

Staff nurses' experiences as preceptors and mentors: an integrative review

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This article was part of a course requirement for the MSN program at Framingham State College, Framingham, Massachusetts, USA.

OMANSKY G.L. (2010) *Journal of Nursing Management* 18, 697–703

Staff nurses' experiences as preceptors and mentors: an integrative review

Aim The aim of this integrative review is to describe staff nurses' experience when functioning as a preceptor or mentor for student nurses.

Background [The preceptor's role is to guide students from the theory of nursing to the application of nursing theory, teaching clinical skills and clinical thinking.]

Relatively few research studies focus on the staff nurses' experience.

Evaluation Research studies and topical articles from Australia, Canada, Sweden, the United Kingdom and the United States were drawn from databases. The theoretical framework for the analysis was the Kahn *et al.* (1964) role episode model.

Key issues Reservations over the efficacy of preceptor experiences have been identified. Along with intrinsic rewards, [there is considerable stress and responsibility associated with precepting or mentoring.] Nurse preceptors experience role ambiguity, conflict and overload when interacting with students.

Conclusions Research indicates what might reduce the amount of stress for the nurse preceptor and increase job satisfaction and nurse retention.

Implications for nursing management Defining and formalising the preceptor role can improve the standing of this function. Adjustments can be made to decrease the stress of the role. Preceptors and mentors request recognition and support for the amount of work involved in teaching students.

Keywords: clinical placements, nurse mentor, nurse preceptor, nursing education, stress

Accepted for publication : 9 June 2010

Introduction

Student nurses have always had some component of clinical experience in their education, from the days of apprentice-style education to the present secondary education system. The originator of modern nursing education, [Florence Nightingale, structured her educational model with students working with nurses 'who were trained to train'] (Udlis 2008, p. 20). The education of nurses changed after World War II from students

manning the floors of a hospital to the current college or university enrollment. This newer style of education was planned to have discrete didactic and clinical components, with clinical instructors taking student nurses through their clinical experiences (Myrick 1988). Australia, Canada and the United States have similar time frames for the change to this style of education with Sweden joining after 1977 (Usher *et al.* 1999, Ohrling & Hallberg 2001, Udlis 2008). In a typical situation, one clinical instructor supervised eight to ten

student nurses on a unit in a clinical facility. This ratio resulted in a lack of individual clinical teaching for any one student, and complaints concerning a lack of preparation of newly graduated nurses. With these concerns in mind, the past 30 years has seen a transition to, and a reliance on, student nurses being placed with staff nurse preceptors for additional clinical experiences (Udlis 2008). In the United Kingdom nursing education currently has an emphasis on clinical learning with a resulting need for mentorship experiences as a result of the United Kingdom Central Council's 1999 mandate on competency principles (Clarke *et al.* 2003) and the Nursing and Midwifery Council's 2006 standards (Hurley & Snowden 2008). [There has been some investigation of how well this preceptor or mentor arrangement functions for the students, but little investigation of how this system functions for the staff nurse.]

Background and significance

[The preceptor or mentor role was established in nursing education in the 1970s as a response to 'reality shock', i.e. novice nurses experiencing difficulties transitioning from training to work] (Myrick 1988, p. 136) and later expanded into undergraduate education. [The preceptor role is to guide student nurses from the theory of nursing to the application of nursing theory, functioning as a role model, teaching clinical skills and clinical thinking.] Even though there are marked reservations over the efficacy of such experiences, preceptorships have persisted because they are seen as a solution to a gap in faculty availability and student preparation (Myrick 1988, Lewis 1990, Udlis 2008). Indeed, in 2003, the American Association of Colleges of Nursing published a white paper endorsing the preceptorship concept as a response to the nursing faculty shortage (Udlis 2008). Australia, Canada, Sweden, the United Kingdom and the United States all have students in similar preceptor (also termed mentorship) situations. Students are now commonly placed for clinical experiences with a preceptor and without an instructor. Instructors may provide oversight in the facility, or from the educational institution, but are not consistently on the unit with the student. Currently, staff nurses act as preceptors or mentors for student nurses in many different configurations, from situations where students are placed with a preceptor for their final semester of study, to situations where a student is placed with a preceptor for one shift.

[The clinical placement experience is considered a make-or-break experience for students, but it can also

create a breaking point for the staff nurse.] In [a preceptor or mentor experience, the students are getting exposure to the reality of nursing, gaining knowledge, learning clinical skills, thinking critically and learning role assumption] (Letizia & Jennrich 1998, Smedley 2008). As a result, there is a large amount of teaching responsibility given to the preceptor and a workload increase associated with these clinical placements. The increased stress that comes along with these responsibilities takes a toll on the staff nurse preceptors and can be a factor in nurse retention and burnout (Kemper 2007). In the UK, McVicar (2003) found that the major stressors for nurses were high workload and a lack in clarity of tasks or goals. Job satisfaction is a critical factor in nurse retention, and in the US, nurses leave positions specifically as a result of the stresses of high workloads and a lack of autonomy (McNeese-Smith 1999, Strachota *et al.* 2003).

Even with an emphasis on preceptor or mentor experiences in today's education, the literature search for this integrative review did not yield a review that examined the experience specifically and solely from the perspective of the nurse preceptor. Most researchers examining the preceptor concept considered the student nurses' experiences, or discussed establishing a preceptor or mentor preparation programme. Relatively few researchers investigated the staff nurse's experience as a preceptor. Individual studies that have been found were primarily in nursing education literature. The discussion of this subject typically has been among educators and has not sufficiently reached the nurse preceptors and their managers who are the other important stakeholders in this issue. The aim of this integrative review is to describe the staff nurses' experience when functioning as a preceptor, based on a synthesis of research studies. The focus is what the staff nurses report as their day-to-day experience as preceptors or mentors. The findings from these studies will be discussed in this integrative review of the staff nurses' experiences as an undergraduate nursing student preceptor, and the nursing implications will be explored.

Theoretical framework

The role episode model derived from the organisational stress research by Kahn *et al.* (1964) is the framework for this integrative review. Langan (2003) used this framework in her [research study concerning the roles of nursing faculty and staff nurses in undergraduate education, and concluded that nurse preceptors were under stress as a result of unclear delineation of expected behaviours or workload issues.] Using the Kahn *et al.*

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(1964) model, the staff nurse acting as a preceptor for a student is the 'focal person' receiving expectations from the 'role senders', which in this case would be the nursing instructors, students, managers and the health-care organisation itself (Langan 2003, p. 77). Contradictory or unclear role messages from the senders, and the focal person's own interpretation of what has been sent, can result in role ambiguity or role conflict. Role overload is the result of different role senders each having sets of expectations of the focal person's performance and the focal person feeling overwhelmed by conflicting expectations (Denstaedt 2001).

Methods

A review of the literature was conducted by searching the Cumulative Index to Nursing & Allied Health Literature (CINAHL) plus with full text, ERIC, MEDLINE, Ovid, PsychINFO, and Science Direct databases. Search words were: staff nurses, student nurses, preceptors, mentor of preregistration students and clinical placement. Originally, the search included studies published in the years 1999–2009. Reference lists of studies found in the database were reviewed with particular attention paid to repeat references. The frequently-referenced articles required that the search be extended back to 1981. The inclusion criteria were that the study was written in English and that the researchers referenced the staff nurses' experience as a preceptor to student nurses. The exclusion criteria were studies solely about the student nurses' experiences or establishing a preceptor orientation programme. The final sample consisted of 30 articles encompassing 20 research studies and 10 non-research topical articles from 1981 to 2009.

Results

Description of studies

The combined study results encompassed 1486 nurses who acted as preceptors to undergraduate student nurses. Definitions of the term 'preceptor' were absent in five of the studies, and the remaining have a variety of definitions from the simplest of 'guidance' (Bourbonnais & Kerr 2007, p. 1544) to a definition of 'on-site supervision and clinical instruction' (Nehls *et al.* 1997, p. 221, Ohrling & Hallberg 2001, p. 531). The most common definition included the word 'teaching'. Eight studies required the nurse respondents to have had a minimum of 1-year experience as a preceptor. The remaining studies specified that the staff nurse have

some experience as a preceptor, and one study gave no demographic information. Respondent numbers in the studies ranged from 8 to 351. The sample contained four mixed-method studies combining surveys with interviews, ten quantitative studies and six qualitative studies. International data were collected from three studies conducted in Australia, three in Canada, two studies in Sweden, five in the United Kingdom and seven studies in the United States.

While many of the studies were limited by the use of convenience samples, researchers of three quantitative studies surveyed a large sample of preceptors in a large area. Alspach (1989a,b) conducted a survey of *Critical Care Nurse* readers with 351 respondents. Yonge *et al.* (2002a) sent surveys to all nurse preceptors in Alberta, Canada; and Usher *et al.* (1999) sent surveys to all nurse preceptors in North Queensland, Australia. To increase the reliability of their research, three of the quantitative researchers conducted pilot studies of their research tool (Dibert & Goldenberg 1995, Yonge *et al.* 2002a, Hallin & Danielson 2009), qualitative researchers. Atkins and Williams (1995) and mixed method researcher Langan (2003) also conducted a pilot study of their interviews.

Preceptorship is a complex and dynamic issue with both positive and negative aspects, with intrinsic rewards and extrinsic demands. Nurse preceptors have identified some positive aspects to functioning in this role. In Canada, Australia and the US personal growth and a sense of expanding abilities have been reported by some preceptors (Dibert & Goldenberg 1995, Henderson *et al.* 2006, Murphy 2008). The impetus for taking on this role for the preceptors or mentors was having the opportunity to improve the students' experiences, compared with the nurses' own student experience, and helping to develop the nursing students as reported by researchers in the UK and the US (Atkins & Williams 1995, Nehls *et al.* 1997).

Preceptors enjoyed teaching (Alspach 1989b), and appreciated the opportunity to acquire education techniques (Smedley 2008). In each of these studies, the nurse preceptors also reported negative effects such as a lack of support from management and co-workers, time conflicts and high workload.

Role ambiguity

A lack of a definition of the preceptor role leading to role ambiguity was a theme in many of the studies and articles, with a large gap between the envisioned role of the preceptor and the reality of the role. In the UK, Coates and Gormley (1997), queried the various

stakeholders on this issue concerning the role of preceptors; clinical instructors, students, nurse preceptors and nurse managers were all asked to rank the functions of the preceptor role. [The researchers found that clinical instructors consider an evaluation of the student's knowledge to have the highest rank of importance, but the nurse preceptors considered being a role model to be of the greatest importance, the students thought any nurse they interacted with could be a role model, and wanted the preceptors to be teachers; finally, the managers thought the preceptors should be 'facilitators of learning' (p. 94). Langan (2003) found that while nurse preceptors in the US expected the clinical instructors to be the teachers and supervisors of the students, preceptors were finding that, in practice, the nurse preceptors actually were taking on the teaching role. [Nurse preceptors reported that they often had little or no information about students before the students arrived on the floor.] The preceptors in Australia, Canada and the US did not know the students' goals or how the students were allowed to function, and the nurse preceptors were expected to quickly create learning opportunities without notice (Usher *et al.* 1999, Langan 2003, Bourbonnais & Kerr 2007, Hautala *et al.* 2007). Langan also found that some nurse preceptors had never been shown a preceptor guideline, and many other researchers found that there was no definition of the preceptor role at the individual nurse's facility (Alspach 1989a, Coates & Gormley 1997, Letizia & Jennrich 1998, Yonge *et al.* 2002b, Hautala *et al.* 2007, Murphy 2008). While one programme in the US did develop a definition of preceptorship, with a manual for the students, preceptors and clinical instructors in response to this problem (Chickerella & Lutz 1981), it was more common for nurses to function within ill-defined parameters which resulted in stress and role ambiguity.

Role conflict

[Nurses reported that there was no recognition from peers or management for the extra work that they are performing when functioning as a preceptor] (Yonge *et al.* 2002b, Langan 2003, Bourbonnais & Kerr 2007, Hautala *et al.* 2007). In the US, a nurse preceptor's written job description often did not include the preceptor role; therefore this role was not formally recognised by the preceptors' facilities nor was credit given for this function on the preceptor's annual evaluations (Alspach 1989a, Letizia & Jennrich 1998, Langan 2003). The exception was a California survey in which Hautala *et al.* (2007) found that in two San Francisco

area hospitals the nurses' job descriptions did include the preceptor role. However, the typical exclusion from the nurses' job description creates anxiety, and nurse preceptors found themselves in the precarious position of teaching students without having formal facility acknowledgement. [A major concern and stressor for preceptors was guarding against student errors and their concerns about students functioning under the nurses' license] (Hautala *et al.* 2007). [This serious patient safety issue raised liability concerns for the nurses, and left the preceptors torn between wanting to assist the students to get clinical experience, and needing to protect themselves]

Nurses in the UK more frequently than nurses in the US find the role of mentor included in their job description, or as a requirement to move into higher positions (Hurley & Snowden 2008). Even with this, role conflict was created when the nurse mentors' responsibilities towards students interfered with their primary responsibilities towards patients (Atkins & Williams 1995), and demands of patient care overrode teaching duties (Coates & Gormley 1997). Preceptors therefore may become stressed when they find that they cannot attend fully to the needs of the student (Henderson *et al.* 2006). Clinical instructors in Canada and the UK expected that the students' clinical expertise would be evaluated, but the nurse preceptors were unprepared for and uncomfortable with this role (Dibert & Goldenberg 1995, Coates & Gormley 1997, Yonge *et al.* 2002a). [Some nurse preceptors found that they lacked control over whether they would be a preceptor, and that they were being assigned to this duty with no input into whether or not students had clinical placements on their units] (Letizia & Jennrich 1998, Langan 2003, Bourbonnais & Kerr 2007, Murphy 2008).

Role overload

Work overload and a lack of time were the other major themes that emerged from these studies. To create a proper learning environment that respects both the teacher and the student, preceptors reported that they needed to be assigned a decreased patient assignment which would allow the nurse preceptor time to work with the student. In contrast, Hurley and Snowden (2008) in the UK specifically reference 'mentor-overload' (p. 272) with nurse mentors being responsible for students nearly every shift, and not having the time necessary because of clinical workload and competing duties. Langan (2003), Coates and Gormley (1997) and Clarke *et al.* (2003) had reports of up to five students

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being assigned to one preceptor, and the nurse preceptors frequently have had increased patient workloads with higher than usual acuity (Coates & Gormley 1997, Yonge *et al.* 2002b, Langan 2003, Bourbonnais & Kerr 2007, Hautala *et al.* 2007, Kemper 2007, Hallin & Danielson 2009). The resulting role overload creates time pressures, causing the preceptors to remain after hours to finish with students (Atkins & Williams 1995, Dibert & Goldenberg 1995, Ohrling & Hallberg 2001, Yonge *et al.* 2002a, Henderson *et al.* 2006, Bourbonnais & Kerr 2007, Murphy 2008). This role overload stress was reported from every country where studies were found. **It appeared to be the result of managers and co-workers not understanding what the preceptor role entailed and viewed the nurse preceptor as having additional help, when in actuality the preceptor had additional responsibilities.**

Discussion

The role of the nurse preceptor or mentor is important to student nurses, and the preceptors do find some value in performing this role. Many nurses have indicated that there are intrinsic rewards to functioning as a preceptor (Dibert & Goldenberg 1995, McNeese-Smith 1999, Murphy 2008, Hallin & Danielson 2009); at the same time other researchers reported that nurses receive little or no job satisfaction from precepting duties (Usher *et al.* 1999). The lack of recognition, respect and satisfaction in taking on this additional role may be a factor in the difficulties arranging for clinical placements, and finding the nurse preceptors needed, as more students enroll in nursing education (Hall 2006).

Nurse preceptors experience role ambiguity, role conflict and role overload. The present system is adding stress, with increased workloads, responsibility and time pressure for the preceptors. There is a strong consistency of responses concerning the nurse preceptors' experiences and the theme that emerges from the findings is that the preceptors often appreciate functioning in this role with a large 'but'. Nurses are interested in the future of nursing, and will take on the preceptor role when asked, but they become overwhelmed and exhausted because of role ambiguity, conflict and overload.

Clarity of a definition of the preceptor role in nurse preceptors' job descriptions would reduce role ambiguity and allow for advancement on a clinical ladder or a positive mention on the preceptor's annual evaluation.

Formalising the preceptor role by elevating it to adjunct faculty status has been suggested by researchers in Canada and the US as a way to give the role presence

and standing within both the clinical facilities and the educational institutions (Lewis 1990, Stone & Rowles 2002). In the UK, Atkins and Williams (1995) suggested that mentors could apply for credits for academic qualifications.

Facilities could develop manuals that delineate the philosophy and responsibilities of their preceptor programme. This would be different than preceptor preparation workshops some organisations have created. Such workshops often have some adult learner content, but they more often are designed to teach the preceptor how to evaluate the student.

(Letizia & Jennrich 1998). The workshops address the clinical instructors' needs for how they want the preceptors to function, not necessarily the nurse preceptors' needs. To address this gap, preparation meetings between the clinical instructors and the preceptors could specify the instructors' expectations and introduce the goals of the student experience. There is a lunchtime seminar system for mentor education in the UK, but Hurley and Snowden (2008) found that nurse mentors were not being released to attend the seminars and the alternative concepts of 'study days' and 'protected time' for mentors had not come to fruition (Coates & Gormley 1997, p. 96).

The formal recognition of the nurses' preceptor role will also have a positive effect on role conflict. Concerns surrounding delegation and working with unlicensed personnel exist, and facilities could give assistance to the nurse preceptors on how to safely work with the unlicensed students. Increased advance preparation could decrease the stress of the nurse being arbitrarily assigned to preceptor duty, and the nurse could have the option of declining the assignment without repercussion, potentially protecting herself from burnout. Having this demanding extra duty assigned points out the preceptors' lack of autonomy and can be a factor in why nurses leave positions (Strachota *et al.* 2003).

Recognition that a preceptor plus a student is not equal to one and one half nurses is a starting point to reduce role overload. With the time it takes to talk through a patient care issue with the requested emphasis on clinical thinking, or for the student to perform patient care, **together the preceptor and student are equal to perhaps three-quarters of one nurse.** Consistently, workload and responsibility issues that accompany student nurse preceptor experiences are not taken into consideration when assignments are created; with the same findings repeating over and over from 1981 onwards. High workloads are a major stressor for UK nurses (McVicar 2003) and work overload issues were the primary reason nurses were leaving one US mid-western health system (Strachota *et al.* 2003). This issue

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will become detrimental to nursing if the workload factors of preceptorship are not addressed.

In a review of research on the effect a preceptorship experience had on student nurses, Udulis (2008) found there was a positive correlation in nursing performance scale and adaptive competencies, but a preceptor experience had little effect on student nurse licensure exam pass rate or critical thinking abilities. Lewis (1990) found in her review that preceptor experiences promoted anticipatory socialisation into the nurse role. At the same time, Myrick (1988) asks why students are still having such difficulty transitioning to the graduate nurse role even with preceptor experiences. All three agree that the preceptor concept is now ingrained because it is perceived to solve a problem in nursing education. The question remains whether it is reasonable to expect staff nurses who are already functioning at high patient or acuity levels to take on these additional responsibilities without recognition, support or reward. The challenge for future research will be twofold: determining the current stressors and rewards for nurse preceptors, and identifying whether the preceptor programmes produce the desired benefits for students. Once the current lived experiences of nurse preceptors is established, further research could study interventions that may decrease the stress of functioning as a nurse preceptor. Improving this common stressful situation for nurses may increase job satisfaction and address some of the work overload concerns that drive nurses away from the field. Importantly, job satisfaction is linked to nurse retention and may have a positive impact on the pending nursing shortage. Changes to the preceptor experience with the clinical instructors and preceptors collaborating on advance preparation could decrease the preceptors' role ambiguity and consequently increase the benefits to the nursing students.

Conclusion

Preceptor experience programmes or mentorship programmes have been established in response to a nursing faculty shortage and to the difficulties new graduate nurses have had assuming their professional role. These programmes have been treated casually, but in actuality are important adjuncts to nursing education. The preceptor or mentor role is a diverse and demanding one, and the responsibilities and stressors that are associated with teaching students can be a factor in nurses leaving employment. Providing precepted clinical experiences for students creates a significant amount of stress for the nurse preceptors especially in terms of role overload with unclear benefits delivered to the student nurses.

Researchers have indicated what adjustments can and should be made in the programmes to reduce the amount of stress for the nurse preceptors and increase job satisfaction. The recommendations for nurse managers are to: decrease patient assignments for the mentor/student couple; allocate scheduled teaching time for the preceptor/mentors; be aware of mentor overload; have preparatory and ongoing education for preceptors; have advanced preparation for accommodating students; and formalise the role giving the preceptor or mentor more control over their practice. Nurse preceptors and mentors have consistently requested recognition and support from their organisations, managers and co-workers for these efforts. In the future, additional research will be needed to find the greatest benefits for both the students and their preceptors.

Acknowledgements

The author would like to gratefully acknowledge the assistance of Professor Stacey M. Carroll RN, PhD and Rachael A. Chou MS for their review of this manuscript.

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