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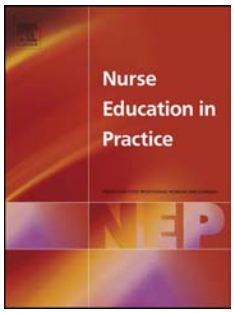

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SUPPORTING BACHELOR OF NURSING STUDENTS WITHIN THE CLINICAL ENVIRONMENT: PERSPECTIVES OF PRECEPTORS

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Abstract

Student learning in the clinical environment is a cornerstone of pedagogy for students undertaking a Bachelor of Nursing in Australia.

Method

This paper presents the results of a survey that was conducted with registered nurses who preceptor students for universities in Australia.

Findings

Findings reveal that some preceptors do not hold the qualification they are preceptoring students to obtain, that university involvement in preparation of preceptors is scant and that resource provision and communication from universities to preceptors is considered problematic. Registered nurses choose to act as preceptors for reasons that are both altruistic and professional. They are often employed in senior positions and as such find it difficult to manage time and resolve role conflict.

Conclusion

This paper concludes that the registered nurses who preceptor students generally have a positive experience but require greater involvement by universities in their preparation, particularly when they are responsible for the direct assessment of students. The paper posits this may be best achieved by universities creating effective lines of communication and ongoing support. This will sustain collaborative and meaningful engagement with registered nurses who preceptor undergraduate students.

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Key words: Preceptor; clinical environment; students; bachelor of nursing; resources

INTRODUCTION

An integral component of nursing education is time spent practicing and consolidating theory in the clinical environment. Within work integrated learning (WIL) curriculums such as nursing, the importance of this type of experiential learning is considerable (Warne et al. 2010). Because of its significant role within nursing education, Moscaritolo (2009) argues that the clinical environment can be a cause of major stress and anxiety for nursing students.

To assist students to successfully navigate the clinical environment registered nurses (RNs) who guide and assess their learning support them. Such staff are known by a variety of names such as facilitator, mentor, peer instructor or preceptor. This paper examines the role of the preceptor who is recognised as an RN who supports student nurses during their clinical placement but is not an employee of the education provider (university). That is, they are a paid employee of the health service who undertakes the role of the RN as well as having the responsibility to teach and assess undergraduate students as part of their role (Walker et al. 2012)

The importance of exploring the role of the preceptor relates to the significant impact they can have on student learning (Mårtensson et al 2013, Walker et al 2012). Walker et al found that students identified both positive and negative aspects of the preceptored model of supervision. The most positive aspects related to helping students learn, and the benefits brought to their

organisation from accepting students for placement. More challenging aspects of the role included role confusion, particularly when the RNs preceptored for more than one education provider and the time they perceived it took to have a student with them. This paper builds on previous research by examining the issues faced by preceptors and their resource needs as well as calling into question the role that the higher education sector plays in preparing and supporting preceptors.

LITERATURE REVIEW

A review of the literature was undertaken to contextualise the research described in this paper. A systematised approach using search terms which included preceptor AND support AND nursing AND student. The databases searched included Academic Search Complete, Education Research Complete and Science Direct. Within contemporary literature there is recognition of the time, energy and patience required by preceptors and the need for support to fulfil their role efficiently (Yonge et al. 2002). However, the findings concerning the nature of the support needed seem to be inconsistent. The main themes identified in the literature categorised the nature of the support needed by preceptors as the following: the organization's ability to create supportive environments, the university's ability to create supportive environments and the individual's ability to make use of supportive environments.

Clinical organization's ability to create supportive environments

The need for the organisation to create a supportive environment for preceptors is identified in the literature, however there appears to be a lack of

consensus on the exact nature of the support needed to create supportive environments. Some researchers strongly argue the need for summary documents indicating the type of support provided by organisational managers and educators (Mårtensson et al. 2013, Henderson et al. 2006), while others did not feel such documents were required (DeWolfe et al. 2010).

Workload and daily routines were identified as the most constraining aspect for preceptors in managing their client load and preceptorship responsibilities (Carlson et al. 2010; DeWolfe et al. 2010; Henderson et al. 2006; Mårtensson et al. 2013). Nurses' clinical responsibilities were primarily seen to be those roles which were focused on direct client care, with preceptoring being perceived as an extra role with minimal acknowledgement in workload allocations. The competing pressures of balancing professional responsibilities of providing safe client care with effective supervision of nursing students often results in poorer performance as a preceptor (DeWolfe et al. 2010). Carlson et al. (2010) reported where workload and daily routines took preceptorship into account, preceptors' felt they had time to precept.

Hyrkäs and Shoemaker (2007) found positive perceptions of preceptoring were related to benefits and rewards offered to nurses taking on the role of preceptor. Carlson et al. (2010) also identified that acknowledgement of preceptors enhanced the commitment of the preceptor to undertake the role in the future. The desire for benefits and rewards is mixed. A study (n=295) by Yonge et al. (2002) found that one third of preceptors surveyed stated they should not receive rewards and of the remainder, more than 80% said a letter

of acknowledgement was appropriate and 68% proposed that funding for a professional development event would be appropriate. However, there seems to be no consensus in contemporary literature about the nature of acknowledgement, benefits and rewards and how they should be provided to preceptors.

University's ability to create supportive environments

The need for the university to create supportive environment for preceptors is visibly identified in the literature, however there appears to be a lack of consensus on exact nature of the support needed to create this supportive environments. While there is consensus on the need for preceptor workshops (Reid-Searl & Dwyer 2005; Henderson et al. 2006; Mårtensson et al. 2013; Hyrkäs & Shoemaker 2007), there appears to be uncertainly about what the workshops should cover. There are however some exceptions. The United Kingdom Nursing and Midwifery Council (2008) provide standards to support student learning and assessment of students in the clinical environment. These standards define and describe the knowledge and skills nurse and midwives must apply when teaching and assessing students.

Discussion is evident in the literature on the need to include in preceptor workshops information regarding expectations of what students are required to complete during their placements. Workshops should also include information about the level of independence of students, the knowledge and skill levels of students that they bring to the placement, the role of preceptor, the role of the university, legal implications of being a preceptor and policies governing student placements should all be included (Carlson et al. 2010;

DeWolfe et al. 2010; Heffernan et al. 2009). It is suggested that effective preceptors will utilise this knowledge to help students learn within the clinical environment.

There is however, little consensus on the role of the clinical organisation and how the clinical placement fits within the student's program of study in preceptor workshops (DeWolfe et al. 2010; Heffernan et al. 2009). The lack of consensus on the need to understand the role of the clinical organisation is confusing given the need for organisational support in managing workload and daily routines to enable preceptors to find time for preceptoring. Providing feedback (Mårtensson et al. 2013) and ongoing support (Hyrkäs & Shoemaker 2007) throughout the clinical placement are identified as important university preceptor support mechanisms. The preferred delivery method of support by universities is identified as email and small group interactions with little consensus on the value of newsletters and web-based forums (DeWolfe et al. 2010).

Factors that influence preceptors' ability to make use of supportive learning environments

Not well covered in the literature is the preceptors' ability to make use of supportive environments fostered by their clinical organisation and/or the university. The literature highlights past experiences, communication skills and attitude as the main factors influencing the individual's ability to make use of supportive environments provided for their role as a preceptor. According to Carlson et al. (2010) past experiences as a preceptor can influence their expectations, attitudes and performance. Not unexpectedly, positive past

experiences will have a positive influence whereas negative past experiences will have a negative influence. Preceptor support should include reflection on past experiences in an effort to deflect negative influences and emphasise positive influences (Carlson et al. 2010). Effective communication skills, being approachable (Heffernan et al. 2009) and their commitment to the preceptor role (Hyrkäs & Shoemaker 2007) are identified as positive influences on the ability of preceptors to be effective in their role. The invitation to accept the preceptor role rather than the delegation of the preceptor role is identified as a major factor underpinning preceptor's commitment to the role (Carlson et al. 2010; Walker et al. 2012). Therefore, given the ambiguity surrounding elements of what is known about supporting preceptors in their role, this study aimed to determine what registered nurses fulfilling the preceptor role require to assist them in supporting undergraduate student learning within the clinical environment. To fulfill this aim the following research question guided the formation of the study: What do preceptors require in order to support BN students within the clinical environment?

STUDY DESIGN

Participants recruited for this study were RNs all currently working as clinical preceptors of undergraduate nursing student learning. This purposive sample strategy enabled specific parameters for participant selection to occur (Silverman 2010). The selection of this group of participants provided a study cohort that was best able to assist the researchers understand the problem and address the research question (Creswell 2009). Data was collected by way of survey method in which participants self-reported to express their

attitudes, beliefs and feelings toward the topic of interest (Teddie & Tashakkori 2009). This data collection method enabled the researchers to utilise a systematic approach to gather both quantitative and qualitative responses thereby uncovering what assistance registered nurses fulfilling the preceptor role require when supporting undergraduate student learning within the clinical environment.

Prior to the commencement of the study approval was received from the University Human Research Ethics Committee, (H10/08-138). The project conformed to the principles outlined in the Australian Code for Responsible Conduct of Research (National Health & Medical Research Council, 2007). RNs choosing to participate in the research study were provided with a hard copy of the survey and an accompanying information letter. Participants were informed of the aims of the study, the voluntary and confidential nature of their participation and that their decision to be involved or not would not influence work opportunities or their future ability to fulfill the clinical preceptor role.

Participants were invited to complete a paper-based survey at their leisure and in a time that was most suitable and convenient to them. Completion and return of the survey was considered consent to participate and as such no written consent forms were required. This further safeguarded the privacy of participants. The survey tool was developed by the researchers after an extensive review of the literature and piloted amongst the research group for consistency, reliability and validity. Following the pilot test, the survey was

refined in association with the information generated and with further reference to the literature.

Insert Table 1.

The finished survey consisted of four sections: demographics; training, support needs and experiences of preceptorship (closed-ended and open-end response items). Participants were asked to rate their current clinical supervisory experience using a four point Likert scale ranging from “strongly agree” (1) to “strongly disagree” (4). These were subsequently collapsed to dichotomous scales of “agree” and “disagree”. Completed questionnaires were organised and analysed using Statistical Package for the Social Sciences (SPSS version 17). Descriptive statistics including frequencies, means and standard deviations were computed to obtain a profile of the participants and an evaluation of their view on the issues explored in the questionnaire. The qualitative data was managed using the computer program NVivo 8 and analysed using the constant comparative method.

A constructivist approach was adopted as a sensitizing concept when re-reading, reviewing and re-analysing the themes that emerged from the data analysis process. Constructivists recognise multiple realities, operating from the principle that knowledge is created through discourse (Bazeley 2013). This enabled the research team to develop an understanding of the participants’ social reality when fulfilling the preceptor role and to better interpret the unique interrelationships reflected in the data (Appleton & King 2002). Such knowledge allowed the research team to determine what registered nurses fulfilling the preceptor role required to assist them in

supporting undergraduate student learning within the clinical environment thereby giving meaning to the data (Appleton & King 2002).

FINDINGS

A total of 34 Registered Nurse preceptors returned the survey out of 120 who were invited to participate, resulting in a response rate of 28%. The following demographic data is presented to provide context to the findings from the interviews. The average age of the participants was 42 years who had been nursing from four to 38 years (mean 20.5 SD 10.33). Table 2 shows the range of positions held by participants within their organisations as well as their employment status.

Insert Table2.

Education and preceptor training

Table 2 indicates that of the 34 participants nearly half had either a hospital based certificate or a Bachelor of Nursing; only three had both. This means that 13 of the participants only have a hospital-based certificate as their foundation nursing qualification.

Insert table 2.

Of those 13, all but nine had gone on to do a higher qualification (Table 3.) indicating that these nine were preceptoring and assessing students

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undertaking a degree at tertiary level for which the preceptor had no experience, either at an undergraduate or post graduate level.

In respect of preparing for the role of preceptor, the majority of training received to prepare the participants came from industry (*n*=23, 67.6%). 29.4 percent (*n*=10) noted that they had not received any training for the role with one (2.9%) participant indicating they had received university based preceptor training.

Insert Table 3.

Activity as a preceptor

Participants in the study had been preceptors in their current area of practice for an average of seven years (SD 5.98). The range was between one and 24 years. Half of the participants had been preceptoring in the current area for up to five years and the remainder for more than five years.

Personal and professional development

Participants were asked a series of questions in relation to their perception of how the preceptor experience contributed to their personal and professional development. The majority of participants' agreed/strongly that the experience allowed them to identify future professional development needs (*n*=28, 82.4%), build on existing skills and knowledge (*n*=27, 79.4%) and maintain their professional identify as an RN (*n*=29, 85.3%) At the time of the study most (*n*=31, 91.2,) participants had not received an evaluation on their performance as a preceptor from a university. However, based on their

experience, the majority (*n*=29, 85.3%) indicated that they would be willing to be a preceptor again. Most participants (*n*=30, 88%) believed that being a preceptor for nursing students was seen as a positive part of the RN role in their workplace.

Requirements of RNs working as preceptors

The majority of participants agreed and strongly agreed that their role was clearly explained (*n*=21, 64.7%). Furthermore participants identified that expectations regarding students learning were clearly explained (*n*=23, 67.6%), that they were provided with sufficient knowledge of the undergraduate program (*n*=23, 67.6%) and that they were satisfied with the quality of resources provided (*n*=23, 67.6%). Nineteen (55.9%) of the participants felt that they were *not* provided with sufficient resources to enable them to carry out the role, while in contrast 15 (44.1%) participants disagreed or strongly disagreed with the statement and felt that they were provided with enough resources.

Difficulties faced by preceptors during clinical placement

After analysing the qualitative data from the participants, the following themes emerged. The most common theme that emerged was role confusion and lack of time. Role confusion and lack of time were frequently mentioned together, *'Some confusion about responsibilities. Adequate time to devote to the role – ended up having very little involvement'*

Participant responses indicated a failure by the facility not notify them of their role and a lack of communication with the university also contributed with

difficulties related to role clarity; *'My name was put forward as a preceptor, without me knowing. I wasn't rostered with the students until there was e-mail by a lecturer then I made sure I was rostered with one of the nursing students. I did get a print out of what was required but no other contact except via Email. I am more than happy to preceptor the nursing students but I would like to know exactly what is needed in my role. It is also difficult with a full clinical load and also as the only RN on duty in the PM to dedicate the time to the student. I enjoy passing on what knowledge I can.'*

Another comment alludes to role confusion from a differing perspective; *'The resources was [sic] very ambiguous. The students did not really understand what to do.'*

It is unknown what year level the student would have been, however it highlights the importance of ensuring students receive clear instructions of what is expected of them and to demonstrate they have understood those instructions.

A further theme to emerge was that a lack of support from the University created difficulties during the clinical placement. One RN when asking the University for guidance about assessment was told to *"...ask your student." The contact person said "I can only tell you about the new systems the students are using." Therefore I'm not sure if the paperwork was filled out correctly.'*

Another participant identified that the assessment had changed from the previous year and was not *'clearly explained this year'*. Other difficulties raised by participants that were identified but not pervasive through the responses included disputes between the University and health care facility

over the scope of practice of students. This was highlighted with the example provided of a 3rd year student who was deemed not to be competent with a 1st year skill.

Just under half (*n*=15, 44%) of the participants believed that support was available from universities to help resolve difficulties experienced during their clinical placement.

Positive things experienced as a preceptor

22 participants (64.7%) responded to this question and three main sub-themes emerged. These were that students bring benefits that are both organisational and of a personal nature to the preceptors, that preceptors enjoy helping students learn and that RNs find it positive when students are motivated and understand their role and expectations.

Students bring benefits

A range of benefits was articulated by the participants. Organisationally, participants reported that students brought *'fresh eyes and new knowledge to our facility'*. One participant, a Care Manager, reported that '*RNs work closely with the students, which ensures their duties as an RN are carried out professionally and efficiently.'* Personal benefits reported by the participants were *'having contact with nursing students and discussing contemporary issues'*. Other participants identified that working with students encouraged, *'reflection on our practice and areas to up skill to meet student needs'* and that it *'encouraged them to learn'.*

Helping students learn

While the participants identified that helping students learn was a positive aspect of the preceptoring role, it was not as pervasive in the data as the previously described commentary on the benefits that students bring while present on clinical placement.

The benefit of helping students learn was articulated from two dimensions. Participants enjoyed seeing *'change in confidence in the nursing student'* and seeing *'...the growth and development of the student.'* These are altruistic, extrinsic benefits that reflect the satisfaction of contributing to, and seeing others grow and learn. Intrinsic benefits were articulated as being able to *'possibly influence, share passion, for this specialty as the students may pursue this field [of nursing]'*, and the personal benefits of *'ongoing training experience...'*. These reflect benefits beyond satisfaction of seeing students develop and are representative of a broader impact that preceptorship has on individuals.

Students understanding their role

Somewhat less well represented in the data was the understanding that preceptors found it positive when students understood their role and were motivated. Comments such as *'All of the students were highly motivated...[and] aware of their requirements to complete their placement'* and *'all student were eager and wiling to learn their new scope of practice'* were representative. It is not surprising that willing, well-prepared students were commented on favorably.

What could be done to improve the preceptor experience?

Finally the question was asked of preceptors "what universities could do to improve their experience as preceptors". Just over half of the participants responded and again three main themes emerged from the responses to this question. These were; that more information was required prior to students starting, that the university should be more available during the student's practicum and that the university should provide preceptorship training. The major theme from this question is about improving the resources and access to resources. Resources in this theme were identified as documents and paperwork. In regards to improving the resources, participants wanted clarity about what they needed to complete *'Send sheet/resource leaflet explaining what I need to complete (paperwork). Pass/Fail tick boxes not adequate with no explanation.'* Access to resources in a timely fashion was reported as needing improvement. *'Send info to NUM so that staff can be buddied better to their needs' and 'Informed preceptors! I just turned up to work with a student waiting for me! Have a document explaining assessment plans and documentation.'* There are many factors affecting the provision of documentary information to preceptors, not the least of which is the fact that they work in bureaucracies where the flow of information can be problematic and beyond the control of university staff. However, one aspect of resource provision that universities have direct control over is the availability of their clinical support staff to health care facilities. Comments made by participants that reflected the need for improvement include *'Be more available to contact, weekly calls while student being preceptored', have [university]*

contacts/information for rural facilities...' and *'Provide information in simple format, first years need the lecturers [academic staff] on day one... [so they] can go through the program and meet the preceptor'.* The need for more university involvement in preceptor training was also pervasive throughout the responses. Diagram 1 summarises the influences of the preceptors as identified in this research.

Insert Diagram 1. Influences on the preceptor

DISCUSSION

Registered nurses in Australia are professionally bound to support the professional development of others. They are specifically called upon to participate in this role by formally preceptoring colleagues. This requirement also extends to the teaching of others including students of nursing and is embedded within each RNs license to practice competency standards (Australian Nursing and Midwifery Council 2005). Preceptorship of BN students is considered to be principally undertaken by those RNs who have direct responsibility for patient care (Zahner et al. 2009). However, this research has shown that nearly two thirds of the respondents were in senior positions such as education and/or management. This finding highlights the fact that these preceptors may find it difficult to manage workloads associated with their senior appointment in addition to that of being a preceptor. This may in part explain why role confusion and a lack of time to devote to the role featured so prominently in the data.

Of particular interest is the educational background of the preceptors in this research. As identified in the findings 13 of the participants held a hospital-based certificate as their basic nursing qualification and of those, all but nine had gone on to do a higher qualification. This suggests that these preceptors with only a hospital based certificate were preceptoring and assessing students undertaking a degree at tertiary level for which the preceptor had no experience in at either an undergraduate or post graduate level. This finding raises the question of just how well RNs are prepared in the training and, more importantly in understanding the tertiary assessment requirements for BN students. This is particularly so given that 23 participants received industry preceptor training. Industry preceptor training is training that is provided to train preceptors for a role that principally supports new staff to the health service. This training has a different focus to that required by universities that needs to be orientated to the teaching and assessment of undergraduate students. Of the 23 participants that received industry training, 10 participants indicated that they had not received any training for the role as required by the university and only one participant indicated they had received university-based preceptor training. This would suggest that the relationship between universities and the training of preceptors is not as effective as it could be. This finding sheds light on a gap in the current Australian Nursing and Midwifery Accreditation Council (ANMAC) National Accreditation Standards and Criteria for BN courses (Australian Nursing and Midwifery Council, 2009). These standards require that Academic (university) staff who are involved in the assessment or support of BN students “hold a qualification higher than that for which the students they instruct are studying” (Australian Nursing and

Midwifery Council, 2009 p. 1). It is acknowledged that this requirement is not the same in all jurisdictions (for example in the United Kingdom) but within this study setting it is. It is the universities responsibility to engage stakeholders (health service agencies) in the assessment process and to prepare RNs who are involved in supporting and or assessing BN students. In some instances a university employed RN facilitator who also meets the ANMAC standards and who is appropriately qualified may support preceptors. However, in smaller health service facilities often found in regional and remote areas this may not be the case. In which case, preceptors with neither the equivalent qualification (BN) nor proper training may be assessing students. A matter contrary to the intent of the Australian National Accreditation Standards. This is reflected in some participants requesting that preceptor training should include information on assessment and documentation; pedagogical items not necessarily inherent in industry preceptor training. The findings presented here suggest that this issue requires further research and that universities should consider how they engage industry to ensure standards are met.

Participants reported that they had been active preceptors between one and 24 years. This experience is reflected in some preceptor's reporting that they felt happy with their role, that they understood expectations of students learning and knowledge of the program and that they were satisfied with the quality of resources provided. It is suggested that these understandings may evolve over time as preceptors gain experience (Hallin & Danielson, 2008). However over half of the participants felt that not enough resources were actually provided. The notion of support is reflected in two ways. The first are

paper-based resources and as the findings reflect, these can be problematic for both the preceptors in receiving and understanding the same and for the students who, in some instances, are inadequately prepared for placements and who do not understand the expectations of them or the paperwork they take on placement. The second resource is conceptualised as a human resource that is a direct link to the university. While over half the participants agreed or strongly agreed that they felt supported overall, two thirds of participants believed that the university was not accessible when needed. Contrary to the literature (DeWolfe et al. 2010), findings from this study suggests that email contact, while useful, may be insufficient in ensuring preceptors are fully equipped with the information needed for their role and participants indicated a more visible presence by the university. This was particularly so at the beginning of the placement and was considered a strategy that may assist with resolving issues associated with the beginning student, documentation, scope of practice and assessment requirements. Although this research adds knowledge to what is known about the preceptor experience there are some limitations including a small sample of 34 participants (response rate of 28%). The study was also conducted with preceptors from one university, some did preceptoring for more than one education provider, and as such the generalisability of findings needs to be considered with caution. The authors would welcome collaborations from international schools of nursing to undertake comparative studies.

Nevertheless, the findings of this research are consistent with the literature review, which broadly identifies that there remains ambiguity and uncertainty

in the way universities engage with preceptors. RNs who work as preceptors do so for a variety of professional and altruistic reasons that must be supported and valued by university faculty. Where preceptors are working with, and assessing BN students, without the direct support of a university employed facilitator, the importance of resolving the ambiguity surrounding the preceptor/university relationship has been shown to be of high importance. This is particularly significant given that clinical learning is a cornerstone of the learning of students studying a BN in Australia (Newton et al. 2011).

The study outcomes also highlight areas for further research including exploring the preceptor/student/university relationship from various perspectives to uncover what it is that each brings to the relationship and exploring ways to improve the preceptorship experience and how qualities of preceptorship can be incorporated within the RNs role.

CONCLUSION

Successful student learning outcomes are inextricably linked to the quality of clinical placement experience. Preceptors have a large influence on the quality of the clinical learning environment so an exploration of this role and understanding the positive and negative perceptions related to preceptorship are important. The research findings presented here suggest that the overall experience for registered nurses who preceptor nursing students is positive. However, the relationship between the universities and preceptors can be problematic. This is particularly important given the mandate the Australian

regulatory body places on universities to engage with and train preceptors in the development and assessment of undergraduate nursing students. This can best be achieved by a close and collaborative working relationship between education providers and those who accept their students for clinical. The challenge for universities lies in creating effective lines of communication and ongoing support to sustain collaborative and meaningful engagement with RNs who preceptor BN students.

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Table 1. Survey Questions

Question
My role in facilitating and assessing student learning in the clinical environment was clearly explained.
Expectations regarding student learning in the clinical environment was clearly explained.
I was provided with sufficient knowledge of the nursing program to enable me to carry out my role.
I was satisfied with the quality of the resources I received.
I was not provided with enough resources to enable me carry out my role.
I was satisfied with the support I received from the University in helping me to understand the resources they provided.
I was satisfied with the support I received from the University in helping me to assess students.
Overall I felt supported by the University.
My university contact person was not easy to contact when needed
The experience of being a preceptor enabled me to identify my future professional development needs.
During the preceptorship experience I was able to build on my existing skills and knowledge.
I have not received an evaluation of my performance as a preceptor from the University.
Fulfilling the preceptorship role assisted in maintaining my professional identity as a RN.
Based on my experience I would be willing to be a preceptor again for University.
Preceptorship for nursing students is seen as a positive part of the RN role in my work place.

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Table 2. Role and employment status of participants

Role	*Frequency*	*Percent*
Registered Nurse	11	32
Clinical Nurse Consultant/Clinical Nurse	8	24
Nurse Educator	6	18
Nurse Unit Manager	6	18
Other	3	8
Total	**34**	**100**
Employment		
Fulltime	29	85
Part time	4	12
Casual	1	3
Total	**34**	**100**

Table 2. Basic qualifications of participants

Qualifications	*Frequency*	*Percent*
Hospital Based Certificate (HBC)	16	47
Bachelor of Nursing (BN)	15	44
Both HBC and BN	3	9
Total	**34**	**100**

Table 3. Highest qualifications of participants

Qualifications	*Frequency*	*Percent*
Hospital Based Certificate	9	27
Undergraduate degree	10	29
Graduate Certificate	3	9
Graduate Diploma	9	26
Master	3	9
Total	**34**	**100.0**

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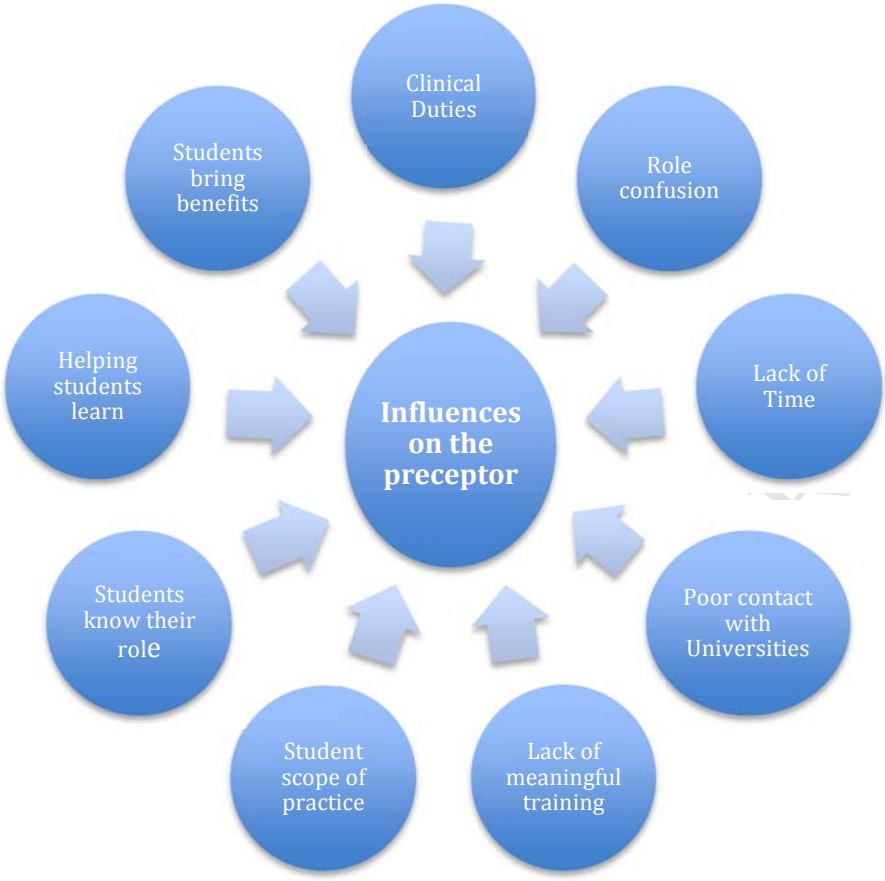

Diagram 1. Influences on the preceptor

Conflict of Interest:

This research was funded by a faculty research incentive grant. There are no financial and personal relationships with other people or organisations that could inappropriately influence this work.

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