed to gain more information about the characteristics within a particular field of study such as preceptorship.

Views on the role of the preceptors were obtained directly from both preceptors and preceptees who have experiences in preceptorship as a clinical teaching strategy at the time of study. The population of the study confirmed a homogenous group of 444 (final) 3rd year student nurses who were enrolled for the 2000/2001 academic year (Curriculum Unit Ministry of Health, Gaborone, 2000). These student nurses were experiencing preceptorship during their clinical attachment in the basic diploma programme in their 3rd year of training or in the two year Enrolled Nursing/Registered Nursing Upgrade Programme. Burns and Grove (2007:32) define a population as "all individuals that meet the sample criteria for inclusion in a study, sometimes referred to as the target population."

A total population of 80 preceptors were asked to participate in the study, and served as the total sample. They were the registered nurses who were supervising and guiding preceptees from the seven training institutions. The main inclusion criteria for this group was that they had to have a minimum of six months' experience as preceptors.

A convenience sampling approach was used to select preceptees. Polit and Beck (2008:750) define convenient sampling as a selection of the most readily available persons as respondents in a study. The first 50% (n=222) of the student nurses out of the population of 444 preceptees, who volunteered to participate, were conveniently included in the sample.

Data collection

Data were collected from two groups composed of final year (3rd year) preceptees in clinical practice and the preceptors who supervised and guided them. Two similar questionnaires (with 30 closed ended items and one open ended question) were distributed to the selected preceptors and preceptees. The closed ended questions related to planning learning opportunities for students with regard to their learning needs, including specific themes in accompaniment, participation in planning of learning opportunities and the focus of the preceptor in using those learning opportunities. The items in the questionnaire were formulated as statements that were answered on a 4 point scale.

Research assistants, who were nurse educators, were trained to assist in the collection of data from both groups. A total of 222 questionnaires were distributed to the preceptees;

200 (90.1%) were completed and returned. A total of 80 questionnaires were distributed to the preceptors; 72 (90 %) were completed and returned.

Data analysis

Quantitative data analysis was done using the Statistical Package for Social Sciences (SPSS) version 13.0. Descriptive statistics were used to analyse the data collected from the demographic part of the questionnaire and some of the relevant aspects on the characteristics of preceptors essential for effective preceptorship. Frequency distributions and Chi-squares (χ^2) were employed in the analysis of data. The Chi-square (χ^2) test involves a comparison between the observed and the expected number of cases falling into each category. The chi-square (χ^2) was chosen because of its availability for data that are in the form of categories and frequencies (Brink, 2006:31-32).

Validity and reliability

The validity and the reliability of the instruments were tested in the original instrument of Jooste (Jooste & Troskie 1994:86-92). Both face and content validity of the two questionnaires were enhanced by the critical scrutiny of a statistician and five experienced nurse educators.

The reliability was done by means of scale counts, and the Cronbach's alpha which measured the reliability of the factors obtained. For factor 3, specifically concerning the planning of learning opportunities, it was 0.857.

Ethical considerations

Written informed consent was obtained from each respondent. Polit and Beck (2008:180) contend that the most secure means of protecting confidentiality occurs when even the researcher or research assistants cannot link the respondents to the data. The respondents were, however, assured verbally and in writing that their names would not appear anywhere in the questionnaires nor in the research findings. The respondents were also informed that participation was voluntary, and that they could withdraw at any time from the study if they felt uncomfortable about it. Respondents were allowed to complete the questionnaires in a suitable place of their own choice as a way to provide privacy and psychological comfort for them.

The Botswana Ministry of Health (Research Unit) through the Office of the State President, district matrons from selected clinical practice settings, principals of seven education institutions and the Research and Ethics Committee, Unisa's Department of Health Studies, granted permission to conduct the study.

RESEARCH RESULTS

Demographic information

The preceptors' ages ranged from 25-54 years. Of the 72 preceptors, 35 (48.0%) were aged 25-34 years, 28 (39.0%) were aged 35-44 years, while only 13.0% were between 45 and 54 years of age. More than half (52.0%) of the preceptors were between 30 and 49 years old. The largest single group of respondents (31.0%) fell in the age bracket 30-34 years; only one preceptor fell in the 50-54 year age group.

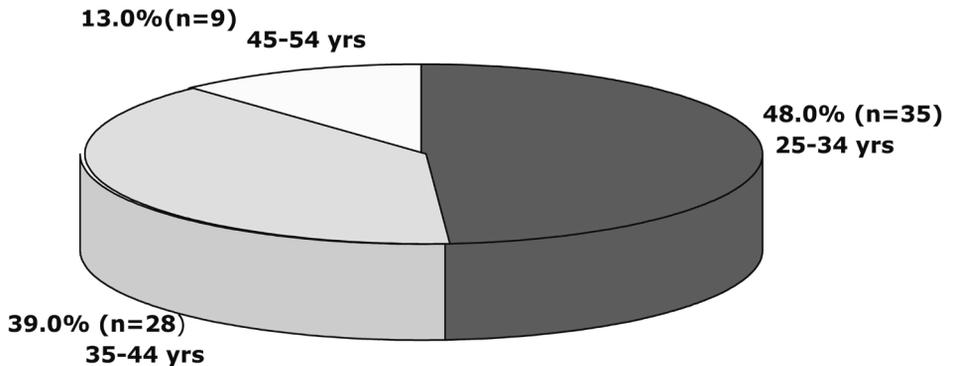


Figure 1: Age distribution of preceptors (N=72)

Ages of preceptees

The ages of the preceptees ranged from 22 to 47 years of age. Most preceptees (124 of 200; 62.0%) were only 20-29, 32.0% (n=64) were 30-39 years old and only 6.0% (n=12) were aged 40-49.

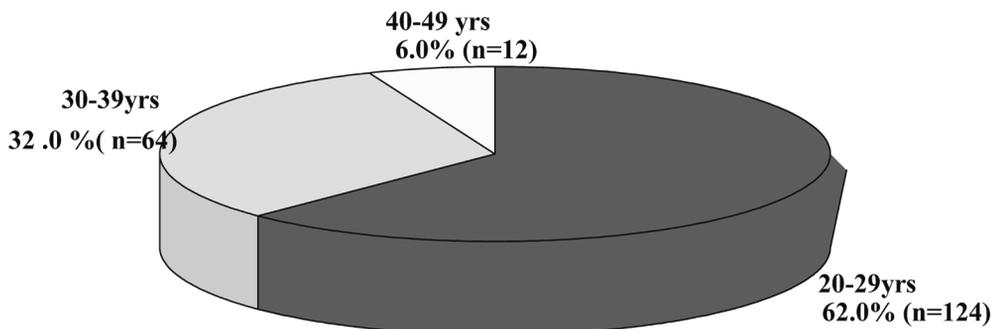


Figure 2: Age distribution of preceptees (N=200)

If the preceptors' ages indicate their years of experience, they should be equipped with the skills, attitudes and knowledge required to effectively accompany preceptees in clinical practice.

Preceptors' clinical nursing experiences

The preceptors' years of clinical experience ranged from 2 to 26 years, with a mean of 11.43 years. These findings 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. Charleston and Happell (2004: 130) add that the clinical experience of the preceptor offers personal and professional development gains for preceptees, particularly in terms of increased self-esteem, knowledge and skills. However, preceptors in this study were adequately experienced professionals.

Number of preceptees assigned to each preceptor

Individual preceptors accompanied from 2 to 23 students, although a ratio of 1:1 has been advocated (Ohrling & Hallberg, 2000:530). The large numbers of students enrolled in Botswana's nursing education institutions cannot be accompanied on a one-to-one basis. Been (2001:132-134) study also found that the effectiveness of clinical accompaniment in the learning process diminished by the growth in numbers of students.

Preceptors' previous teaching experiences

Only 20 of the 72 preceptors (28.0%) had teaching experience; 52 (72.0%) preceptors had no teaching experience. The ability to plan learning activities for teaching and supervising preceptees is one of the fundamental responsibilities of preceptors, who should be able to impart knowledge about all patient care activities to their preceptees (Neutens, 2006:3). 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.

Preceptors' clinical experience

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 what they know. The responses of preceptors (68.0%) and preceptees (69.7%) indicate that a professional nurse must be functioning within a clinical setting to be considered for preceptorship and should have clinical experience of not less than one year in the area of practice. Kemper (2007:10) and Hayes (2001:115) state that combining skill deficient

students with inexperienced nurse preceptors can lead to great levels of stress, and to students' lack of skills and knowledge.

Results

The results indicate significant differences concerning the views of preceptors and preceptees on the planning of learning opportunities by preceptors during preceptorship. Focus should be on the learning needs of the preceptee in a clinical setting (Mantsorou, 2004:3). The preceptor, by virtue of being a member of the clinical setting or unit team, could be in a position to manipulate the environment and make learning more realistic and enjoyable for the preceptee.

Meeting preceptees' learning needs

Preceptors can fulfill their roles effectively by supporting students in their professional development and by being responsive to students' needs (Zilembo & Monterosso, 2008:1). The preceptor's knowledge of such experiences combined with the learner's and the programme's objectives should assist the preceptor to make proper plans to meet the preceptee's learning needs.

Table 1: Helping students to 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

$\chi^2 = 6.651$, df 1, p-value <0.05

Of the preceptors, 55 (77.5%) agreed that they assisted preceptees to meet their learning needs while only 117 (59.4%) of the preceptees agreed with this statement. A relatively large number of preceptees 80 (40.6%) disagreed that preceptors were meeting their learning needs in practice. Ohrling and Hallberg (2001:536) mention that helping students to meet their needs is a task oriented learning dimension that requires the preceptor to start with identifying parts of the student's most urgent learning needs during the planning phase of learning opportunities.

In response to the open ended question, some preceptors expressed concerns that they had insufficient time for the preceptees and even recommended that nurse educators should supervise the students if learning objectives were to be met. One preceptor stated:

“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.”

According to Zilembo and Monterosso (2008:6), developing a positive interpersonal relationship takes time, and unless a student is exposed to the same preceptor, an effective working relationship is unlikely to be established. The findings of Myrick (2002:159) also focus on the importance of the preceptor’s positive support provided to the preceptee in planning learning opportunities free from threats and fear.

Preceptees’ opportunities to be actively involved in planning learning activities

If preceptees are not involved in planning their learning activities, the question arises as to what criteria preceptors use to plan learning opportunities without preceptees’ involvements.

Table 2: Students’ opportunities to participate in planning their learning activities

Respondent	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

$\chi^2 = 5.129$, df 1, p-value <0.05

Of the preceptors, 55 (79.7%) reported that they provided preceptees with opportunities to participate in planning their own learning activities. However, only 126 (64.0%) preceptees agreed that they had been given such opportunities (table 2). According to Mantsorou (2004:3-4), the preceptor should provide the preceptee with the opportunity to increase his/her personal accountability for clinical learning. Proper guidance and active involvement in planning learning activities could assist the preceptee to achieve the learning objectives more effectively.

Preceptees’ motivation to learn

Preceptees should be motivated to actively take part in their learning and use preceptorship to enhance their clinical learning (Smedley & Penney, 2009:35). One preceptee commented 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 3: Students’ motivation to participate in the learning situations in their units

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

$\chi^2 = 4.107$, df 1, p-value <0.05

More preceptees 169 (89.4 %), than preceptors 51 (78.5%), agreed that the preceptees were motivated to take part in clinical learning situations. Of the preceptors, 14 (21.5%) indicated that the lack of motivation among preceptees required urgent attention. Smedley and Penney (2009:32) suggest the following strategies to motivate students to participate in clinical learning:

- recapturing natural curiosity, demanding intellectual and personal honesty
- engaging in self-observation, self-motivation, self-reflection and a willingness to change unacceptable behaviours
- being involved in social (peer) learning and peer evaluation
- allowing tacit knowledge to surface and valuing multiple perspectives for clinical learning

Preceptees should reflect on their clinical skills and abilities in order to identify areas that require improvements. Preceptors should meet with students to acclimatise them to each practice site and to review their self assessments. Evaluating clinical experiences could engender discussions of career goals or improvements required in a clinical education (Staggs, 2008:3.).

Focus on planning learning activities

Of the preceptors, 6 (92.8%) agreed that planning learning activities focused on the units’ service needs. Of the preceptees 165 (74.5%) agreed with this view. One preceptee commented to an open ended item as follows:

“They (preceptors) have no time for us. 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”.

While 58 (81.0%) of the preceptors agreed that they focussed on preceptees' problems, only 107 (53.5%) of the preceptees shared similar sentiments. Preceptees' learning opportunities should be addressed individually, based on the individual learning problems identified.

Of the preceptors, 59 (86.8%) agreed that learning opportunities focused on strengthening students' skills. However, only 137 (69.9%) preceptees agreed. This finding concurs with Kemper's (2007:10) notion that nurse educators should ensure that students have the appropriate skills levels for their clinical placements.

Scheduling of learning opportunities

Of the preceptors 39 (56.5%), but only 81 (41.5%) of the preceptees, agreed that learning opportunities were offered according to a time schedule. Students need time to discuss their learning needs with preceptors and to formulate learning objectives (Ohrling & Hallberg, 2000:16-17). Myrick and Yonge (2005:98) suggest that if a student is assigned to a preceptor, they should jointly schedule and plan the learning activities in a way that will foster professional socialisation, critical thinking and clinical competence at a pace that is congruent with the students' interest, abilities and level of training.

Preceptees' knowledge of preceptors' expectations

Of the preceptees, 174 (87.9%) agreed that they knew what the preceptors expected of them. Only 51 (75.0%) of the preceptors agreed.

These different views could possibly be related to other factors (Alspach 2008:14) such as problematic instructional scenarios, students' problems being unrelated to teaching and learning, challenging clinical situations and cultural diversity. When preceptees do not know their preceptors' expectations, it could be difficult to complete the assigned tasks effectively.

CONCLUSIONS

Some preceptors were unable to plan preceptees' learning opportunities effectively in the clinical practice settings. Some identified constraints included:

- preceptors' lack of time to identify preceptees' learning needs
- preceptees lacked motivation to participate

- preceptors' problems to schedule learning opportunities and hold planning sessions
- the inability to meet learning needs in specific clinical situations
- the inability to use incidental learning experiences.
- the focus was on the needs of the clinical area, preceptees' problems, preceptors' professional roles, or on strengthening existing skills, rather than on clinical learning
- preceptors had insufficient time to plan clinical teaching concurrently with meeting patient care activities and other professional obligations
- preceptors were educationally inadequately prepared of their roles

The study's findings confirmed results from similar studies (Ohrling & Hallberg, 2000: 536; Ohrling & Hallberg, 2001:16-17; Sawin, Kissinger, Rowan & Davis, 2001:197) where inadequate preceptor preparation/orientation and lack of time to carry out the roles of the preceptor, posed major challenges to the preceptorship process.

RECOMMENDATIONS

Nursing education and practice should ensure that preceptors are provided with the necessary training, support, and resources to help them plan learning opportunities in accordance with preceptorship objectives and expectations. Hyrkas and Shoemaker (2007:514) argue that further studies are required about effective clinical preceptorship.

Based on the results of this study, it is recommended that:

- A needs assessment survey should be conducted to determine the educational needs of preceptors' role
- Preceptors should involve preceptees in planning learning activities towards the Achievement of clinical learning objectives
- The preceptors' responsibilities should allow time for incidental teaching-learning opportunities
- Workshops on preceptorship be conducted to equip preceptors to plan preceptees' learning activities more effectively
- A qualitative study should be conducted to explore and describe the lived experiences of the preceptors and preceptees in clinical practice settings.

LIMITATIONS OF THE STUDY

Few literature sources could be found on preceptorship in Botswana. The non-probability sampling used in this study does not permit generalisability of the research findings

to the entire population of the preceptors and preceptees. The non-probability sampling method could have introduced bias and subjectivity (Brink 2000:140).

REFERENCES

- Alspach, G., 2008. Calling all preceptors: how can we better prepare and support you? *Critical Care Nurse*, 28(5):13-16.
- Ashton, P., & Richardson, G., 1992. Preceptorship and PREPP. *British Journal of Nursing*, 1(3):143-146.
- Bashford, C.W., 2002. Breaking into orthopaedic nursing: preceptorship for novice nurses. *Orthopaedic Nursing*, 21(3):14-20.
- Been, R.V., 2001. New partnership between education and practice: precepting junior students in acute care settings. *Journal of Nursing Education*, 40(3):132-134.
- Brink, H.I.L., 2nd Edition 2000. *Fundamentals of research methodology for health care professionals*. Cape Town: Juta
- Brink, H.I.L., 2006. *Research methodology for health care professionals*. 2nd Edition. Cape Town: Juta.
- Burns, N., & Grove, S.K., 2007. *The practice of nursing research: conduct, critique and utilization*. Philadelphia: W.B. Saunders.
- Calman, L., Watson, R., Norman, I., Redfern, S & Murells, T. 2002. Assessing practice of student nurses: methods, preparation of assessors and students' views. *Journal of Advanced Nursing*, 38(5):516-523.
- Charleston, R., & Happell, B., 2004. Preceptorship in psychiatric nursing: Australian impact evaluations form an Australian perspective. *Nurse Educator*, (5):129-135.
- Corlett, J., Palfreyman, J.W., Staines, H.J., & Marr, H., 2003. Factors influencing theoretical knowledge and practical skill acquisition in student nurses: an empirical experiment. *Nurse Education Today*, 23(3):183-190.
- Curriculum unit Minister of Health. 2000. Unpublished report. Gaborone.
- Gleeson, M., 2008. Preceptorship: facilitating student nurse education in the Republic of Ireland. *British Journal of Nursing*, (17)6:376-380.
- Hayes, E.F., 2001. The factors that facilitate or hinder mentoring in the nurse practitioner preceptor/student relationship. *Clinical Excellence for Nurse Practitioners*, (5):111-118
- Hyrkas, K., & Shoemaker, M., 2007. Changes in the preceptor role: re-visiting preceptors' perceptions of benefits, rewards, support and commitment to the role. *Journal compilation*,(1):513-524.
- Jooste, K., & Troskie, R., 2004. *Staff development for nurses*. Halfway House: Southern Books.
- Jooste, K., (ed) 2009. *Leadership in healthcare services*. 2nd Edition. Kenwyn: Juta.
- Kemper, N.J., 2007. Win-win strategies help relieve preceptor burden. *Nursing Management* (2):10-12.
- Mamchur, C., & Myrick, F., 2003. Preceptorship and interpersonal conflict: a multidisciplinary study. *Journal of Advanced Nursing*, 43(2):188-189.
- Mantsorou, M., 2004. Preceptorship in nursing education: is it a viable alternative method for clinical teaching? *ICUS Nursing Web Journal*, July-September (19):1-10.
- Molefe, W.B., Ncube, P.T., Pilane, C.N., Baikepi, G.M., Makhwade, J., & Dube, A., 2001. General nursing programme evaluation and curriculum review. Unpublished report: Department of Manpower. Gaborone: Ministry of Health.

- Myrick, F., 2002. Preceptorship and critical thinking in nursing education. *Journal of Nursing Education*, 41(4):154-163.
- Myrick, F., & Yonge, O., 2005. *Nursing perceptions: connecting practice and education*. London: Lippincott Williams & Williams.
- Neutens, J.J., 2006. The effective preceptor series. No.1. Knoxville: Association of Professors of Gynecology and Obstetrics (APGO)
- Ohrling, K., & Hallberg, I.R., 2000. Student nurses' lived experiences of preceptorship. Part 1- in relation to learning. *International Journal of Nursing studies*, 37:13-23.
- Ohrling, K. & Hallberg, I.R., 2001. The meaning of preceptorship: nurses' lived experiences of being a preceptor. *Journal of Advanced Nursing*, 33(4):630-540.
- Polit, D.F., & Beck, C.T., 2008: *Nursing research - generating and assessing evidence for nursing practice*. 8th Edition. Philadelphia: Lippincott Williams & Wilkins.
- Reilly, D.E., & Oermann, M.H., 2000. *Clinical teaching in nursing education*. 2nd Edition. Boston: Jones & Bartlett.
- Sawin, K.J., Kissinger, J., Rowan, K.J., & Davis, M. 2001. Teaching strategies used by experienced preceptors. *Issues in Interdisciplinary-Care*, 3(3):197-206.
- Smedley, M., & Penny, L., 2009. *A partnership approach to the preparation of preceptors' nursing education perspectives*. New York: National League for Nursing.
- Staggs, S., 2008. The preceptor. *The Newsletter for Universities of Iowa Preceptors* 5(3):1-5.
- Terre Blanche, M., Durrheim, K., & Painter, D.(eds) 2006. *Research in practice. Applied methods for the social sciences*. 2nd Edition. Cape Town: University of Cape Town Press.
- Zilembo, M., & Monterosso, L., 2008. Student nurses' perceptions of desirable leadership qualities in nurse preceptors: a descriptive survey, *Contemporary Nurse*, February, 1-13.