Making a Difference: The Value of Preceptorship Programs in Nursing Education

Jennifer Duteau, RN, BScN, MScN

abstract

The benefits of clinical nursing experience in nursing education cannot be overemphasized. Literature has shown that proficient clinical nursing education enhances nursing practice through the development of professional growth with opportunities for the application of theoretical knowledge. Clinical preceptorship has been shown to be an effective method in the development of professional nurses through clinical education. The role of a clinical nursing preceptor is complex and not necessarily applicable to all nurses. Understanding the clinical environment, comprehending individual learning styles, and dealing effectively with conflict are skills that an effective preceptor needs to acquire before participating in the role. This article describes the origin of the preceptor role in clinical nursing education and discusses how the role can be enhanced through a proficient and well-planned preceptorship education program.

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Clinical nursing environments have been the mainstay of nursing education since its beginning. From the time of Florence Nightingale, nursing education has included a hospital-based clinical component in which student nurses worked directly under the supervision of practicing nurses who were "trained to train" (Udlis, 2006, p. 20). The past 50 years have seen many changes in nursing as a profession. Gone are the days when nurses were thought of as little more than helpers or assistants to physicians. Fifty years ago, physicians performed many of the skills that are now done by nurses, such as taking blood pressure. Today, nurses routinely take blood pressure readings, and advanced practice nurses also prescribe blood pressure medication.

HISTORY OF NURSING EDUCATION

The influences of an ever-changing society have supported radical developments in nursing. Nursing was first seen as a role suitable for slaves and uneducated women. Christianity and other religious traditions helped nursing to gain respect in the role of caregiver. The first nursing order with a systemic educational program was established in the 16th century by the Sisters of Charity (Nadot, 2010). As city populations grew, the emergence of epidemics led to an increased need for formal training apart from the church to meet the demand for nurses. One of the first nursing schools was founded in Switzerland in 1859 by Countess Agenor de Gasparin. In the early 19th century, the United States made formal education and training of nurses a top priority. Hospitals then became the accepted route for nursing preparation, and nursing schools throughout North America began to provide classroom instruction combined with clinical practice. With the emergence of professional nursing organizations and the Red Cross serving as the nursing profession's liaison to the world, a need to further prove nursing's professional identity arose in response

Ms. Duteau is Clinical Practice Leader, Nephrology and Dialysis, Humber River Regional Hospital, Weston, Ontario, Canada.

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Address correspondence to Jennifer Duteau, RN, BScN, MScN, Humber River Regional Hospital Nephrology Program, 200 Church Street, Weston, Ontario M9N 1N8, Canada. E-mail: jduteau@hrrh.on.ca.

to opposition from physicians and other rivalries within the profession itself. To protect and define the status of nurses, high standards were created, with strict entrance requirements, prescribed curricula, and licensing regulations (Brestovansky, 2010). Advancements in medicine and public health launched the nursing profession into the 20th century. Nursing programs expanded into universities, creating an alternative to the hospital-based diploma education of the past.

The nursing profession has met the demand for a changing role with an increasing number of nurses employed in a variety of clinical settings. The need for advanced clinical expertise continues to escalate with developments in science and technology and the increased needs associated with an aging population and rising health care costs.

DEVELOPMENT OF THE PRECEPTORSHIP IN NURSING EDUCATION

Nursing education is now based in academia, placing nursing faculty in control of both clinical and instructive teaching. In an attempt to better prepare nursing students for the clinical setting, nursing faculty began using preceptorships as a part of clinical education. Consequently, preceptorship programs became widespread in undergraduate nursing education as an optional clinical teaching method (Udlis, 2006). Today, preceptorship programs are fully promoted by nursing professional organizations. The College of Nurses of Ontario (2009) indicated that nurses have a professional obligation to support learners in their quest to refine and develop competencies that are needed for "safe, ethical and effective practice" (p. 3). The College of Nurses of Ontario (2009) further endorsed the use of preceptors by offering a professional practice guideline outlining the accountability of nurses in supporting learners through the preceptorship role. Both the Canadian Nurses Association (2004) and the Registered Nurses Association of Ontario (2010) support preceptorship in nursing education as a method of achieving excellence and success in professional practice. This article discusses preceptorship programs in relation to nursing students in the last year of study.

DEFINITION OF A PRECEPTOR

A preceptor has been defined as a "specialized tutor who gives practical training to the student" (Moyer & Wittmann-Price, 2008, p. 272). Other definitions include a registered nurse who provides supervision through a one-on-one relationship with a student nurse during an on-site clinical experience (Barker, 2010; Kaviani & Stillwell, 2000; Mamchur & Myrick, 2003; Myrick & Yonge, 2004; Ohrling & Hallberg, 2001). Preceptors provide an effective means for bridging the theory-practice gap

in nursing education and helping to reduce the reality shock for new graduates entering the nursing work force (Altmann, 2006; Billay & Myrick, 2008; Kaviani & Stillwell, 2000; Leners, Sitzman, & Hessler, 2006). Other definitions include a nurse who teaches, counsels, inspires, serves as a role model, and supports the growth and development of a student for a fixed and limited amount of time with the specific purpose of socializing the student into a new role (Happell, 2009).

CHARACTERISTICS OF THE PRECEPTOR

Excellent communication skills, a positive attitude toward learning and teaching, and the ability to stimulate critical thinking are considered essential preceptor qualities (Altmann, 2006; Hardyman & Hickey, 2001; Myrick & Yonge, 2004). A phenomenological study by Ohrling and Hallberg (2001) (Table) in which 17 staff nurses spoke of their experience in the preceptor role found that the nurses understood the meaning of preceptorship as that of reducing a student's feelings of learning helplessness and empowering students when learning in practice. The meaning of preceptorship highlighted the need for further preceptor support and development of the preceptor role. An article by Zilembo and Monterosso (2008) showed that preceptors often expose nursing students to the realities of nursing practice by demonstrating leadership qualities of compassion and care. Spouse (2001) agreed that preceptors have the ability to expose nursing students to an effective clinical experience, which directly enhances the development of confidence and competence. Preceptors also can affect the professional growth of nursing students. Leners et al. (2006) found that undergraduate nursing students saw their clinical experiences as central to their professional development. O'Malley, Cunliffe, Hunter, and Breeze (2000) and Zilembo and Monterosso (2008) described the preceptor as a role model exhibiting behaviors that reflect the values and beliefs of the nursing profession.

Despite the vast evidence supporting the role of preceptorships in nursing education, the various relationships involved in the process of clinical nursing education can create a stressful environment for both the preceptor and the student.

ACTIVITIES OF THE PRECEPTOR

The climate within the preceptorship experience is greatly influenced by the preceptor (Myrick & Yonge, 2001). The learning environment must be provocative, disciplined, stimulating, and humanistic through authentic support and caring. The preceptor must be committed to student success by assisting students in achieving their goals and objectives by promoting critical thinking and

fostering independent thought. According to Myrick and Yonge (2001), the preceptor's ability to "value, work with, and support the student is essential for providing a climate that is conducive to the promotion of critical thinking in the practice setting" (p. 462). In a study of 137 nursing school deans and directors (Table), Altmann (2006) found that clinical competence, commitment to the preceptor role, willingness to teach, effective communication skills, professional conduct, skill in the nursing process, ability to deal with conflict, ability to complete performance evaluations, and knowledge of nursing research were central factors in the selection of clinical preceptors. These qualities were echoed by Barker (2010), who stated that preceptors were considered the vital link between "the concepts and evidence-based approaches to care and the realities of actual practice" (p. 145). As important as the preceptor's qualities are in the formation of a student's professional development, restrictions within the clinical environment can affect the teaching process that must occur for successful learning to take place.

BARRIERS AND CHALLENGES

Preceptorship is often defined by clinical hours dictated by an educational curriculum rather than by individual learning needs (Kim, 2007). Therefore, the relationship between the preceptor and student can be challenging. Staff nurses naturally assume a heavy responsibility in precepting nursing students. The time and energy required to provide effective precepting through monitoring and teaching greatly adds to the pressure on the overburdened and overworked nurse (Leners et al., 2006). Nursing units are also affected by worldwide nursing shortages. As a result, clinical precepting has become "a progressively pressing issue for educators and clinical administrators" (Leners et al., 2006, p. 1268). Nursing shortages contribute to the problem of locating and maintaining an adequate number of clinical preceptors, given the resulting increased workload and lack of experienced nursing staff. In an evaluative study (Table) on the role of the preceptor from the perspective of students, preceptors, and nurse managers, Kaviani and Stillwell (2000) concluded that the preceptor's workload, lack of support from peers, lack of time spent with the student, and overall lack of support from the nursing faculty negatively affected the role of the preceptor, leading to fatigue and burnout. Preceptors have faced challenges in the clinical environment by being made to feel responsible for the success or failure of a student. This concern was emphasized in a study by Mamchur and Myrick (2003) in which 65% of preceptors surveyed indicated that expectations for the preceptor role created conflict within the practicum (Table). A lack of knowledge of the

learning needs of the student and the expected level of achievement also proved to be of concern for the preceptor. Additional challenges included lack of formal objectives from the student, not knowing what to expect from the student, and lack of communication with nursing faculty (Barker, 2010; Leners et al., 2006).

RECOMMENDATIONS

The need for regular preceptor contact with nursing faculty cannot be overemphasized in creating an effective clinical learning environment. Having a liaison between nursing faculty and preceptors leads to greater awareness of mutual strengths and skills, creating a joint commitment to student success (Kaviani & Stillwell, 2000). A liaison can assist the preceptor in identifying appropriate learning experiences for the student to achieve desired outcomes, provide support and guidance where needed, be readily available, and assist with evaluations. A liaison could be a clinical educator within the acute care setting.

CLINICAL ENVIRONMENT

The clinical environment has also been negatively affected by the improper placement of students in clinical areas. Preceptors have reported problems with placing two or more nursing students or students from more than one nursing school on one nursing unit. Students are often moved from preceptor to preceptor because of the large volume of students and the lack of consistent daily staff. This problem was noted in a study by Leners et al. (2006) (Table) in which preceptors expressed frustration in dealing with different expectations from each school as well as rotation deadlines and varying competency levels of students. Despite the challenges that professional nurses face within the preceptor role, many described the benefits of the role, such as an enhanced sense of responsibility and an opportunity to demonstrate clinical competency and teaching ability (Barker, 2010; Lee, Tzeng, Lin, & Yeh, 2009; Myrick & Yonge, 2004; Myrick, Yonge, & Billay, 2009). Although the preceptor plays a significant role in defining the clinical environment, the student can also affect the environment in several ways.

PRECEPTOR-STUDENT RELATIONSHIP

The learning environment for clinical nursing education can be unstructured, overwhelming, and unpredictable. As a result, the clinical experience may include struggles that can challenge the academic success of students (Hegge, Melcher, & Williams, 1999). Ongoing struggles can lead to feelings of vulnerability and anxiety. One probable cause of student anxiety within the clinical experience is interpersonal conflict. Nursing stu-

TABLE
METHODOLOGICAL MATRIX OF INDICATED PRECEPTORSHIP STUDIES

Authors	Publication Year	Country	Study Design	Sample Size	Sampling Method	Data Collection	Age (Years)
Altmann	2006	U.S.	Exploratory, descriptive, comparative	137	Random	Self-report questionnaire	
Hallin & Danielson	2008	Sweden	Descriptive, cross-sectional	113 (first group in 2000) 109 (second group in 2006)	Random	Self-report questionnaire, before and after intervention	35-42
Hardyman & Hickey	2001	U.K.	Longitudinal, descriptive	1,596	Convenience sample	Questionnaire	
Kaviani & Stillwell	2000	New Zealand	Descriptive, cross-sectional	21	Convenience sample	Focus group, interview	
Kim	2007	U.S.	Descriptive, correlational	102	Convenience sample	Self-report questionnaire	21-55
Lee et al.	2009	Taiwan	Quasi-experimental	58	Convenience sample	Self-report questionnaire	21-46
Leners et al.	2006	U.S.	Qualitative, inductive approach	15	Random	Interview	
Mamchur & Myrick	2003	Canada	Exploratory and modified, simultaneous qualitative and quantitative triangulated method	234	Random	Self-report questionnaire, interview	20-49
Ohrling & Hallberg	2001	Sweden	Phenomenological	17	Convenience sample	Interview	29-55

dents often experience communication and interpersonal problems with their preceptors that can lead to conflict if left unchecked (Mamchur & Myrick, 2003). Although conflict can lead to growth for both the preceptor and the student through conflict resolution, unresolved conflict can result in devastation for both parties. A study by Mamchur and Myrick (2003) showed that 38% of nursing students experienced conflict within their preceptor relationship and 60% believed that the conflict was caused by preceptor expectations (Table). The study further concluded that student nurses appeared to have experienced a significant amount of stress during their clinical preparation compared with their first year of employment. Because the preceptor is seen as an individual who can make or break a student's successful transition from student to professional, there is some question as to the long-term effects of the experience on students.

STUDENTS

The literature has shown that a poor clinical transition in nursing education can lead to burnout, decreased job satisfaction, lower work productivity, and disillusionment (Yonge, Myrick, & Haase, 2002). A reported 35% to 65% of new Canadian nursing graduates leave their place of employment within the first year, leading to a 55% turnover rate (Willemsen-McBride, 2010). This results in increased costs in recruitment and enduring problems with retention. Thus, it is imperative that improvements continue to be made in the orientation and socialization of new nurses to ensure success. Willemsen-McBride (2010) found that preceptorship planning was one essential component in the retention of perioperative nurses, concluding that matching preceptor and student learning styles "was one way to enhance job satisfaction levels" (p. 10). Zilembo and Monterosso (2008) also concluded that students settle into "placements more quickly and demonstrate greater confidence as a result of good mentoring and preceptorship" (p. 92) and that matching student and preceptor learning styles could prove to be beneficial. Lee et al. (2009) found that turnover rates for new nurses improved significantly by more than 50% after a formal preceptorship program was instituted (Table). To fully appreciate the benefits of preceptorship planning, it is vital that the learner's needs be identified. In other words, what do nursing students desire in a preceptor?

PERCEPTIONS FROM AND ABOUT PRECEPTORS

Hardyman and Hickey (2001) completed a longitudinal questionnaire survey to explore the expectations of preceptorship from the perspective of newly qualified nurses (Table). The study showed that 97% of nursing students desire a preceptor during their first nursing experience and 91% reported that they want the preceptor to provide them with constructive feedback on their clinical skills. The students also looked to preceptors for teaching of new clinical skills, confidence building, assistance in settling into the work environment, advice on professional issues, assisting with learning objectives, providing emotional support, working alongside them, providing empathy and understanding, being dependable, and discussing career plans. Similar studies showed the importance of valuing, working with, and supporting students, and enhancing critical thinking while in the preceptor role (Altmann, 2006; Happell, 2009; Hegge et al., 1999; Leners et al., 2006; Myrick, 2002; Myrick & Yonge, 2001; Zilembo & Monterosso, 2008). In addition, students prefer a preceptor who is available to them, with the same patient roster and similar duties (Kaviani & Stillwell, 2000).

Considering the extreme effect that the preceptor-student relationship has on the learning environment as well as the long-term success of the nursing profession as a whole, it seems evident that preparation for the preceptor role through structured and formal education is one way to improve student success and long-term outcomes.

PRECEPTORSHIP PROGRAMS

Clinical preceptorship programs, in collaboration with clinical agencies and educational institutions, have been documented as "effective and innovative means of facilitating student learning" (Kaviani & Stillwell, 2000, p. 218). In the past, preceptors often assumed the role informally, without any training, which limited the potential benefits to students and the organization as a whole. As mentioned earlier, the preceptor's role in teaching and socializing vulnerable new nurses to the profession has been recognized, in addition to the importance of the student's role in the growth process through identification of learning needs and acceptance of responsibility for learning (Happell, 2009; Kaviani & Stillwell, 2000; Mamchur & Myrick, 2003). Therefore, preparing students for the professional role of nursing is supported through the benefits of formal preceptorship educational programs.

BENEFITS OF PRECEPTORSHIP PROGRAMS

Students who have been exposed to a preceptor who has been formally educated show higher levels of nursing role performance and socialization (Udlis, 2006).

Preceptorship programs have also been shown to be beneficial in controlling costs through retention of new nurses, improvement in the quality of care, and fostering of professional development (Lee et al., 2009). A descriptive study by Kim (2007) found that nursing competency skills among senior nursing students were positively related to participation in a clinical preceptorship program. Hardy and Smith (2001) found that a limited preceptorship program led to poor professional development for both the preceptor and the student. However, an effective and well-planned preceptorship program had a positive effect on the developmental growth of nurses through "increased confidence, augmented organizational skills, expanded knowledge, improved communication, and higher clinical efficiency" (Singer, 2006, p. 624). A formal evaluation of a preceptorship program implemented in a mental health nursing unit concluded that there was a high level of satisfaction with the program as nurses felt more competent in the preceptor role (Charleston & Happell, 2004). Successful preceptorship programs employ collaborative involvement through the integration of a nurse educator, nurse preceptor, student, nursing faculty, and facility manager. Effective collaboration leads to improvement in the recruitment and retention of nurses, enhances professional growth, and contributes to the promotion of nursing leadership (Singer, 2006). A nurse preceptor does require a specific group of characteristics to be effective in the role. Despite the vast support for preceptorship programs in nursing education, very little literature has been produced on the development of a preceptorship program curriculum, based on research findings.

DESIGNING A PRECEPTORSHIP PROGRAM

When a preceptorship program is designed, there should be a clear set of criteria for the qualifications and characteristics of preceptors. Criteria should include clinical expertise, willingness to act as a role model, the desire to teach and foster learning, excellent communication skills, and evidence of ongoing teamwork. Staff nurses who are respected by their peers tend to generate a more positive attitude toward students, and this may also be considered when developing preceptor criteria. Clearly defining the values on which to build the preceptorship program forms a basis for implementation and ensures ongoing support for the preceptor as well as the student.

PRECEPTOR EDUCATION

Given the challenges of the preceptor role, it is important to provide preceptors with the tools they require to fulfill their responsibility and commitment. Education in conflict management, performance evaluation and assessment, clinical teaching strategies, and formulating

constructive feedback should be part of a preceptorship educational program. Preceptors further require an understanding of learning styles, including their own. Comprehending various learning styles can help the preceptor to select appropriate teaching strategies for students. Matching learning styles within the preceptor-student relationship may prove beneficial. It may be helpful to implement an analysis of learning styles for both the preceptor and the student before formulating the relationship.

ROLE OF CLINICAL EDUCATORS AND NURSING FACULTY

Clinical nurse educators can play a major role in assisting with the analysis and working collaboratively with nursing faculty to create a potential match between a preceptor and student. Preceptors also require a general introduction to the student's nursing program and an understanding of the program's teaching philosophy. The nursing faculty needs to provide clear objectives for the nursing program as well as their accountability and student performance evaluation methods. A preceptorship program should also include clear definitions and descriptions of role expectations for the preceptor and the student as well as an outline of relevant procedures related to student placement and communication of problems. Preceptors also want to be recognized for their professional contribution to the nursing community. Incentives such as free educational days, continuing education credits, and preceptorship recognition days can promote preceptorship and lead to organizational committees in which preceptors can exchange ideas and develop a support network to enhance leadership and growth. Clinical educators can support the preceptor role by formulating organizational committees and assisting in creating agendas and terms of reference. The preceptor must be viewed as an essential component of nursing education for the organization. Commitment from the organization will ensure that preceptors are valued and thus receive workloads that are conducive to the preceptor role. Clinical educators are essential in leading the development of preceptorship programs in collaboration with nursing faculty and the educational institution. Because clinical educators are on-site within the organization, they can provide support for the clinical environment and serve as a liaison for the nursing faculty, preceptor, and student. The clinical educator is also invaluable in offering timely support, empathy, and mentorship, and fostering the clinical relationship.

CHANGES TO PRECEPTORSHIP PROGRAMS

Fully exploring the experience of the preceptor can affect the design of preceptorship programs. Hallin and

Danielson (2008) found a strong positive correlation between preceptors' experiences of the preceptor role and their level of interest in preceptoring. The authors collected data via a questionnaire in 2000 and again in 2006, after alterations were implemented to the existing preceptorship program (Table). Reflective of data collected in 2000, preceptors reported a lack of support from instructors in the educational institutions, a lack of support from the health care organization in understanding the preceptor role, and a lack of support from colleagues. In 2002, a contract was established between the university and the health care organization that regulated preceptor preparation and practice sites. In 2006, significantly more preceptors reported that they felt better prepared for their role and better supported by instructors, colleagues, and the health care organization. The authors concluded that changing the preceptorship program from one that is based in the health care organization to one involving collaboration between educational institutions and the health care organization leads to better experiences for both preceptors and students, increasing the availability of preceptors through their willingness to participate in the role.

CONCLUSION

Students participating in a clinical relationship are often unaware of the complexities of the interactions between the educational institution and the health care organization. However, students are very clear in their desire for a positive learning environment. Students want to be welcomed, supported, and nurtured (Happell, 2009). As a result, they seek preceptors who are professional, consistent, welcoming, and skilled in providing constructive feedback for professional growth. One way to ensure the success of clinical nursing education is through formal preceptorship educational programs and the ongoing support of a clinical nurse educator. A well-intended preceptorship educational program does not guarantee success. Collaboration between educational institutions and health care organizations must be established before the development of a preceptorship program. Dual involvement in creating carefully delineated role descriptions, access to support, and feedback are important factors in achieving positive outcomes. Additionally, health care organizations need to promote high-quality learning environments through fostering staff growth and providing ongoing opportunities for advancement. Preceptorship programs must be seen as a priority receiving ongoing evaluation and undergoing refinement to guarantee sustainability. Programs should be flexible enough so that health care organizations and educational institutions can make demands on each other and work through problems collaboratively. A well-

planned, well-implemented, and sustainable preceptorship program promotes a learning environment that is conducive to the consistent and positive development of future generations of nurses.

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key points

Preceptorship Programs

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1 The nursing profession has continued to meet the demand for a changing role with an increasing number of nurses employed in a variety of clinical settings.

2 Nurses have a responsibility to constantly advance their abilities and knowledge in an effort to provide patient care that is increasingly complex. This responsibility includes sharing their skills with new nurses so that future generations of nurses are able to provide superior care.

3 Providing professional development is key in promoting empowerment and career satisfaction. Professional development can be provided through a comprehensive preceptorship program that takes place with the support of faculty and employers. Barriers related to preceptorship programs, such as patient workload, lack of support, lack of adequate communication, and lack of understanding, must be considered when addressing program development.

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