ORIGINAL RESEARCH

Role functions of staff nurse preceptors for undergraduate pre-licensure nursing students

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ABSTRACT

Preceptorships are an indispensable part of undergraduate clinical education and are prevalent among schools of nursing. However, there is wide interpretation and implementation of preceptorships which leaves many facets of the preceptor role poorly understood. Research has suggested preceptors experience several benefits from serving; however, the role has also been described as one leading to overload, conflict, and burnout. There is a lack of studies exploring preceptor role functions from the perspective of those who serve in it. The purpose of this qualitative study was to explore staff nurse experiences as preceptors to undergraduate, pre-licensure nursing students with emphasis on the RN's perceptions of the role, specifically the preparation for, support in, and understanding of what the role entails. Focus groups were used to collect data. Transcripts were analyzed using conventional content analysis. Findings suggest that the primary role function is Protector, with Socializer and Teacher as secondary role functions. Preceptors in this study described a strong empathetic drive to protect students from negative experiences, to protect patients from harm, to protect their own professional identities, and to protect the nature of the nursing profession. Within each role function, there are specific behaviors in which the preceptor engages to varying degrees depending on the needs of the individual student. Findings have implications for continued development of the preceptor role.

Key Words: Nursing education, Preceptors, Preceptor role functions, Qualitative research, Interpretive, Content analysis, Focus groups

1. INTRODUCTION

Preceptors are an indispensable part of undergraduate clinical education for many schools of nursing. Preceptorships are widespread in clinical nursing education with 75.8% of Commission for Collegiate Nursing Education[1] and 85.9% of Accreditation Commission for Education in Nursing[2] accredited schools reporting their use. Although common, there is a lack of consistency in preceptorship implementation and requirements across the United States. Only 36 states provide information for schools of nursing about the use of preceptors in pre-licensure programs.[3] As such, preceptorships are left open to wide interpretation by individual schools of nursing and many facets of the preceptor role remain poorly understood. For this study, a preceptor was defined as a staff nurse who works with an assigned undergraduate, pre-licensure nursing student in a one-on-one relationship over a period of time, including days, weeks, or months, for the purposes of nursing education, including on-site supervision, clinical teaching, and some responsibilities for assessment and evaluation.[4–9]

Failure to recognize and address the impact of the precepting role on nurses and their work environment can be seri-

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ous. Left unattended, there is potential for deleterious consequences on nurses' overall well-being, work performance, and satisfaction, including discontentment, distrust, apathy, and decreased provision of quality care.[10–12] Discontent nurses may leave the profession.[12] Within the related literature, little is known about how preceptors themselves actually perceive and understand their role. The prevalence of preceptorships among schools of nursing warrants closer analysis of their use, specifically a deeper understanding of the preceptor role. The purpose of this qualitative study was to explore staff nurse experiences as preceptors to undergraduate, pre-licensure nursing students. Particular emphasis was placed on exploring registered nurse perceptions of the role, specifically preparation for, support in, and understanding of what the role entails.

Literature review

It is posited that preceptorships can provide nurses with a sense of professional development, intellectual stimulation, and personal growth.[13] Staff nurses' ability to facilitate clinical learning, role transition, and professional socialization of students is documented in research;[14,15] however, simply because a nurse is an expert clinician does not mean that he or she is an expert preceptor. In fact, the preceptor role has been described as one that is full of role ambiguity, overload, and conflict.[16] Nonetheless, nurses still express a desire to assist in educating students,[17] so continued efforts should be made to understand and develop the preceptor role.

Establishing a relationship or connection with the student is significant to preceptors[18] and has been reported as central to the preceptorship experience.[19,20] Development of the preceptor-student relationship may be impeded by a lack of time, which is one of the limitations reported to cause excess stress for preceptors during the experience.[13,21–23] Heavy workloads contribute to lack of time, as nurses identify first as patient caregivers and then as preceptors, relegating preceptor responsibilities to a lower priority.[17,21,22,24,25] Workload adjustment for preceptors is not yet the norm and nurses may be expected to assume the preceptor role without incentive.[26,27]

Nurses serving as preceptors should have clear responsibilities established in order to help prepare them for the role.[28] Preceptors themselves have stressed the need for clearer role expectations, guidance, and support;[17,29] however, preceptors have reported that they feel ill-prepared to assume the role.[13,30,31] Kowalski *et al.*[15] suggest that a lack of preparation is a reason for burnout and dissatisfaction with nurses working as preceptors. There is consensus in the literature that preceptors need some type of preparation. What is less clear is the best practice for doing so.

Current recommendations for preparation include information about pedagogical strategies[4] and adult learning.[32] Several authors have reported on results of preceptor preparation delivered in various forms, including web-based vignettes[33] and 2-day educational face-to-face courses.[34,35] Results from these studies suggest that while generally satisfied with their roles, preceptors desire support networks from educators and organizations, and consistent education updates with follow up evaluations.[34,35] Sandau *et al.*[36] found that nurse preceptors participating in an 8-hour education workshop reported significantly improved satisfaction, confidence, and comfort with the role 3 to 6 months after the workshop.

There is also research to suggest that positive perception of support helps to maintain nurses' commitment to the preceptor role.[37–40] Natan, Qeadan, and Egbaria[41] found that support from within the nurses' employment framework was the most important factor contributing to commitment to the preceptor role. However, preceptors still report that they feel unsupported in their role.[17,42,43]

Additionally, research has indicated that preceptors feel responsible for student performance, including any mistakes that are made, and experience stress if students are ill-suited for the clinical area or lack confidence or skills.[27] This sense of accountability and responsibility is viewed by preceptors as critical, especially if students are deemed unsafe or incompetent.[29–31] Preceptors report less satisfaction in the role when students are perceived as "difficult".[44] Research indicates that poorly performing students are often a significant source of stress, leading to feelings of self-doubt, fear, anxiety, anger, and frustration for preceptors.[29–31] Support from colleagues may help to buffer this stress. Carlson, Pilhammar, and Wann-Hansson[21] found that nurse preceptors found collegial support from their co-workers to be invaluable in creating a positive learning experience for students. This support was enhanced by the shared initiative to find learning opportunities and the temporary handing over of the preceptee to other nurses, which also allowed the preceptor to find additional time.[21]

Despite the growing body of literature, studies exploring preceptors' perspectives of role functions are limited. Given the increasingly popular use of preceptorships, it is imperative to understand what preceptors, themselves, think and believe about their role. This qualitative exploratory study builds on the extant literature by specifically focusing on preceptors' understanding of what the role entails. The following research question guided the study: What are staff nurses' experiences with precepting undergraduate, pre-licensure nursing students?

2. METHODS

Creswell[45] offers several reasons for conducting qualitative research. Among these are the need to explore a problem, the need to identify variables that can be measured, when existing theories do not fully capture the complexity of the problem, and when quantitative measures do not fit the problem.[45] Exploratory research should be used when little is known about a topic, the topic has not been previously studied, the participants have personal experience in or about the topic, and participants can talk about the topic.[46] Given these reasons, and the lack of information about preceptors' perceptions of their role functions, a qualitative exploratory method was determined to be the best method to answer the research question.

After institutional review board approval, study participants were recruited. Written informed consent was obtained from each participant.

2.1 Sample

Participants were recruited using a non-probability snowball sampling method. Research fliers were sent via e-mail communication to select faculty/peer colleagues who had access to settings where potential participants were employed. These colleagues were in non-supervisory roles with regard to potential participants and simply distributed fliers to potential participants, shared study information, and informed potential participants of how to contact the PI. The PI also hand-delivered research fliers to several area hospitals and local schools of nursing and spoke to potential participants about the study. As participants contacted the PI, they were asked to share information about the study with others who were known to them and who may be eligible for participation. Nurse preceptors who had one year or less of experience as a registered nurse were excluded from this study, due to the occurrence of their own on-going professional socialization.[47] Study participants were also required to read, write, speak and comprehend English as the informed consent and the demographic survey were written in English and focus groups were conducted in English. The final sample consisted of nine licensed registered staff nurses who had experience as preceptors in tertiary care settings in Northeast Tennessee. Demographic information is provided in Table 1.

2.2 Research design and methods

A distinguishing factor of focus groups is the interaction that occurs between participants.[48] Krueger and Casey[49] say that group influence is a reality in life and focus groups support this type of natural environment. Focus groups are appropriate when researchers need a deeper examination of perceptions, feelings, and thinking about issues, with the inclusion of rich details.[49–51] In addition, group interaction supports a "candor and spontaneity" that cannot be achieved through individual interviews.[51] Given the inherently social nature of preceptorships and the shared experiences of those involved, focus groups were the optimal method for data collection in this study.

Table 1. Sample characteristics

Characteristic	N	%
Age		
50+	2	22.2
40-49	1	11.1
30-39	5	55.6
18-29	1	11.1
Highest level of nursing education		
Diploma	0	0
Associate degree	1	11.1
Baccalaureate degree	4	44.4
Master's degree	4	44.4
Post-master's degree	0	0
PhD or DNP	0	0
Years of nursing experience		
1-5	1	11.1
6-10	6	66.7
11-15	2	22.2
16-20	0	0
20+	0	0
Years of preceptor experience		
1-5	2	22.2
6-10	5	55.6
11-15	2	22.2
16-20	0	0
20+	0	0
Number of students precepted per year		
1-2	1	11.1
3-4	4	44.4
5+	4	44.4
Formal training or preparation as preceptor		
Yes	7	77.8
No	2	22.2

Two focus groups were conducted off-site from preceptors' places of employment. Participants attended the focus group of their choice and each focus group lasted between 60 and 90 minutes, per recommendations.[49,50] Prior to focus group interviews and after signing informed consent, participants completed a pen-and-paper demographic survey developed by the PI. Each focus group was recorded using two digital

audio recorders. Using the PI-developed semi-structured interview guide, a moderator facilitated discussion among participants, while the PI served as the assistant. After the first focus group, the semi-structured interview guide was slightly modified which is typical in focus group research.[49] At the end of each group, the moderator offered a brief summary of major points and ideas brought out during the group and sought confirmation of these ideas from participants. All recordings were transferred from the digital recorder onto password protected audio files within 24 hours of the end of each focus group. Once the transfer was complete and the adequacy of the file was verified, recordings from the digital audio recorders were deleted. Recordings were transcribed onto password-protected paper documents within one week after each focus group. Identifiable information in transcripts was redacted and participant names were replaced with pseudonyms. Each participant received a $20 gift card for completing the focus group session.

2.3 Data analysis

Keeping with the inductive process used in naturalistic inquiry, conventional content analysis was used to analyze the data. Qualitative content analysis uses codes generated through in-depth evaluation of data sources.[52–54] To support validity, field notes, memos, and interview transcripts served as multiple sources of data that were triangulated. Field notes and debriefings are important to capture what Carey & Smith[51] say cannot be captured in transcripts; that is, richness of data and subsequent meaning. While taking field notes, the PI noted aspects of both individual and group dynamics including, but not limited to, satire, joking, laughing, body language and touch, changes in vocal tone, eye contact, and so on. Communication patterns and pathways were also diagrammed, taking note of which participants were more or less active. These diagrams of group interaction were useful in analyzing data, especially when looking to compare individual and group patterns. Kitzinger[48] calls this "talk between participants" and says that true focus group reports include some information representative of group interactions, rather than isolating single quotations out of context. Data analysis began at the conclusion of each individual focus group, and continued through and beyond data collection. More in-depth data analysis took place after data collection concluded with both focus groups. To enhance reliability, transcripts were read multiple times to ensure accuracy and completeness, detailed field notes were kept, and high-quality voice recording equipment was used.[45] Reliability was also supported through the use of constant comparison to ensure accurate code interpretation. Constant comparison involves returning to original definitions of codes throughout the analysis process to ensure that as the researcher codes passages, the meanings do not shift.[55] Intercoder agreement is another technique used during analysis for reliability. A second reader assisted with intercoder rating throughout the entirety of the study. Selected text passages were coded independently and results were compared. Similarly-coded passages support intercoder agreement.[54] Member checking also supported reliability. Member checking is defined as a "technique whereby the investigator checks out his or her assumptions with one or more informants" (p. 206).[56] Once focus group transcripts were analyzed and as recommended by Creswell,[54] e-mails were sent to study participants with a brief summary of the results to ensure accuracy of interpretation. Two participants responded and indicated their agreement with the initial draft of analysis. Data saturation refers to the point at which new information is no longer generated or when the facilitator can anticipate what will be said.[49,50] Transcripts reflected many of the same or similar phrases and words spoken by individual participants. Each category and subsequent codes were supported by multiple participant phrases and descriptions. The methods used for data analysis were designed to support data saturation.[57]

3. RESULTS

The primary role function described by preceptors in this study is Protector. Motivation to precept appeared to emanate from a strong empathetic drive to protect students and the nature of nursing. As protectors, preceptors engaged in behaviors that aimed to minimize or eliminate negative experiences for the student while maintaining patient safety, their personal values, and the integrity of the nursing profession. Within the Protector role function, two secondary role functions were identified: Socializer and Teacher. Preceptors' effectiveness as protectors is predicated on certain behaviors demonstrated when they engage in the identified secondary role functions of Socializer and Teacher. Figure 1 depicts the relationship of the preceptor's primary and secondary role functions and associated behaviors. Participant names are replaced by pseudonyms.

3.1 Protector as primary role function

The Protector role function was separated into two broad categories: Protecting the student and Protecting the profession.

3.1.1 *Protecting the student: "Take 'em under my wing"*

As a protector of students, preceptors assumed responsibility for and nurtured the student's professional and personal growth. They sheltered students and encouraged them through gentle communication. Preceptors' protective nature for students is rooted in their desire to change the perception that nurses "eat their young". Preceptors willingly put themselves in a position to protect the student from situations

where this might arise. They did this by engaging in behaviors that support the beginning professional socialization process and by teaching the student. Lisa epitomized this when she said:

> The students would be just so scared... they didn't know if they could breathe, move, or anything... and just to be able to take 'em [sic] under your wing and show 'em [sic] stuff, and get 'em[sic] interested and get 'em [sic] engaged.

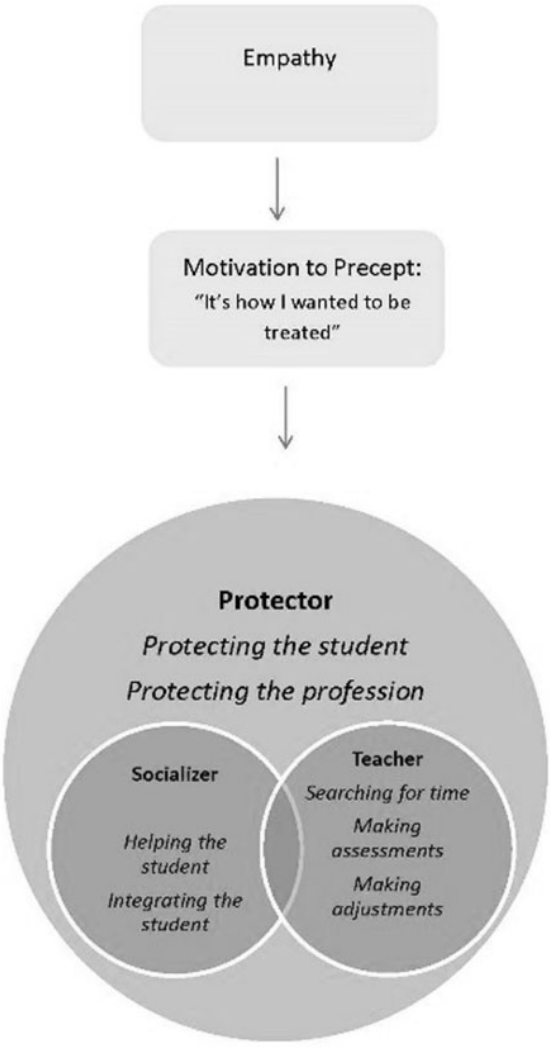

Figure 1. Preceptors's primary and secondary role functions and associated behaviors

3.1.2 *Protecting the profession: "Nobody knows everything"*

Preceptors' commitment to nursing was elucidated by their remarks about precepting and the protection that it allowed. Preceptors placed high value on protecting certain professional qualities including humility, patient safety, and lifelong learning. Consequentially, preceptors engaged in behaviors in and out of preceptorship experiences to ensure high standards of nursing care were met and maintained.

Of particular interest was the finding that preceptors perceived students with overconfident attitudes as potentially unsafe. Overconfidence was perceived when students did not seek appropriate guidance for processes or procedures. Perceived overconfidence or resistance also existed when students were unreceptive to constructive criticism or correction. One participant referred to this as a "know-it-all" attitude.

In contrast, preceptors did not view inexperience negatively. Preceptors were consistent in their ability to be patient and communicative with students who were perceived as unsafe or incompetent. This allowed them to intervene so that high standards of care were maintained and the patient was protected. Kendra spoke about an overconfident student: "...she thought she could do no wrong, she was too confident, too confident and she didn't want to seek resources or help and things and just assumed she could do it, when she couldn't, which was unsafe." Lisa described an experience of intervening to protect a patient when a student demonstrated uncertainty while performing a procedure. She said: "...just let me take over from here, and [I told her] 'you need to watch what I do', and so I went through the steps and showed her..."

Preceptors take this responsibility seriously as they perceived students as direct reflections of themselves. They were protective of their own professional image and concerned about how a student's performance may reflect the preceptor's image. Chelsea offered two examples of how a student's performance is perceived as a reflection of the preceptor. She first discussed a student whose performance was less than stellar: "I felt like it was a reflection on me too, like maybe I didn't do something right...that's one of the challenges, is, you know, really making sure that I'm doing a good job for that nursing student." She then recalled a more positive experience with a former student who went on to become a co-worker

> ... it was me and a girl that I precepted and we were the two nurses in the unit, and um, we had a code, and after the code, I was like "That's a reflection of me! I did something! I did something good!"

Dianne agreed: "...to see somebody that I precepted precepting somebody else and doing well, then I know I did my job." Kendra also reflected this sentiment: "...it just shows how precepting is a big responsibility, because no matter what you do it reflects on you, and everybody sees it too."

Because preceptors perceived students as reflections of themselves, they wanted to protect their professional identity and essential values associated with nursing. Several participants conveyed commitment to high standards of practice with dedication to lifelong learning and humility. Anna and Alicia voiced the importance of continued learning and self-responsibility. Alicia said: "Fourteen years later there's still days that I ask questions, and we use each other as sounding boards, because things are changing at all times, and we're learning to adapt, and nobody knows everything." She also noted: "I want to be held accountable for what I do." Anna echoed this and said: "That's very scary as a new nurse, to come out and act like you know everything, 'cause [sic] you don't, I mean, people learn every day." The level of humility and professional dedication that preceptors have was best elucidated by Dianne who said:

> I feel like anything that I have learned it has been because the nurses in the units have poured [it] into me, you know, and taken that time, and I've sought things out. Every day I've looked at it like, "You know there's something to learn. I've got something to learn today. I don't know everything I need to know for this day."

3.2 Secondary role function: Socializer

In the secondary role function of a socializer, preceptors assist the student in beginning to understand professional norms. They helped students begin to socialize to the profession and to the area in which the student is assigned. Preceptors accomplished this by participating in the behaviors helping the student and integrating the student.

3.2.1 *Helping the student: "Let me"*

This is a latent process that stemmed from the preceptor's empathy. In helping the student, preceptors recognized students' needs and then sought permission early on to direct or redirect the student's actions or remove the student from negative socialization experiences through use of the phrase "let me". This was often done when explaining logistics of the unit or department or when an intervention by the preceptor was needed to help the student begin to identify with professional norms and unit expectations. Anna provided an example: "If we get a new employee or a student, [I'll say] 'Here let me show you where you put your lunch, let me show you where to hang your jacket up'…" Susan echoed: "…I would kind of reach out…'Well here let me show you how this works'…" Felicia described what a co-worker said about why students were placed with her: "She steps back and says, 'Let me show you how this works' and 'If this comes up, let me show you what to do'."

Participants also described episodes of intervening in less than desirable experiences when students were working with other nurses. Alicia recalled the need to remove a student from a nurse who took pleasure in watching the student fail: "It was just like, you know, 'I think you need to step aside and you know, let me take them for a little while'." Here, the preceptor protected the student from negative interactions with another registered nurse. Alicia recognized the need to intervene in order to minimize possible deleterious effects on the student's professional identity and to positively support the student's professional socialization.

3.2.2 *Integrating the student: "We didn't mesh"*

During the process of socialization, preceptors found themselves assessing the student's attitude or motivation and then making a determination about whether the student would be a good fit with the unit. The resultant assessment led preceptors to make decisions about how much the student should be integrated, or socialized, into the environment. Some preceptors referred to this process as "meshing". Alicia said:

> I found that our personalities just didn't mesh, and you know, it got to the point that I had to call the instructor and ask that she please take that student away from me, because our personalities did not mesh.

Anna also discussed her experience

> One challenge that I had is a, not a difficult student, but we didn't mesh well…and she was assigned to me, and I knew that she was assigned to me, but just our personalities didn't mesh, and we had to, you know, we finally just had to sit down and we just had to have a conversation, and after that it was better, but she wasn't one that I recommended to be hired for a job in my unit, because she just…she didn't…it wasn't her place, you know, that she just didn't mesh well with the environment at all…and that's hard.

Although each preceptor's response was different, both responses were attempts to protect the culture of their particular nursing unit.

Some participants reported difficulties integrating the student into the unit because they may not be well-suited to that particular nursing environment. Kendra related this problem to personalities

> …is it their personality? Like, are they just so lackadaisical about everything? …is that

> just your personality? . . . are you just, like, that lazy? . . . I mean, I know intelligent people who are lazy. . . they know somethin's [sic] goin' [sic] on but they don't feel like dealin' [sic] with it, so they don't. . . you can't train that, you can't train people not to be lazy.

Rhonda saw the inability to mesh as potentially related to the students' motivation for entering the profession

> I mean, why did they get into nursing? Did they lose a job? Did they want to be nurses from the get-go? I think it makes a huge difference with these students, as to why they're in nursing in the first place.

3.3 Secondary role function: Teacher

In this secondary role function, preceptors attempted to impart professional nursing knowledge to the student. Preceptors recognized that procedural skills were important to provide for the student, and they accomplished this with the support of their co-workers; however, they also acknowledged there were many other aspects of nursing to be taught and one participant alluded to this as the "reality of nursing". They voiced concern about the amount of time they were given to achieve everything they felt needed to be taught, and patient care was their top priority. Therefore, the type and amount of knowledge conveyed to students is individualized and based on a combination of making assessments and making adjustments.

3.3.1 *Searching for time: "We're tryin' to do the best we can"*

The preceptors were acutely aware that time is needed to be effective in their role. However, participants reported that the lack of time to teach everything that needed to be taught was frustrating and sometimes caused students to be pushed to the background. For example, Dianne said

> They need that opportunity, they need the clinical, they need the education, but things are so hectic. . . that really the first priority is maintaining this unit, maintaining the care of this patient or these patients, and you know, sometimes I feel like the students. . . we're tryin' [sic] to do the best we can with them, but they really don't get the time, or the priority.

Susan also stressed the lack of time: ". . . it's so many things I want to tell 'em [sic]. . . you have such short amount of time to squeeze this in. . . ." Preceptors indicated that the many other responsibilities they have as nurses contributed to the difficulty of finding time for students. Susan said: "I have a full load, and I'm charge [nurse], and I have a student, so that can be a bit overwhelming. . . the student gets mixed up in the shuffle." Anna mirrored this

> Some days, I mean. . . you walk into a mess at work, and you gotta [sic] get this, this, and this done immediately, and I will tell my student, 'Just follow me for right now and then I'll explain it', you know, when the dust clears.

Rhonda felt confident that she could teach the skills, but said

> I am not confident that I have the time or that I'm going to be able to fit in all the effort to teach the student what they really want to know, and that just terrifies me. . . I mean, they're seeing how nursing really is, but what are they really getting out of this?

3.3.2 *Making assessments: "You have to evaluate each person"*

Because time is lacking, preceptors spoke of the importance of assessing a student's skill level, attitude, and motivation for entering the profession. They described it as an iterative process influencing the way they interact with the student and the way they adjust their precepting. Susan said: "You have to evaluate each person that comes through and know their skill set and see what they need to maybe work on more."

Preceptors are astute when assessing students' attitudes and were quick to express their concerns. For example, when asked to explain the differences she assessed in students, Lisa said: "Um, not necessarily so much ability, but it's more like personalities, you know, more personality. It's not necessarily ability." Anna also expressed her concerns: "Some people, if they have the personality they already know everything, and that's very scary as a new nurse, to come out and act like you know everything, 'cause [sic] you don't, I mean, people learn every day." Alicia agreed: ". . . sometimes the, the mindset of the students that we get is that they know it all, they don't need you there and you're just kind of in their way." Preceptors were quite emphatic that students with overconfident or resistant attitudes were unsafe. Although preceptors acknowledged the importance of assessing students' skill levels, they emphasized the importance of assessing students' motivation. Student motivation and attitude were driving forces in the participants' needs to adjust their precepting.

3.3.3 *Making adjustments: "I'm pushing and pulling"*

As preceptors assessed the students, they adjusted their precepting and made adaptations to meet the individual student's needs. The need to adjust was noted by Dianne: ". . . of course

we have various levels of precepting... and you have to approach each one, personally in my opinion, a little differently, and how you need to work with that." Alicia also recognized need for adjusting : "... I have to make adjustments in the way that I precept different people based on their learning styles."

Adjusting was described as an active process that requires significant energy on the part of the preceptor, with the expectation that the student should also actively engage. The process can be invigorating or overwhelming depending on the response of the student. Felicia said

> I guess what I'm trying to say is that they are not proactive, unless you, uh, tell them to go do this task, they are not going to do a task whatsoever... It's great when somebody's there to learn, and they're excited, but it's a little draining when you have to push somebody all day long to learn.

This was repeated by Rhonda who said: "If we can understand what their personal goals are, where they feel like they need more education, if there's some way for us to tap into that information, you know we can push them in that direction." Chelsea reflected on her experience of needing to make adjustments for a student who was hesitant to perform: "... it's kinda [sic] like I had to pull her to do things." Alicia summed up what adjusting means when she said

> Everybody has a different personality, and everybody has a different learning set, and you kind of have to adjust yourself to kind of meet their needs... you take the good, and you take the bad, and you kind of lump it together and you make the best you can out of the situation at hand.

4. Discussion

Findings from this study indicate that preceptors view the role as congruent with their professional values. The role is characterized by the preceptor's strong empathetic drive to protect students and the nature of nursing. This empathetic drive originates from preceptors' past experiences and serves as the foundation for the primary function of the role: Protector. Two secondary role functions, Socializer and Teacher, are characterized by certain behaviors that preceptors demonstrate to varying degrees and are integrated into the Protector role. The degree to which they engage in these behaviors is dependent on the individual student situation. Preceptors' empathy resulted in the desire to protect students from negative experiences, to protect patients from harm, to protect their own professional identities, and to protect the nature of the nursing profession itself. Preceptors may perceive a need to step in and protect students from less desirable interactions with other nurses so that the student's beginning social process is a positive one.

A majority of participants stated that students who were overconfident, resistant, or lackadaisical were potentially harmful and unsafe. There is evidence in the literature to support this notion.[58–60] Preceptors also expressed concern regarding some students' motivation for becoming nurses. Their concern may be justified; however, there is current research that indicates students who select nursing as a career demonstrate substantially higher empathy scores compared to the general student population[61] and that experience as a nurse is not necessarily required for high levels of professional values.[62]

The idea of preceptor as protector is not completely new. It is, however, limited to the contexts of protecting patients and protecting students during the socialization process. Boyer[63] acknowledges that the role functions of socializer, educator, and role model are essential, but goes on to say that the protector role is the foundation of the preceptor role. Participants in this study also described protection of students as occurring when the preceptor took the student "under wing" and shielded them from the reality of nursing. This is supported in previous literature.[8,29]

Preceptor as protector of self and professional ethos, however, is new and unexplored in the nursing literature. Although exciting, it is also somewhat unexpected as professional core values are fundamental to the discipline of nursing and are identified by the AACN[64] and the NLN.[65] Additionally, Provisions 5 and 6 of the Code of Ethics for Nurses clearly articulate the professional expectations of nurses to preserve wholeness of character and integrity.[66] Preceptors in the current study perceived humility and lifelong learning to be extremely important as they viewed students as direct reflections of themselves and reported perceptions of disappointment when students did not perform to expected levels of care. When preceptors perceived a student's qualities as incongruent with their own, they determined that the student was unsafe and warranted some type of direction or intervention designed to protect professional values. This seemed to be an attempt by preceptors to protect their professional identity and to protect the values that are so closely associated with nursing. Preceptors were also strongly influenced in their daily practice by the core values fundamental to the nursing profession and take great care to preserve and protect their professional identity and the nature of nursing. Because of their strong commitment to professional values and identity, they value these qualities in others, including students. It may be said that those who practice nursing mindfully, with

these qualities in place, preserve the nature of nursing while protecting their professional identity. This unique aspect of the preceptor role should be further explored.

As socializers, preceptors helped and integrated students into the professional role. Behaviors and actions occurring in the socializer role function were a result of the preceptor's motivation to protect and connect with the student. Preceptors practiced respect for the students, thereby role modeling this professional attribute. Specifically, preceptors in this study recognized student needs and then sought permission to direct or redirect the student's actions through the phrase "let me". This appeared to be a way for the preceptors to demonstrate professional respect and practice peer-to-peer boundaries while initiating the socialization and team-building process. Both the Joint Commission[67] and the AACN[68] call for team training and collaboration as ways to strengthen nursing education and ease the transition to practice for students and new nurses. In order for collaboration and teamwork to be truly effective, the relationships between nurses should be respectful and positive. Some nurses consider leaving the profession because of poor nurse-to-nurse relationships.[69] These relationships are important to what Levett-Jones, Lathlean, Higgins and McMillan[70] refer to as "belongingness". Levett-Jones *et al.* report students who felt included and welcomed experienced increased levels of well-being and motivation to learn.[70] Brown, Stevens, and Kermode[71] also report that the clinical preceptor is essential to the student's sense of belonging and inclusion. In fact, preceptors have been noted to be the most significant influence in students' perceptions of feeling like an "insider" on a clinical unit[72] and are reported to support students' acquisition of professional values and development of professional identity.[71,73] Preceptors in the current study contributed to positive professional socialization processes by approaching the students early in the preceptorship experience, extending a welcoming demeanor, and demonstrating professional values of collegiality and respect throughout the experience.

On the other hand, some students may struggle fitting in with the unit.[74] Participants in this study described students who were perceived as overconfident, resistant, or unwilling to learn as not having an ability to "mesh" with the unit's culture. The ability of the student to fit with the group is discussed by Moore *et al.*[69] who say that nurses find that in order to fit, students should be "cheery, outgoing, open-minded, friendly, and humble" (p. 176). Moore *et al.*[69] also report that nurses found students who displayed a passion for the profession, maturity, and the ability to be confident as likely to be successful at fitting in. On the other hand, students with a "know-it-all" attitude were deemed less likely to fit in with the nursing unit.[69]

As teachers, preceptors stressed the importance of assessing a student's skill level, attitude, and motivation for entering the profession. They described the process of teaching as invigorating or overwhelming depending on the response of the student and they used the terms "pushing" and "pulling" to describe the activities associated with making adjustments to their teaching. Preceptors recognized that procedural skills are important to provide for the student, and accomplished provision of skills with the support of their co-workers. However, they also acknowledged there were other aspects of nursing to be taught and they were not discouraged by students' lack of skills. Lack of time to teach everything participants thought needed to be taught was frustrating. Several authors have noted that lack of time for teaching is a consistent problem reported by nurses serving in the preceptor role.[21,35,75,76] Nurses who are overwhelmed with role responsibilities may unintentionally neglect students during the preceptorship.[35] Participants in this study indicated that students may be pushed to the background as a result of patient care priorities.

Limitations

As in any research, this study has some limitations. The sample represents mostly White (n = 8, 89%) female preceptors from hospitals in a semi-urban area of a Southeastern state and may not be representative of nurses elsewhere. There were also no contacts from male nurses. The size of the sample and the homogeneity of the members likely are a result of the geographical area in which the study was conducted.

Secondly, study recruitment was a problem. The PI was able to recruit enough participants for only two focus groups. Three groups is often a recommended minimum, but the number of groups is based on the purpose of the study and data saturation.[49,50] Nurses can be particularly challenging to recruit because of perceived lack of benefit, alterations in work schedules, distance from work settings, perceived coercion, fear of speaking out about focus group topic, and the perception that participation was a burden.[77–80]

5. Conclusion

Although many of the findings from this study support previous work in the area of preceptorships, some findings are new. These areas are unexplored and have the potential to inform nurse preceptors, managers, and faculty about the complex nature of the preceptor role. Of particular interest is that participants in this study did not focus on previously identified benefits of precepting, described in prior studies, including professional development, recognition, or monetary incentives.[21,43,76,81] Instead, preceptors focused on protecting their own professional identities and the nature of

nursing. Their motivation to serve as preceptors was based on their desire to protect. There are no identified studies that specifically address preceptors' motivation to serve in the role, nor are there studies identified that address the preceptor as a protector of self or profession. Integrating these findings into role expectations for nurse preceptors may help them continue to develop their professional identities.

The call for development of professional identity and values is most notably demonstrated in The Quality and Safety Education for Nurses (QSEN) initiative. The QSEN initiative started in 2005 driven by a grant funded by the Robert Wood Johnson Foundation.[82] According to the organization website, "the overall goal through all phases of QSEN has been to address the challenge of preparing future nurses with the knowledge, skills, and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems in which they work".[83]

Even with the many changes in nursing education, from the apprenticeship model to the current university settings, nurse preceptorships, in one form or fashion, have persisted. However, our understanding of the preceptor role has not kept pace. Consequently, the development of new strategies for preceptorship experiences has also lagged. As preceptorships continue to evolve and grow, continued efforts should be made to conduct research that aims to understand the intricacies of the role. It is imperative then, that additional research progress rapidly, but systematically and with rigor so that best practices are identified, implemented, and studied for future nursing generations to come.

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CONFLICTS OF INTEREST DISCLOSURE

The author declares that there is no conflict of interest.

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