AN INTERPRETIVE DESCRIPTION OF REGISTERED NURSES' EXPERIENCES AS PRECEPTORS FOR NEWLY HIRED REGISTERED NURSES IN ACUTE PEDIATRIC CLINICAL SETTINGS

AN INTERPRETIVE DESCRIPTION OF REGISTERED NURSES' EXPERIENCES AS PRECEPTORS FOR NEWLY HIRED REGISTERED NURSES IN ACUTE PEDIATRIC CLINICAL SETTINGS

By

Nasrin Alostaz, RN, BScN, MScN

A Thesis Submitted to the School of Graduate Studies in Partial Fulfillment of the Requirement for the Degree Master of Science

McMaster University MASTER OF SCIENCE (2020) Hamilton, Ontario (Nursing)

TITTLE: Registered Nurses' Experiences as Preceptors for Newly Hired Registered Nurses in Pediatric Clinical Care settings AUTHOR: Nasrin Alostaz RN, BScN, MScN (McMaster University) SUPERVISOR: Dr. Olive Wahoush, RN, PhD NUMBER OF PAGES: --237-

LAY ABSTRACT

In clinical practice, registered nurses play not only the bedside healthcare provider role but also, they play the preceptor role. This role can be both difficult and challenging. Therefore, it is important to understand registered nurses' experiences as preceptors in clinical settings. The goal of this study was to gain an understanding of the registered nurses' experiences as preceptors for newly hired registered nurses in pediatric healthcare settings. This study showed that preceptors were aware of their dual role, shared experiences of feeling awarded, and discussed challenges they encountered when precepting. Finally, they identified some of their needs that they believed may assist them when being involved in the preceptor-preceptee relationship. It is important to acknowledge the challenges that preceptors encounter when precepting new nurses into the clinical area. Furthermore, it is imperative to prepare nurses for the preceptor role to ensure effective preceptor-preceptee relationships and improve preceptees retention and competence in their role.

ABSTRACT

Background: In clinical practice, the responsibilities of frontline registered nurses (RNs) include providing patient care as well as precepting students and new staff nurses. The role has been acknowledged as demanding and challenging in acute healthcare settings and the importance of the preceptor role for the ease of the new nurses' transition to clinical settings has been discussed in the literature. However, less is known about the nurses' experiences as preceptors in the pediatric acute clinical setting. The purpose of this research was to explore and describe the experiences of RNs as preceptors when they precept newly hired registered nurses in pediatrics settings.

Method: An interpretive descriptive design was used to guide the research process. Semi-structured one-on-one interviews, both in-person and virtual, were carried out with five preceptors who are registered nurses in an Ontario hospital. The real-life experiences of these participants are reported using their rich descriptions of events. Data collection and analysis were conducted concurrently and informed by the Braun and Clark (2006) framework.

Results: Findings were grouped under the following three themes: the duality role of pediatric nurses; experiences of preceptor pediatrics nurses; and pediatric nurse preceptors' needs.

Implications: This study demonstrates that the role of the registered nurse as a preceptor is diverse and demanding, and that preceptors need to be supported by various stakeholders to ensure that they can carry out their role effectively. Recommendations are made for future practice, education, and research.

Keywords: Preceptor, preceptorship, precepting, registered nurses, newly hired registered nurses, newly graduated nurses, acute healthcare, pediatrics

ACKNOWLEDGMENTS

I am grateful to so many wonderful people who provided me with support and encouragement over the past two years. I would like to acknowledge my principal research supervisor, Dr Olive Wahoush, for all of her knowledgeable guidance, support, and help through all stages of this study. Dr. Wahoush, without your guidance I wouldn't have been able to complete this thesis. You have made this overwhelming task achievable and I sincerely thank you. I would like to express my sincere thanks to my supervisory committee members, Dr. Maria Pratt and Dr. Ruth Chen, for their encouragement, support, and belief that I could produce this dissertation. To my entire committee, your kindness, guidance, and support are unsurpassed; it has been a privilege to work with each one of you and I have learnt so much.

I am incredibly thankful to my fellow students from the graduate nursing program for all of the helpful text messages and emails throughout the past two years. I want to give extra thanks to Kate Sushko for being a great support and a wonderful friend; we have been through so much together. My sincere gratitude to the neonatal intensive care unit's educators, particularly educator XX for her support and help with granting access to the study site and participants; thank you for your patience and kind words over the past few months. Particular thanks to the research participants who have taken the time to contribute to this study. Without their participation and descriptions, this study would not have been possible. I hope this research report does justice to the information that was provided to me. Thank you.

Finally, to my devoted husband, my children, my mom, and family members, thank you all so much for providing me with support and patience during the course of my studies. In fond memory of my dad, recently deceased; I know you would be proud (RIP).

TABLE OF CONTENTS

LIST OF TABLES

LIST OF ABBREVIATIONS

CCDA	Constant Comparative Data Analysis
CNA	Canadian Nurses Association
CNO	College of Nurses of Ontario
ID	Interpretive Description
HiREB	Hamilton Integrated Research Ethics Board
IENs	Internationally Educated Nurses
NHRN	Newly Hired Registered Nurse
NICU	Neonatal Intensive Care Unit
NRC	Neonatal Research Committee
NRP	Neonatal Resuscitation Program
P	Preceptor/ Participant
RN	Registered Nurse
RNAO	Registered Nurses Association of Ontario

LIST OF APPENDICES

DECLARATION OF ACADEMIC ACHIEVEMENT

I, Nasrin Alostaz, declare that this work is my own and, if not, I have acknowledged the original source using APA or another approved citation format.

Date: October 12, 2020

Graduate Thesis: An interpretive description of nurses' experiences as preceptors for newly hired registered nurses in acute pediatric healthcare settings

Signature: ——————NAlostaz——————

CHAPTER ONE: INTRODUCTION

Chapter Overview

In clinical practice, the responsibilities of frontline registered nurses (RNs) include providing patient care as well as precepting students and new staff nurses. Carlson et al., (2009) defined nurse preceptors as those individuals who play a role in facilitating, teaching, and supporting learners in clinical settings. Preceptors are also defined as those "who have achieved at least the novice-level competencies required by the participant" (Canadian Nurses Association, 2004, p. 14). Similar to other countries, RNs in the preceptor role in Canada facilitate the orientation and education of learners in clinical practice.

The College of Nurses of Ontario (CNO) (2009a) indicated that nurses have a professional obligation and accountability to support learners who are refining and developing competencies that are needed for "safe, ethical and effective practice" (p. 3). CNO (2009a) states that learners are not only nursing students but also those who are new graduate registered nurses and experienced nurses entering new practice settings. Furthermore, a professional practice guideline outlining the accountability of nurses in supporting learners through the preceptorship role has been endorsed (CNO, 2009a).

This chapter provides an overview of the thesis organization and structure and a summary of the remaining five chapters. The chapter will also include a brief introduction and outline the background to the study focus, precepting newly hired registered nurses (NHRNs). The chapter will conclude with an outline of the researcher's self-reflection. This self-reflection will provide the researcher's personal and professional background and passion for the topic, which led to the inception of this research idea.

Thesis Organization

This thesis contains six chapters including this introductory chapter; the next four chapters will form the body of the thesis, followed by a concluding chapter.

Chapter two contains a comprehensive review of the literature focusing on preceptor's perceptions and experiences when precepting NHRNs in acute healthcare settings. The chapter begins with the search strategy, the search terms, eligibility criteria, and a review of studies from the literature. Different experiences and perceptions of preceptors in a variety of acute healthcare settings, gaps related to these experiences particularly in the pediatrics settings are presented. A summary of the literature and the subsequently developed primary and secondary research questions which served as a guide for this research study will be provided. Finally, I will present a discussion for the rationale of choosing participants and settings for this study.

Chapter three includes a discussion of the methodology underpinning this research study. The chapter provides a description of the interpretive description (ID) methodology research design that guided this study. This description will include a discussion of the rationale for selecting this methodology, and provide an outline of the study's settings, sampling criteria, and participant recruitment strategies. Next, an overview of data collection, data storage, and the analysis method used to generate the findings of this study will be discussed. Finally, activities to ensure the study's trustworthiness, rigour, and ethical considerations will be highlighted.

The fourth chapter will provide a detailed overview of the study's findings. A description of participants' characteristics established from the demographic questionnaire analysis will provide knowledge of the professional background of the study participants. The chapter

includes an in-depth interpretation of the major findings and concludes with a summary of findings.

Chapter five includes detailed discussion of study findings in conjunction with findings from the literature. The final chapter—chapter six—contains an outline of study limitations, and implications for practice, education, policy, and future research. The implication section is followed by a summary and concluding remarks.

Hereafter, the NHRN acronym for the term "newly hired registered nurses" will be used throughout this thesis and will refer to both novice and experienced RNs—the preceptees. The terms "RN(s)" and "preceptor(s)" will be used interchangeably throughout the research and will refer to the participants in the study—the preceptors. Finally, the term "author" and "the researcher" will refer to the writer of this thesis.

Background

Acute healthcare settings are becoming increasingly highly specialized, and nursing practice is growing in complexity and the responsibilities of the RNs as preceptors are mounting (Chang et al., 2013; Nielson et al., 2017; Omansky, 2010). In addition, due to the demand for graduating nurses with general training and the reduced numbers of children cared for in hospitals, students in undergraduate nursing program are no longer required to have placements in an acute care pediatric in their curriculum (Chang et al., 2013). Therefore, many newly registered nurses may have limited experience in pediatric care and may be inadequately prepared to take on the role of the RN in pediatric settings (Almada et al., 2004; Candela & Bowles, 2008; Chang et al., 2013; Monaghan, 2015; Yousefy et al., 2015). According to Chan (2002), "Clinical education is a vital component in the curricula of nursing programs because it provides student nurses with opportunities to develop competencies in nursing practice" (p. 69).

Rees et al. (2017) reviewed 2,191 safety incident reports involving sick children over nine years and recognized 30% (n = 658) were harmful, including 12 deaths and 41 cases of severe harm. They suggested that pediatric training should be mandatory for all healthcare providers and general practice trainees. Collectively these factors have placed an increasing responsibility on hospital management and preceptors to further train NHRNs to ensure their competence in paediatric settings.

Newly hired nurses experience a significant personal and professional adjustment during the transition-to-practice phase as they engage in the RN role in pediatrics (Duchscher, 2008). The difficulties that NHRNs encounter during the transition-to-practice stage were widely addressed in the literature. Some of these difficulties include lack of sufficient orientation, lack of confidence, problems with skills such as critical thinking and problem-solving, organization and prioritization skills, and communication with multidisciplinary teams (Fink et al., 2008; Goode et al., 2013; Goode & Williams, 2004; Williams et al., 2007). Klingbeil et al. (2016) argued that all new nurses with different levels of proficiency have different transition needs upon hire. Therefore, it is important to provide NHRNs with sufficient resources such as pairing them with an experienced nurse preceptor to meet these needs, improve NHRNs' transition experience, and enable them to assume their professional role competently (Borimnejad et al., 2016).

Preceptorship in nursing education has been seen as an approach to achieve excellence and competence in professional practice and to ensure continuous professional development during the transition-to-practice period (Canadian Nurses Association, 2004; Nielson et al., 2017; Registered Nurses Association of Ontario, 2016). Sanford and Tipton (2016) defined preceptorship as "a relationship between an experienced nursing staff member and a newly hired

staff member; the length of this relationship depends on the orientation period of the specific nursing unit or clinic" (p. 278). During this period, NHRNs and undergraduate students are paired with a preceptor RN for a scheduled length of time (Kowalski, 2020; Ward & McComb, 2017).

The aim of the preceptorship is to support, educate, facilitate professionalization, and familiarize new nurses with the clinical setting, work routines, and demands of the new specialized clinical environment (Borimnejad et al., 2016; Lindfors et al., 2018; Ward & McComb, 2017). Preceptorship also aims to enhance learners' confidence and competence in performing routine practices (Happell & Gough, 2007). It was noted that the preceptorship promotes and creates a safer environment for learning wherein new nurses can ask questions without fear of retaliation by eliminating the horizontal violence (Foley et al., 2013). However, facilitating learning in clinical practice has been described as a complex, challenging, stressful, and time consuming process (Ebright et al., 2003; Hautala et al., 2007; Muir et al., 2013; O'Callaghan & Slevin, 2003; Valizadeh et al., 2016).

Preceptors have multiple roles beyond bedside nursing (Cotter & Dienemann, 2016; Hautala et al., 2007); many have been addressed widely in the literature. For instance, in addition to their patient care workload, they are expected to supervise NHRNs, serve as role models in guiding and teaching learners, fill gaps in knowledge, validate learners' competencies and clinical skills, and ease their transition to pediatric nursing practice (Blegen et al., 2015; Carlson et al., 2009; Chang et al., 2013; Hickerson et al., 2016; Kowalski, 2020; L'Ecuyer et al., 2018; Omansky, 2010; Panzavecchia & Pearce, 2014; Rush et al., 2013; Watkins et al., 2016; Whitehead et al., 2013). Preceptors accomplish their multiple roles by building unique

professional relationships with the NHRNs, providing constructive feedback, and offering emotional and professional support (Myrick et al., 2010; Shinners et al., 2013).

Loughran and Koharchik (2019) argued that preceptor support is essential for the successful transition of the NHRNs to clinical practice. This support was perceived to improve the NHRNs retention to the nursing workforce (Hautala et al., 2007; Loughran & Koharchik, 2019) and their job satisfaction (American Academy of Ambulatory Care Nursing (AAACN), 2014; Chen et al., 2011; Happell & Gough, 2007) These improvements will ultimately improve the productivity of the healthcare team (Halfer, 2007). Kovner et al. (2014) estimated that 17% of NHRNs leave their job within the first 12 months of their employment if they have a negative experience during their transition to clinical practice, and sometimes they may even leave the profession completely (Baxter, 2010; Bratt, 2009; Loughran & Koharchik, 2019; Welding, 2011).

According to Mills and Mullins (2008), recruiting new staff to replace those who resign can be expensive as the cost of recruiting and orientating a new nurse can be the same as the annual salary for one RN. Thus, preceptors must continue to support and attend to the learning needs of students, new graduate nurses, and experienced nurses who are newly hired to the clinical setting (Bott et al., 2011).

The preceptor-preceptee relationship is a key aspect of how the preceptors provide support and assistance during the orientation period (Wardrop et al., 2019) and is crucial for a successful integration process (Cotter & Dienemann, 2016; Dusaj, 2014). Ideally, this relationship continues until a predetermined level of competency is achieved by the new nurse (Henderson et al., 2006), when theoretical knowledge is successfully linked to practice (Öhrling

& Halberg, 2001). When successful, this relationship can foster commitment, teamwork, and nurse retention (McKinley, 2004). New nurses perceived the relationship between preceptors and preceptees to be positive when the preceptors were seen practicing professionally and as idealized (Ferguson, 2011).

Furthermore, a positive correlation was found between preceptees' learning in the clinical settings and good interpersonal relationships with their preceptors (Lawal et al., 2015). This expert-novice relationship can be enhanced with the use of a supported, very well-structured, and evidence-based preceptorship model (Chang et al., 2013; Nash & Flowers, 2017; Whitehead et al., 2016). In a study conducted by Almada and colleagues (2004), nursing retention has increased by 29% and nursing vacancy decreased by 9% following the implementation of a well-structured, education-based preceptor program (Almada et al., 2004).

In summary the application of a structured preceptorship model will support an effective preceptorship process, positive relationship between preceptors and preceptees, and job satisfaction; improve patient outcomes; ease the NHRNs' transition to practice; enhance the experience of "feeling the fit"; and increase retention rates of NHRNs in paediatric nursing (Fox et al., 2006; Lavoie-Tremblay et al., 2011; Moore & Cagle, 2012; Washington, 2013; Watkins et al., 2016).

Research Purpose

The preceptor role can be challenging and demanding especially in difficult situations; this can intensify preceptors' exhaustion and stress (Kemper, 2007). Therefore, it is important to understand preceptors' perceptions of their experiences because positive preceptor attitudes towards orientation is perceived to greatly impact new nurses' professional development, job satisfaction, and retention (Lindfors et al., 2018), as well as the effectiveness of the new nurses'

learning (Kelly & McAllister, 2013). There is a gap in the literature regarding the RNs' experiences as preceptors for NHRNs during their transition to new acute clinical settings, specifically pediatric settings.

The purpose of this ID study is to: (a) understand and explore the experiences of RNs as preceptors for NHRNs in acute paediatric healthcare settings; (b) identify the challenges and needs of RNs in relation to their precepting role for NHRNs; and (c) elicit their perceived support from managers and educators. Findings from this study will describe the experiences, challenges, and needs of RNs in relation to their precepting role for NHRNs. As well, the findings may generate knowledge that can be applied to educational and clinical practice with the aim of improving preceptors' experiences and ultimately benefitting NHRNs. Finally, the findings from this study will begin to address a gap in the literature and support a richer description related to precepting NHRNs within pediatric nursing settings specifically.

Self-Reflection

Peshkin (1988) expressed that researchers must recognize their subjectivity throughout the research process by examining and monitoring their subjective "I's" systematically. According to Thorne (2016), the researcher is required to have "sufficient grounding in the discipline to be able to discern its scope and boundaries" and its "philosophical underpinnings in relation to what constitute knowledge" (p.43). Thorne further stated that "recognizing the influence of disciplinary orientation becomes a fundamental component of the research forestructure and grounding within the applied fields. One's very enthusiasm for a topic derives directly from disciplinary interest" (p.43). Therefore, based on Thorne's assumptions and inspired by Peshkin's work, the concept of reflexivity and self-awareness was used to explore my subjective "I's," as my understanding of different phenomena is based on my own

disciplinary heritage, professional experiences, assumptions, and preconceptions which also influenced my decisions on the research phenomena.

Firstly, the *diversity "I"*: I practiced nursing at different pediatric hospitals in different countries. Prior to moving to Canada, I worked in both Dubai and Dublin as a registered nurse in acute care pediatric settings. These experiences uncovered diverse perceptions, beliefs, and values that others hold about my profession as a nurse and as a "nurse preceptor." These perceptions, although challenging at times, have stimulated my passion for learning more about the different dynamics between levels of experienced nurses and their professional motivations for learning and training. In addition, I encountered conflicting ideas about the nurse's role as educator, mentor and facilitator, particularly when challenges arise. Since then, I have felt the desire to explore these experiences to be able to enable the facilitator's role.

Secondly, the *children's nurse "I"*: I have worked as a pediatric nurse for more than fifteen years. In addition to my role as a healthcare provider in the acute pediatric healthcare setting, I was also a preceptor for both NHRNs and student nurse trainees. Although this role could be inspiring, it was often demanding. I often reflected on the possible strategies to make this experience enjoyable for novice and experienced nurses who are employed in pediatric hospitals, as well as enjoyable for me as a preceptor. My passion for nursing education gradually grew; thus, I decided to advance not only my clinical skills but also my theoretical knowledge to improve my professional development as a preceptor. I became a nurse educator and a clinical instructor.

In addition to novice practitioners and student trainees, I have participated in training experienced RNs who were currently working within my area or as NHRNs with previous

nursing experience from another healthcare facility or different population. While technology and healthcare environments have improved, finding the best teaching and learning methods in clinical settings that would meet learners' needs was challenging. New sets of experiences demanded further exploration of my role. Hence my research interests became focused on the experiences of RN preceptors in helping NHRNs to perform their role safely and effectively in the paediatric clinical setting.

Lastly, the *interviewee "I"*: My previous experience as an interviewee in a qualitative study may influence the interviewing process. In that study during the interviewing process, the interviewer used so many probes that I became uncomfortable; particularly when there was nothing further to contribute to the data that were collected. With this in mind, to elaborate on certain concepts or themes and to balance the risk of unnecessary probing or further questioning during the study's interviews, the interview guide was developed in advance.

Exploring my subjective "I's" provided me with insight into a distinctive way of thinking before engaging in the study. Reflexivity enabled me to develop an understanding of the possible influences of my subjectivities at each stage of the research. As a nurse preceptor and a novice researcher, I have engaged in reflexivity and maintained reflexive memos to avoid and limit disciplinary biases (Hunt, 2009; Oliver, 2012). Memos enabled me to immerse in the collected data and further explore the meanings (Birks et al., 2008). As this process is complex and ambiguous and requires skills and practice in order to do it well, I have engaged in discussion with my supervisor for guidance (Finlay, 2002).

Summary

This chapter presented the thesis organization and provided an overview of the remaining chapters and an introduction. The preceptor's responsibility in supporting the NHRNs' learning

needs and the importance of the preceptorship program in facilitating the transition of the NHRNs were also discussed. Consequently, the purpose of this ID study was highlighted. The author of this study used the concept of self-awareness to reflect on her disciplinary heritage, preconceptions, and assumptions. In the following chapter, a review of the literature and the primary and secondary research questions that have guided this enquiry will be presented.

CHAPTER TWO: LITERATURE REVIEW

Chapter Overview

This literature review will summarize evidence on the topic to clarify what is known regarding nurses' experiences as preceptors (Woo, 2019). Additionally, the review includes a critical reflection of strengths, weaknesses, and gaps within the body of knowledge. Firstly, the chapter will begin by briefly describing the search strategy, database, inclusion criteria, and search outcome. Then, outcomes pertaining to RNs' perceptions and experiences of their role as preceptors for NHRNs with different proficiency levels in different healthcare settings will be discussed. A critique of the included studies will be integrated into each section. Following this, I will provide a summary of the review, identify a gap in the body of knowledge, and present the research question that is the focus of this study. The chapter will conclude with the study rationale and relevance to nursing practice.

Search Strategy

The literature search was completed using the Cumulative Index to Nursing & Allied Health Literature (CINAHL), Ovid MEDLINE, PsychINFO (1987–April 2020), Web of Science, and EMBASE (1974–April 2020). The search strategy was developed in consultation with a medical librarian to identify studies focused on preceptor's experiences and their perceptions of the role. Additional search activities included using a "cited by" function, hand searching reference lists, and Google Scholar searches (e.g., RN as a preceptor, NHRNs and acute pediatrics healthcare settings). The initial search strategy limits were set to include the following: (a) studies that were published in the past thirty years (1990–April 2020), searched to account for the latest findings on preceptors' experiences; (b) only English language studies; (c) studies that have explored the RNs' experiences in relation to their role when precepting NHRNs; (d) Studies

that were conducted in acute healthcare settings, particularly pediatrics; and (e) studies that have explored the RNs' experiences as mentors.

Exclusion criteria included eliminating studies that: (a) explored the preceptors' experiences in relation to healthcare professionals other than NHRNs; (b) were conducted in a setting other than acute healthcare; (c) were editorials; (d) were mainly focused on evaluating new graduates' outcomes that were not related to the preceptorship relationship; and (e) did not fulfill the inclusion criteria. However, due to its high relevance to the topic of interest and the relevance of the setting (pediatric nursing) to the current study settings (Harrison-White & Simons, 2013), this literature review included studies that explored the preceptors' perceptions when precepting a cohort of preceptees including students and new nurses. Key terms such as "preceptor," "preceptorship," "precepting," "registered nurses," "newly hired registered nurses," "newly graduated nurse," "acute healthcare," and "pediatrics" were used. Initially all these key terms failed to identify sufficient relevant evidence; therefore, some of the key terms used and limit criteria were modified. For example, the use of truncated words and wildcards ('*' in this instance) allowed for an expansion of the search to include all terms with the same root word and enabled finding British and American spellings (e.g., paediatric/pediatric). Using these search terms (Appendix A), 300 articles were found through the five databases. When studies were screened, duplicates removed, titles and abstracts were scanned for relevance, and the reference list of the relevant articles was reviewed, 31 studies remained.

Within this literature review, several international and Canadian studies focused on the preceptor experiences of precepting NHRNs, most particularly newly graduate nurses. Most of these studies were conducted in a single site, in acute general healthcare settings, and used small sample sizes. Various methodologies were used also to elicit preceptors' experiences. Only three

studies were conducted in pediatric settings and some studies examined the experiences of a cohort of pediatric and adult preceptor nurses. According to Thorne (2016), an important consideration when writing a literature review is "conceptualizing or grouping bodies of literatures and themes within it" (p. 54). The author's experiences as a preceptor and knowledge of issues surrounding the preceptor's role helped inform the organization of this review.

The included studies were organized and grouped into six main categories focused on the preceptor's experiences. They include preceptor experiences: (a) in general; (b) as novice preceptors; (c) in pediatric settings; (d) when precepting new nurses with different proficiencies; and preceptor perceptions of: (i) benefits, rewards, challenges, and support; and (ii) the impact of preceptors' preparation programs on the role effectiveness. This review begins with clarification of key terminology followed by an overview of what is known about the preceptor's role.

The Preceptor Registered Nurse

The clinical learning environment has received great attention in the nursing literature over the past 25 years and student nurses' learning needs in clinical practice have been clearly identified and widely discussed. The literature concerning preceptorship is primarily focused on the RNs' experiences in relation to their role as preceptor for undergraduate nursing students (Atkins & Williams, 1995; Blum, 2007; Broadbent et al., 2014; Carlson et al., 2010; Cassidy et al., 2012; Dewolfe et al., 2010; Dodge et al., 2014; Duffy, 2009; Hathorn, 2006; Hilli et al., 2011; Kamolo et al., 2017; Kaviani & Stillwell, 2000; Luhanga et al., 2010; McCarthy & Murphy, 2010; O'Brien et al., 2014; Öhrling & Hallberg, 2000, 2001; Omansky, 2010; Parvan et al., 2018; Smedley, 2008; Smith & Sweet, 2019; Wilson-Barnett et al., 1995; Wu et al., 2016; Yonge & Myrick, 2004).

Preceptees' experiences in relation to the effectiveness and expectations of preceptorship programs during the orientation period is another area that was extensively examined by researchers worldwide (Bowles & Candela, 2005; Hardyman & Hickey, 2001; Lewis & McGowan, 2015; Shinners & Franqueiro, 2015; Watkins et al., 2016). The perceptions of preceptees were also explored in relation to the transition-to-practice program and the new graduates' residency program in general healthcare (Bratt & Felzer, 2012; Fink et al., 2008; Marks-Maran et al., 2013; O'Shea & Kelly, 2007; Regan et al., 2017; Scott et al., 2008; Strauss et al., 2016) and pediatrics healthcare (Klingbeil et al., 2016) settings.

Additionally, mentoring quality, practices, and benefits after one year of orientation were examined among pediatric nurses' trainees (Jakubik, 2008; Jakubik et al., 2011; Jakubik et al., 2016). Kovner et al. (2007) described preceptees' characteristics and attitudes when employed in clinical practice. Finally, student nurses' perceptions of the preceptorship and the preceptor role were also broadly explored in the literature (Altmann, 2006; Happell, 2009; Kelly & McAllister, 2013; Leners et al., 2006; Myrick & Yonge, 2001; Park et al., 2011).

Clarification of Terminology

The terms "preceptor" and "mentor" were used interchangeably in the literature (Jakubik et al., 2016; Yonge et al., 2007). The term "mentor" was most often cited in the literature by authors from the UK describing the role of RNs in relation to learners (student nurses or new nurses) (Atkins & Williams, 1995; Wilson-Barnett et al., 1995). However, mentoring is different from precepting in that precepting is a structured, formal process, is time limited, provides assistance to learners through direct supervision, and is concerned with certain skills and competencies that are structured specifically to the unit in which a new nurse is employed (CNA, 2004; Kowalski, 2020).

A preceptor was defined as an experienced nurse who possesses skills such as interpersonal, communication, clinical, and professional, and facilitates learning through a compassionate, respectful, and nurturing approach (Öhrling & Hallberg, 2001). Conversely, mentoring can be "either formal or informal" and is focused on "broader learning, career development, and personal and professional growth through a consultative approach over a longer term" (CNA, 2004, p.9). Kaviani and Stillwell (2000) described a mentor as "an experienced practitioner who looks after and guides the novice in a long-term apprenticeship style relationship" (p. 219).

Preceptor Training Preparation Program

Assigning a preceptor to a NHRN during the orientation period was proven to ease the transition-to-practice process and enhance new nurses' competencies in the clinical setting (Shinners et al., 2013; Ulrich et al., 2010). However, Bengtsson and Carlson (2015) argued that simply allocating a preceptor does not guarantee a quality of training. In order to ensure a successful orientation and to achieve the predetermined goals, RNs should be prepared for the preceptor role.

The importance of a formal preceptor's training preparation was highlighted by many researchers (Baltimore, 2004; Chang et al., 2015; Hautala et al., 2007; Kaviani & Stillwell, 2000; Shahbazi et al., 2018; Stevenson et al., 1995; Valizadeh et al., 2016; Wardrop et al., 2019; Whitehead et al., 2016). This preparation should foster RNs' growth and development within their role as preceptors (Speers et al., 2004). However, RNs often are not adequately prepared with the competencies necessary to facilitate the new nurses' learning process and to effectively assume the preceptor role (Kemper, 2007). Moreover, the majority of preceptors were found to learn teaching skills while assigned a preceptee (Alspach, 2008; Altmann, 2006).

RNs who participated in a preceptorship training program were reported to be better prepared to deal with the expected role challenges and difficulties. They were also perceived to gain many benefits when participating in such a training program. These benefits included improving preceptors' positive attitude towards learners, enhancing their comfort and satisfaction level with the role, and increasing the effectiveness of the preceptor-preceptee relationship (Carlson & Bengtsson, 2015; Horton et al., 2012). Other reported benefits included increased preceptors' self-efficacy with the role (Smedley et al., 2010), improved self-confidence (Carlson & Bengtsson, 2015; Sandau et al., 2011), more developed clinical teaching expertise (Jeggels et al., 2013), and advanced their knowledge of the skills required to precept (Carlson & Bengtsson, 2015).

Content and Length of the Preceptors' Training Program

Several researchers discussed the content of the preceptors' preparation program. Some researchers suggested that training should be focused on pedagogical learning principles and theories, critical thinking, reflection, effective communication skills with preceptees and the multidisciplinary team, and how to develop within the role (Atkins & Williams, 1995; Baltimore, 2004; Bengtsson & Carlson, 2015; Carlson, 2013; Panzavecchia & Pearce, 2014; Robitaille, 2013; Smedley et al., 2010; Usher et al., 1999; Ward & McComb, 2017). Training should also include strategies for delivering feedback, conflict management, discussion of potential challenges, and provide methods and techniques to effectively overcome these challenges (Carlson, 2013; Robitaille, 2013; Smedley et al., 2010). Lastly, during the preparation program, clear expectations of preceptors' responsibilities should be discussed with preceptors so they can assume the role efficiently and fulfill predetermined goals (Loughran & Koharchik, 2019).

Although there was agreement on the preceptor program's contents among researchers, the length of the training program was debated in the literature. Some researchers suggested a short two-hour session (Sandau & Halm, 2011), while others stated that a single day, eight-hour workshop is necessary (Sandau et al., 2011). Conversely, another group of researchers believed that preceptors should receive a longer training period for an advanced preparation. For instance, Henderson et al. (2006) indicated that a one- to two-days' training workshop is required prior to assuming the role, while Jeggles et al. (2013) proposed a need for a two-week preparation course.

Facilitation of the Training Program

Many reports provided insightful suggestions on how the preceptor training program could be facilitated. The training could be delivered in many different ways including attending a teaching course, preceptorship study days, education sessions, and other continuing professional learning activities (Atkins & Williams, 1995; Usher et al., 1999). These methods could either be used separately or by combining different methods into one training program. For example, Nash and Flowers (2017) suggested completion of online modules after attending an in-person education session. Wu and colleagues (2018) provided information on online learning programs for preceptors, content, and different modes to deliver the programs.

Other studies suggested a blended learning program which may include live education sessions and self-directed independent learning sessions (Loughran & Koharchik, 2019). Blended learning was thought to be the most convenient method for training preceptors (Loughran & Koharchik, 2019). However, with all of these suggested methods for the delivery of the preceptor training programs, preceptor manuals and introductory workshops remained the most popular methods for preparing preceptors (Lee et al., 2006; Moore, 2008; Phillips 2006;

Yonge & Myrick, 2004). Finally, to effectively prepare RNs for the preceptor role, Baltimore (2004) recommended that the preparation program should incorporate interactive and creative teaching strategies.

Preceptor Selection and Preferred Characteristics

In addition to a formal preparation program, preceptors should also be carefully selected by clinical leaders to ensure/promote a successful relationship with their preceptee during the orientation period (Speers et al., 2004). Commonly, preceptors are selected for the role based on their availability (Lockwood-Rayermann, 2003) and the length of their professional nursing experience in clinical settings (Altmann, 2006). Researchers recommended other definitive qualities and attributes that preceptors should possess to be selected for the role.

O'Malley et al. (2000) suggested that a preceptor should have: (a) experience and expertise in the clinical area; (b) a desire to teach and a willingness to take on the preceptor role; (c) leadership skills, assertiveness, and flexibility to change; (d) the ability to adapt to new nurses' learning styles and needs; and (e) good communication skills with preceptees and coworkers. Hand (2002) further added that preceptors should have the expertise to use the resources and the ability to promote positive interpersonal relationships, and be able to demonstrate professional qualities.

Oermann (1996) suggested that preceptors need to have at least two years of clinical experience as a fulltime RN in the home unit before being selected for the role. Moreover, the preceptor should be able to provide feedback, critically evaluate, and make decisions (DeWolfe et al., 2010; Hand, 2002; Hartline, 1993), and have knowledge regarding adult learning principles, patience, and the ability to motivate others to learn (Smedley, 2008) all seen as important attributes for an effective preceptorship. Finally, DeWolfe et al. (2010) further

recommended that preceptors should be able to effectively interact with preceptees and work within a team to facilitate the teaching and learning process.

Supportive Clinical Environment

The importance of working in a supportive environment that is conducive to learning was emphasized in the literature. Managers and educators were encouraged to develop strategies to support both preceptors and preceptees and eliminate factors that may affect the orientation process. High patient acuity and incredibly busy work environments were identified as factors that may negatively influence the dynamic of the learning process of the new nurses (Chang et al., 2013; Chen et al., 2011; Dyess & Sherman, 2009; Fox et al., 2006; Hautala et al., 2007; Lindfors et al., 2018; Panzavecchia & Pearce, 2014; Riden et al., 2014; Shahbazi et al., 2018; Stevenson et al., 1995).

Conversely, factors such as dedicated preceptors, appropriate support systems, transparency, and communication were seen as some key features for a successful orientation process (DeWolfe et al., 2010; Halfer, 2007; Strauss et al., 2016; Ulrich et al., 2010). Indeed, management support, recognition, and rewards for preceptors were shown to enhance RNs' commitment to the preceptor role (Chang et al., 2013; Cloete & Jeggels, 2014; Dibert & Goldenberg, 1995; Hyrkäs & Shoemaker, 2007; Usher et al., 1999).

Pediatric Nursing

Pediatric nursing involves providing care to meet the health needs of sick children across a wide range of developmental stages (Glasper, 2017), in addition to meeting the needs of the children's families. The required attention to families was perceived to add more stress to nurses who were employed particularly in neonatal units and pediatric departments compared to nurses in other disciplines (Hecktman, 2012; Robins et al., 2009). Therefore, children's nurses need to

be well prepared to understand and meet the complexities of clinical practice in pediatric settings. Pediatric nurses' age and level of experiences were also among factors that lead to additional stress and burnout. One study found that nurses younger than 39 years old were less compassionate, and have lower levels of satisfaction and higher levels of burnout than those who are older than 40 years of age (Berger et al., 2015). Novice pediatric nurses or those who have minimal clinical experience were reported to be at greater risk of burnout (Sekol & Kim, 2014).

In a cross-sectional survey, nurses in pediatric clinical practice reported difficulties in keeping up to date with the children's health information and in advising parents about their children's health issues, and generally they were found to be inadequately prepared for their role (Walsh et al., 2015). Another study explored the newly graduated pediatric nurses' perceptions and behaviours of their stressors at a children's hospital in Shanghai, China (Hu et al., 2017). Pediatric nurses were found to have insufficient exposure to pediatric-related, real-life clinical situations, specifically those who graduated from a general nursing program. Thus, nurses developed a higher level of stress and anxiety when the patient's condition deteriorated (Hu et al., 2017).

RNs' Experiences of the Preceptor Role

The literature search revealed three studies that explored the preceptors' perception of their role, all completed in acute general healthcare settings. Two studies were carried out in United States of America (USA) (Hautala et al., 2007; Stevenson et al., 1995) and one in Brazil (Girotto et al., 2019). In the next section, the key findings and limitations of each study will be highlighted.

An exploratory descriptive qualitative study was conducted in a general teaching hospital in the USA Midwest (Stevenson et al., 1995). Authors developed a survey instrument to gain a

deeper understanding of how RNs (n =30) perceived the benefits and challenges of their role as preceptors. The survey was sent to randomly selected RNs and only 16 surveys (53%) were completed. Data analysis revealed four themes for the perceived benefits and three themes for the perceived challenges of the role. Preceptors perceived sharing their professional experiences and knowledge with NHRNs while observing them grow professionally as a benefit of the preceptors' role. They experienced an opportunity for professional growth and increased self-esteem because they felt recognized, trusted, and valued when they were asked to precept.

On the other hand, the time consuming nature of precepting, and the lack of recognition and support from management were among the main perceived challenges for an effective preceptorship. Preceptors identified other inhibitors for providing adequate and appropriate support, including increased workload, and feeling burdened, especially when precepting an incompetent NHRN. Preceptors in this study looked for support in the form of monetary rewards and formal recognition.

Another descriptive exploratory study was completed by Hautala et al. (2007) to investigate if RNs experienced any form of stress when precepting NHRNs. Consequently, if stress was reported by these preceptors, the reasons for and sources of preceptors' stress, and preceptors' perception of support from coworkers, educators, and managers were then explored. Sixty-five experienced preceptors from two large general hospitals in San Francisco were asked to complete a four-part questionnaire to elicit quantitative and qualitative data in addition to demographic information.

In Brazil, a cross-sectional study was conducted to examine healthcare providers' (n = 619) knowledge about preceptorship and explore their perceptions in relation to the preceptor

role (Girotto et al., 2019). In this study, authors also used a questionnaire survey to collect both quantitative and qualitative data. Fifty-three percent of the healthcare providers completed the questionnaire; among these only 35.2% (n =114) were registered nurses.

Overall, preceptors in both studies (Girotto et al., 2019; Hautala et al., 2007) reported that precepting was stressful. They identified increased workload, lack of preceptors' confidence, inadequate preceptees' skills proficiency, unclear guidelines, and lack of management support and recognition among the factors that contributed to 89% of the experienced stress (Hautala et al., 2007). Similarly, preceptors in the Girotto et al. (2019) study felt that the challenges and difficulties they encountered while precepting were associated specifically with the lack of infrastructure in the healthcare system, support from the healthcare team, and payment for preceptorship. These findings in relation to inhibitors for the preceptor role are congruent with findings from Stevenson et al. (1995).

Despite the reported high stress in both studies (Girotto et al., 2019; Hautala et al., 2007), preceptors had positive perceptions in relation to their role and they reported a clear understanding of the role's expectations (Girotto et al., 2019). Additionally, 88% of preceptors in Hautala and colleagues' study were satisfied with the support they received from coworkers and the healthcare team. Eighty-three percent of RNs who felt adequately supported felt confident in their role and 88% believed they were adequately prepared to assume the role (Hautala et al., 2007). Managers and educators were encouraged to improve the learning environment within acute healthcare settings (Girotto et al., 2019). This could be achieved by formal preceptor training, clearly written guidelines for role expectations, and the consideration of workload when precepting a new nurse (Hautala et al. 2007; Stevenson et al., 1995).

The aforementioned studies (Girotto et al., 2019; Hautala et al., 2007; Stevenson et al., 1995) used questionnaires for qualitative and quantitative data collection. While the findings of these studies are significant, using questionnaires as a data collection method has some limitations in that there are no face-to-face interviews. Surveys may lead to inaccurate results as different participants may have different interpretations of the presented questions. Additionally, using questionnaires may limit researchers' ability to capture non-verbal cues, emotional responses, and the feelings of participants (Schluter et al., 2008).

Furthermore, although open-ended questions were used by authors in all studies, the opportunity to elicit in-depth and rich information was limited due to the lack of direct probing of the participants. Therefore, when using interviews, researchers can obtain richer and more in-depth data than the survey method (Paradis et al., 2016). Finally, participants in both studies (Girotto et al., 2019; Hautala et al., 2007) were predominantly females (80.7% and 92%, respectively); thus, the shared experiences may not be a true reflection of the male nurses' experiences.

RNs' Experiences as Novice Preceptors

Experiences of novice preceptors may be different than those of the experienced preceptors. The literature search found two studies that were focused on understanding the experiences of first-time preceptors, in Australia (Fox et al., 2006) and in Iran (Borimnejad et al., 2016).

In a general hospital, Fox et al. (2006) compared the perception of a cohort of 59 novice preceptors and their preceptees (n = 59) in relation to the effectiveness of the preceptor role. The survey was completed at two points of time: two to three months and again at six to nine months after the beginning of the preceptor-preceptee relationship. Findings suggested that at the two

points of data collection, preceptors gained teaching skills, were more realistic about the role expectations, and felt positive about their role and supported by their coworkers. However, preceptors were more challenged when workload and patients' acuity increased, and when their role as bedside nurses conflicted with their educator role. These perceived challenges negatively influenced their satisfaction with their role. In contrast, preceptees felt they received support from coworkers and reported having positive experiences during their orientation period.

The limitations of this study included using a survey questionnaire as the data collection method and the low response rate. The preceptors' response rate (24%) at both points of data collection was lower than the preceptees' response rate (56% and 29% in the first and second stage, respectively). The authors did not pilot the developed questionnaire before it was sent out to participants, which may have led to the poor response rate. Pilot studies help to identify potential problems that might affect the research process, such as poorly structured questionnaires (Van Teijlingen & Hundley, 2002). Lastly, details of the study settings, participants demographic characteristics, and the participant recruitment strategy were not explicitly stated.

The second study used a phenomenological interpretive design in a teaching hospital in northwest Iran **(**Borimnejad et al., 2016). Six novice preceptor RNs were interviewed two to three times to explore their lived experiences of the preceptor role after participating in a preceptorship program. Similar to the Fox et al. (2006) study, preceptors reported a positive attitude towards their role and considered the preceptorship an opportunity for mutual growth personally and professionally. Findings suggested that preceptors were committed to facilitating new nurses' transition and perceived the role as a "generous sharing of a treasure of knowledge and professional experience" (p. 573).

Some factors that motivated RNs to assume the preceptor role were highlighted by Borimnejad and colleagues. These factors included a sense of responsibility for others' learning, intellectual investment, improving the quality of care, and ensuring that new nurses were competent and able to assume their role safely to "offset the nurses' shortage" (Borimnejad et al., 2016, p. 574). Limitations included a small sample size, all participants being female, and the study being carried out in one site; therefore, findings may not have represented male nurse views and may not have been transferable to other settings (Polit & Beck, 2004).

RNs' Experiences as Preceptors in Pediatric Settings

There is a dearth of literature focusing on the RNs' experiences as preceptors in pediatrics settings. The majority of the available studies explored preceptor experiences in general healthcare settings. Some of these studies recruited a small number of preceptors from the pediatric department (Harrison-White & Simons, 2013). The literature search captured only three studies that explored the RNs' experiences as preceptors in a pediatric acute care setting. The first study was carried out in a high acuity pediatric hospital in Canada (Chang et al., 2013). The two other studies were conducted in a tertiary pediatric teaching hospital in Iran (Shahbazi et al., 2018; Valizadeh et al., 2016).

A group of educators in Toronto Sick Kids hospital used a combined quantitative and semi-qualitative design to explore preceptors' perceptions of the benefits, rewards, and supports associated with their role (Chang et al., 2013). Registered nurses (n = 266) who precepted both student and new staff nurses were purposively recruited. Data were collected using an online descriptive survey which was emailed to the preceptors. Five open-ended questions were added to the survey to identify preceptor experiences in the pediatric settings. Overall, preceptors reported a positive experience when they assumed the role and they appreciated the opportunity

for professional growth. Preceptors also identified workload considerations and adapting to learner's needs among the challenges in the preceptor's role.

Chang et al. (2013) reported that preceptors in their study had varied needs due to factors such as the preceptor's age and years of professional nursing experience. For instance, novice nurses identified personal development, pride, and accomplishment as rewarding when precepting new nurses, while, experienced nurses perceived recognition and relationship building as their rewards. Among these varied needs, support from educators, recognition, and further opportunities for role development were identified by all preceptors as ways to improve their experiences.

The relationship between age, experiences, and differences in rewards perceptions was not investigated by the authors and were not discussed. In this study, data were collected using an email survey. In-person interviews and direct probing of participants were not used, which limited the interviewer's ability to read non-verbal communication signs from RNs and reduced the in-depth response from participants (Schluter et al., 2008).

Valizadeh et al. (2016) used a hermeneutic phenomenological design to explore the experiences of six nurses who precepted NHRNs in a tertiary pediatric teaching hospital in Iran. Findings suggested that the preceptor role was challenging and stressful due to a lack of support and appreciation from nurse managers and bedside nurses. Support for preceptors was recommended in the form of preparation, training, setting clear and realistic expectations, and recognition of their contribution.

Two years later, another hermeneutic phenomenological study was completed, also in a tertiary pediatric teaching hospital in Iran to explore six preceptor RNs' lived experiences of

preceptorship (Shahbazi et al., 2018). Findings from this study suggested that RNs were "living with moral distress" when precepting due to the shortage of nurses, high acuity of patients' conditions, increased workload, inappropriate staffing patterns, and the inability to fulfill role expectations due to time constraints. These factors were reported to hinder the preceptors' education goals, decrease the quality of nursing care, and negatively influence their ability to meet the role requirements.

In addition, preceptors reported feeling guilty during challenging situations as they gave priority to patient care over educating a NHRN. Another perceived challenge for the preceptor role was the differences in perceptions, ideas, values, behaviours, and beliefs between preceptors and new nurses in relation to patient care. Shahbazi et al. (2018) urged managers and stakeholders to develop guidelines and policies, and create a formal program aimed at supporting the preceptor role in clinical practice.

The results from both studies (Shahbazi, 2018; Valizadeh et al., 2016) provided new insights into factors that influence the preceptor's experiences in pediatric settings. The authors made some practical recommendations that could be applied in many settings. However, limitations included firstly, that participants were recruited from one site only, limiting the generalizability and transferability of the findings. Secondly, a small sample size (n = 6) and only female nurses were interviewed; thus, the shared experiences may not have been a true reflection of the male nurses' experiences or other settings.

Finally, participants reported inadequate preparation or training prior to undertaking the role (Valizadeh et al., 2016). Lack of training was reported as a barrier to undertaking the role successfully; thus, formal training to prepare RNs for the preceptor role is important (Chang et

al., 2015; Whitehead et al., 2016). It is also worth noting that there was no standardized preceptorship program nor was there an official preceptor position in the Iranian healthcare system at the time of the study (Ebrahimi et al., 2016; Hezaveh et al., 2014). In addition, preceptor preparation programs in Iran focused mainly on students and those who were employed for the first time as RNs—novice nurses (Negarandeh, 2014; Shahbazi et al., 2018).

RNs' Experiences When Precepting NHRNs

Preceptor experiences when precepting NHRNs will be explored from a global perspective, wherein undergraduate nursing education curricula and the degree to which the preceptorship program is developed varies. Twelve studies were retrieved that addressed the importance of the preceptorship program in facilitating the transition of the NHRNs' knowledge from theory to clinical practice. These studies were mainly focused on examining preceptor perceptions concerning new graduate nurses. Preceptor experiences when precepting internationally educated nurses (IENs) and when precepting an experienced new nurse are under-studied.

Of these 12 studies, 33.3% (n = 4) were conducted in Canada and the US (Bruno et al., 2016; L'Ecuyer et al., 2018; Ratta, 2018; Richards & Bowles, 2012). Six studies (50%) were completed in the UK (Muir et al., 2013; Panzavecchia & Pearce, 2014; Tracey & McGowan, 2015), Finland (Lindfors et al., 2018), and Australia and New Zealand (Riden et al., 2014; Wardrop et al., 2019). Finally, two studies (17%) were conducted in Asia (Chen et al., 2011; Quek et al., 2019).

In summary, studies conducted in North America were mainly focused on the experiences of preceptors when precepting newly registered nurses. Researchers carried out studies to explore preceptors' experiences and their support needs (Bruno et al., 2016), gain an

understanding of preceptors' experiences of being a primary preceptor (Richards & Bowles, 2012), explore defining attributes of the role competency and its effect on the new graduate transition to practice (L'Ecuyer et al., 2018), and examine RNs' experiences when caring for deteriorating patients while precepting (Ratta, 2018).

European studies were also focused on preceptors' experiences when precepting new graduate nurses. Muir et al. (2013) used a mixed method to evaluate the impact of preceptorship on newly qualified nurses' personal, professional, and role development, communication, clinical skills, and professional relationships. Other researchers explored the preceptors' perceptions of their role and the quality of support they receive when precepting new graduate RNs (Panzavecchia & Pearce, 2014). Tracey and McGowan (2015) examined if preceptors believed they were prepared for the role and explored preceptors' experiences of the support and recognition they received when precepting. Finally, Lindfors et al. (2018) identified preceptors' perceived external and internal factors that may have influenced the new graduates' orientation process.

Finally, in Australia, New Zealand and Asia, researchers explored the preceptors' lived experiences when precepting new graduate nurses during the transition-to-practice period (Wardrop et al., 2019), and the perceptions of preceptors' preparedness to assume the role and of the adequacy of support and recognition when precepting IENs (Riden et al., 2014). The preceptors' experiences, perceptions, and needs when precepting were also explored by Chen et al. (2011) and Quek et al. (2019).

Findings from the above studies, revealed overall, preceptors enjoyed the precepting role and shared the benefits they believed they gained from precepting new nurses. They appreciated the opportunities precepting offered them, such as mutual learning and personal and professional

growth (Chen et al., 2011; Panzavecchia & Pearce, 2014; Richards & Bowles, 2012), re-evaluating their professional confidence and competence (Bruno et al., 2016; Chen et al., 2011; Muir et al., 2013; Panzvecchia & Pearce, 2014), and keeping clinical, professional, and facilitation skills up-to-date (Tracey & McGowan, 2015). They felt motivated to be positive role models and be objective in providing feedback to achieve personal satisfaction (Tracey & McGowan, 2015).

Preceptors were able to identify important internal motivators for the success of the preceptorship program including commitment to the program and adequate preceptor's knowledge (Lindfors et al., 2018), and interest in teaching, watching preceptees gain different competencies, and recognition from preceptees (Richards & Bowles, 2012). Their sense of commitment and accountability in the workplace (Bruno et al., 2016; Richards & Bowles, 2012) and commitment to create a safe environment (Bruno et al., 2016; Lindfors et al., 2018; Richards & Bowles, 2012) were among the factors that influenced preceptor experiences.

Additionally, Quek et al. (2019) identified other factors that not only influenced preceptors' experiences but also influenced preceptees' transition-to-practice and their job satisfaction, factors included personal characteristics of preceptors and preceptees, leadership style and preceptors' engagement level with their preceptees. Preceptors identified protected time with preceptees to provide them with adequate feedback and receiving support from other preceptors and colleagues as attributes to ensure preceptor competency (L'Ecuyer et al., 2018; Tracey & McGowan, 2015).

Studies showed that preceptors strived to find a balance between their different roles to ensure patients' safety and preceptees' development (Ratta, 2018). However, finding this balance was challenging, most particularly when trying to achieve personal and professional growth

(Wardrop et al., 2019). Preceptors in other studies identified strategies to achieve balance such as supporting preceptees' learning when they provided nursing care for critically ill patients (Ratta, 2018). They also achieved balance by assimilating their past personal and professional experiences as novice nurses and their clinical expertise to facilitate new nurses' learning (Bruno et al., 2016; Ratta, 2018; Wardrop et al., 2019). Additionally, preceptors sought coworkers' advice to help navigate through the role responsibilities (Bruno et al., 2016). Ratta (2018) suggested the use of a preceptor's tool that included vital components such as debriefing sessions and evaluative feedback to assist preceptors with achieving balance.

Preceptors believed they had a positive impact on preceptees' confidence and competence development. Preceptees' ability to acquire communication skills was enhanced, their stress and anxiety levels were reduced, and their teamwork skills were improved by working with preceptors (Muir et al., 2013). New graduates' performance and provision of quality patient care were also suggested to be directly impacted by an effective preceptorship (Tracey & McGowan, 2015). Skills important for the preceptor-preceptee's relationship were also identified, including communication skills that could be improved through offering structured preceptor workshops and training programs (L'Ecuyer et al., 2018; Wardrop et al., 2019). Quek et al. (2019) emphasized the importance of open communication and constructive feedback in building a trusting and successful relationship.

In some studies, preceptors reported they were adequately prepared for their role (Tracey & McGowan, 2015), while in others they reported a lack of preparation (Panzavecchia & Pearce, 2014). Adequate preceptors' knowledge and supportive management were seen as important for the success of the preceptorship program (Lindfors et al., 2018). Riden et al. (2014) suggested that preceptors' training had a positive impact on their self-confidence and preparedness for

clinical practice assessment. Preceptors' past personal and professional experiences were found to influence their expectations and relationships with their preceptees (Wardrop et al., 2019).

Preceptors' inability to meet preceptees' needs was due to additional nursing duties and lack of an appropriate method for providing feedback which was seen as a hindrance to the preceptor role (Richards & Bowles, 2012). Preceptors perceived other limitations to their role including inadequate preparation, unclear role expectations, lack of time to precept, and increased workload (Panzavecchia & Pearce, 2014). They perceived precepting as time consuming and demanding, especially when workload and patient acuity increased (Chen et al., 2011; Lindfors et al., 2018). Difficulties organizing daily work, preceptors' attributes (Lindfors et al., 2018), and poor management support (Lindfors et al., 2018; Panzavecchia & Pearce, 2014) were also suggested to influence the orientation process negatively and further impact the preceptor-preceptee relationship (Lindfors et al., 2018).

The importance of the preceptor role in bridging the gap between theory and clinical practice was highlighted (Richards & Bowles, 2012). Recommendations were proposed for nursing managers and educators; these included developing formal guidelines for preceptors to clarify different aspects of the role and its expectations (Panzavecchia & Pearce, 2014; Richards & Bowles, 2012) and implementing a strategy to match preceptors with preceptees (Richards & Bowles, 2012).

Several researchers highlighted the need for providing preceptors with regular support (Panzavecchia & Pearce, 2014; Quek et al., 2019; Richards & Bowles, 2012; Tracey & McGowan, 2015). This support could be offered in the form of workload considerations, reducing responsibilities (Chen et al., 2011; Riden et al., 2014), and providing organizational and financial recognition (Quek et al., 2019; Riden et al., 2014). Additionally, yearly training and

continuous updates to educational sessions and workshops were recommended to enhance the preceptor role (Panzavecchia & Pearce, 2014; Riden et al., 2014; Tracey & McGowan, 2015) and reduce the stress associated with the role (Chen et al., 2011). Quek et al. (2019) encouraged managers and educators to select preceptors based on their teaching ability, leadership skills, and personality.

Although these studies offered an insightful global view on the preceptors' preparation, perceptions, and experiences, some limitations were noted. A few studies were conducted in one site only (Chen et al., 2011; Muir et al., 2013; Quek et al., 2019; Richards & Bowles, 2012), with either a small sample size (Panzavecchia & Pearce, 2014; Richards & Bowles, 2012; Tracey & McGowan, 2015) or unclearly stated or described sampling methods (Riden et al., 2014; Tracey & McGowan, 2015). Most participants were female (Chen et al., 2011; Muir et al., 2013; Quek et al., 2019; Richards & Bowles, 2012). The authors of L'Ecuyer et al. (2018) study did not specify definitions of the competencies, nor did they collect demographic data from preceptors; thus, age, education, and professional experience were not considered.

Several studies used questionnaire surveys as a data collection method (L'Ecuyer et al., 2018; Lindfors et al., 2018; Muir et al., 2013; Panzavecchia & Pearce, 2014; Riden et al., 2014), which led to low response rates (Muir et al., 2013; Panzavecchia & Pearce, 2014). The risk of a social desirability bias is suggested in Muir et al. (2013) due to preceptors' high positive responses about their impact on new nurses. Besides, preceptors in the Wardrop et al. (2019) study volunteered to participate in the study, suggesting a potential sample bias, and the authors did not perform member checking, which limited finding clarification, ultimately influencing the credibility of the findings (Birt et al., 2016; Goldblatt et al., 2011).

Preceptors' Perceptions of the Benefits, Rewards, and Support

Reports in the literature highlighted preceptors' perceptions of the benefits, rewards, and support of their role when precepting new nurses, and, due to their importance and relevance to the study focus, the search strategy was expanded to capture seminal work on these topics. Dibert and Goldenberg (1995) in Canada were among the first researchers to examine the intrinsic and extrinsic rewards and benefits of preceptorship in nursing. Their study was then replicated in Australia by Usher et al. (1999), in the US by Hyrkäs and Shoemaker (2007), and in South Africa by Cloete and Jeggels (2014).

Although participants in all four studies were preceptors for both NHRNs and student nurses, I included these studies as they are directly relevant to the focus of this study. Hence, it was important to gain an insight into the factors that influence a preceptor's commitment to the role. The similarities of the four studies will be discussed first in the next section, followed by comparing findings from three of the studies. Findings from the Cloete and Jeggels study will be discussed separately, as in their study the benefits and rewards were related to positive outcomes associated with the preceptors' role, whereas the benefits and rewards in the other three studies (Dibert & Goldenberg, 1995; Hyräkas & Shoemaker, 2007; Usher et al., 1999) were explored as positive outcomes associated with services.

Firstly, Dibert & Goldenberg (1995) designed a quantitative descriptive correlational study to explore the relationship between preceptors' perceptions of benefits, rewards, support, and commitment to the preceptor role. Specifically, the relationship between the preceptors' years of professional experience, the number of times they acted as preceptors, and the perceived benefits, rewards, support, and commitment were all explored. Secondly, Dibert and Goldenberg

(1995) developed a four-part questionnaire scale—which will be referred to as "the questionnaire" hereafter—that was used by the authors of the consequent three studies as a tool for data analysis. The questionnaire consisted of the Preceptors' Perceptions of Benefit Rewards (PPBR) scale, the Preceptors' Perceptions of Support (PPS) scale, the Commitment to the Preceptor Role (CPR), and a demographic questionnaire sheet. The reliability and validity of the questionnaire were checked for each study before being used.

Thirdly, varied numbers of preceptors completed the four-part questionnaire in these studies (Dibert & Goldenberg, 1995; Cloete & Jeggles, 2014; Hyräkas & Shoemaker, 2007; Usher et al., 1999); 59, 41, 82, and 134 preceptors for each study, respectively. Finally, respondents in the four studies were predominantly females. Hyrkäs and Shoemaker (2007) categorized preceptors into two groups; subgroup A contained preceptors who attended training workshops and were precepting NHRNs, and subgroup B consisted of those who were precepting undergraduate student nurses.

Findings from the Dibert and Goldenberg (1995), Hyrkäs and Shoemaker (2007), and Usher et al. (1999) studies suggested that preceptors were generally committed to their role more specifically when support, benefits, and rewards were available. These benefits included teaching new nurses, improving teaching skills, sharing knowledge, gaining personal satisfaction, and preceptor recognition as a role model. Findings from the three studies were congruent in that there was no significant relationship found between preceptors' perceptions of benefits, rewards, support, or commitment to the role and the number of times they precepted new nurses or the number of years of professional nursing experience.

Contrary to findings in two of the studies (Dibert & Goldenberg, 1995; Usher et al., 1999), preceptors in the Hyrkäs and Shoemaker (2007) study felt they were more supported when precepting a non-English speaker preceptee and they reported higher perception of benefits and rewards from participating in the role. In addition, with those in subgroup A, the greater number of times they precepted, the lower the perception of commitment and support the preceptors had. This finding was associated with a lack of support beyond the preceptor training workshop.

In contrast, preceptors in subgroup B felt more supported and reported higher commitment to the role regardless of the number of times they assumed the role; this was because they received continuous support from education staff (Hyrkäs & Shoemaker, 2007). Finally, the importance of preparing preceptors and supporting them beyond the workshop was highlighted by authors of all studies. Usher et al. (1999) further suggested strategies to provide support such as offering preceptors opportunities to share preceptorship experiences and skills with others, regular access to benefits such as courses for professional development, and formal recognition of the preceptors' contributions.

The last study in this category was also a replication of Dibert and Goldenberg's (1995) study (Cloete & Jeggels, 2014). A questionnaire from the original study was initially adapted, pretested for validity and reliability, and piloted by authors prior to being emailed to participants. All preceptors (n = 41) were registered in the nurse preceptor training programme at the University of Western Cape. Findings suggested that preceptors had a higher commitment to the role when they received support and experienced benefits and rewards of the preceptorship. Similar to the three aforementioned studies, the authors of this study emphasized the importance of support for preceptors. In order to provide support, managers and educators are requested to

revise preceptors' workload when precepting a new nurse and provide them with the education and preparation to facilitate their role.

While these studies may have added depth to our understanding of the relationship between preceptors' perceptions of benefits and rewards and their commitment to the role, there are a few limitations to note. Firstly, a varied response rate: in the Dibert and Goldenberg (1995) study, 70%, and 90% of respondents were trained preceptors, while in the study by Usher et al., (1999), of the 78% respondent preceptors, less than 50% (46%) were trained. The overall response rate in Hyrkäs and Shoemaker (2007) was lower than the previous two studies (36.3%); the completed responses were 32% for subgroup A and 48% for subgroup B. Therefore, only those who were active and interested in the preceptorship participated in the preceptors' preparation workshop and in the study, which suggests a risk of preceptors' selection bias.

Secondly, Usher et al. (1999) did not clearly state the study design; it was presumed that the authors used a quantitative descriptive correlational design as their study was a replication of Dibert and Goldenberg (1995). Hyrkäs and Shoemaker (2007) also did not clearly state their sampling strategy. Thirdly, it is important to note that preceptors' education and the healthcare system in South Africa are quite different than in Canada. Next, those who participated in the Cloete and Jeggels (2014) study were RNs who had completed a preceptorship training program at the school of nursing at the University of Western Cape; thus, the findings have limited transferability to other settings. Finally, the sample size in the last study (Cloete & Jeggels, 2014) is relatively small, which further limits generalizability.

Preceptor Perceptions of the Effectiveness of their Training Programs

Registered nurses who were prepared for the preceptor role were found to be more confident in assuming the role compared to those who are unprepared (Staykova et al., 2013). Lack of preceptor confidence in their role may negatively influence preceptees' transitioning process and increase turnover rate of NHRNs (Sanford & Tipton, 2016). Almost all the reviewed studies clearly recommended that RNs should receive preparation to assist them when assuming the preceptor role. What is less clear is the best practice for preparing preceptors. The remainder of this literature review is focused on preceptor preparation.

Six studies were retrieved from the literature search that present preceptors' views of their preparation training program and its effectiveness. Of the six studies, only one was completed in North America (Sandau et al., 2011); others were undertaken in the UK (Harrison-White & Simons, 2013), Australia (Henderson et al., 2006), Sweden (Bengtsson & Carlson, 2015; Carlson & Bengtsson, 2015), and in Taiwan by Chang et al. (2015).

In an Australian tertiary hospital, this longitudinal descriptive study evaluated 36 preceptors' perceptions of their role and the subsequent organizational support offered after completing a two-day educational workshop (Henderson et al., 2006). Those who participated in the workshop were provided with information regarding the preceptor role, responsibilities, needs, pedagogical learning, effective teaching, and performance. In six focus groups, preceptors were interviewed at two to three months and at six to nine months after workshop completion. One-on-one interview sessions were also offered to those who could not attend the focus group.

Overall, preceptors reported satisfaction with their role, personal growth, and learning opportunities after the two-day training workshop (Henderson et al., 2006). However, they also

recognized some challenges to their role such as lack of time to carry out their role effectively due to staff shortages and heavy workload. Another challenge was a lack of support from the organization and educators in facilitating learning opportunities for preceptors. The authors highlighted the importance of support for preceptors and recommended strategies to improve it. They included providing preceptors with continuous education, effective scheduling, and adequate time for learning and feedback, and creating a reward system.

A mixed method and quasi-experimental study in a general hospital in the US by Sandau et al. (2011) examined the effect of a mandatory eight-hour preceptor workshop on preceptors and their preceptees outcomes. Participants were divided into four groups; the pre-intervention cohort (control groups) with a cross-section of past preceptors (n = 74) who did not participate in the education workshop; and past preceptees (n = 39) who were precepted before the workshop training. The post-intervention cohort (intervention groups) involved current preceptors (n = 131) who completed the education workshop and their current preceptees (n = 53).

Three surveys were completed; first, a baseline survey was completed by 300 preceptors before the training workshop, and second, 131 follow-up surveys were completed three to six months after the training completion. The surveys were used to evaluate preceptors' self-reports of confidence, comfort, coaching critical thinking, and providing orientees with positive and constructive feedback. The third survey was completed by preceptees before and after the training workshop to assess their satisfaction with their preceptors. Preceptees survey also aimed to evaluate the effect of having workshop-prepared preceptors on their retention rate, and self-reports of confidence and comfort at the end of their orientation period.

Findings showed that the mandatory educational workshop was effective, evident by the improvement of preceptors' confidence, comfort, coaching, and critical thinking; however, providing feedback did not improve. Thus, a need for continuous support was recommended. Conversely, preceptees who were precepted by workshop-prepared preceptors reported no significant improvement in their satisfaction level. However, their retention rate was improved; the retention rate of those who were precepted by workshop-prepared preceptors (95%) was higher than those precepted by unprepared preceptors (87%). Of interest, confidence in critical thinking skills was noted to be greater among the preceptees with past nursing experience.

This quasi-experimental design may have been unsuccessful in determining the effectiveness of the workshop on the outcomes; the pretest responses may have been influenced by preceptors' past precepting experiences or by previous education. Another risk when using this design is selection bias because randomization was not employed by researchers. Thus, the study sample may not be representative of the true population; this may also risk the generalizability of the findings. Although it is difficult to disguise participants and interventionists in studies that include educational interventions, blinded data analysts are nearly always possible (Polit, 2011). The blinding strategy was not discussed by the authors, which posed an additional risk of bias to the results. Other criticisms are placed on self-reported surveys and the low response rate for preceptees and preceptors; 46% and 30%, respectively. Finally, participants were predominantly females (91%).

In the UK, a practice-based project was designed to examine the views of a cohort of children's RNs (n = 6) on how they believed the preceptorship model should be structured (Harrison-White & Simons, 2013). Three RNs who had experience in precepting and three newly registered sick children's nurses' preceptees from a general hospital were given 30 minutes to

complete the study's questionnaire. Preceptors and preceptees were subsequently divided into two focus groups. Development of a preceptorship program that is clear, structured, formalized, and clinically focused was recommended. This program should also offer protected time with preceptees and incorporate mechanisms for setting goals and providing feedback. Furthermore, a unit-based program that incorporates children's nursing skills such as physical assessment and family-centred care were seen as essential.

Preceptors also reported the importance of two-way feedback for the new nurses' professional growth and development. Similarly, preceptees reported the need for informal support and feedback and further suggested assigning two preceptors for each preceptee to maximize preceptee support. Novice pediatric nurses who were precepted by an effective preceptor reported being more confident in their nursing roles. Criticisms of this study include the small sample size, the fact that it was unclear if the reliability and validity of the developed questionnaire were checked by the authors before its use, and that participant recruitment and anonymity were not explicitly discussed. Finally, ethical approval was not required for the practice-based project.

In the first stage of their two-stage qualitative study in southern Sweden, Bengtsson and Carlson (2015) developed an advanced Continuous Professional Development Course (CPDC). Sixty-four RNs were asked to answer one self-administered, global, online question to examine their perceptions of the professional and educational knowledge, and needs that are essential to advance their skills as preceptors while developing this course. Preceptors in this study acknowledged that training for the preceptor role would be beneficial and further identified some fundamental and practical components for the preparation program. For instance, they recognized a need to gain more knowledge on teaching and learning strategies, adult learning

strategies, reflective and critical thinking, communication skills, preceptor roles, and how to develop within this role.

In the second stage, Carlson and Bengtsson (2015) used a small-scale interpretive qualitative approach to examine 27 healthcare providers' experiences of precepting after completing the developed course in the first stage. One week after the course completion, reflective journals of preceptors' written views of how they perceived they had achieved their learning outcomes were collected. Six months afterwards, eight preceptors volunteered to participate in two focus groups' interviews; of these, 63% (n = 5) were RNs.

Preceptors in this study felt they gained many benefits from participating in the training program which enabled them to carry out their role effectively. They reported a sense of increased professional status, comfort levels, self-confidence, and improved knowledge and skills required for precepting such as communication and reflection skills. The program also improved their ability to provide support and advice to coworkers and preceptees. Finally, attending the program enhanced preceptors' attitudes towards preceptees and improved their ability to include preceptees in daily nursing tasks. Authors highlighted the need for developing a well-structured preceptor training program in collaboration with preceptors to achieve the benefits.

Findings from both studies (Bengtsson & Carlson, 2015; Carlson & Bengtsson, 2015) may not be generalizable to other settings; these studies were conducted in a single and small site. Furthermore, in the first stage of the study, data were collected using an online, self-administered question; while this enabled authors to collect data from a significant number of preceptors, this method may have limited the in-depth answers from participants. Participants in

both studies were predominantly females, 97% and 88%, respectively. Finally, only those who were interested in the preceptorship volunteered to participate, which may have increased the risk of response bias.

Lastly, in Taiwan, Chang et al. (2015) designed a mixed method study to explore RNs' perceptions of the preceptors' training course and to elicit their experiences regarding the preceptor's role. Questionnaire surveys (n = 386) were completed and 36 preceptor nurses working at one of eight different acute care hospitals were interviewed in four focus groups. Preceptors felt that training course content, such as adult learning theories, was clinically impractical and non-relevant to their practice needs. Instead, they considered training for essential skills, including communication skills, to be more beneficial for RNs to precept effectively.

Preceptors felt they were inadequately prepared for their role and the material taught was difficult to apply due to the theoretical nature of the content (Chang et al. 2015). Moreover, they experienced stress from different sources, namely stress induced by family members, head nurses, and peers. Like Carlson and Bengtsson (2015), the authors of this study recommended that preceptors' professional needs and desires should be considered when developing a training course to ensure meeting those needs and warranting a successful preceptorship program.

Literature Review Summary

This review found that the literature concerning preceptorship is generally focused on the RNs' experiences in relation to their role as preceptors for newly graduated nurses in adult healthcare settings, and the preceptees' perception of the preceptor role. There is a gap in the body of knowledge relating to the experiences of RNs who facilitate NHRNs' learning in acute pediatric clinical practice and precepting new nurses with previous professional clinical

experiences. While studies that have examined preceptors' experiences when precepting NHRNs mainly focused on the new graduate or newly licensed registered nurses, limited studies have explored the experiences of preceptors working with experienced NHRNs.

Different research methodologies were applied to elicit the views of preceptors about their role with NHRNs. However, studies that used qualitative methods appear to have unveiled richer information about preceptors' experiences. This literature review found that preceptorship was repeatedly reported as an important and effective strategy to ease new nurses' transition to clinical practice, which is then associated with staff retention. However, preceptorship must be delivered effectively and within a structured framework to achieve successful orientation (Carlson & Bengtsson, 2015).

The effectiveness of the preceptor role is influenced by several significant factors including the preceptors' perceptions of their readiness for the role, and organization and management's support and recognition (Lindfors et al., 2018; Quek et al., 2019; Riden et al., 2014). The reviewed studies highlighted the importance of providing RNs with appropriate and meaningful support when they assume the preceptor role. Different methods to support preceptors were discussed, including establishing clear guidelines, preparation, regular education and training, recognition of the preceptors' contribution, and allowing schedule and assignment adjustments. Indeed, allocating a preceptee to a named preceptor does not guarantee a successful relationship or smooth transition of the new nurses. Attributes of preceptors should be taken into consideration when pairing with a NHRN. Collectively the reviewed studies highlighted different aspects and features of the preceptor role that may apply to preceptors working in pediatric settings.

Understanding the experiences of preceptors who work with vulnerable patient populations is very important because these experiences may positively or negatively influence patients' nursing care (Tracey & McGowan, 2015), preceptee job satisfaction (Quek et al., 2019; Sandau et al., 2011) and retention rate (Quek et al., 2019; Sandau et al., 2011; Sanford & Tipton, 2016), and this ultimately impacts the organization's performance. Factors that may affect the preceptor-preceptee relationship negatively include increased workload, trouble organizing daily work, preceptors' personal attributes, and poor management support (Lindfors et al., 2018). Effective preceptorship and improving relationships can be achieved by effective communication and evaluation skills (Tracey & McGowan, 2015).

To address gaps in the literature, the initial plan was to recruit participants from different acute and complex pediatric care settings (the setting). These settings were chosen as they employ significant numbers of RNs who work exclusively with pediatric populations, and who are preceptors for NHRNs and will have insights about their challenges and needs. Additionally, a set of inclusion criteria was developed to ensure the capture of a range of experiences and that participants' demographic data were collected. Recruitment of participants was informed by concurrent analysis and continued until no new information was forthcoming. This strategy is consistent with the ID methodology.

Research Question

The following questions were developed to guide this research study and enable further exploration of preceptor experiences as perceived by RNs when precepting NHRNs in acute pediatric settings. The primary research question is, "What are the experiences of registered nurses (RNs) as preceptors for NHRNs in acute pediatric clinical settings?"

Secondary questions include: (a) What is the role of pediatric RN preceptors?; (b) What are RNs' perceptions of barriers and enablers that influence their precepting experiences in the acute pediatric healthcare settings?; (c) What do nurses do to address the challenges encountered during carrying out the preceptor's role when working with children?; and (d) What are the RNs' perceived needs to competently undertake the preceptor role?

Study Rationale

As previously discussed, while new graduate nurses' preceptee experiences were greatly examined in the literature, very little attention was given to understand this process from the preceptors' point of view, most specifically when precepting NHRNs with different proficiency levels who are employed in acute pediatric healthcare settings. Findings from this study will begin to address gaps in the literature.

Summary

This chapter presented a review of literature pertinent to RNs' experiences of precepting and facilitating learning of the NHRNs in the acute clinical setting. Particular attention was paid to capture studies that were conducted in acute pediatrics healthcare settings. A total of 31 studies were reviewed; three were focused on acute pediatrics hospitals and several important issues were elucidated. I referred to Canadian as well as international studies wherein gaps were highlighted and the primary and secondary research questions for the enquiry were stated, and the study rationale explained. The ID research methodology was selected as an appropriate methodology because it will allow for an in-depth understanding of the preceptors' experiences when precepting in the pediatric settings and is discussed in the following chapter.

CHAPTER THREE: METHODOLOGY

Chapter Overview

Registered nurses' experiences working in acute pediatric healthcare settings as preceptors were explored using interpretive description (ID) qualitative methodology (Thorne, 2016; Thorne et al., 1997). This qualitative methodology was essential to enable the researcher to achieve an in-depth understanding and insight into the experiences of preceptor RNs from their actual clinical setting. The chapter begins with an outline description of ID methodology and the rationale for its selection, and is followed by a description of the study's settings, sampling criteria, and participants' demographic characteristics. Data collection tools are presented, and approaches for data management and data analysis are discussed. Finally, the chapter will provide a discussion of criteria concerning rigour and trustworthiness of the study, namely credibility, reliability, transferability, and dependability.

Design

The experiences of RNs as preceptors for NHRNs were explored using interpretive description (ID). This qualitative methodology was selected as the design aligns with the naturalistic and constructivist orientation to inquiry. ID recognizes multiple realities and acknowledges the social constructivist component to human experiences (Thorne, 2008). The philosophical underpinnings of ID assume that empirical analysis is unable to achieve complete objective knowledge about a phenomenon. Instead, understanding of the phenomena of interest is achieved through collaboration between the researcher and the researched, who interact and influence each other (Hunt, 2009).

Additionally, ID recognizes both participants and constructed realities of the health and illness experiences from an applied health perspective (Thorne, 2008; Thorne et al., 1997;

Thorne et al., 2004). Also, ID acknowledges that aspects of subjective realities may be shared among people with similar experiences while expecting variations (Thorne, 2008; Thorne et al., 1997). This inductive approach facilitates the examination of clinical phenomena in their embedded context (Mahueu & Thorne, 2008); in this study it is the experiences of RNs as preceptors for NHRNs in acute pediatrics healthcare settings.

Because the description of RNs' shared experiences alone is rarely sufficient, ID was selected to allow for deeper exploration of the meanings and explanations of experiencing the preceptor's role in the context of acute pediatric settings (Thorne et al., 2004). This deeper exploration is best achieved by conducting in-depth interviews with preceptor RNs. This approach promotes more detailed data collection, gaining a richer and deeper understanding of those experiences in this context (Berterö, 2015). Additionally, Thorne (2016) asserts that by "using this approach the researcher will be invited to generate credible and defensible new knowledge in a form that will ultimately be meaningful and relevant to the applied practice context" (p. 49). This means that findings from this study will inform program planning and decision making to support clinical practice (Teodoro et al., 2018).

The purpose of this study is aligned with ID in applied research (Thorne, 2016). In addition to elucidating the preceptor RN's experiences from their own perspectives, new applicable, specific disciplinary knowledge may be generated to support practices associated with enacting the preceptor's role in clinical practice (Thorne et al., 1997). The generated knowledge will be disseminated to decision makers, planners, managers, and educators in acute pediatric healthcare settings to help prepare preceptors to undertake their role competently (Thorne, 2008; Thorne et al., 1997; Thorne et al., 2004). Consequently, findings from this study may improve RN experiences and guide future preparation programs to train RNs for their

preceptor role, and help them to carry out this role effectively and competently (Oliver, 2012; Thorne, 2008).

Finally, the philosophical underpinnings of ID include conducting the study in a setting as naturalistic as possible. Thus, to explore the pediatric RN preceptor experiences within their natural context, the study was conducted in an acute pediatric setting in Ontario. In conclusion, ID assumes that other qualitative designs do not align with the demands of the applied sciences that requires identifying a practical answer to clinical problems within applied health disciplines (Thorne, 2016; Thorne et al., 2018). ID is the best fit for this study as it is congruent with the study's goals, will guide this inquiry concerning nursing and may yield research and practice-relevant findings (Hunt, 2009).

Overview of Research Process

The application of ID methods for this study included four stages. They include the preparation stage, which commenced with the researcher's reflection on her own professional experiences, ideas, and biases; development of the study protocol including participant selection criteria and data collection tools; and concluded with obtaining ethical approval from the Integrated Research Ethics Board (HiREB) and the Neonatal Research Committee (NRC) (Appendix B). The second stage started with data collection; study information was circulated to potential participating clinical units. Interested participants received a demographic questionnaire, a participant information sheet, and a consent form to complete prior to their interview. The next stage started by analyzing transcripts by the researcher; data collection, data analysis, and generation of findings occurred concurrently. The last stage of the research process

was the interpretation of information to generate new knowledge. The remainder of this chapter will discuss the stages in detail.

Setting and Participant Recruitment

Study Setting

The study was set in an acute care hospital in Ontario. Initially, recruitment of preceptors was anticipated from three different inpatient departments—a Neonatal Intensive Care Unit (NICU), a general medical unit, and a general surgical unit. However, only preceptors from the NICU responded and agreed to be interviewed. In the other units, although staff initially agreed to participate, they did not respond to recruitment invitations. The current pandemic situation—COVID-19—started to impact the health system as this study launched in the spring of 2020. Participating preceptor RNs all worked in a NICU in an Ontario hospital.

Participants

Participants were recruited using invitation flyers that were placed in different areas within each unit. Interested individuals were asked to contact the researcher who verified they met the inclusion criteria for the study. Recruitment continued until no new themes emerged. All interviewed preceptors were females with varied clinical and professional nursing experience.

Recruitment

The Neonatal Research Committee (NRC) reviewed the proposal and plan for the study. Once ethics approval was obtained from both HiREB and NRC, nursing managers and educators were contacted via email, to gain permission to access the study site and participants (Appendix C). The researcher met the clinical leaders (i.e. managers/educators) of two units in-person, although she was unable to meet the manager from a third unit due to the COVID-19 situation and site access restrictions.

During these meetings with the clinical leaders, I explained the study purpose, activities, and recruitment strategies to ensure that recruitment could be accommodated with minimal disruption to the work of the potential participants. Recruitment invitation posters were provided for posting on each unit.

Recruitment invitation posters with researcher information and contact details were then displayed by the units' managers in the common areas in each of the three units, such as staff bathrooms, lunchrooms, and nurses' stations, to encourage participants to enquire about or volunteer for the study (Appendix D). Other strategies used to enhance recruitment of RNs included an offer by the researcher to share ideas and information about the study directly with the nursing staff at the unit's staff meeting and nursing huddles.

Initially I was planning to recruit up to 15 participants from three different inpatient units. However, recruitment was very challenging; five weeks after meetings with managers, there was no response from preceptors. This was primarily attributed to the pandemic situation with restrictions on entering the hospital and the lack of the researcher's physical presence in the study site. As a result of the low response rate and after consultation with my supervisory research committee, a few modifications were made. Firstly, the potential number of participants was approved to be five to eight RNs, provided rich and thick data was obtained and no new information or themes were emerging from later interviews. Secondly, it was agreed that it was acceptable if participant recruitment occurred from one unit only. Thirdly, educator assistance was also solicited to support study recruitment; educators were requested to send a follow-up reminder email to their unit preceptors to enhance the response rate. However, due to the overwhelming nature of work in the pandemic situation, sending RNs emails was cautiously accepted by one educator.

The researcher sent an email (Appendix E) to those who expressed interest in participation and met the inclusion criteria, with attachments included an information sheet (Appendix G), a consent form (Appendix H) to help inform their decision to participate, and a demographic questionnaire (Appendix I). Participants completed demographic questionnaires and signed consent forms before the interview. I kept the information I obtained in a confidential, password-protected file on a password-protected drive that was accessible by my supervisor and myself.

Sampling

Interpretive description design often uses purposeful sampling; that is the recruitment of participants who are believed to be rich in the information relevant to the study purpose in order to uncover and explore expected and emerging variations in the phenomenon of interest (Thorne, 2016; Thorne et al., 2004). The NICU with high numbers of RN staff agreed to participate and was an appropriate setting for the study as staff turnover meant that preceptors were experienced in supporting NHRNs. This decision was followed by a purposeful sampling method to enable the recruitment of "information-rich" RNs (preceptors) who could inform the inquiry process about the preceptor role, specifically, using criterion and theoretical sampling (Patton, 1990; Thorne, 2016).

Criterion Sampling

Criterion sampling was used to study "all cases that meet the predetermined criterion of importance" (Patton, 1990, p. 176) to enrich the quality of data and enhance the study's credibility. The following eligibility criteria enabled the researcher to identify participants who had experience precepting NHRNs in the setting, those who were able to share their experiences

and provide rich description regarding their experience in the preceptor role (Appleton, 1995; Patton, 1990; Sandelowski, 1995).

Eligibility Criteria

Inclusion Criteria. The primary data source and unit of analysis in this study were the RNs who work in this pediatric setting. In this context participants are referred to as "key informants" and are perceived to be important to "entering the field" (Thorne, 2016, p. 85). Therefore, RNs were eligible for inclusion if they met the following criteria: (a) currently a licensed RN with the College of Nurses of Ontario (CNO); (b) able to communicate in English; (c) currently practicing as a fulltime RN in the acute pediatric setting/NICU; (d) had been assigned a NHRN preceptee at least once prior to the study; (e) working variable shifts; (f) able to participate in the study's interview; and (g) had a minimum of one year of experience in the clinical area.

Exclusion Criteria. These criteria were: (a) RNs who had less than one year of experience post-registration; (b) RNs who had less than one year of experience in the unit in which they were currently employed; and (c) RNs who did not meet the inclusion criteria. The pediatric in-patient unit was chosen based on the diversity and complexity of patients' medical status and their willingness to participate.

Reasons for Eligibility Criteria

Research shows that nurses, particularly newly graduated nurses, usually go through an adjustment phase to the changing roles during the first year of their employment which can be overwhelming and stressful (Hatler et al., 2011; Martin & Wilson, 2011). Researchers argue that nurses have higher confidence and satisfaction at 12 months than at three to six months after employment (Fink et al., 2008; Goode & Williams, 2004; Spector et al., 2015; Williams et al.,

2007). Furthermore, they show better ability to resolve their conflicts by 18 months after employment in a pediatric setting (Halfer et al., 2008). Thus, for these reasons nurses who had less than one year of experience were excluded from this study.

Theoretical Sampling

Theoretical sampling is a process by which data gathering is guided by theory development (Gentles et al., 2015). While this study did not aim to develop theory, theoretical sampling was employed to flesh out early emerging themes and patterns in the findings (Thorne, 2016; Thorne et al., 2004). The initial analysis of the collected data guided subsequent recruitment of participants and enabled further exploration of the emerging themes (Butler et al., 2018). Theoretical sampling involved purposefully recruiting preceptor RNs who demonstrated varying and specific aspects of a developing theoretical construct (Patton, 2015). Emerging themes and patterns from the initial data collection and analysis enables researchers to expand questions in subsequent interviews to focus more on clarifying those emerging trends (Thorne, 2016; Thorne et al., 1997; Thorne et al., 2004).

Sample Size

Although "ID can be conducted on samples of almost any size" (Thorne, 2016, p. 88), studies using ID tend to recruit 5 to 35 participants to allow for rich and detailed accounts of participants' experiences (Teodoro et al., 2018, Thorne, 2008). Novice researchers are advised to consider a slightly larger sample size, because they lack experience in interview techniques and gathering data compared to more experienced researchers (Sandelowski, 1995; Van Teijlingen & Hundley, 2002). Multiple factors were taken into consideration when the final sample size was decided. As discussed earlier, the initial plan was to recruit a minimum of 15 participants for

interview (five RNs from each of the three chosen inpatient units). However, the number of participants was revaluated considering the pandemic situation.

Recruitment ended when there was a redundancy in the emerging themes analysis (Cleary et al., 2014; Thorne, 2016), a comprehensive and rich description of the phenomenon of interest was achieved, and no further data collection was required (Carnevale, 2002). Preceptors who participated in the study shared rich information that answered the research questions and, with new information from later interviews and the evolving COVID-19 situation, the study closed with five participant interviews. The purposeful sampling/recruitment of information-rich participants resulted in what is also known as "information power," that is the more information participants hold for the phenomena of interest, the fewer participants are required in the study (Malterud et al., 2015). Finally, the final number of participants was driven by the concurrent data collection, data analysis, and theoretical sampling method (Thorne, 2016).

Ten preceptors from NICU expressed their interest in participating in the study, however only five completed the questionnaire. Three other RNs did not reply to the email and did not complete the questionnaire and the two others requested the information sheet and consent form but did not wish to proceed with the interview. During the interviews, each participant was asked to share their experiences of precepting new nurses in pediatric settings.

Data Collection

Data collection was completed from mid-March until late-April, 2020. An in-depth, semi-structured, one-on-one interview with each participant for a total of five interviews were completed. Semi-structured interviews allowed the researcher to gain insight into preceptors' feelings regarding their role and their perceptions of their preceptorship experiences. It also

allowed alteration in the sequencing of questions and expanded discussion on information shared by RNs during the interview while further clarifying emerging themes (Teodoro et al., 2018).

In order to increase both the trustworthiness of the findings and credibility within this study, different data sources were used (Hunt, 2009; Thorne, 2016; Thorne et al., 2004). Interview data were supplemented by field notes, journals, and memos recorded during data collection and analysis. Thorne (2008) believes that saturation should not be sought after as there is an infinite variation of participants' experiences. Therefore, the validity of the findings must be distinguished from "researcher's own sincerity"; an expert in clinical preceptorship was consulted to review findings throughout the study using the "Thoughtful Clinician Test" (Thorne et al., 2004, p.17). This test was used as a source of information to ensure the plausibility and confirmability of study findings. An expert clinician in the preceptorship field was encouraged to challenge and/or confirm the generated themes (Maheu & Thorne, 2008).

Field notes and journaling were employed in the data collection phase to promote accurate data transcription and to help contextualize the analysis process (Nkulu Kalengayi et al., 2012). For example, observations such as non-verbal language and cues were captured and documented in the researcher's journal as they emerged during the interview. These observations were used to gently probe and prompt preceptors to further elicit rich and deeper responses and to enhance the understanding of participant responses (Paradis et al., 2016; Schluter et al., 2008; Sorrell & Redmond, 1995). This journal was maintained throughout the research process.

Data Collection Tools

Two tools were used for data collection in this study: a demographic information questionnaire and an interview guide.

Demographic Questionnaire

Initially all interested preceptors received a questionnaire to collect their demographic information. Preceptors were requested to respond to ten close-ended questions and four open-ended questions (Appendix I). Information included preceptors' age, gender, education, years of professional nursing experience, years of experience in their home unit, the number of times they have assumed the role, and type of preceptees. Their responses to the questionnaire were used to support data analysis and to enable findings of this study to be compared against those in the literature.

Interview Guide

The interview guide included predetermined open-ended questions that enabled the researcher to further explore issues brought forward by each preceptor during the interview (McGrath et al., 2019). Open-ended questions allowed for additional flexibility and detailed responses (Jackson et al., 2007; Jacob & Furgerson, 2012) (Appendix F). This guide was developed based on the literature review and my past professional experience with clinical preceptorship.

The interview guide was reviewed after the first and again after the second interview. Additional probes were added to ensure emphasis was placed on the preceptors' experiences in the context of pediatric nursing and to explore evolving themes. This guide was then refined based on the emerging themes and shared issues by preceptors (Teodoro et al., 2018). The refined guide was also shared with my committee to obtain further advice. Feedback on my interview style, the transcript and my interpretation of the findings was obtained from my supervisor and my thesis committee who all have expertise in qualitative research (Arber, 2006; McNair et al., 2008).

The appropriateness of the interview guide in eliciting the required responses from RNs was ensured by conducting one pilot interview with a colleague educator (Jacob & Furgerson, 2012; McGrath et al., 2019; McNair et al., 2008; Van Teijlingen & Hundley, 2002). This pilot interview allowed me to review my interviewing skills before data collection, such as questioning and probing (O'Callaghan et al., 2002); the opportunity to check the comfort of the peer interviewee with the interviewing process; and explore both the language and clarity of the interview guide's questions (Jacob & Furgerson, 2012; McGrath et al., 2019). I also had the opportunity to ensure the digital audio recording that I would use for the interview was functioning correctly. Adjustments to the interview guide were completed based on the pilot interview experience (Nkulu Kalengayi et al., 2012).

Interviews

Preceptors RNs were treated as the experts in the researcher's phenomenon of interest (Thorne, 2008). They were provided with the opportunity to share their experiences by participating in individual interviews, which was the main data collection method in this study. Participants were provided with a participant's information sheet upon their initial contact with the primary researcher. This sheet described the study purpose, the preceptor's involvement, and expectations (Appendix G). Participants then completed the demographic questionnaire prior to their interview (Appendix I) to identify individual information and confirm their eligibility for participation. Completed questionnaires were emailed back to the researcher, and interviews were then arranged for a time convenient for the participant.

Interviews were arranged approximately one week after the initial contact was made by RNs. This allowed adequate time to read the provided information and consider their decision to take part in the study. The aim of the interview was explained to RNs, that is to allow them to

share their detailed experiences as preceptors from their own clinical practice when they precepted a NHRN. Participants' detailed descriptions of their experiences were essential to facilitate the researcher's rich understanding of the shared experiences and enable deeper exploration of the meaning of these experiences (Schluter et al., 2008; Thorne, 2008). To maintain consistency, all interviews were conducted by the researcher. Preceptors were made aware of the amendments that were made to the interviewing process due to the pandemic situation.

Each individual interview commenced with an explanation of the study purpose, goal, and participant's rights. Following this, an informed consent was obtained from each participant (Appendix H). The researcher offered RNs the opportunity to ask questions regarding the research and their participation in the study prior to signing the consent for participation. Participants were encouraged to save the electronic copy of the information sheet and consent form for their records. Steps to promote confidentiality and protect privacy were explained to participants. A digital voice recorder was used during the interviews; consent for digital voice recording was obtained from participants and included in writing within the consent form and verbally restated prior to starting each interview.

The first interview was conducted by an in-person meeting. The RN decided on the location and time for the meeting with the researcher. Remaining interviews were conducted virtually at a time and method—Skype, FaceTime, or Zoom meetings—of convenience to each RN. Interviews with nurse preceptors were 35–60 minutes in length (Jacob & Furgerson, 2012; Maheu & Thorne, 2008; Thorne et al., 2004), and no breaks were requested by any of the interviewees. One scheduled interview via FaceTime call was not possible due to the differences in the used electronic devices, so a change of a plan was made at the time of the interview. This

interview was then completed by using Skype. This caused pressure on all parties, however this pressure was reduced as the interview was started. The rest of the interviews were conducted and recorded uneventfully.

I anticipated that my experience as a pediatric nurse and a preceptor would be of benefit when trying to build a rapport with the preceptors (Sorrell & Redmond, 1995). This was generally true as I was able to converse freely with participants about general issues prior to commencing the interview recording.

Thorne (2008) urges caution about the use of "value -laden prompts" (p. 115) during the interviews. Prompts may falsely imply to preceptors that some data will be treated positively over others. Instead, Thorne suggests that researcher should think of strategies to encourage participants to elaborate further on the issue of investigation. Therefore, phrases such as "I agree" and "I understand" were avoided during the interview. In order to develop self-awareness, I maintained journaling to reflect on my past experiences and to capture any changes in my ideas, values, beliefs, and responses that might affect the ongoing enquiry process. Furthermore, to minimize leading and possibly creating bias in participant responses during interviews, participants were asked questions such as "can you tell me more about this …?" or "you said ... can you give me more details of this issue?" to prompt participants to elaborate further on issues that arose during the interview (Jacob & Furgerson, 2012).

Follow-up Email

I obtained participant permission and preference for an additional contact with them after the completion of the individual interviews. All preceptors agreed to receive a follow-up email with a summary of their interview transcript. The purpose of this email was to further explore the emerging themes and offer preceptors an opportunity to "co-create" the study's findings (Thorne,

2016). This step is also known as "member checking" and served to check that my understanding of preceptors' responses was correct, (Birt et al., 2016; Goldblatt et al., 2011). Each preceptor received a summary transcript of their interview within three to five days after their interview. Preceptors were asked to review the transcript to check that it was a true reflection of their own experiences and confirm if the words matched their intended meaning (Shenton, 2004). They were also requested to read, edit, and provide feedback on their transcript summary and reminded to email their edited transcripts to the researcher within two weeks of receiving the follow-up email.

Three RNs required a reminder email to send their edits (if any) as the two-weeks' time limit was approaching. Four RNs confirmed that the interview transcript's summary was a true reflection of their own experiences with very minimal comments while the fifth RN made additional amendments to her transcript summary wherein some areas of the text were reworded. This participant emailed the researcher to confirm the transcript was amended to match the true meaning of her shared experience. Any modifications, insights, or comments that were made by preceptors to the transcripts were used as a source of data which supported the on-going analysis (Thorne et al., 1997; Varpio et al., 2017).

Data Analysis

Data analysis is one of the most challenging aspects in qualitative research (Mahue & Thorne, 2008; Priest et al., 2002). Mahue and Thorne (2008) described data collection and the data analysis process as an iterative process, which is essential for attaining validity and reliability (Morse et al., 2002). In this study, an inductive analytic approach was used to "seek understanding of clinical phenomena that illuminate their characteristics, patterns and structure..." (Thorne et al., 2004, p. 6).

Constant Comparative Analysis Approach (CCDA)

Constant comparative data analysis (CCDA) is an iterative inductive approach (Fram, 2013), which was used throughout the analysis process. This approach aligns with the ID data analysis process which is characterized by "concurrent data collection and analysis… and constant comparative analysis" (Thorne, 2008, p. 99). Thus, data were systematically compared to all other data during the coding process as each interview was completed, to ensure all collected data were analyzed rather than potentially disregarded (O'Connor et al., 2008).

This process helped me to explore relationships and identify links among and between data while identifying key themes and meanings from each data source (Fram, 2013; Hunt, 2009). The process of finding themes and meanings in the collected data is referred to as the coding process (Hunt, 2009; Thorne, 2008). The data analysis was constantly refined by challenging emerging themes from the analysis against the data from each subsequent interview (Thorne et al., 1997). Finally, CCDA aligns with Braun and Clarke's (2006) framework. This framework will be utilized to describe CCDA process more fully later in this chapter.

Verbatim Transcription

Digital audio records were transcribed verbatim immediately after each interview to develop an in-depth understanding of each interview and allow for early analysis and capture of emerging themes (Hunt, 2009; McGrath et al., 2019; Stuckey, 2014). This process helped to incorporate insights that were developed during the early interviews into the ongoing data collection (Hunt, 2009). Early verbatim transcription "allows the researcher to start identifying analytical structures and find similarities and differences between different interviewees' experiences" (McGrath et al., 2019, pp. 1004–1005). Field notes made at the time of each interview were added to each participant record to support the analysis process (Hunt, 2009).

Initially, the researcher intended to carry out the verbatim transcription for all recorded interviews to enhance her understanding and initiate immersion in the data, which would facilitate the analysis process (Stuckey, 2014). However, due to its time consuming nature, a request for a professional transcriptionist was submitted to the HiREB. Three interviews were transcribed by the researcher and the remaining two were transcribed by an approved professional transcriptionist.

Reflexivity

Researcher preconceptions and interpretations are major analytical challenges for those who use ID methodology (Hunt, 2009; Thorne, 2008) and to overcome these challenges, researchers should engage in reflexivity, which is the process in which the researcher explicitly engages in a conscious self-awareness wherein a continuous evaluation and exploration of one's subjective and intersubjective responses is required (Finlay, 2002). One of my subjective "I s" that I have discussed previously was being a pediatric nurse preceptor and educator. Thus, by engaging in reflexivity, I ensured that my previous knowledge of the situation did not unduly influence or bias my interpretation during the data analysis process (Schluter et al., 2008).

We are reminded by Thorne (2016) of the importance of "situating oneself" (p. 71) and being aware of one's own disciplinary perceptions in order to provide an objective interpretation and to "safeguard the integrity of the findings" (p.77). Indeed, it is important to recognize those perceptions by using reflexivity throughout the stages of this inquiry process (Thorne, 2008). Thus, to avoid making assumptions about data and to ensure the accuracy of my transcription, each transcript was first read completely, then checked against the digital recording of the entire interview (MacLean et al., 2004).

Furthermore, I sought the expertise of my thesis committee to help me with coding the first two transcripts and to develop/confirm the initial coding structure. The remaining transcripts were coded accordingly and checked by my supervisor for accuracy and clarity. I discussed the emerging codes and themes with my supervisor regularly, and the generated code book was then shared with committee members to seek their feedback and approval and ensure minimization of the researcher's bias.

The Analysis Process

Due to the small sample size, data from the demographic questionnaires were analyzed manually and summarized using descriptive statistics. Constant comparative data analysis (CCDA) aligns with Braun and Clarke's (2006) framework which was utilized to describe the CCDA process in detail. Transcripts from each interview were coded using an open coding process. The analysis involved constantly moving from data analysis to data collection and moving between analyses of individual preceptor experiences from one transcript with the shared experiences by other RNs in the subsequent transcripts. The coding process was performed manually (Seale, 2000).

Step 1: Become Familiar with the Data. This step started immediately following the interviews. Once transcription was completed, I listened to each digital record and cross-checked it against the corresponding transcript to ensure accuracy. Each transcript was then read and re-read line-by-line repeatedly, particularly those that were transcribed by the transcriptionist. This additional time reading prior to coding was done so that I could become immersed in and familiar with the data. This process also allowed me to develop an initial understanding of the shared concepts surrounding the preceptor role beyond the immediate impressions (Teodoro et al., 2018). The process was continued until a full and in-depth understanding of the data was

achieved. Concurrently, as I continued reading, early patterns were captured and recorded in memos. These records included notes on decisions in the analysis, notes of main concepts, my impressions and thoughts, and an initial list of ideas that were generated to help with the next step.

Step 2: Generate Initial Codes. As initial codes were identified, a list of multiple different codes was developed, and a code book was generated by using open coding process. Elo and Kyngäs (2007) state that open coding "means that notes and headings are written in the text while reading" (p. 109). The process involved attaching initial codes and concepts to the observed phenomena during the data analysis (Elo & Kyngäs, 2008; Strauss & Corbin, 1998). Each transcript was divided into sections, data were "fractured", and fragmented and discrete concepts were identified. This was done so that similarities and differences across and between participants' experiences were uncovered. Sections of data were compared with one another and with the emerging interpretations.

To add clarity, key concepts were generated by grouping labelling and defining similar concepts based on a set of distinct characteristics. I summarized and organized data into meaningful groups (Thorne, 2008, p. 145; Tuckett, 2005) and a preliminary coding pattern was created in a table format. At this stage, questions were asked such as "What is happening here?" (Thorne et al., 2004, p.14). This reflective step enabled me to focus on the "intellectual processes that are the cornerstone of qualitative data analysis" (Thorne et al., 2004, p.14) and to gain a holistic understanding of the preceptors' role in the pediatric context (Teodoro et al., 2018). Alongside coding, I continued to take notes and memos so that early patterns, ideas, and decisions were documented and available for audit or review.

Step 3: Search for Themes. The previously generated codes and categories were further analyzed, examined, compared, and sorted into themes. Themes are broader ideas that capture categories and concepts that connect or are similar. When codes were organized into broader themes, the coding scheme was finalized. This process is an iterative process that is driven by the CCDA strategy. This means that a comparison between data collection and data analysis was conducted with the aim to inform ongoing data collection and to promote thick descriptions of commonalities and differences among and within the data and among codes (Thorne, 2008; Thorne et al., 2004).

Tables are a visual representation tool that helps sort the different codes into themes. The relationship between codes, themes, and different levels of themes were examined. Therefore, some initial codes may form or contribute to a main theme while other codes may form sub-themes. A set of codes, "Barriers/ Challenges," did not seem to belong to any of the other major themes, so it was allocated temporarily to a miscellaneous theme. I then reviewed these themes once I reached a "sense of the significance of individual themes" (Braun & Clarke, 2006, p. 20).

Step 4: Review Themes. During this step, I reviewed, modified, refined, and developed the preliminary themes that have emerged from the previous stage. Further connections between the categories and subcategories were made using axial coding (Priest et al., 2002). Moreover, I identified specific features and conditions that contributed to the preceptor role, such as challenges and benefits of the role (Strauss & Corbin, 1998). Several strategies to confirm the early patterns during data analysis were implemented. I used the existing literature to test and compare it with patterns within my data. At this stage, I asked myself, "why am I seeing this pattern?" (Thorne, 2008; Thorne et al., 1994).

Theoretical sampling also enhanced the flushing out of early patterns; I was able to examine if patterns were consistent across different participants with different experiences. For example, preceptors who were experienced in precepting were compared to those who were novice preceptors, and those who perceived precepting as a positive experience were compared with others who had bad experiences precepting. Preliminary themes were further tested once I received preceptors' feedback to the follow-up email. Adding probes to the interview guide was another strategy to test my themes, and it enabled me to further elicit preceptors' ideas in the following interviews and obtain their reflections on the patterns that I was seeing in the data (Thorne et al., 1997).

To make sense of those themes, I read the data associated with each theme and considered if the data supported my themes. I analyzed the field notes to capture any changes that I may have encountered during the enquiry process. Braun and Clarke (2006) warn researchers about "endless re-coding" (p. 20). Thus, I stopped data analysis when no significant themes were resulting from further theme refinements, data within each theme had a coherent meaning together, and when I was able to make a clear distinction between data among other themes (Braun & Clarke, 2006).

Step 5: Defining and Naming Themes. Themes were defined and refined once no new themes were identified. That is when I was able to "identify the essence of what each theme is about" and determine the data piece that each theme captured (Braun and Clarke, 2006, p. 22). Final themes were organized in consistent and coherent ways; I eliminated the overlap between themes and identified if themes contained subthemes. Final themes were clearly defined, the contents were described, and no further refinement was required. At this point in the analysis process, I considered concise and clear names for the themes in the final analysis.

Step 6: Producing the Report. This stage will be presented in detail in the next chapter. It involved a set of final themes and writing the final report for publication. A coherent, concise and logical account of the preceptors' experiences will be presented. The final coding scheme contained three main themes.

Rigour

It is important to ensure trustworthy descriptions that "illustrate or reveal some truth external to the researcher's own bias or experiences" (Thorne, 2008, p. 225). My own personal experiences were recognized and written throughout all stages of the research process in the form of reflexivity for future reflection. Recognition of personal experiences enables the researcher to avoid premature interpretation (McNair et al., 2008). Thus, during interviews, the clarifying questions and probes were developed from the previous preceptor interview transcripts rather than researcher inquisitiveness; this helped limit researcher bias.

The interview guide was developed to reflect the research purpose in open-ended and non-leading questions, which allowed for rich and in-depth data collection from preceptors. Additionally, multiple strategies were applied to reinforce rigour and trustworthiness; these strategies will be discussed below with credibility, transferability, dependability, and confirmability as described by Lincoln and Guba (1985). These criteria share the philosophical underpinnings of naturalistic inquiry which fits well with ID (Thorne et al., 2004).

Credibility

The credibility of data analysis was enhanced and achieved by "member- checking" (Bradshaw et al., 2017; Creswell, 2009; Goldblatt et al., 2011; Jackson et al., 2007; Krefting, 1991; Lincoln & Guba, 1985; McGrath et al., 2019), by sharing a summary of the interpreted

transcripts after the interviews with RNs so that their insight on the emerging themes was obtained and to ensure that my interpretations of the collected data accurately described and reflected their own true experiences (Thorne, 2008). Furthermore, participants were encouraged to add and record new data when necessary; their feedback and edits were used to refine the analysis process (Hunt 2009).

Additionally, I used data source triangulation to ensure my understanding of data was a true reflection of what I am hearing. Data sources included data from the literature, the participants, journals, memos, and field notes. To ensure the credibility of my research (Carnevale, 2002; Krefting, 1991), I sought a peer review of my interviewing skills, data collection, and analysis (Burnard, 1991; Krefting, 1991; Lincoln & Guba, 1985; Long & Johnson, 2000). The review process involved a second person (my supervisor) and my thesis committee checking the coding of data early in the process of analysis to ensure inter-coder rigour. In this way, the coding from one interview transcript was validated with an "expert check" who has experience in carrying out qualitative research (Carnevale, 2002).

To verify my understanding and interpretation of the data, my interpretations were validated with preceptors in the follow-up email contact. Within the transcripts where further verification was required, I left a note for the preceptor to add more to the data to enhance clarity. This verification also enhanced generating study findings from their own perspectives. Moreover, findings were further discussed with a unit educator—"thoughtful clinician test"—to enhance credibility of my interpretation and to verify the broader context of the preceptors' experiences (Carnevale, 2002; Patton, 1999; Shenton, 2004; Thorne, 2008, Thorne et al., 2004). Preceptor identity was not disclosed to educators to minimize any perceived risk to participants.

Transferability

The initial plan to invite preceptors to participate in the study from different acute and complex pediatric care units to increase the diversity of RNs' experiences was not possible. Those who participated were from one unit, and efforts to recruit more participants from other units were unsuccessful due to the pandemic situation. A full and dense description of the study's participants, demographic characteristics of preceptors, research methods, and the setting may support transferability of the findings from this study to other similar settings (Krefting, 1991; Lincoln & Guba, 1985; Thomas & Magilvy, 2011).

Dependability

This was achieved by presenting a clear and logical audit trail to enable replication of the study (Bradshaw et al., 2017; Lincoln & Guba, 1985; Tobin & Begley, 2004). An exact method of data collection and a consistent audit trail analysis were provided to ensure the analytic consistency (Krefting, 1991; Thorne, 2008), that is, ensuring the same process of data collection and analysis occurred for each individual interview. Another strategy was performing a code-recode procedure on the collected data during the data analysis stage (Krefting, 1991), that is, once data of one transcript were coded in the early stage of data analysis, I recoded the same transcript after a month and compared results with the earlier coding to ensure consistency; no changes were needed. Finally, the triangulation strategy with a methodological expert check was also used to enhance the dependability (Krefting, 1991).

Confirmability

This was achieved by emailing a summary of interpreted transcripts to RNs and obtaining verifications from preceptors themselves to ensure researcher interpretations of the findings accurately reflected participant views (Carnevale, 2002). Risk for personal bias in the analysis process was also minimized by maintaining journaling and memoing, wherein decisions, ideas, and thinking process were recorded in real time as the work progressed. Journal entries also facilitated engagement with and immersion in the collected data (Birks et al., 2008).

Reliability

This was enhanced by reading transcripts repeatedly. These transcripts were further checked against audio recordings to ensure the accuracy of the transcription and my interpretation. Detailed field notes along with memos were written during and immediately after interviews to provide supportive documentation for the study (Birks et al., 2008; Creswell, 2007). High-quality voice recording equipment also was used to enhance reliability (Creswell, 2007). I used a CCDA approach during data analysis, which is essential to the development and interpretation of the key themes and to ensure accurate conceptual descriptions of those themes. Collectively, field notes, memos, demographic surveys, and interview transcripts in this study provided multiple sources of data that enhanced clarity and limited the risks of the researcher's bias during this research. Eliminating bias by following all the steps helped ensure validity (Creswell, 2009).

Ethical Considerations

The rights of participants in research studies must always be protected and researchers must adhere to ethical principles and research guidelines when planning and executing a research

study that involves human (Stuckey, 2014). This study received ethical approval from the Hamilton Integrated Research Ethics Board (HiREB) #8280 and the Neonatal Research Committee (NRC). The remainder of this chapter will describe the ethical issues for this study which were guided by the Tri-Council Policy Statement (2018).

Protecting Confidentiality

Confidentiality was addressed during the research planning, at data collection and data analysis, and when findings were disseminated to avoid confidentiality dilemmas and ensure the reporting of rich, accurate, and detailed data (Kaiser, 2009). Confidentiality was discussed with participants during the information and consent process before the data collection process to build trust with RNs and to obtain informed consent (Crow et al., 2006). Saunders et al. (2015) distinguished six key areas of anonymizing: (a) people's names; (b) places; (c) religious or cultural background; (d) occupation; (e) family relationships; and (f) other potentially identifying information. Thus, I removed RNs' identifiers and replaced them with pseudonyms to ensure their anonymity (Saunders et al., 2015).

Since all preceptors were recruited from NICU, it was not possible to code the name of the department. However, information that was shared by participants was not discussed with any individuals other than my supervisor, which was explained prior to each interview. Furthermore, results were presented in a way that preceptors would not be identified by others (Wiles et al., 2008). Participants were also made aware of how data were stored, shared, analyzed, and disseminated (Kaiser, 2009).

Discussion about confidentiality was an ongoing process and participants were reminded that they could withdraw from the study at any time. Two audio records were shared with the professional transcriber using a password encrypted document. Once audio records were

transcribed verbatim, the transcriber emailed the transcription to the researcher in a password encrypted document. A similar procedure was followed when I shared early analysis with my supervisor and thesis committee. The transcripts were anonymized, and the audio recordings were stored in a password protected file on a password protected computer.

Data Management

Confidential information and data obtained from the interviews were coded to ensure that names and personal details about participants were not disclosed throughout the course of the study (Wang & Huch, 2000). Details about the study were only discussed with those who were immediately involved in peer debriefing or supervising the research process. Each recorded interview was transcribed verbatim, copied, and stored for backup purposes, and a copy of each transcript was saved onto a secure memory card in an encrypted document. All collected data were used only for the purpose of this research study and will be held and destroyed in accordance with McMaster University guidelines. Electronic copies will be held by the researcher for five years after completion of the research. Audio recordings will be destroyed at the completion of the data analysis process and new data generation process.

Ensuring Consent

As described earlier, eligible RNs received written information about the study and a verbal explanation of the study purpose before starting the interview (Morse, 2008), and their questions were answered so that their informed consent could be obtained. One participant hand-signed a consent form while an electronic signature was obtained from the remaining preceptors.

In addition, potential participants were given an explanation of what would be done with the collected data, how data would be used and with whom results would be shared. Participants were provided with the aim and the purpose of the study and informed written consent was

obtained prior to commencement of the interviews, and their ongoing consent was verified throughout the interview process (Morse, 2008). Participants were assured that their participation was voluntary and that they had the right to withdraw from the study at any stage without consequences for them.

Balancing Risk of Harm with Potential Benefits

This principle was addressed in terms of safeguarding the participants' interests; as mentioned above, ethics approval was obtained prior to carrying out this research study. None of the participants suffered from distress during the interview; however, strategies were put in place in the event of a participant becoming distressed (e.g., change in voice tone, angry, crying, etc.), such as stopping the interview and offering the participant a break as required.

Beneficence

This was achieved by developing a greater understanding of the RNs' experience of facilitating learning for NHRNs in clinical practice. Study findings will add to the nursing knowledge on the topic locally and more broadly as this study begins to address a gap in the literature. In recognition of their time, each participant received a $10 gift card for the hospital's coffee shop (e.g., Tim Hortons) at the end of the interviews as a token of appreciation for their participation. Participants' preferences of how they wish to receive their card was obtained (e.g., e-transfer, mailed card).

Summary

This chapter presented the rationale for choosing the interpretive descriptive design to guide this research study. The conceptual framework, study setting, and recruitment procedure were clearly described. The sampling procedure was outlined and descriptions of my experience

during the data collection stage of the study revealed the naturalistic approach of this enquiry. The robustness of this study was debated with claims that credibility was enhanced by returning interview transcripts to participants to check their accuracy and by consulting my thesis committee to validate the coding from one of the interview transcripts. The rights of the human participants and the ethical principles were adhered to throughout the course of this study and were clearly outlined under the headings suggested by the Tri-Council Policy Statement (2018). Guidelines on the management and storage of data by the university were maintained and discussed in relation to confidentiality. In the next two chapters of this thesis—namely the findings and discussion chapters—a rich and clear presentation of the study's findings "together with appropriate quotations" are provided (Graneheim & Lundman, 2004, p.110).

CHAPTER FOUR: FINDINGS

Chapter Overview

This study examined registered nurses' experiences when precepting NHRNs who started working in an acute pediatric clinical setting. An emphasis was placed on exploring the pediatric nurses' preceptor role and factors that influenced their experiences, specifically benefits, challenges, and their perceived needs. Three themes emerged from the interpretive analysis process: the role duality of the pediatric nurse preceptor, experiences of pediatric nurse preceptors, and their perceived needs for sustainability in their role.

Five participants were interviewed and the information they shared about their preceptor role enabled a rich and deep understanding of their experiences. This chapter begins with an overview of participants' demographic information and some descriptive details of the study setting. Next, findings will be presented; the most significant statements made by participants are included as the experiences of preceptor nurses may be best understood using their own words and description. The chapter will conclude by providing a summary of the three key themes.

Participant Demographic Information

The five participants were experienced preceptors in an acute pediatric healthcare setting. All preceptors completed a demographic questionnaire before the interview; a summary of this information is presented in Table 1. Of these participants, four were currently working in or had worked in the role of preceptor for nursing students and/or NHRNs within the past six months. One participant indicated that her most recent precepting experience had taken place more than six months before participating.

All participants worked in a NICU and all were female; most (60%) were under the age of 35 years and 40% (n = 2) were over the age of 50 years. Most participants (80%, n = 4) held a

university bachelor's degree or higher, and one participant (20%) held a college diploma. Participants had a wide range of years of professional nursing experience, 40% (n = 2) had more than 20 years' nursing experience, and 60% (n = 3) had nursing experience ranging from 3 to 15 years. While one RN had worked in her home unit for more than 20 years, the rest had between 11-15 years of experience or less in their home unit. Most participants (80%, n = 4) experienced precepting at least three times per year and one had experienced the role more than six times per year.

All participants had experience precepting novice and/or experienced NHRNs and one had experience precepting internationally educated nurses. All reported they had experienced precepting student nurses from different programs including university- and college-based nursing programs. In relation to the preceptorship preparation course, 60% of participants (n = 3) reported that they had received training for the preceptor role while 40% (n = 2) of participants stated they had received no formal preparation. Those who were prepared for their role received a training session more than three years ago; one participant received four to eight hours of training sessions, another one received three to four hours and the last RN could not recall the length of her session as it was many years ago. All of these preparatory education sessions provided training with respect to precepting student nurses in the nursing program within the university. Table 1 provides a detailed description of the preceptors' characteristics.

Table 1
Participants Demographic Information

Characteristics	**parameters**	**N (%)**
Age	>50	2 (40)
	41- 50	
	31-40	1 (20)
	20- 30	2 (40)
Gender	Male	
	Female	5 (100)
Education	College Diploma	1 (20)
	University Degree	4 (80)
	Others	1 (20)
Job Title	Registered Nurse	5 (100)
	Advanced Practice Nurse	
	Others	1 (20)
Employment Status	Full Time	5 (100)
	Part time	
	Casual	
	Others	1 (20)
Years of Nursing Experience	1-5	2 (40)
	6-10	
	11-15	1 (20)
	16-20	
	>20	2 (40)
Years of Experience in this unit	1-5	2 (40)
	6- 10	
	11-15	2 (40)
	>20	1 (20)
Times precepted NHRN per year.	<3	4 (80)
	4-6	
	>6	1 (20)
Number of times you had the experience of precepting (Nurse)	Novice Nurse	3 (60)
	Experienced Nurse	4 (80)
	Internationally Educated Nurses	1 (20)
Preceptorship training	Yes	3(60)
	No	2 (40)

Overview of the Department

The neonatal intensive care unit provides advanced health care to a variety of patients with acute and complex medical conditions. This unit is divided into two levels based on the patient's acuity and healthcare needs; level 2 provides intermediate critical care for patients with acute medical conditions, while level 3 offers advanced and complex care including assistive life devices. The patient-nurse ratio is 2:1 in level 3 and 3:4:1 in level 2 NICU. Multiple teams work within this NICU; the nursing team consists of clinical leaders, a nurse manager, and nurse educators who work regular hours during weekdays from 8 am to 5 pm, in addition to charge nurses (two during the day shift and one at night). The team also includes one admission nurse and one transfer team.

All NHRNs are enrolled in a two-week hospital orientation program, including 16 hours of electronic charting and 14 hours of computer class. Those who are recruited to the NICU receive two days of hospital orientation in addition to eight days (8hrs/day) of unit-specific preparation. The nurse educator is responsible for selecting preceptors; often, preceptors volunteer to assume the role. Preceptors are encouraged to attend the preceptor training workshop online and are provided with e-links for this training. The length of the preceptorship program for NHRNs is 12 weeks; however, those with previous NICU experience receive an orientation of fewer weeks. Finally, preceptees are provided with a unit-specific skills competency book for completion by the end of their orientation period. Although preceptorship training is provided by the hospital, the training is mainly focused on precepting student nurses during their clinical placement.

Overview of Major Findings

Data analysis was completed using the CCDA approach guided by Braun and Clarke (2006). Initially, four key themes emerged from the analysis of the individual interviews; later review and reflection of the coding and fragmentation of the transcripts found that the findings fit into three key themes. Firstly, RNs described their dual role: bedside pediatrics nurse and teaching role. This aspect of preceptor experiences will be described in detail in the next section. Secondly, participants discussed their experiences while precepting NHRNs and further elaborated on factors that influenced their experiences. They also outlined some strategies for coping with the challenges they encountered and referred to the type of support they received during difficult situations. Finally, preceptors shared what they perceived as crucial supports to facilitate their role. Themes and subthemes are presented here in detail. The letter (P #) will be referring to the participant.

The Role Duality of the Pediatric Nurse Preceptor

During the analysis, the dual role or double duty of the participant role emerged. Registered nurses described their role as a multifaceted, dual role; they were first a bedside nurse/healthcare provider with a set of responsibilities for their patients, and a teacher with an added and different set of responsibilities.

The Bedside Nurse/Healthcare Provider Role and Responsibilities

All participants perceived that they had a bedside/healthcare provider role that was mainly focused on providing health care for their patients and supporting their needs. Registered nurses discussed a variety of different responsibilities in this role, including advocating for patients' outcomes, supporting parents, and providing advanced health care to critically ill babies

with varied health needs " [I] provide clinical care directly to babies and their families, developing a plan of care for babies, working very closely, and hugely advocating for the outcome and the wellbeing of babies within [my] care" and "aiming at establishing a routine for babies prior to discharge home" Participant 1 (P1).

Participants in this study perceived bedside nursing as a priority role and expressed that when workload and patient acuity increased, patient care took priority over precepting new nurses. Participants also referred to their role with parents as they (nurses) providing them (parents) with support, guidance, and education on various aspects of their children's care during hospitalization and in preparation for home care.

Teaching Role and Responsibilities

Participants described a wide range of experiences within the teaching role. They referred to their involvement in the preceptorship program and discussed different responsibilities when precepting nurses with different levels of proficiencies. Preceptees included student nurses from different programs, newly graduate nurses, and new nurses with previous professional experiences from other healthcare settings. Participant awareness of preceptees' needs for adequate support was evident through their shared experiences, particularly the needs of those who were newly graduated and who may have had strong theoretical knowledge but limited clinical practice skills. Precepting new nurses required teaching them "the unit [work] routine" Participant 3 (P3), "daily flow" Participant 2 (P2), and "assessment skills routines of the floor" Participant 4 (P4). Teaching preceptees communication skills was perceived as "a huge part of the role, how to communicate with families and the rest of the team [members]" (P4) to facilitate providing health care effectively.

Teaching Responsibilities

Participants identified different teaching responsibilities when precepting NHRNs. According to preceptors in this study, precepting new nurses involved not only guidance for clinical skills and ward routine but also teaching other important skills such as the use of technology and computer skills: “Teach preceptees not only clinical skills but also technology to operate DOS base program” (P2). One RN reported that part of the preceptor role was to “ensure that new nurses are prepared and ensure [their] ability to follow the protocol to care for patients in NICU” (P1). Participants perceived themselves as a “facilitator for learning” (P2) and referred to their role as a “resource person” during orientation. They served by “answering questions in person… directing NHRNs to appropriate resources within the unit, e.g., talking to an expert or a policy” Participant 5 (P5). They also assisted preceptees to socialize by “Teaching the preceptee the little details… who to go to for help when needed… and teach preceptees which route to go if they’re stuck or overwhelmed” (P4).

Assessment and evaluation of new nurses’ skills and knowledge was a common theme that was frequently shared by participants. One participant stated this assessment includes getting “some familiarity with what their [preceptees’] learning styles are” (P5). Participants commented on the importance of ensuring that new nurses possessed certain skills such as nursing assessment, communication, time management, nursing documentation, critical thinking, and problem-solving skills to prepare them for independent nursing practice. This was reflected in the following quotes: “fill knowledge gap of new hires” (P1), “helping them [preceptees] fill in the knowledge gaps,”(P5) and “Making them [preceptee] able to function independently in the unit using a staged approach... more basic, stable type of event and then working up to more complex [stage] throughout the orientation” (P5).

Other participants added that the role entailed "evaluate[ing] and facilitate[ing] new nurses' knowledge and provide feedback" (P1) while setting a plan "to fill gaps in their [preceptees] knowledge" (P5) particularly in the advanced nursing care level within NICU. Evaluation of preceptees was carried out formally by completing daily paperwork and informally by providing end of shift feedback to ensure learners could provide nursing care safely and effectively. Another form of evaluation was "summative conversations" (P5) which was usually done by the educator at the end of the preceptorship period to evaluate the success of the preceptorship program and uncover further learning needs.

Additional responsibilities reported by participants included introducing preceptees to different levels of advanced nursing care and socializing them within the unit. One preceptor reported that her approach in facilitating the preceptees' socialization was to "Arrange for different healthcare professionals as a resource to collaborate and contribute in the new nurse's orientation process" (P1). Another added that integrating preceptees was another facet of the role to ensure they were provided with the required support when it was needed during nursing care; this was done by "introducing them [preceptees] to the other parts of the team… so they're feeling included and are part of a team... introduce them to more than one person [multidisciplinary team]... they need connection or that relationship when they look for help" (P4).

Teaching Strategies

Participants shared an overview of some teaching strategies they used to facilitate the learning process during the orientation period. One example was enhancing the critical thinking skills of preceptees by asking them questions and encouraging them to ask questions. Participants reflected on their own previous experiences of being preceptees; they mentioned

how their past experiences influenced their teaching style and that they used these experiences to facilitate NHRNs' learning.

Social conversation was another important teaching strategy in which participants assessed NHRNs' background professional experience and knowledge to develop an individualized learning plan for each preceptee. A preceptor reported her role also consisted of advocating and ensuring that the patient assignment of preceptors was appropriate for what preceptees' needs were. Furthermore, they shared that their role entailed providing preceptees with the organization and unit expectations while engaged in the preceptorship program: "guidance on what they [preceptee] should be achieving" (P5).

Participants also referred to "role-playing" (P4, P5) and "experiential learning" that was "following medical model" (P2) as other teaching strategies they utilized while providing daily nursing care. One participant explained this strategy as, "I will show you how we do it our way; you show me what you know how to do" (P2). Furthermore, preceptors in this study gave many examples of conveying their knowledge to preceptees while delivering nursing care to their patients to enable new nurses to bridge gaps between theory and practice; for instance, to link theory to practice, preceptors informed preceptees by "linking them [preceptees] to the most recent evidence for- practice" (P5).

Experiences of Pediatric Nurse Preceptors

The second key theme that emerged was the experiences of preceptors who worked in the NICU. Preceptors were asked to share their experiences when they precepted NHRNs. They were to reflect on positive experiences to gain deeper insights into what they perceived rewarding. They were also asked to describe the challenges they encountered, factors that contributed to these challenges, the strategies they used to overcome these challenges, and what

support they received during these difficult situations. Overall, participants reported their experiences were significantly influenced by the effectiveness of their role and the extent to which they met the expectations of the preceptorship program.

Preceptorship is Rewarding

All participants in this study discussed what they perceived as rewarding from their perspective. Overall, they reported that precepting new nurses was rewarding because it enhanced the preceptor and preceptee ability to achieve personal and professional growth. Participants felt that the role offered them an opportunity to challenge their way of thinking, improve their practice, and advance their teaching skills. For instance, one preceptor commented that precepting "makes RNs see things from different perspectives" (P1). Participant 5 commented that precepting "helps preceptors to grow and develop teaching abilities."

Participants also perceived that precepting was a good learning opportunity for them and a way to improve their practice. A participant commented that precepting was a "learning opportunity for me… I enjoy teaching and embarking the knowledge I have learned over the years... it means a lot to me to be able to teach" (P2). Another participant mirrored this and stated,

> I definitely learn more when precepting … As a preceptor when you explain something you learn, and you start questioning yourself why you're doing certain things the way that you do… it really helps you, I think, to learn more about yourself as well as seek the right ways to teach someone [preceptees] to do different things [skills]. (P3)

Preceptors felt precepting was rewarding, specifically when the preceptee was a new graduate as these preceptees were perceived to possess current knowledge and came with new ideas that may enrich the preceptors' knowledge. This was evident in the following quote: "it

helps keeping the skills and knowledge I have current when I learn what's been taught currently to nurses, especially when I precept a new graduate nurse, it keeps me young with my skills… They come with new ideas and they're more advanced in technology …" (P2).

All participants believed that they were more likely to become more updated in their knowledge and skills with the current practice when paired with a new nurse during the preceptorship program. Participants commented that precepting encouraged them to keep updated in the current practice, for example:

> it [precepting] helped keeping me up to date all the time… it forces me to read policies… forced me to be on top of the particular emergency process…It brings fresh ideas in, people [preceptees] ask questions so then you have to go find the answers. (P4)

Another participant added that the role "helps keeping the skills and knowledge I have current… I learn what's been taught currently to nurses" (P2), and P 5 added,

> it really keeps you up to date with what's going on because you are forced to make sure that you know that you're telling the most current information… So, it helps me to make sure I brush up on what's new and exciting in NICU and what is our most current practice and evidence, evidence-based practices in our unit….

Preceptorship is Challenging

During the individual interviews, participants were asked to reflect on difficult situations that made precepting a NHRN a challenging experience. Collectively their responses were grouped into five categories. These categories included factors related to the precepting role, preceptors, preceptees, management and educators within the unit, and lastly the preceptor-preceptee relationship. These factors will be discussed as shared and perceived by participants and their quotes will be used to further support my interpretations.

Factors Related to the Precepting Role

The first set of factors were related to the nature and responsibilities of the precepting role. Factors identified by participants included that precepting is time consuming, an additional workload, challenging with heavy patient work assignment and staff shortage, led to guilty and resentful feelings, and that teaching certain skills could be hard sometimes.

Participants frequently described the role as challenging, stressful, difficult, and time consuming. One nurse commented that preceptorship was "time consuming depending on the preceptee's level of experience and personality" (P2), while another nurse reported that time management was challenging while precepting: "teaching is a time consuming process at the start of orientation especially if it is a novice nurse who may have no or limited NICU experience because it is impossible to teach every nursing speciality in nursing school nowadays" (P1). Preceptors felt they were able to teach the skills within the unit but felt the role itself was stressful. One commented,

> I know I can teach those skills, but feeling that I could do it… I meant the responsibility, additional stress and workload was more than I could take mentally at this time… mentally is another story… the stress of the responsibility of new staff (P4).

Heavy patient work assignment when precepting was one of the factors that hindered the teaching learning process. Overall preceptors felt they were burdened with patient workload while precepting in that such a patient assignment did not allow time to teach and limited staff willingness to precept. For example:

> Some [nurses] don't take the preceptor role due to patient's assignments; the acuity of the unit makes it harder to precept specially when you're short staffed and you have a heavier assignment to have to go through everything with these patients can really be timely. (P3)

Preceptors referred to heavy patient assignment as an assignment that had one or more of the following: high patient acuity, unstable deteriorating patients, and/or the nurse-patient ratio exceeded four patients per one nurse. One preceptor commented,

> We have a very heavy workload in our NICU and when you add teaching on top of that you're adding a lot of extra work… you have to go slower; you have to explain everything as you go. So, it does add a fair amount to your workload… I found that I was going home at the end of a shift and then I would stew all night about things that I might have forgotten to tell her [preceptee] or show her. So, it was extremely stressful. (P4)

Another added, "You may have a patient assignment that is not necessarily heavy for someone who's experienced. But it's very easy to fall behind with a learner because again they're slower at doing things because they're just learning and kind of figuring it out" (P5). In addition to providing care to the assigned patients, preceptors spent additional time teaching preceptees and ensuring they met the set goals which also led to increased preceptor workload. This was reflected in the following quote: "so it makes the assignment heavier because you need to spend a lot of time not necessarily in doing all the care task piece but the teaching in the background and everything related" (P5). High patient acuity and increased workload significantly influenced precepting experiences for participant 3; she commented,

> I would say one factor that influences my experience is the workload, if it is very heavy or you do have a sicker patient it is harder to be fully attentive to the new staff, so I feel that affects their learning… I feel the workload can be a barrier to teaching sometimes. (P3)

Nurse shortage was reported as one cause for increased workload because in a shortage, nurses were sent from other units and had no NICU experience. This practice placed extra

workload as patients with higher acuity were reassigned among nurses from the NICU, disregarding their dual role if they were precepting. This was evident in the following quote:

> Precepting is time consuming especially when having a heavy assignment… really critically ill baby; this leads to inability to explain everything to preceptor and affects ability to teach… Unmanageable assignment and no time to teach… workload [is a] barrier for teaching… Staff shortage and float staff from other units with no NICU background [leads to] allocated lighter load/acuity on [float] nurses. (P3)

Nurse shortage was also cited as a leading cause for recruiting new nurses without considering their competencies and knowledge. Participants expressed concern about the degree to which new nurses met the requirements for working in the unit. This was conveyed by P4: "we're so short staffed and they're [management] taking people [new staff] and they're hiring them." Another nurse further elaborated that, "Although, one of the requirements to work in NICU is to complete a post graduate neonatal nursing course, but sometimes new nurses don't have those courses completed at the time of their employment" (P1).

Inability to meet colleague expectations and offer them assistance when their work assignment was busy was cited as another factor that may have influenced preceptorship experiences. In particular, if the preceptee had previous professional experience, they were viewed as able to work independently. Thus, colleagues may have seen preceptors as not busy and expected the preceptor to help with other nurse patient assignments and workload. This was described in the following quote:

> When staff precepts new or experienced nurse, this is regarded as having an extra body, thus this person is sort of expected to provide additional support to other staffs within the pod—however, this is not always the case. Towards the end of preceptorship experience,

> preceptee is very likely to be more independent and yes, preceptor will have additional time to help pod pals/other staff. However, in the beginning stage, preceptor would have to spend a lot of time with preceptee and therefore unable to meet this expectation of lending extra hand to help pod pals. (P1)

Participants felt they were not able to fulfill the requirements and expectations of the preceptor role particularly when patient acuity and workload increased. The interpretative analysis of the data found that it was the intention of all participants to ensure that bedside care roles were met; this prioritizing over precepting and teaching often led to preceptors feeling guilty. One preceptor explained that,

> having an assignment that's too busy to actually teach anything… for example in our level 2 unit it's pretty common to have a four patient assignment and that is extremely busy for anybody… when you have a learner sometimes you feel like it's almost like at an assembly line kind of mentality and you're doing task to task and you're not spending a lot of time with that learner explaining. It's like you're almost delegating tasks to them to get things done and you don't have that time which affects you ...that opportunity to learning is minimized and you felt like what did they [preceptees] actually get out of this shift… Did they [preceptees] absorb anything? (P5)

Another participant shared experiencing significant levels of guilty feelings at the end of the orientation because of being forced to precept as she explained,

> for precepting we have no choice… For us [preceptors] to take on new staff it is assigned… I was very aware of what I did not have to make myself be a good preceptor... I did not feel like I should be precepting the staff. I was told I had to, that it was part of my job to precept, I felt very strongly all the way through, I felt a lot of guilt, I had not

> done a good job, she [preceptee] might have felt the resentment… and as other staff complained about her work I felt badly that it reflected on my skills as well… Part of it because I was forced to do it [precept] I wasn't comfortable. (P4)

Teaching certain skills was also seen as challenging for some preceptors, such as teaching the computerized charting system as it is "never part of their [preceptees] growing up" (P2). Another preceptor felt that generally there was an unlimited number of clinical skills that were required to be taught within NICU. Ensuring that all of these skills were facilitated during the orientation period was nearly impossible: "So many critical skills preceptors teach… not enough time for competency" (P 4). These skills may have included critical skills such as caring for a baby attached to a mechanical ventilator or withdrawing a blood sample from a central intravenous device, etc. This situation led the preceptor to feel concerned about preceptee competence and about patient safety as some preceptees were seen as overconfident in performing their skills: "I am a little worried about preceptees being so eager to learn the skills… they're not prepared to watch one and then be talked through one, they're jumping ahead" (P4).

Factors Related to Preceptors

Participation in the Preceptor Role. Participants shared factors they believed had an impact on their role; these factors related to the selection of team members to carry out the preceptor role. All participants reported that most of the time the same nurses volunteered for the preceptor role. One nurse commented that "nurses are not willing to engage in the role… same nurses volunteer to precept" (P1) and another reported that "yes, the ones of us that do like it [precepting] get picked over and over and over again" (P2). Some nurses reported that to avoid participating in the role was perceived as limiting their ability to learn and achieve professional growth. This behaviour resulted in preceptors feeling frustrated and burned out; one commented

that "Unfortunately same nurses who volunteer get picked up [to precept] all the time…We have enough staff that they just avoid those people [preceptees]… I need to take a break [from precepting]" (P2). Another nurse reported, "Same nurses volunteer to precept at all times… I don't like it [and] I don't want to do it [precepting] constantly…I like having my own patients and working on my own some of the times too" (P3). A fourth nurse mirrored this and stated, "There's always certain people that seem to do it more often than others. Some voluntarily, some are just kind of selected. It's just the way it is, we have just such a large volume of staff now coming in" (P5).

Avoiding Participation in The Role. Preceptor perceptions were further explored to highlight the contributing factors to avoiding the preceptor role. Participant 1 described avoiding the role as sad and viewed this as limiting nurses' opportunities for personal and professional growth: "I feel it is sad that many RNs are not very open to teaching and nurturing the young or new nurse, and they are not willing to engage in this role which limits their ability to learn and to grow." Participants further shared multiple reasons they perceived were factors leading RNs to avoid participating in the teaching-learning relationship; these included lack of knowledge, training and preparation on how to teach, interest in teaching, commitment for the role, and management support.

Other factors were reported such as the time consuming nature of precepting, the need to teach a lot of critical skills compared to the time allocated to teach these skills, workload, and personal choice. Those who avoided the role were focused on completing their bedside nursing role for the day and were not interested in any additional role (i.e., the teaching role); this is reflected in the following quote: "I think some nurses just truly wanna go in, do their job for the day and get out and they don't want to be bothered with any extra… addition to their job" (P 2).

The length of the orientation program within the department was reported among factors that led to avoiding the role; nurses felt that 12 weeks was too long a time to be paired with a learner. This is reflected by this quote, "But to take somebody on for that 12 weeks—I try not to do that anymore" (P4). Another added,

> I'm just thinking of a recent comment that someone had said to me that they were will like, oh 3 months that's a long time. That they didn't want to do it because it was too much of a period, a long period to do it. So that's definitely one of the things it's the time commitment that they don't want to. (P5)

Time commitment was challenging for nurses particularly if, in addition to precepting, they were adjusting to a new role such as the charge nurse role. This made nurses feel they may fail to satisfy the goals and responsibilities of their new role while precepting for three months. Consequently, they felt they may lose the opportunity for professional growth, as expressed here:

> I'm just thinking too it's the time commitment as well… And the other piece of that sometimes if they're [RNs] learning or they're new to a newer role in our unit, for example, they're new to the charge nurse role they feel like that opportunity is being taken away from them to preceptor since they're out of it for say 3 months training and they feel that we're taking away that opportunity. (P5)

Preceptors perceived that at the end of the orientation period, preceptee professional practice was a reflection of their own practice. This led preceptors to feel that there was a need to protect their professional identity that was associated with their profession and may cause avoidance of the role. This was noted in the following quote:

> I'm just at a point where I don't want to put my name on somebody and say yeah, I trained that girl and she just …. I just find that the care has dropped to a point where

> because we have so many new staff that for my own license, I don't think I want to take responsibility for saying yeah I trained that person. (P4)

Furthermore, delegating nursing care to a preceptee who was still learning the clinical practice was a matter of concern for some preceptors and led them to avoid participation in the role. One participant explained that it was hard to allow a learner to take over her patients' nursing care and be responsible about it; she stated,

> I know what my care is and I know how I give my care and it's hard sometimes to take that step back and let somebody else give the care to your babies [assigned patients] because they're still my assignment, they're still my babies to care for. So, if I'm letting somebody [preceptee] who's learning do a skill then you're a little… you're [as a preceptor] a little anxious. (P4)

Participants perceived that some nurses avoided participating in the preceptor role because they felt threatened by the role, for instance, "the nurse who feels her intelligence or knowledge base is being questioned by precepting instead of imparting her knowledge" (P2). Some nurses—particularly those with prolonged years of experience—perceived that they had made adequate contributions to the profession and precepting would not add to their professional growth, so they avoided participating. Participant 2 shared the following:

> I definitely find occasionally it is the age of the nurses [preceptors] that they feel they done everything they can, they just want to do their job and retire… some nurses I think just say… I don't want to teach somebody else; I know of a few nurses that way.

Other RNs may have had a previous unsatisfactory precepting experience and were reluctant to participate in teaching again. Participant 5 stated,

> Others [RNs] have had a bad experience so they may have had a staff person or a student that maybe they struggled with or they didn't jive with the personality and it ended being kind of a negative experience. So, that experience will put people off from precepting.

Finally, some preceptors perceived the paid incentive for assuming the role was very small compared to the responsibilities and demands of the role; this was another reason to avoid the role. One participant stated that compensation was "very small compared to the challenges of the role" (P1). Participant 4 had similar perceptions: "I don't think there's enough pay. I mean even you take a student [preceptee] it's like 60 cents. So, it's not enough money to really make that big a difference."

Preceptors reported that they did not receive monetary compensation on a regular basis; instead they were required to send a claimant application so they could be paid. In addition, incentives were paid for precepting student nurses but not for NHRNs as it was an expectation and part of the RNs' role to educate new nurses:

> We never probably get that, if it's a new staff it's expected from the college [CNO] so we don't always get it if it's a student some nurses will apply for it and get it [incentives] but it's not automatically given to us. (P2)

Another nurse stated it was not the incentives that motivated her to participate in the role; however, the payment was not enough and could be a reason others didn't participate: "it certainly is not the pay that makes you do it. We don't get paid for precepting new staff. We get paid for precepting students" (P4).

Preceptorship Selection Processes. One main theme that evolved during the data analysis process was the process in which preceptors were selected for the role. Participants referred to this as an unstructured process and that preceptor attributes were not taken into

consideration. Overall, participants were not satisfied with this process; they believed that "they [clinical leaders] don't really have a good system" (P1). This was echoed by another who commented that, "the current strategy unfortunately there is really no strategy" (P2) for preceptor selection.

Another nurse shared a similar perception, that there were no structured grounds for preceptor selection:

> I have no idea what they choose it on… I've looked at some of the people they've chosen, and I've really cringed… Some people [preceptors] have come in without that mindset of learning all of those little details such as daily nursing care and environment is clean… Some [preceptors] are very sloppy in their work… they aren't finishing their role themselves… you [RN] hate coming on behind them [preceptors] and you're [RN] going to have to clean up a mess [of other RNs]… seeing that messy person [preceptor] training new staff… we're going to have two messy people.... For us [preceptors] to take on new staff it is assigned... We have educators, and they go down the list and they decide who takes the new staff. (P4)

Some preceptors believed the selection strategy was based on the length of professional nursing experience within the unit, for example, "allocation is based on years of experience; once a nurse has at least 3 years' experience within the unit she or he is expected to assume the role of preceptor for the younger RNs" (P2). Factors that were considered when preceptors were selected for the role were further summarized:

> most of the people who [are] preceptor are full time staff—that just makes it easier for the orientation and for scheduling. They [educators] look at that person's experience… how they [potential preceptors] function in the unit… And then you kind of rotate too. There's

> always certain people that seem to do it [precepting] more often than others. Some voluntarily, some are just kind of selected. (P5)

Others stated that an email requesting volunteers to precept was circulated, then, if there were no volunteers, one would be allocated. Another added that if the precepting experience was enjoyable, educators would be informed that they were volunteering to precept more frequently:

> Sometimes staff volunteer to take a new nurse… after I trained the first person, I enjoyed it so I let the educators know that I am willing to take more on to precept however, my first one I didn't volunteer, they just informed me that I am getting someone [new nurse] that's that. (P3)

In contrast one participant shared a different experience. The preceptor reported that precepting a NHRN was not a choice and sometimes preceptors were not informed; instead they found out they were paired with a preceptee on the day they met them. This was reflected in the following quote:

> If you're lucky you get an email... Sometimes you're surprised, you come in and you look at the assignment sheet and your name has [a preceptee's] name next to it and that's how you find out that you're taking new staff. The only ones that they [educators] ask for volunteers is for the nursing students… they [educators] go down the list and they decide who takes the new staff. (P4)

Preceptor Preparation. Three preceptors in this study felt they were inadequately prepared, to teach while precepting a new nurse. Usually, those who were interested in precepting received an online preceptorship preparation course. When they were assigned a preceptee, they were asked to complete the module. Two preceptors received a preparation course in relation to precepting student nurses. Preceptors expressed their willingness to attend

an in-person preparation course but noted, "it is hard finding the time to attend" (P3). Another nurse suggested that the preparation course should be made a requirement before assuming the role and should be facilitated as part of the preceptor's work schedule, not during their own time: "[training] done on your own time, but perhaps if they're [preceptors] compensated for taking [the workshop] you might find more people willing to take the course." (P4).

The lack of the new/novice preceptors' readiness to assume the role effectively was cited as a challenge for the role due to their limited clinical and teaching experiences:

> "senior nurses' concerns because after a year or 2, I don't know that you [novice preceptors] necessarily even learnt… those really important but tiny signs and symptoms [such as] the subtle changes in the babies condition… a lot of that detail is not noticed because the initial assessments are not detailed enough. (P4)

As noted earlier, some participants suggested that preceptors should not assume the role earlier than three years after commencing employment within the NICU. The time for readiness to precept is noted in the comments below:

> You can't say that after two years you know everything you need to know. So, to be then training new staff you don't even have your own role down. I think I was probably working a good six years before I was starting to feel comfortable… I was feeling like I was doing a decent job… that I was able to find the help I needed. And I think it's around that time as well that you're really getting the confidence that you can advocate… I really struggled because I don't think I had the confidence back then in my role in NICU. (P4)

This participant also recalled a negative experience when she was paired with a new nurse for the first time after two years of her own employment:

> I didn't know what I could and couldn't teach… I left that whole experience with a very bad taste in my mouth… I don't think I trained her [preceptee] well enough because there were so many things that I myself didn't know… it was difficult then and she struggled when she first started… She struggled fitting in. (P4)

This preceptor further explained that she felt guilty because there was a lot of uncertainty when she was a novice preceptor:

> I didn't have the relationships with staff and those connections yet it's hard to… include somebody when you yourself [preceptor] are still trying to fit in to the huge society [NICU]... she [preceptee] didn't integrate very well… I feel like I didn't give her the best opportunity that she should have had… I was so new, and I just didn't have the skills or the confidence in my skills yet to do a good job. (P4)

Providing Feedback. Among preceptors' main responsibilities was providing effective feedback to ensure preceptees' ability to meet predetermined orientation goals and ease their transition so that they could practice independently. Feedback was provided formally by completing paperwork during the orientation period and informally by verbal reflection on preceptees' progress during one working duty. Overall, preceptors in this study reported that they were comfortable providing preceptees with positive feedback to support the learning process. One noted that "most people are comfortable with just giving positive stuff and that is the easy part" (P5).

In this study, more seasoned preceptors reported experiencing uncomfortable feelings when they provided constructive feedback. They also mentioned feeling unprepared and not feeling competent to provide feedback particularly to those who were not achieving the required level of competency. This was consistently cited as a challenging task because they were

concerned that this feedback might hurt preceptees, yet it must be done. One preceptor described her experience providing such feedback, stating,

> Positive feedback I have no problem with… Negative feedback I'm always uncomfortable because … I'm probably overly sensitive to a lot of things. So, you [preceptor] try and be sensitive but when you're giving feedback, it's hard to sometimes word things in a way that isn't hurtful… it is very disheartening for the trainer as well as the trainee. It takes an emotional toll on you. (P4)

Another preceptor commented that, "the constructive feedback is challenging. Even to this day it could be uncomfortable... but you do it because you need to" (P5).

In contrast, one novice preceptor did not believe providing constructive feedback would be challenging. Although they had not gone through this experience, this participant felt they would be comfortable providing constructive feedback: "So far I have not had any experience of a new or experienced nurse needing additional support to maintain clinical competency. I feel that I am comfortable in providing negative feedback to a preceptee". (P1)

Constructive feedback was also seen as a skill that could be improved through practice and experience. Some used their own previous experience of receiving constructive feedback as new nurses to develop their own skills while acknowledging that one had to be thoughtful when communicating concerns to preceptees. Participant 5 described how using her personal experiences enabled her to develop a strategy for providing constructive and effective feedback:

> I think that was a bit of a trial and error thing… what I do is just anticipate how they're [preceptees] going to respond to my feedback. I'm definitely a firm believer in the messaging. You can provide something constructively but it's just the way that you say that to that person [preceptee]… Keeping in mind that person's feelings… you don't

> want to say it in a way that it would be hurtful to them or… deflate their confidence. I think I've learned over the years I can just very gently redirecting… that's something that I've just learned from interacting with people over the years and a bit too was… remembering me back when I was new… if I was given constructive feedback and it wasn't delivered in a very thoughtful way you remember how that made you feel. I have that awareness of before I speak, I try to think about how that message will be received and how I felt in the past. So, a bit of my just lived experience as well.

Factors Related to Preceptees

Participants highlighted factors related to preceptees, which they perceived as having an impact on their precepting experience. Although, participants reported having positive experiences precepting nurses with different levels of skills proficiency, they shared factors related to preceptees that they perceived hindered the precepting process.

Precepting an Experienced Nurse VS. Novice Nurse. The preceptees' level of clinical proficiency at the time of employment was one of the challenges that preceptors encountered in this study. Of note, participants who were novice preceptors preferred precepting nurses with previous nursing experience and knowledge, while seasoned preceptors preferred precepting student/novice nurses or internationally educated nurses.

Novice preceptors reported that they preferred to precept nurses with previous clinical experience because they had basic nursing skills and were more familiar with the clinical settings: "I actually prefer teaching experienced nurses; it's nice that they [NHRNs with experience] already know what's happening, I feel like they already have the confidence of talking with different team members so I actually don't mind it" (P3). Another preceptor shared

similar reasons for her preference "precepting experienced nurses because they would have the basic skills and the experience working in healthcare settings" (P1), while another stated,

> I think it is a bit easier to preceptor [*sic*] someone who has a bit of experience because you're not starting from scratch per se, right? So, they know already the neonatal background or experience so that … they have a knowledge base so that helps, and it makes it a little bit easier... [preceptors] just teaching what's different in how we do things in this unit. If they [NHRNs] have some experience, they may already have some of those time management skills. They have nursing abilities and nursing intuition and stuff that's more developed than someone who's a new grad. (P5)

In contrast, seasoned preceptors felt that at times precepting new nurses with background experience was a lot harder than precepting novice nurses and they preferred precepting the latter group. This is conveyed by the following statement: "older nurses [new experienced nurses] from different departments are a mixed bag and are my least favorite group to teach" (P2). Preceptors explained the challenges they encountered when modifying the new experienced nurses' practice to the current practice of the unit:

> preceptors will say, she [preceptee] is not complying with standards here and we've had the conversations and there's been a lot of pushback. Usually again you will see this more in people [preceptees] that have some sort of nursing background. They're [preceptees] like, oh why do you do it like this? Well I do it this way and it's perfectly fine. Well that's not the way we do it here. (P5)

The impact of precepting a new nurse with previous professional experience is highlighted in the comments and personal reflection below which describes the effect of this negative experience on them personally and professionally:

> I really struggled with the responsibility… mentally. I [preceptor] really struggled with the responsibility [taking] responsibility for everything I had to teach her [preceptee]…. [she] came in with a few years [experience] from another unit… Experienced nurses are too eager to getting their hands in on a very tiny babies before they really have that skill and the knowledge and so eager to learn but [they] approach patients before you've [preceptor] had a chance to explain it [the task] for them, e.g., removing CPAP, arterial blood sampling… they're [preceptees] a little rougher with the baby, they're clumsy with certain skills. (P4)

Participants perceived that the difficulty in precepting new nurses with previous clinical experience was due to new nurses' preset skills and knowledge from a patient setting other than neonatal, which made it difficult to adjust to those of the NICU and led to conflicting views with their preceptors. Examples are presented in the following quote:

> Sometimes a novice nurse is easier to precept because they are fresh I would say, whereas an older nurse sometimes has very set opinions on how things are done in the previous employment and isn't quite open to learn the new ways… with experienced nurses it's a big barrier… trying to teach experienced nurses the routine part of the unit [and] the [University's]way of practice is hard…. (P2)

This participant also felt this difficulty was due to preceptees' lack of passion:

> A couple of occasions, older nurses [NHRNs] were found more difficult to teach and orientate, they didn't have the passion; it didn't work out and they were negatively scored on many things, it was to them a job and just a placement that they are put in…. But those who came to work in the unit voluntarily are usually great in that they want to learn, gain knowledge and skills. (P2)

Another suggested that the difficulty of precepting new nurses with previous experience was due to their resistance to change and adapt to new ward routines:

> Sometimes it is a bit harder with someone [preceptee] who has experience because they may be, a lack of a better word, kind of set in their ways—a little bit more resistant to change, harder to coach to do things because sometimes they get up well we did it this way. Some people are happy to change and do that, but sometimes if they've been doing something for so long and it's worked for them; to kind of have them to do it the way we do it I find it can be a bit of struggle with that in particular. (P5)

Participant 4 also shared similar reasons for the encountered difficulty:

> when you [preceptee] come into another unit with experience you're coming in with your own personality and your own set of values and your own self-worth, and your belief in how you nurse [provide care]. I think it's their [preceptees] willingness to give up the way they used to do it and learn new skills.

The age difference between preceptors and preceptee was also seen as a factor in difficulties precepting a new experienced nurse:

> Some nurses view preceptorship as a threat… the younger nurse precepting an older nurse… The nurse was a preceptee and older than the nurse who was a preceptor. The preceptee felt that none of her knowledge was taken into account and it was like she was a brand-new grad. (P2)

Some NHRNs recruited to the organization had professional experiences other than nursing and this clinical setting was their first exposure as a RN. Participants referred to this group as the "mature preceptee." It was reported that some of the "mature preceptees" were

unable to link theory to clinical practice due to the lack of critical thinking and the problem-solving skills:

> I had a mature preceptee that had gone into nursing later in life, very book smart but there was a challenge… with translating knowledge to practice. So clinically again able to give you all the right answers and rationale but in the clinical area lacking that clinical skill, clinical judgement piece…. that individual was very focused on policy and procedures but not really focusing on the actual task with the patient care with hands-on type of piece. So… I felt was challenging. (P5)

Seasoned preceptors who preferred precepting students and new novice nurses over precepting nurses with previous professional experiences shared reasons for their preference. They suggested that novice nurses came in with their mindset for learning and were more receptive to advice and training in the new setting. This is reported in the following statement: "I think it's because the students [preceptees] come in very open to learning. … they are coming in as a completely blank slate… I just find it's easier to train a student than it is to train new staff" (P4). Another senior preceptor shared the reason for her preference was that novice nurses had the passion for learning and a willingness to explore new skills and knowledge:

> I always loved the novice nurses because they are always keen and they're very fresh and they are still… I don't wanna say jaded to the nursing profession... and they do and learn as much as they can… which is always lovely to have their fresh face. (P2)

Similar reasons for the preference to precept a novice nurse preceptee were reported:

> With the new grad there is though the benefit that you're working with a clean slate… most of them are very eager to learn and very motivated… in general I find the new grads

> just more receptive, very excited, fresh to nursing, they're not burnt out, and they're really motivated to learn. Not really a preference, I can handle either situation. (P5)

Generally, preceptors felt there was no difference between precepting a student nurse and precepting a novice or an experienced nurse from a speciality other than NICU. Preceptees with limited experience in NICU were perceived as challenging to precept. Preceptors shared that NHRNs must have a neonatal resuscitation program (NRP) certification and a perinatal nursing certificate from a recognized program as a requirement for employment in the NICU. However, new nurses had started their employment before completing the required courses. These, novice preceptees required additional time and effort to teach new clinical skills.

One preceptor nurse shared her previous experience when she was recruited in the organization: "NRP program was completed before I even applied to work in the NICU… it was a requirement… Now we're hiring new grads who haven't taken the courses… they don't know what they don't know... the care has dropped to a point" (P4). Preceptors acknowledged that one major challenge was encountered when teaching novice nurses time management skills which made it even more complex to precept them. This was conveyed by P5 in the following quote: "Usually starting off with a smaller patient assignment to help time management skills. One of the big struggles with a newer nurse is time management."

Finally, a preceptor who had the opportunity to precept an internationally educated nurse (IEN) shared this experience and referred to it as an enjoyable experience and great learning opportunity, most particularly when learning different approaches to providing nursing care in different countries and learning how to integrate some of these strategies into her practice to improve current nursing care. However, she reported language was occasionally a barrier; this is reflected in the following quote:

> International nurses I absolutely love to hear and see what other people do in different countries, the resources we have compared to resources [of]other countries…great to be able to learn... Occasionally there is a language barrier, some accents can be heavier than others. (P2)

Preceptee Orientation Program. The mandatory preceptees orientation program was perceived to inadequately prepare new nurses for their role. Newly hired nurses were enrolled in this program for two weeks prior to commencing their preceptorship period in their designated department of employment. In this program, orientees received additional training including certain skills, routines, and expectations that were explicit to NICU. One preceptor was concerned that this program was not inclusive in terms of its length and content. This was perceived to place an additional responsibility on preceptors within NICU to train new nurses.

The lack of preceptee preparations during the orientation program is conveyed in the following quote:

> They [preceptees] are getting a few days in class where they [educators] throw them as much information as they can and then they're [educators] shoving them [preceptees] out on the floor and you're expected to teach them. Our orientation program… I don't think it's long enough and I don't think it's in depth enough for them. (P4)

Additionally, P4 referred to her past experience of being trained as a new nurse and perceived it to be a better training program than the currently used program in that it was more exclusive and used unit-based focused training: "My orientation was a little bit different… every level in NICU had an orientation book and preceptee will not advance to the next level until they are signed off competent in the current level… it's a lot longer program before."

Preceptees' Learning Style. The preceptees learning style was among the challenging factors that negatively influenced the role. Preceptors shared examples from their own past professional experiences and used these to facilitate the teaching and learning process. For instance, P4 shared that matching preceptors' teaching style with preceptees' learning style was important to facilitate this process: "If the preceptor isn't teaching them [preceptees] in a way that they understand so they [preceptee] might not have that opportunity to speak with you [preceptor] and say… I need to do hands on, I don't learn this way". Another participant discussed the impact of differences between teaching and learning styles:

> If there is a conflict with learning styles and that person [preceptor] cannot adapt to the learner's needs that causes… a banging of heads and it's challenging for the learner because they find they're like whoa, that person's learning [*sic*] style is not suitable to my learning needs and then they find that they're not learning appropriately. So… inability to adapt your teaching style to the learner's like learning needs. (P5)

Preceptors experienced significant difficulties in carrying out the role when a preceptee was not engaged in the learning process and not adequately prepared for pediatric nursing. The lack of interest in learning within the unit was attributed to NHRNs having experience in general health care, little or no preparation for pediatric nursing, and limited choice about where they worked:

> …when they [nurses from other units] are forced to come to the unit due to either personal injury unable to care for adult patients or due to restructuring of departments, they are less accommodating and less willing to learn about neonatology or the pediatric settings. (P2)

Precepting and Caring for Critically Ill Patients. One participant reported that having a preceptee while caring for a critically ill baby had an impact on her relationship with the baby's parents. She noted that the presence of a preceptee may sometimes hinder parents' ability to share critical information with the primary nurse:

> So, as you develop more of a unique relationship with this baby and the family, that's where the dynamic can be affected when you have a preceptorship [*sic*] because you work so much with the parents. You also be mindful that … you don't want to come across to the parents making their baby like a learning subject, and then there might be cases where it's like a sensitive issue that parents want to open up to you but maybe they cannot because there is a new person there. (P1)

In contrast, another nurse believed that the preceptees' presence had no influence on the nurse-patient relationship; rather it often caused a delay of other certain nursing tasks such as missing break time or staying later at work to complete nursing documentation. This was conveyed in the following quote:

> I don't see that [precepting] affects [patient-nurse relationship] at all because I'm very conscious of that. But I do find that I'm there [in the unit] later because I maybe haven't done my charting or other little paperwork tasks that I have to do because I've been teaching. So, I find that's probably where it affects the most... sometimes anxiety provoking… it adds again to our stress load and our anxiety levels. (P4)

Another participant thought the difficulty caused by the presence of a preceptee whilst caring for a critically ill patient was related to preceptee knowledge, skill level, and ability to manage a difficult situation, as described here:

> if this patient is stable, it's not usually an issue, occasionally, I have had a preceptee and a very sick baby or baby that has turned to be very sick, and again depending on their level of wanting to help and their knowledge base, it can be both, some preceptees I have a wonderful time with even with a very sick baby they've helped tremendously or jumped in to learn. Other times they've been a hindrance because it's been questions at the wrong time like when you're coding a baby it's not the time to ask me multiple questions so, it really just depends on the nurse that is being precepted. (P2)

Similar thoughts were shared that having a preceptee had an impact on delivering nursing care and nurse-parent interactions when patients' acuity and workload increased:

> I don't think it [preceptees' presence] really affects it [nursing care] that much… it depends on the situation. If it was an intense situation, and I felt like it was going to be a long, difficult day, that might make things difficult. However, if there was a resuscitation or a bedside procedure like intubation, that I know wouldn't take all day, I feel like it's fine to have new staff around, I feel it's helpful for them to sit back and watch. (P3)

Factors Related to Preceptor-Preceptee Relationship

Preceptors referenced some personal and professional attributes that preceptors and preceptees should possess to ensure a successful preceptorship. Additionally, they commented on the differences of personalities between preceptors and preceptees, and how these differences could influence the preceptor-preceptee relationship. Participants used their past experiences when they were new nurses to improve and develop their own attributes when precepting NHRNs. They commented on the importance of these attributes for preceptor-preceptee relationships during the orientation process.

Preceptors' Professional Attributes. Overall, participants recognized the passion and love for teaching in addition to professional nursing experience as fundamental professional attributes for a successful orientation program. Participant 2 had an enjoyable experience while precepting due to her passion for teaching but noted that some nurses just do not share this same passion which influenced their ability to precept a NHRN effectively:

> I enjoy teaching and imparting the knowledge I have learned over the years… it means a lot to me to be able to teach… I think you have to have the love to do it [precept] and want to do it. There are nurses that are great nurses but not good educators, so I think you have to want to do it so… (P2)

In addition to their desire to share professional expertise with new nurses, some preceptors believed that the ability to teach was a natural, intrinsic, professional attribute that one should possess to enjoy the teaching role. These attributes seemed to motivate RNs to become part of preceptees' success, for example: You want to support that new staff… and I understand [that] not everybody enjoys preceptoring [*sic*]. It's not for everybody. I just naturally ~~have~~ enjoyed preceptoring [*sic*]... it [precepting] gives me that opportunity [to] instil that passion for the job. (P5)

Patience for teaching was considered another professional attribute that preceptors should maintain to enjoy the teaching role and that may positively have impacted the preceptor-preceptee relationship.

Positive attitudes towards teaching and the learning process, and self-confidence that one had the required teaching skills to be successful in the role were among the attributes reported to impact participants' ways of precepting, attributes such as motivation to participate in the role: "I like to precept new nurses; I feel like I did well, so I felt confident to take on the role again… I

like teaching because if you enjoy teaching that's what motivates you, right!" (P3). The inability of RNs to engage in the teaching-learning relationship was associated with lack of self-confidence, for example: "Sometimes people just don't feel competent enough in their skills and abilities… just a bit insecure and unsure, especially if they've never done it before or if they haven't done it in a long time" (P5).

Participants emphasized the importance of being confident in assuming the preceptor role, having the professional nursing knowledge and experience, being familiar with current practice, aware of the scope of their own practice, and maintaining current knowledge of unit policies and guidelines to effectively precept new nurses. These professional attributes were shared by P4:

> I think to be a good preceptor you also have to be very comfortable in what your limits are… to be able to say you know what, that's not something I'm comfortable doing or that's a skill I don't know how to do and we're going to have to find someone else to teach it to you [preceptee] rather than muddling through. And that I think takes a lot of confidence to know that you don't have some skills that maybe you should have. Maybe it's more [about] self-aware[ness] of what I do and don't know and being able to own what I don't know.

Being approachable and able to provide feedback were also recognized as professional attributes important for supporting preceptee progress during the learning process and provide them with a sense of being safe: "Another attribute that made me successful as a preceptor…that I am very approachable and often many people seek my help and advice" (P 2), and "be able to provide feedback, be assertive, be a good role model…" (P3).

Participants in this study recalled their past experiences and discussed the influence that the practice of their own preceptors had on their current practice when precepting NHRNs. Here is an example of using one's own previous experience as a preceptee to improve their current practice as a preceptor:

> I had a preceptor that was really motivated, really enjoyed working in the NICU and that kind of translated into me and that's like how I ended up working in the NICU. I'm hoping that I can kind of ignite that passion in other people. (P5)

Participant 5 summed up some preceptors' professional attributes that helped her to nurture novice nurses through their transition process:

> Experience in the unit. And I think you've got to be someone that keeps on top of things… I always made sure I kept on top of policies, read my emails. Just various committee work so I have an idea of what's going on in the unit. So, bringing all that knowledge and expertise to the role I think has helped me be successful in a preceptor role.

She also highlighted the importance of adopting a learner-centred approach for teaching and to assist preceptees achieve their predetermined goals:

> You need to be supportive of learners… You also need to be flexible as well and make sure that you're actually very learner focused and allow the learner to actually participate. Sometimes as nurses we have a tendency to kind of just jump in there and do things but that doesn't take away from what the learner is trying to learn. (P5)

Preceptors' Personal Attributes. Preceptors should embrace a positive attitude towards supporting NHRNs' learning as perceived: "you truly have to love teaching and you have to love

supporting and working with less experienced people... I think that's a special type of person that is very comfortable guiding and encouraging somebody along the path" (P 4).

Participant 5 further explained that preceptors should have good social and interpersonal skills to be successful in the role: "Patience is one… You've got to be that people person, you need to be calm, you need to be patient … You also need to be flexible."

Participant 2 confirmed that having a calm personality assisted her through the precepting role: "I perceive myself as a preceptor and a facilitator for learning for RNs as a very calm person which helped me to cope with different preceptee's personalities." One the other hand, P3 shared other preceptors' attributes that were perceived to be important to support preceptees' socialization: "You need to be patient, be able to listen to them [preceptee], kindness is important in general towards new staff and colleagues, be supportive and make them [preceptee] feel welcome because that's how they will ultimately do better". Finally, some preceptors shared that their desire for going through new challenges motivated them to participate in the role. Participant 2 explained, "Another motive for me is that I look forward for different challenges," and P3 shared, "I also like the challenge."

Preceptees' Attributes. Participants perceived the preceptor-preceptee relationship as a dynamic process, that both preceptors and preceptees should have similar attributes to ensure effective relationships and successful integration processes. Some attributes were recognized as important for both preceptors and preceptees to maintain a good professional relationship as described by P3: "I think you [preceptee] should have a willingness to learn, not be afraid to ask questions, be patient, open minded, also be open to the provided feedback, ...need that as a preceptor too it doesn't go one way, it goes both ways".

Preceptees' willingness to learn the new department's specific skills and routines was frequently cited by participants. Participant 4 stated, "you [preceptee] really have to go in with that mindset that I need to learn everything new because this is a completely different environment for us." In addition to having sufficient basic nursing knowledge and skills; preceptees who completed the required neonatal course and those who had the neonatal background knowledge prior to commencing their employment were noted to be easier to precept and had better time management skills as highlighted in the following statement:

> They [preceptees] have a knowledge base so that helps, and it makes it a little bit easier and you are just teaching … how we do things in this unit. If they have some experience, they may already have some of those time management skills. (P5)

Personality Differences. Personality differences between the preceptor and their preceptee were discussed by participants as a factor that may have posed an added challenge to the preceptor role, most specifically when nurses were from a different clinical practice setting such as general healthcare nursing. One nurse commented that,

> personality differences are definitely a challenge for me... So, when you are [preceptor] in close contact with someone [preceptee] for such a prolonged period there are personality differences that I find quite challenging. Some people [preceptees] are eager to learn. Some people not so eager. Some people [preceptees] come in thinking that they already know everything. So… that is a big challenge for me. (P4)

Another preceptor suggested that differences in personalities at times influenced the preceptor-preceptee relationship negatively, and led to preceptor burnout, fatigue and avoiding working with the preceptee, for example:

> Others [preceptors] have had a bad experience so they may have had a staff person or a student that maybe they struggled with or they didn't jive with the personality and it ended being a negative experience. So that experience will put people off from not precepting. Personality is a tough one. (P5)

Another nurse asked the clinical leader to change her preceptee assignment when conflicts in their personalities arose: "I think in all my experience I've only ever said to them [charge nurses] once; don't put me with that person preceptee again because it was at that time a big clash of personalities…" (P2). This nurse suggested that one reason of this conflict was due to differences in providing nursing care:

> Some of my precepting experiences went well and others did not go so well this was due to different personalities and mentalities of how preceptees wanted to practice nursing. So, I think sometimes definitely the personalities… I did back heads with one preceptor nurse; she definitely was not one to do the job she was shuffled from a different position because of cuts and had no care for the babies in the unit or the job itself and she didn't last she went on to somewhere else. (P2)

Factors Related to Clinical Leaders

Clinical leaders include unit managers, educators, and charge nurses. Participants described a lack of management support when precepting; one example mentioned the lack of support from both manager and educator and described an information gap about preceptee activities and performance:

> There is no follow up… the educator doesn't come and ask you how you're doing with the new staff… the person who is precepting is completely left out of the whole evaluation process… They're [managers] not part of any kind of the evaluation or review

> of the skills that they [preceptee] still need to do. There's no discussion with the preceptor as to what kind of assignments you think that you should take with your new staff [preceptee] in order to learn. So, you completely have no control. (P4)

Managers were rarely involved in the preceptorship program: "it's mainly the educators, managers are not involved" (P3). Participants reported seeking support from the unit manager primarily when a preceptee was failing to meet the unit's expectations during their orientation period:

> If a nurse [NHRN] is really having hard time struggling with the content of the unit, I know the educators then bring that up to our nurse manager... I never had to go to the nurse manager myself to say this isn't working out she is not gonna [*sic*] be a good fit... the manager tends to leave all that to the educators and only gets involved if there is a difficult decision to be made. (P2)

The unit manager was also involved in cases when RNs refused to assume the preceptor role~~;~~ as P4 explained:

> I actually just recently went to management because she asked me why I was refusing to take them [preceptee], and I just said you know it's too much… I think personally, I would go to management if I were that uncomfortable [rather]… than going to the educators.

In addition to feeling unsupported by clinical leaders, P4 believed that unit management urged preceptors to expedite the orientation process. Preceptors were asked to sign preceptees off as being competent practitioners at the completion of their orientation with little attention to their skill proficiency level. This was understood to be due to staff shortage and increased workload within the unit:

> We [preceptors] are not supported really well and I don't feel they [preceptees] are given adequate time… Pressure from management and educators, they're asking us to turn people [preceptees]… Responsibility to get preceptees to start working out on the floor when we are not 100% comfortable that preceptee can work independently.... So that's why I've really taken a step back from precepting... there [are] a lot of skills.... [having completed a skill only] 2-3 times I don't feel it's appropriate to be signing them up [for independent assignment]. (P4)

One recalled a different experience of precepting a new nurse who was transferred from another program due to organization restructuring and physical injury. The preceptee was believed to be incompetent and was deemed unsafe to work independently despite extending the orientation period. Management was perceived to have disregarded other preceptors' reported concerns regarding the preceptee's professional competencies. The situation required significant additional work and involvement of preceptors to try to remediate the situation, without success:

> I was given a new older hire it was supposed to be her last day and then she was supposed to go on her own, I ended up having to write six pages of notes and then meeting with the educator saying there is no way she is ready to be on her own she needs to go through this [orientation] again and they actually made her go through the whole preceptorship again …afterwards I found out I was not the first person to say that this nurse needed more education and more... preceptorship before she was allowed to be on her own... she had a very lax attitude and truly I don't think she wanted to work at all in neonatology so her second time through... she was let go after that. (P2)

Some preceptors believed they were poorly supported during the night shift, in part because charge nurses had their own workload that could be a full patient assignment to make up

for staff shortages and to help with increased patient acuity. Thus, they may have been unable to provide sufficient support to preceptors when needed:

> At night our only support is our charge/resource nurse. Unfortunately, they're also supporting our admission team and they have to take on any roles that are missing... A lot of times you can call our charge nurse and it would be a case of I'm really busy right now… can you get one of your co-workers to help you. So, we have minimal support… (P4)

Preceptors requested that when the patient assignment is allocated by educators/charge nurses, preceptees' professional learning needs be considered. This is so that preceptees could safely perform unit specific nursing skills, achieve competencies, and work independently by the end of the orientation period. Preceptee failure to meet expectations placed an extra burden on preceptors, as it became their responsibility to help preceptees fulfil the competency requirement. One preceptor stated that:

> Assignments don't always equal the skills that they [preceptees] need to practice… when it becomes my responsibility to find all of these things [required skills] for her [preceptee] to do then it adds again to our [preceptors] stress load and our anxiety levels that we're not finding these assignments with the babies that they need to practice their skills on. (P4)

Strategies to Overcome Challenges

Participants shared the process they used to report their concerns and the strategies that are in place to overcome these challenges and facilitate their preceptor role.

Reporting Challenges

When a challenging situation is encountered, preceptors reported their concerns mainly to a senior/charge nurse who was working on either shift—day or night. This is clearly conveyed in the following quote by P2:"For the most part I will talk to my charge nurses and say ok, at her level she's not right for the assignment you are giving her because it was too much having to teach her and then deal with the assignment."

Preceptors also reported their concerns in person to the unit educators who worked weekdays from 7 am to 5 pm. A recent experience of reporting difficulties when patients' acuity increased while precepting a NHRN supported the reporting process:

> Last week when I was precepting a new staff, we had a pretty heavy assignment, I felt like it was still manageable but it wasn't the most ideal so in that situation I spoke to the educator, just letting them know it was very heavy and I would prefer for it not to be that way. (P3)

During night shift and weekends, difficult issues pertaining to preceptee progress were shared with educators through email. When educators received an email from preceptors to address issues of concern in relation to their preceptee's progress, they usually organized a meeting with the preceptor/preceptee to discuss further strategies to meet the preceptee's learning needs, improve their progress, and enhance the orientation process. Participant 5 described this process in the following quote:

> But if I'm having like a big issue that I'm finding… I need to talk to the educator about whatever it is I usually will fire them off an email so they'll see that when they come in in the morning just to let them know of kind of what happens and then they usually will

> touch base with you [preceptor]. So, they'll wait to see you in person, or they'll send you an email.

Others reported processes to report concerns to the unit educators, that they would conference with educators if they had issues with preceptees. Participants reported that educators were always available by email. However, there were some limitations, as noted here:

> If I had a huge issue at night I would have to wait until the morning and then speak to somebody [educator] as they come in. So really, other than emailing and saying I had a problem, please get back to me, you don't have very much support at night. (P4)

Overall, preceptors reported their concerns during the preceptor-preceptee relationship earlier than preceptees and expressed this was likely due to preceptees' fear of saying anything early in the orientation periods. This is also noted to limit the time for any remediation work, as shown in the following shared experience:

> A lot of the times they're [preceptees] just quite fearful to say anything and unfortunately, you're finding out this is almost at the end of the orientation period or the training period when this happens. I find on the flipside the preceptors will come to you much earlier if there's issues. (P5)

Supporting Strategies During Challenging Situations

Different strategies were used to support preceptors during challenging situations. Overall, participants were satisfied with the support they received from educators. An example of support from an educator when facilitating the preceptee learning process while the preceptor was caring for a deteriorating patient is described here:

> The educators are usually great... part of it is that the educators are there, the support we get is when they are there right! so they …. will support you if the assignment is not

> supportive of the learner… they will come in either remove learner or you know assist and help learner learning and explain what I am doing if they [educators] have the time. (P2)

In addition, educators were advocating for preceptors and preceptees to ensure the appropriateness of their workload and the effectiveness of the preceptorship orientation program. Here is another example of experiencing a busy situation where the educator supported by ensuring a modified and appropriate patient load assigned for a preceptor:

> In terms of workload, the [educator] is advocating with either our middle management team or our charge nurses and educators and just kind of saying that we need an appropriate assignment. So, for example, we try our best to advocate for not having a four-patient assignment in level 2 because it does make it very challenging for learning and for workload. So, trying to advocate for a lighter patient assignment to allow that learner to fully absorb and get hands on and have that time for teaching. (P5)

Advocating for an appropriate workload assignment was usually achieved in collaboration between the nurse educator and the charge nurse. However, participants reported modifying patients' assignments was usually not possible when they required help and support due to the nature of work within NICU:

> I've been the preceptor in a four baby assignment and done the best I can on a shift, [I] went back to that clinical educator at the time and the reception from the educator was like well there's nothing I can do about it, like that we're short staffed, and like that's what the assignments were. So, I have not always had, personally, good response with that. (P5)

Participants reported similar situations when patients' work assignments could not be modified because of staff shortage. In this situation, the unit received staff nurses floating from other units who may not have been trained to work in NICU. This meant that sicker patients must be assigned to the neonate trained staff, resulting in increased workload for NICU staff:

> …other staff come up from other units, they [educators] put a limit on like how many patients they can take on as their workloads, but they don't do it for staff that are already in the unit [NICU], so there isn't too much they [educators] can do about it. It's Unfortunate!... I feel like… there is not much you can do about it at that point no one is going to jump in and take one of your patients. (P3)

Participants reported a few other strategies that educators used to support them, depending on the type of concern. For instance, when RNs were not motivated to participate in the preceptor role, unit educators met with them to explore ways to encourage them to participate, support their learning, and offer further advice, and resources to improve their teaching skills. Participant 5 described her experience: "just having a conversation with people [preceptors] and reminding them you are competent at your job and we do see that you have these abilities to [become a] preceptor. And you know what you can teach someone else is valuable."

Educators also offered a daily follow up on the progress of the preceptor-preceptee relationship to support and facilitate opportunities for further learning for both preceptors and preceptees. This type of support was reflected in the following quote: "actually [educators] do daily check in with people in orientation and [check] how are things going?... also, they also check in with the preceptor and have a conversation with them… how are things going, how can we support you?" (P5). Another added:

> They [educators] also encourage us where we work to be open and speak up right away at the beginning of the day; if you find you have an unmanageable assignment and there is no way you can have the time to teach, that way the staff [new nurse] can get placed to someone else [another preceptor], so I am happy that's in place. (P3)

Participants acknowledged that every preceptee had their own learning style that enabled them to best achieve their learning goals. A learner-centred strategy was used to adjust for these learning styles. Participants used their assessment skills to explore preceptee learning style and needs to help them fill gaps in their knowledge and meet required
skill competencies. Participant 5 described her approach when precepting a NHRN to overcome differences in teaching and learning styles:

> Learning style is a bit of a trickier one because a lot of people may not have that knowledge about the teaching and learning styles … having that conversation with that learner and say, you know how do you learn best and what can I do to help you learn best – you know is that me looking at policies for you? Is that me demonstrating and you kind of teaching back to me? Like what is the best way? (P5)

Providing constructive feedback was reported by most participants as an extremely challenging skill. To overcome this challenge and improve their skills in providing feedback, participants recalled their own past experiences of receiving feedback as preceptees and sought help from the educators. Participant 5 suggested the use of an evidence-based approach to improve her feedback skill:

> Feedback is the challenging one. I have that lived experience… I'm sure there's literature and things out there to kind of help with that so is that like a knowledge gap thing? Do you need to provide some sort of formal education on delivering feedback effectively?

> So… maybe having resources for preceptors out there on how to do this [feedback]… making it like a tool or a checklist or handing them… going to a website or giving them some sort of [an] article to read and review that might help. (P5)

The "messaging" approach was also mentioned as important to support preceptees' professional development and is described in the following statement:

> ... it's a bit of a trial and error thing. What I do is just… anticipate… how they're going to respond to my feedback. I'm a firm believer in the messaging. You can provide something constructively but it's just the way that you say that to that person [preceptee]. Keeping in mind that person's feelings… You need to say what you need to say for them [preceptees] to grow... a redirection. having a conversation of what happened… I usually will lead with something great, what you did great today was a, b, and c but what you really need to work on your assessment time to speed it up, you spent a lot of time, I know that it is a skill that you're learning and you're working really hard on that you know maybe I can help you by doing this. (P5)

Those who were more comfortable providing constructive feedback described what was referred to as the "intention behind the action" strategy. Participant 1 further explain this strategy: "I would assess the intention behind the action, for example; [the preceptee] might have misunderstood the concept, [I] focus on any positive consideration on their [preceptees] part and then fill in the gaps of knowledge."

Strategies to manage difficulties in relation to differences in personalities were mainly focused on enhancing the preceptorship program by improving preceptors' teaching and preceptees' learning experiences. Personality conflicts were mostly encountered with those who had previous professional experience. "Usually again you will see this [personality conflicts]

more in people that have some sort of nursing background" (P5). Participants felt this was because every hospital had different guidelines and policies for certain aspects of nursing practice. A discussion point on the importance of guiding new nurses to the current policies and procedures to overcome this difficulty was noted:

> In the NHRNs, you assess the nurse's knowledge level and you try to find a starting point that could be as simple as finding a protocol, guidelines and unit's routine as different hospitals have different protocols and guidelines than what is followed (here). This step is important… as the organization incorporates different scientific evidences that may not be applicable to others. (P1)

NHRNs With and Without Prior Experience. Training new experienced nurses to adjust to the current practices and work routines was also challenging for some participants. Preceptors' primary focus was to redirect NHRNs with prior clinical experience to the policies and guidelines specific to the hospital:

> The preceptor is to again reinforce what we do here, you know this is how we do things, this is why we do it, we talk about the patient safety piece and the importance of you adhering to our policies and practices for you know patient safety, etc. (P5)

Similar to precepting NHRNs who completed the neonatal course prior to commencing their work in the clinical area, attention focused on the unit routine rather than basic nursing care; this was conveyed by P3: "I don't focus too much on teaching general pathology and going in specific details, however, I focus on teaching them the daily flow in our unit and we talk about specific patient cases that we see."

Adapting to unit specific work routines and the hospital's policies and guidelines was another factor to relieve conflicting views between preceptors and preceptees. Preceptees were

usually offered time to adjust to current practices; if they were unsuccessful, a decision would then be made. This decision may have included allocating the preceptee to a different preceptor as a strategy for conflict resolution. This process was explained as follows:

> The practice is to try and kind of squash that behaviour… So, we do give them [preceptees] a bit of a time and then… we're finding this is continuing, we will try putting them with someone else... Personality is a tough one. So sometimes in our areas if it's just not working out and the learner is just having a very negative experience, they [educators] usually… assign a new preceptor and see if that helps. (P5)

Communication with preceptees and building current experience on past professional experiences were strategies that P2 used to support preceptees learning the new routines of the unit:

> I often say that's great but it's not the way we do it at… and you have to learn the way. So, I often inform nurses that you know yes this is acceptable and yes this is the way you do it at your previous hospital, at… we have to do it in a different way.

When strategies to overcome conflicts were unsuccessful, the manager's support and advice were sought; educator, preceptor, and preceptee would meet with the unit's manager to set further plans. This stage did not often occur as described by P5:

> … if we're getting that same sort of feedback [non-compliance] through various preceptors it becomes a challenge, right? … we start bringing up discussions of do we need to bring in someone that's like a clinical leader or manager and see is this a behaviour thing that someone [preceptee] is just not working with us. So that's the extreme ends of things and we've had to kind of go that route like I said not very often.

On night duty, similar strategies were adopted if concerns arose; the preceptee was allocated to a different preceptor for the remaining of the working duty and the educators would be informed of the concerns via an email. Participant 2 shared this experience:

> At nighttime if you're having an issue with the new learner you either talk with your charge person and at times, I have seen them assigned to someone else in the unit if it really doesn't work out you can email the educators during the night, and it will be addressed in the morning when they come for the most part, again, we are lucky because we are such a big unit if it's not working out with that person [preceptee] as an educator then the new learner can usually get switched to somebody else…

Pediatric Nurse Preceptors' Needs

Participants were asked to describe what needs they perceived important to enable them to effectively engage in the teaching-learning process and to share their experiences of support received from managers, educators and their co-workers while precepting NHRNs. They also reflected on their preparation for and motivations to assume the preceptor role. Finally, they were offered the opportunity to discuss the type of resources that they perceived important to facilitate their precepting role.

Based on the challenges they discussed during the interview, support from management, educators and peers was seen as essential to enhance the preceptorship program. Forms of support required consisted mainly of preceptor motivation and preparation for the role, and ensuring resources were available. Preceptors' needs will be discussed in more detail in the next section of this chapter.

Unit Leadership Support

Support from management, educators, and colleagues was the most frequently cited need of participants. Preceptors sought and received support in varying degrees from colleagues, charge nurses and educators. Although most participants in this study were satisfied with the support they received from educators, further support from management and educators was requested.

Manager Support

Participants requested to have regular meetings with clinical leaders to discuss the preceptor program and strategies to relieve stress and anxiety associated with the role:

> Having regular meetings /opportunities to discuss where I'm going might be a little more helpful for me if I had to do it again. And I realize that it is going to roll back around and I'm sure I'll have to have another experience at it [precepting]. I think more support along the stress and the anxiety. (P4)

Participants expected that meetings with clinical leaders to discuss challenges, expectations, and outcomes of the preceptorship program would improve their feeling of being supported, enhance their confidence, and motivate them to participate in the role more often:

> I think I would need to feel confident with the supports that are put in place with them [preceptees]… I would like to think that if I took on new staff and I wasn't comfortable when the end of their 12 weeks were up that I would be able to go to the educators and say this person [preceptee] needs… a little more time in such and such. Because I think unless I felt like someone was listening to me with what I thought with how the new staff was doing I really would have zero interest in precepting a new staff member. (P4)

Another participant perceived these meetings as therapeutic, allowing some preceptors to express their concerns:

> The other thing that's helpful is having somebody for you to talk to so whether that's like a clinical leader, an educator to just kind of help support you. I've often had people come to me struggling with preceptorship because they're not sure… am I getting to that person, am I teaching correctly, how can I do better? So just having someone to go to and just talk about how preceptorship is going and helping them, coaching them in what you could do better. So, having that support as well. (P5)

Educator's Support

The preceptor selection process was prominent among challenges that participants encountered. Participants suggested that educators needed to improve the selection process with the aim to motivate other nursing staff to participate in the role and provide them with support during the preceptorship relationship. This was reflected in the following:

> There should be a way to increase number of preceptors because it is beneficial as it is a good learning opportunity for both preceptors and preceptees. There is a need for a system or a review of a strategy to engage nurses in the preceptor role, to enable preceptors to evaluate and facilitate the new nurse's knowledge, skills, understanding of the bedside nursing care. (P1)

Generally, participants were satisfied with the support they received from educators in the unit; however, an additional support for both preceptors and preceptees was required. One participant proposed a resource nurse educator role should be made available to specifically support preceptors and preceptees on daily basis: "I think with the size of the unit that we have

and the intensity of our unit, I often feel they should have a nurse or a nurse educator that is just one walking around and asking if people need assistance" (P2).

Participant 2 further explained that she believes the resource educator role was important not only for supporting the progress of the preceptorship program, but also for supporting senior nurses. Currently, senior nurses in addition to their patient work assignment and as part of their role, were expected to support the teaching-learning process within the unit. This expectation created an additional workload for senior nurses:

> The expectation right now is that if you're the senior nurse in the pod you are the resource I often feel with the way the acuity and how often you're so understaffed and overworked that it would be beneficial to have just a resource nurse educator person walking around making sure that questions are being answered and can be there; rather than sometimes… the senior nurse in the pod because she does have her own full assignment so that is a role that could be more developed in our unit, again it's always budgeting and funding that is the issue of course. (P2)

Similarly, P4 suggested that educators perform daily rounds to support preceptors, most particularly when providing preceptees with feedback and evaluation. She shared her experience of feeling unsupported during this process: "the person who is precepting is completely left out of the whole evaluation process. They're not part of any kind of the evaluation or review of the skills that they [preceptee] still need to do." Another participant requested that educators assess the preceptor-preceptee relationship and their progress frequently to ensure its effectiveness.

Participants highlighted the need for regular, formal, in-person meetings with the unit's educators and the preceptee. Participant 4 recalled her previous experience as a preceptee to explain the benefits of these meeting for both preceptors and preceptees. During these meetings,

the opportunity was offered for preceptors to reflect on their precepting experiences, and for preceptees to share their learning needs, progress, concerns, and discuss strategies so they could achieve their goals:

> I think back to my days… we used to have like a post-conference after every shift we worked… having regular triad meetings that would allow all three parties evaluate how things are going. Preceptors can speak about the teaching, preceptee can discuss any issues they are having in a supportive way and the educators would get a good idea how things are going, offer suggestions for going forward and individualize the training… like as a [triad] meeting. (P4)

Currently, similar brief meetings were carried out by educators with preceptors and preceptees. However, contrary to the previously suggested benefits of the three-way meetings by nurse 4, another participant believed that preceptees did not usually discuss their progress in the preceptor's presence and suggested that preceptees may have felt threatened:

> Daily check in with people in orientation... how are things going? The conversation is usually in front of the preceptor... won't say anything and will just say everything's good, good assignment, things are going well. You usually will learn that things are not going well later… they may come to see you and have a chat, to talk about a concern. Usually this doesn't happen… they're [preceptees] afraid that if they say anything…. (P5)

Participants also proposed informal meetings as another form of preceptor support. These could include an informal social media group for preceptors to discuss their teaching practice and receive support from peer preceptors:

> I think like even having meetings as a preceptor group to talk would probably be very beneficial in the unit, to say that ok I am teaching this in this way what are you doing and

> just to get it out that we have different ways of teaching because everybody is a different individual… I think more so maybe an informal group or even just to chat on Facebook or whatever would be helpful for preceptors in decompressing at times, or asking like how do you do this when you are precepting? I would like different ways in approaching somebody. (P2)

Prior to commencing the orientation period, participants asked educators to provide them with a brief professional background information of the assigned preceptee. Preceptors perceived that this information would assist them in anticipating the preceptee's professional knowledge and proficiency level so that they could develop individualized orientation objectives and goals This was reflected in the following quote:

> I think it would help if you [preceptor] knew what background they [preceptee] had in terms [of] what skills they already have, what experience they have. Because it's a lot different coming from let's say public health or a senior's home versus coming from an emerg [*sic*]or an intensive care unit… So, I think it would be really helpful in that way in terms of almost figuring out which way your teaching is going to go. (P4)

Others also expressed value in receiving some information about their preceptee's background along with relevant materials and expectations from the educator, this information helped tailor the orientation.

Participants requested that educators collaborate with charge nurses and offer them additional support, particularly when allocating work assignments. Overall, participants expressed the importance of allocating them lighter patient assignments while precepting to support the teaching process. Participant 5 shared that educators "[are] trying to advocate for a lighter patient assignment to allow the preceptee to fully [get immersed in the learning]".

Additionally, participants requested that the preceptees' learning needs be considered during the allocation process to facilitate exploring different learning opportunities and to determine manageable patient assignment.

One participant shared experiencing difficulties in locating skills to offer preceptees the opportunity for supervised training and to assist them in achieving clinical competencies during their orientation period. These difficulties were due to the unit size, patient acuity, and patient reporting system—that is, each nurse receiving reports on the patients within their assignment:

> Because we [NICU] have [#] beds so I might be at one end but there might be transfusions happening at the other end that I don't know about, but my new staff really needs to learn, and you know then she [preceptee] could be shunted along. (P4)

The responsibility of locating needed learning opportunities for preceptees added to preceptors' stress and anxiety and this was reflected by P4 who suggested a strategy to overcome this difficulty. They suggested that charge nurses be provided with a daily overview of the preceptees on duty, their learning needs, and the skills to consider when assigning patients. This would be so that the available skills could be captured at the beginning of each working duty. Supervision and support could be planned in collaboration with preceptors and educators to facilitate preceptees' learning of new skills in a timely manner.

Finally, one preceptor highlighted the importance of being paired with the same preceptee for the entire orientation period. They explained that the initial assessment of preceptee competencies and knowledge was usually performed at the start of the orientation period. The preceptor's assessment of the preceptee's needs to address additional learning opportunities would allow for the continuity of provided support:

> It is hard also because sometimes a new nurse comes to our unit who wouldn't have the same preceptor through the orientation period, and often times when I know I am the third or fourth preceptor I will start with where are you at? What are you comfortable doing? What you want to learn to do? (P2)

Preceptors' Preparation

During the individual interviews, participants discussed preceptors' preparation training sessions as a form of support for their role. Currently, educators encouraged preceptors to complete online training sessions to prepare for the role. However, these sessions were not mandatory: "Educators do recommend that RNs consider enrolling in the preceptorship course but it's not mandatory" (P2). Participant 3 further explained: "[Educators] will send an email about it [online training] every once in a while, and encourage you to try to attend if you're interested."

In addition to the online training, some participants received a preceptor's handbook as preparation for their role. This handbook contained case scenarios aimed at improving the critical thinking and problem-solving skills of preceptors "we have sort of like I guess short handbook... like these are the situations that you can go through this [*sic*] your new orientee like situation or like the question you can ask them." (P2)

However, preceptors neither received feedback from educators on their approach nor were they given the opportunity to reflect on their thinking process when they completed the workbook:

> ... so like how do we know that we are given the right answer... is that even everything we need to tell them because maybe my answers only A and B but, in that situation, they need to know A, B, C, D and E. (P2)

Three of the five participants completed an in-person preceptor training workshop, two completed their training more than eight to ten years ago, and one participant completed her training three years ago. The most current preceptor training was offered through a formal education program and was in relation to precepting student nurses who were in clinical placement from universities and colleges in the area. Participant 1 considered this workshop beneficial but not sufficient to train NHRNs: "...my nurse educator pointed to me there is a student preceptorship course which I took but it's different it's just general to any student… it's useful but I feel like it's not enough… precepting RNs is different than precepting students."

Overall, participants valued formal structured preceptor preparation sessions and adequate education so that they could standardize their teaching practice and acquire further professional knowledge and skills: "… I think that [training] would be very beneficial... This will enable nurses' preceptors to standardize their practice as educators and will enable them to give detailed and structured preceptorship throughout the orientation period" (P1). Equally, the preceptor training sessions were considered to ensure and maintain consistency of teaching practice among preceptors throughout the orientation period:

> I still like the idea of workshop too because it provides that consistency in the standards... Right now, there really isn't any formal things on paper, right? So, a workshop and stuff might… help the standardization of... the skill sets that the preceptor should have, and we can translate that into the unit. (P5)

One participant believed that preceptors' education training sessions should be made mandatory to all preceptors prior to commencing the role: "I really think that it [training] should almost be a requirement that there is the preceptorship course taken at some point" (P4). Participants were willing to attend a training workshop/session however, having a formal

training course available for everyone was challenging according to P5: “It would be nice to have to offer some sort of formal kind of teaching or course or workshop for everyone—how feasible it is in these times it’s challenging.”

Attending an in-person, formal preceptor preparation training session was reported to be difficult. Some participants believed the reason for nurses’ unwillingness to attend was due to their busy life and work environment, in addition to nurses’ residences being geographically widespread, that hindered their access to training:

> I think some of the hindrance can be that there are so many things going on in the unit at times that a lot of nurses look at it and say oh one more thing I don’t know if I can handle doing one more thing!... It is difficult with the age and spread of the way where everybody lives at times, so getting together isn’t always easy and going to another class, most people would go but sometimes it’s just that one more thing. (P2)

Another reason recognized by P3 was that RNs were unwilling to attend training sessions during their time off work: “so I feel like I would like to go but it’s just hard finding the time to do that [attend] specially on your days off.” Participants felt this was because RNs were not compensated for attending the session should they decide to take part in training while on their day off. This was reflected in the following two quotes by P4 and P5, respectively: “Whether our unit offers it [training] somehow or they [preceptors] get compensated for taking it, because like everything else it’s [training] done on your own time,” and “Because sometimes on a day off people necessarily won’t go if they’re not being paid for it.”

Participants further proposed a few strategies to motivate RNs to attend the training sessions. For instance, P4 suggested compensating RNs to attend the course: “Perhaps if [RNs] are compensated for taking the [training workshop] you might find more people willing to take

the course. I think that would really help." Participant 5 mirrored this and further added that support from co-workers to facilitate preceptors' attendance at the training was essential too.

The co-workers' support could be offered in the form of rescheduling a working duty with those who were interested in the preceptor role so that their attendance at the training could be facilitated:

> So, if that workshop is happening on a day that's somebody is working and it's not going to be offered for a few months, can we rearrange schedules to support or pay somebody for an education day to go? ... So somehow having some support whether it's giving them the day off or paying for them to go to it with their time off that's also helpful. (P5)

Another participant proposed online training sessions as an alternative to the in-person training; this was conveyed in the following quote by P3: "I would like that [preparation course], but I wish there is an online option."

Generally, participants welcomed the opportunity to attend preceptor preparation training sessions to enrich their knowledge and advance their strategies for teaching:

> If something was to be offered now like I have had some experience like I would still attend because it's still, like I said, you can always learn something, right? And you know I can learn a technique that I never thought of before. It might help me to apply it to a situation. So yeah it would be nice. (P5)

However, one seasoned preceptor was reluctant to attend formal preparation sessions and was uncertain about the benefits she would gain from further training. Instead she believed that "self-[directed] training" by reading a preceptorship guide and workbook would be sufficient:

> I don't feel this course was necessary for someone with an experience of being a preceptor for so long, I don't think I will earn new knowledge, and I am not sure how the

> course will benefit me I don't know what they teach even. I feel reading through manuals and books on preceptorship was sufficient as a form of self-training. I think that it [training workshop] would probably be beneficial. (P2)

Along with "self-training", P2 also proposed a refresher course be offered to seasoned preceptors: "… maybe review for the older ones [seasoned preceptors] that to update them on new teaching practices and skills for example this is how you can communicate better when personalities come in to play it can be harder to precept."

While co-precepting with other novice preceptors, P2 shared her experience of training them on how to precept and provide them with strategies to overcome challenges they would encounter: "I have taught a younger nurse [novice] how to precept, because they actually will come and ask me questions, for example, what should I do in this situation… so we were just verifying with each other." Thus, formal and structured preceptor training sessions were suggested to be more beneficial for novice preceptors:

> I think that for the new preceptors especially, they [clinical leaders] want nurses in my unit to start precepting at three years, I think that they should have to go through the preceptorship course, again I definitely think it [formal training] should be something for a new [preceptor], because I honestly don't feel that three years' experience in our unit is enough to start allowing you precept… (P2)

On the contrary, a novice preceptor considered herself to be adequately prepared; she believed she maintained adequate and necessary knowledge and skills that were required for success. Participant 3 explained that receiving the orientation booklets and clear expectations from educators help preceptors to plan and prepare for the NHRNs orientation period.

Senior participants perceived receiving constant positive feedback on their teaching and precepting style as a reflection of having enough skills and knowledge to be competent preceptors:

> Honestly at this point in my game in life I don't know if I want to do it [training] again, maybe if I had feedback that said that it negatively impacted how I was precepting… I would definitely think about doing it, but I don't have that feedback so, I don't necessarily feel I need to go to a preceptor workshop at this point…. (P2)

Adequate preparation to enable preceptors to provide constructive feedback was also a frequently cited area by participants during the individual interviews. Participants felt they were inadequately prepared to provide feedback and found it to be difficult, specifically with those who did not progress well in achieving the required level of competence:

> I think the biggest thing we all need practice for is giving feedback. Because I don't think… we really learn how to be critical of each other nicely… Constructive criticism is not part of the curriculum necessarily. it was not something that I was ever taught in nursing school and I don't know what is on the curriculum now. (P4)

Motivation and Recognition of Preceptors

During individual interviews, participants identified the need to be appreciated and recognized for their contribution to the preceptor program; this was reflected in the following quote: "It would be nice to get more recognition to make us feel more appreciated" (P3). Overall, participants described monetary rewards as insufficient compared to the role's duties and responsibilities. Furthermore, they suggested RNs might be more willing to participate in the role if they received adequate rewards: "I am sure if we were monetarily compensated, I am sure more people would step forward" (P2). Similarly, P5 commented that even if nurses received a

small amount of payment for precepting, for some it might be a good motivator for participation in the role: “For some people it is those few extra dollars over our … so a couple of extra dollars a month… it ends up adding up as a little bit extra so [for] some people it doesn’t hurt.”

While these rewards were considered important to improve RNs’ participation in the role, P3 did not necessarily perceive it as a motivator for her:

> I don’t think we’re compensated, so I don’t know if that can be a motivator for some people, it could motivate other people [nurses], I don’t personally care because it’s not a huge difference, but some people do. I have heard it from other people [preceptors] that they feel like we should be compensated.

Rather, a certificate of acknowledgement for their contributions in the program was viewed to be sufficient by P1: “I feel acknowledgement and a recognition certificate of your achievement when assuming the preceptor role is important even in the form of a certificate to acknowledge your help in the education process.”

One participant suggested an increase in monetary rewards should be guaranteed for those who were participating in the training sessions and were certified as a trained competent preceptor. This was communicated by P2 in the following quote:

> ... like I definitely think in some ways, if they [organization’s leaders] were going to monetarily compensate us more, then they definitely need to have it in more rigid structure of you have to go to a preceptor class before you are allowed the extra compensation you have to pass the preceptor class and speak to the educators before you are allowed to apply for more compensation.

However, P4 proposed extra monetary rewards should be provided with extra caution; she further explained:

> I think if you offer a lot of money to do it [precepting] you're going to get the wrong people. Because I truly think there is a type of nurse that does really well with that role, and I would hate to see people doing it not for the right reasons but for the money.

Accessible Resources

Participants were asked during the individual interviews about the resources they thought would further improve the clinical learning environment and support them in their teaching role. Although there was an accessible draft binder in the unit, a formal written resource folder for advanced clinical nursing practice was considered essential. Preceptors suggested the written folder should contain—but not be limited to—the following: expected learning outcomes of the preceptor-preceptee relationship, teaching strategies, and the most current unit-specific policies, procedures, and guidelines:

> A guide for preceptors is needed during orientation period. This guide should include things like expectations of what preceptors are required to cover with the preceptee during the orientation period. How you assume the preceptor role… A guidelines and policies binder for advanced care will be beneficial for example standards of care such as repeat head ultrasound for babies those are the things are not in place. (P1)

Participant 3 further added, "expectation guidelines should be provided for the preceptors and the preceptees." In addition, educators were also urged to continue sharing the expectations of the training process with preceptors: "also to go over what is the expectations are for orientation" (P5).

Participants perceived some benefits of the resource folder including ensuring the consistency in precepting new nurses, standardizing teaching practice, supplementing the

preceptor's role, and supporting preceptees in filling the theoretical and clinical gaps in their knowledge and skills:

> New staff nurses and those with minimal experience would benefit from this handbook, this will supplement preceptors' efforts to fill in the novice/unexperienced nurses' knowledge and skills gaps, just something for them to read about so they don't come in with like a completely blind space and we have to fill it in everything from the beginning… will help you gain the skills required for the role. (P1)

Another participant articulated that it would be helpful to have a preceptors' resource folder that would serve as a tool to direct their clinical practice:

> I think having resources for preceptors just in general again… having these books here to be like aids, a guide to what things to cover during your preceptorship. Those guides also helped you with determining learning needs and what types of patient assignments and experiences are out there. So, we find those books are pretty helpful. (P5)

Participants shared they developed their own pocket-size teaching tools. They further requested that educators should provide them with an approved, updated tool to assist in the day-to-day nursing practice:

> Other important things to be competent preceptor is that definitely there is lots of little teaching tools, for instance we have algorithms that we follow, we have different things and I know over the years I have tucked them into my badge because we have little things like lab values and how to find a drip calculation it's easier… this should be standardized that every new hire gets as a teaching tools. I've had these tools over the years that I have picked up different things... Everybody should have them. (P2)

Participants 3 and 4 shared the same perceptions about this teaching tool: this was reflected in their quotes respectively: “I feel like an education tool would be helpful… are good enough” and “a nice, easy, little one-page tips and tricks sheet given to preceptors would certainly help them prepare for what they need.”

Participants viewed a preceptee orientation booklet as another necessary resource to help preceptees fulfil expectations during their orientation period: “So our preceptees get a manual. They do get readings and they get a list of all the things that they have to have signed off by a certain amount of time” (P4). This booklet was also viewed as a guide for preceptors’ own practice:

> I was looking at the orientation books that new nurses get once they are hired, and it is very comprehensive, so new staff as well as preceptors are able to look through it and see checklists of different skills and case scenarios that may be encountered in the clinical setting. (P3)

However, participants did not receive a copy of the booklet; they believed having access to this copy would be helpful when patient assignments were allocated to preceptors so that preceptees’ learning needs could be met: “But the preceptors don’t get a copy of that... So, you’re almost kind of dependent on them [preceptees] to tell you honestly what skills they need to practice…” (P4).

Unlike other participants, one preceptor appreciated the resources and support that was currently available; she recalled her past experience when precepting and compared it with the current experience:

> The educator would pop by and be like, how are things going? … we never used to have those evaluation tools. We never had the preceptor books. So, there wasn’t a lot. I just

> kind of on my own went to those preceptor workshops. So, I don't think I had a lot of support at that time. It's changed now over the past like number of like good 4 or 5 years that there's these supports available. (P5)

Summary of Findings

This chapter presented findings that emerged from the interpretive analysis of the participants' communicated experiences as preceptors during the individual interviews. In addition, their shared information in the demographic questionnaire was provided to offer readers background information on the participants' characteristics. This chapter first, presented participant demographic data and characteristics. Then, findings are presented in three key themes that were developed from the analysis of the individual interviews. The themes reflect the thoughts and information shared by each of the five participants, all of whom are experienced preceptors of NHRNs. The three themes that emerged were discussed and supported using quotes that were identified as containing "seeds of an important insight" (Thorne, 2016, p. 124). The first key theme was their dual role as a pediatric nurse and educator. Participants described both roles and the multiple responsibilities associated with each role.

The second theme was the preceptors' experiences of precepting NHRNs. This theme included three subthemes (a) precepting is rewarding; (b) precepting is challenging and (c) strategies to overcome challenges. They perceived their role as rewarding because it offered them the opportunity for personal and professional growth. An important subtheme 'preceptorship is challenging', was much more expansive. Participants also described the difficulties they encountered while precepting and perceived that these challenges amplified particularly with increased workload, patient's acuity, and lack of clinical leaders' support. They identified many contributing factors to the role's difficulties; some were related to the precepting

role, while other factors were related to preceptors and preceptees and third group of factors was related to clinical leaders. Many factors were shared between preceptors and preceptees, for example, lack of preparation, learning and teaching styles, support, time management, commitment to teach and learn, and attributes of both preceptors and preceptees. The strategies that preceptors used to seek support and overcome their challenges were also discussed.

The third theme is the participants' perceived needs to facilitate their role, which is focused on additional support for preceptors to better assist them in carrying out the role effectively with NHRNs. Findings from this study will be compared with findings from the current literature in the following chapter.

CHAPTER FIVE: DISCUSSION

Chapter Overview

The study examined registered nurses' experiences when precepting NHRNs who were currently working in a NICU in a southern Ontario hospital. Five participants completed semi-structured interviews and provided rich information. Three themes emerged from the analysis; these included the role duality of pediatric nurse preceptors, the experiences of pediatric nurse preceptors, and pediatric nurse preceptors needs.

These key themes are not entirely unique to this study; rather these themes concur with findings from the literature that explored the experiences of nurses as preceptors for new nurses in the adult healthcare settings as well as the few that reported on pediatric settings. However, there are new findings from this study in relation to preceptor experiences when precepting new nurses with previous professional experience. The purpose of this chapter is to critically examine the findings from the current study in view of already existing knowledge in the previous studies. Furthermore, the chapter will explain how preceptors' experiences in pediatrics settings could now be understood. This chapter will address the primary and secondary research questions by delving into the meaning of the current study's findings. The key themes will be used to guide the discussion. The chapter will conclude with a summary.

Discussion

The three themes that emerged from the data analysis are not unique to this study. In what follows, I will critically examine the findings of this study against those found in the literature.

The Role Duality of the Pediatric Nurse Preceptor

Participants in this study agreed that they have a dual role while working in the pediatric clinical care setting: a bedside registered nurse role and a teaching role for different learners within their clinical setting. They were also able to identify the distinct responsibilities of each role and strived to accomplish their dual role by building a professional relationship with NHRNs. Building relationships with preceptees in addition to offering them professional and emotional support were also reported in previous studies as strategies to assist preceptors to successfully fulfil the expectations of their roles (Myrick et al., 2010; Shinners et al., 2013).

The Bedside Nurse/Healthcare Provider Role and Responsibilities

Participants in the current study identified the bedside nursing role as a primary role. They provide nursing care and support to babies and their caregivers. This role included a variety of nursing responsibilities from as simple as meeting basic needs, such as feeding babies, to more complex roles, such as caring for critically ill patients. Overall, these findings are in accordance with those reported by many researchers in previous studies (Blegen et al., 2015; Carlson et al., 2009; Chang et al., 2013; Hickerson et al., 2016; Kowalski, 2020; L'Ecuyer et al., 2018; Panzavecchia & Pearce, 2014; Rush et al., 2013; Watkins et al., 2016; Whitehead et al., 2013).

Teaching Role and Responsibilities

In addition to their bedside role, participants also identified the teaching role which they assumed when precepting learners and NHRNs within their clinical setting. Preceptors in this study facilitated learning opportunities for their preceptees and trained preceptees to perform specific psychomotor skills required in this setting that were either rarely practiced by or unfamiliar to preceptees, all while providing full nursing care to their assigned patients.

Preceptors in this study acknowledged their responsibility of socializing NHRNs by helping them to learn organization- and unit-specific culture, guidelines, policies, and procedures. They believed that they helped preceptees to improve their clinical skills and develop professional relationships with the multidisciplinary team through socialization and communication; this is similar to the perceived impact of the preceptors' role reported by Muir et al. (2013).

They also helped to socialize their preceptees by introducing them to the multidisciplinary team so they could develop a professional relationship and seek appropriate assistance, help, and support when needed. Socialization of NHRNs is particularly crucial in the NICU and critical care units due to the constant need of care plan modifications based on patients' acuity and the unit's level of workload. This adjustment to patients' care plans often requires collaborating with different team members and disciplines to provide advanced care to critically ill patients.

Preceptors' socializing role was highlighted in the literature. Ashforth et al. (2007) referred to preceptors as socializing agents in that they provide NHRNs with their first overview of the organization, and orientation to their unit and the multidisciplinary team. Previous studies reported leadership and socialization of the NHRNs as some features of the preceptors' role (Sanford & Tipton, 2016; Quek et al., 2018; Ward & McComb, 2017). The importance of preceptees' socialization to the nursing role, such as introducing them to the healthcare team within the unit, is widely reported in the literature (Hickey, 2009).

Socialization helps build NHRNs' self-confidence, define their sense of being a nurse, and become part of the healthcare team so they can independently and safely assume full patient assignment by the end of their orientation program (Fink et al., 2008; Quek et al., 2018; Ward &

McComb, 2017). In addition, they may impact preceptees' self-confidence, professional relationships, and clinical skills positively through socialization and communication strategies (Muir et al 2008).

Participants in this study applied a variety of teaching strategies to facilitate NHRNs' learning process and ease their transition. This is supported by Innes and Calleja (2018); they indicated that an essential part of precepting new nurses, particularly those who are novice, is using teaching strategies that help build NHRN self-confidence and the ability to practice independently, although the extent to which they were able to carry out their teaching role was dependent on staffing levels, patient acuity, and workload of the unit. For instance, they utilized their assessment and evaluation skills to determine the NHRN level of competency and knowledge. Preceptees were asked to reflect on their previous training, background knowledge, and professional experiences. This was so that preceptors were able to develop an individualized plan for their preceptees' learning to assist them in meeting their needs and goals during the orientation program. Assessment and evaluation skills were important for an effective preceptor-preceptee relationship (L'Ecuyer et al., 2018).

Experiential learning and role modelling were other teaching strategies that were used by participants in this study to support learning. Preceptors served as role models for NHRNs, helped them fill gaps in their knowledge, and validated their competencies for this area of practice. Preceptors were described in the literature as the "keepers of the culture on the unit through their excellent role modeling" (Bratt, 2009, p.8). Charters (2000) reported that most teaching and learning in clinical practice occurs through role modelling, which provides learning opportunities for all levels of learners (Coates & Gormely, 1997; Holland, 1999; Billay & Yonge, 2004). Previous studies suggested that preceptors gained great personal satisfaction by

being recognized as role models for new nurses which may further improve their teaching skills and enable them to provide feedback objectively (Dibert & Goldenberg, 1995; Hyrkäs & Shoemaker, 2007; Tracey & McGowan, 2015; Usher et al., 1999).

Finally, a similar conclusion was reached by Wardrop et al. (2019). Preceptors in the current study believed that preceptees—particularly those with little or no previous NICU experience—were usually more task focused. This was because they needed the time to adjust and cope with the daily work routine of the unit.

Experiences of Pediatric Preceptor Nurses

All preceptors in this study shared their experiences as preceptors for new nurses and discussed how they perceived precepting rewarded them. However, they shared much more information about the challenges they encountered while precepting and were able to use examples from their current and past experiences to provide an overview of these challenges.

Preceptorship is Rewarding

Findings from this study are consistent with previous studies indicating that participants gained many benefits and had a sense of achievement from teaching and nurturing the NHRNs. In addition, they believed that precepting enhanced their own personal and professional growth and offered them the opportunity to improve their teaching and learning skills. These findings are consistent with previous studies showing that preceptors gained many benefits from precepting (Borimnejad et al., 2016; Chang et al., 2013; Chen et al., 2011 Henderson et al., 2006; Panzavecchia & Pearce, 2014; Richards & Bowles, 2012; Stevenson et al., 1995). DeCicco (2008) reported benefits of precepting for preceptors such as increasing their self-confidence, competence, and personal and professional satisfaction.

Overall, participants in the current study reported a positive attitude towards precepting and were willing to continue assuming the role but requested breaks from the role. They valued the opportunity to reassess their professional skills, and enhance their knowledge base, evidence base for practice, and competence while teaching a NHRN these skills. This is also congruent with findings from other studies (Bruno et al., 2016; Chen et al., 2011; Muir et al., 2013; Panzvecchia & Pearce, 2014; Usher et al., 1999). The ability to reassess professional knowledge and be up to date with clinical skills were also experienced by preceptors in previous studies (Henderson et al., 2006; Luhanga, 2006; Panzavecchia & Pearce, 2014; Richard & Bowles, 2012).

Additionally, preceptors valued the opportunity for mutual learning while precepting new nurses, specifically new graduates and experienced preceptees who immigrated to Canada from another country. This was because preceptors believed that those who were newly graduated had been recently taught in school based on the latest evidence. This helped preceptors keep current with their own knowledge. In addition, one preceptor reported that by precepting an IEN, she was able to explore international clinical practice in a similar area. She was also given the opportunity to integrate some of these international clinical practices into the current clinical area with the aim to improve the organization/unit's practice. The opportunity to learn from preceptees with different levels of proficiencies through precepting was also reported by preceptors in previous studies (Henderson et al., 2006).

Receiving positive feedback from co-workers and even parents of patients within their care contributed to preceptors' feelings of achievement and being trusted and regarded. This positive feedback served as a motivation for preceptors to carry out the role more often despite the challenges they encountered because they believed it was rewarding. Previous studies

suggested that preceptors were more sensitive to receiving feedback from clinical leaders, co-workers, and preceptees (Hallin & Danielson, 2009). In Hyrkäs and Shoemaker (2007), preceptors who received positive feedback in the form of recognition were noted to be more committed to the preceptors' role. Regular feedback on the effectiveness of their role was emphasized by preceptors and seen as important in previous studies too (Atkins & Williams, 1995; Haggerty et al., 2012) as it enabled preceptors to overcome their feeling of being overwhelmed and to gain a sense of achievement (Chen et al., 2011).

Preceptorship is Challenging

All five preceptors in this study experienced difficulties during their daily work with patients while assuming the role, like what was reported in other studies (Atkins & Williams, 1996; O'Callaghan & Selvin, 2003). Participants' precepting experiences were influenced by their previous personal and professional experiences; they used their previous experiences to navigate through the teaching role. In addition, previous experiences allowed participants to overcome specific challenges during precepting and to find balance in their dual role.

Similarly, preceptors in other studies reported using previous experience to ensure the role was delivered effectively (Bruno et al., 2016; Ratta, 2018; Wardrop et al., 2019). In the current study, preceptors reported that their efforts to achieve balance between both roles were challenging, which was also identified as an inherent difficulty of the RN's role by other researchers (Chen et al., 2011; Henderson et al., 2006; Ohrling & Hallberg, 2001; Wardrop et al., 2019). Participants in other studies expressed similar concerns in that their teaching responsibilities with preceptees conflicted with their bedside nursing care responsibilities towards patients and colleagues which caused them an additional anxiety (Atkins & Williams,1995; Robinson et al., 1999). The pressure of the dual role was clear in participants'

reported difficulties in prioritizing their bedside patient assignments and the lack of time to teach while providing care for critically ill patients. These difficulties were increased particularly when patients' acuity and workload increased.

Participants were able to discuss four factors that influenced their experiences negatively. These factors were in relation to the precepting role, preceptors, and preceptees, with the last group of factors being in relation to clinical leaders. Each group of factors will now be discussed separately.

Factors Related to Precepting Role

Findings from this study shows that participants faced many challenges due to the precepting role. In line with what has been reported by preceptors in the Chen et al. (2011) study, participants in my study reported that being a preceptor was a time consuming, demanding and challenging process. Thus, precepting interfered with their bedside nursing role; at times they were unable to cope with their nursing role responsibilities and felt that the preceptor role negatively impacted the quality of their nursing care. These concerns related to the dual role because preceptors had to fulfill the responsibilities of the nursing role, providing nursing care to high acuity patients while at times experiencing staff shortages, in addition to teaching a new nurse. Preceptors in this study reported feeling overwhelmed, frustrated, and fatigued due to the lack of time to teach clinical skills as patient care was the priority within the dual role.

Lack of time to teach and evaluate new nurses was reported by all participants in this study as a factor that negatively influenced the role. This was due to many factors including increased patients' acuity, increased workload, and staff shortage. Thus, they requested taking time off from precepting despite their passion for the role. Many researchers noted that lack of time to teach is a difficulty commonly reported by preceptors in clinical practice (Carlson et al.,

2010; Haggerty et al., 2012; Henderson et al., 2006). These issues—lack of time and competing priorities—may limit the effectiveness of the learning and teaching process (DeWolfe et al., 2009; Henderson et al., 2006; Panzavecchia & Pearce, 2014; Smith & Sweet, 2019). Overwhelming workloads while precepting has also been reported elsewhere in the literature (Hautala et al., 2007; Muir et al., 2013; Smedley, 2008; Smedley & Penny, 2009; Stevenson et al., 1995; Valizadeh et al., 2016) and may lead to preceptor fatigue and burnout (Haggerty et al., 2012).

Consequently, preceptors' fatigue and negative attitudes towards preceptees has a direct impact on the preceptor-preceptee interpersonal and professional relationship (Lindfors et al., 2018). Henderson et al. (2006) suggested that those who are overwhelmed with the precepting responsibilities may intentionally neglect preceptees during their orientation program. When preceptees are perceived to be an extra workload, they often receive very little attention from their preceptors, particularly in a busy acute healthcare setting (McCarthy, 2006). As a result of nursing care priorities, some of the participants in my study stated that when they believed a new nurse was incompetent during critical situations, the preceptors asked the new nurse to sit back and read about a given skill while the situation was managed by the primary nurse and other healthcare team members.

In addition to being overwhelmed and frustrated, participants in the current study expressed feeling guilty when they were not able to fulfill the preceptor role responsibilities due to time constraints. Preceptor priority in this setting was always their bedside nursing role over their teaching role, like other reports in the literature (Shahbazi et al., 2018; McCarthy, 2006). In contrast, preceptors in Chen et al. (2011) reported priority was given to teaching over patient care. The conflict in the priorities of their responsibilities led preceptors to additional feelings of

guilt and resentment. The concerns with this dual role—preceptor and clinical care provider—with large workloads led to conflicting commitments between their role as bedside nurse and their role as preceptors and caused preceptors extreme anxiety (Atkins & Williams, 1995; Fox et al., 2006; Smith & Sweet, 2019).

Similar to those in previous studies, preceptors in the current study identified both increased patients' acuity and workload as main factors that had a direct impact on the dynamics of the teaching-learning process (Chang et al., 2013; Chen et al., 2011; Dyess & Sherman, 2009; Fox et al., 2006; Lindfors et al., 2018; Panzavecchia & Pearce, 2014; Riden et al., 2014; Shahbazi et al., 2018; Stevenson et al., 1995). Furthermore, increased workload caused an additional stress for even experienced preceptors in this study, which is consistent with what has been reported in previous studies (Hautala et al., 2007; Kamolo et al., 2017).

Participants shared experiencing difficulties in organizing their daily work when they were precepting. This finding was not unique to this study; preceptors elsewhere reported the same difficulties whilst precepting a NHRN (Lindfors et al., 2018; Tracey & McGowan, 2015). Inability to organize daily work and a challenging working environment were found to impact the orientation process negatively (Lindfors et al., 2018). This difficulty can be attributed to the patient assignments while precepting, which was also reported by preceptors in the current study as another challenging factor for their role and for the preceptees' learning process. Blegen et al. (2015) highlighted the importance of considering the patient assignments of preceptors to enable for time to teach and improve the competence and retention of NHRNs, most particularly novice nurses. Unrealistic nurse to patient ratios in addition to high patients' acuity, increased workload, and feeling unsafe when providing nursing care were reported among factors that may lead to NHRNs intentions to leave the profession (Bowles & Candela, 2005; Fink et al., 2008).

The shortage of registered nurses was among the most frequently reported challenges that is encountered by preceptors in NICU, leading to increased workload, and further hinders the precepting role. Preceptors in the Henderson et al. (2006) study reported similar challenges in their role. Leners et al. (2006) stated the nursing shortage has resulted in precepting becoming "a progressively pressing issue for educators and clinical administrators" (p. 1268). This is due to preceptors feeling fatigue, burnout, anxiety, and guilty for not being able to balance the dual roles' responsibilities. Thus, clinical leaders' ability to identify experienced preceptors and maintain sufficient numbers becomes even more difficult (Duteau, 2012).

Findings from the current research study suggest that participants were faced with difficulties precepting while caring for critically ill patients. One strategy they used to enable them to manage emergency situations and ensure patients' safety and preceptee development was supporting their preceptee while they performed nursing care with the preceptors' supervision when they felt preceptees were willing to learn. This strategy mirrored that used by preceptors in Ratta (2018) to achieve balance in their dual role.

The last challenge pertaining to the precepting role that participants discussed during the individual interviews was the compensation for the role. Preceptors felt the amount of monetary reward they received for assuming the role was inadequate compared to the role's challenges and responsibilities. However, participants believed that the reward should not be a monetary reward; instead a certification of their accomplishment was sufficient. This finding is consistent with those outlined in the previous literature (Henderson et al., 2006). Inadequate compensations and high patients' acuity/workload were highlighted among factors that led to preceptors' inability to foster an environment conducive to learning (Dodge et al., 2014). However, it was believed that this should not be a direct monetary reward.

Previous studies highlighted reasons for new nurses' turnover and intentions to leave the nursing profession. These included increased workload, patients' acuity, and feeling that patients' care was unsafe (Bowles & Candela, 2005; Fink et al., 2008). Given all of these difficulties, it is suggested that clinical leaders, including management, educators, and charge nurses, acknowledge challenges and try to direct and support nurses during busy times. This is so as to minimize preceptors' anxiety and stress and ultimately enable staff to carry out their role effectively (Richard & Bowles, 2012).

In addition, protected time with preceptees and support from peer preceptors were considered as another form of recognition and support to enhance preceptors' competency and the effectiveness of the preceptorship program (Blegen et al., 2015; Henderson et al., 2006; L'Ecuyer et al., 2018; Panzavecchia & Pearce, 2014; Tracey & McGowan, 2015). Harrison-White and Simons (2013) reported that when new children's nurses are precepted by effective preceptors, they are more confident and independent in carrying out their nursing role.

Factors Related to Preceptors

The second group of factors that are shared by participants in this study related to preceptors and their ability to carry out the role's responsibilities. Lack of precepting skills influenced preceptors' experiences negatively while precepting, such as providing constructive feedback.

Overall, preceptors were more comfortable providing positive feedback, however they discussed the difficulties they encountered when providing constructive feedback. Unlike novice nurses, preceptors who have prolonged professional experience described this process as challenging and stressful. Novice preceptors believed they were comfortable providing

constructive feedback, but it is worth noting that they never had the experience to provide constructive feedback to a preceptee who did not meet the required practice standard.

Preceptors who reported difficulty in providing constructive feedback perceived this as being due to their fear of offending the new nurse. This is supported in the literature in that providing feedback is particularly difficult when nurses are fearful of hurting the NHRN (Burgess & Mellis, 2015). Participants used their own past experiences of how ineffective feedback made them feel. Indeed, when feedback is ineffective, it can cause NHRNs to feel stressed and frustrated (Hegenbarth et al., 2015; Wilkinson et al., 2013). Preceptors' ability to provide feedback was cited in the literature among the most important skills that preceptors should possess for an effective preceptorship program that supports preceptees' learning (DeWolfe et al., 2010; Hand 2002; L'Ecuyer et al., 2018; Richard & Bowles, 2012; Tracey & McGowan, 2015). This is an important consideration as the NHRN will become a team member working within the unit and a colleague of the preceptor.

The provision of effective and regular feedback to preceptees at the end of the clinical day during the preceptorship relationship is important for many reasons. For example, feedback provides preceptors and preceptees with the opportunity to evaluate, improve, and reflect on their clinical practice and advance their professional growth (Chen et al., 2014; Loughran & Koharchik, 2019). Furthermore, preceptees will be able to discuss their progress and strategies to achieve their predetermined goals, and set future goals (Loughran & Koharchik, 2019). The provision of feedback is also important to meet the objectives of the preceptorship program by building new nurses' self-confidence in the clinical area (Bengtsson & Carlson, 2015).

Loughran and Koharchik (2019) described effective feedback as "not judgmental and reinforces what has been done well and what needs to be improved" (p.64). One approach to

achieve effective and particularly constructive feedback is through an open communication technique between preceptors and preceptees (Chen et al., 2014). Preceptors should provide feedback honestly, based on the preceptees' professional and clinical performance, to allow for development of an improvement plan (Barker & Pittman, 2010). Another approach of providing constructive feedback was described by Lazarus (2016) as the "feedback sandwich" technique (p. S20). In the sandwiching technique, preceptors initially provide positive feedback, followed by constructive feedback, and concluding with more positive feedback.

A lack of formal structured training was highlighted by participants in the current study which led to preceptors feeling poorly prepared for the role. This finding supports findings from the Panzavecchia and Pearce (2014) study that reported preceptors' inadequate preparation was a limitation for delivering the role effectively. Preceptor abilities with communication, teaching strategies, and providing feedback can be improved by offering a well-structured preceptorship training program (Chang et al., 2015; Wardrop et al., 2019). Other studies recommend a clear, structured, and formalized clinically focused preceptorship program to improve the preceptor-preceptee relationship (Harrison-White & Simons, 2013; L'Ecuyer et al., 2018; Wardrop et al., 2019), most particularly when dealing with difficult situations and frustrations (Alspach, 2008).

The time needed for RNs to be ready to assume the preceptor role was viewed as another challenge by participants in this study; they suggested that RNs should not be expected to precept NHRNs if they had less than three years of clinical experience within their unit. This suggestion is more than what was previously reported in the literature, which is that a minimum of one year of experience post-employment is sufficient to precept. During this year, new preceptors are expected to have clinical experience in their unit, attend a training course, and complete the unit's requirements including training sessions so they can assume the role safely

and effectively (Cotter & Dienemann, 2016; Foy et al., 2013; Kramer, 1993; Morgan & Keogh, 2005; Nash & Flowers, 2017).

Factors Related to Preceptees

Participants shared that a third group of factors pertaining to preceptees included differences in personalities, viewpoints, preceptee preparation and skills proficiency, lack of or limited time management skills, and preceptee learning style. Participants shared that they experienced significant difficulties when conflicting personalities and viewpoints with preceptees related to how bedside nursing duties were completed. This was most encountered with NHRNs who had previous professional experience because they perceived themselves as already having expertise although their experience rarely related to neonatology. Differences between preceptors and preceptees in the way nursing care was delivered and conflicting viewpoints were also highlighted in the literature as challenging to the preceptor's role (Shahbazi et al., 2018). Such differences may lead to an unsuccessful orientation process, negatively impact the workplace, and consequently affect the success of the whole organization (Lindfors et al., 2018).

Complex interpersonal relationships and differences in viewpoints were reported to impact not only the preceptor-preceptee relationship but also the quality of patient care, which may lead to an unsuccessful orientation process (Lindfors et al., 2018). Consistent with findings reported by Wardrop et al. (2019), preceptors in the current study suggested that the NHRNs' personality and attitude towards learning had an impact on their role directly. Preceptees' unwillingness to engage in the learning process and not adhering to the unit's specific policies and guidelines were among the examples that were shared by participants and were noted when NHRNs had not elected to work in the unit but were allocated to the setting for reasons such as

workplace re-entry after injury. Preceptors elsewhere reported an increased moral distress as a result of non-professional behaviours of some NHRNs, such as lack of accountability, attention to care routines, and unwillingness to learn new nursing experiences (Shahbazi et al., 2018).

Preceptees were perceived to be inadequately prepared in the undergraduate academic program for a nursing role in the setting and were expected to learn most of their clinical skills during their orientation period (Hickey, 2009). However, participants were concerned that the preceptees' orientation program offered prior to commencing the preceptorship relationship did not adequately prepare preceptees nor did it improve their clinical skills proficiency. Similarly, preceptors in Hautala et al. (2007) were concerned about the adequacy of the preceptee orientation program. Lack of preceptee preparation placed an additional responsibility on preceptors as they were required to train new nurses on unit-specific clinical skills.

Another significant challenge in the preceptors' role and the preceptorship process is preceptees' lack of time management skills, specifically among novice new nurses. Poor time management slowed the workflow and caused further delay in completing other nursing duties such as nursing documentation. Smith and Sweet (2019) reported that lack of time management is more challenging particularly when precepting in a high acuity environment like the setting for this study. Finally, participants believed differences in preceptee learning style had an impact on the role and the preceptor-preceptee relationship. For instance, some preceptees learn better by observing while others learn by doing. The importance of an appropriate match between preceptor and preceptee based on learning and teaching styles has been reported (Callaghan et al., 2009; Hickey, 2009; Ironside et al., 2014; Richards & Bowles, 2012).

Factors Related to Preceptor-Preceptee Relationships

Participants in this study shared what they believed influenced not only their experiences as preceptors but also impacted their relationship with their preceptees. Preceptors mentioned that RNs can be competent healthcare providers, however they need to have specific attributes to be effective educators. For example, they need effective teaching and communications skills with NHRNs (Bain, 1996). Although preceptors are selected to assume the role based on their clinical proficiency and competency, this does not necessarily mean they are competent teachers (Hickey, 2009).

In the current study, participants believed they were sometimes forced to assume the preceptor role which also influenced the way they delivered their role. Hickey (2009) highlighted the importance of preceptors volunteering to take on the role and that they are not forced to assume the role. Those who were forced to precept and were not willing to assume the role were found to be unable to teach effectively and encountered significant difficulties (Smedley 2008; Smedley & Penny, 2009).

In addition to participating voluntarily in the role, participants shared other personal and professional attributes for both preceptors and preceptees. They believed these attributes influenced the way they performed their role and how they perceived their experiences and had an impact on their mutual relationship with preceptees. Moreover, they discussed the importance of some attributes that enabled them to carry out their responsibilities effectively. Professional attributes included good communication skills and the ability to understand and adapt to new nurses learning style and needs, concurring with those reported in previous studies (L'Ecuyer et al., 2018; O'Malley et al., 2000).

Other reported professional attributes were also in line with those reported by preceptors elsewhere in previous studies such as preceptors' leadership style and their engagement with the preceptee (Chen et al., 2014), patience, flexibility, enthusiasm, strong knowledge and skills level, willingness to assume the role, and openness to learn new knowledge and change (Baltimore, 2004; L'Ecuyer et al., 2018; Speers et al., 2004). Personal attributes were also shared including being kind, approachable, and supportive, and understanding learners' needs (Hickey, 2009; L'Ecuyer et al., 2018). Adequate resource allocation, strong preceptors' professional orientation, and competence were also cited among the enhancing factors that lead to a successful orientation process and relationship (Lindfors et al., 2018).

The importance of being motivated to assume the role was highlighted by participants in this study. Among these motivators were preceptors' eagerness to share their knowledge and professional skills with preceptees, love and interest in teaching, and commitment to the nursing profession and the preceptorship program. Passion for teaching was identified by many other researchers in previous studies as a motivating factor to assume the role (Bruno et al., 2016; Dibert & Goldenberg, 1995; Hyrkäs & Shoemaker 2007; Stevenson et al., 1995; Tracey & McGowan, 2015; Usher et al., 1999). According to the CNA (2004) and several other researchers, those who assume the preceptor role should demonstrate passion and willingness towards precepting and sharing their knowledge and experiences, and should be confident with imparting this knowledge to enable them carry out the role effectively (Kramer, 1993; Morgan & Keogh, 2005). Lacking the interest and commitment for the role may make someone not be suitable for the role (Haggerty et al., 2012).

Like preceptors in other studies (Borimnejad et al., 2016), preceptors in this study had the responsibility to ensure new staff were competent and able to practice safely. During the

individual interviews, all participants shared a sense of commitment to create a safe work environment, which was shared by preceptors in other studies (Bruno et al., 2016; Tracey & McGowan, 2015). Tracey and McGowan (2015) considered creating a safe work environment as an important element for a successful preceptorship and orientation program.

Factors Related to Clinical Leaders

Overall, participants were satisfied with the support they received from their educators but requested additional support. However, similar to previous studies, preceptors in the current study experienced increased levels of stress due to the lack of support, appreciation, and recognition from clinical nurse managers (Girotto et al., 2019; Hautala et al., 2007; Kamolo et al., 2017; Stevenson et al., 1995). Studies frequently cited clinical managers' involvement as insufficient to support preceptors while carrying out their role (Henderson et al., 2006; Valizadeh et al., 2016). Lindfors et al. (2018) recognized clinical leaders' support as an important factor that improved the orientation practices and improved new nurses' retention rate. New nurses who are not supported by a clinical management are at higher tendency of leaving their first job than those who receive adequate management support (Kovner et al., 2007).

Participants in this study described additional stress due to the lack of support from charge nurses and/or their colleagues who were unable to provide support during difficult situations. Participants shared that charge nurses have their own work assignments which may include patients with high acuity and patient workload too. This led to the inability to provide preceptors with adequate support at times. Lack of support from healthcare teams and colleagues was also reported elsewhere in the literature (Girotto et al., 2019). Findings from previous studies stated that participants valued the support they received from their co-workers and

perceived it as essential to achieve the role's expectations (Dibert & Goldenberg, 1995; Tracey & McGowan, 2015; Usher et al., 1999).

Participants in this study made a reference to the preceptor selection process and the impact this process had on their enthusiasm to participate in the role. Findings from this study highlighted the need for a well-developed criteria and structured strategy to select preceptors for the role. Furthermore, there is a need to rotate preceptors periodically; participants requested educators to develop a motivating strategy to encourage other RNs within the unit to participate in the preceptorship program. A clear and rigorous preceptor selection strategy is important for the effectiveness of the preceptorship program as such a strategy enables preceptors to meet the role expectations (Haggerty et al., 2012).

Clinical leaders should select preceptors based on specific criteria such as their ability to teach, leadership skills, and personality (Chen et al., 2014). Criteria for preceptor selection to the role were widely discussed by researchers in the literature. For instance, Mohide et al. (2012) stated that a preceptor must be "clinically competent, enthusiasm for teaching, provides guidance for problem-solving and clinical judgment, gives positive and negative feedback in a constructive approach, empathetic towards learners, promotes autonomy when appropriate, and passionate about nursing" (p. 25). In addition to clinical competency, Kang and colleagues added that RNs must be working fulltime at the time of recruitment and have at least three years of professional experience (Kang et al., 2016).

Pediatric Preceptors' Needs

Participants in this study identified what they perceived as essential needs to facilitate their role, improve the preceptor-preceptee relationship, and ease the NHRNs' transition process. These needs are not specific to this study; instead they were shared by preceptors in previous

studies. Preceptors in the current study requested additional support, preparation, motivations, compensation, and rewards.

Support

Although they were satisfied with the educators' support, preceptors in this study requested an additional support from management, educators, and colleagues, and considered this support as desirable for their participation in the role. This finding is congruent with findings from other studies in relation to receiving support from all levels of management (Chang et al., 2013; Harrison-White & Simons, 2013; Riden et al., 2014; Usher et al., 1999). Tracey and McGowan (2015) highlighted the importance of supportive management for the success of the preceptorship and the orientation program. Several researchers recommended that preceptors would benefit from continuous support in their day-to-day teaching practice (Richards & Bowles, 2012; Sandau et al., 2011).

Workload considerations during precepting was highlighted in this study, specifically, assigning preceptors lighter workloads and reducing preceptor responsibilities to enable them to fulfil their dual role expectations. This finding is in line with those from previous studies indicating that reducing preceptors' workloads should be a priority for clinical leaders (Chen et al., 2011; Hautala et al., 2007; Riden et al., 2014; Valizadeh et al., 2016). Preceptors in the Valizadeh et al. (2016) study requested similar forms of support and further suggested the patient assignment of preceptors should be different than those who are non-preceptors.

Similarly, preceptors in Henderson et al. (2006) requested decreased clinical workloads and responsibilities when precepting and ensuring that preceptees are scheduled on the same shift with their preceptors. Many researchers asked clinical leaders to revise preceptors' workloads and assign them fewer patients, especially in the first week of orientation (Cloete &

Jeggles, 2014; Horton et al., 2012). Balancing the clinical workload with the precepting role will lead preceptors to feel more supported and will likely improve their commitment to the role. The positive impact of the provision of support and rewards by clinical leaders on preceptors' commitment to the role was highlighted in previous studies (Chang et al., 2013; Cloete & Jeggels, 2014; Dibert & Goldenberg, 1995; Hyrkäs & Shoemaker, 2007; Usher et al., 1999).

Preparation

The results of the current study showed that preceptors were inadequately prepared to assume the role. Novice preceptors perceived themselves prepared for the role; however, their training sessions were for precepting student nurses. On the other hand, senior preceptors had not attended any training sessions in recent years and felt they might not acquire new knowledge or skills by taking part in a formal training session. Instead, they suggested that novice preceptors would gain great benefits from participating in the preparation sessions.

Preceptors also suggested organizing preceptor training workshops which might help them standardize and improve their clinical teaching strategies and the preceptee training process. Implementation of a preceptorship model that included preparation was recognized by preceptors in other studies as a strategy to reduce preceptors' stress and anxiety levels associated with the precepting role (Chen et al., 2014; Tracey & McGowan, 2015).

The importance of adequate preceptor educational preparation programs was discussed extensively in the literature (Chang et al., 2013; Cloete & Jeggels, 2014; Wardrop et al., 2019; Whitehead et al., 2016). Several studies suggested that preceptors' training workshops have a positive effect on their self-confidence, comfort, preparedness, and satisfaction with the role and professional development (Carlson & Bengtsson, 2015; Hautala et al., 2007; Henderson et al., 20006; Kaviani & Stillwell, 2000; Riden et al., 2014; Sandau et al., 2011; Sandau & Halm,

2011). The training also had an impact on preceptors' coaching and critical thinking skills (Sandau et al., 2011). It was considered as a form of organizational and clinical leaders' support (Henderson et al., 2006) and viewed as a vital component for a successful preceptorship program (Baltimore, 2004; L'Ecuyer et al., 2018; Yonge & Myrick, 2004). Moreover, previous studies showed that pairing NHRNs with well-prepared preceptors improved preceptee transition to practice experience (Tracey & McGowan, 2015) and retention rate (Piccinini et al., 2018; Sandau et al., 2011).

Improving preceptors' knowledge and education skills competence can be achieved by offering structured, participatory, and formal training sessions and by regular ongoing development of teaching skills to maintain an evidenced-based practice (Henderson et al., 2006; Hyrkäs & Shoemaker, 2007; L'Ecuyer et al., 2018; RNAO, 2016; Tracey & McGowan, 2015). Ongoing refresher sessions were proposed by participants in the current study, particularly those who had more experience precepting, so as to update their knowledge with current undergraduate curriculums and strengthen their teaching skills and strategies.

Similar refresher sessions were requested by preceptors elsewhere in the literature and were considered important for maintaining current knowledge and skills (Haggerty et al., 2012; L'Ecuyer et al., 2018; Tracey & McGowan, 2015). Stevenson et al. (1995) recommended a refresher preceptor training course to be offered for more experienced nurses, whereas a formal well-structured training program should be offered to those who precept for the first time. Some researchers suggested that training should be made mandatory for preceptors prior to assuming the role (Harrisson-White & Simons, 2013).

While they were interested in taking part in a preparation program for preceptors, participants in this study reported they were unable to attend the training sessions during their

normal working hours. They shared many reasons that interfered with nurses' ability to attend preceptors' training sessions, including the unit's busy nature, patients' acuity, and shortage of nursing personnel. They were also unwilling to attend training sessions during their time off. Sharpnack et al. (2014) reported that attending training sessions during nurses' days off or getting time off the unit during working hours can be difficult. Therefore, it is important to provide RNs with support to facilitate their participation in the preceptors' training sessions (Haggerty et al., 2012).

Participants proposed an online training session as an alternative and more convenient option for them during their time off. While there was an agreement over the importance of the preceptor educational preparation program, the length and method of this program was debated among researchers. For instance, some researchers proposed a blended learning model as a strategy to improve preceptors' attendance at the training sessions (Cotter & Dienemann, 2016), that is, RNs will attend a four- to six-hour training session (Nash & Flowers, 2017), followed by completing online-training sessions before being assigned to a preceptee. Morgan and Keogh (2005), on the other hand, considered two days of a preceptor educational training workshop sufficient to prepare preceptors for the role.

Researchers suggested that the training program should be developed in collaboration with educators and preceptors based on the preceptors' needs (Carlson & Bengtsson, 2015; Haggerty et al., 2012). Given the shared challenges of participants in the current study, training programs should provide preceptors with tools and strategies to improve their teaching competence and professional skills and to enable them to fulfill their role responsibilities.

Preceptors should be educated about the goals of their role (Hautala et al., 2007), how to manage conflicts while precepting (Duteau, 2012), and how to perform assessment and

evaluation of learning outcomes (Duteau, 2012; Hickey, 2009; RNAO, 2016). Most importantly, they should be educated on how to formulate and provide constructive feedback (Duteau, 2012; Hautala et al., 2007; Henderson et al., 2006; Hickey, 2009). The program should include teaching preceptors skills to assist them in recognizing preceptees' learning styles and needs (Hickey, 2009; Sanford & Tipton, 2016).

The literature highlighted many strategies that can be taught to preceptors during the training sessions and should be integrated in the preparation program, for example, strategies to build preceptor skills in relation to promoting the development of preceptee critical thinking and problem-solving while managing patient assignments (Baltimore, 2004; CNA, 2004; Hautala et al., 2007; Henderson et al., 2006; Richards & Bowles, 2012). In addition, strategies that foster the development of preceptee time management and prioritization skills (Richards & Bowles, 2012) should be taught. After all, it is important to ensure that preceptors are competent in facilitating learning by using pedagogical learning principles effectively (Hickey, 2009; McSharry & Lathlean, 2017).

Participants viewed the provision of brief professional background information about their preceptee as important for developing an individualized learning plan before starting the orientation program. Loughran and Koharchik (2019) even suggested that a meeting with preceptees is more beneficial for both preceptors and preceptees. Dusaj (2014) discussed some important information that would be of benefit to preceptors prior to meeting their allocated preceptees, such as a brief professional background, their preferred learning style, weaknesses, and strengths. Similarly, Duteau (2012) suggested that preceptors' knowledge and understanding of their own learning style may help in facilitating matching them with their preceptees. Pairing

preceptors with their preceptees based on learning style was highly recommended (Hickey, 2009; Richard & Bowles, 2012).

Motivation and Recognition of Preceptors

In addition to clinical leaders' support and preparation for the role, preceptors in this study requested recognition and appreciation for their contributions. They perceived receiving a certificate of recognition as a valuable form of reward, more than monetary rewards. A similar finding was reached by Dibert and Goldenberg (1995) and Usher et al. (1999) in relation to worthwhile rewards, and they further highlighted the impact of rewards on preceptors' commitment to the role. Participants also suggested monetary rewards as a strategy to motivate other nurses to participate in the role. This finding is directly in line with what has been reported in previous studies (Girotto et al., 2019; Riden et al. 2014). Similar motivation was requested by participants in the Chang et al. (2013) and Riden et al. (2014) studies in relation to recognition and support from management to improve their precepting experiences and enhance the role acceptance.

Preceptors elsewhere requested that clinical leaders should develop a positive, formalized rewards system and compensation for their increased responsibilities and workload (Henderson et al., 2006; Stevenson et al., 1995), for example, rewards such as paid time off work and formal recognition for their contributions to the role (Stevenson et al., 1995). Previous studies reported that lack of recognition and rewards may lead to preceptors' dissatisfaction and attrition (Valizadeh et al., 2016). Preceptors in the current study reported they felt more rewarded when they received positive feedback from their coworkers and from the parents of their patients. Stone and Rowels (2002) recommended that experienced preceptors should be

recognized for their contribution to the education of NHRNs, especially with the current staffing shortage in many acute healthcare settings.

Accessible Resources

Preceptors in this study requested that formal written guidelines be developed by clinical leaders as a supportive backup resource for their role. Many researchers advocated developing a resource guide as a form of support for preceptors in the clinical practice (Hautala et al., 2007; Hickey, 2009; Panzavecchia & Pearce, 2014; Shahbazi et al., 2018). Valizadeh et al. (2016) encouraged clinical leaders to provide preceptors with access to different educational resources, compensate for the time required to enable preceptors to meet their educational needs, and provide further development opportunities. Additionally, a development of a unit-specific learning booklet including resources of the unit's routine practices, policies, procedures, and guidelines were regarded as beneficial for both preceptors and their preceptees (Hickey, 2009).

Participants in the current study also requested debriefing sessions with fellow preceptors through formal meetings and informal social media groups, so they could share their precepting experiences with others, update, and reflect on their teaching skills and practice. The literature referred to the importance of providing preceptors with the opportunity to discuss experiences and difficulties with other colleagues (Atkins & Williams, 1995; Ohrling & Hallberg, 2001). Sharing experiences with coworkers may reduce preceptors' stress levels associated with the role. These findings are similar to those reported by researchers in previous studies (Dibert & Goldenberg, 1995; Cloete & Jeggles, 2014; Hautala et al., 2007; Hyräkas & Shoemaker, 2007; Usher et al., 1999).

Discussion Summary

In summary, effective preceptorship has a positive impact on the NHRNs' transition to clinical practice and consequently influences the quality of nursing care (Tracey & McGowan, 2015). Precepting effectively requires support, preparation, motivation, and recognition (Riden et al., 2014). Hickey (2009) highlighted the importance of clinical leaders' commitment to support preceptors during their role. This can be achieved by ensuring adequate staffing, providing time to teach and learn, and meeting on a weekly basis with preceptors/preceptees to ensure the effectiveness of the preceptorship program (Hickey, 2009).

Support for preceptors is strongly recommended in the form of providing preceptorship training workshops/sessions, offering adequate time for teaching and providing feedback, setting clear and realistic expectations, and recognizing their contribution (Chen et al., 2014, Tracey & McGowan, 2015; Valizadeh et al., 2016). A well-structured educational program should include protected time with preceptees, so as to offer the opportunity for preceptors and preceptees to develop an individualized learning plan, set future goals, and provide feedback. Strategies such as ensuring appropriate staffing and considering preceptors' workload are essential to allow for protected time with preceptees (Fox et al., 2006).

Collectively, planned preceptors' selection processes, structured training for the role, strong professional expertise, and adequate organizational support and resources for preceptors were found to positively impact preceptors' confidence and competence in assuming the role, in addition to developing their critical thinking and problem-solving abilities (Haggerty et al., 2012; Lindfors et al., 2018). Other strategies to facilitate NHRNs' transition process include identifying their learning style and ensuring preceptor ability to provide feedback effectively (Hickey, 2009). In contrast, an unclear preceptor selection process together with a lack of skills, education,

preparation, motivation, and support were all reported to affect the preceptor role negatively (Smedley, 2008).

CHAPTER SIX: LIIMITATIONS, IMPLICATIONS AND CONCLUSION

Chapter Overview

The objectives of this study were achieved by describing the pediatrics preceptor dual roles and preceptors' experiences in the pediatric settings while precepting NHRNs, and by identifying their needs. Study strengths and limitations, the potential impact of these limitations on the interpretations, and the transferability of the findings are presented in this chapter. The implication of the research findings will then be explored in relation to clinical practice, nursing education, policy, and implications for future research. The chapter concludes with a summary of recommendations.

Study Limitations

Sample Size

Small sample size may be appropriate for exploring common phenomenon in depth (Thorne, 2016). However, more fully understanding the nurses' experiences as preceptors for new nurses in this setting could have been enhanced by recruiting participants from different departments within the hospital to increase the transferability of the findings. All participants were recruited from one department (NICU) in an acute care hospital. The current pandemic (COVID -19) situation limited the researcher's ability to have access to the study site, and severely limited opportunities for further recruitment of participants as hospitals had to prepare for pandemic response.

Furthermore, the pandemic increased workload throughout the study site, contributing to resistance from clinical leaders to allow emails to prospective participants, leaving the response rate low. Eleven participants contacted the researcher and expressed their interest in

participating, and five (45.5%) completed the demographic questionnaire and the individual interviews. No response was received from other departments due to limited access to the sites.

Participants

All participants were female, and most were senior with more than 10 years of experience, thus, their experiences may not represent those of male nurses or less experienced staff. Therefore, to explore gender-related issues that influence the preceptorship program in pediatrics settings, the perspectives of male preceptors should be explored. Additionally, most participants were senior nurses (> 10 years of experience); having preceptors with less than ten years of experience will enrich the findings with deeper understanding of the preceptorship phenomenon from their perspectives. A potential sampling bias may have occurred; it is important to note that RNs volunteered to participate in this study, thus the collected data reflects the views of those who are interested in the preceptor role. However, participants were asked to share their positive and difficult/challenging experiences of their role as preceptors for NHRNs.

Transferability of the study

The study was carried out in one site only, therefore findings are only applicable to the site (NICU setting) in which the study was conducted (Polit & Beck, 2004). However, the alignment of most findings with the literature suggest that the findings may have some transferability and relevance to other NICUs; very few studies were located in this specialized area.

Implications

French (2005) suggested that "all practical disciplines need mechanisms to transfer the results of research into practice" (p. 235). Thus, for the remaining part of this chapter the

research utilization process will be described in the form of recommendations/implications for clinical practice, education, policy, and research.

Implications for Clinical Practice

One of the most cited needs by participants to facilitate their role was support from clinical leaders, charge nurses, and colleagues. The exact process of seeking support must be reiterated and clarified for both preceptors and preceptees. In order to achieve a successful preceptorship program, greater collaboration between clinical leaders (management, educators, and charge nurses) and preceptors is encouraged to facilitate the learning process. Managers and educators are encouraged to be more involved in the program and should provide a more visible support to preceptors by making regular visits to the clinical area, so as to enable managers/educators to evaluate the preceptor-preceptee relationship, address challenges they may have encountered, and provide educated and professional suggestions to overcome these challenges.

Clinical leaders should also have time designated to allow for evaluation of clinical skills within the unit and facilitate preceptees' clinical skills, competency, and practice. Clinical leaders should also facilitate registered nurses' attendance at training programs. After initial training, an introduction to a short refresher course of four to six hours in length to update preceptors on current teaching practices is warranted periodically, that is, no longer than two years after the initial training. They should also provide preceptors with regular support by offering them yearly training sessions and continuous updates.

It is recommended that only registered nurses with the appropriate experience and knowledge base act as preceptors for NHRNs; this will ensure that NHRNs are precepted by an experienced role model. Managers and educators should allow preceptors and preceptees

"protected time" that can be used to discuss preceptee progress, competency, and feedback, and set plans to facilitate the teaching-learning process. Thus, clinical leaders are required to revise the patient-to-RN ratio and acuity while precepting and a lower workload should be considered to allow for the protected time.

The results of this study showed that participants called for the role to be shared fairly among all registered nurses in the unit. Educators who are responsible for assigning preceptors should continue to rotate preceptors and should be aware of the need to offer those who take on the role regular breaks. They should also develop a plan to educate and train other staff members and consider a strategy for motivating new nurses to participate in the role. Clinical leaders should provide preceptors with continuous feedback on the effectiveness of their role.

Regular access to benefits, such as attending professional development courses for preceptors, should be facilitated by the organization/clinical leaders. They should offer preceptors free or half-paid education courses to improve their teaching skills. In this study, receiving feedback and recognition from management was reported to be of considerable value to participants. Clearly written, unit-specific policies and guidelines should be made available and freely accessible for both preceptors and preceptees to guide their clinical practice.

Clinical leaders should implement a strategy to ensure preceptors and preceptees are matched based on teaching and learning styles. Educators are to continue providing preceptors with brief professional backgrounds of the preceptees to facilitate developing an individualized learning plan. Strategies must be put into place to provide meaningful learning experiences and support, and preceptors must be developed and supported to take on such a role (Piccinini et al, 2018).

Implication for Education

Preceptors should be educated and equipped with different, effective pedagogical teaching strategies such as role modelling, critical thinking, and problem-solving approaches. They should also be encouraged to utilize these strategies while precepting NHRNs with different competency levels to promote preceptee learning and ease their transition to autonomous practice in the clinical setting. Preceptor preparation will help preceptors ensure preceptees address gaps in their knowledge and enable them to transfer their theoretical knowledge to clinical practice. Additionally, improving preceptors' teaching skills and strategies should be reiterated during formal preceptors' preparation workshops to increase preceptor confidence and competence in using these skills while precepting.

The content and form of the preceptor preparation training program needs to be reviewed and evaluated so that it meets current demands. In addition, preparation programs should be offered in a blended-learning format, so that preparation can be feasible and accessible to prospective preceptors. The contents of the preparation program should be learner-centred; in collaboration with preceptors, the training course should be developed based on periodic evaluation of preceptors' learning needs. Registered nurses in this study required further support when providing constructive feedback. A problem-based learning training program that is focused on providing constructive feedback effectively, strategies to overcome difficulties while precepting, and different teaching strategies would be beneficial.

Similarly, the learning content of the preceptee orientation program should be reviewed periodically to meet the new nurses' needs, most particularly the needs of those who may not have had the opportunity or the experience to provide nursing care to this population. Moreover, revision of the programs contents should be in collaboration with senior nurses within the

clinical area to ensure contents meet the current work demands. Preceptees' competency workbooks and assessment tools should also be evaluated regularly. A copy of the workbook should be made available within the unit's library or as an electronic copy to serve as a reference for future preceptors.

Implications for Policy

Clinical leaders must develop guidelines and policies, and create a formal program aimed at supporting the preceptor role in the clinical practice area, in particular in speciality units such as NICU. Clinical leaders must also develop a guide for preceptors to clarify expectations of the dual role and plan for supports as needed for the dual roles to support safe patient care and the effectiveness of preceptorship. The appropriateness of placing RNs on return to work programs in settings like the NICU should be reconsidered.

Implications for Research

The findings of this study shed a light on the preceptor role as educators for NHRNs. Future research should include recruitment from a collection of acute care pediatric settings, and further examine the preceptorship of new graduate nurses and experienced nurses. Additionally, a longitudinal study to examine the impact of preceptorship on recruitment and retention of the NHRNs is warranted. It is recommended that preceptor training programs be studied—their effectiveness on the preceptors' role and role avoidance, and on preceptee outcomes. Moreover, it is also important to recruit participants and clinical leaders from different departments to gain further understanding of possible best practices for precepting new staff. The experience of the clinical leadership and preceptees was not a feature of this study and it is an area for future research.

Summary of Implications

Findings from this study have implications for clinical practice, future research, policy, and preceptor education as explained above. Clinical educators are encouraged to support and facilitate an environment conducive to teaching and learning. This can be achieved by recognizing the impacts of the dual role and providing support for preceptors and their preceptees throughout the orientation process. A formal, well-structured preceptor preparation training program is important to inform preceptor teaching practice. Clinical leaders should acknowledge difficulties associated with the dual role. Action is needed to direct and support preceptors during busy times to limit stress and ultimately enable staff to carry out their roles effectively.

Findings from this study will be disseminated to the staff and leaders of the setting so that the pediatric nurse preceptors' experiences can be shared and understood. Additionally, findings will be disseminated at nursing conferences and in a nursing journal.

REFERENCES

Almada, P., Carafoli, K., Flattery, J. B., French, D. A., & McNamara, M. (2004). Improving the retention rate of newly graduated nurses. *Journal for Nurses in Staff Development, 20*(6), 268–73. doi: 10.1097/00124645-200411000-00006

Alspach, G. (2008). Calling all preceptors: How can we better prepare and support you? *Critical Care Nurse, 28*(5), 13–16.

Altmann, T. K. (2006). Preceptor selection, orientation, and evaluation in baccalaureate nursing education. *International Journal of Nursing Education Scholarship, 3*(1), 1–16.

American Academy of Ambulatory Care Nursing. (2014). *Ambulatory registered nurse residency white paper: The need for an ambulatory nurse residency program*, 1–19. Retrieved from https://www.aaacn.org/sites/default/files/documents/white-paper.pdf

Appleton, J. (1995). Analyzing qualitative interview data: Addressing issues of validity and reliability. *Journal of Advanced Nursing, 22*(5), 993–997.

Arber, A. (2006). Reflexivity: A challenge for the researcher as practitioner? *Journal of Research in Nursing*, *11*(2), 147–57. doi: 10.1177/1744987106056956.

Ashforth, B. E., Sluss, D. M., & Harrison, S. H. (2007). Socialization in organizational contexts. In G. P. Hodgkinson & J. K. Ford (Eds.), *International review of industrial and organizational psychology: Vol. 22. International Review of Industrial and Organizational Psychology 2007* (p. 1–70). John Wiley & Sons Ltd. https://doi.org/10.1002/9780470753378.ch1

Atkins, S., & Williams, A. (1995). Registered nurses' experiences of mentoring undergraduate nursing students. *Journal of Advanced Nursing, 21*(5), 1006–1015.

Bain, L. (1996). Preceptorship: A review of the literature. *Journal of Advanced Nursing, 24*(1), 104–107.

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

Barker, E. R., & Pittman, O. A. (2010). Becoming a super preceptor: A practical guide to preceptorship in today's clinical climate. *Journal of the American Academy of Nurse Practitioners, 22*(3), 144–149.

Baxter, P. E. (2010). Providing orientation programs to new graduate nurses: Points to consider. *Journal of Nurses Professional Development, 26*(4), E12–E17.

Bengtsson, M., & Carlson, E. (2015). Knowledge and skills needed to improve as preceptor: Development of a continuous professional development course—A qualitative study Part I. *BioMed Central Nursing, 14*(51), 1–7. doi:10.1186/s12912-015-0103-9

Berger, J., Polivka, B., Smoot, E. A., & Owens, H. (2015). Compassion fatigue in pediatric nurses. *Journal of Pediatric Nursing, 30*(6), e11–e17. doi: 10.1016/j.pedn.2015.02.005

Berterö, C. (2015). Developing qualitative methods – or "same old wine in a new bottle." *International Journal of Qualitative Studies on Health and Well-being, 10*, 27679. doi: 10.3402/qhw.v10.27679

Billay, D. B., & Yonge, O. (2004). Contributing to the theory development of preceptorship. *Nurse Education Today, 24*(7), 566–574. doi: 10.1016/j.nedt.2004.07.010

Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research. *Journal of Research in Nursing, 13*(1), 68–75.

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research, 26*(13), 1802–1811.

Blegen, M. A., Spector, N., Ulrich, B. T., Lynn, M. R., Barnsteiner, J., & Silvestre, J. (2015). Preceptor support in hospital transition to practice programs. *Journal of Nursing Administration, 45*(12), 642–9.

Blum, C. A. (2007). Evaluating preceptor perception of support using educational podcasts. *International Journal of Nursing Education Scholarship, 11*(1), 1–8.

Borimnejad, L., Valizadeh, S., Rahmani, A., Shahbazi, S., & Mazaheri, A. (2016). The lived experience of newly nurses' preceptors of preceptorship: An interpretative phenomenological study. *International Journal of Medical Research & Health Sciences, 5*(9S), 570–580.

Bott, G., Mohide, E. A., & Lawlor, Y. (2011). A clinical teaching technique for nurse preceptors: The five minute preceptor. *Journal of Professional Nursing, 27*(1), 35–42. http://dx.doi.org/10.1016/j.profnurs.2010.09.009

Bowles, C., & Candela, L. (2005). First job experiences of recent RN graduates: Improving the work environment. *Journal of Nursing Administration, 35*(3), 130–137.

Bradshaw, C., Atkinson, S., & Doody, O. (2017). Employing a qualitative description approach in health care research. *Global Qualitative Nursing Research, 4*, 1–8. doi: 10.1177/2333393617742282

Bratt, M. M. (2009). Retaining the next generation of nurses: The Wisconsin nurse residency program provides a continuum of support. *The Journal of Continuing Education in Nursing*, *40*(9), 416–25. https://epublications.marquette.edu/cgi/viewcontent.cgi?article=1380&context=nursing_fac

Bratt, M. M., & Felzer, H. M. (2012). Predictors of new graduate nurses' organizational commitment during a nurse residency program. *Journal for Nurses in Staff Development, 28*(3), 108–119.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. doi: 10.1191/1478088706qp063oa

Broadbent, M., Moxham, L., Sander, T., Walker, S., & Dwyer, T. (2014). Supporting bachelor of nursing students within the clinical environment: Perspectives of preceptors. *Nurse Education in Practice, 14*(4), 403–409. https://doi.org/10.1016/j.nepr.2013.12.003.

Bruno, F., Brady, T., Lang, A., & Antonacci, R. (2016). The experiences of preceptors with new graduate nurses in inpatient units. *International Journal of Evidence-Based Healthcare, 14*, S6. doi: 10.1097/01.XEB.0000511617. 77874.e5

Burgess, A., & Mellis, C. (2015). Feedback and assessment for clinical placements: achieving the right balance. *Advances in Medical Education and Practice, 19*(6), 373–381. doi: 10.2147/AMEP.S77890

Burnard, P. (1991). A method of analysing interview transcripts in qualitative research. *Nurse Education Today, 11*(6), 461–466. doi: 10.1016/0260-6917(91)90009-y

Butler, A. E., Copnell, B., & Hall, H. (2018). The development of theoretical sampling in practice. *Collegian, 25*(5), 561–566.

Callaghan, D., Watts, W. E., McCullough, D. L., Moreau, J. T., Little, M. A., Gamroth, L. M., & Durnford, K. D. (2009). The experience of two practice education models: Collaborative learning unit and preceptorship. *Nurse Education in Practice, 9*(4), 244–252.

Canadian Institutes of Health Research (CIHR), Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada (2018). *Tri-council policy statement: Ethical conduct for research involving humans*. Retrieved from http://www.pre.ethics.gc.ca/eng/nr-cp_2019-06-05.html

Canadian Nurses Association (2004). *Achieving excellence in professional practice: A guide to preceptorship and mentoring.* Retrieved from https://saskpreceptors.ca/documents/CNA%20Preceptor%20guide.pdf

Candela, L., & Bowles, C. (2008). Recent RN graduate perceptions of educational preparation. *Nursing Education Perspectives ,29*(5), 266–71.

Carlson, E. (2013). Time, trust and reflection: Three aspects of precepting in clinical nursing education. *Nurse Education in Practice, 13*(4), 237–238. doi: 10.1016/j.nepr.2012.10.002

Carlson, E., & Bengtsson, M. (2015). Perceptions of preceptors in clinical practice after completion of a continuous professional development course: A qualitative study part II. *BioMed Central Nursing, 14*(41), 1–7.

Carlson, E., Pilhammar, E., & Wann-Hansson, C. (2010). Time to precept: Supportive and limiting conditions for precepting nurses. *Journal of Advanced Nursing, 66*(2), 432–441. doi: 10.1111/j.1365-2648.2009. 05174.x

Carlson, E., Wann-Hansson, C., & Pilhammar, E. (2009). Teaching during clinical practice: Strategies and techniques used by preceptors in nursing education. *Nurse Education Today, 29*(5), 522–526. doi: 10.1016/j.nedt.2008.11.012

Carnevale, F. A. (2002). Authentic qualitative research and the quest for methodological rigor. *Canadian Journal of Nursing Research, 34*(2), 121–128.

Cassidy, I., Butler, M. P., Quillinan, B., Egan, G., McNamara, M. C., Tuohy, D., Bradshaw, C., Fahy, A., O'Connor, M., & Tierney, C. (2012). Preceptors' views of assessing nursing students using a competency based approach. *Nurse Education in Practice, 12*(6), 346–351. https://doi.org/10.1016/j.nepr.2012.04.006.

Chan, D. (2002). Development of the clinical learning environment inventory; using the theoretical framework of learning environment studies to assess nursing students' perceptions of the hospital as a learning environment. *Journal of Nursing Education, 41*(2), 69–75.

Chang, A., Douglas, M., Breen-Reid, K., Gueorguieva, V., & Fleming-Carroll, B. (2013). Preceptors' perceptions of their role in a pediatric acute care setting. *The Journal of Continuing Education in Nursing, 44*(5), 211–217.

Chang, C. C., Lin, L. M., Chen, I. H., Kang, C. M., & Chang, W. Y. (2015). Perceptions and experiences of nurse preceptors regarding their training courses: A mixed method study. *Nurse Education Today, 35*(1), 220–226.

Charters, A. (2000). Role modelling as a teaching method. *Emergency Nurse, 7*(10), 25-29.

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

Cleary, M., Horsfall, J., & Hayter, M. (2014). Data collection and sampling in qualitative research: Does size matter? *Journal of Advanced Nursing, 70*(3), 473–475. doi:10.1111/jan.12163

Cloete, I. S., & Jeggels, J. (2014). Exploring nurse preceptors' perceptions of benefits and support of and commitment to the preceptor role in the Western Cape Province, *Curationis,* 37(1), Art. #1281, 1–7.

Coates, V. E., & Gormley, E. (1997). Learning the practice of nursing: Views about preceptorship. *Nurse Education Today, 17*(2), 91-98. doi: 10.1016/s0260-6917(97)80024-x

College of Nurses of Ontario. (2009a). *Supporting learners*. Retrieved from https://www.cno.org/en/learn-about-standards-guidelines/educational-tools/ask-practice/supporting-learners/

College of Nurses of Ontario. (2009b). *Practice standard: Professional standards, revised 2002*. Retrieved from http://www.cno.org/docs/prac/41006_ProfStds.pdf

Cotter, E., & Dienemann, J. (2016). Professional development of preceptors improves nurse outcomes. *Journal for Nurses Professional Development, 32*(4), 192–197.

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches.* Thousand Oaks, CA: Sage.

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Sage Publications.

Crow, G., Wiles, R., Heath, S., & Charles, V. (2006). Research ethics and data quality: The implications of informed consent. *International Journal of Social Research Methodology, 9*, 83–95.

DeCicco, J. (2008). Developing a preceptorship/mentorship model for home health care nurses. *Journal of Community Health Nursing, 25*(1), 15–25. doi: 10.1080/07370010701836310

DeWolfe, J. A., Laschinger, S., & Perkin, C. (2010). Preceptors' perspectives on recruitment, support and retention of preceptors. *Journal of Nursing Education, 49*(4), 198–206.

Dibert, C., & Goldenberg, D. (1995). Preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role. *Journal of Advanced Nursing, 21*(6), 1144–1151. doi: 10.1046/j.1365-2648.1995.21061144.x

Dodge, T., Mazerolle, S. M., & Bowman, T. G. (2014). Challenges faced by preceptors serving in dual roles as health care providers and clinical educators. *Athletic Training Education Journal, 9*(1), 29–35.

Duchscher, J. B. (2008). A process of becoming: The stages of new nursing graduate professional role transition. *The Journal of Continuing Education in Nursing, 39*(10), 441–450.

Duffy, A. (2009). Guiding students through reflective practice–The preceptors experiences. A qualitative descriptive study. *Nurse Education in Practice, 9*(3), 166–175. doi: 10.1016/j.nepr.2008.07.002

Dusaj, T. (2014). Become a successful preceptor. *American Nurse Today, 9*(8). Retrieved from https://www.myamericannurse.com/become-successful-preceptor/

Duteau, J. (2012). Making a difference: The value of preceptorship programs in nursing education. *The Journal of Continuing Education in Nursing, 43*(1), 37–43. doi:10.3928/00220124-20110615-01.

Dyess, S., & Sherman, R.O. (2009). The first year of practice: New graduate learning needs and transition experiences. *The Journal of Continuing Education in Nursing*, *40*(9), 403–410. doi: 10.3928/00220124-20090824-03

Ebrahimi, H., Hassankhani, H., Negarandeh, R., Azizi, A., & Gillespie, M. (2016). Barriers to support for new graduated nurses in clinical settings: A qualitative study. *Nurse Education Today, 37*, 184–188.

Ebright, P. R., Patterson, E. S., Chalko, B. A., & Render, M. L. (2003). Understanding the complexity of registered nurse work in acute care settings. *The Journal of Nursing Administration, 33*(12), 630–638.

Elo, S., & Kyngas, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing, 62*(1), 107–115. doi: 10.1111/j.1365-2648.2007. 04569.x

Estabrooks, C. A., Squires, J. E., Hutchinson, A. M., Scott, S., Cummings, G. G., Kang, S. H., Midodzi, W. K., & Stevens, B. (2011). Assessment of variation in the Alberta context tool: The contribution of unit level contextual factors and specialty in Canadian pediatric acute care settings. *BMC Health Services Research, 11*, 251. https://doi.org/10.1186/1472-6963-11-251 PMID: 21970404

Ferguson, L. M. (2011). From the perspective of new nurses: What do effective mentors look like in practice? *Nurse Education in Practice, 11*(2), 119–123.

Fink, R., Krugman, M., Casey, K., & Goode, C. (2008). The graduate nurse experience. Qualitative residency program outcomes. *The Journal of Nursing Administration, 38*(7/8), 341–348.

Finlay, L. (2002). "Outing" the researcher: The provenance, process and practice of reflexivity. Q*ualitative Health Research, 12*(4), 531–545.

Foley, V., Myrick, F., & Yonge, O. (2013). Intergenerational conflict in nursing preceptorship. *Nurse Education Today, 33*(9), 1003–1007.

Fox, R., Henderson, A., & Malko-Nyhan, K. (2006). A comparison of preceptor and preceptee's perceptions of how the preceptor's role is operationalized. *Journal of Clinical Nursing, 15*(3), 361–364. http://dx.doi.org/10.1111/j.1365-2702.2006.01329.x

Foy, D., Carlson, M., & White, A. (2013). RN preceptor learning needs assessment. *Journal for Nurses in Professional Development, 29*(2), 64–69. doi:10.1097/NND.0b013e318287aa12

Fram, S. M. (2013). The constant comparative analysis method outside of grounded theory. *The Qualitative Report, 18(1), 1–25.* Retrieved from http://www.nova.edu/ssss/QR/QR18/fram1.pdf

French, B. (2005). Evaluating research for use in practice: What criteria do specialist nurses use? *Journal of Advanced Nursing, 50*(3), 235–243.

Gentles, S. J., Charles, C., Ploeg, J., & McKibbon, K. A. (2015). Sampling in qualitative research: Insights from an overview of the methods literature. *The Qualitative Report, 20*(11), 1772–1789. Retrieved from https://nsuworks.nova.edu/tqr/

Girotto, L. C., Enns, S. C., de Oliveira, M. S., Mayer, F. B., Perotta, B., Santos, I. S., & Tempski, P. (2019). Preceptors' perception of their role as educators and professionals in a health system. *BMC Medical Education, 19*(203),1–8.

Glasper, E. A. (2017). Does a shortage of specially trained nurses pose a threat to the provision of optimum care for sick children in hospital? *Comprehensive Child and Adolescent Nursing, 40*(1), 1–5.

Goldblatt, H., Karnieli-Miller, O., & Neumann, M. (2011). Sharing qualitative research findings with participants: Study experiences of methodological and ethical dilemmas. *Patient Education and Counseling, 82*(3), 389–95.

Goode, C. J., Lynn, M. R., McElroy, D., Bednash, G. D., & Murray, B. (2013). Lessons learned from 10 years of research on a post- baccalaureate nurse residency program. *The Journal of Nursing Administration, 43*(2), 73–79.

Goode, C. J., & Williams, C. A. (2004). Post-baccalaureate nurse residency program. *The Journal of Nursing Administration, 34*(2), 71–77.

Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today, 24*(2), 105–112.

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

Halfer, D. (2007). A magnetic strategy for new graduate nurses. *Nursing Economic$, 25*(1), 6–12.

Halfer, D., Graf, E., & Sullivan, C. (2008). The organizational impact of a new graduate pediatric nurse mentoring program. *Nursing Economic$, 26*(4), 243–249.

Hallin, K., & Danielson, E. (2009). Being a personal preceptor for nursing students: Registered nurses' experiences before and after introduction of a preceptor model. *Journal of Advanced Nursing, 65*(1), 161–174.

Hand, E. E. (2002). The preceptor connection. *Nursing Management, 33*(7), 17–19.

Happell, B. (2009). A model of preceptorship in nursing: Reflecting the complex functions of the role. *Nursing Education Perspectives, 30*(6), 372–376.

Happell, B., & Gough, K. (2007). Employment through residency programs: A strategy to address the workforce crisis in psychiatric nursing. *Archives of Psychiatric Nursing, 21*(3), 126–131.

Hardyman, R., & Hickey, G. (2001). What do newly-qualified nurses expect from preceptorship? Exploring the perspective of the preceptee. *Nurse Education Today, 21*(1), 58–64.

Harrison-White, K., & Simons, J. (2013). Preceptorship: Ensuring the best possible start for new nurses. *Nursing Children and Young People, 25*(1), 24–27. doi: 10.7748/ncyp2013.02.25.1.24. s9536

Hartline, C. (1993). Preceptor selection and evaluation: A tool for educators and managers. *Journal of Nursing Staff Development, 9*(4), 188–192.

Hathorn, D. C. (2006). The lived experience of nurses working with student nurses in the acute care clinical environment. LSU Doctoral Dissertations. 545. https://digitalcommons.lsu.edu/gradschool_dissertations/545

Hautala, K. T., Saylor, C. R., & O'Leary-Kelley, C. (2007). Nurses' perceptions of stress and support in the preceptor role. *Journal for Nurses in Professional Development, 23*(2), 64–70. http://dx.doi.org/10.1097/01.NND.0000266611.78315.08

Hecktman, H. M. (2012). Stress in pediatric oncology nurses. *Journal of Pediatric Oncology Nursing, 29*(6), 356–361.

Hegenbarth, M., Rawe, S., Murray, L., Arnaert, A., & Chambers-Evans, J. (2015). Establishing and maintaining the clinical learning environment for nursing students: A qualitative study. *Nurse Education Today, 35*(2), 304–309.

Henderson, A., Fox, R., & Malko-Nyhan, K. (2006). An evaluation or preceptors' perceptions of educational preparation and organizational support for their role. *The Journal of Continuing Education in Nursing, 37*(3), 130–136.

Hezaveh, M. S., Rafii, F., & Seyedfatemi, N. (2014). Novice nurses' experiences of unpreparedness at the beginning of the work. *Global Journal of Health Science, 6*(1), 215–22.

Hickerson, K. A., Taylor, L. A., & Terhaar, M. F. (2016). The preparation–practice gap: An integrative literature review. *The Journal of Continuing Education in Nursing, 47*(1), 17–23.

Hickey, M. T. (2009). Preceptors perceptions of new graduate nurse readiness for practice. *Journal for Nurses in Staff Development, 25*(1), 35–41.

Hilli, Y., Melender, H. L., & Jonsen, E. (2011). The experience of being a preceptor for nurse students in clinical practice: A cross sectional qualitative study. *International Journal of Learning in Social Contexts Australia, 1*, 84–99.

Holland, K. (1999). A journey to becoming: The student nurse in transition. *Journal of Advanced Nursing, 29*(1), 22-236.

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

Hu, Y., Zhang, Y., Shen, N., Wu, J., & Malmedal, W.K. (2017). Stressors of newly graduated nurses in Shanghai paediatric hospital: A qualitative study. *Journal of Nursing Management, 25*(3), 184–193.

Hunt, M. R. (2009). Strengths and challenges in the use of interpretive description: Reflections arising from a study of the moral experience of health professionals in humanitarian work. *Qualitative Health Research, 19*(9), 1284–1292.

Hyrkäs, K., & Shoemaker, M. (2007). Changes in the preceptor role: Re-visiting preceptors' perceptions of benefits, rewards, support and commitment to the role. *Journal of Advanced Nursing, 60*(5), 513–24.

Innes, T., & Calleja, P. (2018). Transition support for new graduate and novice nurses in critical care settings: An integrative review of the literature. *Nurse Education Practice, 30*, 62–72.

Ironside, P. M., McNeilis, A. M., & Ebright, P. (2014). Clinical education in nursing: Rethinking learning in practice settings. *Nursing Outlook, 62*(3), 185–191.

Jackson, R. L., Drummond, D. K., & Camara, S. (2007). What is qualitative research? *Qualitative Research Report in Communication, 8*(1), 21–28.

Jacob, S. A., & Furgerson, S. P. (2012). Writing interview protocols and conducting interviews: Tips for students new to the field of qualitative research. *The Qualitative Report ,17*(6), 1–10.

Jakubik, L. D. (2008). Mentoring beyond the first year: Predictors of mentoring benefits for pediatric staff nurse proteges. *Journal of Pediatric Nursing, 23*(4), 269–281.

Jakubik, L. D., Eliades, A. B., Gavriloff, C. L., & Weese, M. M. (2011). Nurse mentoring study demonstrates a magnetic work environment: Predictors of mentoring benefits among

pediatric nurses. *Journal of Pediatric Nursing, 26*(2), 156–164. doi: 10.1016/j.pedn. 2010.12.006

Jakubik, L. D., Eliades, A. B., & Weese, M. M. (2016). Part 1: An overview of mentoring practices and mentoring benefits. *Pediatric Nursing, 42*(1), 37–38.

Jeggels, J. D., Traut, A., & Africa, F. (2013). A report on the development and implementation of a preceptorship training programme for registered nurses. *Curationis, 36*(1),1–6.

Kaiser, K. (2009). Protecting respondent confidentiality in qualitative research. *Qualitative Health Research, 19*(11), 1632–1641.

Kamolo, E., Vernon, R., & Toffoli, L. (2017). A critical review of preceptor development for nurses working with undergraduate nursing students. *International Journal of Caring Sciences, 10*(2), 1089–1100.

Kang, C., Chiu, H., Lin, Y., & Chang, W. (2016). Development of a situational initiation training program for preceptors to retain new graduate nurses: Process and initial outcomes. *Nurse Education Today, 37,* 75–82. http://dx.doi.org/10.1016/j.nedt.2015.11.022

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

Kelly, J., & McAllister, M. (2013). Lessons students and new graduates could teach: A phenomenological study that reveals insights on the essence of building a supportive learning culture through preceptorship. *Contemporary Nurse, 44*, 170–177.

Kemper, N. (2007). Win-win strategies help relieve preceptor burden. *Nursing Management, 38*(2), 10–12.

Klingbeil, C., Schiffman, R. F., Ziebert, C., Totka, J. P., Schmitt, C. A., Doyle, L., Stelter, A., Stonek, A.V., Ke, W., & Johnson, N. (2016). Transition of experienced and new graduate

nurses to a pediatric hospital. *Journal for Nurses in Professional Development, 32* (4), 198–204.

Kovner, C. T., Brewer, C. S., Fairchild, S., Poornima, S., Hongsoo, K., & Djukic, M. (2007). Newly licensed RNs: Characteristics, work attitudes, and intentions to work. *American Journal of Nursing, 107*(9), 58–70.

Kovner, C. T., Brewer, C. S., Fatehi, F., & Jun, J. (2014). What does nurse turnover rate mean and what is the rate? *Policy, Politics, & Nursing Practice, 15*(3–4), 64–71. doi: 10.1177/1527154414547953

Kowalski, K. (2020). Precepting. *The Journal of Continuing Education in Nursing, 51*(2), 62–64.

Kramer, N. (1993). Preceptorship policy: A tool for success. *The Journal of Continuing Education in Nursing, 24*(6), 274–276.

Krefting, L. (1991). Rigour in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy, 45*(3), 214–222

Lavoie-Tremblay, M., Paquet, M., Marchionni, C., & Drevniok, U. (2011). Turnover intention among new nurses: A generational perspective. *Journal for Nurses in Staff Development, 27*(1), 39–45. http://dx.doi.org/10.1097/NND.0b013e31819945c1

Lawal, J., Weaver, S., Bryan, V., & Lindo, J. L. (2015). Factors that influence the clinical learning experience of nursing students at a Caribbean school of nursing. *Journal of Nursing Education and Practice, 6*(4), 32–39.

Lazarus, J. (2016). Precepting 101: Teaching strategies and tips for success for preceptors. *Journal of Midwifery Womens Health, 61,* S11–S 21.

L'Ecuyer, K. M., Hyde, M. J., & Shatto, B. J. (2018). Preceptors' perception of role competency. *The Journal of Continuing Education in Nursing, 49*(5), 233–240.

Lee, K., Machado, M. R., Wenzel, M. M., Gagnon, J. M., & Calomo, J. M. (2006). An advanced professional pharmacy experience in a community setting using an experiential manual. *American Journal of Pharmaceutical Education, 70*(2), 1–8.

Leners, D., Sitzman, K., & Hessler, K. L. (2006). Perceptions of nursing student clinical placement experiences. *International Journal of Nursing Education Scholarship, 3*(1), 1267–1284.

Lewis, S., & McGowan, B. (2015). Newly qualified nurses' experiences of a preceptorship. *British Journal of Nursing, 24*(1), 40–43. http://dx.doi.org/10.12968/bjon.2015.24.1.40

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publication.

Lindfors, K., Meretija, R., Kaunonen, M., & Paavilainen, E. (2018). Preceptors' perceptions of the element of a successful and an unsuccessful orientation period for newly graduated nurses. *Journal of Nursing Management, 26*(3), 256–262.

Lockwood-Rayermann, S. (2003). Preceptor leadership style and the nursing practicum. *Journal of Professional Nursing, 19*(1), 32–37.

Long, T., & Johnson, M. (2000). Rigour, reliability and validity in qualitative research. *Clinical Effectiveness in Nursing, 4*(1), 30–37.

Loughran, M. C., & Koharchik, L. (2019). Ensuring a successful preceptorship: Tips for nursing preceptors. *The American Journal of Nursing, 119*(5), 61–65.

Luhanga, F. L., Dickieson, P., & Mossey, S. D. (2010). Preceptor preparation: An investment in the future generation of nurses. *International Journal of Nursing Education Scholarship, 7*(1), Article 38. doi: 10.2202/1548-923X.1940

MacLean, L. M., Meyer, M., & Estable, A. (2004). Improving accuracy of transcripts in qualitative research. *Qualitative Health Research, 14*(1), 113–123.

Maheu, C. & Thorne, S. (2008). Receiving inconclusive genetic test results: An interpretive description of the BRCA1/2 Experience. *Research in Nursing & Health, 31*(1), 553–562.

Malterud, K., Siersma, V. D., & Guassora, A. D. (2015). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research, 26*(13), 1753–1760. http://doi.org/10.1177/1049732315617444

Marks-Maran, D., Ooms, A., & Tapping, J. (2013). A preceptorship programme for newly qualified nurses: A study of preceptees' perceptions. *Nurse Education Today, 33*, 1428–1434.

Martin, K., & Wilson, C. B. (2011). Newly registered nurses' experience in the first year of practice: A phenomenological study. *International Journal for Human Caring, 15*(2), 21–27.

McCarthy, B., & Murphy, S. (2010). Preceptors' experiences of clinically educating and assessing undergraduate nursing students: An Irish context, *Journal of Nursing Management 18*(2), 234–244.

McGrath, C., Palmgren, P. J., & Liljedahl, M. (2019). Twelve tips conducting qualitative research interviews. *Medical Teacher, 41*(9), 1002–1006.

McKinley, M. (2004). Mentoring matters: Creating, connecting, empowering. *AACN Clinical Issues, 15*, 205–214.

McNair, R., Taft, A., & Hegarty, K. (2008). Using reflexivity to enhance in-depth interviewing skills for the clinician researcher. *BMC Medical Research Methodology, 8*, 73. doi: 10.1186/1471-2288-8-73. Available online at http://www.biomedcentral.com/1471-2288/8/73

McSharry, E., & Lathlean, J. (2017). Clinical teaching and learning within a preceptorship model in an acute care hospital in Ireland: A qualitative study. *Nurse Education Today, 51*, 73–80. https://doi.org/10.1016/j.nedt.2017.01.007

Mills, J. F., & Mullins, A. C. (2008). The California nurse mentor project: Every nurse deserves a mentor. *Nurse Economics$, 26*(5), 310–315.

Mohide, E. A., Jennings, B., Akhtar-Danesh, N., Seidlitz, W., Norman, D., Gerardi, O., Cavalieri, V., & McKey, C. (2012). *Selecting nurse preceptors: What qualities and characteristics should be considered?* Sigma Theta Tau 23rd International Nursing Research Congress. http:// www.nursinglibrary.org/vhl/handle/10755/243307.

Monaghan, T. (2015). A critical analysis of the literature and theoretical perspectives on theory-practice gap amongst newly qualified nurses within the United Kingdom. *Nurse Education Today, 35*(8), e1–e7.

Moore, M. L. (2008). Preceptorship: The hidden benefits to the organization. *Journal of Nurses in Staff Development, 24*(1), e9–e15.

Moore, P., & Cagle, C. S. (2012). The lived experience of new nurses: Importance of the clinical preceptor. *Journal of Continuing Education in Nursing, 43*(12), 555–565. http://dx.doi.org/10.3928/00220124-20120904-29

Morgan, R., & Keogh, B. (2005). Preceptorship in nursing: An Irish perspective. *Clinical Excellence for Nurse Practitioners, 9*(4), 181–185.

Morse, J. M. (2008). Does informed consent interfere with induction? *Qualitative Health Research, 18*(4), 439–440. doi: 10.1177/1049732307313614

Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods, 1*(2), 13–22.

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

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

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

Myrick, F., Yonge, O., & Billay, D. (2010). Preceptorship and practical wisdom: A process of engaging in authentic nursing practice. *Nurse Education in Practice, 10*(2), 82–87. doi: 10.1016/j.nepr.2009.03.018

Nash, D. D., & Flowers, M. (2017). Key elements to developing a preceptor program. *The Journal of Continuing Education in Nursing, 48*(11), 508–511.

Negarandeh, R. (2014). Enhancing transition to workplace. *Nursing and Midwifery Studies,3*(1), e17554.

Nielsen, K., Finderup, J., Brahe, L., Elgaard, R., Elsborg, A. M., Engell-Soerensen, V., Holm, L., Juul, H., & Sommer, I. (2017). The art of preceptorship. A qualitative study. *Nurse Education in Practice, 26*(39), 39–45.

Nkulu Kalengayi, F. K., Hurtig, A., Ahlm, C., & Ahlberg, B. M. (2012). "It is a challenge to do it the right way": An interpretive description of caregivers' experiences in caring for

migrant patients in Northern Sweden. *BMC Health Service Research, 12*, 433. Retrieved from https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-12-433

O'Brien, A., Giles, M., Dempsey, S., Lynne, S., McGregor, M. E., Kable, A., Parmenter, G., & Parker, V. (2014). Evaluating the preceptor role for pre-registration nursing and midwifery student clinical education. *Nurse Education Today, 34*(1), 19–24. https://doi.org/10.1016/j.nedt.2013.03.015

O'Callaghan, N., & Slevin, E. (2003) An investigation of the lived experiences of registered nurses facilitating supernumerary nursing students. *Nurse Education Today, 23*(2), 123–130.

O'Callaghan, N., Wilkin, K., & Slevin, E. (2002). The nuts and bolts of interviewing in qualitative research: An account of personal experiences. *The All Ireland Journal of Nursing & Midwifery, 2*(5), 68–71.

O'Connor, M. K., Netting, F. E., & Thomas, M. L. (2008). Grounded theory: Managing the challenge for those facing institutional review board oversight. *Qualitative Inquiry, 14*(1), 28-45.

Oermann, M. H. (1996). A study of preceptor roles in clinical teaching. *Nursing Connections, 9*(4), 57–64.

Öhrling, K., & Hallberg, I. (2000). Nurses' lived experience of being a preceptor. *Journal of Professional Nursing, 16*(4), 228–239.

Öhrling, K., & Hallberg, I. R. (2001). The meaning of preceptorship: Nurses' lived experience of being a preceptor. *Journal of Advanced Nursing, 33*(4), 530–40.

Oliver, C. (2012). The relationship between symbolic interactionism and interpretive description. *Qualitative Health Research, 22*(3), 409–415.

O'Malley, C., Cunliffe, E., Hunter, S., & Breeze, J. (2000). Preceptors in practice. *Nursing Standard, 14*(28), 45–49.

Omansky, G. L. (2010). Staff nurses' experiences as preceptors and mentors: An integrative review. *Journal of Nursing Management, 18*(6), 697–703.

O'Shea, M. & Kelly, B. (2007). The lived experiences of newly qualified nurses on clinical placement during the first six months following registration in the Republic of Ireland. *Journal of Clinical Nursing, 16*(8), 1534–1542.

Panzavecchia, L., & Pearce, R. (2014). Are preceptors adequately prepared for their role in supporting newly graduated staff? *Nurse Education Today, 34*(7), 1119–1124.

Paradis, E., O'Brien, B., Nimmon, L., Bandiera, G., & Martimianakis, M. A. (2016). Design: Selection of data collection methods. *Journal of Graduate Medical Education, 8*(2), 263–264. doi: http://dx.doi.org/10.4300/JGME-D-16-00098.1

Park, J. R., Wharrad, H., Barker, J., & Chapple, M. (2011). The knowledge and skills of pre-registration masters' and diploma qualified nurses: A preceptor perspective. *Nurse Education in Practice, 11*(1), 41–46. http://dx.doi.org/10.1016/j.nepr.2010.06.004

Parvan, K., Shahbazi, S. H., Ebrahimi, H., Valizadeh, S., Rahmani, A., Jabbarzadeh Tabrizi, F., & Esmaili, F. (2018). Nurses' lived experience of working with nursing students in clinical wards: A phenomenological study. *Journal of Caring Sciences, 7*(1), 41–45. doi:10.15171/jcs.2018.007

Patton, M. Q. (1990). *Qualitative evaluation and research methods*. Sage.

Patton, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Services Research, 34*(5), 1189–1208.

Patton, M. (2015). *Qualitative research and evaluation methods* (4th ed.). Sage.

Peshkin, A. (1988). In search of subjectivity—one's own. *Educational Researcher, 17*(7), 17–21.

Phillips, J. M. (2006). Preparing preceptors through online education. *Journal for Nurses in Staff Development, 22*(3), 150–156.

Piccinini, C. J., Hudlun, N., Branam, K., & Moore, J. M. (2018). The effects of preceptor training on new graduate registered nurse transition experiences and organizational outcomes. *Journal of Continuing Education in Nursing, 49*(5), 216–220. https://doi.org/10.3928/00220124-20180417-06

Polit, D. F. (2011). Blinding during the analysis of research data. *International Journal of Nursing Research, 48*(5), 636–641.

Polit, D. F., & Beck, C. T. (2004). *Nursing research: Principals and methods* (7th ed). Lippincott. Williams & Wilkins.

Priest, H., Roberts, P., & Woods, L. (2002). An overview of three different approaches to the interpretation of qualitative data. Part 1: Theoretical issues. *Nurse Researcher, 10*(1), 30–42.

Quek, G. J. H., Ho, G. H. L., Hassan, N. B, Quek, S. E. H., & Shorey, S. (2019). Perceptions of preceptorship among newly graduated nurses and preceptors: A descriptive qualitative study. *Nurse Education in Practice, 37*, 62–67.

Ratta, C. D. (2018). The art of balance: Preceptor's experiences of caring for deteriorating patients. *Journal of Clinical Nursing, 27*(19–20), 3497–3509. doi: 10.1111/jocn.14579

Rees, P., Edwards, A., Powell, C., Hibbert, P., Williams, H., Makeham, M., Carter, B., Luff, D., Parry, G., Avery, A., Sheikh, A., Donaldson, L., & Carson-Stevens, A. (2017). Patient safety incidents involving sick children in primary care in England and Wales: A mixed methods analysis. https://doi.org/10.1371/journal.pmed.1002217

Regan, S., Wong, C., Laschinger, H. K., Cummings, G., Leiter, M., MacPhee, M., Rhéaume, A., Ritchie, J. A., Wolff, A. C., Jeffs, L., Young-Ritchie, C., Grinspun, D., Gurnham, M. E., Foster, B., Huckstep, S., Ruffolo, M., Shamian, J., Burkoski, V., Wood, K., & Read, E. (2017). Starting out: Qualitative perspectives of new graduate nurses and nurse leaders on transition to practice. *Journal of Nursing Management*, *25*(4), 246–255.

Registered Nurses Association of Ontario. (2016). *Practice education in nursing quick reference guide.* Retrieved from https://rnao.ca/sites/rnao-ca/files/SHWE_Quick_Reference_Guide_-_WEB_0.pdf

Richards, J., & Bowles, C. (2012). The meaning of being a primary nurse preceptor for newly graduated nurses. *Journal for Nurses in Staff Development, 28*(5), 208–213. http://dx.doi.org/10.1097/NND.0b013e318269fde8

Riden, H., Jacobs, S., & Marshall, B. (2014). New Zealand nurses' views on preceptoring international nurses. *International Nursing Review*, *61*(2),179–185.

Robins, P. M., Meltzer, L., & Zelikovsky, N. (2009). The experience of secondary traumatic stress upon care providers working within a children's hospital. *Journal of Pediatric Nursing*, *24*(4), 270–279. https://doi.org/10.1016/j.pedn.2008.03.007 PMID: 19632504

Robinson, A., McInerney, F., Sherring, M., & Marlow, A. (1999). Developing a collaborative preceptor program involving registered nurses, student nurses and faculty. *Australian Journal of Advanced Nursing, 17*(1),13–21.

Robitaille, P. (2013). In focus: Preceptor-based orientation programs for new nurse graduates. Association of Operating Room. *Nurses AORN Journal, 98*(5), C7–C8. doi:10.1016/S0001-2092(13)01080-6.

Rush, K. L., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2013). Best practices of formal new graduate nurse transition programs: An integrative review. *International Journal of Nursing Studies, 50*(3), 345–356.

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

Sandau, K. E., & Halm, M. A. (2010). Preceptor-based orientation programs: Effective for nurses and organizations? *American Journal of Critical Care, 19*(2), 184–188.

Sandau, K. E., & Halm, M. (2011). Effect of a preceptor education workshop: Part 2. Qualitative results of a hospital-wide study. *The Journal of Continuing Education in Nursing, 42*(4),172–181.

Sandelowski, M. (1995). Focus on qualitative methods: Sample size in qualitative research. *Research in Nursing & Health, 18*(2), 179–183.

Sanford, P. G., & Tipton, P. H. (2016). Is nursing preceptor behavior changed by attending a preceptor class? *Proc (Bayl University Medical Center), 29*(3), 277–279.

Saunders, B., Kitzinger, J., & Kitzinger, C. (2015). Anonymizing interview data: Challenges and compromise in practice. *Qualitative Research, 15*(5), 616–632. doi: 10.1177/1468794114550439

Schluter, J., Seaton, P., & Chaboyer, W. (2008). Critical incident technique: A user's guide for nurse researchers. *Journal of Advanced Nursing, 61*(1), 107–114. doi: 10.1111/j.1365-2648.2007. 04490.x

Scott, E. S., Engelke, M. K., & Swanson, M. (2008). New graduate nurse transitioning: Necessary or nice? *Applied Nursing Research, 21*(2), 75–83.

Seale, C. (2000). *Using computers to analyse qualitative data*. In D. Silverman (Ed.), *Doing qualitative research: A practical handbook* (pp. 155–174). Sage.

Sekol, M. A., & Kim, S. C. (2014). Job satisfaction, burnout, and stress among pediatric nurses in various specialty units at an acute care hospital. *Journal of Nursing Education & Practice, 4*(12), 115–124.

Shahbazi, S., Valizadeh, S., Borimnejad, L., Rahmani, A., & Vaismoradi, M. (2018). Living with moral distress: The perspectives and experiences of Iranian nurse preceptors. *Research & Theory for Nursing Practice, 32*(4), 355–369.

Sharpnack, P. A., Moon, H. M., & Waite, P. (2014). Closing the practice gap. *Journal for Nurses in Professional Development, 30,* 254–260.

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research project. *Education for Information, 22*(2), 63–75.

Shinners, J. S., & Franqueiro, T. (2015). Preceptor skills and characteristics: Considerations for preceptor education. *The Journal of Continuing Education in Nursing, 46*(5), 233–236.

Shinners, J. S., Mallory, C., & Franqueiro, T. (2013). Preceptorship today: Moving toward excellence. *The Journal of Continuing Education in Nursing, 44*(11), 482–483. doi:10.3928/00220124-20131025-91

Smedley, A. M. (2008). Becoming and being a preceptor: A phenomenological study. *The Journal of Continuing Education in Nursing, 39*(4), 185–191. doi:10.3928/00220124-20080401-08

Smedley, A., Morey, P., & Race, P. (2010). Enhancing the knowledge, attitudes, and skills of preceptors: An Australian perspective. *The Journal of Continuing Education in Nursing, 41*(10), 451–461.

Smedley, A., & Penney, D. (2009). A partnership approach to the preparation of preceptors. *Nursing Education Perspectives, 30*(1), 31–36.

Smith, J., & Sweet., L. (2019). Becoming a nurse preceptor, the challenges and rewards of novice registered nurses in high acuity hospital environment. *Nurse Education in Practice, 36*, 101–107.

Sorrell, J. M., & Redmond, G. M. (1995). Interviews in qualitative nursing research: Differing approaches for ethnographic and phenomenological studies. *Journal of Advanced Nursing, 21*(6), 1117–1122.

Spector, N., Blegen, M. A., Silvestre, J., Barnsteiner, J., Lynn, M. R., Ulrich, B., Fogg, L., & Alexander, M. (2015). Transition to practice study in hospital settings. *Journal of Nursing Regulation, 5*(4), 24–38.

Speers, A. T., Strzyzewski, N., & Ziolkowski, L. (2004). Preceptor preparation: An investment in the future. *Journal for Nurses in Staff Development, 20*(3), 127–133.

Staykova, M. P., Huson, C., & Pennington, D. (2013). Empowering nursing preceptors to mentoring undergraduate senior students in acute care settings. *Journal of Professional Nursing, 29*(5), e32–e36.

Stevenson, B., Doorley, J., Moddeman, G., & Benson-Landau, M. (1995). The preceptor experience: A qualitative study of perceptions of nurse preceptors regarding the preceptor role. *Journal of Nursing Staff Development, 11*(3), 160–165.

Stone, C. L., & Rowels, C. J. (2002). What rewards do clinical preceptors in nursing think are important? *Journal for Nurses in Staff Development, 18*(3), 162-166.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Sage Publications.

Strauss, E., Ovnat, C., Gonen, A., Le-Ari, L., & Mizrahi, A. (2016). Do orientation programs help new graduates? *Nurse Education Today, 36*, 422–426.

Stuckey, H. (2014). The first step in data analysis: Transcribing and managing qualitative research data. *Journal of Social Health and Diabetes, 2*(1), 5–8.

Teodoro, I. P. P., Reboucas, V. D. F., Thorne, S. E., de Souza, N. K. M., de Brito, L. S. A., & Alencar, A. M. P. G. (2018). Interpretive description: A viable methodological approach for nursing research. *Esca Anna Nery. 22*(3), 1–8.

Thomas, E., & Magilvy, J. K. (2011). Qualitative rigor or research validity in qualitative research. *Journal for Specialists Pediatric Nursing (JSPN), 16*(2), 151–155.

Thorne, S. (2000). Data analysis in qualitative research. *Evidence Based Nursing, 3*, 68–70. Available from https://ebn.bmj.com/content/ebnurs/3/3/68.full.pdf

Thorne, S. (2008). *Interpretive description*. Left Coast Press.

Thorne, S. (2016). *Interpretive description: Qualitative research for applied practice* (2nd ed). Routledge.

Thorne, S., Con, A., McGuiness, L. McPherson, G., & Harris, S. R. (2004). Health care communication issues in multiple sclerosis: An interpretive description. *Qualitative Health Research, 14*(1), 5–22.

Thorne, S., Kirkham, S. R., & MacDonald-Emes, J. (1997). Interpretive description: A noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing and Health, 20*(2), 169–177.

Thorne, S., Kirkham, S. R., & O'Flynn-Magee, K. (2004). The analytic challenge in interpretive description. *International Journal of Qualitative Methods, 3*(1), 1–11.

Thorne, S., Konikoff, L., Brown, H., & Albersheim, S. (2018). Navigating the dangerous terrain of moral distress: Understanding response patterns in the NICU. *Qualitative Health Research, 28*(5), 683–701. doi:10.1177/1049732317753585

Tobin, G. A., & Begley, C. M. (2004). Methodological rigor within a qualitative framework. *Journal of Advanced Nursing, 48*(4), 388–396.

Tracey, J. M., & McGowan, I. (2015). Preceptors' views on their role in supporting newly qualified nurses. *British Journal of Nursing, 24*(20), 998–1001. doi:10.12968/bjon.2015.24.20.998

Tuckett, A. G. (2005). Applying thematic analysis theory to practice: A researcher's experience. *Contemporary Nurse*, *19* (1–2), 75–87.

Ulrich, B., Krozek, C., Early, S., Ashlock, C. H., Africa, L. M., & Carman, M. L. (2010). Improving retention, confidence, and competence of new graduate nurses: Results from a 10-year longitudinal database. *Nursing Economics$*, *28*(6), 363–375.

Usher, K., Nolan, C., Reser, P., Owen, J., & Tollefson, J. (1999). An exploration of the preceptor role: Preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role. *Journal of Advanced Nursing, 29*(2), 506–514.

Valizadeh, S., Borimnejad, L., Rahmani, A., Gholizadeh, L., & Shahbazi, S. (2016). Challenges of the preceptors working with new nurses: A phenomenological research study. *Nurse Education Today, 44*, 92–97.

Van Teijlingen, E., & Hundley, V. (2002). The importance of pilot studies. *Nursing Standard 16*(40), 33–36.

Varpio, L., Ajjawi, R., Monrouxe, L. V., O'Brien, B. C., & Rees, C. E. (2017). Shedding the cobra effect: Problematising thematic emergence, triangulation, saturation and member checking. *Medical Education, 51*(1), 40–50. https://doi.org/10.1111/medu.13124

Walsh, A., Barnes, M., & Michell, A. E. (2015). Nursing care of children in general practice settings: Roles and responsibilities. *Journal of Advanced Nursing, 71*(11), 2585–2594.

Wang, C. H., & Huch, M. H. (2000). Protecting human research subjects: An international perspective. *Nursing Science Quarterly, 13*(4), 293–298.

Ward, A., & McComb, S. (2017). Precepting: A literature review. *Journal of Professional Nursing*, *33*(5), 314–325.

Wardrop, R., Coyne, E., & Needham, J. (2019). Exploring the expectations of preceptors in graduate nurse transition: A qualitative interpretive study. *Nurse Education in Practice, 34*, 97–103.

Washington, G. T. (2013). The theory of interpersonal relations applied to the preceptor new graduate relationship. *Journal for Nurses in Professional Development, 29*(1), 24–29. http://dx.doi.org/10.1097/NND.0b013e31827d0a8a.

Watkins, C., Hart, P. L., & Mareno, N. (2016). The effect of preceptor role effectiveness on newly licensed registered nurses' perceived psychological empowerment and professional autonomy. *Nurse Education in Practice, 17*, 36–42.

Wayman, L. M. (2009). Staff development story. *Journal for Nurses in Staff Development*, *25*(6), 304–314.

Welding, N. M. (2011). Creating a nursing residency: Decrease turnover and increase clinical competence. *Medsurg Nursing, 20*(1), 37–40.

Whitehead, B., Owen, P., Henshaw, L., Beddingham, E., & Simmons, M. (2016). Supporting newly qualified nurse transition: A case study in a UK hospital. *Nurse Education Today 36*, 58–63.

Whitehead, B., Owen, P., Holmes, D., Beddingham, E., Simmons, M., Henshaw, L., Barton, M., & Walker, C. (2013). Supporting newly qualified nurses in the UK: A systematic literature review. *Nurse Education Today, 33*(4), 370–377.

Wiles, R., Crow, G., Heath, S., & Charles, V. (2008). The management of confidentiality and anonymity in social research. *International Journal of Social Research Methodology, 11*(5), 417–428.

Wilkinson, S.T., Couldry, R., Phillips, H., & Buck, B. (2013). Preceptor development: Providing effective feedback. *Hospital Pharmacy, 48*(1), 26–32. doi: 10.1310/hpj4801-26.test

Williams, C. A., Goode, C. J., Krsek, C., Bednash, G. D., & Lynn, M. R. (2007). Postbaccalaureate nurse residency 1-year outcomes. *The Journal of Nursing Administration, 37*(7/8), 357–365.

Wilson-Barnett, J., Butterworth, T., White, E., Twinn, S., Davies, S., & Riley, L. (1995). Clinical support and the Project 2000 nursing student: Factors influencing this process. *Journal of Advanced Nursing, 21*(6), 1152–1158.

Woo, K. (2019). *Polit & Beck Canadian Essentials of Nursing Research* (4th ed). Wolters Kluwer Health.

Wu, X. V., Chan, Y. S., Tan, K. H. S., & Wang, W. (2018). A systematic review of online learning programs for nurse preceptors. *Nurse Education Today, 60*, 11–22. https://doi.org/10.1016/j.nedt.2019.104215

Wu, X. V., Enskär, K., Heng, D. G. N., Pua, L. H., & Wang, W. (2016). The perspectives of preceptors regarding clinical assessment for undergraduate nursing students. *International Nursing Review, 63*(3), 473–481

Yonge, O., Billay, D., Myrick, F., & Luhanga, F. (2007). Preceptorship and mentorship: Not merely a matter of semantics. *International Journal of Nursing Education Scholarship, 4*(1), 1–13.

Yonge, O., & Myrick, F. (2004). Preceptorship and the preparatory process for undergraduate nursing students and their preceptors. *Journal for Nurses in Staff Development, 20*(6), 294–297.

Yousefy, A., Yazdannik, A., & Mohammadi, S. (2015). Exploring the environment of clinical baccalaureate nursing students' education in Iran: A qualitative descriptive study. *Nurse Education Today, 35*(12), 1295–1300.

Appendix A: List of Searched Terms

1	2	3	4	5
Preceptor	Newly hired	Pediatric	Acute	Registered Nurse
Facilitator	Newly Licensed	Child	Hospitalized	Nurs*
Mentor	Newly registered	Children	Inpatient	
Preceptorship	New* graduate *	Paediatric*		
Mentorship	Newly qualified			
Supervise*	Novice nurse			
Supervisor	Expert nurse			
	Preceptee			
	Mentee			
	Orientee			
	Recently Hired			

Appendix B: Neonatal Research Committee Letter

Title: Research opportunity for registered nurses who experienced the role of preceptor for newly hired registered nurse in the acute pediatric settings, Neonatal Intensive Care Unit (NICU).

Dear X,

I am a graduate student at McMaster University currently undertaking a thesis-based Master of Nursing degree. I am writing to ask your committee to review my research study attached. I will be seeking registered nurses who worked as preceptors for Newly Hired Registered Nurses (NHRNs) in the NICU in the past year. This study will explore the experiences of nurses' preceptors when precepting NHRNs, and identify their challenges, needs, and required support in relation to their role as preceptors. Findings from this study may inform practice recommendations about the learning environment in clinical practice as well as the training / preparation programme for preceptors in future. The researcher (my-self) will not have any access to patients or their parents / caregivers during the study, and they will not be part of this study.

After your review and approval, I will be asking the unit's manager/ educator to circulate an invitation email for RNs within the NICU to participate in the study. The main data collection method is an individual one-on-one interview with each participant. Interviews will be conducted either as in-person, face-to-face meeting with the researcher or virtually via video calls e.g Skype/ FaceTime. Interviews will take place outside of the nurses' working hours so that patient care will not be jeopardised in any way. Each interview will last approximately 45 minutes to 1 hour and the participants will decide the date, time and location for the in-person interviews, in

Appendix B: Neonatal Research Committee Letter cont'd

the case of virtual interviews, I will seek participants' approval on a time at their own convivence to conduct video call interviews.

Consents will be either hand signed or electronically signed by RNs and will be handed or emailed back to the primary researcher.

I will display a recruitment poster (enclosed copy) on the staff notice boards and nurses' lounge in order to recruit approximately five registered nurses from the NICU for the study.

I have enclosed a copy of this research proposal for your kind review.

I will be available to meet any time at your own convenience to discuss the proposed study and answer any questions you may have about this enquiry process.

I look forward to hearing from you at your earliest convenience

Thank you for your time and considerations

Yours sincerely,

Nasrin Alostaz

MSc. Nursing Student

McMaster University

Contact # (xxx)-xxx-xxxx

Appendix C: Letter to Managers (for Access)

Title: Research opportunity for registered nurses who experienced the role of preceptor for newly hired registered nurse in the acute pediatric settings.

Dear X,

I am a graduate student at McMaster University currently undertaking a thesis-based Master of Nursing degree. I am writing to ask your permission to circulate an invitation for RNs in your department to participate in the study. The main focus of my study is on the experiences of registered nurses (RNs) as preceptors. Specifically, I am seeking registered nurses who have worked as a preceptor for at least one Newly Hired Registered Nurse (NHRN) in clinical practice in the past year. The nurses will be recruited from three different departments in the hospital. This study will explore the experiences of nurses' preceptors when precepting NHRNs, and identify their challenges, needs and required support in relation to their role as preceptors. Findings from this study may inform practice recommendations about the learning environment in clinical practice as well as the training /preparation program for preceptors in future.

The interviews for this study will take place outside of the nurses' working hours so that patient care will not be jeopardized in any way. Interviews will be conducted either as in-person, face-to-face meeting with the primary researcher or virtually via video calls (e.g. Skype/ FaceTime). It is the plan to carry out one interview, that will last approximately 45 minutes to 1 hour and the participants will decide the date, time and location for the in-person interviews. In the case of virtual interviews, I will seek participant's approval on a time at their own convivence to conduct video interviews. Consents will be either hand signed or electronically signed by RNs and will be handed or emailed back to the primary researcher.

Appendix C: Letter to Managers (for Access) cont'd

With your permission, I will display a recruitment poster (enclosed copy) on the staff notice boards and nurses' lounge to recruit participants for the study. If I do not receive a response to the advertisement, I may have to ask you or your nurse educator to send a follow-up email to remind staff

nurses about the study.

I have enclosed a copy of the participant information sheet and consent form for your information

purposes.

Could you please advise me of a time at your own convenience to discuss the proposed study and answer any questions you may have about this enquiry process. I will also be available to meet directly with the staff nurses at the unit staff meeting to explain my proposed study.

I look forward to hearing from you at your earliest convenience

Thank you for your time and considerations

Yours sincerely,

Nasrin Alostaz

MSc. Nursing Student

McMaster University

Contact # (xxx)-xxx-xxxx

Appendix D: Recruitment Invitation

RN's Preceptors for New Hired Registered Nurses in Acute Pediatric Clinical Settings are Invited.

Are you: ✓ RN

✓ Working full time and variable shifts

✓ Assigned the role of preceptor for newly hired RN

✓ Have a minimum of one-year experience in your home unit

If the answer is YES to the above questions, you are invited to participate

What does it involve?

If you agree, you will be asked to participate in a 45-60 minutes one-on-one confidential interview, either in-person, face-to-face or electronically via Skype/FaceTime to share your experiences as a preceptor

As a token of appreciation for your participation, you will be offered a Tim Horton's $10 gift card

For more information or to participate in the study, please contact Nasrin Alostaz, at (000)000 0000 or email: alostazn@mcmaster.ca

The Hamilton Integrated Research Ethics Board has reviewed this study under project # 8280.

Call Nasrin Alostaz
(000)000 0000
Or
Email:
alostazn@mcmaster.ca

Call Nasrin Alostaz
(000)000 0000
Or
Email:
alostazn@mcmaster.ca

Call Nasrin Alostaz
(000)000 0000
Or
Email:
alostazn@mcmaster.ca

Call Nasrin Alostaz
(000)000 0000
Or
Email:
alostazn@mcmaster.ca

Call Nasrin Alostaz
(000)000 0000
Or
Email:
alostazn@mcmaster.ca

Call Nasrin Alostaz
(000)000 0000
Or
Email:
alostazn@mcmaster.ca

Appendix E: Participants Email/ Phone Script

Hello; My name is Nasrin Alostaz. I am a graduate student researcher at McMaster University in the School of Nursing, conducting a research study about the experiences of registered nurses as preceptors for the newly hired registered nurses in acute pediatric clinical settings at McMaster Children Hospital. This research is being done as part of my master's project my supervisor's name is Dr. Olive Wahoush.

To participate you need to be a registered nurse currently working as a full time, variable shifts, have been working at your home unit for a minimum of one-year, and have precepted a newly hired registered nurse in your clinical area at least once. Your participation in this study is completely voluntary. This means that you do not have to participate in this study unless you want to. If you agree to participate, I can email you the study's information sheet so you can read it. I encourage you to contact me by email (any time) or phone between 9am and 5pm (contact information is provided in the information sheet) should you need further information, or clarifications. You will also receive a demographical data questionnaire survey to help me determine if you are eligible to participate in this study, and it will assist in the data analysis and knowledge generation process. I would request if you kindly complete the survey prior to your interview day. You could email it back to me or hand a hard copy on the day of your interview. You will be scheduled to meet the researcher (myself) on an individual one-on-one interview. This interview will be conducted either by in-person, face-to-face meeting with the primary researcher or virtually via video calling (i.e. Skype/ FaceTime). The interview will last for 45minutes to one hour, I will appreciate if you could provide me with a time and place suitable for you to meet with me in the next week or two.

Appendix E: Participants Email/ Phone Script cont'd

During the interview there is a small chance that some of the questions may make you feel uncomfortable. You don't have to answer those questions if you don't want to. In fact, you don't have to answer any question that you choose not to answer, and that is fine. We will just skip that question and go on to the next one.

All the information I receive from you by email, during the interview, or at any other time during the study including your name and any other identifying information, will be strictly confidential and will be stored in a password protected file in a password protected computer. I will not identify you or use any information that would make it possible for anyone to identify you in any presentation or written reports about this study. If it is okay with you, I might want to use direct quotes from you, but these would only be quoted as coming from "a person" or a person of a certain label or title, like "one registered nurse said…". Once your interview is completed and data is collected, your data will be anonymized, analyzed and combined with analyzed data from other interviews for more thorough analysis. Consequently, it will be impossible to recognize your data and there will be no way to identify individual participants.

In appreciation of your time, you will receive $10 Tim Horton's gift card, in the case of virtual interview kindly advise me of how you wish to receive your gift card (e.g. e-transfer or mail to you).

"The Hamilton Integrated Research Ethics Board has reviewed this study under project #8280".

Do you have any questions? Thank you for contacting me

I am looking forward to meeting you in-person / via video call on date… for your interview

Appendix F: Interview Guide

Study Background Information:

The study is being conducted to explore the experiences of registered nurses as preceptors for the newly hired registered nurses in the acute pediatric healthcare settings. It is important to understand those experiences in the pediatric settings, particularly when you are precepting newly graduated nurses, who may not have the opportunity of pediatric nursing training in their undergraduate program. I appreciate you taking the time to speak with me today.

1) Can you tell me about your role as a registered nurse and a preceptor in your area?

Probe:

- How do you describe your role as a preceptor?
- What attribute do you think a preceptor should have to be a good preceptor?

2) Can you tell me the process of which you were selected for the preceptor role?

Probe:

- What motivates you to become a preceptor?
- What do you see as a benefit of being a preceptor?
- Why do you think some nurses avoid to precept? or volunteer themselves to the role?

3) Can you tell me how do you feel during your experience as a preceptor when precepting a newly hired registered nurse? Novice /experienced RN

Probe:

- From your past experience, who do you prefer to precept the most and why?

4) Can you tell me what do you perceive the factor/s that has/ ve influenced your experiences as a preceptor?

Probe:

- What do you think affect the relationship between yourself (preceptor) and a preceptee?

5) Can you tell me about the challenges that you have encountered when you assumed the role of a preceptor?

Probes:

- How do you feel the presence of the preceptee assist/ hinders your nursing care?
- How comfortable are you giving feedback (positive and negative)?

6) Can you tell me how do you think these challenges could be addressed?

Probes:

- Who are challenges reported to when encountered?
- What action is taken? What can be done better? By who?

7) Can you tell me what are needs/ preparation you perceive to help you undertake the preceptor role in your unit competently?

Probe:

- How does your manager/ educator communicate the expectations from you and the needs of the assigned preceptee? e.g. preceptee brief background experiences, level of training etc.
- How do you feel about participating in a training workshop for preceptors, to update your skills as a preceptor and as an educator?
- How do you receive support during nighttime when less staff are around?

8) Can you tell me about the support you receive from management or educators during the preceptor role?

Probe:

- How do you think you can be supported to assume your role?

Conclusion: Thank you for taking the time to participate in this interview. Is there anything you would like to add or tell me about that we haven't discussed?

Now that we are at the end of the interview, I would like to thank you again for taking the time to talk to me, you would expect a summary of this interview emailed/ phone to confirm that the interpretation is a true reflection of your own experiences, and to correct any mis-understandings. During the analysis process I may ask you to further expand on certain points if the need arise.

Appendix G: Participant's Information Sheet

"What are the experiences of registered nurses (RNs) as preceptors for newly hired registered nurses (NHRNs) in acute pediatric clinical settings in a southern Ontario hospital?"

Investigators:

Local Principal Investigator:
Olive Wahoush, RN, RSCN, M.Sc., Ph.D.
School of Nursing, McMaster University, Hamilton, ON, Canada
Phone: (905) 525-9140, ext. 22802
E-mail: wahousho@mcmaster.ca

Student Investigator:
Nasrin Alostaz, RN, BScN, MScN
School of Nursing, McMaster University, Hamilton, ON, Canada
Phone: (000)000-0000
alostazn@mcmaster.ca

Background: This research study is being carried out by Nasrin Alostaz as part fulfilment of a MSc. in Nursing with McMaster University. The purpose of this research is to describe and explore the experiences of registered nurses who have facilitated learning for newly hired registered nurses (newly graduate and experienced nurses) in acute pediatric clinical practice.

The study process: This study involves collection of information in two ways. Firstly, all preceptors will be asked to complete a demographic questionnaire. The questionnaire will contain 10 questions of both multiple choice and short answers questions about your demographical data, your education, preceptorship training and your nursing experience background. After completion of the demographic questionnaire, you will be invited to participate in an individual one-on-one interview with the student investigator either by in-person, face-to-face interview or by using electronic means for meeting such as FaceTime/ Skype. The aim of the interview is to collect rich and in-depth data about your experiences as preceptor in your department. Participants will be selected from three pediatrics inpatient departments at xxxx Hospital.

Appendix G: Participant's Information Sheet cont'd

Each nurse preceptor will participate in one interview that will last approximately between 45 minutes to one hour. With your permission, the interview will be digitally recorded so that the researcher can analyze and interpret the data at a later stage. If you agree to participate in this study, you will be contacted to arrange a suitable date and location for the interview to take place. A summary of your interview will be shared with you by either phone or email about one week after your interview so that you can verify that the description of your own experience is accurate and to ask for further clarification if needed.

Any personal details and information given to the researcher will be coded so that you cannot be identified in anyway. Your anonymized information will be shared with the research supervisor and expert colleagues for data analysis and interpretations. Information from the study will be presented in summary and will not identify the participant or department.

Procedures: You are being asked to participate in this study because you are;

- Registered Nurse with the college of Nurses Ontario (CNO).
- You have at least one year of experience in Children's Nursing and have been working in your home unit at least for one year
- You have precepted at least on NHRN and you are willing and able to discuss this experience with the researcher.

Potential Risks: It is unlikely that there will be any harm or discomforts associated with participating in the study. You don't need to answer questions that you don't want to answer or if it makes you feel uncomfortable, we will just skip the question and go on to the next one. Should you become uncomfortable, the interview will be stopped, and you may take a break as needed.

Appendix G: Participant's Information Sheet cont'd

Potential Benefits: I hope to learn more about your experiences as a preceptor. I hope that the information obtained from this study will help clinical educators and managers to provide support to registered nurses in their role as facilitators of learning for both novice and experienced nurses. Participation in this research study may be of benefit to each participant as the opportunity to discuss their experience with the researcher may be helpful.

Voluntary Participation: Your participation in the study is completely voluntary, it will not affect your employment and you will not be known to the unit manager or educators i.e. it will not have any influence on your performance evaluations. You may withdraw from the study at any time even after signing the consent, without any penalties and you will not give up any benefits that you had before entering the study. If you decide to withdraw from the study, the information provided by you to the point of your withdrawal will be stored securely in the same way that another participant's information is stored. Alternatively, you have the option of removing any personal details or data collected from the study. However, I will request you inform me of your intentions to withdraw your data either by phone or email no later than two weeks after your interview. This is because once the interview is completed and data is collected, your data will be anonymized, analyzed and combined with analyzed data from other interviews for more thorough analysis. Consequently, it will be impossible to recognize your data and remove it.

Confidentiality: Confidentiality will be maintained throughout the research process. All data collected will have names removed and participant numbers assigned to maintain your anonymity.

Appendix G: Participant's Information Sheet cont'd

Your name will not be published and will not be disclosed to anyone outside the study. All forms of data and documents (demographic questionnaires and consents) will be stored securely at McMaster University, in a locked cabinet, where only my supervisor and I will have access. Audio files will be destroyed once the analysis process is completed and new knowledge is generated, the hard copies will be destroyed when the study is finalized. All electronic documents related to this study will be stored in a password protected computer and will be kept for five years.

Study Results: I expect to have this study completed approximately by August 2020. If you would like a brief summary of the results, please let me know how you would like it sent to you.

Contact: If you wish to obtain further information, ask any questions (about the study, your participation and your rights) or discuss any concerns during the research process, you can contact the primary researcher Nasrin Alostaz at phone number (000) 000-0000 or via email alostazn@mcmaster.ca if you wish to speak to my supervisor, Dr. Olive Wahoush, who may be contacted at McMaster University, School of Nursing at phone number (905) 525-9140, ext. 22802. You are encouraged to ask any questions relating to this study process at any time.

Permission: I (the researcher) have requested access from the Director of Nursing at McMaster Children's Hospital to carry out this research study. This study has been reviewed by the Neonatal Research Committee (NRC) at McMaster University and the Hamilton Integrated Research Ethics Board (HiREB). The HiREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, HiREB, at (905) 521.2100 x 42013.

Appendix H: Consent form

Project Title: "What are the experiences of registered nurses (RNs) as preceptors for newly hired registered nurses (NHRNs) in acute pediatric clinical settings in a southern Ontario hospital?"

Principal Researcher: Nasrin Alostaz. **Supervisor:** Dr. Olive Wahoush

Background: The researcher has provided me with both verbal and written information about this research study. I understand that the researcher is carrying out the research as part fulfilment of the MSc. in Nursing. The purpose of the research is to describe and explore the experiences of Registered Nurses who facilitate learning for Newly Hired Registered Nurses (NHRNs) in acute pediatric clinical settings.

Procedures: I will be asked to participate in one, one-on-one interview with the researcher either by in-person, face-to-face interview or by using electronic means for meeting such as FaceTime/ Skype video call. The researcher will contact me by phone / email to share a summary of the interpreted transcripts, I will be offered the opportunity to confirm that it is an accurate interpretation of my own experiences. Also, during this contact further clarifications will be obtained if needed. The content of the interview will be digitally recorded so that the researcher can recall and analyze the data at a later stage. My name, location or personal details will be coded so that I will not be identifiable in anyway. I am free to withdraw from the study at any time and not suffer any consequences as a result. I understand that the researcher will share the transcripts with the supervisor for the interpretation purposes and that the researcher may wish to publish the study findings.

Declaration: This study and this consent form have been explained to me. I have read,

Appendix H: Consent Form Cont'd

or had read to me, the information in the information letter about the study being conducted by Nasrin Alostaz, a student researcher of McMaster University.

I have had the opportunity to ask questions about my participation in the study and all my questions have been answered to my satisfaction.

I understand that if I agree to participate in this study, I may withdraw from the study at any time, however I will need to inform the researcher about my intentions to withdraw no later than two weeks after my interview. I will be given a signed hard copy or electronically signed copy of this form. I freely and voluntarily agree to participate in this research study

Participant's Name (Printed): ……..……

Contact Details Phone……. email

……

Participant's Signature: …… **Date: ……...**

I agree that the interview can be audio recorded. **[ ]** Yes **[ ]** No

Participant's signature: ……

I agree to receive a follow up contact using my email …….....or my phone number …… So, the researcher can provide me with a summary of the interpretations of my interview, to confirm that these are true reflection of my own personal experiences as a preceptor.

Participant's signature: …….

[ ] Yes, I would like to receive a summary of the study's results. Please send them to me at this email address _____ Or to this mailing address:_____

[ ] No, I do not want to receive a summary of the study's results.

Statement of Researcher's Responsibility: I have explained the nature and purpose of this research study, the procedures to be undertaken and any risks that may be involved. I have

Appendix H: Consent Form Cont'd

offered to answer any questions and fully answered such questions to the best of my ability and knowledge. I believe that the participant understands my explanation and has freely given informed consent.

Researcher's Name (printed): …….

Researcher's Signature: …… Date: ……

Appendix I: Demographic Questionnaire

Date: _____

Participant ID #: _____

Thank you for agreeing to take part in this study. Please read each question, select the most appropriate answer and write the most accurate response to the spaces provided. This questionnaire asks you ten questions to gain information about yourself and your background experience as a nurse and a preceptor. All information will be kept strictly confidential.

1. Age: **[ ]** 20-30 years **[ ]** 31 - 40 years **[ ]** 41-50 years **[ ]** More than 50 years

2. Gender: [ ] Female [ ] Male **[ ]** Other : _____

3. Education: [ ] College diploma **[ ]** University degree **[ ]** Other: _____

4. Job title: [ ] Registered Nurse **[ ]** Advanced Practice Nurse **[ ]** Other: _____

5. Employment status: [ ] Full-time **[ ]** Part-time **[ ]** Casual **[ ]** Other: _____

6. Years of nursing experience: [ ] 1-5 years **[ ]** 6-10 years **[ ]**11-15 years **[ ]**16-20 years **[ ]** More than 20 years

7. Years of experience in your <u>Home Unit</u> at McMaster Children's Hospital?

[ ] 1-5 years **[ ]** 6-10 years **[ ]** 11-15 years **[ ]** 16-20 years **[ ]** More than 20 years

8. Number of times you have experienced the role of preceptor for a newly hired registered nurse per year?

[ ] Less than 3 **[ ]** 4-6 **[ ]** More than 6

9. Number of times you had the experience of precepting

-------- novice nurse --------- experienced nurse ---------- Internationally Educated Nurse

10. Have you had a preceptorship training / courses since you have commenced your employment as a registered nurse? **[ ]** Yes **[ ]** No

Please describe:

Title of course (if applicable): _____

Organization where completed: _____

Year completed: _____ Approximate # of hours:_____ _____

Other information if required:_____

_____

Appendix J: Confidentiality Agreement

This agreement is between:
Nasrin Alostaz
Primary Researcher, Graduate Student, School of Nursing, McMaster University
And
XXXX
Transcriptionist
McMaster University

Regarding research project # 8280, title: "What are the experiences of registered nurses (RNs) as preceptors for newly hired registered nurses (NHRNs) in acute pediatric clinical settings in a southern Ontario hospital?"

1. I understand that the work that I will be undertaking for the Project named above must be kept confidential for ethical and legal reasons. I will treat all the information I encounter in the course of providing services to the project as confidential. This includes information held in any format, such as email, discussions, audio files, written transcripts and other documents.
2. I agree to respect the following rules regarding the treatment of information with which the Project has entrusted me:

a) I will not use or disclose information from the Project unless I need to know it to perform my services for the project

b) I will not engage in discussions about information from the Project in public or in any area where it is likely to come to the attention of others

c) I will not allow another person to listen to, view, or otherwise gain access to information from the Project

d) I will not transmit any potentially identifying information related to the Project via email – only via secure password protected means, or as otherwise instructed.

e) At the conclusion of the project, I will dispose of all project documents in all forms in a confidential manner, i.e. by shredding paper documents and fully deleting all electronic copies from my computer hard drive and other media, including back-ups.

3. I will immediately report any violations of the conditions above of which I become aware to Olive Wahoush, Local Principal Investigator.
4. I understand that the conditions as described in this agreement will remain in place once I complete my services for the Project and I promise to abide by these conditions even after my services for the Project are completed.

_____ _____

Transcriptionist Name and Signature Date

Appendix J: Confidentiality Agreement cont'd

I agree to:

1. Provide detailed direction and instruction on my expectations for maintaining the confidentiality of research information so that *[transcriptionist/research staff]* can comply with the above terms.

2. Provide oversight and support to *[transcriptionist/research staff]* in ensuring confidentiality is maintained in accordance with the Tri Council Policy Statement *Ethical Conduct for Research Involving Humans* and consistent with the Dalhousie University Policy on the *Ethical Conduct of Research Involving Humans*.

Researcher(s):

----------	----------	----------
(Print Name).	(Signature).	(Date).