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Exploring nurse preceptors' perceptions of benefits, support and commitment to the preceptor role in the Western Cape.

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A mini-thesis submitted in partial fulfillment of the requirements for the degree of Master Curationis in Nursing Education in the School of Nursing, University of the Western Cape.

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Keywords:

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Abstract

Background: A preceptor is defined as a specialized tutor who gives practical training to the student in the practice settings. Preceptors are frequently used to orientate nursing students to prepare them for their duties as professional nurses. In the Western Cape Province professional nurses attend a training programme to prepare them for the role of preceptor. Following the training it is unclear how the trained nurse preceptors' perceive their preparation for the role. The perceptions of preceptors may also influence their commitment to their role. **Aims and Objectives:** The purpose of this study was to explore the interrelationships among preceptors' perceptions of benefits and rewards of, support for and commitment to the role. A conceptual framework guided the study which replicated previous studies that explored nurse preceptors' perceptions. **Research Methodology:** A descriptive, correlational design was used in this study to address the research questions. A quantitative approach was used to establish the perceptions of nurse preceptors' benefits, support and commitment to the role. The convenience sample was drawn from the preceptors (n=60) who completed the preceptor training programme at the University of the Western Cape. Instrumentation for the study included the following scales: Preceptor's Perceptions of Benefits and Rewards Scale, the Preceptor's Perceptions of Support Scale and the Commitment to the Preceptor Role Scale. Data analysis was performed through SPSS 20.0 to produce both descriptive and inferential statistics and to establish the relationships between the variables. **Results and Recommendations:** Statistical significance was examined and correlation between variables were analysed. The findings indicated that nurse preceptors were committed to their role: the workload of nurse preceptors needs to be refined and in-service training should be given to the nursing staff in relation to the goals of the nurse preceptor in the clinical and education units. The findings of this study will add to what is known about preceptors' perceptions and may assist in guiding the evaluation of the preceptorship programme. In addition, the results may inform nurse managers about the perceived benefits, rewards and support required by preceptors, thus adding to the body of knowledge about clinical teaching and learning. **Ethical Considerations:** Ethical

clearance was sought from the Ethics Committee of the University of the Western Cape and informed consent was obtained from the participants.

Declaration

I declare that *Exploring nurse preceptors' perceptions of benefits, support and commitment to the preceptor role in the Western Cape* is my own work, that it has not been submitted before for any degree or examination at any other university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

Inez Sherm Cloete

Signed: .....

Date: .....

Acknowledgments

I would like to express my sincere gratitude:

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Acronyms

PN Professional Nurse

SANC South African Nursing Council

PPBR Preceptors' perceptions of benefits and rewards

PPS Preceptors' perceptions of support

CPR Commitment to preceptor role

SPSS Statistical Package for Social Sciences

PGWC Provincial Government of the Western Cape

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 Introduction

This study is aimed at exploring nurse preceptors' perceptions of benefits, support and commitment to the preceptor role in the Western Cape. In the first chapter the concept of "nurse preceptor" is introduced and the importance highlighted of trained preceptors in the clinical preparation of undergraduate students. A brief background is provided regarding the education of nursing students and the value of clinical accompaniment during students' placements in the service setting. The problem statement, aim, objectives and research questions related to this study are presented and a brief overview of the ethical considerations is given. The research methodology chosen for this study is described.

1.1.1 Background and Contextual information

The education of nurses takes place at universities and colleges. Nurse education consists of a theoretical and a practical training component. The purpose of the nurse training is to prepare nursing students for their duties as professional nurses. The South African Nursing Council (SANC) is the professional body that regulates nurse training in South Africa (Nursing Act No. 33 of 2005). SANC Regulation 425 of February 1985 (SANC, 1985) relates to the approval of the

nursing curriculum of Higher Education Institutions offering nursing education and training programmes, and specifies the minimum requirements for the education and training of a nurse over a four year degree or diploma course. The practical component of nursing education includes the development of the student nurse's clinical skills. These skills are acquired in both a simulated and in a real clinical service setting, such as hospitals and clinics. Within the real setting, nursing students require supervision. The higher education institution employs clinical supervisors who have direct contact with students for half an hour per student per week. For the rest of the placement period students are supervised by the professional nurses within the clinical setting. These professional nurses do not necessarily all have a nursing education qualification. The need to strengthen the clinical teaching skills of professional nurses were identified by the Director of Nursing in the Western Cape Province (Mabuda, 2008). In order to strengthen professional nurses' clinical teaching expertise, the University of the Western Cape is offering preceptorship training, which is a continuing education course for professional nurses.

A preceptor is defined as a specialized tutor who gives practical training to the student in the practice settings (Moyer and Wittmann-Price, 2008, p.272). Preceptors facilitate the development of knowledge, clinical skills and professional attributes in nursing (Smedley, 2008). They introduce students to other members of the health team, create opportunities for students to learn and

encourage critical thinking and problem solving (Ehrneburg and Haggbolm, 2007; Henderson and Malko-Nyhan, 2006; Yonge and Myrick, 2004).

While superficially similar, a preceptor is not a mentor. The mentor focuses only on supporting, inspiring and nurturing, while the preceptor concentrates on the transfer of practical clinical skills (Sword, Byrne, Drummond-Young, Harmer and Rush, 2002). In this distinction, the clinical supervisor (who is employed by the university) is the person who guides, supports and assesses the student's practical skills and is responsible for the intended clinical learning outcomes (Ahlner-Elmqvist, Isoaho, Johansson, Kaila, Leksell and Saarikoski, 2010).

Preceptorship refers to the relationship between the preceptor and the student. It is meant to assist the nursing student to adjust to the nursing role. The main difference between a mentor and a preceptor is that the mentor role seems to involve a more close and lasting relationship with the student, while the preceptor role is more concerned with the development of clinical competence by using teaching strategies such as role modelling, questioning and feedback, within a safe and supportive environment. The use of these strategies by preceptors is valuable in enhancing student clinical learning and it is essential that preceptorship programmes equip preceptors with the necessary knowledge and skills to support and teach students within the clinical environment (Gleeson, 2008).

The preparation and support of professional nurses to become preceptors is important in delivering effective, high-quality clinical learning experiences that meet nursing students' learning needs or outcomes. Formal preparation is suggested for preceptors so that they remain committed to the preceptor role (Kaviani and Stillwell, 2000; Yonge and Myrick, 2004). This is particularly pertinent given that professional nurses, like other practice-based professionals, commonly take on the preceptor role in addition to their daily duties and responsibilities (Maclellan and Lordly, 2008). Training for preceptors is offered at higher education institutions and at health care facilities. The higher education institution is responsible for providing preceptors with the tools necessary to prepare them to function in their role and make their experiences positive (Campbell and Hawkins, 2007).

1.2 Problem statement

It becomes clear that nurse preceptors play an important role in clinical teaching and learning. It is evident that preceptors are prepared in various training programmes ranging from one-day, three-day to two-week workshops (California Nurses Foundation, 2007; Raines, 2012). After the professional nurses have successfully completed the preceptorship training programme, they go back to the clinical facilities. However it is unclear whether they are committed to the role or whether they perceive benefits and support for the role. The purpose of this study is to explore the trained preceptors' perceptions of benefits of, support for and commitment to the preceptor role. Findings of this study will add to what is

known about preceptors' perceptions and may help guide the evaluation of the preceptorship training programme offered by the University of the Western Cape. The results may also inform nursing managers about the perceived benefits, rewards and support needed by preceptors and add to the body of knowledge about clinical teaching and learning.

1.3 Aim

The aim of this study is to explore the trained nurse preceptors' perceptions of benefits, support and commitment to their role within specified settings in the Western Cape province.

1.4 Objectives

(1) To describe the nurse preceptors' perceptions of benefits and rewards of the preceptor role.

(2) To describe the nurse preceptors' perceptions of support for the preceptor role.

(3) To describe the nurse preceptors' perceptions of commitment to the preceptor role.

1.5 Research Questions

(1) What are the nurse preceptors' perceptions of benefits and rewards of the preceptor role?

(2) What are the nurse preceptors' perceptions of support for the preceptor role?

(3) What are the nurse preceptors' perceptions of commitment to the preceptor role?

1.6 Operational Definitions

Preceptor

A preceptor is an experienced nurse, resource person, and role model, who facilitates complex relationships, evaluates learning, fosters independence, and develops orientees' skills, competencies, and confidence. Preceptors also assist with the socialization of newly hired nurses or nursing students into a teaching–learning process within the clinical settings. This is done over a predetermined period that is defined by the educational institution or employer (Fothergill and Kerr, 2007).

For this study, preceptors are experienced professional nurses who share professional knowledge by teaching, counseling and inspiring the student within the clinical service settings. The teaching style is focused on interactive learning

which involves the student, professional nurse, and patient within the clinical context. A preceptor helps bridge the gap between theory and practice and serves as a role model supporting the growth and development of the nursing student.

The preceptor is employed by the Provincial Government Western Cape, PGWC, and not the higher education institution.

Preceptorship

Preceptorship refers to the relationship between the preceptor and the nursing student. Preceptorship involves access to an experienced and competent role model and is a means by which to build a teaching and learning relationship in the clinical setting. It focuses primarily on the development of students' clinical competencies and involves evaluation of the student's overall clinical performance. According to Yonge, Billay, Myrick and Luhanga (2007) preceptorship refers to the professional nurses' individualized day-to-day support to nursing students, including teaching, reflecting, feedback and evaluation to bridge the theory–practice gap.

Benefits and Rewards

Benefits and rewards are positive outcomes associated with services (Dibert and Goldenberg, 1995). For the purpose of this study, benefits and rewards relate to the positive outcomes associated with the preceptor role.

Support

The perceptions of preceptors are related to the conditions that enable the performance of their preceptor functions, such as access to resources, information, supplies, in addition to the ability to meet organizational goals when these resources are mobilized (Dibert and Goldenberg, 1995). In this study, support refers to the conditions that enable the performance of a function related to the preceptor role.

Commitment

Commitment refers to a combination of attitudes that reflect one's dedication to a role (Dibert and Goldenberg, 1995). For the purpose of this study, commitment refers to a combination of attitudes that preceptors reflect in their dedication to the preceptor role.

Perception

Perception refers to the act of how preceptors understand and are aware of preceptorship and the preceptor role. Perception is the product of reception, combination and processing of stimuli (Blumstein and Munoz, 2012).

Nurse Managers

Nurse Managers are professional nurses in control of the institution or facility at which preceptors are employed. Nurse Managers are in charge of one or more areas within the facility (Chase, 2010).

Educators

Educators are professional nurses involved in the planning or directing of nursing education within a higher education institution. These professional nurses become the facilitators of learning (O'Shea, 2003).

Co-workers

Co-workers are considered to be colleagues of professional nurses (preceptors) who have completed the preceptorship training programme. Co-workers are

fellow workmates or associates within the workplace (Ericson-Lidman and Strandberg, 2007).

1.7 Rationale

This topic interested the researcher, because it appears that very limited local research studies had been done regarding the perceptions of the nurse preceptors' benefits, support and commitment to the preceptor role. No previous study had been done to evaluate the nurse preceptors' perceptions following the completion of the preceptorship training programme at the University of the Western Cape by a total of 60 preceptors at the end of 2011.

The significance of this study is that it will provide the researcher and the training institution with an opportunity to gain insight into trained preceptors' views and understanding of their role. This will enable the university to review the preceptor training programme from the perspective of the trained preceptors and guide possible changes to the programme. It is necessary to understand that the clinical supervisors employed by the university are responsible for student accompaniment for limited periods in the service setting. It is therefore important that the nurse preceptors within the clinical facilities are adequately trained so that students are supervised for the rest of the placement period when the clinical supervisors are not present.

1.8 Methodology

A quantitative approach and descriptive, correlation design was used to explore the trained preceptors' perceptions of benefits, support and commitment to their role within specified settings in the Western Cape province. A cross-sectional survey was identified as the most appropriate method to ask participants about their beliefs, opinions and behaviour related to their preceptor role (Neuman, 2006).

A convenient sampling method was used to select participants for this study. This sample size included 60 individuals who registered for the nurse preceptor training programme. After ethical clearance from the University of the Western Cape was gained, a questionnaire was pilot tested and thereafter distributed to the participants by electronic mail. Only 41 of the 60 individuals ended up participating in this study. Data collection commenced with 41 participants completing the four-part questionnaire adapted from a previously tested instrument developed by Dibert and Goldenberg (1995).

The study done by Dibert and Goldenberg (1995) analysed the results of the data by correlating the variables. The same was done in this study. These variables are: the benefits and rewards of the preceptor role, the support for the role and the commitment to the role. The Statistical Package for Social Sciences (SPSS) 20.0

software was used to analyse the data which was then displayed in frequency tables and graphs.

A detailed discussion of the research methodology is presented in Chapter 3.

1.9 Ethical considerations

All ethical principles were adhered to in this study. The ethical consideration is discussed in further detail in Chapter 3 under the heading, Research Methodology. This is done in relation to ethical clearance, permission from participants and all other relevant ethical issues (Babbie, 2009; Houser, 2008).

1.10 Structural overview

In Chapter 2, literature is reviewed. The literature review is presented as follows: Conceptual analysis of preceptorship, a discussion of benefits and rewards of the preceptorship role, support for the role, and commitment to the role. This is done to understand the relationship between the subscales/variables referred to in this study.

Chapter 3 contains an elaboration of the research methodology, how it relates to a quantitative study and how the researcher implements it in this study. The research design, this study setting, the population used, the sampling method, the pilot study, the data collection tool and data collection procedure is discussed. Ethical considerations will also be looked at.

In Chapter 4 the data is analyzed making use of descriptive analysis and inferential statistics. Correlation between variables is discussed and be presented accordingly.

Chapter 5 will highlight an interpretation of all the findings as well as a discussion thereof. The discussion will incorporate literature related to other research studies. In this chapter the recommendations will also be presented in relation to the findings.

1.11 Conclusion

Preceptors are professional nurses who facilitate clinical teaching and learning in service settings. They are responsible for orientating nursing students and preparing them for their duties as professional nurses. Preceptorship training programmes are generally used to prepare preceptors for their role. Following the training programme, it is unclear whether the preceptors are adequately prepared

and therefore more information is needed about preceptors' perceptions about their role. The purpose of this study is to explore the interrelationships among nurse preceptors' perceptions of benefits, support and commitment to the role.

In this chapter the reader was introduced to the topic with the relevant background and overview of the research methodology for this study. The problem statement, aims, objectives, research questions, operational definitions and rationale of this study were set out in a logical manner.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

In this chapter an analysis of the concepts preceptor and preceptorship is presented. The preceptorship model of Happell (2009) is described and Kanter's (1977) model of Structural Determinants of Behaviour in Organizations is used as the conceptual framework for the study. Literature related to nurse preceptors' perceptions of benefits of, rewards and support for and commitment to the preceptorship role is discussed in detail.

2.2 A conceptual analysis of preceptorship

Preceptors are an important source of embedded knowledge (Ryan-Nicholls, 2004). They are expected to work one-on-one with novices and will, in the end, influence novices' clinical skills and socialization in the clinical settings and in the nursing profession (Cross, Jolly, Newton and Ockerby, 2009). Studies show that preceptors offer a way to integrate theory into practice and, thus, help to decrease the gap between academic environments and practice (Bashford, 2002; Block and Sredl, 2007).

Preceptorship refers to the educational relationship in which an experienced and skilled professional provides knowledge, skills, support, and encouragement to a nursing student in order to enhance the nursing profession (Happell, 2009). It is therefore considered as the relationship between the preceptor and the student. Gleeson (2008) defines preceptorship as a model of support that facilitates an undergraduate student nurse's education and learning.

The preceptorship model emphasises the importance of partnership and collaboration when implementing effective preceptorship programmes. Happell (2009) suggests that the production of knowledgeable, skilled and competent nursing students is a shared responsibility between stakeholders when working towards meeting the learning objectives and clinical skills of the student. These stakeholders include the preceptor, the student, the higher educational institution and the clinical facility (Happell, 2009). In addition, a successful preceptor model is essential and includes a well-developed curriculum to accommodate clinical practice (Billay and Myrick, 2008).

Literature has shown that preceptor training programmes are recognized as important element of nursing students' education (Elisabeth, Christine and Ewa, 2009; Hyrkas and Shoemaker, 2007; Wieland, Altmiller, Dorrand and Wolf, 2007; Rose, 2008). The mentioned literature refers to the training offered to professional nurses within the service settings to acquire the skills to educate and train nursing

students to develop clinical competencies. The preceptor program teaches the preceptor to facilitate role transition from student to practicing nurse (Scanlan, 2008). The role of preceptorship training programmes in bridging the gap between theory and practice and assisting novices' transition to professional practice is worthy of examination (Cross, Jolly, Newton and Ockerby, 2009).

According to Gleeson (2008) the content of the preceptor programme should be purposely targeted to meet the needs of the preceptor. Therefore, the preceptors in partnership with the higher education institution should evaluate the needs of the preceptors prior to the training to ensure that they are met. This may further aid in equipping preceptors with effective teaching and assessment strategies and in developing open communication and collaboration with the higher education institution and a shared commitment to enhance student nurse learning in the clinical environment. These programmes range from one day to two-week programmes.

In California, the preceptorship training programme is a twelve-hour course which is offered in two six-hour sessions and is designed to prepare Professional Nurses (PNs) to become preceptors who contribute to a supportive clinical learning environment (California Nurses Foundation, 2007). In Australia, a two-day preceptor preparation workshop was offered to all professional nurses with at least one year of experience within the organization who possessed the desire and

aptitude to be preceptors in Brisbane (Kidd, 2010). The programme offered at the University of the Western Cape is a two-week programme which includes various learning activities designed to assist the participant in becoming a preceptor. Preceptorship training therefore differs in the duration, is offered at different levels and can also be offered as a continuing education programme.

The preceptorship role is fulfilled when the following are put into place by the preceptor: the provision of an orientation for the student; the maintenance of a current knowledge base which can serve as a resource nurse role; the modeling of professional nursing practice; the contribution to an evaluative system which measures the student's progress (Scanlan, 2008). The preceptor role will be fulfilled in addition to daily care of patients and is aimed at reaching the learning outcomes of the nursing students, and to linking theory and research with nursing practice. Nurse preceptors plan and evaluate according to the learning outcomes of the students in their respective clinical facilities (Lofmark, Natvig, Raholm and Thorkildsen, 2012).

2.3 Conceptual Framework

The conceptual framework for this study is Kanter's (1977) model of Structural Determinants of Behaviour in Organizations. The underlying concepts of an integrated structural model of human behaviour in organizations are opportunity and power. Opportunity refers to possibilities to advance, the chance to enhance

skill and competency, and rewards and recognition. Support refers to the access to information and supplies, access to support, and the ability to organize the opportunities to accomplish the goals of the organization. In Kanter's model, individuals who see themselves as having access to opportunity and support are prone to be committed to organizational goals. As a result, the individual's work effectiveness is positively affected (Dibert and Goldenberg, 1995; Kidd, 2010).

Therefore, according to Kanter (1977) if preceptors have access to power (information, support, resources, ability to mobilize) and opportunity (the chance to increase competence and skills, advancement, recognition of skills and rewards), they may have an increase in commitment to the preceptor role. If preceptors perceived that nurse managers or educators do not support their decisions or if they lack sufficient time and/or training to adequately perform their role, they would be less likely to continue in the role of preceptor. If rewards for the role of preceptorship were not forthcoming, preceptors' commitment to the role tend to decrease (Dibert and Goldenberg, 1995; Brown, 2010).

Kanter defined power as the ability to get work done, to make use of resources, to get and use whatever it is that the individual needs for the goals he or she is attempting to meet. For Kanter, power related more to mastery or autonomy. Through generating more autonomy, and additional access to resources, individuals would be empowered and have increased capacity for effective action.

If more individuals were empowered, then they could accomplish more and get more tasks done. Therefore, the reason for a nurse leader becoming effective is not because they have good relationships with subordinates but rather because they have the ability to get the nursing staff a favourable share of the resources, opportunities and rewards within their clinical work area (Kanter, 1977; Liu, 2008).

Leadership effectiveness adds to what is needed as a nurse preceptor in the clinical facilities and is linked to having access to opportunity, resources, information, and formal and informal power in the clinical workplace. Nurse preceptors with access to these structures are empowered and successful, which leads to enhanced worth and overall organizational achievement within the workplace. The contextual effects of positive nurse manager relationships and their influence on empowering working conditions at clinical level and, subsequently, nurses' organizational commitment, highlight the importance of leadership for creating conditions that result in a committed nurse preceptor (Finegan, Spence Laschinger and Wilk, 2009).

2.4 Benefits and rewards of the preceptorship role

Zilembo and Monterosso (2008) completed a quantitative study in Australia that focused on the interactions that take place within and around the multi-faceted student/preceptor relationship. That study identified rewards of preceptoring as, increasing one's own knowledge base and the satisfaction of teaching.

Moran (2011) completed a quantitative study in the Midwestern part of the United States of America which included a sample of 674 professional nurses and which used questionnaires as data collection tools. That study concluded that benefits of the preceptorship role include: sharing knowledge with new nurses and nursing students; assisting new staff and nursing students to integrate into the nursing unit; contributing to their profession and gaining personal satisfaction from the role.

A "love" of teaching and wanting to facilitate the development of the next generation incentivize some nurses to accept the role of preceptor (Yonge, Hagler, Cox, and Drefs, 2008). Other nurses reported benefits such as "passing the torch" to the next generation of providers, sharing knowledge and expertise, coaching others, demonstrating expertise to the patients, providing networking opportunities, and receiving credit for continuing education (Billay and Myrick, 2008; Campbell and Hawkins, 2007).

Campbell and Hawkins (2007) stated that potential rewards can be given to preceptors as a way of saying, "Thank you for your service to our school." Some examples of rewards include tuition for courses or continuing education, access to the university's online services, and access to the university library system (Campbell and Hawkins, 2007; Young et al., 2008).

In a study done in the United States of America by Hyrkäs and Shoemaker (2007), 82 preceptors formed the population for the study. The findings suggested that the benefits and rewards of preceptorship included the following aspects: teaching new student nurses (n=82), improvement of teaching skills (n=81), gaining of personal satisfaction from the role (n=82) and being recognised as a role model (n=82).

2.5 Perceptions of support for the preceptorship role

According to McCarthy and Murphy (2010) in a study done in Ireland, the majority of preceptors found the role stressful and burdensome and did not feel adequately supported by their clinical managers. The perceived levels of stress that most respondents (83%) reported in relation to their preceptor role were mild or moderate in severity. Only seven respondents (11%). reported experiencing no stress. Preceptors expressed the need for protected time, support, feedback and recognition from management for undertaking this role. A third (33.5%) of the participants agreed that they feel supported by hospital management staff while

38% disagreed to having support from management, 23.6% were undecided while 4.2% did not answer the question.

Preceptors need continuous and ongoing support with preceptor-student relationships. A descriptive correlational design used by Hyrkäs and Shoemaker in 2007 made use of two convenience samples totaling 82 preceptors. Group A (n=55) precepted undergraduate students and Group B (n=27) precepted newly hired nurses. The Maine Medical Center and the University of Southern Maine, Portland, Maine, were the settings for this study sample. A large proportion (73.2%) of the 82 preceptors attended at least one of the two workshops. These participants viewed the workshops as beneficial, but only as a starting point for a much larger preceptor program. Efficient support for preceptors should be available for them in the nursing units. A statistically significant correlation was found between perceptions of support and commitment to the role ($p = 0.01$).

In a quantitative study done by Hallin and Danielson (2008) in Sweden, a correlational design was used to establish differences in perceptions of two groups of preceptors. One group was surveyed in 2000 and the other in 2006. In this study, the two groups' perceptions were compared. Most preceptors rated support from colleagues as very good/good and a statistically significant increase was found in three of the four items comprising this scale. A smaller percentage of participants considered that support from chief nurses and enrolled nurses were

very good/good. A relatively high proportion of the preceptors had no opinion on any of the items except support from colleagues.

Hautala, Saylor and O'Leary-Kelley (2007) completed a study using a convenience sample of 65 registered nurses (preceptors) within the San Francisco Bay area. The study focused on the perceptions of preceptors in relation to support within their working environment. Many preceptors felt adequately supported (88%), of which 83% felt confident in their role even though it meant an increase in their workload. However there were still moderate to above moderate levels of stress reported, because of the high workload and limited organizational support. Many preceptors (88%) believed they were adequately prepared for the role, 88% felt that the management was committed to the program and 91% felt that co-workers supported the program. Most of the respondents also perceived that educators, managers, clinical nurse specialists, and co-workers were committed to the success of the program.

Bradshaw, Butler, Cassidy, Egan, Fahy, Mc Namara, O'Conner, Quillinan, Tierney and Tuohy (2011) completed a study in Ireland which was undertaken in two phases using a mixed method approach that included focus groups and a survey. The total population of preceptors (n=837) in the Mid-West region of Ireland participated in the study. The preceptor sample (n=837) included 536 general nurses, 177 mental health nurses and 124 intellectual disability nurses

who were accessed using up to date lists of all preceptors in the clinical placement facilities. Over half of the preceptors (57%) perceived that the preparation they had received was sufficient in supporting their preceptor role, 40% believed it was too minimal and 3% felt it was too excessive. The most frequently used sources of support were communicating with other preceptors (56.7%), referring to competency assessment guidelines (56.7%) and consulting material from a preceptorship training course (29.4%).

2.6 Perceptions of commitment to the preceptorship role

In extending what is known about preceptorship, research done in Sweden by Hallin and Danielson (2008) states that factors influencing preceptors' commitment to the role include self-awareness, self-confidence, age, experience, and attending a preceptor training course. These attributes, and an interest in precepting, therefore influence registered nurses' commitment to the preceptorship role.

A quantitative study completed in Ontario, Canada, in which a convenience sample of 59 preceptors, of which 90% had attended a preceptor training program during the preceding 10 years, was recruited. The research found that the preceptors tend to be committed to their role when worthy benefits, rewards and support was present. The most highly regarded benefits and rewards included

integrating preceptees into the nursing staff, sharing knowledge and skills with preceptees, teaching nursing students, and personal satisfaction (Brown, 2010).

Dube (2009) completed a quantitative study in Botswana to explore the views of preceptors and preceptees regarding role fulfillment in clinical practice settings. The number of preceptors included in this study was 55. Many (91.4%) of the preceptors indicated that they had an interest, while 8.6% did not show any interest in teaching nursing students. The claim could thus be made that commitment to the preceptor role is influenced by the professional nurse showing an interest in the teaching of nursing students.

2.7 Conclusion

The bulk of the literature accessed in relation to this topic was from international studies. South Africa has minimal published literature on preceptors and their role. The local quantitative study which was done in Botswana explored the preceptors' perceived fulfilment of the preceptor role (Dube, 2009). When reviewing the literature, it becomes clear that there are links between all three variables: benefits and rewards, support and commitment. Nurse preceptors are committed to their role when benefits, rewards and support are offered to them (Hyrkäs and Shoemaker, 2007; Hallin and Danielson, 2008).

This literature review supports Kanter's conceptual framework that workplace structures have positive effects on staff performance. Opportunities (in this case holding specific competence), support (feedback and recognition from the nurse manager) and access to resources (being prepared for the task and selected time and relief at work) predict how professional nurses view themselves as nurse preceptors. The more structural power the preceptors had with regard to these aspects, the higher they rated feeling that they were performing well in their work as preceptors and feeling stimulated by the task of being a preceptor.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter focuses on the research paradigm for this study. The concept of "paradigm" refers to an accepted set of beliefs or values that guide the research (Christensen and Johnson, 2012). Research paradigms are identified on the basis of certain philosophical assumptions, namely ontological (a branch of philosophy relating to the nature of reality), epistemological (dealing with the nature of knowledge) and methodological assumptions (the rules and procedures that specify methods the researcher can follow when acquiring knowledge). It is important that researchers explain the philosophical assumptions underpinning their research (Botma, Greeff, Mulaudzi and Wright, 2010).

In this chapter the research approach, the study design, the study population, setting, sampling technique and the data collection method is described. The data collection tool is discussed and the quantitative data analysis described. The researcher will also ensure the ethical conduct of the research process and employ strategies to enhance the validity and reliability of the research findings.

3.2 Research paradigm

The researcher made use of a positivist approach in conducting the research. Positivism is a systematic way of conducting research that emphasises the importance of observable facts. Ontologically, a positivist research study assumes that reality can be generalized and that reality is not time- or content-bound. Epistemologically, a positivist research study assumes that knowledge can be described in a systematic way, and that knowledge is accurate and certain. These ontological and epistemological assumptions, in turn, underlie methodological assumptions: in assuming that reality can be uncovered and its phenomena scientifically described. A positivist researcher quantifies and measures variables, thus adopting a quantitative, descriptive study methodology (Botma, Greeff, Mulaudzi and Wright, 2010).

3.3 Research approach

A quantitative approach was adopted for this study, as the variables are numerical and can be counted. The evidence for this study was gathered according to a specific plan, using formal instruments to collect the relevant data. Often, the numerical data produced in quantitative research can be manipulated statistically to confirm the original research question, while results can be used to make predictions (Gerrish and Lacey, 2010).

Quantitative research "typically moves in an orderly and systematic fashion from the definition of a problem and the selection of concepts on which to focus, through the design of the study and collection of information, to the solution of the problem" (Polit and Beck, 2004, p.15). The quantitative approach was considered the best research approach for this study, because it allows for reliable measurement of the research question(s). It also allows for the application of statistical techniques to provide disciplined data collection and data analysis.

3.4 Study design

A descriptive correlational design was used in this study to address the research questions. A descriptive study design is concerned with describing the characteristics of a particular individual or group. The purpose of descriptive studies is to observe, describe, and document aspects of a situation as it naturally occurs and sometimes to serve as a starting point for theory development or change in programmes (Polit and Beck, 2012). Using a correlational design allows research variables, groups or individuals to be compared. Descriptive correlational designs are usually cross-sectional. The purpose of this type of design is to examine the interrelationships among clearly defined variables in a short period of time (Burns and Grove, 2005; Brink, Van der Walt and Van Rensburg, 2006). This kind of design was considered the most appropriate for this study because it assists in correlation of the interrelationship between the variables pertaining to preceptors' perceptions of their role. For example, this type of design allowed the

researcher to determine whether perceptions of benefits relate to commitment to the role.

3.5 Study setting

The Western Cape Provincial Department of Health Services comprises of primary healthcare services (level one) which consist of 479 facilities in 32 sub-districts. Level one facilities refer to community health centres and clinics. Some of these facilities are managed by the Department of Health, whereas others are managed by the City of Cape Town. There are 34 district hospitals within the Western Province: this includes three tertiary hospitals and eight regional hospitals. These regional hospitals are known as level two hospitals.

There are three central hospitals in Cape Town; they are known as level three hospitals. One of the three hospitals specializes in the healthcare of children. These level three hospitals accept specialist referrals from other hospitals across the province, in some cases from other provinces or even other African countries. The Department of Health also provides various specialized services, including tuberculosis hospitals, psychiatric hospitals, and a rehabilitation centre (Western Cape Government, 2012).

The Western Cape Province is divided into different districts, namely: Central District, Regional, Cape Winelands, Central Karoo, Eden, Overberg, West Coast, Metro District Health Services and the Western district. Different higher education institutions and clinical facilities (Level one to three facilities and specialized facilities) are located in these districts.

Preceptors are employed in level one, level two and level three hospitals within the Provincial Government of the Western Cape (PGWC), i.e. in primary health care settings, at secondary hospitals and at tertiary hospitals. Preceptors are also employed in all of the health districts in the Western Cape Province. They are deployed within all the medical disciplines at these health facilities; maternity, trauma, theatre, mental health and general surgical disciplines. The preceptor profile (Appendix E) provides demographic data of the number of preceptors who attended the training course offered by the University of the Western Cape.

3.6 Study population

A population is the entire or whole group of people, things or events which is of interest or importance to the researcher's investigation (Polit and Beck, 2012). This study population includes 60 professional nurses who registered for the nurse preceptor training programme at the University of the Western Cape, School of Nursing from January 2010 until March 2012.

3.6.1 Sampling

A sample is a section of a whole selected to participate or engage in a research study (Burns and Grove, 2009). The process of sampling is the means by which the researcher selects the sample from the population. The reason sampling is important is because it can be used to represent the entire population. Thus, information about a specific phenomena can be obtained from a small section of a population, i.e. the sample (Brink, Van der Walt and Van Rensburg, 2006).

3.6.1.1 Inclusive criteria

The inclusive criteria for this study are the trained preceptors that are employed by the Provincial Government of the Western Cape (See participant profile: Appendix E).

3.6.1.2 Exclusive criteria

The exclusive criteria are the trained preceptors that are employed by higher education institutions and those who are situated outside of the Western Cape (See participant profile: Appendix E).

3.6.2 Sampling technique

A convenience sampling method was used to involve and draw participants from the population. A convenience sample is usually used because it allows researchers to obtain basic data and trends regarding their study and gives them the choice to select readily available subjects for the study (Brink, Van der Walt and Van Rensburg, 2006). This method of sampling is appropriate, because every professional nurse that has registered for the preceptorship training within the period of data collection, whether male or female, will form the sample population.

The sample size for the research study was all inclusive and the 60 individuals who registered for the nurse preceptor training programme was sampled. Of the 60 individuals, two could not be traced; four individuals were excluded because they were situated outside of the Western Cape; two individuals were excluded because they formed part of the pilot study; six individuals refused to participate in this study; and five individuals indicated that they had not succesfully completed the training. A total of 41 individuals participated in this research study.

3.7 Data Collection

The data collection method as well as the data collection instrument will be discussed and the alignment between the data collection and objectives of this study illustrated.

3.7.1 Data collection method

A cross-sectional survey was used to determine the professional nurses' perceptions of benefits, support and commitment to the preceptor role. Surveys are used in testing the analysis of the relationship between non-manipulated variables in the case of descriptive research studies (Kothari, 2004). Cross-sectional designs involve the collection of data at one point in time: the phenomena under study were captured during one period of data collection. A cross-sectional study was appropriate for this study as it allowed for a description of the nurse preceptors' perceptions and for a description of the relationships among the variables at a fixed point in time (Polit and Beck, 2012).

3.7.2 Data collection instrument

The data collection tool used to test the professional nurses' perceptions was a questionnaire developed by Dibert and Goldenberg (1995) and adapted for this study. A questionnaire is a printed document where the respondent, who is the

unit of analysis, writes down his/her answers in response to the questions to gather data (Boswell and Cannon, 2012).

The reason for choosing a questionnaire as a data collection instrument is because it is an effective way of obtaining data from a large group of participants within a short period of time. It is also one of the easiest research instruments used to test for reliability and validity (Brink, Van der Walt and Van Rensburg, 2006). Although questionnaires are effective data collection instuments, they may also have their disadvantages. Where the researcher is not present, it is always difficult to know whether the respondents understand the questions properly. The response rate when using questionnaires tends to be very low when it is posted to the participants and it offers minimal opportunity for the researcher to check the truthfullness of the answers given (Denscombe, 2007).

The four-part questionnaire, developed by Dibert and Goldenberg in 1995 was adapted to specifically address the intended study and each participant filled in the questionnaire individually. The questionnaire was based on using PPBR (Preceptors' perceptions of benefits and rewards) (Dibert and Goldenberg, 1995), PPS (Preceptors' perceptions of support) (Dibert and Goldenberg, 1995), and CPR (Commitment to preceptor role) scale (Dibert and Goldenberg, 1995). This scale was used for Sections 2 to 4. Questions posed in the questionnaire were close ended questions to be answered using the Likert scale, in which the responses are

rank ordered. The researcher selected questions from this previously tested questionnaire. The questions selected were most appropriate for this study. The tool was then reviewed regarding validity and reliabity. These is explained in detail later in this chapter.

Section 1 of the questionnaire included questions related to social demographic data such as the preceptor's age, gender, highest education level, year of graduation/completion, professional designation, and years of experience as a nurse and as a preceptor. Additional information included when preceptorship training was completed, months experience as a preceptor, and where the preceptor is currently employed.

In Sections 2 – 4, the participants needed to consider each statement with reference to their experience as a preceptor. Section 2 included questions based on the preceptors' benefits and rewards of the preceptorship role after their successful completion of the preceptorship programme, e.g. whether they were able to teach nursing students to the best of their ability, whether the preceptorship training had improved their teaching skills, whether they had gained personal satisfaction from the preceptor role, etc.

Section 3 was based on the preceptor's perceptions of support for the preceptorship role. This section involved measuring the support (as perceived by preceptors) that they receive from professional nurses in the nursing unit, from nurse educators and nurse managers. The participants also needed to indicate whether the workload is appropriate when functioning as a preceptor in the nursing unit.

Section 4 included questions based on commitment to the preceptorship role. This section included aspects of whether the preceptor was adequately prepared for the role, whether the preceptor values the programme, whether becoming a preceptor was a mistake, whether the participant is proud to be a preceptor, whether the role inspired the individual to perform to their very best, etc.

Sections 2 to 4 were rated on a 6-point Likert Scale form (from 1 = strongly disagree to 6 = strongly agree), (Dibert and Goldenberg, 1995; Kidd, 2010). All the sections in the questionnaire are recognized as the variables in this study.

3.8 Data collection process

After ethical clearance from the University of the Western Cape was gained, the researcher began the data collection process. This process was conducted over a four week period in the month of September 2012. The data were collected on every day of the week from Monday to Friday.

The researcher secured permission to retrieve names and contact details from the database of the University of the Western Cape School of Nursing. These participants were contacted telephonically. During these telephonic conversations, the individuals were informed about the research, and information was given to them regarding the information letter and consent form they needed to sign and return. The respondents had to decide and inform the researcher if they wanted to receive the documents and questionnaires via fax or email. The information letter (Appendix B), consent form (Appendix C) and questionnaires (Appendix D) were distributed via the preferred mode of delivery to all preceptors who completed the preceptor training programme.

The respondents were then informed that they needed to submit their signed documents and completed questionnaire within two weeks after receipt of the documents, either via fax or email. The information letter explained what the research study entails and who was responsible for the research study. This letter also explained to the participants what was expected from them for the successful

completion of this study. The benefits of the research for the participants were explained and the confidentiality aspect was also included in the letter. Contact details for the researcher were added to the information letter so that participants could contact the researcher regarding any uncertainty about this study or filling in of the questionairre, if the need arose. The consent form that had to be signed included a declaration that the participant understood what this study was about and understood that this study would not affect them negatively. Once the participants have completed the questionnaire and signed the consent form, it was emailed or faxed back to the researcher, whichever method was easier for the participant. The signed consent form was then put in a file for the researcher's benefit and stored in a locked cupboard. Incomplete questionnaires were sent back to participants for completion (Murray-Thomas, 2003). These questionnaires were promptly corrected and sent back to the researcher.

Although it was emphasised that the consent form and the questionnaire be sent back to the researcher within two weeks of the participant receiving it, the researcher struggled to secure receipt of most of the consent forms and questionnaires. The researcher had to remind the participants regularly about the research study that was being conducted so that receipt of these documents could be sought. All the collected data on the questionairre was checked and captured on the SPSS database. The correlations between the variables were determined by using the SPSS database.

3.9 Pilot testing

A pilot study is a preliminary test of a questionnaire which helps to discover problems and benefits linked with the design (Balnaves and Caputi, 2001). A pilot study is also referred to as a miniature version of a study, or a trial run, completed prior to the execution of the full study (Boswell and Cannon, 2011).

The questionnaire was pilot tested using two preceptors who completed the preceptorship training programme. This tested the validity and reliability factors of this study by pilot testing whether the questions on the questionnaire were unambigious and comprehensible. In addition, the pilot testing could test the data collection process, noticing the challenges to the data collection and addressing them. (Gass and Mackey, 2005). The pilot study revealed that the questions were clear and that no adaptions had to be made. The participants in the pilot study were then excluded from the main study.

3.10 Data analysis

The data was analysed using the Statistical Package for Social Sciences (SPSS) 20.0 software. This allowed the researcher to calculate mean, standard deviation and display the findings of the data using frequency tables. The mean refers to the average score ranged between 1 and 6 (on the Likert scale) and is therefore the most frequently used measure of central tendency. It is calculated by adding all

the scores (1 to 6) and then dividing that total by the number of participants (n=41). The mean is the ideal measure of central tendency. Measures of central tendency give the researcher a convenient way of describing a set of data with a single number. This was therefore used to summarize the relevant data, known as the measuring of central tendency (Kruger, de Vos, Fouche and Venter, 2005). Standard deviation refers to the number which shows how much variation exists from the average or mean value (distance of each score from the mean); it is the most stable measurement of variability (Boswell and Cannon, 2012).

Descriptive statistics were used to analyze the data collected from the social demographic questionnaire and inferential statistics was used to analyze the remaining data. Spearman's Correlation Coefficients was used to assess the correlation between variables of the preceptors' perceptions of benefits and rewards (PPBR), commitment to the preceptor role (CPR), and perceptions of preceptor support (PPS) scales, since these variables were measured at the interval level.

Analyses of relationships among specific demographic variables (highest education level; years of experience as professional nurse and; area of current employment) and scores on CPR were accomplished through non-parametric tests (which includes Mann-Whitney U). A significance level of 0.05 (two-tailed significance) was selected for interpreting the results collected. Items that measure

the benefits and rewards, support and commitment were be rank-ordered by means from highest to lowest to establish those most preferred by the preceptors.

3.11 Validity and Reliability

Similar studies done by Kidd (2010) as well as Brown (2010) focused on the same validity and reliability factors. Reliability analysis of the 3 scales (PPBR, PPS, and CPR) yielded alpha coefficients 0.91, 0.86, and 0.87, respectively (Dibert and Goldenberg, 1995), and 0.90, 0.75, and 0.86 respectively (Hyrkas and Shoemaker, 2007). As stated in Burns and Grove (2005), the lowest acceptable Cronbach's alpha value for a well-developed instrument is 0.80, while newly developed instruments can have reliability as low as 0.70. In this study, the researcher made use of the Cronbach's alpha test where reliability analysis of the 3 scales (PPBR, PPS and CPR) yielded alpha coefficients 0.73, 0.76, and 0.75 respectively. In using these criteria for determining adequacy of the scales, the 3 scales appeared reliable for the adapted questionnaire used in this study.

Content validity relates to the degree to which an instrument has an appropriate sample of items for the construct being measured (Polit and Beck, 2012). Researchers designing a data collection tool should begin with a thorough conceptualization of the construct so that the instrument can capture the entire content domain. In this study, content validity of the instrument was ensured by giving it to professionals in the field of preceptorship training to comment on the

relevance of the questions to the aim of this study. These professionals included the convener of the preceptorship training programme offered by the University of the Western Cape and a doctoral candidate who is developing a contextually relevant preceptorship model for the School of Nursing, University of the Western Cape. The instrument was accepted to be valid by both professionals.

Face validity refers to whether the instrument appears as though it is measuring the suitable construct. Although face validity should not be considered primary evidence for an instrument's validity, it is valuable for a measure to have face validity if other types of validity have also been demonstrated in the study (Polit and Beck, 2004). In this study, face validity of the instrument were ensured by conducting a pilot study with two nurse preceptors who completed the preceptor training programme at the University of the Western Cape. These responses gave the researcher an opportunity to determine whether the instrument was user-friendly and whether the questions asked in the instrument were clear (De Vos, 2002).

The information letter, consent form and questionnaire were phrased in English only. It was not necessary to translate those documents for the purposes of this study, as all the preceptors had obtained higher education qualifications and had also completed the preceptor training programme in English.

3.12 Ethical considerations

The researcher took care to conform to the ethical principles of conducting research involving human subjects (Bernard, 2010). Ethical clearance was first obtained from the University of the Western Cape's Higher Degrees Committee. Permission was sought from the participants. Participants were informed about the aims and objectives of the research study through the receipt of an information letter. Informed consent was secured prior to the study through a signed consent form. It was therefore essential for the researcher to remember that participation was voluntary. Autonomy was explained to the participants and they were informed that they were allowed to withdraw from this study at any time and that withdrawal would not affect them in any way. None of the participants withdrew from this study. Those that did not want to participate in the research informed the researcher in the initial data collection process when the researcher contacted the individuals via the telephone calls. The researcher assessed the risks and benefits that would be incurred in this study. No major risks (for example, physical harm, discomfort, psychological stress) were foreseen by the researcher in relation to the participants. Benefits to the participants' participating in the research included satisfaction that the information they provided could assist in the preceptor training programme evaluation and them having an opportunity for introspection.

When the researcher received the completed questionnaires, the names of these preceptors were kept anonymous. This was done by allocating a number to them instead of using their names on the questionnaire. The consent forms and

questionnaires were kept under lock and key. The information was not accessible to anyone but the researcher. The information gained and collected from the participants in the selected population was kept confidential. The participants were given a chance to ask questions via email if they did not understand what was expected from them throughout the data collection period. The results of this study would be made available to the participant's working institution as well as to the University of the Western Cape which offers the preceptorship training programme (Babbie, 2009; Houser, 2008).

During the one month of awaiting the ethical clearance letter, the researcher did a second literature review and the relevant literature was added to the appropriate chapters.

3.13 Conclusion

In this chapter the research methodology including the research approach and the study design was discussed. The sampling strategy was explained and the most appropriate data collection method was identified and described. A four-part questionnaire, developed by Dibert and Goldenberg in 1995, was adapted to suit this study. The data collection and data analysed processes were presented in a fair amount of detail.

Literature was used in this chapter to substantiate the chosen methods for data collection and data analysis. Validity and reliability was discussed and the need for conducting ethically sound research highlighted. In Chapter 4 the finding of this study is presented in frequency tables and graphs.

CHAPTER 4

RESEARCH FINDINGS

4.1 Introduction

A quantitative research methodology was used to conduct this study. In this chapter the research findings are presented. Note that when using the term "this study" it refers to the study titled: *Exploring nurse preceptors' perceptions of benefits, support and commitment to the preceptor role in the Western Cape*. The discussion of these results is done in Chapter 5. The researcher explored the nurse preceptors' perceptions of the benefits of, support for and commitment to their role within specified settings within the Western Cape. All the preceptors who met the inclusion criteria had the opportunity to take part in this study. A total of 82% (n=41) took part in this study.

The researcher made use of frequency tables and graphs to present the research findings. The different variables for analysis were informed by the adapted questionnaire that was used for the collection of data. They were:

- Demographic characteristics of the participants
- Nurse preceptors' perceptions of benefits and rewards of the preceptor role
- Nurse preceptors' perceptions of support for the role
- Nurse preceptors' commitment to the preceptor role.

4.2 Demographic data of the participants (Section 1 of questionnaire)

Table 4.1: Age, Gender, Highest education level and Year of completion/graduation (sample size n=41).

Variable	Category	Frequency (n)	Percentage
Age	≤45	22	53.7%
	46-50	9	21.80%
	51-55	5	12.10%
	56-60	4	9.80%
	>60	1	2.40%
Gender	Female	40	97.60%
	Male	1	2.40%
Highest education level	Nursing Diploma	32	78.1%
	Nursing Degree	9	21.9%

The majority of the preceptors, 53.7% (n=22) were ≤ 45years old. The mean age was 45.8 years. Of all the preceptors, 97.6% (n=40) were females and only 2.4% (n=1) was male. A total of 78.1% (n=32) of the sample had a Nursing diploma qualification, while 21.9% (n=9) had a Nursing degree. This demographic data has been summarized in Table 4.1.

Table 4.2: Professional designation, Years of experience as professional nurse, Months of preceptor experience after completing preceptor training, Area of current employment (sample size n=41).

Variable	Category	Frequency (n)	Percentage
Professional designation	Professional nurse	22	53.70%
	Professional nurse manager	6	14.60%
	Professional nurse educator	13	31.70%
Years of experience as Professional nurse	<10 years	3	9.70%
	10-14 years	6	14.50%
	15-19 years	11	26.80%
	20-24 years	7	17.10%
	25-29 years	9	21.90%
	30-34 years	3	7.30%
	>35 years	2	4.80%
Months of preceptorship experience from completion of training	<9 months	6	14.60%
	10-14 months	9	21.90%
	15-19 months	7	17.0%
	20-24 months	10	24.40%
	25-29 months	5	12.20%
	>30 months	4	9.70%
Area of current employment	Clinical unit	27	65.90%
	Education unit	13	31.70%
	Other	1	2.40%

The majority, 53.7% (n=22) of the participants indicated that they are Professional nurses. Most of the participants, 26.8% (n=11) had between 15 and 19 years experience as professional nurses. The majority of the preceptors, 24.4% (n=10) indicated having between 20 to 24 months experience as a preceptor after attending the training programme. Most of the preceptors, 65.9% (n=27) were employed within the clinical unit. This demographic data has been summarized in Table 4.2.

Analysis of the relationships among specific demographic variables (highest education level; years of experience as professional nurse and; area of current employment) and scores on the commitment to the preceptor role is discussed in Chapter 5.

4.3 Nurse preceptors' perceptions of the benefits and rewards of the preceptor role (PPBR) (Section 2 of questionnaire)

Section 2 of the questionnaire investigated the preceptors' perceptions of the benefits and rewards of the preceptor role. The participants answered these questions on a Likert scale of 1 to 6 and the answers is analyzed accordingly. The scores for the benefit and reward items is rank-ordered in relation to the mean scores. This information is presented in Table 4.3 below. Further investigation would provide a correlation between the benefits and rewards variable and the commitment to the preceptor role variable (in Chapter 5).

Table 4.3: Highest rank-ordered mean scores for the preceptors' perception of the benefits and rewards (PPBR): means and standard deviations of the sample.

Item	N	M	SD
Teach nursing students to the best of my ability	41	5.83	0.495
Improve my teaching skills	41	5.24	1.067
Be recognised as a role model	41	4.95	1.024
Gain personal satisfaction	41	4.71	1.521

N = 41 (number of participants), M = mean (the average between 1 and 6), SD = Standard Deviation.

All of the participants, 100% (n=41), indicated that they are able to teach nursing students to the best of their ability. Most participants, 90.3% (n=37), indicated that they have the opportunity to improve their teaching skills while a small number of participants, 9.8% (n=4) disagreed. Of the participants, 95.1% (n=39), indicated that they are recognized as role models in their capacity as nurse preceptors in their current workplace while 4.9% (n=2), did not have the opportunity to be recognized as a role models.

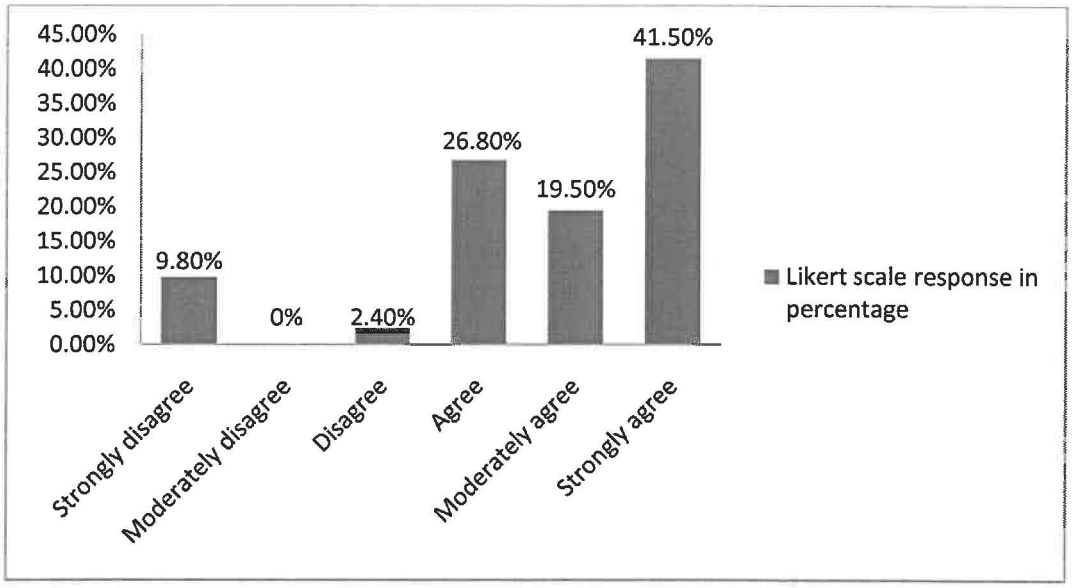

Figure 4.1: Gain personal satisfaction

The majority of the participants, 87.8% (n=36), agreed to gaining personal satisfaction in the preceptor role while 12.2% (n=5), disagreed.

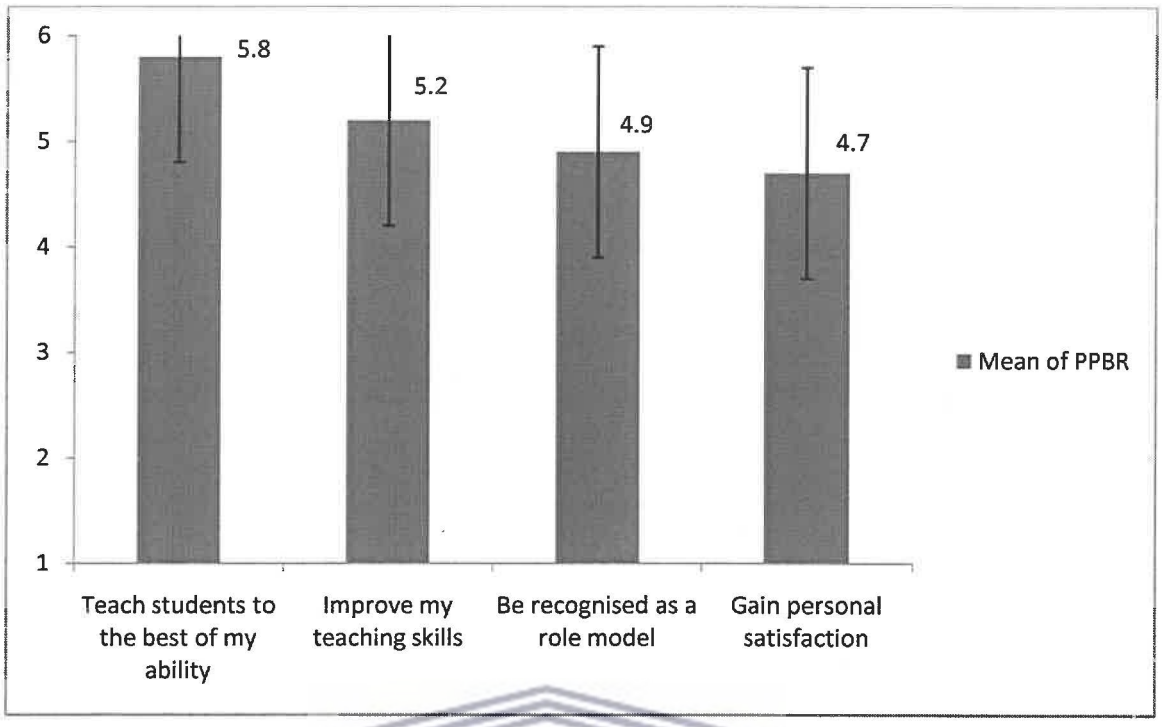

Figure 4.2: Mean of PPBR

Figure 4.2 represents the response of all 41 participants (indicating the mean)

4.4 Nurse preceptors' perceptions of support for the preceptor role (PPS)

(Section 3 of questionnaire)

Section 3 of the questionnaire investigates the preceptors' perceptions of support for the preceptor role. The participants answered these questions on a Likert scale of 1 to 6. The scores for the support items is rank-ordered in relation to the mean scores in Table 4.4 below. Further investigation here should provide correlation between the support variable and the commitment to the preceptor role variable (in Chapter 5).

Table 4.4: Highest rank-ordered mean scores for the preceptors' perception of the support (PPS): means and standard deviations of the sample

Item	N	M	SD
The nurse educator is supportive of the preceptor role	41	4.88	0.954
The nurse manager is supportive of the preceptor role	41	4.54	1.120
The PNs in the nursing unit are supportive of the preceptor role	41	4.32	1.213
The nursing staff understands goals of the preceptor role	41	3.95	1.264
Workload is appropriate when functioning as a preceptor	41	3.93	1.523

N = 41, M = mean, SD = Standard Deviation

A large percentage of the participants, 95.1% (n=39), agreed to receiving support from the nurse educator, 4.9% (n=2), disagreed. The majority of the participants, 82.9% (n=34), agreed to receiving support from the nurse manager while a small percentage, 17% (n=7), disagreed. Even though most of the participants 75.6% (n=31), agreed that the professional nurses are supportive of the preceptor role, 24.4% (n=10) disagreed.

Many participants, 36.6% (n=15), indicated that the nursing staff does not understand the goals of the preceptor role.

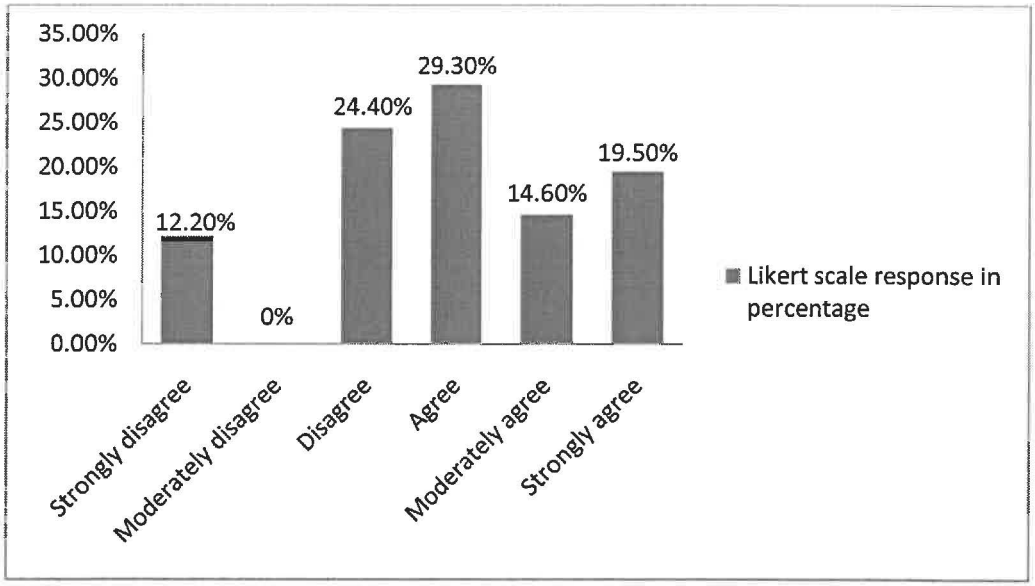

Figure 4.3: Workload is appropriate when I function as a preceptor

Figure 4.3 represents a similar percentage; 36.6% (n=15) felt that the workload is inappropriate when functioning as a nurse preceptor.

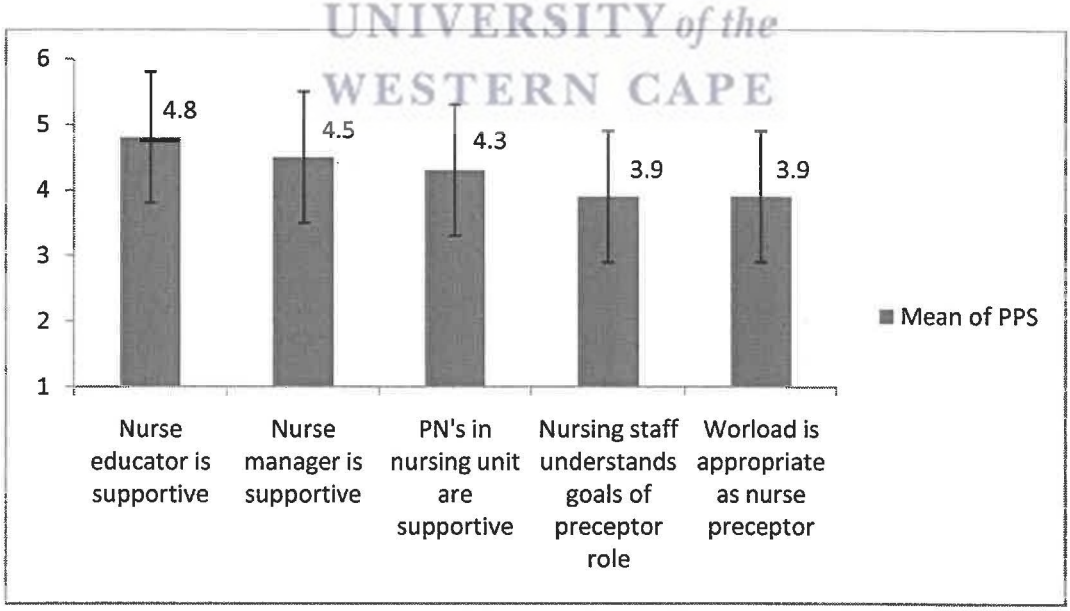

Figure 4.4: Mean of PPS

Figure 4.4 represents the response of all 41 participants (indicating the mean).

4.5 Nurse preceptors' perceptions of commitment to the preceptor role (CPR) (Section 4 of questionnaire)

Section 4 of the questionnaire investigates the preceptors' perceptions of the commitment to the preceptor role. The participants answered these questions on a Likert scale of 1 to 6. The scores for the commitment items is rank-ordered in relation to the mean scores in Table 4.5 below. Further investigation here should provide correlation between the benefits and rewards variable, the support and the commitment to the preceptor role.

Table 4.5: Highest rank-ordered mean scores for the commitment to the preceptor role (CPR): means and standard deviations of the sample

Item	N	M	SD
Deciding to be a preceptor was a definite mistake on my part	41	5.51	1.121
Being a preceptor really inspires me to perform my very best	41	5.41	0.974
I am proud to tell others that I am a preceptor	41	5.37	0.859
I am enthusiastic about the preceptor programme when I talk to my nursing colleagues	41	5.34	0.825
I feel very little loyalty to the preceptor programme	41	5.29	1.250
I find that my values and the values of the preceptor programme are similar	41	5.27	0.895
My goals are clearly defined by the preceptor training programme	41	5.20	0.872
I feel I have had adequate preparation for my role as a preceptor	41	5.02	1.107

N = 41, M = mean, SD = Standard Deviation

Even though the majority of the participants, 95.1% (n=39), disagreed with the perception that taking on the role of the preceptor was a mistake, 4.9% (n=2) felt that it was a definite mistake. Of concern is the 9.8% (n=4) who perceived that being a preceptor does not inspire them to perform their very best.

All the preceptors, 100% (n=41), agreed that they are proud to tell others that they are preceptors and feel enthusiastic about the preceptor programme when talking to their nursing colleagues.

Some 92.6% (n=38) of the participants agreed to feeling loyal towards the preceptor programme while 7.3% (n=3) did not feel loyal to the preceptor programme. Regarding preceptors' perception of whether their personal values and the values of the preceptor programme are similar 95.1% (n=39) of the preceptors agreed whilst 4.9% (n=2) disagreed.

All of the participants, 100% (n=41), agreed that their goals were clearly defined by the preceptor training programme while 7.3% (n=3) perceived receiving inadequate preparation for the preceptor role.

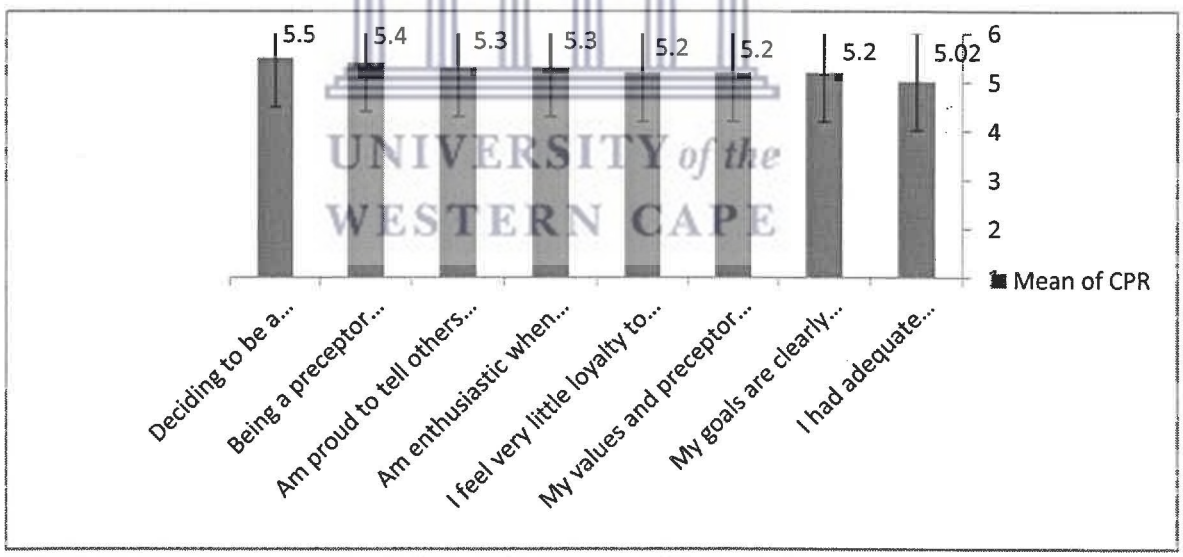

Figure 4.5: Mean of CPR

Figure 4.5 represents the response of all 41 participants related to the preceptors' commitment to the preceptor role (indicating the mean).

4.6. Correlation between perceptions of benefits, rewards and support with the commitment to the preceptor role

Table 4.6: Correlation between perceptions of benefits, rewards and support with the commitment to the preceptor role

		PPBR	PPS
Spearman's correlation	Rho	0.175	0.243
	P	0.273	
CPR			0.125
	N	41	
			41

The correlation between the variables was calculated to establish whether a statistically significant correlation existed between preceptors' perceptions of benefits, rewards and support with the commitment to the preceptor role. The correlation is displayed in Table 4.6. In the table rho indicates the Correlation Coefficient which, in this case, refers to Spearman's correlation coefficient. This method was chosen because the variables are not normally distributed. Since P

value is not less than 0.05, no evidence of significant correlation was found between these variables. The P value therefore indicates the level of statistical significance ($P < 0.05$). N refers to the total number of participants.

There is therefore no indication that the perceived benefits and rewards of the preceptor role impacts on the level of commitment the preceptors have to their role. The positive responses to the questions related to gaining personal satisfaction and being recognized as a role model, suggests a clinical significance that may influence the participants' commitment to the preceptor role. Usher *et al.* (1999) findings showed statistically significant correlations, $r = 0.54$, $P = 0.001$, $n = 98$ which means that as long as there were perceived benefits and rewards, the preceptors were committed to their role.

Preceptors' perceptions of the perceived support did not relate to their commitment to the preceptor role. Although no statistical significance was found between PPS and CPR, the perceived support from the nurse managers and the professional nurses could influence the preceptors' commitment to the role.

4.7 Conclusion

This chapter graphically displayed the data collected in this study. The nurse preceptors are, on average, well-experienced professional nurses and relatively middle aged. It appears as if the nurse preceptors are experiencing the benefits and rewards related to the preceptor role. They also appear to receive adequate support for the preceptor role, except from their nursing colleagues. Nurse preceptors are generally committed to their role; however, they perceive the workload as being inappropriate when functioning as a preceptor. Correlations were tabulated regarding the benefits and rewards of, support for and commitment to the preceptor role. In the final chapter the main findings is presented and conclusions is made from the analysed data. The limitations of the research study is discussed as well as recommendations made for further research.

CHAPTER 5

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

In this chapter, the main findings of this study will be summarized. The findings will be compared to literature related to the perceptions of nurse preceptors. The recommendations emanating from the research is presented. It will also be indicated whether the following research objectives have been met, namely:

- To describe the nurse preceptors' perceptions of benefits and rewards of the preceptor role.
- To describe the nurse preceptors' perceptions of support towards the preceptor role.
- To describe the nurse preceptors' perceptions of commitment to the preceptor role.

5.2 Main findings of the study

The main findings are presented in a narrative format and statistical comparisons are made to the research findings of similar types of quantitative studies. The findings will also be related to the conceptual framework used for this study. All of the research objectives were met and could be summarized as follows:

5.2.1 Background information of preceptors

In this study the majority of the participants were aged ≤45. The mean age was 45.8 years. In comparison with a rural practice in Canada, the average age of preceptors was 42.9 years. In Alberta and Saskatchewan, preceptors on average were aged 43.9 and 44.2 years respectively (Yonge, Ferguson and Myrick, 2012). These results are almost similar: the average age of the nurse preceptor in relation to the relevant literature is 44.2 years of age. This indicates that the professional nurses completing the preceptor training programmes are mature, have on average been in the nursing profession for longer and therefore have more nursing experience.

There were n=40 (97.6%) female preceptors while only n=1 (2.4%) was male in this study. A study done by Hyrkäs and Shoemaker (2007) in the USA had a total of 55 participants in subgroup A and 27 participants in subgroup B. In subgroup A, of the 55 participants, only one was a male and in subgroup B, of the 27 participants, all were females. It appears as if mainly females are interested in nurse preceptorship. However, the ratio of females to males in the nursing profession may account for the small number of trained male nurse preceptors. The ratio of females to males in the nursing profession in the Western Cape is 1:18 (SANC, 2012).

Although preceptor training is being offered to staff nurses in other countries, like California (California Nurse Foundation, 2007), the University of the Western Cape Nursing Department only offers preceptor training to professional nurses who have either a diploma or degree as a minimum qualification. In this study 32 participants (78.1%) have a Nursing Diploma and 9 (21.9%) have a Nursing Degree. The non-parametric, Mann-Whitney test was used to determine the relationship between the level of education and the commitment to the preceptor role. No significant correlation of mean CPR between Nursing Diploma and Nursing Degree was found, where P = 0.523. In the study done by Hyrkäs and Shoemaker (2007) 52.4% of the participants had a Nursing Diploma, 35.4% had a Nursing Degree and 12.2% indicated having other Nursing education qualifications. The researcher also bore in mind that nursing education and training differs across countries and that the results of this training cannot be compared to the Western Cape.

The findings of this study indicated that the mean scale of professional nurse experience was between 15 and 19 years. Dibert and Goldenberg (1995) found that in a Canadian study the mean scale was 12.3 years while Dube (2009) indicated that in a Botswana study the preceptors' mean scale of professional nurse experience was 11.43 years. In this study the results show that the participants have extensive professional nursing experience which, in turn, may benefit the nursing students who are assigned to their nursing units. The findings of this study therefore compares with those of Jooste and Troskie (1995) who

suggested that nurses must be functioning in a clinical setting to be considered for preceptorship training and should also have adequate clinical experience.

The non-parametric (Spearman correlation coefficient) test was used to determine the correlation between the years of experience as a professional nurse and the commitment to the preceptor role. This study indicated that there is no significant difference of the mean CPR in relation to the years of experience (P = 0.876).

In this study most of the preceptors, 24.4% (n=10), had 20 to 24 months preceptor experience, whereas 12.2% (n=5) had 25 to 29 months experience. A small percentage of preceptors, 9.7% (n=4), had preceptor exposure of more than 30 months. These results specifically relate to the University of the Western Cape's Nursing Department's preceptor training programme in terms of the short period of time this programme has been running. According to Johnson (1999), clinical experience and the expertise of preceptors are of utmost importance for the accompaniment of nursing students for a specified learning experience, particularly in view of the preceptors' clinical teaching responsibilities.

Many of the preceptors in this study 65.9% (n=27) were employed within clinical units; 31.7% (n=13) were employed within education units and 2.4% (n=1) indicated employment in other units. This single preceptor specified employment

within a district unit. The non-parametric, Mann-Whitney test was used to determine the correlation between the area of current employment and the commitment to the preceptor role. This study indicated that there is significant difference of mean CPR between those in clinical units and those in education units (P = 0.018). Only 40 participants' responses for current area of employment were considered for this test due to the fact that only one participant indicated working within a district unit. Results show that preceptors working within the clinical units are more committed to their role than those working within the education units. This could be due to the increased exposure to preceptorship within the clinical units.

5.2.2 Nurse preceptor's perceptions of benefits and rewards of the preceptor role

All of the nurse preceptors 100% (n=41) in this study were able to teach students to the best of their ability. Teaching students to the best of their ability through skillful demonstrations allows for effective clinical learning to take place within the nursing unit. The nurse preceptor's academic training provides the theoretical foundation, while practical experiences at the bedside translate theory into action (Paterniti, 2006). A large majority 90.3% (n=37) of nurse preceptors' agreed to having opportunities to improve their teaching skills, while 9.8% (n=4) disagreed to having this opportunity. This latter group of preceptors was employed within the educational units which indicated not having adequate direct exposure to preceptorship as happens in a clinical setting. Being able to improve teaching

skills allows the preceptor to enhance the delivery of quality nursing care in their nursing unit (Lee, Tzeng, Lin and Yeh, 2009).

Many of the nurse preceptors 95.1% (n=39) in this study agreed that they are recognized as role models in their current workplace, whereas 4.9% (n=2) felt that they were not recognized as role models. The mean scale of 4.95 resulted from the responses of 41 of the participants related to the question of being recognized as a role model. In comparison with the study of Hyrkäs and Shoemaker (2007) where it was found that the mean scale of 4.67 resulted from the response of 82 participants. The mean result of this study is relatively high and may be considered significant as it relates to the fact that nurse preceptors are being recognized as role models due to their important role within the nursing units. Wright (2002) states that the role of the preceptor should demonstrate model behaviours and technical skills expected of a nursing student in the unit

Nurse preceptors 87.8% (n=36) in this study agreed to having gained personal satisfaction when functioning as nurse preceptors within their nursing unit. Preceptors report feelings of great personal satisfaction, self enrichment, and energy as a result of participating in the education of future professional nurses (Baltimore, 2004; Kupferman, 2005). However, it needs to be mentioned that 12.2% (n=5) of the participants perceived no gain in personal satisfaction from the role. The researcher correlated this data with the demographic data and found that

these participants indicated less than an average of 6 months preceptorship exposure. This short duration of preceptorship exposure may be clinically significant as it could be the reason for them not having gained any personal satisfaction. The one participant who also strongly disagreed indicates being a quality assurance manager. This one participant is therefore not using her preceptor skills, because she was not working within either a clinical or education unit. Not being exposed to preceptorship and therefore not gaining any personal satisfaction from this role could account for her strong disagreement. According to Dibert and Goldenberg (1995) the mean scale of preceptors gaining personal satisfaction from the preceptor role was 4.93 with a total of 59 participants. In this study, the mean scale was 4.71 with a total of 41 participants responding to this question. These results are almost similar and indicate that the nurse preceptors are gaining personal satisfaction from this role.

In relation to the highest-ranking order scale regarding the benefits and rewards of the nurse preceptor role, participants responded that they acted as preceptors because of the opportunity to teach students to the best of their ability; to improve their teaching skills; to be recognized as a role model; and to gain personal satisfaction. The preceptors had the opportunity to attend the training course and found it valuable. They also attained new clinical teaching skills to enhance their function as preceptor within their workplace. According to Kanter's model (1977), opportunity refers to the possibilities to advance and the chance to enhance skills and competencies.

The grand mean rank in the PPBR was 5.18. In comparison with the study done by Hyrkäs and Shoemaker (2007) where the grand mean rank in the PPBR was 4.92 and in an Australian study, where the grand mean rank for PPBR was 4.85 (Usher, Nolan, Reser, Owens and Tollefson, 1999). This indicates that participants in this study had a high perception of the benefits and rewards from participating in the preceptor role.

5.2.3 Nurse preceptors' perceptions of support for the preceptor role

In this study nurse preceptors 95.1% (n=39) perceive that they are being supported in their role by nurse educators while 4.9% (n=2) perceived as having no support from nurse educators. Clinical nurse educators play an important role in assisting the nursing faculty to create a potential match between a preceptor and nursing student. Clinical educators are on-site within the nursing organization and can provide support by acting as a liaison officer for the nursing faculty, preceptor and student (Duteau, 2012).

Nurse management plays a vital part in preceptor selection, release, support and monitoring. Nurse management must recognize all elements and characteristics of the preceptorship role as well as the resources that are required in order to create an effective clinical environment that supports learning from the students' perspective (Heffernan, C., Heffernan, E., Brosnan and Brown, 2009). In this study 82.9% (n=34) of the nurse preceptors agreed to having the support of their

nurse managers. It is therefore clinically significant because, without support from nurse management, the preceptor role will be difficult to exercise seeing that the nurse manager is responsible for the nursing unit and for ensuring effective nurse preceptorship within the nursing unit.

An analysis of the perception of the professional nurses support for the preceptor role shows that 75.6% (n=31) of the participants in this study agreed that the professional nurses are supportive of the role. In a study done by Hallin and Danielson (2008) a group of preceptors sampled in 2006 (n=109) 61.5% agreed that support from colleagues was received in the sense that colleagues understood what preceptership is and that it is time consuming to precept. Preceptors require the support of their co-workers (Kaviani and Stillwell, 2000). It is significant that preceptors need support from their colleagues to enhance the preceptor role. Their colleagues should therefore understand that the nurse preceptor role adds an additional task to the rest of the daily workload of this individual.

In this study 36.6% (n=15) of the nurse preceptors perceived that the nursing staff does not understand the goals of the preceptor. Young *et al.* (1989) emphasize the importance of role clarity for the success of the preceptor programme. These results are therefore clinically significant, because having the nursing staff understand the goals of the preceptor will enable them to refer nursing students to the preceptor when needed.

Although most participants 63.4% (n=26) in this study felt comfortable with the workload, the researcher took note of the negative responses since 36.6% (n=15) of the participants indicated that the workload is not adequate when working as a nurse preceptor. The mean scale of the appropriateness of the workload when functioning as a nurse preceptor resulted in 3.93 of the 41 responses received from the participants. According to Dibert and Goldenberg (1995) the mean scale was 4.13 of the 55 responses received. It is therefore evident that the preceptors on average agree that they perceive the workload as appropriate when functioning as a nurse preceptor.

The more support the preceptor has to precept effectively, the sooner the preceptor will become an effective team member and be committed to the role. According to Horton, DePaoli, Hertach and Bower (2012), for the first few weeks of the preceptorship, preceptors must be responsible for fewer patients. They also suggested that the inability to decrease the workload has typically been blamed on the nurse managers. It may be significant that if the workload is not adequate, the nurse preceptors will not feel supported and therefore not feel committed to the preceptor role. Nurse Managers need to put organizational structures in place to support preceptors and the staff of the entire nursing unit should come together to create strategies to support their preceptor colleagues.

According to the highest rank-ordered mean scores for the preceptors' perception of the support for the preceptor role, participants responded that they acted as preceptors because of the support they receive while in the capacity as nurse preceptors. The perception of least support was created by nursing staff not understanding the goals of the preceptor role and the preceptors also regarding the workload as being inappropriate. This is cause for further action to be taken and nurse managers should be made aware of these gaps in support for the nurse preceptor. Kanter's model suggests that having access to information (training programme) and support (managerial support) will lead to the accomplishment of the goals of the organization. Nurse preceptors who have successfully completed the training have indicated that they receive support from their colleagues, nurse managers and nurse educators that may lead to improved clinical teaching in the unit.

The grand mean rank in the PPS was 4.32. This indicates that respondents in this study had a moderately high perception of the support from participating in the preceptor role. This should be contrasted with the study done by Hyrkäs and Shoemaker (2007) in which the grand mean rank in the PPS was 3.78 and where the perceived lack of support was from nursing staff not understanding the preceptor role and the inappropriate workload when functioning as a nurse preceptor.

5.2.4 Nurse preceptors' perceptions of commitment to the preceptor role

Commitment includes the preceptor having the opportunity to reflect on their decision to become a preceptor. A large percentage of preceptors 95.1% (n=39) did not think that becoming a preceptor was a mistake whereas 4.9% (n=2) thought that it was a mistake. The one preceptor perceived no personal satisfaction from the preceptor role, and perceived no general support for the role except from the nurse educator. This might be the reason why the preceptor thought that was a mistake to become a preceptor. The researcher did not find any significant reason for the other preceptor to regret becoming a preceptor, because this preceptor agreed to receive all benefits, rewards and support for this role. Similarly all of the 25 participants in a study conducted by Foley, Myrick and Yonge (2012) did not think that it was a mistake to become a nurse preceptor.

Many participants in this study 90.3% (n=37) agreed to performing their very best in the role of nurse preceptor whereas 9.7% (n=4) disagreed. All the preceptors who disagreed did not perceive receiving sufficient support for their role as nurse preceptor. This could be the reason for not being committed to the preceptor role. According to Martin, Brewer and Barr (2011) preceptors shared a desire and commitment to doing the best job possible.

All of the participants in this study 100% (n=41) were proud to tell others that they are nurse preceptors and displayed an enthusiasm towards their training

programme. In a rural Canadian setting, Yonge, Ferguson and Myrick (2012) found that preceptors in their study were also proud of their practice in rural settings. The nurse preceptors in this study 92.6% (n=38) felt a sense of loyalty towards the preceptor programme. Preceptors who felt very little loyalty to the preceptor role 7.4% (n=3) were those preceptors who perceived inadequate support from their nurse managers and who perceived the workload as being inadequate.

A large percentage of the participants in this study 95.1% (n=39) agreed that their personal values and the values of the preceptor programme were similar. Zilembo and Monterosso (2008) described the nurse preceptor as exhibiting behaviors that reflect the values and beliefs of the training programme.

All of the participants 100% (n=41) in this study perceived that their goals were clearly defined within the preceptor training programme. The College of Nurses of Ontario (2009) indicated that professional nurses have a professional obligation to support learners in their quest to refine and develop competencies that are needed for optimal nursing practice and achieving excellence and success in professional practice. The nurse preceptors 92.7% (n=38) in this study agreed that the training offered by the higher education institution provided adequate preparation for their role. Preceptorship is intended to assist nursing students in acquiring a basic level of knowledge, skills and personal attributes as well as to be

socialized into the profession (Sedgwick and Harris, 2011). This is why, when taking into consideration their important role, it is imperative that nurse preceptors are adequately trained

The results of this study relating to the preceptors' perception of the training programme were mostly positive. The participants were proud to have completed the training; they displayed an enthusiasm and confirmed that the training programme was aligned with their goals and values. They also perceived the training programme as being adequate in preparing them for the preceptor role. These findings suggest that the participants are satisfied with the preceptor training programme that they attended at the University of the Western Cape.

The findings of this study is supported by Kanter's model of Structural Determinant of Behaviour in Organizations since preceptors who see themselves as having access to opportunity and support are prone to be committed to their role.

5.3 Limitations of this study

This study is limited to professional nurses who have completed the preceptorship training programme at the School of Nursing, University of the Western Cape. It would be difficult to generalize the findings and make it applicable to other

preceptors completing the training in other institutions or areas. The nature of preceptor training in other countries is different from the training offered in the Western Cape. Preceptors employed outside of the Western Cape did not form part of this study. The small size of the study population also affected the researcher's ability to generalize findings.

5.4 Recommendations for this study and for further research

This study indicated that there is a significant difference between the commitment of preceptors in the clinical units and those in education units. The results show that preceptors working within the clinical units are more committed to their role than those working within the education units. This could be due to the increased exposure to preceptorship of the preceptors in the clinical units. It is recommended that interdepartmental negotiation could ensure that the education group be allocated to specific units for extended periods of time. This will allow them to have extended contact with student groups which may influence their commitment to the preceptor role.

The most prominent issue raised in this study was about the inappropriate workload of the nurse preceptors. This finding needs to be shared with nurse managers. It is recommended that the workload of the preceptors be revised and that managers review the task allocation of the trained preceptors. It appears as if nursing staff do not understand the goal of the nurse preceptor. It is therefore

recommended that in-service training should be offered to all nursing staff to orientate them to the role of the preceptor, so that they can offer support to the nurse preceptor. The demographic data showed that the professional nurses have extensive experience and clinical exposure to perform the role of preceptors effectively. It is proposed that mainly those professional nurses with appropriate clinical experience be selected for preceptor training.

The University of the Western Cape's School of Nursing needs to be informed of the nurse preceptors' perception about the training programme. A support network needs to be established for those preceptors who have minimal preceptor experience in the field. This should consist of a basic orientation to the preceptor role in practice and electronic access to experienced nurse preceptors, because the results indicated that those with minimal preceptor experience do not gain personal satisfaction from the role.

It is recommended that a qualitative study be done to explore and describe in-depth experiences of nurse preceptors who have successfully completed the preceptor training programme at the University of the Western Cape, School of Nursing. Such a study could add value to what is now known about the perceptions of the nurse preceptors and be used to improve the preceptor training offering.

5.5 Conclusion

This descriptive, correlation, quantitative study sought to describe the perceived perceptions of nurse preceptors who have successfully completed the preceptor training programme at the University of the Western Cape's School of Nursing. This study included 60 nurse preceptors of which only 41 responded and agreed to participate in the study. An adapted four-part questionnaire was used to collect the data. Data was analysed by using both descriptive and inferential statistics. The research study findings addressed the research objectives and provided answers to the research questions.

The findings of this study indicated that the nurse preceptors experienced the benefits and rewards of, and support for preceptorship and are committed to their role. Final analyses were made and the findings discussed in relation to existing literature and the conceptual framework used for this study. The limitations of the research study were highlighted and recommendations were made to pursue further research about the topic.

References

Ahlner-Elmqvist, M., Isoaho, H., Johansson, U., Kaila, P., Leksell, J. and Saarikoski, M. (2010). **Clinical learning environment, supervision and nurse teacher evaluation scale: psychometric evaluation of the Swedish version**. *Journal of Advanced Nursing,* 66 (9), 2085 – 2093.

Allen, P., Schumann, R., Collins, C. and Selz, N. (2007). **Reinventing practice an education partnerships for capacity expansion**. *Journal of Nursing Education,* 46 (4), 170 – 175.

Allen, C. and Simpson, A. (2000). **Peers and partners: Working together to strengthen preceptorship in Mental Health Nursing**. *Journal of Psychiatric and Mental Health Nursing,* (7), 505 – 514.

Altmann, T. K. (2006). **Preceptor selection, orientation, and evaluation in baccalaureate nursing education**. *International Journal of Nursing Education Scholarship*, 3 (1), 1 – 16. [Retrieved from CINAHL database.]

Babbie, E. (2009). **The basics of social research**. 5th edition. United States of America: Cengage Learning Inc.

Balnaves, M. and Caputi, P. (2001). **Introduction to quantitative research methods**. London: Sage Publication.

Baltimore, J. J. (2004). **The hospital clinical preceptor: Essential preparation for success**. *The Journal of Continuing Education in Nursing*, 35, 133 – 140.

Bashford, C. A. (2002). **Breaking into orthopaedic nursing: preceptorship for novice nurses**. *Orthopaedic Nursing,* 21 (3), 14 – 20. [Retrieved from CINAHL database.]

Bernard, L. (2010). **Ethical issues in clinical research: A practical guide**. USA, Philadephia: Lippincott Williams and Wilkens.

Billay, D. and Myrick, F. (2008). **Preceptorship: An integrative review of the literature.** *Nurse Education in Practice,* 8, 258 – 266.

Block, V. and Sredl, D. (2007). **Nursing education and professional practice: a collaborative approach to enhance retention**. *Journal for Nurses in Staff Development,* 22 (1), 23 – 28. [Retrieved from CINAHL database].

Blumstein, D. T. and Munoz, N. E. (2012). **Multisensory perception in uncertain environments**. *Oxford Journals: Behavioural Ecology,* 23 (3), 457 – 462.

Boswell, C. and Cannon, S. (2011). **Introduction to Nursing research: Incorporating evidence-based practice**. 2nd edition. Canada: Jones and Bartlett Publishers, LLC.

Botma, Y., Greeff, M., Mulaudzi, F., and Wright, S. (2010). **Research in Health Sciences**. South Africa: Pearson Education.

Boswell, A. C. and Cannon, S. (2012). **Introduction to Nursing Research: Incorporating evidence-based practice**. 3rd edition. Burlington: Jones and Bartlett Learning, LLC.

Boswell, S. and Wilhoit, K. (2004). **New nurses' perceptions of nursing practice and quality patient care**. *Journal of Nursing Care Quality,* 19 (1), 76 – 81.

Bradshaw, C., Butler, M., Cassidy, I., Egan, G., Fahy, A., Mc Namara, M., O'Conner, M., Quillinan, B., Tierney, C. and Tuohy, D. (2011). **Competency assessment methods – tool processes: a survey of nurse preceptors in Ireland.**

Nurse Education in Practice, 11, 298 – 303.

Brink, H., Van der Walt, C. and Van Rensburg, G. (2006). **Fundamentals of research methodology for health care professionals**. 2nd edition. Cape Town: Juta and Co.

Brown, T. (2010). **Exploration of relationships among nursing preceptors' demographic variables and perceptions of benefits, rewards, support, and role commitment**. Indiana: Ball State University.

Burns, N. and Grove, S. K. (2005). **The practice of nursing research: conduct, critique and utilization**. 5th edition. Philadelphia: W. B. Saunders.

Burns, N. and Grove, S. K. (2009). **The practice of nursing research: appraisal, synthesis, and generation of evidence**. Saunders: St. Louis, Missouri.

California Nurses Foundation (2007). **The nurse education programme**. [Internet]. Available from: <http://calnursesfoundation.org/Preceptor_for_Website_with_edited_out_pages.pdf> [Accessed 09 October 2012].

Campbell, S. H., and Hawkins, J. W. (2007). **Preceptor rewards: How to say thank you for mentoring the next generation of nurse practitioners**. *Journal of the American Academy of Nurse Practitioners*, 19, 24 – 29.

Charleston, R. and Goodwin, V. (2004). **Effective collaboration enhances rural preceptorship training**. *International Journal of Mental Health Nursing* 13. [Retrieved from CINAHL database.]

Chase, L. K. (2010). **Nurse Manager competencies**. Iowa: The University of Iowa's Institutional Respository.

College of Nurses of Ontario. (2009). **Supporting learners**. [Internet]. Available from: <www.cno.org/docs/prac/44034_SupportLearners.pdf> [Accessed 10 October 2012].

Cormack, D., Gerrish, K. and Lacey, A. (2010). **The Research Process in Nursing**. 6th edition. United Kingdom: Blackwell Publishing Ltd.

Christensen, L. and Johnson, B. (2012). **Educational Research: Quantitative, Qualitative, and Mixed Approaches**. 4th edition. California: SAGE Publications, Inc.

Cross, W., Jolly, B., Newton, J. and Ockerby, C. (2009). **A learning partnership: Exploring preceptorship through interviews with registered and novice nurses**. *Mentoring and tutoring: Partnership in learning*, 17 (4), 369 – 385.

De Vos, A. (2002). **Research at Grass Roots for the Social Sciences and Human Service Professions**. Pretoria, South Africa: Van Schaik Publishers.

Denscombe, M. (2007). **The Good Research Guide for small-scale social research projects**. 3rd edition. London: Mc Graw-Hill International.

Dewey, J. (1964). **John Dewey on education: Selected writings**. New York, NY: Archambault R.D. Random House, Inc.

Dibert, C. and Goldenberg, D. (1995). **Preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role**. *Journal of Advanced Nursing,* 21, 1144 – 1151.

Dube, A. (2009). **The role of the preceptor in selected clinical nursing practice settings in Botswana**. South Africa: University of South Africa.

Duteau, J. (2012). **Making a difference: The value of preceptorship programs in nursing education**. *The Journal of Continuing Education in Nursing,* 43 (1), 37 – 43.

Ehrneburg, A.C. and Haggbolm, M. (2007). **Problem-based learning in clinical nursing education: integrating theory and practice**. *Nurse Education in Practice,* 7, 67–74. [Retrieved from CINAHL database.]

Elisabeth, C., Christine, W. and Ewa, P. (2009). **Teaching during clinical practice: strategies and techniques used by preceptors in nursing education**. *Nurse Education Today,* 29 (5), 522 – 526.

Ericson-Lidman, E. and Strandberg, G. (2007). **Burnout: Co-workers' perceptions of signs preceding workmates' burnout**. *Journal of Advanced Nursing,* 60 (2), 199 – 208.

Finegan, J., Spence Laschinger, H. and Wilk, P. (2009). **Context Matters: The Impact of Unit Leadership and Empowerment on Nurses' Organizational Commitment**. *Journal of Nursing Administration,* 39 (5), 228 – 235.

Foley, V., Myrick, F. and Yonge, O. (2012). **A phenomenological perspective on preceptorship in the intergenerational context**. *Internal Journal of Nursing,* 9 (1), 1-25.

Fothergill, F. and Kerr, E. (2007). **Preceptoring a student in the final clinical placement: Reflections from nurses in a Canadian hospital**. *Journal of Clinical Nursing,* 16 (8), 1543 – 1549.

Gass, S. and Mackey, A. (2005). **Second language research: Methodology and design**. New Jersey: Lawrence Erlbaum Associates, Inc.

Gay, L. (1996). **Educational research: Competencies for analysis and application.** NJ Merrill: Upper Saddle River.

Gerrish, K. and Lacey, A. (2010). **The research process in nursing**. 6th edition. USA: Blackwell Publishing Ltd, John Wiley and Sons.

Gleeson, M. (2008). **Preceptorship: facilitating student nurse education in the Republic of Ireland**. *British Journal of Nursing,* 17 (6), 376 – 380.

Hallin, K. and Danielson, E. (2008). **Being a personal preceptor for nursing students: Registered nurses' experiences before and after introduction of a preceptor model**. *Journal of Advanced Nursing,* 65 (1), 161 – 174.

Happell, B. (2009). **A model of preceptorship in nursing: Reflecting the complex functions of the role**. *Nursing Education Perspectives,* 30 (6), 372 – 376.

Hautala, K. T., Saylor, C. R. and O'Leary-Kelley, C. (2007). **Nurses' perceptions of stress and support in the preceptor role**. *Journal for Nurses in Staff Development,* 23 (2), 64 – 70.

Heffernan, C., Heffernan, E., Brosnan, M, and Brown, G. (2009). **Evaluating a preceptorship programme in South West Ireland: perceptions of preceptors and undergraduate students**. *Journal of Nursing Management,* 17, 539 – 549.

Henderson, A. and Malko-Nyhan, K. (2006). **An evaluation of preceptors' perceptions of educational preparation and organizational support for their role**. *Journal of Continuing Education in Nursing,* 37 (3), 130 – 136. [Retrieved from CINAHL database.]

Horton, C., DePaoli, S., Hertach, M. and Bower, M. (2012). **Enhancing the Effectiveness of Nurse Preceptors**. *Journal for Nurses in Staff Development,* 28 (4), E1-E7.

Houser, J. (2008). **Nursing research: Reading, using and creating evidence**. United States of America: Jones and Barlett Publishers, Inc.

Houser, J. (2012). **Nursing Research: Reading, Using, and Creating Evidence**. 2nd edition. Colorado: Jones and Barlett Learning.

Hyrkäs, K. and Shoemaker, M. (2007). **Changes in the preceptor role: Re-visiting preceptors' perceptions of benefits, rewards, support and commitment to the role**. *Journal of Advanced Nursing,* 60 (5), 513 – 524.

Irby, D. M. (1994). **What clinical teachers in medicine need to know**. *Academic Medicine,* 69 (5), 333 – 42.

Johnson, C. (1999). **Evaluating Preceptorship experience in a distance nursing programme**. *Journal of National Black Nurses Association,* 10 (2), 65 – 78.

Jooste, K and Troskie, R. (1995). **Staff development for nurses**. Midrand: Southern Book Publishers.

Kanter, R. M. (1977). **Men and Women of the Corporation**. New York: Basic Books.

Kaviani, N. and Stillwell, Y. (2000). **An evaluative study of clinical preceptorship**. *Nurse Education Today,* 20 (3), 218 – 226.

Kidd, M. (2010). **Perceptions of critical care nurse preceptors related to rewards, benefits, support and commitment to the preceptor role**. Indiana: Ball State University, Muncie.

Kothari, C. (2004). **Research Methodology: Methods and Techniques**. 2nd edition. New Delhi: New Age International Ltd Publishers.

Kruger, D., de Vos, A., Fouche, C. and Venter, L. (2005). **Quantitative data analysis and interpretation. In A. de Vos, H. Strydom, C. Fouche, and C. Delport: Research at Grass roots for the social sciences and human service professions**. 3rd edition. Pretoria: Van Schaik Publishers.

Kupferman, K. (2005). **Ten ways to help students grow**. *Nursing 2005*, 35(4), 56-57.

Lee, T., Tzeng, W., Lin, C. and Yeh, M. (2009). **Effects of a preceptorship programme on turnover rate, cost, quality and professional development**. *Journal of Clinical Nursing,* 18 (8), 1217 – 1225.

Leners, D., Sitzman, K., and Hessler, K. L. (2006). **Perceptions of nursing student clinical placement experiences**. *International Journal of Nursing Education Scholarship,* 3 (1), 1267 – 1284.

Liu, Y. (2008). **Taiwanese Nurses' empowerment and participation in decision making**. The University of Texas at Austin School of Nursing: ProQuest.

Lofmark, A., Natvig, G., Raholm, M. and Thorkildsen, K. (2012). **Nursing students' satisfaction with supervision from preceptors and teachers during clinical practice**. *Nurse Education in Practice,* 12 (3), 164 – 169.

Mabuda, B. (2008). **Student nurses' experiences during clinical practice in the Limpopo Province**. *Curationis*, 31(1), 19-27.

MacLellan, D. and Lordly, D. (2008). **The socialization of dietetic students: influence of the preceptor role**. University of Prince Edward Island, Charlottetown, Prince Edward Island: Canada.

Martin, D., Brewer, M. and Barr, N. (2011). **Gradually guiding nursing students through their capstone course: Registered Nurse Preceptors share their experiences**. Nursing research and practice. Hindawi: Hindawi Publishing Corporation.

McCarthy, B. and Murphy, S. (2010). **Preceptors' experiences of clinically educating and assessing undergraduate nursing students: an Irish context**. *Journal of Nursing Management,* 18, 234 – 244.

Moran, C. (2011). **An investigation of the preceptors' perceptions of benefits, rewards, supports, and commitment to the preceptor role among a sample of nurses**. United States of America: Midwest Nursing Research Society.

Moyer, B. A. and Wittmann-Price, R. A. (2008). **Nursing education: Foundations for practice excellence**. Philadelphia, PA: F. A. Davis.

Murray-Thomas, R. (2003). **Blending Qualitative and Quantitative research methods in theses and dissertations**. California: Corwin press, Inc.

Myrick, F. and Yonge, O. (2004). **Enhancing critical thinking in the preceptorship experience in nursing education**. *Journal of Advanced Nursing,* 45 (4), 371 – 380.

Neuman, W. L. (2006). **Basics of social research: Qualitative and Quantitative Approaches** 2nd edition. South Africa, George: Allyn and Bacon, Inc.

Nursing Act, Act No. 33 of 2005. South Africa.

O'Shea, E. (2003). **Self-directed learning in Nurse Education: A review of the literature**. *Journal of Advanced Nursing,* 43 (1), 62 – 70.

Pallant, J. (2011). **SPSS Survival Manual: A step by step guide to data analysis using SPSS**. 4th edition. Australia: Allen and Unwin.

Paterniti, T. (2006). **The successful nurse preceptor** [Internet], Continuing Education. Available from: <http://hypnosisdfw.com/PULSE0506.pdf> [Accessed 09 September 2012].

Polit, D. and Beck, C. (2004). **Nursing research: Principles and Methods**. Seventh edition. Philadelphia: Lippincott Williams and Wilkins.

Polit, D. and Beck, C. (2012). **Nursing research: Generating and Assessing evidence for nursing practice**. 9th edition. Philadelphia: Wolthur Kluwer/Lippincott Williams and Wilkins.

Raines, D. (2012). **Nurse preceptors' views of precepting undergraduate nursing students**. *Nursing Education Perspectives,* 33 (2), 76-79.

Rose, S.R. (2008). **Teaching and learning in nursing**. *Nursing Education* 3 (3), 105 – 107.

Ryan-Nicholls, K. (2004). **Preceptor recruitment and retention**. *Canadian Nurse,* 100, 19 – 22.

Scanlan, J. (2008). **Preceptor Handbook**. University of Manitoba: Faculty of Nursing.

Sedgwick, M. and Harris, S. (2011). **A critique of the undergraduate nursing preceptorship model**. University of Lethbridge, Canada: Faculty of Health Sciences.

Smedley, A. (2008). **Becoming and being a preceptor: A phenomenological Study**. *Journal of continuing education in Nursing*, 39 (4), 185 – 191.

Sword, W., Byrne, C., Drummond-Young, M., Harmer, M. and Rush, J. (2002). **Nursing alumni as student mentors: Nurturing professional growth**. *Nurse Education today*, 22, 427-432.

The Preceptor Education Program. (2007). California Nurses Foundation. [Internet]. Available from: <http://calnursesfoundation.org/Preceptor_for_Website_with_edited_out_pages.pdf > [Accessed 10 October 2012].

The South African Nursing Council. (1985). **Regulations Relating to the Approval of and the Minimum Requirements for the Education and Training of a Nurse (General, Psychiatric and Community) and Midwife leading to Registration**. Government Notice No. R.425.

The South African Nursing Council. (2012). **SANC Geographical Distribution 2011: Geographical Distribution of the Population of South Africa versus Nursing Manpower**. [Internet], Available from: <http://www.sanc.co.za/stats/stat2011/Distribution%202011xls.htm> [Accessed 09 October 2012].

Usher, K., Nolan, C., Reser, P., Owens, J. and Tollefson, J. (1999). **An exploration of the preceptor role: preceptors' perceptions of benefits, rewards, support and commitment to the preceptor role**. *Journal of Advanced Nursing,* 29, 506 – 514.

Western Cape Government. (2012). **Department of Health: Overview**. [Internet], Available from http://www.westerncape.gov.za/your_gov/305 [Accessed 10 October 2012].

Wieland, D.M., Altmiller, G.M., Dorr, M.T. and Wolf, Z.R. (2007). **Clinical transition of baccalaureate nursing students during preceptored, pregraduation practicums**. *Nursing Education Perspectives,* 28 (6), 315 – 321. [Internet], Available from: <http://www.westerncape.gov.za/health> [Accessed 10 October 2012].

Wright, A. (2002). **Precepting in 2002**. *Journal of Continuing Education in Nursing,* 33 (3), 138 – 141.

Yonge O., Billay D., Myrick F. and Luhanga F. (2007). **Preceptorship and mentorship: not merely a matter of semantics**. *International Journal of Nursing Education Scholarship,* 4 (1), article 19.

Yonge, O., Ferguson, L. and Myrick, F. (2012). **Preceptorship Placements in Western Rural Canadian Settings: Perceptions of Nursing Students and Preceptors**. [Internet], *Online Journal of Rural Nursing and Health care*. Available from: <http://www.rno.org/journal/ISSN: 1539-3399> [Accessed 09 October 2012].

Yonge, O., Hagler, P., Cox, C., and Drefs, S. (2008). **Time to truly acknowledge what nursing preceptors do for students**. *Journal for Nurses in Staff Development*, 24 (3), 113 – 116.

Yonge, O and Myrick, F. (2004). **Enhancing critical thinking in the preceptorship experience in nursing education**. *Journal of Advanced Nursing,* 45 (4), 371 - 380.

Zilembo, M. and Monterosso, L. (2008). **Towards a conceptual framework for preceptorship in the clinical education of undergraduate nursing students.** *Contemporary Nurse: A Journal for the Australian Nursing Profession,* 30 (1), 89 – 94.

Appendix A: University of the Western Cape Higher Degrees Ethical Approval

UNIVERSITY of the
WESTERN CAPE

OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

21 August 2012

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape has approved the methodology and ethics of the following research project by:
Ms I Cloete (School of Nursing)

Research Project: Exploring nurse preceptors' perceptions of benefits, support and commitment to the preceptor role in the Western Cape.

Registration no: 12/6/31

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

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Appendix B: Information Sheet

PARTICIPANTS INFORMATION SHEET

UNIVERSITY OF THE WESTERN CAPE

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E-mail:

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Study Title: Exploring nursing preceptors' perceptions of benefits, support and commitment to the preceptor role in the Western Cape.

What is this study about?
This is a research project being conducted by Inez Cloete at the University of the Western Cape. We are inviting you to participate in this research project, because we would like to view your perceptions of the preceptor role. Findings of the study will add to what is known about preceptors' perceptions and may help guide the evaluation of the preceptorship programme. The results may inform nursing managers about the perceived benefits, rewards and support needed by preceptors and add to the body of knowledge about clinical teaching and learning.

What will I be asked to do if I agree to participate?
You will need to fill in a questionnaire about your perceptions of benefits, support and commitment to the preceptor role, which should not take longer than 10 minutes.

Would my participation in this study be kept confidential?
We will do our best to keep your personal information confidential. To help protect your confidentiality, this is an anonymous study and will not contain information that may personally indentify you. Some demographic information was obtained from your registration form but your name was not used. This research project involves the completion of a survey. The questionnaires will be kept in a secure cabinet kept under lock and key, with only the researcher having access. If we write a report or article about this research project, your identity will be protected to the maximum extent possible.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about your perceptions of benefits, support and commitment to the preceptor role. We hope that, in the future, other professional nurses will benefit from this study through the improved preceptor training programme. The results may inform nursing managers about the perceived benefits, rewards and support needed by preceptors and add to the body of knowledge about clinical teaching and learning.

Do I have to be in this research and may I stop participating at any time?
Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?
This research is being conducted by Inez Sherm Cloete of the Department of Nursing at the University of the Western Cape. If you have any questions about the research study itself, please the researcher her contact details are on the top of the previous page. Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

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This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

Appendix D: Data Collection Tool

DATA COLLECTION TOOL: QUESTIONNAIRE

Section 1: Demographic data

1.1 Age: .....

1.2 Gender: ☐ Male

☐ Female

1.3 Highest education level: ☐ Nursing Degree

☐ Nursing Diploma

☐ Other: .....

1.4 Year of graduation/completion: .....

1.5 Professional designation: ☐ Professional Nurse

☐ Operational Manager

☐ Other: .....

1.6 Years of work experience as a professional nurse: .....

1.7 The year preceptorship training was successfully completed at UWC: ☐ 2010

☐ 2011

☐ 2012

1.8 Months experience as a preceptor: .....

1.9 Currently employed: ☐ Clinical unit

☐ Education unit.

Appendix E: Participant profile

PTOR PROFILE		
ct / Province	Type of Facility: Clinical facility / Higher Education Institution	Number of individuals registered for preceptor training
ern Cape Province:		
al District	Level 3	14
nal	Specialized / Level 1 & 2	16
Winelands	Specialized / Level 1	11
al Karoo	Level 1	1
	Level 1 & 2	7
berg	Level 1	2
Coast	Level 1	1
District Health Services	Level 1	1
ern	PHC	1
ern Cape Province	Higher Education Institution	4
h West Province	Higher Education Institution	2
		60