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Attributes and Qualifications of Successful Rural Nurse Preceptors: Preceptors' Perspectives

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Abstract

Nurse preceptors are integral to retaining new nurses. Given the challenges associated with attracting and retaining rural nurses (Trossman, 2001), the importance of preceptors in the retention of new nurses and the dearth of studies explicitly examining the attributes and qualifications of successful rural nurse preceptors, the purpose of this study was to unearth attributes and qualifications of successful rural nurse preceptors. In this basic qualitative study, 19 participants completed 1-2 hour in-depth interviews. Data was analyzed using the constant comparative method (Glaser & Strauss, 1967). Major themes included a sense of honor, professionalism, self-efficacy, and the ability to learn. In addition to confirming previous research, the findings demonstrated the importance of emotion in the teaching/learning process and the influence of observational learning on preceptors' present-day instruction. Practical implications included acknowledging emotion in the teaching/learning process, the need for new and experienced preceptors to share information and the importance of creating opportunities for critical reflection in preceptor education programs.

Keywords

Nurse Preceptors, Rural, Basic Qualitative Study, Attributes, Qualifications.

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Attributes and Qualifications of Successful Rural Nurse Preceptors: Preceptors' Perspectives

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Nurse preceptors are integral to retaining new nurses. Given the challenges associated with attracting and retaining rural nurses (Trossman, 2001), the importance of preceptors in the retention of new nurses and the dearth of studies explicitly examining the attributes and qualifications of successful rural nurse preceptors, the purpose of this study was to unearth attributes and qualifications of successful rural nurse preceptors. In this basic qualitative study, 19 participants completed 1-2 hour in-depth interviews. Data was analyzed using the constant comparative method (Glaser & Strauss, 1967). Major themes included a sense of honor, professionalism, self-efficacy, and the ability to learn. In addition to confirming previous research, the findings demonstrated the importance of emotion in the teaching/learning process and the influence of observational learning on preceptors' present-day instruction. Practical implications included acknowledging emotion in the teaching/learning process, the need for new and experienced preceptors to share information and the importance of creating opportunities for critical reflection in preceptor education programs. *Keywords: Nurse Preceptors, Rural, Basic Qualitative Study, Attributes, Qualifications.*

In 2009, the Department of Health Resources and Services Administration (HRSA) Deputy Secretary announced that the United States is experiencing a nursing shortage that will increase to one million unfilled nursing positions by 2020 (HRSA, 2009). Elements contributing to this nursing shortage include a dearth of nursing faculty, clinical sites, classroom spaces, finances (Rosseter, 2014) and an aging nurse population (HRSA, 2013). Heavy workloads, long work hours, new technology and fatigue also attribute to attrition (Eggert, 2012). Although there are glimmers of hope regarding staffing as an increasing number of nurses under age 30 enter the profession, recruiting and retaining these nurses is of utmost importance (HRSA, 2013).

Retention strategies have varied. At the state level they have included incentives in the form of grants to attract and retain nursing faculty (Allan & Aldebron, 2008). Initiatives to create positive work environments and to improve technology have been discussed (Pricewaterhouse Coopers Health Research Institute, 2007). However, local hospitals need to consider *nurses'* needs to recruit and retain nurses (Fox & Abrahamson, 2009). Nursing shortages are especially acute in some rural areas because rural nurses are especially hard to recruit and retain compared to urban nurses (Bushy, 2006; Cramer, Nienaber, Helget, & Agrawal, 2006). Lower salaries, longer commutes to work, and the need to have a generalist rather than specialist orientation are factors in higher turnover rates in rural areas (Newhouse, 2005; Trossman, 2001). To attract and retain nurses, workplaces need to provide support, an opportunity for nurses to develop their skills, and nurses need to find meaning in their work.

One way to provide support and increase retention is through the development of the nurse preceptor. Nurse preceptors guide, support and instruct new nurses (Paton, Thompson-

Isherwood & Thirsk, 2009). They are selected or they volunteer to work beside nurses. Good preceptors increase the confidence of new nurses and the preceptors themselves also report increased job satisfaction (Ferguson, Whyte, & Anderson, 2000; Zilembo & Monterosso, 2008).

Extant literature concerning nurse preceptors center on preceptor education and support (Hautala, Saylor, & O'Leary-Kelly, 2007; Myrick & Yonge, 2002), the selection, retention or evaluation of nurse preceptors (Altman, 2006; Valentine, 1997), and evaluation of preceptor preparation programs (Heffernan, Heffernan, Brown, & Bronson, 2009; Wilson, Acuna, Ast, & Bodas, 2013), However, few studies were found that only examined the *attributes and qualifications* of successful preceptors exclusively from the *preceptors'* perspectives using a qualitative methodology.

Fewer researchers have explicitly explored rural preceptors' experiences. Approximately 17% of the US nurses (RNs and LPNs) work in rural areas (HRSA, 2013). Recruitment and retention of new nurses in rural areas has its challenges. Recruiting takes longer and nurses are more likely to leave rural areas than their urban counterparts (Cramer et al., 2006). Given the different setting and more generalist duties of rural nurses, money (Molanari & Monserud, 2009; Trossman, 2001) perhaps different qualities are needed for successful rural nurse preceptors. Hence, this study could contribute to knowledge about preceptors who work in a rural setting. Findings from this local study could have relevance for nurses in other areas of the United States and the world. Since the nurse preceptor is a teacher, individuals who teach adults in other practice-based contexts could benefit from the findings of this study.

In summary, while duties and roles of preceptors have been explored to some degree in other studies (e.g., Coats & Gormley, 1997; Yonge, Myrick, Ferguson, & Grundy, 2013), there has been less focus on the attributes of nurse preceptors from rural areas. Given the importance of preceptors in the retention of new nurses, and the dearth of studies that explore attributes and qualifications of successful rural preceptors privileging the voices of preceptors, the purpose of this study was to examine the attributes and qualifications of successful rural nurse preceptors.

Literature Review

Literature concerning nurse preceptors is found in several areas including training evaluation (Horton, DePaoli, Hertach, & Bower, 2012; Smedley, 2008), preceptor selection criteria (Altman, 2006; Myrick & Barrett, 1992) and views of preceptorship from the perspective of preceptors (e.g., Coats & Gormley, 1997; Yonge et al., 2013). Within these investigations are sub-areas of interest pertinent to this study including preceptors' desirable characteristics and behaviors, duties, and roles of preceptors. Each with be discussed below.

Several researchers have investigated preceptors' desirable characteristics and behaviors. When preceptors, preceptees, and nurse managers were asked about desirable characteristics of preceptors they noted "an eagerness to share knowledge," "confidence, motivation, enthusiasm, knowledge and expertise" and "the ability to update knowledge and skills" (Kaviani & Stillwell, 2000, p. 223). Additional characteristics included being able to identify learners' needs and the ability to manage time (Kaviani & Stillwell, 2000) in addition to supporting the preceptee (Zilembo & Monterosso, 2008), knowledge sharing and keeping current (Kaviani & Stillwell, 2000). Likewise, preceptors and preceptees evaluated the importance of preceptor behaviors including "fosters openness, trust and inquiry," and "works to ensure colleague support for novice" (p. 188). Students and preceptors valued good communication skills and preceptor approachability (Heffernan et al., 2009). Preceptors and students ranked orientation and understanding the role of the student highest regarding the

specific knowledge that preceptors should have (Heffernan). Preceptors enjoyed the opportunity to influence and nurture new nurses as well as to learn from others (Henderson, Fox, & Malko-Nyhan, 2009).

Another research area concerns preceptors' roles. Coates and Gormley (1997) elicited views about preceptorship from preceptors, nursing students, ward managers, senior nurse managers and nursing teachers. Preceptor's rank ordered aspects of their role. The portrayals of role model, teacher, supervisor, facilitator of learning and friend were ranked first through fifth. Motivator, counselor, assessor, critic and protector were ranked sixth through tenth. Similarly, being a role model was important to preceptors in a rural setting (Yonge et al., 2013). Last, some preceptors believed they should protect students during the learning process (Öhrling & Hallberg, 2001).

In addition to researching preceptors' roles, scholars have investigated the benefits and deficits of precepting. Benefits included teaching and learning from students (Yonge et al., 2013), sharing knowledge, personal growth, honor, and recognition and satisfaction from seeing the preceptee grow (Stevenson, Doorley, Moddeman, & Benson-Landau, 1995). Disadvantages of the role included an increased workload and the stress of having students who do not care as well as a loss of patient contact (Stevenson et al., 1995). A lack of time to spend with the preceptor and a lack of support from management were cited as barriers to good precepting. The relationships between the benefits and rewards preceptors perceive and preceptors' commitment to the role has been discussed. Increased benefits and rewards resulted in more commitment to the role of preceptor (Dibert & Goldberg, 1995; Hyrkäs & Shoemaker, 2007).

In summary, preceptors can be useful in attracting and new retaining nurses. The recruitment and retention of nurses in rural areas is especially challenging. Although scholars have investigated the duties, roles, and qualities of nurse preceptors to some degree (e.g., Kaviani & Stillwell, 2000; Yonge et al., 2013), qualitative studies that explore the attributes and qualifications of rural preceptors exclusively from the preceptors' perspective are few. This investigation could add depth to the research on preceptors and rural nursing.

Position of Researcher

The purpose of this study was to uncover the preceptor's perspective concerning the essential development and education of the nurse preceptor. My specific area of interest concerned the attributes, qualifications, and preparation of the rural nurse preceptor. My roles and experiences provide the foundation for my position of the need to support the nurse preceptor in his/her development by providing education and emotional support. The following experiences helped inform my position: (1) Director of Education, Diabetes and Nutritional Consultation: Observed a lack of confidence in the new nurse preceptor; (2) nursing graduates requested being paired with preceptors; (3) past experiences as a preceptor myself; and (4) Researcher: There is little research on the experiences of rural nurse preceptors.

A researcher's personal demographics and assumptions influence data analysis. Age (58), length of time in nursing (over thirty years), and length of time in nursing (32 years) could influence interpretations. I was aware that my experience as a preceptor, a nurse, and an educator might predispose me to biases related to preceptor perspectives, and that my interest in educational opportunities for nurses could make me myopic to other preceptor experiences and needs. I was sensitive to and keenly conscious that as a researcher my interpretation of the data may be affected by my assumptions. The assumptions brought to the study were: (1) Nurse preceptors do not receive adequate preceptor education to help them be prepared to support and teach new nurses. (2) Nurses do not fully understand the

role of the nurse preceptor. (3) Nurse preceptors have minimal input in the development of training and education programs for nurse preceptors and (4) Nurse preceptors have unmet educational and social needs.

Method

A qualitative methodology was chosen for this study because qualitative research allows researchers to unearth meaning and delve into complex issues (McRoy, n.d.). Knowledge is gained through inductive analysis (Merriam, 2009). The goal of this research was to gain an understanding of the attributes and qualifications of successful nurse preceptors from their lived experience hence, a qualitative methodology was used. A qualitative in-depth interview study was done because basic qualitative studies explore "(1) how people interpret their experiences, (2) how they construct their worlds, and (3) what meaning they attribute to their experiences" (Merriam, 2009, p. 23). Of interest were the participants' perceptions of their lives as preceptors and a basic qualitative method helped to uncover these perceptions. At the heart of this method is the idea of constructivism. The meaning of the experience is constructed by the individuals involved in a particular context (Merriam, 2009). This type of research is most often found in education and applied fields of practice such as education and the health sciences (Merriam, 2009).

Participant Selection Criteria

In order to participate in the study, individuals had to (1) be hospital-based preceptors for new graduates or new hires. Hospital-based nurses were selected as it would allow for a larger field of preceptors than other locations such as doctor's offices or nursing homes which tend to attract fewer nurses (U.S. Department of Health and Human Services - HRSA), 2010), and (2) be registered nurses with at least one year of experience as nurses and one year of experience as preceptors during the current or previous year. This criterion was chosen because many hospitals require this length of experiences before considering nurses as candidates for preceptorship. Additionally, many nurses with less than one year of nursing experience still believe they are preceptees. Nurses who had recent preceptor experiences remember their experiences more accurately.

Data Collection

Data collection includes: (1) a description of the data collection sites; (2) Participant and Interviews.

Data collection sites

Nurse preceptors were selected from a convenience sample of four area hospitals in the Midwest. Rural was defined as "An area with a population of less than 50,000" (Centers for Disease Control [CDC], 2008, p. 4).

The hospitals were chosen based on their geographical location and the population served. The hospitals ranged in size from 24-90 hospital beds. The two twenty-four bed hospitals each served communities of 7000. In addition, a 75 and a 90-bed hospital were chosen each serving communities of 24,000 residents. These hospitals were chosen as typical site samples. Merriam (1998) stated that a typical sample is one that reflects the average person, situation, or phenomenon of interest. The variety of hospital sizes promoted

comparative analysis of perspectives. The diversity of hospital sizes increased the richness of the data collection.

Participant recruitment and interviews

After Institutional Review Board (IRB) approval was received, key informants were contacted at their respective hospitals to provide names of potential participants. These key informants included chief nursing officers, nurse managers and experienced nurse preceptors. Once identified by key informants, the preceptors received a letter invitation to participate. The letter provided an email and a number they could call if interested and willing to be a part of the study. Initially, six preceptors accepted invitations to participate. As saturation was not met with six interviews and more participants we needed, snowball sampling was implemented as the initial six nurse preceptors were asked for references to other experienced and exceptional preceptors (Merriam, 2009). The snowball sampling technique garnered results. The sample consisted of 19 nurse preceptors.

Participants met at locations of their choosing, as I wanted to make the interview process as easy as possible for them. The participants signed a consent form and participated in a one to two hour semi-structured interview that was tape-recorded and later transcribed. Pseudonyms were assigned to each participant. This was done to avoid numbering them and allowing for more personable and readable information reviewed.

Semi-structured interviews were used to allow for the flexibility to adequately explore individuals' experiences of being a preceptor. Interview questions were derived through literature review. Preceptor perspectives of preparatory education, qualifications, expectation, and role identification were seldom found in literature. Interview questions included: "I would like you to talk about when you became a preceptor. Describe your understanding of the role of the nurse preceptor," "What ongoing education do you feel would help nursing preceptors to continue to improve as they precept?"

Trustworthiness and consistency

Trustworthiness and consistency used in the data collection. Validity or trustworthiness measures how congruent the findings are with reality (internal validity) and how well the findings apply to other situations (Merriam, 1998). There are several methods that were used to ensure trustworthiness. Triangulation involves using multiple sources of data and comparing the results (Merriam, 1998). Findings from interviews were compared to literature reviews. In addition, member checks were performed to solicit feedback on the emerging findings from some of the participants. Member checks are used to improve accuracy and credibility. Each participant was provided a transcript of his/her interview and encouraged to read it, make changes if necessary, and write comments to ensure the accuracy of data. Eight participants returned their transcripts with no changes. One participant made suggestions on information she wanted to share but forgot to mention during the interview. The 11 participants who did not return the transcripts were contacted in person or by phone. All participants stated no changes were needed to their transcript.

Member checking

After data analysis was completed, seven respondents were selected to review the results and provide feedback, which served as a member check. These participants were selected based on their previous responsiveness and willingness to communicate after the interview. Only one participant offered additional information that was then added to the

results. Two participants returned the findings unchanged and four participants did not respond. The four participants who did not respond were contacted by phone and said that they found the findings interesting but did not offer additional information. Last, peer review is utilized to ensure trustworthiness. An independent auditor reviewed data from the interviews and findings. The auditor was asked to look at the categories, codes and final themes, and report if the findings were plausible based on the data. She made recommendations that assisted in identifying the relationship between codes and categories. Reliability or consistency measures whether "the results are consistent with the data collected" (Merriam, 1998, p. 206). An audit trail was used to improve consistency. The audit trail provides a way to ensure accuracy and authenticity from research results and includes raw data, personal notes, recordings, paper transcription and chronologically sequenced versions of the research (Lincoln & Guba, 1985).

According to Merriam (2009), field notes and journals can create an opportunity for a more complete interpretation of the subject being researched. Journal notes were taken to provide an audit trail of thought processes to ensure consistency. The journal notes that detailed my observations before, during, and after the interview as well as participants' responses, emotional reactions, the physical characteristics of the participants, and the environment of the interview. In addition, I kept notes concerning my decisions as to how I arrived at my themes and categories.

Another way to ensure consistency is to provide a rich and thick description of the findings so readers will be able to conclude how directly their circumstances correspond with the research, thereby determining if the findings have meaning for them (Merriam, 1998). Additionally, this rich description helps to identify what the researcher has revealed about the experience (Merriam, 2009). Data from the interviews and direct quotes were used to support the findings in this study.

Data analysis

The constant comparative method of data analysis was used in this study. This method compares multiple groups of people and their differences and similarities (Merriam, 2009). Open coding was initially used to categorize data. Each line and paragraph of data from the participants was read and reread to identify relationships and identify core category headings. Next, axial coding was utilized to examine relationships among the data. Selective coding helped identify themes within and between transcripts (Glaser & Strauss, 1967). Codes were matched to the categories.

After categorizing and coding, common themes, patterns, and perspectives evolved from the interviews with participants. Patterns and themes emerged and were compared within and between interviews. Data were grouped using a coding grid to identify relationships to the study's purpose. For example, initial codes such as "time as preceptor," "time to teach" "education" "time to reflect" were collapsed into the category "Experience" which eventually was a category under the theme "Attributes and Qualifications Influencing Success as A Preceptor." [See table, Appendix 1]

Results

Participant's demographics were 100% White females between the ages of 25-61 years old. Respondents' years of nursing experience ranged from 2-36 years, and participants had been precepting from 1-20 years. Respondents participated in an in-depth interview where they responded to questions concerning attributes and qualifications of nurse preceptors. These questions included: What knowledge and education do you wish you had as

a preceptor?" What essential qualification do you feel preceptors need to be preceptors?" Participants identified attributes and qualifications they believed were needed to be a successful preceptor. Attributes are qualities inherent to the individual such as patience or kindness. Qualifications are skills or standards such as providing knowledge to preceptees. There were four attributes or qualifications including: sense of honor, professionalism, self-efficacy and the ability to learn. The "sense of honor" category included aspects of interviews that spoke of validation and recognition of expertise as a nurse. The professionalism category included the sub-categories of role modeling, supporting the preceptee, knowledge sharing, keeping current, patience, and being non-judgmental and fair. The third category was self-efficacy, which was created from smaller categories including confidence, competence, understanding, and pride. Self-efficacy is defined as people's beliefs about their capabilities to produce specific levels of performance that affect events in their lives (Bandura, 1994). This is expressed through individuals' beliefs about their competence, their ability to understand, and their general confidence. In this study, four respondents initially demonstrated high self-efficacy regarding their ability to precept whereas others grew in their abilities and gained confidence after a period of adjustment. The next category was Experience. Each category will be discussed.

Sense of Honor

Supervisors asked fourteen of the 19 participants to precept and 12 participants stated that they considered it an honor to be asked to be a preceptor. Kelly's response was typical:

> My boss at the time was Mary and she had come to me and said, 'I really want you to start training some of the new people.' And I think that was about my second year of nursing. I was really excited about it. I really enjoyed it and took it as a compliment that she saw in me the ability to do it and I took it seriously. I was basically told, "Just train somebody like you are and how you would like someone to care of you. We expect you to be able to make sure this person is well trained before she gets out on the floor."

Some participants were initially less enthusiastic about precepting because they lacked self-confidence in their abilities. In addition, they were occasionally not informed that they would be precepting in advance. Once participants gained confidence in their abilities, they enjoyed the preceptor role. Stephanie reflected:

> Honestly, it wasn't something I was asked to do. I was just kind of said to one day, "You're going to be training such and such," and I started training. … I don't know whatever made me feel qualified to be a preceptor. I guess it's because my boss saw me as a good nurse.

Despite recommendations from her charge nurses and manager, Debra didn't want to be a preceptor. She did not want new nurses to suffer because she wasn't prepared.

I didn't have my stuff together, I wasn't organized. I'm not capable to teach others. Pam did not feel comfortable being a preceptor. Like many preceptors in the study she was not sure she had what was needed to do the job.

I was a little nervous. I wasn't to make sure they learned the right thing.

Professionalism

In addition to having a sense of honor, professionalism was another quality respondents mentioned. This category included behaviors such as role modeling, supporting the preceptee, knowledge sharing, keeping current, patience, and being non-judgmental and fair.

Role modeling. Role-modeling was considered a part of professionalism. Themes included using correct procedures and doing the correct thing themselves. Nickie stated,

> "You definitely have to have nurses you can count on to do the right training and train the girls the right way." Stephanie wanted others to take role modeling seriously.
>
> "Yeah, you have to be a good role model for these people because if you're not and they get into bad habits, you almost have to blame yourself sometimes."

Supporting the preceptee. In addition to role modeling, participants believed successful preceptors supported preceptees. Themes included creating a welcoming environment for new nurses, being a network of support, and sharing knowledge. Nine preceptors did not want to see "eye rolling" or hear negative comments about new preceptees. Several respondents remembered the negative reactions they received from preceptors when they were new nurses. They wanted to create a better environment for new nurses than they were shown.

> Lisa remembered, "I was standing in the back of their report room and they were complaining that they had an orientee that day. Me. And that just made the whole orientation on that unit horrible." Lisa promised never to do that to a new nurse.

In addition to helping preceptees, many of the participants wished that other preceptors would help *new preceptors* learn to precept. Debra said that preceptors need to professional and remember the needs of the preceptee. She said:

> Sometimes I wish you could tell people (preceptors) to shut up. The new person is trying to facilitate all this information.

Rose has had several years' experience as a preceptor but worried that some nurses are allowed to be preceptors who shouldn't be allowed. She stated:

> Some preceptors belittle you in front of others. Don't do that to people.

Thirteen participants indicated that knowledge sharing is essential for preceptees to gain the insight needed to successfully care for patients. Knowledge sharing occurred when preceptors used stories, events or past experiences to illustrate proper care. The purpose of knowledge sharing is to provide preceptees with information in order to prevent errors or breaks in the chain of care. Chris's comment showed how positive interactions with *her* preceptors influenced her and how humor helped the learning process:

> I'm taking my knowledge and sharing it with somebody else who is just learning. The [preceptors] that had humor; they brought humor into it to make it fun. They brought you off to the side to talk about issues. Even if it was little teaching things, little changes in your technique. To bring you off privately and tell you this way or that way, but made it fun.

Keeping current. In order to share knowledge, respondents believed that keeping current was essential. Nine preceptors remained up-to-date on nursing issues by reading journals, going to seminars, taking classes, and networking with other preceptors. Failure to stay abreast of new technological developments and medical information was not acceptable to the participants, but they understood that decreasing financial support from their workplace made it difficult for preceptors to remain current on all issues. Chris wanted preceptors to:

> Have experience and be able to teach the right way, not maybe how they were taught. But let's teach them the right way, even if that means you have to read articles, research, look at evidence. So maybe you have to spend a little more time but that's the kind of preceptor I would like. It's good to teach the right way to do things you've learned over the years.

Patience. In addition to keeping current, patience was an attribute participants mentioned that was needed to be a successful preceptor. All of the preceptors expressed how as preceptees, they learned from people who took time and were patient with them. Kelly stated:

> "…a preceptor that taught me… it was her patience and her kindness and her real desire to teach me. What I think is missing from some of them is patience and they're too quick to judge. I don't think that's what our role is supposed to be." Sue added that she "scared to death" and it was her preceptor's patient personality that made a difference for her.

Non-judgmental and fair. In addition to patience, being non-judgmental and fair were attributes preceptors should possess according to study participants. Effective but fair judgment about others signaled professionalism to Kelly. She believed everyone should try to do their best. She did not want preceptors to be too quick to judge new employees. She stated, "[Some preceptors] are too quick to judge. I don't think that's what our role is supposed to be." Kathy considered a nonjudgmental attitude vital for successful relationships with preceptees. She did not expect preceptees to be perfect "right off the bat" instead; she wanted preceptors out there (precepting) who did the best they could.

Self-Efficacy

Self-efficacy was a vital quality to have as a preceptor. Rachael, who had precepted 29 of the 30 years she was a nurse, showed that she was immediately confident in her abilities to precept. She stated:

> I was pretty confident. I had grown up in the hospital and growing up in the different areas of the hospital and being diverse…I do a lot of studying on my own to keep abreast…I also knew that if I didn't know something, I was the first one to ask, too.

In contrast, most preceptors were anxious initially and lacked confidence and self-efficacy. However, they became more confident over time. Sandy took a preceptor class before becoming an "official preceptor" but stated, "Initially it was pretty nerve wracking because I have never done anything like that in my training or anything." She admitted that she had trouble maintaining her routine while teaching someone else. She believed her day "was never going to end." Once she had experience as a preceptor, she really liked it. Sandy noted there are still days when it is difficult to get on track because of the responsibilities with preceptees, but her skills and time as a preceptor have helped her be more confident.

Preceptor preparation programs are available at seminars, online and for organizations to purchase, but are not are required prior to precepting. Many organizations offer no opportunity to receive training. Twelve of the 19 participants did not receive formal preceptor education prior to precepting and this appeared to influence their self-efficacy in the role. Debra's comment was representative of others:

> I didn't feel like I knew enough to be a good preceptor. I didn't feel comfortable. I still get rattled in my own day, juggling my own mess of patients and how could I find time to help somebody else find that balance when I didn't have it? So I think that's what took so long [to become confident as a preceptor]. I was scared to precept because I didn't feel like I had a good grasp on our policies and everything.

Ability to Learn

Few studies on preceptors' attributes and qualifications explicitly uncovered the importance of learning in the process although it was an attribute that was integral to becoming a successful preceptor. Participants explicitly mentioned or inferred that various kinds of learning occurred in their development as a preceptor. Respondents mentioned learning from experience, learning from reflection, and observational learning.

Learning from experience. Having a variety of nursing experiences prior to precepting was imperative to be a successful preceptor. Debra indicated that exposure to a variety of difficult patient situations, length of time as a nurse, and organization of the workday duties were important. She talked about what she believed qualified nurses to be good preceptors:

> But I think you are qualified if you've been a nurse for many years and been able to handle and seen a lot of things and been in a lot of situations and you've been able to put things together. You have your own act together.

Participants reported that their preceptor skills improved with experiences as a nurse and as a preceptor. These experiences increased their confidence learning how to deal with a variety of personalities and anxieties helped the preceptors grow in their roles as preceptors and nurses.

Learning from reflection. Reflection is an aspect of many types of learning including experiential learning (Kolb, 1984). Primarily, nurse preceptors used reflection-on-action (Schön, 1983; e.g., reflecting on previous captions) to teach and learn. Rachael encouraged her preceptees to critically reflect on issues. She noted, "[I] ask them the whys and the hows and get down to more specifics of what's going on with the patient. You have to keep digging and digging and occasionally you'll get one with a million questions."

Second, respondents reflected on their own experiences such as how they interacted with preceptees to learn how to become a better preceptor. For example, when Debra saw the reaction of a preceptee whom she had criticized, she re-thought her comments and actions to see if they seemed "too harsh." Likewise, Sandy remembered that she had expected her preceptee to work in the same manner as Sandy. After Sandy reflected on her initial response to her preceptee, she stopped herself and told the preceptee that it was okay to do things differently than she did.

Observational learning. Observational learning is learning from watching others (Bandura, 1977). Bandura states that there are four steps to the observational learning process including attention, retention, reproduction and motivation (Bandura, 1977). Participants engaged in observational learning as preceptees and remembered these observations years later. Many study participants recalled positive nursing experiences as preceptees. Rachael's response was representative of others who remembered positive nursing experiences. Rachael recalled,

> "She taught me so much and really developed my self-esteem at that time because I was so scared to death. If she wouldn't have helped me and taught me, I would be nowhere today. She was fantastic."

Rachael brought that same care to her precepting in order to develop her preceptees. In contrast Rose observed negative qualities in some preceptors and thought:

> I don't want to be like that… know-it-all and belittling in front of a patient. And you walked out and thought, I hope I'm not on my own tomorrow because if I have this patient, they are going to think I'm really…you know ... Don't do that people! I would never humiliate someone. Never!

In summary, a sense of honor, professionalism, self-efficacy and the ability to learn were qualities preceptors deemed necessary for success. Perhaps, most interesting, was the preceptors' reflection on their preceptee experiences to guide their current practice as preceptors. A discussion of the results follows.

Discussion, Conclusions, and Implications

This section includes conclusions and implications of the research. The sincerity and commitment of the respondents made the results meaningful, and eye opening for me. In many cases, the results of this study reflected some of the results from other studies of nursing students or nursing instructors' experiences with preceptors, but the voice of the preceptor discussing her own perspective in this study was unique and informative. The results were in-depth and authentic of the preceptors themselves who precept. The conclusions include confirmation of attributes and qualifications, the influence of prior learning of present instruction, and the importance of emotions in learning. Implications for practice will also be addressed.

Often the participants of this study were anxious and fearful when they began precepting. With time they grew into the role; precepting became very important to them. They believed that they made a difference. The preceptors felt valuable and needed, but also all expressed the importance of what they did to the future of nursing, and the positive outcomes that can come with a successful orientation. As the preceptors learned about their responsibilities and actions they found that they cared not only about preceptees but about

how future preceptors did their job. Success of new preceptors and new nurses became very personal. It was obvious that the preceptors were greatly involved with assisting new preceptors as well as supporting new nurses.

Confirmation of Attributes and Qualifications

The respondents emphasized the importance of identifying what attributes and qualifications would make better preceptors. They looked at their own past experiences as new nurses to help them envision the possibilities for their own role. How the respondents were treated by their preceptor provided insight on how to treat others as well as how not to act as preceptors. Not every nurse should be a preceptor according to the respondents. Kelly warned that preceptors who are rude or impatient can harm a new nurse. For most of the participants, a positive attitude and kind behavior were essential attributes for a preceptor. Careful selection of nurses with these and other attributes was considered vital for the role of preceptor. Opportunity to learn and practice these attributes and behaviors would make a difference in the development of competent and professional preceptors as well. The respondents noted that it was better to have these skills, attributes, and qualifications before becoming a preceptor, but continuing education opportunities could help preceptors become better prepared. Many of the attributes and qualifications mentioned in previous articles were confirmed in this study's findings. Findings in this study confirmed others that showed that being asked to be a preceptor led to feelings of increased self-esteem (Usher, Nolan, Reser, Owen, & Tollefson, 1999) and participants felt flattered and rewarded when asked to precept (Stevenson et al., 1995). Some participants equated being asked to precept as a validation of their skills. Those less inclined to want to precept were afraid they did not possess the skills or feel prepared to take on the role but when they gained more confidence they found they enjoyed the role. Some participants were not asked, but instead assigned to precept when they came to work. Perhaps, had these nurses been trained or informed they would be precepting; their anxiety about the role would have decreased.

Likewise, study results confirmed others that suggested that role modeling (Yonge et al., 2013) was an important attribute. This finding supports Keahey (2008) who noted that rural hospitals have a greater challenge in recruiting and keeping nurses due to lower salaries and housing issues. Nurse preceptors who are good role models can help preceptees transition to the role of nurse. The preceptor cares about and encourages preceptee socialization. When relationships are built and supported, the preceptee is more likely to continue employment at the hospital (Keahey, 2008).

In addition, supporting the preceptee, (Zilembo & Monterosso, 2008), knowledge sharing, the ability to keep current, and receiving support from other preceptors were important attributes or qualifications for the preceptor to possess (Kaviani & Stillwell, 2000). Support was defined as creating a hospitable environment for learning as evidenced by participants remembering their bad experiences as new nurses and feeling unwelcome and not wanting to repeat that with their charges. Ockerby et al. (2009) reported preceptors' empathy for preceptees came from their own experiences as preceptees. The personal qualities of patience and being non-judgmental were also uncovered in this study. Being non-judgmental was a quality not explicitly widely mentioned in the preceptor literature but patience was discussed by previous researchers (Bartz & Srsic-Stoehr, 1994; Stevenson et al., 1995).

Whereas much of the preceptor literature addressed the need for preceptors to be accountable, patient, and respectful, there was very little that suggested how to instill these qualities in nurse preceptors. Participants suggested that preceptors be carefully chosen and provided with information on how to do the job and how to be accountable to preceptees.

In addition to qualities of professionalism being confirmed by this study, findings from this study confirmed research that noted that 50% of preceptors reported they learned to precept by having a variety of experiences as a preceptor over time (Yonge et al., 2008). All 19 participants in the current study believed that experience as a preceptor contributed to their skill, confidence, efficacy and knowledge. Confident preceptors were those who had been precepting for several years. Many noted that time spent as preceptors and the many years as nurses provided them with the knowledge to precept others. Some discussed how insecure and unsure they were about their nursing skills when they first precepted. Participants' experiences as nurses and preceptors represented a maturation of self and their skills as nurses. In addition, like Smedley, Morey, and Race's (2010) participants, respondents in this study found that experience and education improved self-efficacy, knowledge, and other important preceptor skills. These findings confirm research that has shown that education that focuses on the tenets of self-efficacy (e.g. mastery experiences which are individuals' personal experiences with success or failure (Bandura, 1997) increases self-efficacy in preceptors and improves their satisfaction (Larsen & Zahner, 2011). It was evident that nurses must be given the right knowledge and skills as they precept so that they will be satisfied and willing to improve and continue to be preceptors (Larsen & Zahner, 2011).

Ability to Learn: Integral to Success as a Preceptor

Learning was integral to success as a preceptor. One respondent noted she was always learning. She had been a preceptor for many years and still felt she had a lot to learn. Most of the respondents agreed. It was not just learning about new equipment and nursing methods; it was about learning how to better meet the needs of the preceptee and how to do a better job as a preceptor. One respondent was surprised that the manager respected her knowledge and skills, and her willingness to do more in her job. She thought continuing to learn was just a part of the job. Eighteen respondents believed that learning was integral to positive outcome in training new nurses. They discussed how they sought learning through journals, or seminars, or when networking because there was little opportunity for learning through work-based programs. They discussed how the lack of administrative support, money, and time made it much more difficult to obtain the knowledge that was up-to-date and meaningful for them. The ability to learn is an attribute that is often less investigated in the nurse preceptor literature. My findings revealed that nurses learned from experience confirming a previous study (Rippy & Baker, 2003). Preceptor skills are often learned by trial and error (Yonge, Hagler, Cox, & Drefs, 2008). Additionally, Zepke and Leach (2006) described a pedagogic model where learners learn when they (a) have experiences within their environment, (b) are supported with sources for knowledge, and (c) where their learning is valued and used. The participants in this study believed they learned best when they were given opportunities to learn and reflect while being supported by the organization.

In addition to learning from experience, participants learned from reflection on their experiences. Schön (1983) discusses *reflection-on-action* and *reflection-in-action.* Reflection-on-action connotes a retrospective examination of past experiences to learn from them. This is the type of reflection reported by participants in this study. For example, participants reflected on how they were treated by preceptors when they were new nurses and the participants incorporated the learning from those experiences into their practices as preceptors. Reflection-in-action means that individuals learn in the moment (Schön, 1983). This is also called situated cognition (Hansman, 2001). It is possible that preceptors also engaged in reflection-in-action given the practice-based nature of precepting, but it was not reported in the findings.

Reflection on past observational learning. Events from past nursing and preceptor experiences were a unique influence on how preceptors evolved. Many participants recalled positive experiences as preceptees. Several described their preceptor as a person from whom they learned the most. Participants tried to incorporate many of their former preceptor's attributes and behaviors from when they were precepted into their own preceptor experiences. This study confirmed research that showed that the preceptors' empathy for preceptees came from their own experiences as preceptees (Ockerby, Newton, Cross, & Jolly, 2009). Whether it was a treatment or experience from a few days before, or something that happened over ten years prior, many preceptors reflected on that information and insight to plan an orientation for the new nurse. One preceptor talked about a mistake she made with a preceptee. She was harsh and demanding when an error was made. The preceptee seemed to shut down and become fearful and defensive. Later, after thinking about the event and reviewing what would have been helpful for the preceptee, she (preceptor) identified better ways to talk with and support the new nurse. She will never react too quickly again. Her reflection provided insight that allowed her to develop keen preceptor skills that would support training efficiently, effectively, and emotionally.

Previous research did not explicitly address the influence of prior learning on present or future learning or teaching events. This occurred when the participants clearly expressed that their preceptee experiences informed the preceptors they became. Whereas learning the difficult and serious job of nursing, the participants observed the leadership behaviors and attributes of their preceptors. This learning occurred second to their primary learning experiences as new nurses, yet was retained until the participants were themselves asked to precept. For some of the participants, that process occurred several years later. Reflection on previous observational learning was vital in sculpting their perception of the ideal preceptor.

The beginning of a nurse's career can be daunting. Not only are they learning a new job, but patients' lives are in their hands. These factors can be very intimidating and frightening for many new nurses. Study participants believed that what they learned when they started their first job is never forgotten. Along with learning the skills needed to be a good practitioner, nurses also began learning about the role of preceptor when they were preceptees. Were they welcomed in the unit, ignored, encouraged, or belittled? These memories were never forgotten. Their relationships with their first preceptors influenced how they evolved and how they taught other nurses.

Role of Emotion in Precepting/Teaching/Learning

Every respondent expressed strong emotion during interviews. Excited, sad, afraid, and hopeful; all types of emotions were expressed during the interviews with the participants. Some respondents cried when discussing how important being a preceptor was to them. One noted that making a difference in someone's life made her feel very happy. Watching preceptees succeed filled several of the respondents with a sense of accomplishment and pride. They could have impact in someone else's success and career. The role of emotions in the preceptor/preceptee relationship and the teaching/learning process was evident. Preceptors recognized that how they treated the preceptee affected the preceptee as well as the nursing unit. Others would emulate them. They expressed a sense of pride, excitement, and anticipation when assigned a preceptee. Preceptors recognized how afraid preceptees were and remembered their fear as preceptees confirming research that showed that preceptors had empathy because of their previous experiences (Ockerby et al., 2009). Likewise, some preceptors expressed fear at assuming the role of preceptor because they lacked confidence.

The role of emotion in the precepting process cannot be underestimated. Indeed, the role of emotion in adult learning and adult education (which includes nursing education), has been a topic of interest for some time. Dirkx (2008) notes that learners come into learning environments with a history of learning experiences some of which might have been painful or humiliating. It is clear from the results of this study that preceptors remembered both positive and negative experiences when *they* were new nurses assigned to a preceptor and these prior emotional experiences informed their current practice. One respondent remarked that she would never be like the preceptor that trained her. She would be sure to be positive, and patient, and kind. Her experience as a new nurse was 'awful" and she has never forgotten. Another preceptor hopes to someday be as good as her preceptor was when she started. She remembers the knowledge and support that she experienced; it makes her so glad that she had the opportunity to learn from such a good nurse.

Proudman (1992) recognized the role of emotion in experiential learning. He stated that experiential learning was emotionally engaged learning. Understanding the emotional response to learning was significant in determining how the participants in this study developed as preceptors. Preceptee experiences with preceptors informed their future evolution as preceptors.

Last, it appears rural nurse preceptors value the same qualities in successful nurse preceptors as previous research suggests. However, it is helpful to know these qualities apply to rural nurse preceptors as well as others. So, although the duties of nurses may be someone more generalist in nature for rural nurses compared to their urban counterparts (Newhouse, 2005), perceptions of fundamental attributes and qualifications of successful preceptors are similar. Since many of these qualities are generally characteristics of good teachers, perhaps this result is not surprising. Last, a limitation of the literature concerning preceptors' qualities and roles is that the location of nurses' employment (e.g. whether it is in an urban or rural setting) is often not explicitly stated. Hence, it is possible that rural nurses' experiences have been reflected, but not identified as such, in previous studies.

Implications

The findings from this study augment literature on the benefits of observational learning and role modeling by suggesting that previous observational learning and role modeling experiences play a role in future learning events. The nurse preceptors who remembered the behaviors, attitudes, and actions of the nurses who initially precepted them as new nurses reported these findings. The participants' nursing experiences with their first nurse preceptor not only taught them how to be effective nurses but created an image of the nurse preceptor role. The participants remembered observation and used it to form a mental model of nurse preceptors. The evolution of the participants as nurse preceptors perhaps began with experiences as preceptees.

The findings also have practical implications. (1) Preceptors should be aware of the role of emotion in the preceptor/preceptee relationship as well as the teaching/learning interaction. Preceptors should welcome preceptees and create a positive learning environment. Kathy believes it is important to support new people. She tells new nurses:

> It's just like riding a bike…you just get back in and do it.

Lisa remembers her first days as a preceptee. She knows that not everyone welcomes new people. She sensed that she was not wanted. Lisa stated that on that first day she thought:

> You know what? I can understand that you don't want to orient, not everybody does. But I can't help it. It wasn't my choice.

Being non-judgmental and patient helps preceptees relax and learn. Humor is also an important element in precepting. (2) Reflection is an important part of learning and preceptors and preceptees should be encouraged to reflect on their experiences in order to grow in their respective roles. Exercises that promote critical reflection should be integrated into preceptor training. (3) Keeping current with nursing field developments is important to nurse preceptors, yet the research shows that preceptors value the new knowledge *preceptees* bring with them. Funding for preceptors continuing education and development is vital. (4) As has been suggested by previous scholars *new preceptors* need the guidance of seasoned preceptors (Öhrling & Hallberg, 2001). Opportunities for new and seasoned preceptors to communicate with each other are important either online or in person. (5) Education for new preceptors is imperative so their self-efficacy increases and they have the confidence to precept.

Limitations of this study include the following: (1) not all departments that utilize nurse preceptors were represented in this study. Preceptors from the obstetrics, medical, surgical, ER, and day surgery were represented; however, nurse preceptors can be found in all nursing departments. (2) Although four rural hospitals were represented in this study, preceptors were not evenly distributed between each hospital. One hospital provided more participants because I (Renee Rebholz) have a relationship with that hospital and access to more preceptors. (3) All participants were White women. (4) The participants' ages were broadly representative, with participants ranging from early 20's to 60 years of age. However, the majority of participants were older than 40 years of age. This age grouping may influence the perceptions of the participants in relationship to their preceptor experiences. Similar limitations in this study can be assigned to years as a nurse and years precepting. Whereas the experiences as nurses and preceptors spanned from 2 years to almost 40 years, the majority of participants had been nurses for many years and preceptors for several years as well.

Given the results of this study, future research could be done in the following areas. (1) self-efficacy regarding precepting was an issue for participants. Examining the self-efficacy of male preceptors would be a good addition to the literature. (2) The role of emotion in the preceptor/preceptee relationship and the teaching/learning transaction was uncovered in this study. However, a more nuanced study on the importance of emotion in these areas would expand the literature on emotions in learning and add depth to the preceptor literature. Given the role of emotions in the teaching/learning process, perhaps it would be wise to acknowledge this aspect of the teaching/learning process in preceptor preparation workshops. (3), a deeper exploration of how nurse preceptors learn how to precept would add depth to nursing literature as much of this literature is not framed using adult learning theory. (4) Taking a more critical feminist approach to the area of nurse precepting might expand the literature on the challenges nurse preceptors face. Scholars repeatedly note that the tangible rewards for precepting are minimal (Yonge, Krahn, Trojan, & Wilson, 1995) and adequate support for precepting including a reduced patient load and preceptor education are sometimes lacking. This continued expectation that nurse preceptors continue to receive few tangible rewards and sometimes a lack of support for their efforts begs further investigation. What larger systemic issues are at play?

In summary, successful nurse preceptors possess skills and qualities that promote student-centered instruction and mentoring. Preceptors' mentoring and instruction is informed by emotional memories of how they were precepted. Nurse preceptors themselves would benefit from peer mentoring and education in their role as preceptor and their continued success is imperative for nurse retention.

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Appendix A

Table 1. Coding Grid

Research questions:	How do nursing preceptors evolve in their work?	2. How do nursing preceptors develop their understanding, practice and competence as a preceptor?	3. What educational opportunities do the nursing preceptors feel would help them develop as nursing preceptors?
Categories/Codes:	Relationship to research questions		
Personal Characteristics☞ Codes per question 1. Skilled nurse Willingness Positive attitude 2. Critical thinker Positive attitude Professional Role model Knowledge share Approachable 3. Be able to push preceptor Confidence Patience	Age makes a difference Selected because I'm a good nurse Willing to be a preceptor grew up in a hospital-very confident Desire to be preceptor Willingness to teach and learn Pride Honest Need to be strong Be a guide Likable Good judgment of different aspects of the nursing role Willing to learn Life experiences and smarts Teach the right way not necessarily the way you were taught Positive upbeat disposition Comfortable Even tempered	No expectations Positive Upbeat Humor Good rapport Support new people Teach critical thinking See problems others don't see Trustworthiness Encouragement Confidence Not degrading Organization Easy to talk to Know the routine Get comfortable Good role model Confidence Humor Professionalism Calm Air of authority Strong tell them "it's alright" Share knowledge Some sit and let the new person be on their own Outgoing Good at what they do Compassionate Learn that its okay to make a mistake Positive Doing precepting or the pt and the organization not for selfish reasons	Class needed about type of "thinker" they are Everything Push preceptor to do /try more Confidence Patience

<table>
<tr>
<td>Education
1
Expected to be a preceptor

No training
Class offered yearly

2 Experience
Class on adult earning, role and how to be preceptor
Continued education
Guidelines/binder
No education/class
Standards and policy
Critical thinking

3Education
Evidence based education
Basic education
Classes needed
Review classes
Organization
Time management
Management skills
Resources
How to handle behavior issues
Not everyone should be a preceptor
Degrees
Understanding human behavior
Stress
Communication skills
Respect
Teamwork
Skills review
Know the background of the preceptor</td>
<td>None
Should not be preceptor until experienced
Told I was to train a nurse
Didn’t need training because I know my job
Absolutely no training
Have class every year
No initial training
Told to teach them and report their strengths and weaknesses
Look things up
Didn’t get class or training until several yrs after being a nurse- boss offered it to me
Originally there was no education- it wasn’t formal- 10 yrs ago they created a class and a binder for the new nurse
Class helps- seeing others perspectives
Just got assigned to new people
Charge nurse used to be the preceptor</td>
<td>Experience
Skills
Class is good
Initial class
Continuing education very important – makes you a better nurse
I push education
Read journals to keep abreast
Basic knowledge
Will pay for it myself
Learned along with the preceptee
Asked by manager to be a preceptor and offered a class
Brainstorming and problem solving class
have guidelines after taking class but not before
Went to OSF for 1 day class then online after that- talked about stories and answered questions
Guidelines help- break each day into certain things to cover with preceptee
Preceptors need at least 2 yrs experience and then a course
I took a class and learned how to put myself in the teaching role, and how everyone is different and how everyone’s learning abilities are different
By making mistakes
Preceptor education would have made the transition easier to teaching others
formal training is missing should be education from the surgeons
taking classes don’t say you’re going to be a good preceptor
go to seminars and classes- pay for it yourself if you have to
first class taught patience, kindness how not to scare them (preceptee)
feedback and paperwork

Experience is everything
Doing it a lot</td>
<td>Evidence based knowledge
Adult theory
Internship
General theory adult learning, personality, culture
Need formal training
Skill review classes
Some education should come from our surgeons
Technology
Update on pathophysiology
Our program makes sure we have the resources we need
Learn new things
Organization
How to care for patients
Talk to doctors
Work well with coworkers
Refresh class
Role playing
Need guidelines
Have trouble critiquing others
General knowledge
How to handle eye rollers
How to keep control of situation and de-stress
Be advocate for preceptee
Keep up to date know new things- new surgical procedures
Bachelors and masters degree
Different theories and consulting- how to do other things
Classes should include theory, how people think and learn. What are our strengths & weaknesses?
Self reflection
We have a program- preceptors volunteer for it-if it takes off- really one or two people should be preceptors not everyone
Class on normal human behavior (people are sicker now and not so grateful)
How to relieve stress
Understanding personalities of sick people</td>
</tr>
</table>

		Observation Knowing policy and politics Go about doing my job and showing the new person how Follow standards of care and policy Hands on not just from a book Costs are prohibitive	Need to know how to talk to people Education on what people's views as preceptors are, checkpoints- you should be doing this or that Management and time study stuff How to critique How to build their self confidence How to handle the difficult new person How to deal with someone who thinks they know it all I like computer training Unit specific training Communication skills, patience, common sense- have it and teach it. How to fill out preceptee paperwork and hand off the preceptee Management skills and organizational skills Ask floor nurses what is being overlooked in orientation, review of essential policies Test- real tests not group answers Teach humor Classes with cues would be great Teach the respect of everyone working together not to say that's not my job respect aides organization of the day and time how to deal with change- daily – little changes not necessarily big ones would like a session with preceptors from other hospitals to see what they do unaware of resources at work (educational $) how others do the job of preceptor
Behavior☞ Codes per question 1	Patience Assist new nurses Taught me knowledge	Organized No complaining Talk to preceptee in	Read articles Self reflection Coping skills

Patience Personality Respect Tone 2 No complaining Private conversations Teaching critical thinking Balance Vriety of preceptor methods Open to ideas 3 Self reflection Coping skills Keep up to date with new information	and respect from physicians Need to act like professionals Patience Patience Patience Personality Handling patients well honest Once I called a new person who had made an error and I wonder if my voice had an edge to it because I was busy and she made an error and the doctor was intimidating to her and me- she left soon after that. Precepting- it was just like an everyday part of life	private Help each other The right person has to do the job Try to get them to think critically Judge others Have to quiz young ones to get answers Don't push too fast Need to push some Find positive about person and then critique Handle load and teach new person- overwhelming Don't hover Confident- know the gist of things, know right from wrong Preceptors should talk about the work and not their personal problems and what they did last night Different preceptors teach different way to do things- this is good- they may not like how I do it Don't be overbearing Remember what it was like for you to start I do what I'm supposed to do- I stay with them Recognize that your way is not the only way Positive	Up to date
Relationships☞	Manager, new person I would have been nowhere without the LPN who taught me Manager had faith in me Manager relied on preceptor Support by manager Good relationship with manager Building relationship with the new people	Manager collaboration Need someone to ask questions to Manager support Preceptor and a Lead preceptor work together Some preceptor preceptee relationships don't work Different generations Openness with new people Ask what preceptee wants from experience Want manager to be supportive- it is added responsibility Having the preceptee come back and thank you makes you want to do it Team is #1	Generational training Preceptor to have some one to talk to about problems- discipline issues, competency- like a lead preceptor How to make them feel comfortable
Meaning, symbols, norms	Concept of preceptor	Doing things right	Strengths and

☞ Codes per question 1. Concept of preceptor Desire Honor/respect Eat young 2. Doing things right Lack support Becoming good Pride 3. Strength & weakness	Respect If someone does not want to be a preceptor- don't force it Honor Don't eat their young Professional	Quality Set good examples Remember some people have no skill with computers Lack of educational support affects morale and appearances Structure and guidelines Its like a circle- they become good and teach others also Pride	weaknesses
Events☞ Codes per question 1. Asked to be a preceptor Volunteered to be a preceptor 2. Clinical ladder Support person Guidelines/tips 3. Formal class 2 hour class Self study Self cost	Asked to be preceptor by manager Increased number of people want to be a preceptor volunteer	Clinical ladder benefit Need a go to person Teach little tricks Guidelines Don't set up new preceptors by telling them which doctor is "good or not"	Formal class 2 hour class Seminars at own cost
Constraints☞ Codes per question 1. Time Support from leadership Skills knowledge Self efficacy Limited preceptors 2. Time No extra help No money increase in role Handling job and preceptors Knowledge Work harder and longer as preceptor 3. Preparation Tuition assistance Increase in pay	Time Support Knowledge Belief in self Competence Limited choices for preceptors	Time Extra load No extra help Money, increase pay Work harder and longer with preceptee Fall behind(with workload) Young ones don't ask questions Technology Educational budget first to be cut don't have time Time Support by manager Knowledge	Not everyone prepared Lack of or need for Tuition assistance Money increase It would be nice to be compensated for doing it
Consequences☞ Codes per question 1. Someone has to do it Doing things correctly Experiences help Stagnation in role Feedback Making a difference 2. Success for new employees Self blame Generational issues Negative outcome	Somebody has to do it- better the person who will do it right Didn't want to do anything wrong Varied experiences help role of preceptor Can get stagnate in one area too long Have to tell preceptee that they are not doing well Some new people are let	Watching them (preceptee) grow Job always changing Blame self if they (preceptee) has bad habits Doesn't always turn out good This generation is quite needy Learned I don't have to know everything Knowing I did a good job- money would be nice	Classes don't guarantee good preceptors

Don't have to know everything Knowledge of a good job as preceptor 3.	go Knowing I made a difference		
Feeligs☞	Nervous Feel good Scary Enjoy Love it Not knowing what to expect Not afraid Feel comfort level Overwhelmed and frustrated thought I had to know it all nervous initially didn't want to do wrong things or discourage them overwhelming overwhelming I really, really do enjoy it I just think we are important Am I the right person? I was scared to be a preceptor because I didn't feel like I had a good grasp on policies and everything I was uncomfortable, I still get rattled handling pts and a new person Felt good about class- brings you into focus I need to take care of the preceptee- their job is to take care of the pt when I'm training them Overwhelmed as a preceptor I like the idea that people feel they can rely on me. Initially it is nerve racking Proud I like being a preceptor I didn't want to look stupid I felt neat, felt good to be a preceptor I felt like a hot shot Fearless when you're young	Seeing others do good Never get too confident Increased confidence Confident now Nice to hear good things about nursing care I enjoy when they get it I enjoy teaching them and seeing them grow preceptee says thank you new people are smart personal satisfaction they "keep me on my toes" like it joy at "watching my babies grow" physician trust see the nurse become independent and do the right thing I don't know if I am qualified More confident because I know what to do Ask questions Not every nurse should be a preceptor	Hope education will help Don't want to be yelled at or belittled- as a preceptor or preceptee

Appendix B

Figure 1. Process Chart and Theme Development

Author Note

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