

Perceptions, Experiences, and Needs of Nursing Preceptors and Their Preceptees on Preceptorship: An Integrative Review

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ABSTRACT

Preceptorship is a commonly used clinical teaching method for new nurses, and perceptions regarding it are varied and come from many sources. The aim of this integrative review is to explore the perceptions of preceptorship from preceptors and newly graduated nurses. Three electronic databases were searched for relevant articles and the Joanna Briggs Institute's critical appraisal tools were used to assess for suitability before inclusion in the review. Twenty articles were included eventually. A total of six focus areas were identified: (a) role of the preceptor, (b) preceptor preparation and support, (c) challenges of being a preceptor, (d) preceptorship significance for newly graduated nurses, (e) needs of newly graduated nurses, and (f) factors affecting the preceptor-preceptee relationship. The impact of preceptorship is significant and especially so on newly graduated nurses who are going through a transition as they enter the workforce. The preceptor functions to teach and additionally provide psychosocial support to the preceptee. Preceptors need to receive preceptor education to effectively carry out their role. Awareness of the preceptor's role by nursing managers can aid in optimizing preceptorship outcomes. Preceptorship helps to ease the stressful transition that new graduates experience. Preceptorship has a potential in nursing retention when utilized in nursing with newly graduated nurses. Hence, perceptions of preceptorship from preceptor-preceptee pairs of varying ethnic backgrounds, nationalities, educational qualifications, and generations can be further explored.

Introduction

Nursing is a practice-based occupation, and nurses need to be closely guided as they start clinical practice. Clinical-based education and guidance are important in facilitating the development of an exemplary nurse (Sedgwick & Harris, 2012). Preceptorship as a clinical learning method has been adopted by many in healthcare sectors, including nursing, medicine, pharmacy, occupational therapy, and dentistry, across various countries (Baird, Bracken, & Grierson, 2016; Homer, 2010; Ockerby, Newton, Cross, & Jolly, 2009; O'Sullivan et al., 2015; Price, 2013; Sakaguchi, 2010). Preceptorship involves the pairing of a more experienced and skilled nurse preceptor to a newer, less experienced nurse preceptee (Happell, 2009). Preceptees are novices in a new clinical area and, hence, are not limited to just nursing students but also includes newly graduated nurses and even experienced nurses who have just transferred to a new department (Bott, Mohide, & Lawlor, 2011). Preceptorship is distinct from other educational strategies like mentorship because apart from the preceptor and preceptee, it requires the participation of a third party. Without official assignment by the

third party (usually ward manager), the pairing of the preceptor and preceptee cannot come into being (Yonge, Billay, Myrick, & Luhanga, 2007). This is unlike mentorship where individuals seek out potential mentors and assume a long-term non-professional commitment to one another (Yonge et al., 2007).

Preceptorship offers an individualized learning experience for preceptees in a new clinical area. The preceptor-preceptee pairing offers opportunity for one-to-one guidance within the wards and allows for learning experiences and outcomes tailored to each preceptee (Ockerby et al., 2009). The individualized guidance and supervision that occurs during preceptorship provides preceptees with intensive support as they start their nursing careers. A successful partnership where there is cohesion between preceptor and preceptee not only improves job satisfaction but can also lead to greater patient satisfaction (Chang, Hughes, & Mark, 2006). This means that if effort is directed towards promoting success within the preceptor-preceptee relationship, it can potentially contribute to nursing retention and improved quality in nursing care.

However, with the immense time and effort placed into ensuring a

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good transition experience for preceptees, preceptors are often left with little time for themselves (Lewis & McGowan, 2015; Richards & Bowles, 2012). As such, preceptorship may take a toll on the preceptors, the benefactor in this assigned pairing (Cooper Brathwaite & Lemonde, 2011). These nurses do not solely function as preceptors but also retain their roles as nurses in the wards with their own share of nursing duties. Acute tertiary hospital settings often have high patient turnover rates, staff shortage, and consequently, greater workload for nurses. Hence, the environment in which preceptorship takes place may be deemed suboptimal or inconsistent (Sedgwick & Harris, 2012).

The purpose of this integrative review is to provide an understanding of preceptorship and the currently published perceptions, experiences, and needs of both preceptors and preceptees. This integrative review also intends to identify gaps in research and current practice.

Materials and methods

This review focuses on the following areas: role of the preceptor, preceptor preparation and support, challenges of being a preceptor, preceptorship significance for newly graduated nurses, needs of newly graduated nurses, and factors affecting the preceptor-preceptee relationship. Three databases were searched, including the Cumulative Index to Nursing and Allied Health Literature, EMBASE, and PubMed. The keywords 'nursing graduate', 'newly registered nurse', 'novice nurse', 'newly graduated nurse', 'new nurse', 'preceptorship, preceptors', 'precepting', 'nursing education', 'perceptions', and 'self-concept' were entered separately and in varying combinations during the search process. Only articles published in the past ten years (2006 to 2016) were searched to account for the latest findings on preceptorship in this integrative review. Articles that focused on mentoring or residency, non-graduated nursing students as the participants/main subject, or preceptorship of experienced nurses in new departments were excluded from this review.

As there is no standard format of presenting integrative reviews, the Preferred Reporting Items for Systematic Reviews and Meta-analysis flow chart (Moher, Liberati, Tetzlaff, Altman, & The Prisma Group, 2009) depicting the search strategy was used to obtain the final articles for the review (Fig. 1). Using the search terms, 65 articles were found through the databases. Articles were then filtered to remove duplicates, and the titles and abstracts were scanned for relevance. After this was done, full-texts of the identified articles were retrieved and read to sieve out the most suitable ones for this review. The reference lists of those identified articles were then scanned for suitable articles. The final count of articles was then appraised for quality using the Joanna Briggs Institute's critical appraisal tools. Finally, 20 articles (nine quantitative, nine qualitative, and two mixed-method) were included in this review.

Results

Data were sorted using a standardized table where the relevant data including study design, sampling method, aims, and key findings were entered. This allowed the integration of relevant data. Details of the 20 reviewed articles used in this integrative review can be found in Table 1.

Due to the varied outcome variables, pooling of the data was not possible; hence, a narrative analysis of the included papers was used to report the findings. The analysis was performed independently by the two authors and later discussed for the development of themes. A total of six themes (Fig. 2) were identified: (i) role of the preceptor, (ii) preceptor preparation and support, (iii) challenges of being a preceptor, (iv) preceptorship significance for newly graduated nurses, (v) needs of newly graduated nurse, and (vi) factors affecting the preceptor-preceptee relationship.

Role of the preceptor

According to Marks-Maran et al. (2013), preceptorship offers both a supervisory role and a protective function to newly graduated nurses. Traditionally, the preceptor is seen to function as an educator or a teacher as they guide preceptees in gaining clinical knowledge and skill ability (Richards & Bowles, 2012; Wilson et al., 2013). Boyer (2008) draws out the more tangible functions of a preceptor as safety administrators and competency validators for their preceptees. As a preceptor fosters clinical competence and the bolstering of a preceptee's confidence, he/she develops an effective nurse that displays competence while executing safe practice (Lewis & McGowan, 2015; Muir et al., 2013; Park et al., 2011). In a study done in the United Kingdom, Tracey and McGowan (2015) found that preceptors also have the heavy responsibility of being positive role models by keeping their own knowledge and practice up-to-date.

Apart from teaching and development, another role of a preceptor is that of a socializer (Richards & Bowles, 2012; Wilson et al., 2013). This aspect of the preceptor's role corresponds to the preceptee's psychosocial needs as they first enter the clinical setting. As a preceptor takes care in guiding and orientating a preceptee, the more interpersonal attributes of the preceptor are tapped on (Wilson et al., 2013). Being a socializer, the preceptor offers emotional, mental, and social forms of support (Hautala et al., 2007).

Even though the role of a preceptor is challenging, multiple studies suggest that a successful preceptorship can result in the retention of newly graduated nurses, decreased turnover, and increased job satisfaction (Fox et al., 2006; Lavoie-Tremblay, Paquet, Marchionni, & Drevniok, 2011; Washington, 2013).

Preceptor preparation and support

It may be assumed that any working registered nurse can undertake the role of a preceptor. Although theoretically admirable, reality paints a different picture. A study in New Zealand by Haggerty et al. (2012) revealed that nurses without interest in the preceptor role seem to have a detrimental effect on newly graduated nurses' development. Preceptors who are inconsistent in their guidance or less experienced may even breed frustration and negativity in preceptees (Chesnutt & Everhart, 2007; Washington, 2013). Hence, the preceptor herself is an important contributing factor to success in the preceptorship outcome.

Preceptors guide and support newly graduated nurses as they start working. However, it seems that little emphasis is placed on the guidance and support that goes into preparing preceptors for their important role (Myers et al., 2010). Once chosen, a preceptor needs to be introduced to their new role and responsibilities. A study done in North America reported that since preceptors are clinical nurses by practice, frequent contact with nursing academic staff can aid preceptors in developing the effective teaching skills needed for their role (Forneris & Peden-McAlpine, 2009). Forneris and Peden-McAlpine (2009) also mentioned that engaging newly graduated nurses is a learnt skill. It is crucial that preceptors make use of effective teaching strategies to better support their preceptees. Therefore, formalized training or preceptor education is important and needs to be well-planned and executed (Haggerty et al., 2012). Hyrkäs and Shoemaker (2007) found that a long term provision of this preceptorship education is needed to keep preceptors relevant.

Challenges of being a preceptor

As part of raising a competent practitioner, preceptors need to traverse the fine line between pushing preceptees too hard and sheltering them too much. The unwanted consequences of which are the loss of a valuable staff or the confirmation of an incompetent one. A study done in the United States of America found that throughout the preceptorship period, a preceptor employs calculated decision-making in

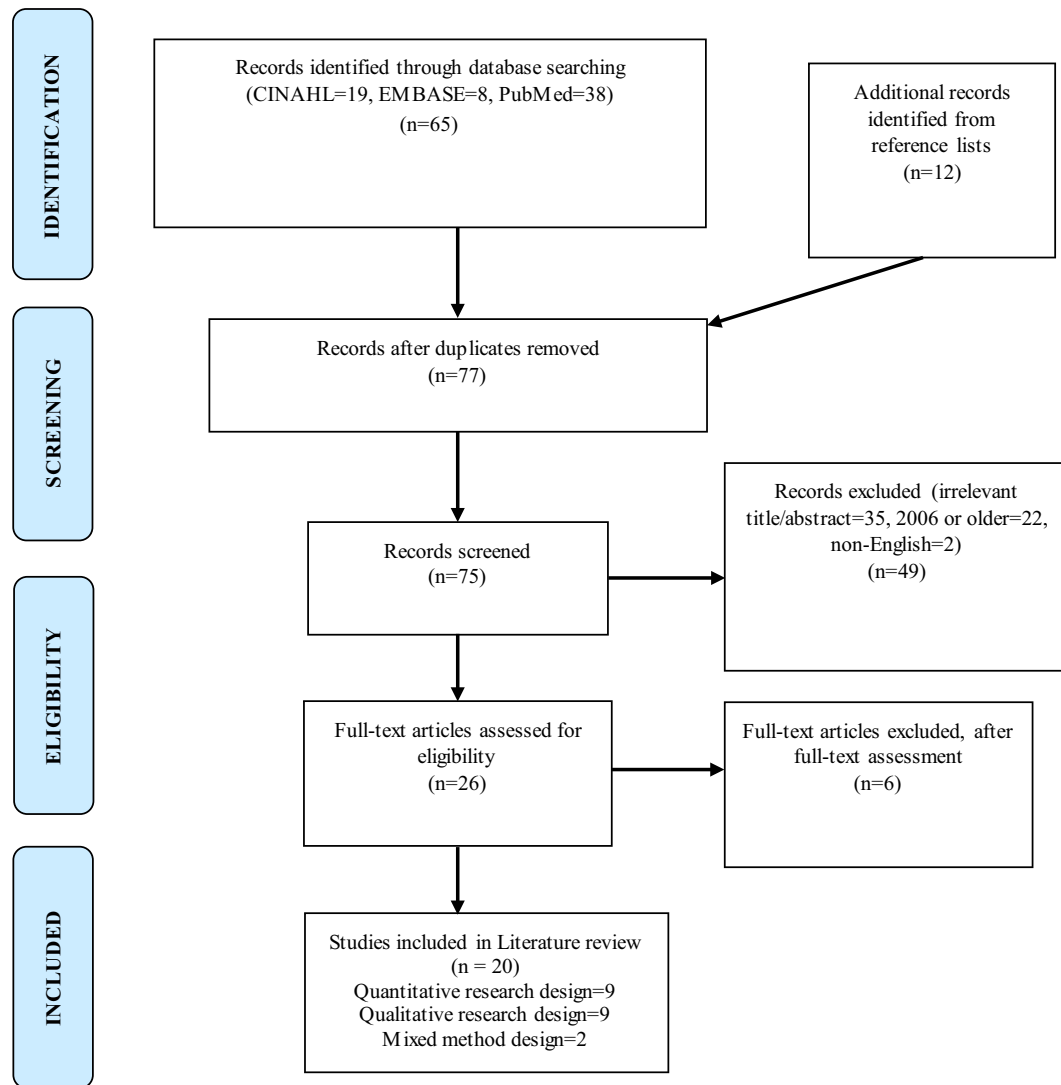


Fig. 1. PRISMA flow chart of the search strategy.

loosening and tightening the reins to nurture the independence of a preceptee (Richards & Bowles, 2012). To facilitate this, preceptors encourage the understanding of the big picture and rationales behind various nursing actions (Forneris & Peden-McAlpine, 2009). This fosters the development of clinical reasoning and confidence in newly graduated nurses. These techniques also serve to validate the knowledge of preceptors and leave them better able to articulate their rationale for certain nursing actions (Forneris & Peden-McAlpine, 2009).

In a study conducted by Hautala et al. (2007), a significant 83% of all interviewed preceptors experienced either mild or moderate stress. The same study found that the stress experienced by preceptors could not be effectively relieved even with more experience acquired over the years. Hautala et al. (2007) suggests that this commitment in terms of time, energy, and responsibility varies with the clinical setting in which the preceptorship occurs. For example, in critical care settings where the safety of patients is of even higher acuity, this commitment is amplified and often manifests in even higher levels of stress for preceptors who work there (Hautala et al., 2007). Nursing preceptors must manage the additional demands of the preceptorship on top of their usual nursing workload (Lewis & McGowan, 2015; Richards & Bowles, 2012). These additional demands include preceptorship administrative work (e.g. competency checklists, reflections) that has often been cited as burdensome and stressful (Lewis & McGowan, 2015; Tracey & McGowan, 2015). The difficulty in preceptorship has been attributed in

some studies to a lack of support and understanding by nurse managers. This leads to a lower level of commitment by nurses to the preceptor role (Cloete & Jeggels, 2014; Lewis & McGowan, 2015). Additionally, a lack of organizational support for preceptors may place a burden on them and make preceptorship harder. This is especially so when preceptors are mistaken to have extra manpower with a preceptee and accorded an increased patient workload (Hautala et al., 2007). A consideration of this can benefit preceptors as well as their preceptees (Haggerty et al., 2012). Hence, a common suggestion was for protected preceptorship time and same-shifts for preceptor-preceptee pairs (Richards & Bowles, 2012; Tracey & McGowan, 2015).

Despite the challenging nature of preceptorship, there still are rewards associated with becoming a preceptor. There is personal satisfaction derived from observing and participating in the development of a preceptee (Richards & Bowles, 2012; Tracey & McGowan, 2015). The preceptor role also motivates nurses to stay relevant and updated with their own practice and knowledge (Tracey & McGowan, 2015). Much more can be done to understand the benefits associated with preceptorship to help promote preceptorship more sustainably.

Preceptorship significance for newly graduated nurses

Newly graduated nurses describe their transition phase as 'being thrown into the deep end' (Kelly & McAllister, 2013). Although nurses

Table 1
Summary of reviewed articles.

Author (year), country	Research design, outcome measure, and analysis	Sampling method, size, and characteristics	Aims	Key findings
Cloete and Jeggels (2014). Western Cape, South Africa.	<ul style="list-style-type: none"> - Quantitative descriptive correlational design. - Adapted questionnaire by Dilbert and Goldenberg (1995), descriptive statistics. 	<ul style="list-style-type: none"> - Convenience sampling. - 41 (professional nurses) preceptors who had completed a preceptor training programme at the University of Western Cape. 	To explore nurse preceptors' perceptions of benefits, support, and commitment to the preceptor role.	<ul style="list-style-type: none"> - There is no indication that the perceived benefits and rewards of the preceptor role impact the levels of commitment of the preceptors to their role. - If workload is not adequate, nurse preceptors will not feel supported and may therefore feel less committed to their role as preceptors. Inability to decrease workload has also been blamed on nurse managers. - Anxiety creates barriers that limit novice nurses' critical thinking. - Focusing on the attributes of critical thinking facilitated big picture thinking and the understanding of rationales for nursing actions.
Forneris and Peden-McAlpine (2009). Minnesota, United States of America.	<ul style="list-style-type: none"> - Qualitative instrumental case study design. - Instruction sessions were taped, transcribed, and analyzed, Stake's (1995) case study four-phase analysis. 	<ul style="list-style-type: none"> - Not clearly stated. 6 preceptor/nurse dyads. 	To determine the impact of the preceptor coaching component of a reflective contextual learning intervention on novice nurses' critical thinking skills during the first months of their practice.	<ul style="list-style-type: none"> - Sharing viewpoints made the knowledge behind the actions visible and is a more reflective way of communicating to examine and validate perspectives. - Dialogue enhances critical thinking and, in turn, reflection. - Thinking out loud elicits novice nurses to have a better understanding of the rationale behind actions. It also validates the preceptor's own knowledge and assumptions so they can better articulate rationales.
Fox, Henderson, and Malko-Nyhan (2006). Queensland, Australia	<ul style="list-style-type: none"> - Quantitative study. - Brief comparison of responses from evaluation forms. 	<ul style="list-style-type: none"> - Convenience sampling. - 59 preceptors taking on the new role of precepting and 59 new preceptees who were assigned preceptors. 	To compare preceptors' and preceptees' perceptions on the effectiveness of how the preceptor role was undertaken at two time periods during the relationship.	<ul style="list-style-type: none"> - Between 2–3 months and 6–9 months after the beginning of a preceptor-preceptee relationship, there were significant changes in preceptors' feeling that they have fulfilled their role expectations. - Suggesting that preceptors become more realistic about their expectations in the role. More experience and lesser demands facilitate a greater fulfilment of their role.
Haggerty, Holloway, and Wilson (2012). New Zealand.	<ul style="list-style-type: none"> - Mixed method, longitudinal study. - Yearly questionnaires developed by the New Zealand Ministry of Health, focus group sessions, individual interviews, and case studies were also conducted, constructive epistemology. 	<ul style="list-style-type: none"> - Not clearly stated. - New graduates or registered nurses completing a nursing entry to practice programme, programme coordinators, preceptors, directors of nursing, nurse managers, nurse educators, the Nursing Council of New Zealand, and the Ministry of Health. 	To evaluate and gather information with respect to lessons learnt from new entry to practice over a span of 3 years.	<ul style="list-style-type: none"> - Some registered nurses do not have interest in or commitment to the preceptor role and this seem to have a detrimental effect on new graduates' development. - Competencies for registered nurses state that nurses should provide guidance and support to those who are transferring into a new clinical area. However, this study highlights the need for a clear selection process to ensure nurses' suitability to be a preceptor. - The delivery of preceptor education needs to be well-planned. - A planned process accounting for the additional workloads of preceptors can bring about extensive long-term benefits to new graduates.

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Table 1 (continued)

Author (year), country	Research design, outcome measure, and analysis	Sampling method, size, and characteristics	Aims	Key findings
Hautala, Saylor, and O'Leary-Kelley (2007). San Francisco, United States of America.	<ul style="list-style-type: none"> - Descriptive qualitative study. - Likert-type scale measuring perceptions of stress in the preceptor role and the Preceptor's Perception of Support Scale, not stated. - descriptive statistics and thematic analysis 	<ul style="list-style-type: none"> - A convenience sample of 65 RNs. Identified as preceptors by their nurse managers or who have precepted nursing students. 	<p>To understand if staff nurses perceive stress and if so, the amount of stress they experience, the reason they find precepting stressful, and if they receive adequate support from other staff</p>	<ul style="list-style-type: none"> - The majority of the respondents felt stressed. - Being a preceptor requires time, energy, and responsibility. - Inadequate preceptee skill and an environment that requires higher acuity for safety contributes to the stress of preceptors. - A lack of organizational support for preceptors gives this misconception that they have heavier workload because they have a preceptee as an added responsibility to guide. - Unclear guidelines can make precepting harder. - Preceptors are committed to their role especially when benefits are available - Continuous and active facilitation of preceptor workshops seem to be vital for sustainable and long-term development of the preceptor role. - Education is a perceived benefit for preceptors (e.g. preceptor workshops) - There is increased support when acting as a preceptor for students whose English is poor - Preceptors contribute significantly to the development or depletion of preceptee confidence. This may be linked to the timing of the preceptorship and personal preceptor traits. - Friendliness by the preceptor aids preceptee coping. - Friendliness and compassion is often missed in healthcare systems because they are bureaucratic and outcome-focused. - Being 'thrown into the deep end' is a lingering tradition in some areas of nursing and it appears to be enduring as some preceptors have somehow internalized this practice. - The psychological safety of students appears to have been ignored. - In Japan, nursing students cannot practice invasive or advanced skills on patients. Hence, almost all skills that novice nurses perform in the clinical setting are done for the very first time. - Preceptorship programmes are effective for novice nurses who have less experience. - Preceptors need to understand the anxiety felt by novice nurses in order to effectively teach and support them because high anxiety levels interfere with novice nurses' ability to learn.
Hyrkäs and Shoemaker (2007). Canada.	<ul style="list-style-type: none"> - Quantitative descriptive correlational design, questionnaire surveys resembling ones used by Dilbert and Goldenberg (1995) and Usher et al. (1999). 	<ul style="list-style-type: none"> - Not clearly stated. 170 preceptors who were preceptors to newly hired nurses, and 56 preceptors involved in clinical practice courses in an undergraduate nursing programme. 	<p>To explore the relationship between preceptors' perceptions of benefits, rewards, support, and commitment to the preceptor role with a group of graduating nursing students and newly hired nursing staff.</p>	
Kelly and McAllister (2013). Australia.	<ul style="list-style-type: none"> - Qualitative study utilizing descriptive phenomenology, semi structured interviews - Husserl's approach to phenomenology. 	<ul style="list-style-type: none"> - Not clearly stated. 14 out of 65 final semester students - Enrolled in a Bachelor of Nursing Degree. 	<p>An exploration and description of students' perceptions of preceptorship implemented over a 2-year period.</p>	
Kuroda, Kanoya, Sasaki, Katsuki, and Sato (2009). Chiba prefecture, Japan.	<ul style="list-style-type: none"> - Quantitative study, Japanese version of the State-Trait Anxiety Inventory, Mann-Whitney U test and <i>t</i>-test. 	<ul style="list-style-type: none"> - Not clearly stated. 62 novice nurses 	<p>To describe the type of education for novice nurses and their level of anxiety in midsize or local hospitals.</p>	

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Table 1 (continued)

Author (year), country	Research design, outcome measure, and analysis	Sampling method, size, and characteristics	Aims	Key findings
Lewis and McGowan (2015).	- Qualitative design. Semi-structured one-to-one interviews, Newell and Burnards (2011) Pragmatic Approach to Qualitative Data Analysis, which used a six-stage analysis process.	- A purposive sampling of 8 newly graduated nurses who had completed their preceptorship period and were working in an inpatient setting.	To gain insight into what it was like for newly qualified nurses who had finished preceptorship.	<ul style="list-style-type: none"> - Preceptorship offers support during the transition phase. - Preceptorship enables development of confidence and furthering of knowledge and skills. - Difficult for preceptees to get together with the preceptor. - Preceptees expect to work alongside preceptors but experiences regarding this varied in reality. - There is awareness of the preceptorship process but roles and responsibilities in the ward made it difficult to carry out the roles. - The preceptor has a positive impact on the preceptee's confidence and competence. The most impactful was on skills related to drug administration, health safety, and meeting patients' nutritional needs. - There is also positive impact on the development of confidence, communication skills, and new nurses' motivation in nursing, and a reduction in stress and anxiety and team working skills. - Preceptors have an important role in helping new nurses settle into their new role and transition to an accountable practitioner. - Academia education provide framework of nursing theory and practice but cannot prepare students for the realities of hospital nursing. Clinical simulation can assist in helping learners gain knowledge. - Preceptorships for new-to-practice nurses are routine but not the education to prepare preceptors to become clinical educators - Lack of adaptation by preceptors of new-to-practice nurses' individual learning needs may be attributed to clinical focus of preceptors which typically does not include individualized teaching strategies - Managing generational differences in between peers and with the team leader. - Managing the tendency for nurses to move frequently, creating dysfunctional situations. - Managing conflicting methods of working that result in nothing being accomplished: 'flat paradox'. Managing different nursing values, visions, and ideals. - Managing generation gaps among youngsters.
Muir et al. (2013) London, United Kingdom.	- Mixed method evaluative research design. Questionnaires with 64 Likert-style questions and one-to-one interviews, not stated for quantitative data, Framework Model (Ritchie & Spencer, 1994) for qualitative data.	- Convenience sampling. 40 out of 90 preceptors (44.4% response rate), a purposive sampling of 9 preceptors.	The impact of preceptorship on newly qualified nurses' personal development, professional and role development, communication, clinical skills, and professional relationships.	
Myers et al. (2010).	- Qualitative design. Focus group exploratory study, face to face focus group, not stated.	- Not clearly stated. 22 preceptors who had precepted within the past year and 19 new-to-practice registered nurses who had been in practice for less than 1 year.	To explore the perceptions of both new-to-practice registered nurses and preceptors about the learning needs of new-to-practice registered nurses and how those perceptions relate to patient safety.	
Pales, Pantali, and Saiani (2006). Friuli Venezia, Italy.	- Qualitative phenomenological study, semi-structured interviews, Giorgi method of analysis.	- Purposive sampling. 10 chief nurses who managed teams of at least 25 nurses with intergenerational differences.	To investigate the experience of chief nurses in managing multigenerational teams.	

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Table 1 (continued)

Author (year), country	Research design, outcome measure, and analysis	Sampling method, size, and characteristics	Aims	Key findings
Park, Whairad, Barker, and Chapple (2011), United Kingdom.	<ul style="list-style-type: none"> - Qualitative study. - Semi-structured topic guide informed by the literature of graduate and diploma qualified nurses and previous studies, recorded interviews were transcribed and analyzed using NVivo v2.0. 	<ul style="list-style-type: none"> - Snowball sampling. 10 preceptors were interviewed. 	To explore the perceptions of the knowledge and skills of newly qualified pre-registration diploma and pre-registration Master's trained nurses.	<ul style="list-style-type: none"> - Degree graduate nurses have better cognitive, leadership and critical skills while diplomates are more systematic in information seeking and are better at care planning. - Competence and confidence increases alongside the tutorage of preceptors. - Masters in nursing graduates' confidence is attributed to their work being underpinned by greater academic knowledge - Masters in nursing graduates are more holistic in nursing care, and have greater awareness of change in patient condition, greater strength in care planning and time management, as well as greater confidence. - Immense learning curve from student nurse to registered nurse. - Second degree nursing programme graduates are more confident in their ability to work well with others, their organizational skills, communication skills, their efficacy, and their drive to succeed. - Having different preceptors would allow for exposure to a variety of nurses and enable graduates to feel more comfortable approaching nurses with specific questions and concerns. - It will be beneficial if preceptors or assigned nurses remain mentors for the next 6–9 months. - Consider all personality types when matching preceptor and preceptee is a practical solution. - Having respect for different personality types of the orientees can help in structuring programmes to better meet their learning needs and encourage learning. - Preceptor awareness of their own personality type can prevent biasness towards orientees. - Incorporating strategies that favor all psychological types has the potential to influence all groups to achieve optimal outcomes.
Penprase (2012).	<ul style="list-style-type: none"> - Quantitative descriptive research study. - Demographic questionnaire and a survey with 14 open-ended questions related to educational preparation and job satisfaction. 	<ul style="list-style-type: none"> - Convenience sampling. Accelerated second-degree nursing programme graduates from a mid-sized university. 	To report the perceptions of newly graduated accelerated second-degree nursing students that affect retention and to identify areas within the programme curriculum that can better prepare these unique nursing graduates for transition into nursing practice.	
Poradzisz, Kostovich, O'Connell, and Lefaiver (2012). Chicago, United States of America.	<ul style="list-style-type: none"> - Quantitative study. Myers-Briggs Type Indicator, Chi-square analysis of results. 	<ul style="list-style-type: none"> - Convenience sample of 211 newly graduated nurses and 151 preceptors. 	To determine suggestions for working with newly graduated nurses during orientation.	<ul style="list-style-type: none"> - Having respect for different personality types of the orientees can help in structuring programmes to better meet their learning needs and encourage learning. - Preceptor awareness of their own personality type can prevent biasness towards orientees. - Incorporating strategies that favor all psychological types has the potential to influence all groups to achieve optimal outcomes.

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Table 1 (continued)

Author (year), country	Research design, outcome measure, and analysis	Sampling method, size, and characteristics	Aims	Key findings
Richards and Bowles (2012). Western United States of America.	- Qualitative. Phenomenological method of inquiry, semi-structured interviews, analysis done using Colaizzi's framework	- Purposive sampling. 6 preceptors who were nurses that worked a minimum of 24 h at the bedside and were primary preceptors for at least 1 newly graduated nurse within the period of 1 year from the study.	Understanding the perspective of a preceptor about the experience of being the primary nurse preceptor for newly graduated nurses during their transition into clinical practice.	<ul style="list-style-type: none"> - Internal motivation: love of teaching, mutual learning, recognition from the gratitude of preceptees, and watching them grow into competent nurses. - Challenges: unable to focus on preceptees due to other nursing duties, and insufficient system in place for providing feedback. - Having a sense of accountability for the outcome of the preceptorship. - Individualize teaching and learning based on preceptee's learning styles. - Preceptor characteristics may affect the success of the preceptorship. - Preceptorship helps new nurses make the transition from textbook knowledge to practice.
Riden, Jacobs, and Marshall (2014). New Zealand.	- Quantitative non-experimental descriptive/observational study. - Descriptive analysis.	- Not clearly stated. 151 self-identified preceptors responded to the survey.	To establish whether preceptors believe they are prepared to assess nurses, and the support and recognition received in the role.	<ul style="list-style-type: none"> - Training increased preceptors' confidence and preparedness for clinical assessment, but additional education is still required. - Enhancing preceptorship acceptance can be achieved through institutional recognition of the role's value via workload consideration, institutional recognition, or financial means. - Preceptors are expected to be positive role models, to be skilled and up-to-date with clinical practice and in facilitation, and to be objective in feedback and aware of a new registrant's role.
Tracey and McGowan (2015). United Kingdom.	- Qualitative exploratory study. Qualitative interviews, thematic analysis.	- Not clearly stated. 8 preceptors, nurses, or midwife who were preceptors for newly qualified registrants.	To review literature pertaining to preceptorship and to explore perceptions held by preceptors in relation to their role in supporting newly qualified registrants.	<ul style="list-style-type: none"> - Preceptors are motivated to keep practice up-to-date and attain personal satisfaction when observing preceptees' development. - Challenges: insufficient time, same shift as preceptee. - Preceptors have great influence on transition. - Relationship with preceptors influence how graduates perform. - Periodic use of the relationship form is useful in determining if orientation needs to be extended to allow for identification and resolution of more learning needs. - Simulation-based learning was more helpful than lectures alone. - There is immediate learning based on improvement in pretest to posttest scores.
Washington (2013). Southeast United States of America.	- Quantitative quasi-experimental pre-test and post-test design. - Relationship form indicating 4 phases measured on a 7-point Likert scale, paired T-test.	- Non-probability purposive sampling. 31 new graduates were chosen.	To determine if Peplau's theory of interpersonal relations can be applied to the preceptor-new graduate relationship.	<ul style="list-style-type: none"> - Preceptors are motivated to keep practice up-to-date and attain personal satisfaction when observing preceptees' development. - Challenges: insufficient time, same shift as preceptee. - Preceptors have great influence on transition. - Relationship with preceptors influence how graduates perform. - Periodic use of the relationship form is useful in determining if orientation needs to be extended to allow for identification and resolution of more learning needs. - Simulation-based learning was more helpful than lectures alone. - There is immediate learning based on improvement in pretest to posttest scores.
Wilson, Acuna, Asti, and Bodas (2013).	- Quantitative quasi-experimental pretest-posttest design. - Using the modified Vermont Nurses in Partnership self-evaluation tool and Kirkpatrick's Four Level Model of evaluation.	- Purposive sampling. 19 preceptors and 15 introductory preceptor workshop. Attendance at the workshop is by manager invitation and most nurses who attended already had prior experiences as preceptors.	To align preceptorship workshop objectives and bridge the identified skills gap in providing constructive feedback.	<ul style="list-style-type: none"> - Preceptors are motivated to keep practice up-to-date and attain personal satisfaction when observing preceptees' development. - Challenges: insufficient time, same shift as preceptee. - Preceptors have great influence on transition. - Relationship with preceptors influence how graduates perform. - Periodic use of the relationship form is useful in determining if orientation needs to be extended to allow for identification and resolution of more learning needs. - Simulation-based learning was more helpful than lectures alone. - There is immediate learning based on improvement in pretest to posttest scores.

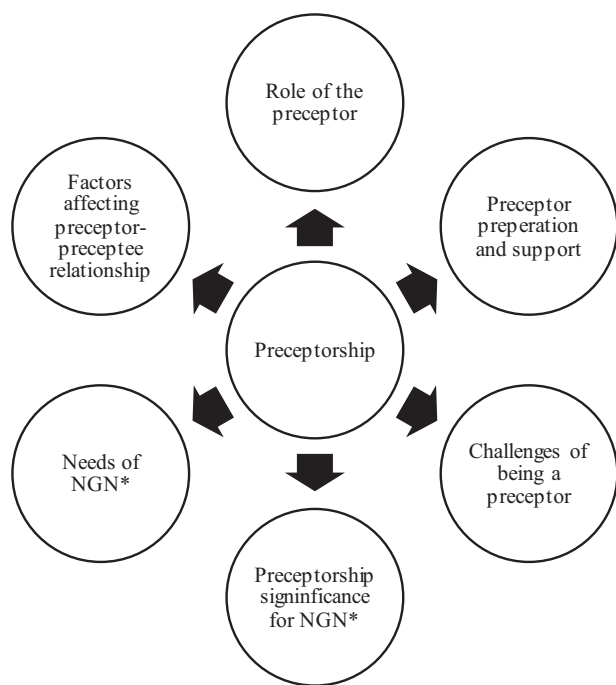


Fig. 2. Themes from the narrative analysis of the literature.

*NGN: newly graduated nurse.

receive nursing education before getting licensed, it is insufficient to prepare them for the realities of nursing (Myers et al., 2010). As a result, newly graduated nurses experience a steep learning curve as they make the transition from student to practitioner (Penprase, 2012). Preceptorship as a method of clinical education has been found to be highly effective in helping newly graduated nurses as they start working (Kuroda et al., 2009; Lewis & McGowan, 2015).

Newly graduated nurses experience a range of emotions during their stressful transition period (Ebrahimi, Hassankhani, Negarandeh, Gillespie, & Azizi, 2016). During this time, external factors like demanding work requirements and poor practice environments contribute to the attrition of newly graduated nurses (Flinkman, Isopahkala-Bouret, & Salantera, 2013). As such, preceptorship and other support initiatives are significant in smoothening out the transition process as they start work (Clipper & Cherry, 2015). It has been found that for nursing, effective transition warrants the involvement of one or more preceptors during transition (Moore & Cagle, 2012). Multiple studies have also shown that preceptors have great influence over newly graduated nurses during this crucial time (Chesnutt & Everhart, 2007; Lewis & McGowan, 2015; Muir et al., 2013; Washington, 2013).

Needs of newly graduated nurses

To effectively facilitate the transition process of newly graduated nurses in becoming competent nurses, preceptors need to be aware of the needs that preceptees have. Although these needs are specific to individuals, there are some support requirements that resonate across the preceptee population. One identified need is confidence. Preceptorship often aids in building up newly graduated nurses' competence and confidence levels as they start working life (Kelly & McAllister, 2013; Marks-Maran et al., 2013; Park et al., 2011). Often, nurses perform various advanced or invasive skills in the clinical environment for the very first time as preceptees. A Japanese study revealed that a lack of experience in preceptees not only diminishes self-confidence but also increases anxiety, which impedes their ability to learn (Kuroda et al., 2009). In turn, this interferes with critical thinking processes that newly graduated nurses are expected to develop

(Forneris & Peden-McAlpine, 2009). Forneris and Peden-McAlpine (2009) also attributed this lack of critical thinking development to hospital culture, where there is greater focus on clinical skills competence. Richards and Bowles (2012) found that preceptees desire feedback from their preceptors but there were insufficient systems in place for this to occur (Richards & Bowles, 2012). Therefore, since preceptorship involves one-on-one interaction, they encouraged that feedback from preceptors should be communicated regularly to preceptees for evaluation and improvement (Richards & Bowles, 2012; Tracey & McGowan, 2015).

Research by Kelly and McAllister (2013) illustrated that in a work environment where health and safety is of the utmost priority, it is ironic how the psychological well-being of nursing preceptees almost seem forgotten. Transitioning from a familiar school environment to their new workplace, newly graduated nurses experience a drop in their social capital, peer support, and accompanying moral support (Kelly & McAllister, 2013). Apart from learning how to function competently as a nurse, they must also begin to establish meaningful relationships and social connections with their new colleagues as they cope with the stress of transition (Kelly & McAllister, 2013; Washington, 2013). Being closest to newly graduated nurses, preceptors seem to have immense potential in addressing this need through their role as a socializer. The value of psychosocial support is reflected in research done by Lewis and McGowan (2015) who found that preceptees desired a dependable figure and would look to other nurses if this need was not met by their own preceptor. A result of preceptees' low self-esteem is difficulty in communication (Muir et al., 2013; Penprase, 2012). During preceptorship, preceptors are poised to address this issue to strengthen their newly graduated nurses' communication skills (Muir et al., 2013).

Factors affecting the preceptor-preceptee relationship

Apart from the preceptor-preceptee relationship's influence on a preceptee's learning during preceptorship, it can also subsequently affect the retention of the newly graduated nurse post-preceptorship (Hyrkäs & Shoemaker, 2007; Lavoie-Tremblay et al., 2011). The relationship between preceptor and preceptee is complex and affected by many factors, both intrinsic and extrinsic in nature.

Factors that negatively affect the relationship

The most convenient method of preceptor allocation, also described as the warm body approach, is merely locating available individuals for the role (Poradzisz et al., 2012). Contrary to this, it is appreciated when preceptors and preceptees are deliberately matched rather than randomly allocated (Richards & Bowles, 2012). Without consistency in the quality of preceptors provided, success and satisfaction in preceptorship is difficult to achieve (Blum, 2009).

Another factor is differing levels of educational qualifications between the preceptor and preceptee. Park et al. (2011) conducted a study with preceptors and two different groups of preceptees. The first preceptee group comprised graduates with a Diploma in Nursing and the second group comprised graduates with a pre-registered Masters in Nursing. It was found that preceptees with the latter qualification felt that their colleagues were threatened by their educational level (Park et al., 2011). When paired with a non-degree holder preceptor, preceptees were also more subdued during their preceptorship and were less likely to question their preceptor's practice (Park et al., 2011). With the push for more graduate nurses in the industry, diploma-holding preceptors paired with degree-holding preceptees will become a more common occurrence (Robinson & Griffiths, 2009).

Another negative contributing factor is intergenerational differences within the pair (Earle, Myrick, & Yonge, 2011). In a study done in Italy, Palese et al. (2006) proposed that age difference leads to varying commitment levels between the two, different world views, and consequent difficulty in understanding one another. Also, pairs of nurses with differing nationalities may mean that both parties have different

educational qualifications and cultural values (Riden et al., 2014). As such, a lack of cross-cultural sensitivity within the pair may also lead to difficulties in the partnership (Wong, Wong, & Ishiyama, 2013).

Factors that positively affect the relationship

Although differences in the pairing may lead to negative outcomes, there are certain interpersonal factors that potentially serve to mediate them. An Australian study found that traits like friendliness between preceptor and preceptee can aid in preceptee coping (Kelly & McAllister, 2013). The same study showed that such traits are lacking in healthcare professions like nursing because of the bureaucracy and outcome driven nature of the healthcare environment (Kelly & McAllister, 2013). Thus, the needs of more vulnerable populations like newly graduated nurses get glossed over.

Another surfaced factor is empathy between preceptor and preceptee. When empathy is expressed from preceptors to their preceptees, the preceptor-preceptee relationship benefits (Kelly & McAllister, 2013). In the study by Kuroda et al. (2009), it was proposed that when preceptors understand the increased anxiety levels of their preceptees, their teaching strategies will become more effective and preceptees will feel more supported.

A study by Poradzisz et al. (2012) explored psychological compatibility in preceptor-preceptee pairs and the findings proposed that a clash in personalities can impact preceptorship outcomes. Different personality types have different world views and the matching of these personality types leads to greater satisfaction within the preceptor-preceptee pair (Poradzisz et al., 2012). They also proposed that the matching of opposing personality types can benefit preceptees, exposing them to different working and learning experiences. Therefore, deliberate type-appropriate planning and support can aid in enabling all preceptees to excel.

Discussion

The identified studies were conducted mainly in North America, the United Kingdom, Australia, and Europe. From the final 20 studies, there was only one study that explored preceptorship in an Asian context, and it was done in Japan (Kuroda et al., 2009). This may result in a rather Westernized viewpoint of preceptorship as experienced by preceptors and preceptees in the Western world. However, the identified studies employed a variety of methodologies, from qualitative to quantitative, and two studies utilized a mixed-method research design. This review has repeatedly found preceptorship to be an effective clinical education method for newly graduated nurses starting out their career. Moore and Cagle (2012) commented that preceptorship is essential for effective transition for newly graduated nurses. Clipper and Cherry (2015) further supported this statement by proposing that preceptorship is significant for smooth transition.

This review revealed various perceptions about preceptorship from both the viewpoints of preceptors and preceptees. Collectively, these studies have shed light on the role of a preceptor as a facilitator of learning for newly employed nurses and as a socializer for newly minted graduates (Hautala et al., 2007; Richards & Bowles, 2012; Wilson et al., 2013). From the very beginning of a newly graduated nurse's career, a preceptor aims to nurture a safe and competent practitioner. It was highlighted that preceptors lay the foundation for newly graduated nurses, and become an indispensable part of their career. This is especially so for the current millennial generation of newly graduated nurses who, unlike the generations of nurses before them, have greater need for some form of coaching for a successful transition (Sherman, 2006). The role of a preceptor does not just come with appointment but also requires regular education and equipping. Not every nurse is suitable to be a preceptor as interest and commitment to the preceptor role impacts preceptorship dynamics between a preceptor and a preceptee. A recent study by Lalonde and McGillis Hall (2017) supported this and drew a link between how preceptors' characteristics

can impact new graduate preceptees indirectly. First was how increased openness in preceptors was moderately correlated to dissatisfaction in new graduates. Second was how more conscientious preceptors increased new graduate turnover intent. Impartation of skills and knowledge requires a preceptor to be able to engage preceptees effectively and, as part of preceptorship, to be able to deliver constructive feedback that will aid the preceptee (Fornieris & Peden-McAlpine, 2009; Richards & Bowles, 2012; Tracey & McGowan, 2015). During the crucial first few months of a newly graduated nurse's career when he/she experiences the realities of nursing through preceptorship, he/she tends to make decisions about their continued career in nursing. Hofler and Thomas (2016) adequately describes the challenges that newly graduated nurses face during this transition to consist of issues like difficult patients, heavy workloads, and persistent social fears like bullying, and coping with generational diversity and performance, all occurring simultaneously during this period. Hence, the role that a preceptor plays is not a trivial one but has influence over job satisfaction for newly graduated nurses and subsequent nursing retention (Fox et al., 2006; Lavoie-Tremblay et al., 2011; Washington, 2013). Another study by Almada, Carafoli, Flattery, French, and McNamara (2004) had found increased nursing retention (29%) and decreased in nursing vacancy (9%) following the implementation of an education-based preceptor programme. Findings by Lawal, Weaver, Bryan, and Lindo (2015) further strengthens this statement in that they found a positive correlation between good interpersonal relations between preceptors and preceptees and preceptees' learning in the clinical environment. In addition, multiple studies associate the initial phase of newly graduated nurses' career with steep learning curves and a tough assimilation into the workplace and expected responsibilities (Kelly & McAllister, 2013; Penprase, 2012).

The major challenges faced by preceptors as expounded by literature include stress from the additional work that comes on top of the usual nursing workload after being appointed a preceptor (Lewis & McGowan, 2015; Richards & Bowles, 2012; Tracey & McGowan, 2015). A lack of understanding on the purpose of preceptorship has led the allocation of manpower in which preceptors and their preceptees get accorded a heavier workload by managers, which impedes quality preceptorship (Haggerty et al., 2012; Hautala et al., 2007). One identified result of this lack of support is role strain, as discussed in a study by Dodge, Mazerolle, and Bowman (2014). The negative consequences of which not only leads to decreased job satisfaction in preceptors but also hinders the positive learning environment for preceptees.

Limitations

The studies included in this review were published in English in the past ten years. This may have missed some pertinent studies for the review. Also, the review did not include grey literature, which may have missed the non-electronic sources, unpublished works which includes theses and dissertations on the perceptions of preceptorship. Additionally, only three databases were included in the data search and further extensive review is needed.

Implications for future studies and practice

As most of the included studies were done in the West, more research needs to be done to gain insight into perspectives about preceptorship in Asian nursing populations. In addition, perceptions about preceptorship can be influenced by the preceptor-preceptee relationship. Hence, it will be helpful to explore perceptions about preceptorship among preceptor-preceptee dyads of varying ethnic backgrounds, nationalities, educational qualifications, and generations. Frontline leaders and policy makers can explore the stressors in preceptorship and the strategies that can serve to mitigate or prevent those stressors. It would be beneficial to create awareness about preceptor-preceptee dyad's roles towards each other's in ultimately optimizing patient care.

Implications for nursing education

Seeing the various challenges faced by the preceptor-preceptee dyads, the nursing schools may consider providing the overview of preceptorship with special focus on challenges and the strategies to overcome those challenges to the final year nursing students. As this group of students will be the preceptees and eventually the preceptors in future, the academic involvement in training and supporting clinical preceptorship could be explored further. Seeing the advancement of technology in nursing education the online media can be used to train and support the preceptor-preceptee dyads after evaluating their effectiveness.

Conclusion

From the review of the obtained literature, the importance of preceptorship and the role it plays in the transition phase of newly graduated nurses is evident. The role of a preceptor extends beyond the technical aspects required of a supervisor in the clinical environment to also involving the social aspect of caring for preceptees' well-being. Preceptorship for newly graduated nurses coincides with their transition period, when the majority are entering a hospital to work for the first-time, and this preceptorship has influence over the decisions they make with regard to continuing their nursing career. Preceptorship as a widely used clinical teaching method is distinct in each nation, healthcare institution, and clinical area, and made unique by the preceptors and preceptees who individually experience it.

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