

ORIGINAL ARTICLE

Preceptorship vs. clinical models of learning: The experiences of Bahraini nursing students

Toqa Jameel Busebaia^{*1}, Catherine S. O'Neill²

¹*University of Bahrain, Bahrain*

²*Healthcare Educational and Research Consultant, Ireland*

Received: June 11, 2017

DOI: 10.5430/cns.v6n2p27

Accepted: November 27, 2017

URL: <https://doi.org/10.5430/cns.v6n2p27>

Online Published: December 13, 2017

ABSTRACT

Background: Different models of teaching and learning are used to produce competent skilled clinical nurses. Some are traditional clinical teaching methods while others are grounded in preceptorship principles of mentoring. Knowledge regarding student nurses' experiences of preceptorship and its meaning for them can enhance the understanding of stakeholders in academia and practice to the needs of senior nursing students' and can offer them guidance to construct a more efficient approach to clinical teaching.

Objective: The aim of the study was to explore the lived experiences of senior student nurses of preceptorship, while on clinical placements , with the objectives of describing their experiences and their relations with preceptors and also to illustrate the factors that facilitated or hindered the clinical learning process.

Methods: A phenomenological hermeneutical inquiry was utilized. Data collection was conducted using semi-structured interviews with ten purposively chosen senior nursing students. Smith's Interpretative Phenomenological Analysis (IPA) was used as a framework for data analysis.

Results: Students' lived experiences of preceptorship were mainly positive. Three main themes were identified: (1) Role Model Identification; (2) Team Integration; (3) Interpersonal Professional and Structural Challenges. The findings showed that preceptor relationships shaped the acquisition of skills and knowledge of student nurses' during their clinical placements.

Conclusions: The findings illustrate the importance of collaboration between the academy and practice in providing support for student nurses and their preceptors. In addition, careful selection, comprehensive training and rewards for preceptors can enhance and facilitate student nurses' learning.

Key Words: Student nurses, Experiences of preceptorship, Clinical learning environment, Relationships, Bahrain

1. INTRODUCTION

The final year of an undergraduate nursing degree entails a period of consolidated clinical training in a health care setting where students are closely supervised by a competent registered nurse in an educational relationship called preceptorship. It focuses on developing student nurses' clinical skills, training them to enter the nursing workforce and to practice in a competent manner,^[1] while also ensuring that the students

have the skills to deal with the realities of professional practice environments;^[2] skills that are necessary for students to effectively negotiate the theory practice gap.^[3] Duchsher^[4] explained that, practicum experiences are directed toward moving the students to a new level of maturation to ensure that they become professionals who are qualified to undertake the responsibilities that accompany licensure. Preceptorship models are used in Canada, United States,^[5] Australia,^[6]

*Correspondence: Toqa Jameel Busebaia; Email: tjameel@uob.edu.bh; Address: University of Bahrain, Bahrain.

Scandinavian countries,^[7] United Kingdom and Ireland.^[8] While some of the academic nursing programs use this model with beginner nursing students,^[9] other programs offer it in the summer between the junior and senior year^[10] with others implementing it during the final semester prior to graduation.^[11] Moreover, nursing colleges use many different terms to refer to the use of the preceptorship model in their curriculum, such as calling it the externship program,^[11] the orientation program,^[12] the internship program,^[13] the senior practicum or graduate nurse residency program.^[2] The internship program and senior practicum usually reflect the final clinical course/year prior to graduation.^[2,13] According to Flynn and Stack,^[14] these programs wherever implemented, seek the improvement of recruitment into the profession, coupled with retention and job satisfaction.

Many studies cite the advantages of using preceptorship. For example, O'Malley et al.^[15] declared that adopting the preceptorship model has contributed to a decrease of "reality shock" experienced by student nurses when placed in the clinical area. In addition, Nehls et al.^[16] explained that this model enhanced the collaborative relationship between academia and service and also contributed to the benefits of patients receiving nursing care. Moreover, Stutsky and Laschinger^[17] illustrated that having a qualified nurse teaching undergraduate nursing students in a familiar environment contributed to better learning opportunities and problem solving abilities.

Despite all the important advantages discussed above, the use of a preceptorship model in the students' training programs faces many challenges. These include incidents of interpersonal conflicts in preceptee-preceptor relationships which may result in negative outcomes if not resolved.^[18] In addition if clinical areas are affected by nursing shortages which may result in higher student preceptor ratios.^[19,20] Furthermore, Yonge et al.^[21] declared that a lack of proper preceptor preparation and support contributes to less guidance and feedback to nursing students. Finally, preceptors' characteristics play a major role in the process. Selecting preceptors according to their availability rather than their qualifications and allowing diploma-prepared preceptors to precept baccalaureate student nurses represented some of the challenges.^[5]

1.1 Background

For a number of years X Nursing College was the primary source of nursing education in the Kingdom of Bahrain. It graduated more than 50% of the current nursing work force^[22] and had used the preceptorship model for over 30 years in the final clinical course only, whereby the students

were supervised in the clinical area using the traditional clinical faculty model during their first four years of study.

With the introduction of Bachelor in Nursing Science program in 2005-2006, the final clinical course (Integrated Practicum) adopted a preceptorship model with the students working for three months alongside a preceptor in the clinical environment. Students spend six weeks in a medical ward and a further six weeks in a surgical ward. The course aims to provide the students with the opportunity to gain competent clinical skills by providing holistic care for individuals and their families in secondary and tertiary care settings under the supervision of a registered nurse. Students are assessed for the mastery of the required psychomotor skills, and include adhering to professional behavior, maintaining an ethical attitude, and application of the nursing process, while incorporating evidence to support practice. Students are also expected to be competent to deliver health education based on client's/family needs, and also to demonstrate leadership within the confines of the healthcare team. Students are expected to pass a patient care exam at the end of the clinical placement and are also evaluated by the preceptor, the faculty and the ward supervisor.

During the period of preceptorship the student nurses experience a significant change of both teaching methods and work shifts. In the traditional model students were supervised by their faculty at a ratio of one to six or eight students, and were present in the clinical area for only six hours per day. In addition, the clinical attendance days were distributed throughout the course ranging from two to three days per week for the majority of clinical courses.

With the traditional faculty teaching model students felt that they had less supervision due to the larger ratio of students to faculty in the clinical area and they felt that their clinical learning was limited. However, with the preceptorship model students work regular eight-hour and are rotated through all the shifts. Hence, it is noticed that most of the senior students report the positive aspects of being taught via preceptorship model in their final clinical course as they feel that it helps them to consolidate their clinical learning and assists them in overcoming any limitations in their previous clinical learning experiences.

While the use of the preceptorship model in the final clinical course shows many promises, no research in X Nursing College had been conducted to explore the effectiveness of the use of preceptorship model in the current Integrative Practicum course and of how it was being experienced by student nurses. Thus, this exploratory research set out to remedy this knowledge deficit.

1.2 Aim of the study

The aim of the study was to explore the lived experiences of senior student nurses with preceptorship in order to increase the understanding of academia and service stakeholders of the needs of this group of students and to generate evidence that will inform future preceptorship program planning and support.

1.3 Objectives of the study

- To describe the experiences of senior student nurses with regards to preceptorship and their relations to preceptors.
- To describe the senior student nurses experiences of their learning with preceptorship.
- To illustrate the factors that may facilitate or hinder the experiences of senior student nurses with preceptorship.

1.4 Research question

What is the lived experience of senior student nurses with preceptorship?

2. METHODOLOGY AND METHODS

A phenomenological-hermeneutical scientific inquiry was utilized. The rationale for adopting a phenomenological approach was to comprehend the nature of the experience as it is lived by individuals on a day by day basis.^[23] In addition, hermeneutics permits a deeper analysis of the underlying experienced concepts and relationships with the focus on understanding and interpreting, and not only describing the phenomena;^[24] a methodology which fulfils the study aim.

2.1 Participants

Participants were a purposive sample of 10 senior nursing students doing their final clinical course (Integrative Practicum). These students were previously supervised in the clinical area using the traditional clinical faculty model. They were 7 female students and 3 male students aged between 21-23 years old.

2.2 Access to the participants and ethical considerations

Access to participants was achieved in several stages. Ethical approval was sought via application to the research ethics committee (REC) in the researcher's educational institution and in X Nursing College in order to obtain permission to conduct the study. Following ethical approval to carry out the study the head of the Baccalaureate nursing program was formally contacted in order to obtain access to the students. The first author, who taught and was familiar with the students in X Nursing College, met the entire group. Students

were given information about the aim of the study, its objectives, and the significance of the study and procedures of data collection. An information sheet was distributed and students were requested to contact the researcher if they wished to participate. Some of the students volunteered immediately. Their telephone numbers were obtained and they were contacted later by phone to arrange a time and a mutually agreed location. Consent forms were given to the students' on interview date. All participants signed informed consent.

As the interviews were carried out by the first author who is a lecturer at the same nursing school ethical principles related to the dual-role of the researcher were followed. Houghton et al.^[25] explained that the dual role of researcher can raise a conflict and the separation of the two roles is challenging such as being a nurse and a researcher or a lecturer and a researcher. Loftin, Campanelle and Gilbert^[26] explained that students are vulnerable as study participants due to three factors: power differential where the student might participate in the study involuntarily in order to be in good standing with the teacher, financial status where the student may expect a monetary incentive from participating in the study and the students may lack familiarity with ethical protections. Thus, Loftin, Campanelle and Gilbert's^[26] recommendations to decrease the vulnerability of students participating in this study were followed. Students were not recruited individually, they were advised that their present and future academic relationships and grades would not be affected by their agreement to participate in the study and they were assured that their confidentiality would be protected all the times.

2.3 Data collection

Semi-structured face to face interviews with ten purposively chosen student nurses were used to generate data. The interviews were conducted by the first author. A topic guide was used to ensure that the participants focused on the topic under investigation. Pierce's model^[27] was used to develop the topic guide (see Table 1). The time and setting of the interviews were chosen according to participants' convenience. Some preferred to conduct the interview on off duty days while others preferred to do it at the end of their shifts. The interviews were conducted in one of the meeting rooms at the college as it was physically comfortable, quiet and was private. Participants were encouraged to verbalize their feelings and explore their experiences in their own words within the framework of the broad opening question guided by the topic guide, with probes used to elicit more detailed answers. Moreover, "yes" or "no" questions were avoided as much as possible in order to encourage the generation of rich data and narrative details of the phenomena under study. The interviews were carried out in either Arabic or English language

based on student's comfort. Interviews were audio taped and lasted on average 90-120 minutes. Transcription was carried out by the first author and translated into English. Notes were also taken during the interviews.

2.4 Pilot interview

The pilot interview was conducted in X Nursing College in the student meeting room. It is a quiet place designed for students who would like to have meetings. This location offered privacy and ensured that the student could not be identified by the other faculty members as a research participant.

The first author purposefully asked one particular student to participate in the pilot interview because of his fluency in English, and his ability to express and share views. The student was contacted by phone and briefed about the research study. The student agreed to participate in the study and a date and time was arranged for the interview.

An information letter and consent form was given to the stu-

dent. The pilot interview began with the open question "tell me about your experience as a preceptorial student". The participant was assured that there was no right or wrong answers as the researcher was interested in his experiences. The first author used probe questions to encourage the student to elaborate more on particular aspects. The researcher felt that the student was an informative interviewee as he discussed most of the prepared questions without the researcher having to explicitly ask them. Thus, a decision in conjunction with the second author, who was the academic supervisor, was taken to use the same pattern of questioning; that is, to start broad and then use the topic guide for any other participant who needed encouragement in expressing their experiences. The pilot interview lasted approximately 98 minutes. The pilot interview was transcribed and was given to the researcher's supervisor to review and gain advice regarding the used interview techniques. Pseudonyms were allocated to all interviews to protect participant's identities.

Table 1. Topic guide

The interview starts with this statement: "Please tell me about your experience with preceptorship. As nothing is right or wrong, you can start from the present where you are now or from the beginning of your relationship till today."

Further questions adopted from Peirce^[27] can be used to guide the interview.

1. What facilitates your learning as a preceptorship student?
2. What makes a good clinical day?
3. What do you like about the preceptorship program?
4. What did you do as a preceptorial student?
5. What was detrimental to your learning as a preceptorial student?
6. What made a bad clinical day?
7. What did you dislike about the preceptorship program?
8. What would you change about the preceptorship experience?
9. What did you worry about as a preceptorial student?
10. What 10 things did you like most about the preceptorship program?
11. What 10 things did you like least about the preceptorship program?
12. What was your relationship with your preceptor? How that influenced your learning?

2.5 Data analysis

Smith's Interpretive Phenomenological Analysis (IPA)^[28] was used as a framework for data analysis. IPA requires the researcher to develop an understanding of the meaning of participants' narratives, which is achieved by engaging with the text and through the process of interpretation. The analysis process involved four stages: (1) Looking for themes in the first case; (2) Connecting the themes; (3) Continuing the analysis with other cases; and (4) Writing up (see Table 2). The second author also reviewed and interrogated all of the interview data. While data saturation was reached after the seventh interview, the researcher in conjunction with her supervisor decided to continue with interviews with all of the participants who had volunteered for the study. Themes were

discussed and agreed before completion of the final draft of the findings.

2.6 Rigor and trustworthiness

The criteria of credibility, transferability, dependability and conformability were the criteria used to ensure rigor and trustworthiness.^[29]

The above criteria were met by selecting participants who were experienced and able to elucidate on the phenomenon under investigation. Also, choosing a data generation method that answered the research questions, and facilitated the reporting of similarities and differences within and between the themes.

Table 2. Interpretive phenomenological analysis (IPA)

Stage	Description
Looking at themes in first place	<ul style="list-style-type: none"> The interviews were transcribed into texts. Text was read and re-read. The left margin of the text was used as a free textual analysis space. The right margin of the text was used to document emerging themes. Concise phrases were used to reflect the essence of student nurses narrative. An initial chronological list of themes was prepared. Clustered some of the themes that reflected a similar meaning together and made super -ordinary themes. Themes and the super-ordinate themes were rechecked with the original text to make sure that it representing the student's words.
Connecting the themes	<ul style="list-style-type: none"> Students' phrases and statements that support related themes were compiled. A table of themes and super-ordinate themes supported by students' text was produced. An identifier was added to student narratives to aid in the organization of the analysis and also to ease the identification of the themes from the original transcript. The identifier reflected the transcript number or student's hypothetical name and the line number. Colors were used to connect the identified themes with the super-ordinate themes for examples the green color was used to highlight all the themes constituting the first super-ordinate theme identified.
Continuing the analysis with other cases	<ul style="list-style-type: none"> Used the emerging themes from the first transcript to orient the subsequent analysis. Acknowledged new issues emerging from the new transcripts. Deciding which themes to focus on, prioritize them and reduce them. A final table for super-ordinate themes was constructed.
Writing up	<ul style="list-style-type: none"> Translated the themes into narrative accounts. Smith's Interpretative Phenomenological Analysis.^[28]

Using a topic guide to ensured consistent coverage of questions and documenting notes during interviews aided the analysis process.

Submitting draft texts of analysis for verification to the second author helped to ensure credibility of the emerging themes. In addition, all the data was collected within a short time frame.

Streubert and Carpenter^[30] stated that the goal of rigor in qualitative studies is to ensure that the study is clearly representing the study participants, a goal the authors endeavored to ensure at all points of the research process.

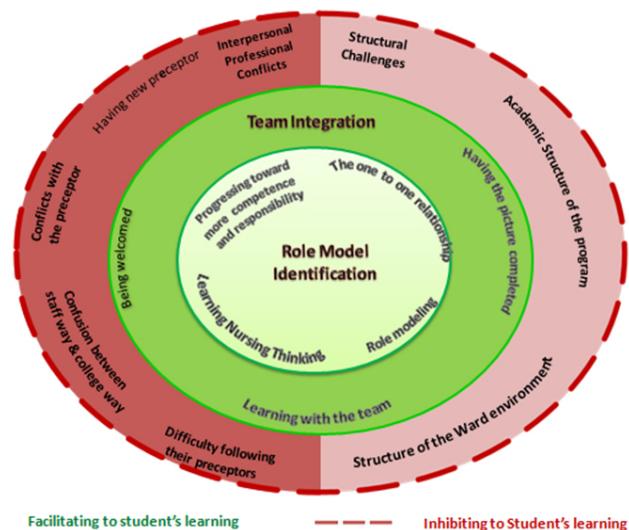
3. RESULTS

The findings showed that the students' learning experiences with a preceptorship during their final clinical course were superior to their previous clinical learning experiences. The findings also showed that relationships shaped the acquisition of knowledge and skills in preceptorship. Findings are expressed in three themes:

(1) Role Model Identification; (2) Team Integration; (3) Interpersonal Professional Conflicts and Structural Challenges.

As shown in Figure 1, three themes comprise of subthemes. The themes (1) Role Model Identification and (2) Team Integration where aligned to a student's learning experience,

while the theme of (3) Interpersonal Professional and Structural Challenges appeared to inhibit a student's learning experience.

**Figure 1.** Nursing students experience with preceptorship

The core of the above diagram represents the student lived experience of preceptorship and the positive aspects of preceptorship and therefore encompassed in green lines, whereas the challenges are given dotted red lines reflecting the negative aspects of their experience.

3.1 Theme 1: Role model identification

This theme described student's feelings of working with an experienced nurse. It focused on the nature of the one to one relationship, learning nursing thinking and progressing towards competency and responsibility.

3.1.1 The one to one relationship

In comparison with their experience of the traditional clinical faculty model, the students thought that the one to one relationship with a preceptor granted them close supervision and continuous feedback.

Student nurse Murad stated: "*This course depends on one to one. In the past, the teacher was coming to the ward, but, she is not watching you. She came to watch another student. For example, the first day she comes to you, the next day she goes to another student. So, there wasn't that much attention. But, in job training the one to one is a very good idea for us to learn. Whatever, I do my preceptor is watching me and advising me to do in that way or that way.*"

3.1.2 Role modeling

The students appreciated when their preceptors directed them in their learning through role modeling and providing them with instructions on how to manage their work.

Amal stated: "*there is a severe shortage of nurses all over the hospital. In the morning shift, nurses have six to eight patients. In the evening and night shifts, they have around eleven patients. This is really huge responsibility on their shoulders. However, they try to do the maximum to meet all their patients' needs... sometimes; they even don't have time to take a break or to pray.*"

Nizar stated: "*When I joined ... as that I am entering the real life of staff... I was confused. What to do? Where to start? My preceptor took my hands and said, 'In the morning, before receiving the shift you have to check the CPR trolley, the inventory, receive the over, and start the patients' assessment and....etc.' She was teaching me and doing everything with me step by step. I really, felt that I learnt a lot from her.*"

3.1.3 Learning nursing thinking

The majority of students described how working beside their preceptors helped them to think more critically in understanding the interventions planned for their patients and in managing the work. In addition, students' critical thinking and rationalization was promoted through preceptors questioning them and advising them to read and search.

Student nurse Murad stated: "*my first preceptor in ward X hates spoon feeding me with information. For example, she tells me, 'this patient is taking RBCs' infusion? Why? And what are the conditions where patients need RBCs' infusions??'*"

3.1.4 Progressing toward more competence and responsibility

Students shared how they were able to progress towards increased competence and responsibility with the help of their preceptors. They described how they felt confused at the beginning and how their confidence grew over time. They also explained how their responsibilities and ability to manage time and the work load had increased as the time passed. At that point, they felt that their preceptors trusted them, delegated them the full patients' responsibility and maintained a minimal level of supervision.

Faten stated: "*at the beginning, she gave me 2-3 patients of her total patients' assignment. Then, when she saw that I am able to tolerate the load... she gave me all her patients' assignments... I feel they really trust us....*"

3.2 Theme 2: Team integration

This theme described the student's interactions with the multidisciplinary health team or the ward team (as students called them) with the preceptorship model as opposed to the traditional clinical faculty model they experienced previously and its influences on their learning.

3.2.1 Being welcomed

Students experienced feelings of being welcomed to the ward team by their preceptor, the ward supervisor and the team in general. They described that being welcomed included receiving a full orientation regarding the ward's environment and routine, having the team help when needed and being accepted as a team member. In addition, students explained that their relationships with the ward supervisor and the team had changed after they joined the course and worked with the preceptor.

Ali stated: "*this is different than before... the preceptor was waiting for me on the first day... she introduced herself to me and oriented me to the ward... she told me you are not a student now... you are a staff like us... feel comfortable... we are here to help you... it was a great feeling.*"

Murad stated: "*In the past, when we were coming to the ward; we might have had some difficulties, but, we didn't share it with the ward supervisors. This is because we didn't have a relationship with them. We were just saying "Hello" to them. Now, the supervisor is asking us to come and sit with her. Her door is open. We feel we can go and tell her whatever problem we have.*"

Mariam stated: "*Now, nobody calls me student, they just say Mariam.*"

3.2.2 Learning with the team

The team's contribution to the students learning occurred in two distinct ways, a direct or indirect method. The direct method was represented by teaching and providing opportunities to learn and practice. The indirect method was represented by observing different methods of carrying out nursing actions.

Fatima stated: “*the staff were so helpful, especially for me as I did not work all the time with my preceptor, they were teaching me and they were cooperative with me... even the nursing officer whenever he sees me, he will question me and if I was unable to answer ... he will tell me I will finish my round and come back to you... you should know the answer by then.*”

3.2.3 Having the picture completed

The use of a preceptorship model provided the students with continuity in their learning and enabled them visualize the complete picture of nursing practice and how it is practiced in reality. This further helped them to picture their future as staff nurses:

Amal stated: “*Before we were going for two days or one week... We don't see the patient from admission to discharge. Now, we know every single thing about the patient condition. There is continuity in learning. When the staff stand and give the over we feel that we are engaged with all the patients... and we care about small details that we did not used to care about previously such as if the family visited the patient or not ... if there is bed for the patients for transfer in geriatric ... it's like having the cubes over each other and you can finally see the castle.*”

3.3 Theme 3: Interpersonal professional and structural challenges

Regardless of the positive aspects of students' lived experience of preceptorship, students faced many challenges. These were of both an interpersonal professional and structural nature, some of which resulted in negative learning experiences for the students.

3.3.1 Interpersonal professional conflicts

Interpersonal professional conflicts or challenges included having conflicts with their preceptors. There were two aspects to this type of conflict. One was in relation to communications with family members, while the other centered around what the students referred to as the “staff way versus the college way”. One particular student expressed how frequently relatives preferred to talk to her and inquire about their relative instead of speaking to the staff nurse.

Mona stated: “*I had trouble with my second preceptor. I was going home and crying every time. She puts a lot of pressure*

on me. When the relatives come to me and ask me about the patients, she never likes it. I was telling her that the relatives don't understand your language. That is why they ask me... She was getting angry very fast when I didn't ask her directly or when I answered any other students... Crying....”

While the liaison faculty staff member was helpful to the students, they were hesitant to inform her about the challenges they were experiencing.

Rabab stated: “*it was a shocking experience for me. The preceptor never trusted my work at all. Her behavior affected me very much... I was hesitant to inform my teacher. I heard from many students that the teacher helped them a lot when they have problems... like if they were sick or have academic problems but I do not want to tell my teacher because I do not want to have any problem.”*

Students' feelings of confusion about what they referred to as “the staff way versus the college way” was another challenge. The college way was the manner in which students had been taught to carry out the nursing actions or procedures and was a method based on the hospital's procedures manual. On the other hand, the staff way was the way that the staff nurses performed procedures. It seems that for many reasons, for example, staff shortages and increased patients load, some staff nurses skip various steps while conducting the procedures or sometimes they do them entirely differently in order to save time. Moreover, the students have an exam at the end of their Integrative Practicum course which is conducted by one of the faculty and a staff nurse. The students' performance is evaluated based on the hospital's procedure manual. As a result, the student faces the dilemma of whether to follow “the staff way” or “the college way”, resulting in a sense of dissonance:

Amal stated: “*But, some of them they want the work to go just like the way they want... If you didn't do like them... then they would say that you are slow and your performance was bad... We can't follow the procedure the way we learned in the college.... They would never do it. In the exam they said do it, but with us don't do it... So the whole duration of the 3 months, we are practicing as they want. But, only one or two weeks before the exam they will allow us to practice the procedure like the college way. It is be very difficult for us.... We can't work by two ways.”*

An additional challenge was the difficulty in following their preceptors because of differing work shifts and their fears of the effect of that on their evaluation.

Murad stated: “*So, each time we follow different preceptor. So, at the end you will not have an accurate evaluation for you. So, sometime you are working with a preceptor. She*

saw that you are active, working hard, you are a very good student and you have knowledge. When you go to the second preceptor, she has a different idea... So, she is looking at me and says, 'You are doing your role, but, not that much'. These two differences can affect your evaluation."

Finally, some students had preceptors who were new to precepting and were unable to guide them properly.

Fatima stated: "*It was the first time for my preceptor, and she does not know how to guide us in a way like what the college needs. My preceptor was just doing the work and asks me to help her and when she do the procedures with me, she do like the staff way."*

3.3.2 Structural challenges

Structural challenges included issues that related to the academic structure of the final clinical course (Integrative Practicum) and the structure of the ward environment. For example, in relation to the course structure; the assessment and evaluation methods were concern for students. The assessment and evaluation involved writing and presenting two new cases in each clinical posting and performing the final practical exam.

Nizar stated: "*the case study presentation was easy and a normal thing. But when we give a presentation on a case that the staff have more than 15 years' experience in such case, they feel very bored. They were actually instructing me while I presented. So it was more like a revision for them. I felt as if I was doing the presentation for myself not for them. They were completing my sentences... You will not find new cases very often in these wards.*"

Rabab stated: "*we were thinking of the exam all the time. We were anxious that we might fail and then our graduation will be delayed... all the time I was trying to do the procedure according to the college way as much as possible so the teacher will not fail me at the time of exam if I have done like the staff... I was afraid that I will forget what I learnt at the college as I am practicing like the staff... all that was in my mind was exam... exam... exam."*

The learning environment frequently lacked organization and management, generally due to lack of nursing resources. This was a concern for the students, particularly in relation to off duty rosters. Often a student might only have one day off after their night shifts. There were also occasions when the students were expected to carry out non-nursing tasks, for example, taking bloods to the laboratory or bringing medicines from the pharmacy, instead of caring directly for their patients.

Murad stated: "*there are problems in the organization of*

work due to lack of staff. For example, after the night shift, you need at least two days to rest. Because of the shortage, they give us only one day off. The next day, because I didn't take enough rest after night duty, I usually feel tired and not active. Also, in our ward there are three practical nurses. Due to the bad organization, this month I didn't see any practical nurse in the night shifts. So, all the jobs even taking blood samples to the lab or bringing medications from the pharmacy are done by the student nurses or the staff."

Overall the students had very positive learning experiences of the preceptorship model of learning in the clinical area. The negatives experiences were due to poor interpersonal relationships and poor organizational and managerial practices.

4. DISCUSSION

This research focused on the lived experiences of student nurses of preceptorship, with a focus on the clinical learning environment. A plethora of studies^[2] have explored student nurses experiences within preceptorship models but few^[1] have explored how experiencing a new model of learning to another shaped the learning experience.

The findings from this study evidenced that overall students lived experiences of preceptorship was positive. Similar findings were identified by Shepard^[31] where students affirmed that their experience was positive and accelerated their growth in areas of professionalism, communication and performance of nursing clinical skills.

Working with a role model who is familiar with the clinical environment and displaying clinical competencies facilitated the students learning in many different ways unlike the traditional model, as faculty generally lack experience in certain clinical skills, procedures and up to date with new medical technologies.^[32] Learning nursing thinking for example, was promoted in preceptorship and as Myrick and Yonge^[33] explained it, it is a relational process that enhances students' critical thinking through preceptors displaying respect, flexibility, openness, trust and true spirit of encouraging skepticism with the student.

In this study an increase in confidence and independence in doing the technical skills and managing patients' needs was evidenced. A finding that concurred with Brehaut, Turik and Wade^[34] and Yonge and Trojan's^[35] work who found that preceptored students scored a higher percentage in relation to independent practice than the non-preceptored students, an element they related to ongoing contact with preceptors. Besides, students in Kim et al.^[36] pre and post preceptorship experience responses had differed markedly with students' perceived level of competency and confidence in providing

nursing care showing higher scores in post-survey responses. Similarly to Nehls et al's^[37] study, the findings in this study evidenced that one to one relationships ensured close supervision and continuous feedback while in practice. Participants in this study described how within the traditional model, the relatively large ratio of student teacher contributed to less focus on them as individuals and resulted in insufficient time to learn and demonstrate a variety of clinical skills, a finding that also concurred with Bashford^[11] and Charleston and Happell.^[6] Likewise, interpersonal relationships were regarded by Cambodian students to be the most effective clinical teaching characteristic for a preceptor including her availability to guide them, provide continuous evaluation and exuding self-confidence, good teaching skills and nursing competence.^[37]

In this study the relationship with the preceptors and the entire working team was greatly enhanced when students worked on shifts and interacted with all members of the clinical team. This helped them to integrate with the team and to understand nursing as a profession and of how the work of nurses fitted within the larger picture of hospital routines. It also facilitated them visualizing their roles as nurses in the future. Bradbury-Jones, Sambrook and Irvine^[38] explained that interacting effectively with the ward team transmitted a feeling that students are valued as learners, team members and persons.

Experiencing team working was a deficit of the traditional model as the students worked only six hour morning shifts, and were always accompanied by a clinical teacher. Gaberson and Oermann^[32] explained that a major obstacle of the traditional model was that when both the teacher and the students were outsiders to the clinical setting. They may not understand the system of care in the setting and its culture and students might struggle fitting into the clinical environment. Nolan^[39] discussed how fitting into the social environment of the clinical setting and becoming accepted by the staff and the clients takes up most of the students' time, energy or productivity.

The findings evidenced that the students faced some obstacles, many of which were of either an interpersonal professional or structural nature and it seemed occurred when planning was ineffective, or when a clash of professional values occurred, both of which hindered students' learning. Effective planning is an imperative to ensure that the student experience is effective in terms of clinical learning and a responsibility that falls to the preceptors on site.^[32] It is also imperative that students maintain open communication with the college liaison faculty so that any clashes of professional values can be reflected on, addressed and nego-

tiated. Situations when this occurs present valuable learning opportunities for both the student and preceptor. However, students require support and advice on how to best manage these inter-professional conflicts.

In this study a lack of sufficient preparation of preceptors for their roles was a factor that impeded student learning. It is perhaps, as Flynn and Stack^[14] indicated that unprepared preceptors reported feelings of frustration and experienced stress due to the challenges of combining the responsibility of patient care with student teaching. In addition, Coates and Gormley^[40] declared that the preceptors in their study expressed that the orientation provided to them prior to the experience was insufficient and that they needed increased education and resources to better understand their function as preceptors. Moreover, Johnston and Mohide^[41] stated that there are few resources to support preceptors as they embark on real life teaching and the diversity of teaching-learning processes such as miscommunication and managing conflict.

Additionally, the lack of a formalized rewarding system affects the motivation of preceptors and their commitment to their role. It may be as Greenberg et al.^[42] suggested that a formalized rewarding system is necessary to gain a preceptor's commitment to their role. Increased clinical demands and hospitals' reorganization of human resources have contributed to the downsizing of the preceptor pool, and increased preceptors' productivity pressure, which in turn has resulted in difficulties retaining preceptors. However, when preceptorship training occurs it is highly appreciated.^[43]

The participants in this study were exposed to the preceptorship model in their final course and it was combined with final course work. This presented challenges for them learning how to work like staff while simultaneously carrying out assignments required for their graduation. While they found it interesting they also found it exhausting. It would seem that a balance is needed between the conflicting demands and dual roles that students are expected to manage at this time.^[44] Issues that need to be addressed by both academic faculty and service areas to ensure that students are fully supported in their learning and that a climate of learning further supports them.^[45,46]

5. CONCLUSIONS

This study offers insights to all stakeholders involved in student learning and especially to educational institutions. It is recommended that the X Nursing College prepare all parties and new preceptors must attend students' simulation sessions to familiarize themselves with recent clinical teaching strategies and gain uniformity when doing nursing actions with the students. Students should be encouraged to use

reflective practice and preceptors should be trained on how to use this to reflect on issues in the clinical area and how to guide the student to use it which will help to strengthen student nurses problem solving and decision making abilities. Evaluation methods should be tailored in congruence with overall course aim and objectives and the duration of the course to prevent overwhelming the students. Students must be given an equal chance at the end of their experience to evaluate the performance of their preceptors. Evaluation can then be discussed between the preceptor and the link-faculty to work on areas that need improvement. Regular meeting sessions should be planned between the faculty, student and preceptor. Link-faculty must be freed from all other commitments to be able to contribute to students' experiences positively or as recommended by Barrett,^[47] a ratio of pre-registration student nurses to the faculty is 15:1 where the faculty is expected to visit the students in the clinical settings. Besides, careful attention must be applied when selecting the preceptors. Preceptors should be selected based on their willingness to teach and not just according to their availability. Nursing management should rotate the staff nurses for the role of the preceptor which can reduce the long term stress of being a preceptor. They should provide support for the students by ensuring that the students and the preceptor are rotated together and providing the necessary items to help develop student competencies. Additionally, the philosophy of continued professional education should be promoted by encouraging all staff nurses to be qualified with a bachelor's degree and nominating them to attend ongoing evidence-based workshops and conferences which would contribute to students' development of critical thinking abilities.

Methodological considerations and study limitation

Due to the small sample used, the findings of this study cannot be generalized to represent every preceptorship experience. However, Ritchie and Lewis^[48] stated that there is no intention to draw statistical significance in qualitative studies as they yield rich details; small samples permit sufficient justice to these and lead to data saturation. Polit and Beck^[24] claimed that the sampling plan in qualitative research is evaluated in terms of adequacy and appropriateness. Adequacy refers to the sufficiency and the quality of data obtained. Appropriateness, on the other hand, refers to the use of study participants who can best supply the information required. The student nurses who participated in this study were all enrolled in Integrative Practicum course that used preceptorship as a model for teaching and had contributed with

rich information. Besides, Smith^[28] did not advocate large sample size for phenomenological studies as the focus is on generating in-depth rich data and engaging it to the existing body of knowledge entailed in the same phenomena.

Moreover, the reviewed literature supported all of the identified information in this study. There was nothing unique that set apart senior nursing students' experience with preceptorship in this X Nursing College from other study findings, except for the student nurses' worries of course evaluation methods. Student nurses were selected from one nursing college in the Kingdom of Bahrain and were practicing in the same hospital. To recruit more student nurses would have involved selecting students who were practicing in another hospital or who were involved with other schools of nursing. This would have provided greater insight into the general experience of student nurses. In addition, this research investigated the experience with preceptorship from student nurses' viewpoints. It would be worthwhile to explore the experiences of preceptors, ward supervisors, link-faculty and other faculty involved with students' final practical examinations, in order to identify the needs of the other key players. It may be that additional training and support mechanisms for all involved would enhance the students overall experience.

Furthermore, the student nurses were known to the researcher, as a nurse educator in the same X Nursing College. During the interview student nurses pointed out the nurse educators' role in their overall experiences, however, all negative and controversial comments were included. None of the students were taught by the researcher in any capacity, so any concerns that students may alter their stories in an effort to please her were reduced. Ethical measures discussed by Loftin, Campanelle and Gilbert,^[26] as explained previously, were implemented to avoid possible conflict which can emerge due to the dual-role of the researcher. Therefore, the researcher is confident that students responded honestly and felt comfortable enough to share their stories.

ACKNOWLEDGEMENTS

This study was carried out and submitted in part fulfillment of the degree of MSc Nursing, in the School of Nursing & Midwifery, Royal College of Surgeon in Ireland – Medical University of Bahrain, 2012 and was funded by Ministry of Health- Kingdom of Bahrain.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare they have no conflicts of interest.

REFERENCES

- [1] Starr K, Conley V. Becoming a registered nurse: the nurse extern experience. *The Journal of Continuing Education in Nursing*. 2006; 37(2): 86-92. PMid: 16883672. <https://doi.org/10.3928/00220124-20060201-08>
- [2] Casey K, Fink R, Jaynes C, et al. Readiness for Practice: The Senior Practicum Experience. *Journal of Nursing Education*. 2011; 50(11): 646-652. PMid: 21846072. <https://doi.org/10.3928/01484834-20110817-03>
- [3] Rush K, Peel K, McCracken B. Empowered Learning on the inside: An externship Experience. *Nursing Education Perspectives*. 2004; 25(6): 284-291. PMid: 15675376.
- [4] Duchsher J. Out in the real world: newly graduated nurses in acute-care speak out. *Journal of Nursing Administration*. 2001; 31(9): 426-439. <https://doi.org/10.1097/00005110-200109000-00009>
- [5] Myrick F, Barrett C. Selecting clinical preceptors for basic baccalaureate nursing students: a critical issue in clinical teaching. *Journal of Advanced Nursing*. 1994; 19: 194-198. PMid: 8138624. <https://doi.org/10.1111/j.1365-2648.1994.tb01068.x>
- [6] Charleston R, Happell B. Feature Article: Evaluating the impact of a preceptorship course on mental health nursing practice. *International Journal of Mental Health Nursing*. 2004; 13: 191-197. PMid: 15361175. <https://doi.org/10.1111/j.1440-0979.2004.0332.x>
- [7] Ohrling K, Hallberg I. Student nurses' lived experience of preceptorship: Part 1 - in relation to learning. *International Journal of Nursing Studies*. 2000; 37: 13-23. [https://doi.org/10.1016/S0020-7489\(99\)00054-1](https://doi.org/10.1016/S0020-7489(99)00054-1)
- [8] Heffernan C, Heffernan E, Brosnan M, et al. Evaluating a preceptorship programme in south west Ireland: perception of preceptors and undergraduate students. *Journal of Nursing Management*. 2009; 17: 539-549. PMid: 19575712. <https://doi.org/10.1111/j.1365-2834.2008.00935.x>
- [9] Nordgren J, Richardson S, Laurella V. A collaborative preceptor model for clinical teaching of beginning nursing students. *Nurse Educator*. 1998; 23(3): 27-32. PMid: 9653212. <https://doi.org/10.1097/00006223-199805000-00013>
- [10] Cantrell M, Browne A. The impact of a nurse externship program on the transition process from graduate to registered nurse. *Journal for Nurses in Staff Development*. 2005; 21(6): 249-256. PMid: 16331078. <https://doi.org/10.1097/00124645-200511000-00001>
- [11] Bashford W. Breaking into orthopedic nursing: preceptorship for novice nurses. *Orthopedic Nursing*. 2002; 21(3): 14-20. PMid: 12101934. <https://doi.org/10.1097/00006416-200205000-00004>
- [12] Brasler M. Predictors of clinical performance of new graduate nurses participating in preceptor orientation programs. *The Journal of Continuing Education in Nursing*. 1993; 24: 158-165. PMid: 8345113.
- [13] Beaulieu-O'Friel A. The nurse internship experience: A dynamic Learning environment for the novice. *Journal of Nursing Staff Development*. 1993; 9: 24-27.
- [14] Flynn J, Stack M. The role of the preceptor: A guide for nurse educators, clinicians and managers, 2nd ed. New York: Springer Publishing Company, Inc; 2006.
- [15] O'Malley C, Cunliffe E, Hunter S, et al. Preceptorship in practice. *Nursing Standard*. 2000; 14(28): 45-49. PMid: 11310070. <https://doi.org/10.7748/ns2000.03.14.28.45.c2801>
- [16] Nehls N, Rather M, Guyette M. The Preceptor Model of Clinical Instruction: The Lived Experiences of Students, Preceptors, and Faculty-of-Record. *Journal of Nursing Education*. 1997; 36(5): 220-227. PMid: 9145340.
- [17] Stusky B, Laschinger H. Changes in student learning styles and adaptive learning competencies following a senior preceptorship experience. *Journal of Advanced Nursing*. 1995; 21: 143-153. <https://doi.org/10.1046/j.1365-2648.1995.21010143.x>
- [18] Mamchur C, Myrick F. Issues and Innovations in Nursing Education: Preceptorship and interpersonal conflict: a multidisciplinary study. *Journal of Advanced Nursing*. 2003; 43(2): 188-196. PMid: 12834377. <https://doi.org/10.1046/j.1365-2648.2003.02693.x>
- [19] Smedley A. Becoming and being a preceptor: a phenomenological study. *The Journal of Continuing Education in Nursing*. 2008; 39(4): 185-191. PMid: 18429373. <https://doi.org/10.3928/00220124-20080401-08>
- [20] Lillibridge J. Using clinical nurses as preceptors to teach leadership and management to senior nursing students: A qualitative descriptive study. *Nurse Education in Practice*. 2007; 7(1): 44-52. PMid: 17689423. <https://doi.org/10.1016/j.nepr.2006.03.005>
- [21] Yonge O, Krahn H, Trojan L, et al. Being a preceptor is stressful! *Journal of Nurses Staff Development*. 2002; 18(1): 22-27. PMid: 11840019. <https://doi.org/10.1097/00124645-200210000-00005>
- [22] Health Information Directorate. Health statistics, Kingdom of Bahrain, Ministry of Health. 2010. Available from: http://www.moh.gov.bh/PDF/Publications/statistics/HS2010/PDF/CH05-human%20resources_2010.pdf
- [23] LoBiondo-Wood G, Haber J. *Nursing Research: Methods and Critical Appraisal for Evidence-Based Practice*. 6th edition. USA, Elsevier's Health Science; 2006.
- [24] Polit D, Beck C. *Nursing research: generating and assessing evidence for nursing practice*. 8th ed. USA, Lippincott Williams and Wilkins; 2008.
- [25] Houghton C, Casey D, Shaw D, et al. Ethical challenges in qualitative research: examples from practice. *Nurse Researcher*. 2010; 18(1): 15-25. PMid: 21138082. <https://doi.org/10.7748/nr2010.1.0.18.1.15.c8044>
- [26] Loftin C, Campanelle H, Gilbert S, et al. Ethical issues in nursing education: the dual-role researcher. *Teaching and Learning in Nursing*. 2011; 6: 139-143. <https://doi.org/10.1016/j.teln.2011.01.005>
- [27] Peirce A. Preceptorial Students' View of their Clinical Experience. *Journal of Nursing Education*. 1991; 30(6): 244-250. PMid: 1649273.
- [28] Smith J. *Qualitative Psychology: a practical guide to research methods*, 2nd ed. London: UK: SAGE Publication Ltd; 2008.
- [29] Lincoln Y, Guba E. *Naturalistic Inquiry*. Beverly Hills, CA: Sage Publications Inc.; 1985.
- [30] Streubert H, Carpenter D. *Qualitative research in nursing: advancing the humanistic imperative*. 5th ed. USA: Philadelphia, Lippincott Williams and Wilkins; 2011.
- [31] Shepard L. Student perceptions of preceptorship learning outcomes in BSN programs. *Journal of Nursing Education and Practice*. 2014; 4(5): 73-84. <https://doi.org/10.5430/jnep.v4n5p73>
- [32] Gaberson K, Omermann M. *Clinical teaching strategies in nursing*, 3rd ed. New York: Springer Publishing Company, Inc; 2010.
- [33] Myrick F, Yonge O. Enhancing critical thinking in the preceptorship experience in nursing education. *Journal of Advanced Nursing*. 2004; 45(4): 371-380. PMid: 14756831. <https://doi.org/10.1046/j.1365-2648.2003.02920.x>
- [34] Brehaut C, Turik L, Wade K. A pilot study to compare the effectiveness of preceptored and non-preceptored models of clinical education

- in promoting baccalaureate students in public health nursing. *Journal of Nursing Education*. 1998; 37(8): 376-380. PMid: 9821121.
- [35] Yonge O, Trojan L. The nursing performance of preceptored and non-preceptored baccalaureate nursing students. *Canadian Journal of Nursing Research*. 1992; 24(4): 61-75. PMid: 1306403.
- [36] Kim K, Lee A, Eudey L, et al. Improving Clinical Competence and Confidence of Senior Nursing Students through Clinical Preceptorship. *International Journal of Nursing*. 2014; 1(2): 183-209. <https://doi.org/10.15640/ijn.v1n2a14>
- [37] Virya K. Perceptions of nursing students on effective clinical preceptors in Phnom Penh National Hospitals, Cambodia. *International Journal of Research in Medical Sciences*. 2015; 3(7): 1605-1610.
- [38] Bradbury-Jones C, Sambrook S, Irvine F. Empowerment and being valued: a phenomenological study of nursing students' experience of clinical practice. *Nurse Education Today*. 2011; 31: 368-372. PMid: 20696505. <https://doi.org/10.1016/j.nedt.2010.07.008>
- [39] Nolan C. Learning on clinical placement:the experience of six Australian student nurses. *Nursing Education Today*. 1998; 18(8): 622-629. [https://doi.org/10.1016/S0260-6917\(98\)80059-2](https://doi.org/10.1016/S0260-6917(98)80059-2)
- [40] Coates V, Gormley E. Learning the practice of nursing: views about preceptorship. *Nurse Education Today*. 1997; 17: 91-98. [https://doi.org/10.1016/S0260-6917\(97\)80024-X](https://doi.org/10.1016/S0260-6917(97)80024-X)
- [41] Johnston C, Mohide E. Addressing diversity in clinical nursing education: support for preceptors. *Nurse Education in Practice*. 2009; 9: 340-347. PMid: 18838304. <https://doi.org/10.1016/j.nepr.2008.08.005>
- [42] Greenberg M, Colombraro G, De Blasio J, et al. Clinical issues: rewarding preceptors, a cost-effective model. *Nurse Educator*. 2001; 26(3): 114-116. PMid: 12144318. <https://doi.org/10.1097/00006223-200105000-00009>
- [43] Hyrkas K, Shoemaker M. Changes in the preceptor role: re-visiting preceptors' perceptions of benefits, rewards, support and commitment to the role. *Journal of Advanced Nursing*. 2007; 60(5): 513-524. PMid: 17973715. <https://doi.org/10.1111/j.1365-2648.2007.04441.x>
- [44] Wieland D, Altmiller G, Dorr M, et al. Clinical transition of Baccalaureate nursing students during preceptored, pre-graduation practicum's. *Nursing Education Perspectives*. 2007; 28(6): 315-321. PMid: 18240737.
- [45] Myrick F, Yonge O. Nursing preceptorship: Connecting practice and education. Philadelphia: Lippincott Williams and Wilkins; 2005.
- [46] Kristofferzon M, Mårtensson G, Mamhidir A, et al. Nursing students' perceptions of clinical supervision: The contributions of preceptors, head preceptors and clinical lecturers. *Nurse Education Today*. 2013; 33(10): 1252-1257. PMid: 22995594. <https://doi.org/10.1016/j.nedt.2012.08.017>
- [47] Barrett D. The clinical role of nurse lecturers: past, present and future. *Nurse Education Today*. 2007; 27: 367-374. PMid: 16914233. <https://doi.org/10.1016/j.nedt.2006.05.018>
- [48] Ritchie J, Lewis J. Qualitative Research Practice: a guide for social science students and researchers. London, Thousand Oaks, New Delhi, Sage Publications; 2005.