Nursing Preceptors and Meaning Making

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Abstract

This exploratory qualitative study was performed in order to identify the potentially transformative learning experiences of nurse preceptors. Semi-structured in depth interviews with nurse preceptors revealed how the experiences of acting as a teacher, trainer, and coach to new nurses bridges the gap between formal education and nursing practice. The lived experiences and the reflections on those experiences were examined in order to identify how the preceptor derived meaning from assisting new nurses into the profession. Such critical reflection revealed how these experiences resulted in new meaning schemes as well as identified some barriers to performing the receptor role.

Nursing Preceptors and Meaning Making

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This exploratory qualitative study was performed in order to identify the potentially transformative learning experiences of nurse preceptors. Semi-structured in depth interviews with nurse preceptors revealed how the experiences of acting as a teacher, trainer, and coach to new nurses bridges the gap between formal education and nursing practice. The lived experiences and the reflections on those experiences were examined in order to identify how the preceptor derived meaning from assisting new nurses into the profession. Such critical reflection revealed how these experiences resulted in new meaning schemes as well as identified some barriers to performing the receptor role. Keywords: Preceptors, Meaning Making, Nursing Education, Semi-Structured Interview

Nurse preceptorship is a short-term relationship between a student as novice and an experienced staff person as the preceptor. The preceptor provides individual attention to the student's learning needs and gives feedback regarding performance, the student's independence in making decisions, setting priorities, managing time, and caring for patients (Billings & Halstead, 2012). The nurse preceptor has been described in the literature as a nurse with a multifunctional role as teacher, counselor, supporter, and role model to new practicing nurses (Bain, 1996; Bott, Mohide, & Lawlor, 2011; Usher, Nolan, Reser, Owens, & Tollefson, 1999). The preceptor role has emerged in various occupations areas as a means to help bridge the gap between formal education and practice.

We explored the lived experiences of nurses who have transitioned to a nurse preceptor role and their meaning making from these experiences. Their growth and challenges in the workplace were explored, as well as their perspectives of preceptorship preparation for the role. Much of the preceptor research has been aimed at improving the effectiveness of the nurse as preceptor (such as Omanski, 2010; Pickins & Fargotstein, 2007; Piemme, Tack, & Evans, 1986), whereas other researchers have explored the transition to practice from the lens of graduate nurses in the preceptorship relationship (Nicol & Young, 2007; Mills & Mullin, 2008). Although some limited research has included clinical nurses' perspectives of their transition to the preceptor role (Alspach, 2008; Duffy, 2009), such research has been incomplete in the examination of how these nurses make meaning from their experiences.

History and Practice of the Preceptorship

Preceptorship can be traced to the apprenticeship model, and it is not unique to nursing as similar models are used in law enforcement, teacher education, architecture, and engineering (Raschick & Maypole, 1998). To transition graduate nurses successfully to the workforce, the preceptorship model was created to acculturate new graduates into the profession and plan

learning experiences for them in the clinical area (Dagle, 2001). The literature points out that the role of preceptor is not merely a mentor (Armitage & Burnard, 1991; McClure & Black, 2013); however, some traditional elements of a mentoring relationship exist in preceptorships, such as the preceptor modeling the "roles, skills, and virtues" of the profession (Mott, 2002, p. 15).

The process of preceptor selection is mixed, with criteria for such selection not being consistent or explicit (Altman, 2006; Mohide et al., 2012; Myrick & Barrett, 1994). The preceptor role demands a unique set of teaching skills and expertise that is mindful of, yet goes beyond clinical expertise and relational skills (Paton, Thompson-Isherwood, & Thirsk, 2009). As one may imagine, not all experienced nurses may make good clinical preceptors. Despite the teaching nature of the preceptor role, teaching competence and experience are often not considered during preceptor selection (Finger & Pape, 2002). Lewis (1986) believed that while preceptor expertise and knowledge are undoubtedly essential to a successful preceptorship relationship, other features such as good communication skills, honesty, organizational ability, and a genuine concern for the preceptee have also been deemed important. Despite all the previously mentioned research, it is unfortunate that in many cases preceptors are chosen solely based on their availability (Lockwood-Rayerson, 2003).

The typical preceptorship dyad runs between 6 and 12 weeks (Sandau & Helm, 2010). Myriad forms of nurse preceptor training programs exist, including face-to-face and online formats. Industry wide standards and universal guidelines, however, are not available for preparing nurses to become preceptors. This vacuum is unfortunate, because preceptors would benefit from standardized guidance to help them perform well in their new role. Letizia and Jennrich (1998) asserted that new preceptors should be introduced to adult learning constructs such as teaching methods, conflict resolution, communication, and performance evaluation in order to be successful as preceptors.

Some researchers have discovered that in the workplace, new graduate nurses have reported dissatisfaction in the preceptorship experience (Casey, Fink, Krugman, & Propst, 2004). As with many new on-the-job training experiences, many stresses and challenges exist for the new nurse. Likewise, nurse preceptors experience stress of a varying nature. These nurses already have their normal work responsibilities, and adding the role of preceptor to that high workload creates a mounting challenge (Hautala, Saylor, & O'Leary-Kelly, 2007; Usher, Nolan Reser, Owens, & Tollefson, 1999).

Transformational Experience

As one may imagine, the experiences of being someone who helps new nurses transition from student to professional may be transformative. These experiences may change how preceptors view themselves and the world. As explained by Baumgartner (2001), "The word "transformation" evokes the notion of profound physical or psychological changes" (p. 15). This transformation experienced by nurses who teach, train, and coach a new generation of nurses is the essence of this research.

Transformative learning is created through interpretations of experience. In 1978 Mezirow described *meaning perspectives* as the structure of cultural assumptions within new experiences that are understood by our past experiences. Such learning is shaped by our frames of reference, our judgments and our feelings that shape our interpretation of experience (Mezirow, 1994).

Nurses often view themselves and their experiences from one particular lens, that of a practitioner (Öhlén & Segesten, 1998). Changing roles from practitioner to practitioner/preceptor may change their meaning perspectives in such a way that they may experience a transformation. Within this current study, nurses described their transitions to the

role of preceptor, they reflected upon their experiences, they provided voice to their construction of new knowledge, and they explained decisions that impacted their practice and their interactions during their preceptorship.

Purpose Statement and Central Research Question

The purpose of this study was to capture the voices of experienced preceptors in order to understand their experiences with transformational learning. Missing from the literature were the voices of preceptors describing the transformative learning that emerged from their preceptor experiences. The central question that drove this research was: How do preceptors describe their transformative learning experiences and the meaning they make from such experiences?

Conceptual Framework:
Transformative Learning and Meaning Making in the Precepting Transition

Three strands of literature are noteworthy for this study – the nature of transformative learning, meaning making, and the role of the preceptor. The following sections highlight the literature on each of these topics.

Transformative Learning Theory

Transitions for workers are common – they may include job promotions, career advancements, lateral transfers, or other changes in work roles. Some of these transitions can be substantial, and the resulting changes in the worker's roles and responsibilities can cause shifts in beliefs and patterns of thinking. In such cases, transformative learning may occur.

As stated above transformation is related to change, a change from one's current state of mind and being to a different one, often a desired one. The literature has stated that as people transition to various new roles, they may construct knowledge by applying their experiences and expertise, and by doing so often create a new work identity (Baumgartner, 2001; Billett & Somerville, 2004). Mezirow (1990, 1991, 2000) described how new experiences may cause adults to question their prior understanding and sense making habits. As professionals move into new positions at work, they may expand on their existing habits and assumptions and as they work in their new roles, they learn the necessary conditions for enacting their new role.

According to Isopahkala-Bouret (2008) such learning involves reflection on declarative and procedural knowledge and further involves critical reflection on premises, reason, and justifications of one's knowledge. Through critical reflection one's perspective on things can change dramatically and permanently (Brookfield, 2004; Mezirow, 1991). Perspective transformation then alters the way people understand themselves and their relationship with others. As a result, one is able to have new priorities and ways of thinking and doing (Isopahkala-Bouret, 2008).

Brookfield (1998) related that experience alone is not enough to affect transformation, one must engage in critical reflection for learning to occur. Fenwick described Mezirow's constructivist perspective on reflection as being simplistic and reductionist (2000). Despite these and other criticisms "transformational learning theory has expanded our understanding of adult learning by explicating the meaning-making process" (Baumgartner, 2001, p. 22). How nurse preceptors exercise this meaning making is at the heart of this study.

Meaning Making

Most individuals draw meaning from their personal and professional experiences. One can view these meanings from understandings of beliefs, social realities and norms, perspectives, and ideologies (Lofland & Lofland, 1996). Meaning making may also be viewed as personal narratives from experiences and the application of these narratives for self-knowledge (McAdams, 1993, 2001; Singer & Salovey, 1993). The essence of meaning making is how people make sense of their experience. Constructivists assume knowing to be an active process of constructing meaning and making sense of experience. Knowledge construction is an adaptive activity requiring interaction with experience (von Glasersfeld, 1995).

The constructivist approach focuses on reflection on experience. As individuals have concrete experiences, in order for learning to occur they must reflect on them and construct new knowledge as a result of these reflections (Fenwick, 2008). Brookfield (1998) emphasized this point clearly, stating that it is naïve to claim that people learn simply because they have certain experiences. For learners to change their meaning schemes (specific beliefs, attitudes, and emotional reactions) and actually derive learning from their experiences, they must engage in critical reflection.

Reflection is a cognitive process (Merriam, Carrarella, & Baumgartner, 2007). Mezirow (1990) explained that reflection may be understood as an appraisal of how we think, feel, and act. According to Brookfield (1998, 2004) reflection is not necessarily critical, one may reflect upon past experiences focusing on the mechanics of those experiences, understanding the how but not the why. Being critically reflective is understanding and clarifying power dynamics that exist in our practice as well as uncovering our assumptions about our experiences (Brookfield, 1998). Oftentimes people become motivated to engage in critical reflection due to "something that has gone wrong in practice" (p. 140). This current research will unearth such things gone wrong and examine how preceptors engaged in critical reflection in order to resolve those dilemmas.

The Role of the Preceptor

The dynamics of experienced nurses who serve in preceptor roles are key to this study. These professionals are in the role for certain periods of time and much of their work is made up of task oriented goals for the new nurse (Gordon, 2004). The experienced nurse teaches, instructs, supervises, and is intended to serve as a role model for a student or graduate nurse (Usher, Nolan, Reser, Owens, & Tollefson, 1999).

Preceptors support, facilitate, and evaluate learning and acquire teaching skills and practice wisdom by deciphering what works. Their expertise is understood as intuitive, cumulative, and reliable and, it features the wisdom gained through professional experiences (Paton & Binding, 2009). Preceptors become an integral resource for the health care system by maintaining high quality control over the types of nurses that work in hospitals, the skills these new nurses develop, and the amount of professional experience that is passed on to them (Yonge et al., 2003).

Gray and Smith (2000) examined the attributes and attitudes of preceptors. They conducted a four year-long longitudinal qualitative study of eight nursing students and their perspectives of effective preceptors. Students described good preceptors as approachable, confident in their skills, professional, organized, caring, and friendly. The attitude of the preceptor was considered to be crucial to the success of a preceptorship. When students felt comfortable with their preceptor, they had positive experiences in learning.

Seldomridge and Walsh (2006) affirmed "the readiness and ability of preceptors to fulfill the demands of their role is influenced by the quality of orientation and the nature of

ongoing support" (p. 172). Despite these observations, preceptors are often not adequately trained for their preceptor role (Kemper, 2007; Smedley & Penny, 2009; Yonge, Ferguson, Myrick, & Haase, 2003). Preparation varies from place to place and in most cases, preceptors learn on the job (Alspach, 2008; Altmann, 2006; Myrick & Yonge, 2004; Yonge et al., 2003). Some health care agencies offer preceptorship training programs to help nurses function as preceptors. Nurses, however, are not required to complete such programs before they are assigned to work as preceptors (Alspach, 2006). Where preceptor programs exist, the average preceptor receives less than 4 hours of preparation (Alspach, 2006; Altmann, 2006).

Researcher Role

Before presenting the methods of this research, a short presentation of the lead author's context is offered in this section. The lead author has been a nurse for over 30 years, with clinical experience in community health, obstetrics, and neo-natal intensive care, and currently serves as a nurse educator at a community college. At the time of her transition from formal education to clinical practice, nurses were chosen to be preceptors because of their clinical experience and expertise, with little concern for ability to facilitate learning. Her experiences with her preceptors were diametrically opposed, one very negative, the other positive and empowering.

She became interested in researching the preceptor role to understand their training (if any) and their experiences in clinics and various hospital settings. She deemed these issues to be important because nurses who are training new nurses need tools and strategies to impart their knowledge and wisdom to these novices. After reviewing the literature and conversing with colleagues she sensed that individuals who were preceptors found meaning and purpose in their roles. Preceptors were learning how to train others while simultaneously discovering things about themselves through their experiences.

Methods

The basic qualitative interpretative method identified themes in the participants' descriptions of their experiences as they transitioned to the preceptor role. The nurses' narratives told the stories of their lived experiences -- the story can be a powerful source of data in qualitative research (Connelly & Clandinin, 1990). A strength of this method is it examines the student-preceptor interaction inside the context of the total experience. Within these narratives themes were revealed regarding the phenomenon being examined.

The processes of interpretation were vital to this study. Denzin and Lincoln (2007, p. 322) explained that "Interpretation is a productive process that sets forth the multiple meanings of an event, object, experience or test. Interpretation is transformational. It illuminates and throws light on experience." Therefore the primary goal of this basic qualitative research study was to uncover and interpret the meanings of nurses transitioning to a preceptor role in the workplace.

Participants

The participants selected were staff, clinical educators, and nurse managers. The particpants were solicited from a number of heathcare providers within a Midwest United States major metropolitan area. All 20 participants were female. The lead author attempted to contact and recruit male subjects, but only female participants responded. Of the twenty participants, 17 were Caucasian, 1 was African-American, and 2 were Asian-American.

Levels of education varied among the participants. Four reported that they held a Master's degree. Thirteen held Bachelor's degrees. Three had an Associate's degree, but each was pursuing a Bachelor's degree at the time of the interview. One of the participants held an educator position in an acute setting. Two of the participants worked in a teaching hospital. Teaching hospitals are considered highly skilled facilities where nurses and doctors train for their professions.

Data Collection

Each semi-structured interview was conducted face-to-face to capture not only the verbal responses of each participant, but non-verbal responses as well. Non-verbal responses such as pauses, sighs, smiles, etc. were noted in a field notebook. These forms of communication were important, as these expressions captured the essence of their thoughts on the experiences and current role as a preceptor. Each interview was audio recorded and best practices for maintaining confidentiality, security of transcripts, etc. were followed. Field notes taken at the time of the interview were added to the type-written transcription and saved on the margins of each document.

Method of Analysis

The method chosen to analyze the data was category construction (Constas, 1992). The process began with reading the first interview transcript along with the corresponding field notes. This method allowed the lead author to review interview transcripts, make comments, notes, and observations in the margins (also known as *open* or *descriptive coding*; Merriam, 2009). A code can be viewed as a word or phrase that representatively assigns a summation or meaning of a portion of data, especially word or language based data (Saldaña, 2012). The notations or codes were written in the margins to identify relevant words or concepts that would help address the research questions more succinctly. Assigning codes was a way to construct categories. Merriam (2009) stated once categories are formulated, a separate memo should be created to collect field notes that appear similar in nature. Some of the original categories became subcategories. Therefore, several revisions of the original set of subcategories were made.

The next step was to derive a tentative schema of categories or themes of findings. Themes may be referred to as clusters of words that help identify a phenomenon or lived experience (Van Manen, 1990). These were sorted once again and placed into categories. Each unit of data was coded according to that particular theme and was then cut and placed into one of the file folders. Each unit of data was placed in a category, including the original identifying code. After categorizing the data after each interview was completed, I continued to group the open codes into axial coding. According to Corbin and Strauss (2007), axial coding or analytical coding goes beyond descriptive coding, it is a process of grouping open codes. "Analytic coding comes from interpretation and reflection on meaning" (Richards & Richards, 1994, p. 446). For many researchers the terms open and axial coding are associated with grounded theory (Corbin & Strauss, 2007). Although this current research was not a grounded theory study, it was influenced by grounded theory procedures. The construction of categories was highly inductive, beginning with detailed bits or segments of data. This clustering of data created themes or findings.

Trustworthiness of Data

Lincoln and Guba (1985) conceptualized trustworthiness more or less as the sum of dependability, credibility, transferability, and confirmability. Trustworthiness is simply the degree to which we can depend on and trust research findings. The following strategies were used to ensure trustworthiness in the research. First, member checks were conducted to contribute to the accuracy of the data. After the recordings were transcribed, the 20 participants were contacted to review a copy of the transcript of their respective interview. The document was sent to them as an email attachment with a request that they review the transcript for accuracy. They were asked to make comments and validate their narratives. The intent was to ensure that their interviews were not embellished or manipulated. The information participants disclosed is assumed to be trustworthy and an accurate description of their experiences.

Second, two experienced researchers reviewed the research questions, data collection, and analysis. One was an experienced nursing practitioner and adult nursing educator and the other an expert in the field of adult and higher education. This review was done to check accuracy and credibility of the research and data collection process. Third, after collecting the data, I consulted the nursing expert (who was highly skilled in qualitative research) to review the analysis chapter and thoughts on emergent themes. This review was done to audit my work in progress. Fourth, I kept a journal to organize and collect field notes that allowed me to reference key words or phrases that would support the research.

Discussion of Findings

As participants reflected upon their personal journey of transitioning to the preceptor role, it was a time to process, to analyze, and re-construct their experiences and attempt to learn and understand themselves and their role in their work environment. Stepping into this structured mentoring role was a unique experience for all of the participants. A reflective practice would encourage new teachers to move from specific reflection on incidents and events to a development of understanding through interpretation. These suggestions were relevant to my study, because when participants had the opportunity to reflect in practice (Schön, 1959), they were able to bridge learned knowledge with beliefs and interpretations that would ultimately lead to meaningful learning.

The data suggest a transformation occurred for most of the participants. They were asked to share a critical moment during their preceptorship – a critical moment that may have involved their acquisition of knowledge through preceptor preparation classes or through tacit knowledge working on the job. Through critical reflection, meaning making was exposed and expressions of new ways of knowing and doing evolved.

Influences on Preceptors' Perspectives

What are the meanings and experiences of nurses functioning in the preceptor role? A majority of the participants had very positive experiences with their own preceptors. They believed that they learned best when their preceptors exhibited an attitude that was warm, respectful, unrushed, approachable, and patient. Nineteen of the participants believed that their own preceptors had modeled these attributes.

The interviews encouraged the participants to reflect upon their preceptor experiences and share their observations of other nurses who were actualizing the role. For some of the participants, the interview provided a unique opportunity, with time set aside, to reflect on their experiences. The observations that impacted their practice the most were when they witnessed very negative behaviors and attitudes. They had seen preceptees struggling through the

transition process, and it was very difficult for them to watch these struggles. Most of the participants were very excited at the beginning of their preceptorship, they were challenged, and slightly anxious to learn the role. Over time, they adapted successfully and some participated in new roles such as teaching classes within the hospital.

These participants were organized and had a strong work ethic. Their managers and peers were supportive of the role and its development. Some of the participants shared that they communicated well with their managers and felt their support. Some of the more experienced participants were very capable of training new nurses, yet lacked communication skills because of their language and culture. One participant was very capable in clinical skills and patient care, but lacked the confidence to handle new graduates. It was difficult for her to articulate her experiences, and I came to believe that communication may have been a barrier for her. Being relatively new and having a positive attitude in the workplace environment may also have influenced management to choose the participants for these roles. Diane believed she was chosen for the position because she was the one who observed the unit and nursing practices that violated policies. "I was the person who observed the staff who washed their hands. I was the silent person that would watch people." The managers respected her leadership and her contributions on the unit. Lisa taught prenatal classes. She was always willing to step in and be involved in learning new things.

Emily wanted more than a working relationship with her preceptees. Although preceptorships usually have designated start and stop times, if friendships naturally develop, the working environment benefits as nurses begin to support each other. Many of the participants expressed their love for teaching and learning. They believed that it was important to provide positive experiences because the majority believed that their purpose was to train them well because they felt they had to "start grooming their successors."

Those who had negative preceptorship experiences grew significantly in their practice. For them, these situations affected their preceptor role and attitudes in a positive manner. Julie had the experience where she was precepted by different preceptors. "I felt frustrated through the process of learning because it was so different from nursing school. It was tough with some preceptors transitioning to the floor." Julie would later give input to administration that it was important to be present when teaching someone new. She felt empowered to make decisions and advocate for her preceptees whom she believed deserved a positive learning environment as they adjusted to practice.

Dorothy is a preceptor who had been told by her own preceptor that she was not cut out to be a nurse. Despite this disheartening feedback, she exhibited resilience and grace.

> I will be honest with you. What prepared me for the role had nothing to do with nursing. In my previous job, I had a boss who loved me and I did not feel loved when I first started nursing.

Hearing the voice of someone who was new to the profession and did not feel welcomed was disappointing for me. Dorothy overcame her fears and inadequacy when others noticed her command of the computer. Soon she was recognized for her expertise, respected by the staff, and invited to become a preceptor. Despite her limited "clinical expertise" she displayed attributes that enhanced teaching and learning. The period of transition for Dorothy was extremely stressful, but over time, her meaning perspective changed as she reflected on the incident and chose to refrain from dwelling on the negative and looked forward to the future.

Critical Reflection

According to Criticos (1993), "Effective learning does not follow from a positive experience, but from effective reflection" (p. 162). Reflection is a cognitive process, Brookfield argued that no guide or formula moves people from simple affirmation of past experience to critical reinterpretation and reflection of experience (1998). We can think about our experience -- muse, review, and so on -- but to reflect critically we must also examine the underlying beliefs and assumptions that affect how we make sense of the experience (Merriam et al., 2007).

According to Kumi-Yeboah and James (2012) meaning perspectives operate as perceptual filters that organize the meaning of experiences. "The transformed meaning perspective is the development of a new meaning structure with the consequence to question values and beliefs. The concept of frame of reference is composed of two dimensions: habits of mind and point of view" (p. 4). The most compelling comments from the interview were when participants responded to the question, "What experience impacted you the most in your role?" Their defining moments involved struggles with their preceptees. Diane explained how the struggles of her preceptee led her to question her own skills as a preceptor. She experienced feelings of failure:

> I thought that nurses would know this. I would think for a while, I can't do this because obviously it's me that she's not able to learn from me. I felt like a failure. I felt like there was something I didn't do.

Diane had 19 years of clinical experience and was employed in an acute care setting, serving as preceptor for undergraduate and graduate nurses and other healthcare members. She attended formal classes and was considered a senior staff member and often took on managerial roles. She was confident in clinical practice, yet the above incident had troubled her for years. In time, she realized that she needed to change not only her teaching strategies, but her attitude regarding the teaching/learning process. Mezirow (1991) described the process of perspective transformation as the central process of adult development and meaning perspective. Perspective transformation permits one to deal with a broader range of experience, to be more discriminating, to be more open to other perspectives, and to better integrate our experiences. After experiencing "a disorienting dilemma that sets the process in motion, the learner engages in self-examination that is often accompanied by feelings of fear, anger, guilt or shame" (Mezirow, 2000, p. 22). For Diane, her realization transformed her thinking and would become an experience that would alter how she would train new nurses, evaluate their performance, and compare behaviors to expected competencies.

Lisa shared a time when she was training doctors how to enter their orders on the computer. A seasoned physician got frustrated one day with the training and threw the mouse down and said, "I am not doing this!" Some of the doctors became overwhelmed, and others retired, perhaps fueled by their struggles with the computer system. During periods of transition, emotions and behaviors can greatly influence performance. According to Boychuk-Duchsher (2007) "traumatic adjustments often correlate with lack of experience and confidence; insecurities in communicating; and problems relating to new colleagues, loss of control over and lack of support for the enactment of their professional practice, values, and anticipated role; and physical, emotional, and intellectual exhaustion" (p. 1106). Lisa would later reflect and think how she would handle such encounters if they happened with her preceptees. Staff nurses who accept the position of preceptor find themselves at times overwhelmed by the responsibility of the position. Given their workplace burdens, they have to patiently allow their preceptees to struggle and find their own way.

Jaime shared her story of a preceptee who gave insulin to the wrong patient nearly 30 years ago. She had made the assumption that her preceptee had reviewed the patient's chart and identified the patient. This critical incident was a turning point in her clinical practice. Under her supervision, she faced a critical medication error and the incident changed her perspective of the preceptor role and how she would plan her learning activities with new graduate nurses. She realized that no one was perfect, but if they did not understand something, she would tell them they could always ask. If they had any doubt or if an action could be harmful, they should ask. As she remained in the preceptor role, she would continue to monitor safe practices and instill in her preceptees a spirit of inquiry. "You have to be on top of your game….never let your guard down on the job."

Jill had a similar incident that happened nearly 15 years ago. "We were taking care of a patient in the operating room when she told me to…"

> Open up the Mag [magnesium sulfate]. So I did because I didn't know better and then the Mag was running wide open and she then screamed at me, saying, "No, no, no! I said the Pit [pitocin] and I said, "You said Mag! So I shut off the Mag and she turned on the Pit. In that moment, if there was a question, I didn't hesitate to follow my preceptor because I had confidence that she knew what she was doing and depended upon her to tell me the right thing.

Although this preceding incident occurred when Jill was a preceptee, its profound effect on Jill helped to shape her beliefs about the preceptor role many years later. Preceptors are responsible for monitoring the actions of their preceptees. When they are given complex patients and assume the risk of taking the assignment with a preceptee, the preceptor needs to be ready to make critical decisions. Numerous authors have emphasized the need for the preceptor to be able to think critically and to use appropriate knowledge and judgment in guiding, directing, and supervising the preceptee (Myrick & Yonge, 2004; Speers et al., 2004). The aforementioned event was traumatic for Jill, and as she developed her preceptor role, she would incorporate medication safety as well as making sure that she was not distracted during her preceptorship. Staying focused and alert to the task of medication administration is essential to prevent errors.

Kathy had a preceptee who "just wasn't getting it." The preceptee was asking the same questions, and she felt that she wasn't getting through to her. "I would ask her questions such as, 'If a kid still has a fever after giving Tylenol, what would you do?' She would just stare at me." This preceptee was not new to nursing. She had 20 years of clinical experience and had changed from a medical floor to the emergency room. The doctors soon noticed the new preceptee and developed negative perceptions toward her. Kathy would try to encourage the doctors saying, "Be patient, she'll be amazing." She didn't know how to help her.

This preceding vignette is a good example of why preceptors need opportunities to reflect upon their practice and critique their actions. Something would occur in the workplace that would cause them to question some of their basic assumptions. According to Cranton (2001) educators experience how new ideas and information can affect and unbalance their beliefs, values, and ways of understanding. These factors serve as a disorienting dilemma, a trigger event to stir their self-examination and critical reflection on teaching. Indeed, with time both Diane and Jill began to shift their meaning perspectives and their world changed. Their practice changed. Transition to the preceptor role impacted the way they viewed and performed routines in practice. Reflecting upon their stories allowed them to understand themselves and how they practice.

Feminist Pedagogy and the Construct of Precepting. Feminist pedagogy involves teaching/learning with a number of constructs including reflective practice, moving past

sexism, racism, and other forms of hate, and becoming engaged within communities and social change (Shrewsbury, 1993). Belenky, Clinchy, Goldberger, and Tarule (1986) focused on women's ways of knowing, and their work represented an important investigation into the process of cognitive development. They described cognitive development as dependent on the evolution of identity (self), the interrelationship of the self with others (voice), and the understanding of truth and knowledge (mind) as defined by the self (Belenky, 1997).

According to the U.S. Department of Health and Human Services the nursing profession is pre-dominantly comprised of women with approximately 9% of the nursing workforce being male (2013). All participants of this study were women. As the data were reviewed, an emergent challenge was to employ a lens of feminist pedagogy to look at the participants' epistemological perspectives as they adapted to their new role.

Participants began their journey with an air of excitement and fear. Yet fear was not an emotion that participants outwardly displayed. Their newly assigned role required them to be confident, because they were the experts. As Belenky and associates described the transitions that women experience, I tried to understand how my participants developed meaning in their new role. The first position was silence. According to Goldberg (1997), the perspective of silence was "not a way of knowing but a way of not knowing" (p. 18). Nicole portrayed this perspective,

> …when I was told I was going to teach somebody, I would think, how am I going to do that? But as I did it, I found out that I really did know, because as a preceptee asked me questions, I had an answer for it! If I did not have an answer, I never lied. I would just say, I don't know but I will find out for you.

Some participants based their current knowledge on previous experiences, which they were depending upon for role development. But their expressions of fear and anxiety displayed what women experience, "a fragile sense of self or mind." Their acts of knowing were limited to the present and to actual, concrete, specific behaviors and concepts (Belenky, 1997, pp. 18-19).

Eventually all participants transitioned from what Belenky et al. (1986) described as moving from received knowing (learning from listening to authorities), to subjective knowing (the knower is active and growing and developing a protesting inner voice), to procedural knowing (knowing the procedures, skills and techniques of processing the accuracy of external truth and authority), and finally to constructed knowing (turning back on self-making, the self an object of study, and sense-making) (Belenky et al., 1986). At the constructed knowledge position, participants went through a period of self-reflection and self-analysis. When positioned in a teaching role, several shared their thoughts about what being a preceptor meant to them.

Kathy would often ask her preceptees, "How could I teach better so that you could understand?" I observed during the interviews that humility and service were important components of how these participants envisioned their roles as preceptors.

As Shelly reflected upon the preceptor role, she believed that she came full circle in her career.

> I did not start out with nursing as my career. I wanted to be an elementary school teacher. When I dropped out of the course, I went into nursing. I found myself drawn to new people and wanted to welcome them, I also liked to explain things to them. I kind of realized that I had a gift.

She loves her job and role as a preceptor because others saw that she possessed that gift. When people encouraged her with words of affirmation she felt confident in her role.

Shelly described two different situations that profoundly influenced her as a preceptor. When she was working, she reminded herself of how to set up an IV piggyback. It was important to clamp the tubing before spiking the bag of fluids. Her student had forgotten to do that:

> I had to stand back and let it happen. It was a little thing, but she learned from the incident and I think I learned something that day. As I focus on my everyday clinical practice, I say to myself, "is this clamped?" You just start double and triple checking things. You learn from your own mistakes as well as others.

Another time was when Shelly filled in for the assistant manager position on the unit. The day "made me realize what I had been doing as staff. If I expected things to be done, then I must be accountable for what I am doing."

These realizations are aligned with the literature on critical reflection. Critical reflection helps people to re-evaluate what was learned and encourages them to ponder alternative perspectives regarding teaching and learning. Elder and Paul (1994) explained such a process as the ability of individuals to take charge of their own thinking and develop inner criteria and standards for analyzing and assessing them.

A final example pertains to helping the next wave of nurses prepare for a career of service. Grace looked toward the future and determined that she would avail herself to teaching and learning for the sole purpose of preparing preceptees for a career of service. She explained,

> We have to start grooming our successors right away from the get go….these are going to be your backup as well and you want someone who knows what they are doing, who could help you out and support you. You are not alone. It's important that you work together.

Ways of knowing was an important component to link to the theme of meaning making in this current study. Participants experienced transformation as they transitioned to the preceptor role, and these changes influenced how they eventually saw themselves and others.

The Meaning Making of Preceptors

The meaning-making of the participants was varied, as one would expect based on their different journeys. This section describes the meaning perspectives of participants who transitioned through the preparation period and through months to years of preceptorship experiences. Bridges (2003) believed "this is a time of new understanding, new values and attitudes and where new identities are formed" (p. 58). The concept of ways of knowing helped frame the meaning-making theme as participants developed into their new role. The work of Carper (1978, 1992) and Belenky (1997) gave insight into the cognitive development of individuals.

The participants were asked to reflect upon a meaningful experience as they transitioned into their new role, and in particular, to describe an experience that changed their point of view about the preceptor role. Four of the 20 participants experienced a disorienting dilemma that changed their perspectives on teaching and learning. Debra had been practicing in the preceptor role with much success, however, an unsuccessful preceptorship affected her practice. She found this failure unacceptable and tried to solve the problem on her own. In a similar fashion, Kathy also had an unsuccessful preceptorship and was frustrated by her

inability to help her preceptee. "Maybe it was because I had no formal training. I don't know how to handle these situations. I would call my brother and ask him, what do you do when your kid doesn't get it?"

All of the participants had experienced some conflict or struggle during their preceptorship or with other healthcare members. It was a confusing time for them, but as they critically reflected upon the situation, they had a deeper meaning perspective. They would take these moments to ponder and reflect upon themselves, transforming their attitudes and behaviors and reflecting on how others learn. These revelations influenced their perspectives of teaching and learning.

Nicole captured some of the attitudes of nursing in the workplace. As participants shared their transition to the preceptor role, it became clear that many preceptors had minimal time to prepare for the role and to react in real time to the tasks at hand. Questions about the nature of this type of responsibility and the types of learning it entailed became integrated into the interviews. Nicole would share,

> When a nurse comes in and feels like they have just been beaten up because the preceptor was just reading a newspaper while the preceptee ran around and did all the work….any monkey can do the work…but you have to know what you are doing in order to make it count.

Nicole was emphasizing that preceptors are responsible for their own learning. For every action that nurses perform, a rationale is behind it. Preceptors have the heavy responsibility of guiding and educating new nurses about these important responsibilities as they enter their practice.

Concluding Thoughts

The preceptor role has been described in the literature as challenging and often stressful (Öhrling & Hallberg, 2000). The purpose of the study was to better understand the development of nurses who had transitioned to a preceptor role. Participants encountered barriers during their transition into the role; however, they discovered meaning through the teaching and learning transactions they had experienced with others in the workplace. The participants embraced their meaning making that emerged from critically reflecting on these experiences. However, the journey was not a cakewalk -- they spoke of several barriers that impacted how they performed the role:

- Inconsistencies in preceptor preparation
- Lack of appropriate guidelines for teaching and learning
- Lack of continued administrative support
- Lack of staff support
- Lack of time or preparation to transition to the role

Comments from the participants were aligned with perspectives within the literature; that is, greater consistency is needed in the preparation programs for preceptors and preceptor support. The success of these roles cannot be left to happenstance and learning via trial and error. Resources are needed to adequately prepare nurses for the preceptor role (Luhanga, Yonge, & Myrick, 2008).

Limitations

The primary limitation of this study is the homogeneous participant makeup of the sample. All the participants were female, and 17 of the 20 participants were Caucasian. The nursing workforce is becoming more diverse, and thus the experiences of this sample may not accurately reflect preceptor experiences in general. Cultural and ethnic diversity exists in the nursing profession does exist, therefore, besides being a limitation in this study we recommend that diverse nurses be examined for their unique perspectives on the profession.

A key element of this study is the construct of critical reflection. Participants were asked to reflect upon their experiences during the interviews in order to respond to questioning. However, such a short time frame may not have allowed the participant to truly engage in critical reflection. A more effective data collection strategy would be to perform follow up interviews, thus allowing the participants the opportunity to critically reflect upon their experiences.

Lastly, as in many qualitative studies, the decision on the number of participants was a point of consternation. The construct of data saturation is contested in the literature. It is important to explain what saturation means in the context of the study (Caelli, Ray, & Mill, 2003). For this research, during the ongoing process of continual review of the data, after fifteen interviews common themes emerged and we believed that the data collection would reveal no additional themes or categories after twenty interviews.

Implications for Practice and Research

The viewpoints of these participants who have served and currently serve as preceptors convey the need for additional research that can clarify perspectives regarding this role. Viewpoints need to be gathered from key stakeholders in order for the tensions regarding this role to be better understood.

A renewed focus should be placed on continuing education for preceptors. Staff developers and/or clinical educators ought to develop continuing preceptor education that would reinforce the preceptors' learning. This content should include interactive case studies and a better grounding in adult teaching and learning strategies. Research is needed that provides evidence of the current status of the continuing professional development of preceptors, and also provides recommendations for content and methods of professional development programs.

Staff nurses who transition to the preceptor role may benefit from having personal mentors who have experienced the preceptor role. Such a relationship may support preceptors in their new role and provide a consistent resource person for them. Future research might focus on the knowledge of exemplary preceptors – perhaps their perspectives on knowledge that is most important in the role can be passed on to novice preceptors.

Staff development is needed to educate other stakeholders regarding the role of the preceptor and the dynamics of a preceptorship. Administrators should implement such education so that charge nurses adjust assignments accordingly or when staffing patterns change. These adjustments would help preceptors to perform their role, and would also transition new graduate nurses successfully and efficiently. Research is needed that could garner the understandings of the preceptor role from various stakeholders in the workplace. Participants of this study believed that some stakeholders misperceived the role and work routines were affected by these misunderstandings.

Communities of practice are needed that are centered on the transitions of preceptors. Preceptors could benefit from learning from each other and listening to each other's experiences and reflections. Additional research is needed pertaining to the preceptors' ways

of knowing. Billet (2002) has advanced notions of learner/worker identities as being significant to engaging in affordances for learning made possible within workplaces. Individuals who transition to another role in their career trajectory can experience a change in identity. Research is needed that lends insights to the transitional effects experienced by nurses who take on the preceptor role.

Allied health contexts could benefit from organizational development specialists who could draw attention to the effect that power structures have on the work setting. Nursing stakeholders need to confront the degrees to which race, power, gender, and class affect the workplace. Additional research on the preceptor role is needed that uses a critical feminist framework. For example, research could be expanded in the area of ways of knowing, using women's ways of knowing as a lens that is focused on professions dominated by women. Furthermore, future research could examine the ways in which the role of preceptor, its typical context, and stakeholders who influence the role, are bounded by structural elements of power that greatly affect the women who predominantly serve in these roles.

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