

**THE EXPERIENCE OF BEING A NOVICE NURSING PRECEPTOR IN  
WESTERN RURAL CANADA**

**TYREL HAWKE**

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TYREL HAWKE

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Dr. Tracy Oosterbroek Supervisor Faculty of Health Sciences – Nursing University of Lethbridge	Associate Professor	Ph.D.
Dr. Monique Sedgwick Committee Member Faculty of Health Sciences – Nursing University of Lethbridge	Professor	Ph.D.
Dr. Laura Vogelsang Committee Member Faculty of Health Sciences – Nursing University of Lethbridge	Assistant Professor	Ph.D.
Dr. Peter Kellet Chair, Thesis Examination Committee	Assistant Professor	Ph.D.

## **Abstract**

This qualitative study explores the experiences of novice nursing preceptors in rural healthcare settings, aiming to highlight the unique challenges and opportunities they face. Drawing on an extensive literature review, the research identifies gaps in the current understanding of rural preceptorship, emphasizing the need for enhanced preparation, communication, and organizational support. Investigating the lived experiences of novice preceptors, the study employs semi-structured interviews with a purposive sample of participants, providing in-depth insights into the realities of rural nursing preceptorship. The sample consists of nursing professionals who have recently undertaken preceptor roles in rural settings, offering an underexplored perspective on the challenges and needs of novice preceptors. Key findings reveal significant ambiguity in preceptors' roles and responsibilities, exacerbated by inadequate formal training and support. Communication barriers, heightened by geographical isolation, further complicate the preceptorship experience. The study also notes a pronounced lack of recognition and resources available to preceptors, underscoring the vital role of organizational support in enhancing the effectiveness of rural nursing preceptorship programs. The implications of this research are far-reaching, suggesting that targeted interventions are necessary to support novice preceptors, thereby enriching the preceptorship experience and strengthening the nursing workforce in rural communities. The findings contribute to the broader discourse on nursing education and preceptorship, offering practical recommendations for healthcare organizations, educational institutions, and policymakers to address the identified gaps.

*Keywords:* nursing preceptorship, rural preceptorship, novice preceptors, nursing education, rural nursing

## **Ethics Statement**

Work described in this thesis received research ethics approval from the University of Alberta Research Ethics Board, Project Name “The Experience of Being a Novice Nursing Preceptor in Western Rural Canada”, No. Pro00118018. April 21, 2022.

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## Definitions of Terms

**Academic Instructor:** The *academic instructor* is the teacher at the college or university where the nursing student is studying.

**Institution:** An *institution* is a college or university that offers nursing degrees, like a Bachelor of Nursing (BN) or Bachelor of Science in Nursing (BSN).

**Novice:** A Registered Nurse who has limited experience in the role of preceptor, typically having precepted only one to three students, and is at the initial stage of skill acquisition in their particular area of practice.

**Preceptor:** A *preceptor* refers to the Registered Nurse assigned to oversee the nursing student's preceptorship in their practice setting.

**Preceptorship Triad:** The *preceptorship triad* describes the working relationship between the academic advisor, preceptor, and student.

**Rural:** For this study *rural* is defined as locations with fewer than 25,000 people and located more than 200 kilometers away from large cities.

**Student:** *Student* will describe nursing students at any point in their undergraduate program, including those in preceptorship.

**Management:** *Management* refers to clinical operations managers and those in supervisory positions of preceptors at their worksites.

**Organization:** The term *organization* will refer to both hospital and educational organizational systems

## **Chapter One: Introduction**

The preceptorship model was introduced to nursing education in the 1970's. Since its introduction it has been used extensively throughout North America to assist nursing students in their transition to graduate nurses (Mcclure & Black, 2013; Omansky, 2010; Smith & Sweet, 2019). Throughout the literature there are various definitions of the preceptorship model, but for the purpose of this research project preceptorship will be defined as a one on one practicum placement of an undergraduate nursing student with a clinical nurse during the student's final semester of their program (Smith & Sweet, 2019). Research has established the importance of strong relationships between the precepting nurse, student, and guiding faculty member, but various issues with creating, strengthening, and maintaining those relationships have also been reported (Chan et al., 2019; Mcclure & Black, 2013). Effective execution of preceptorships requires preceptors who have developed a high level of academic, interpersonal, and clinical skills over time (Mccarthy & Murphy, 2010). However, finding preceptors who match this description can be difficult, especially in rural communities where there are fewer nurses. A majority of preceptorship research has focused on the needs of the preceptor and preceptee in urban settings, but there is a lack of understanding of preceptors' experiences in rural settings. Preparation for preceptors in rural settings is insufficient and needs to be better analyzed and understood (Oosterbroek et al., 2017). Although approximately 30% of Canada's population lives in a rural setting the research that is available is not appropriately represented for the needs of preceptors and nursing students that are serving rural communities (Kulig & Williams, 2012; Oosterbroek et al., 2017).

I began working as a newly graduated Registered Nurse in a small, regional hospital in a rural community. Although it is a regional center our town had a population size of 20,000 and

our patients that needed acute, specialized interventions required a flight to reach a larger hospital within the health authority, approximately 590 kilometers away. It was during my first two years of work that I noticed a lack of training offered to preceptors. I also noticed preceptors were often chosen based upon availability rather than ability or expertise. There were no pre-set requirements to become a preceptor, beyond who was working full-time and was not off on vacation. Nurses with minimal years of nursing experience were being chosen to preceptor fourth year nursing students with little to no guidance on the practice of preceptorship. When I was first given a preceptor student, I was not given any specific training regarding adult learning or preceptorship. I found myself struggling with the balance between growing my own practice while also managing a student's learning. Due to my observations and personal experience I want to pursue research examining the experience of novice rural preceptors to improve the preceptorship experience for preceptors and their students.

### **Problem Statement and Research Questions**

Despite the importance of preceptorship, preceptors often feel under-prepared for the role (Kamolo et al., 2017; McClure & Black, 2013). Preceptors are ideally experienced professionals in their chosen fields, but often times this is not the reality (Mccarthy & Murphy, 2010). When experienced nurses are unavailable, many preceptors are selected based upon availability instead of skill and desire (L'ecuyer et al., 2018; Mccarthy & Murphy, 2010; McClure & Black, 2013). Rural settings have an increased issue with availability due to skills mix issues and low numbers of working nurses per shift (Bowen et al., 2019). The literature thus far has focused on experienced preceptors with various forms of preceptorship training, but there is limited information on the experience of rural preceptors, and even less information on novice preceptors in rural settings.

The purpose of this proposed study is to explore the *experiences of novice nursing preceptors in rural health care settings*. Rural health care settings will include both inpatient and outpatient (homecare, public health, etc.) placements. The data gathered will be disseminated with the intent to inform strategies to support novice preceptors as they juggle the many demands of precepting in a rural location. My study will be guided by the following research questions:

1. What is the experience of a novice preceptor without formalized preceptor training in a rural hospital?
2. What makes a preceptorship successful or unsuccessful? And how does a novice preceptor determine if a preceptorship has been “successful”?
3. What support does a novice preceptor receive? And how could support be improved?

## **Summary**

Nursing preceptorship is often the final culminating experiential activity in undergraduate nursing programs. However the preparation of preceptors for the role and responsibility of precepting is inconsistent (Mcclure & Black, 2013; Omansky, 2010). When nurses are selected to be a nursing preceptor the experience can be exciting and an opportunity for growth, but it can also be challenging and overwhelming. To improve the experience for novice preceptors, we must gain a greater understanding of their experience. Clarity around the challenges associated with rural preceptorship will inform strategies to improve the preceptorship experience for preceptors, students, and faculty advisors.

## **Chapter Two: Literature Review**

Typically, nursing preceptorship in Canada involves pairing one undergraduate nursing student with an experienced nurse in the practice setting during the final term of the student's education. The preceptorship model allows nursing students to apply learned theory and skills in a real environment, attempting to bridge the theory to practice gap (Omansky, 2010). The interaction between an experienced practitioner and blossoming pre-graduate nurse creates an opportunity to consolidate learning through solidifying practical skills, interpersonal skills, interprofessional skills, and theoretical knowledge in a clinical environment.

Rural preceptorship placements introduce students to healthcare challenges unique to rural communities, such as limited resources and increased care needs for rural residents (Jackman et al., 2012; Yonge et al., 2006). There are also unique challenges regarding the process of preceptorship for preceptors due to geographical and social isolation from support systems (Yonge et al., 2006; Yonge et al., 2011a). Rural residents experience higher levels of chronic disease and decreased accessibility to services, complicating their care needs (Jackman et al., 2012). These factors are further complicated by issues of recruitment and retention of nurses in rural communities, and a higher populations ratio of patient to nurse than urban hospitals (Jackman et al., 2012). Rural nurses also face increased barriers to professional development, limited resources, and a lack of financial support for pursuing advanced education (Yonge et al., 2013). When rural nurses become preceptors, it is often an added challenge due to the limitations in resources. Due to decreased staffing levels, rural preceptors may be the only Registered Nurse in the hospital and may also need to guide a student's learning beyond their nursing, leadership, and educational responsibilities (Bowen et al., 2019).

The preceptorship model requires collaboration between the student, the preceptor, and a nursing faculty advisor. This trio known as the preceptorship triad, must work together to achieve success in preparing the student for graduation. Rural placements place geographical boundaries on the workings of the triad, limiting the ability to feel coordinated and stay connected with one another. For novice preceptors in rural settings the physical distance from the supporting faculty advisor can increase feelings of professional isolation and limit their potential for growth in their preceptorship role (Smith & Sweet, 2019).

The purpose of this literature review is to conduct a critical analysis of the current state of knowledge regarding the *experiences of novice undergraduate nursing preceptors in rural settings*. Research has increased in the field of preceptorship, but the rural aspect remains limited, and the experiences of novice preceptors is explored even less so. Throughout this literature review the current research on nursing preceptorship will be examined in the context of rural settings with emphasis on novice preceptors.

## **Methodology**

The review was conducted using online databases: Medline (OVID), CINAHL (Cumulative Index to Nursing and Allied Health Literature), and Google Scholar. The following search terms were used: *undergrad, undergraduate nurse, rural, student, nurse, nursing, mentor, baccalaureate nurse, preceptor, preceptorship, mentor, mentorship, supervisor, rural, clinical, practicum, and novice*. Boolean operators (AND, OR) were used separately and in combination with the listed search terms to combine, expand, and focus the search. To be included in the final literature review the articles had to center their findings around undergraduate nursing preceptorship, defined as a 1:1 pairing of a student with a registered nurse. The studies included the perspective of the nursing preceptor. While rural preceptorship was the priority setting for

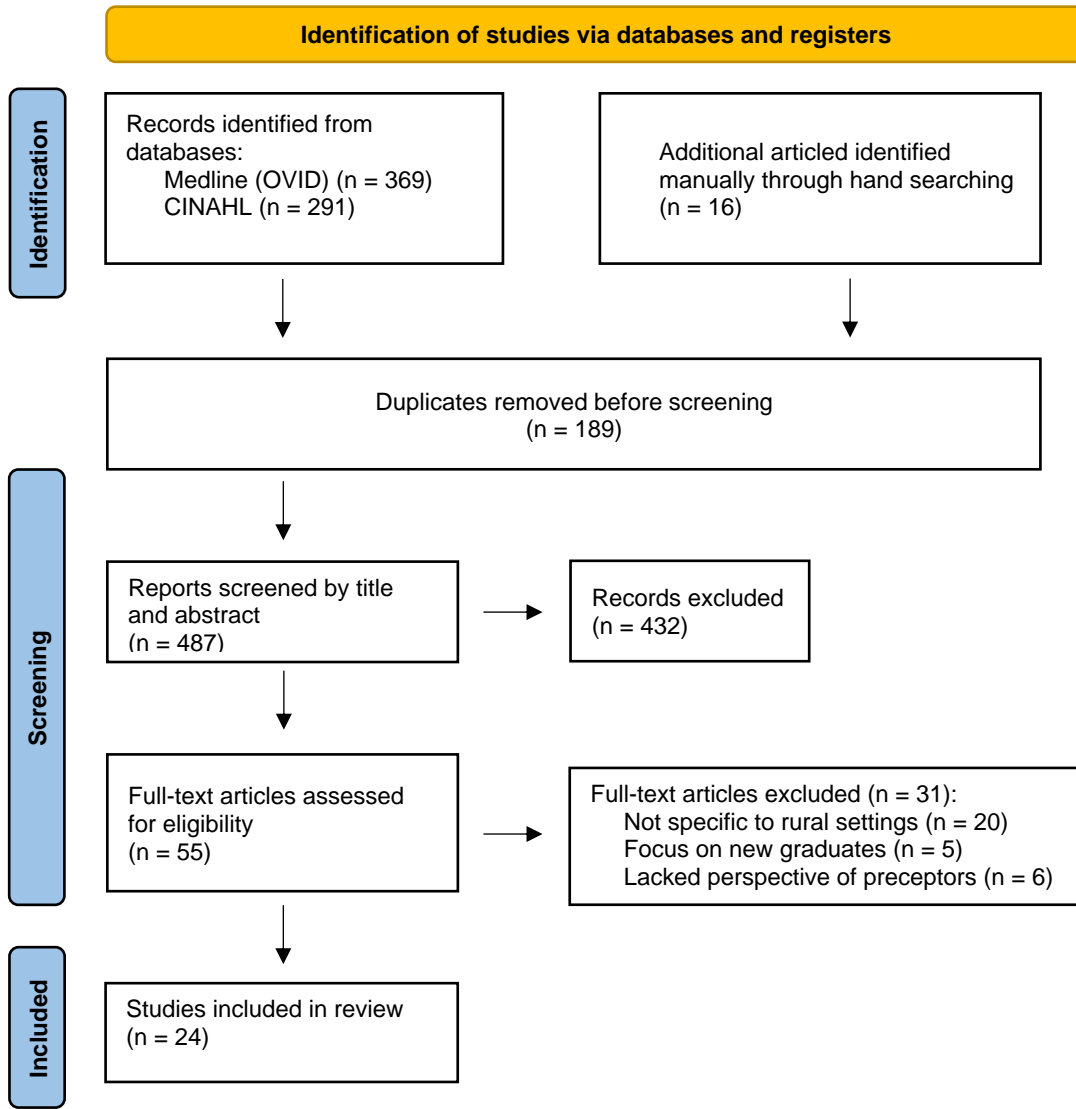
this review, a limited amount of research in rural settings required the inclusion of other practice settings. Exclusion criteria included studies focused on preceptorship outside of nursing, outside of the final year of undergraduate studies, new graduates, or did not include perspective of preceptors.

Originally the search results were limited to 2009-present, but later extended to include articles published from 1999 to present in attempt to capture seminal work which may have been missed. After electronic searches were completed selected reference lists were reviewed manually through hand searching to ensure completeness in the literature review. This allowed articles that may have been missed in the targeted databases or those that fell outside the search terminology to be included. After removal of duplicate articles across databases a total of 39 articles were selected for full review. Sixteen additional articles were retrieved via further hand searching, resulting in 55 articles for full pen and paper review (see Figure 1). All articles were imported and stored using Endnote reference manager. The articles were analyzed systematically to create clarity and consistency through written analysis (see Table 1). Major variables sought through the articles were definitions of *preceptor* and *rural*, allowing for consistency and specificity for this literature review. For this review the term *preceptor* is used to identify the Registered Nurse assigned to guide the student in the clinical setting. The term *faculty advisor* is used to identify the instructor/professor from the post-secondary institution overseeing the preceptorship. After evaluation of each article and reviewing inclusion and exclusion criteria a total of 24 articles were selected for the final literature review.



**Figure 1**

*PRISMA Flow Chart of Included Studies*



*Note.* PRISMA flow chart adapted from Page et al. (2021)

**Table 1***Literature Evaluation Tool*

<b>Author(s) and Year</b>	<b>Location</b>	<b>Design/ Method</b>	<b>Conceptual Framework</b>	<b>Sample/ Setting</b>	<b>Measurement</b>	<b>Data Analysis</b>	<b>Major Variables (and their definitions)</b>	<b>Findings</b>	<b>Appraisal: Worth to Topic</b>
Black, S., Curzio, J., & Terry, L. (2013)	United Kingdom	Qualitative, exploratory study	Not explicitly stated	12 nurse preceptors from various clinical settings	In-depth interviews	Thematic analysis	<ul style="list-style-type: none"> <li>- Moral courage: The ability to act ethically despite potential adverse consequences.</li> <li>- Student failure: Determining and acting on a decision to fail a student in clinical practice.</li> </ul>	Themes include the emotional and ethical challenges of failing a student, the need for support from academic institutions, and the impact on professional identity.	Addresses the critical issue of preceptors' experiences with failing students, providing insights into the emotional and ethical dimensions of preceptorship.
Bowen, L., Lyons, K., Young, H., & Ireland, S. (2019)	Rural settings in Australia	Qualitative, descriptive study	Not explicitly stated	Two rural hospitals in Australia. Nine participants.	Review and synthesis of existing studies	Thematic analysis of reviewed studies	<ul style="list-style-type: none"> <li>- Preceptorship: A supervised clinical practice experience.</li> <li>- Rural: Defined variably across studies, often based on population size and distance from urban centers.</li> </ul>	Identified themes include challenges in rural preceptorship, benefits of rural placements, and strategies for improving preceptorship. Discuss the rewards of mentoring and difficulties of mentoring with the generalist nature of the work.	Provides examples of rural nurses and how the context ties to preceptorship. Highlights the benefits and the negative affects.
Broadbent, M., Moxham, L., Sander, T., Walker, S., & Dwyer, T. (2014)	Australia	Survey	Not specified	34 Registered Nurse preceptors	Survey with Likert scale	SPSS for quantitative data, NVivo for qualitative data	<ul style="list-style-type: none"> <li>- Support needs: The types of support required by preceptors.</li> <li>- Preceptor experiences: The lived experiences of preceptors.</li> <li>- Resource provision: The availability and</li> </ul>	Role confusion, time management, need for better university support	Insightful for understanding preceptor challenges and university support needs

							adequacy of resources.		
Earle Foley et al. (2012)	Not explicitly stated	Qualitative, descriptive study	Ethical theory, virtue ethics	Nurse preceptors in various clinical settings	In-depth interviews	Thematic analysis	- Ethical challenges: Issues faced by preceptors in ethical decision-making. - Virtue ethics: An approach to ethics that emphasizes the character of the moral agent.	Preceptors feel unprepared and uncomfortable dealing with unsafe students, highlighting the need for support and training.	Provides insights into the ethical challenges faced by preceptors, which is crucial for understanding the support needs of novice rural preceptors.
Hilli et al. (2014)	Not explicitly stated	Qualitative, phenomenological study	Not explicitly stated	Nursing students and preceptors in rural settings	Interviews, focus groups	Phenomenological analysis	- Preceptorship experience: The lived experience of preceptorship from the perspectives of students and preceptors.	Key themes include the importance of relationship-building and mutual learning in preceptorship.	Addresses the relational aspects of preceptorship, providing valuable insights for improving preceptorship experiences in rural settings.
Jackman et al. (2011)	Not explicitly stated	Quantitative, cross-sectional study	Not explicitly stated	Rural healthcare settings	Survey	Descriptive statistics, inferential statistics	- Rural healthcare challenges: Issues faced by healthcare providers in rural settings.	Findings highlight the unique challenges of rural healthcare, including limited resources and higher patient-to-nurse ratios.	Provides an understanding of the context in which rural preceptorships occur, which is essential for developing effective support strategies.
Kalischuk, R.G., Hall, B., & O'Connell, M. (2010)	Southern Alberta, Canada	Mixed methods design with survey and content analysis	Not explicitly stated	115 respondents (35% response rate) from a nursing preceptor population, representing acute medical/surgical, public health, home care, mental health, and	Survey using the PPBR, PPS, and CPR scales. Reliability measured using Cronbach's alpha	Descriptive statistics for demographics, inferential statistics (Kendall Tau b correlation coefficient), and content	- Preceptor perceived benefits and support (PPBR) - Preceptor perceived support (PPS) - Commitment to the preceptor role (CPR)	Preceptors perceive greater benefits and support are more committed to their roles. No significant correlation between years of nursing experience and perceptions of benefits, rewards, support, and commitment.	Provides valuable insights into the perceived support and commitment of nursing preceptors, which is crucial for understanding the challenges and needs of preceptors in rural settings, aligning with the research questions focused

				long-term care settings		analysis for open-ended responses			on support and experiences of novice rural preceptors.
Luhanga, F.L., Dickieson, P., & Mossey, S. (2010)	Canada	Qualitative, descriptive study	Not explicitly stated	Nurse preceptors from various clinical settings	In-depth interviews, surveys	Thematic analysis	- Preceptor preparation: The training and support provided to preceptors. - Student evaluation: The process and challenges of evaluating nursing students.	Themes include the need for better preceptor preparation and the challenges of evaluating students in clinical settings.	Provides insights into the preparation and evaluation processes in preceptorship, which are crucial for developing effective support strategies.
McCarthy, B., & Murphy, S. (2010)	Ireland	Qualitative, descriptive study	Not explicitly stated	Nurse preceptors from various clinical settings	Surveys, interviews	Content analysis	- Preceptor role: The responsibilities and challenges of the preceptor role. - Preceptor training: The availability and impact of preceptor training programs.	Findings indicate that while preceptors enjoy teaching, they face significant challenges due to workload and lack of recognition.	Provides insights into the challenges faced by preceptors and the need for support and recognition, which is crucial for improving preceptorship experiences.
McClure & Black (2013)	Not explicitly stated	Qualitative, exploratory study	Not explicitly stated	Nurse preceptors from various clinical settings	Interviews, focus groups	Thematic analysis	- Preceptor confidence: The self-assuredness of preceptors in their role. - Preceptor training: The impact of training on preceptor performance.	Preceptors reported increased confidence and improved ability to facilitate student learning after attending a preceptor training program.	Highlights the importance of training for preceptor confidence and effectiveness, which is relevant for developing training programs in rural settings.
Mårtensson, G., Lofmark, A., Mamhidir, A.G., & Skytt, B. (2016)	Sweden	Qualitative, exploratory study	Not explicitly stated	Nurse preceptors from various healthcare settings	Interviews, focus groups	Thematic analysis	- Preceptor confidence: The self-assuredness of preceptors in their role. - Preceptor training: The impact of training on preceptor performance.	Preceptors reported increased confidence and improved ability to facilitate student learning after attending a preceptor training program.	Highlights the importance of training for preceptor confidence and effectiveness, which is relevant for developing training programs in rural settings.

									training programs in rural settings.
Omansky (2010)	Not explicitly stated	Qualitative, descriptive study	Not explicitly stated	Nurse preceptors in various clinical settings	In-depth interviews, surveys	Thematic analysis	- Preceptor role: The responsibilities and challenges of the preceptor role. - Preceptor training: The availability and impact of preceptor training programs.	Findings indicate that while preceptors enjoy teaching, they face significant challenges due to workload and lack of recognition.	Provides insights into the challenges faced by preceptors and the need for support and recognition, which is crucial for improving preceptorship experiences.
Oosterbroek et al. (2017)	Not explicitly stated	Qualitative, phenomenological study	Not explicitly stated	Nursing students and preceptors in rural settings	Interviews, focus groups	Phenomenological analysis	- Preceptorship experience: The lived experience of preceptorship from the perspectives of students and preceptors.	Key themes include the importance of relationship-building and mutual learning in preceptorship.	Addresses the relational aspects of preceptorship, providing valuable insights for improving preceptorship experiences in rural settings.
Sedgwick & Yonge (2009)	Canada	Qualitative, descriptive study	Not explicitly stated	Nurse preceptors from various clinical settings	In-depth interviews	Thematic analysis	- Preceptor preparation: The training and support provided to preceptors. - Student evaluation: The process and challenges of evaluating nursing students.	Themes include the need for better preceptor preparation and the challenges of evaluating students in clinical settings.	Provides insights into the preparation and evaluation processes in preceptorship, which are crucial for developing effective support strategies.
Smith & Sweet (2019)	Australia	Qualitative, exploratory study	Not explicitly stated	Nurse preceptors from various healthcare settings	Interviews, focus groups	Thematic analysis	- Preceptor confidence: The self-assuredness of preceptors in their role. - Preceptor training: The impact of training on preceptor performance.	Preceptors reported increased confidence and improved ability to facilitate student learning after attending a preceptor training program.	Highlights the importance of training for preceptor confidence and effectiveness, which is relevant for developing training programs in rural settings.

Trede et al. (2016)	Not explicitly stated	Qualitative, descriptive study	Not explicitly stated	Nurse preceptors in various clinical settings	In-depth interviews, surveys	Thematic analysis	- Preceptor role: The responsibilities and challenges of the preceptor role. - Preceptor training: The availability and impact of preceptor training programs.	Findings indicate that while preceptors enjoy teaching, they face significant challenges due to workload and lack of recognition.	Provides insights into the challenges faced by preceptors and the need for support and recognition, which is crucial for improving preceptorship experiences.
Wu et al. (2016)	Location Example	Qualitative, phenomenological study	Not explicitly stated	Nursing students and preceptors in rural settings	Interviews, focus groups	Phenomenological analysis	- Preceptorship experience: The lived experience of preceptorship from the perspectives of students and preceptors.	Key themes include the importance of relationship-building and mutual learning in preceptorship.	Addresses the relational aspects of preceptorship, providing valuable insights for improving preceptorship experiences in rural settings.
Yonge, (2009)	Canada	Grounded theory	Not specifically stated	11 rural preceptors	Interviews and observations	Thematic analysis	Professional boundaries in rural settings	Core variable: trusting the student to be safe; psychosocial process: developing relationships	Addresses the unique challenges of maintaining professional boundaries in rural settings, important for understanding rural preceptorship dynamics.
Yonge, O., et al. (2002)	Canada	Mailed survey	Not specifically stated	295 preceptors	Survey	Quantitative analysis	Support for preceptors, Presence and involvement of instructors	Preceptors reported a need for more support from nursing faculty, peers, and administrative personnel. The most effective support is the visible presence and involvement of instructors.	Highlights the importance of support for preceptors and the role of nursing faculty in providing this support, which is crucial for effective preceptorship

Yonge, O., Ferguson, L., & Myrick, F. (2006)	Western Rural Canada	Qualitative, Grounded Theory	Not specifically stated	n=49, rural preceptors and students	Interviews	Thematic Analysis	Perceptions of Nursing Students and Preceptors	Issues of isolation, resource limitations, and integration into care	Provides foundational knowledge on the perceptions of rural preceptorship
Yonge, O., Myrick, F., & Ferguson, L. (2011a)	Rural Canada	Qualitative, Grounded Theory	Not specifically stated	n=23, rural preceptors and students	Interviews	Thematic Analysis	Feedback, Evaluation, Rural Preceptorship	Preceptors feel a lack of support and need for clear evaluative framework	Highlights the need for better evaluation tools and support for preceptors
Yonge, O., Myrick, F., & Ferguson, L. (2011b)	Rural Canada	Qualitative, Grounded Theory	Not specifically stated	n=23, rural preceptors and students	Interviews	Thematic Analysis	Framework Development, Evaluation	Developed a framework to guide rural preceptors in evaluation	Provides a structured approach to preceptorship evaluation
Yonge, O., Myrick, F., & Ferguson, L. (2011c)	Rural Canada	Qualitative, Grounded Theory	Not specifically stated	n=26, rural preceptors and students	Interviews	Thematic Analysis	Evaluation Processes	Challenges in evaluation within rural preceptorships	Important insights into the difficulties of evaluating students in rural settings
Yonge, O., Myrick, F., Ferguson, L. M., & Grundy, Q. (2013)	Rural Canada	Qualitative, Participatory Action Research (PAR)	Not specifically stated	n=8, rural preceptors and students	Photovoice and Interviews	Thematic Analysis	Rural Preceptorship Experiences, Photovoice	Identified themes of confidence, conscientiousness, and growing together	Offers deep insights into the rural preceptorship experience using innovative methods

## **Results**

Through systematic analysis guided by Table 1, I identified five themes and two sub-themes: the *importance of collaborative relationships within the preceptorship triad*; the *provision of feedback and evaluation*; the *impact of preceptorship training on preceptor preparation*; and the *experience of preceptorship in rural settings*, with sub-themes of *workload*, *professional boundaries*, and *isolation*.

### ***The Preceptorship Triad***

A preceptorship requires active collaboration among the preceptor, the student, and the academic faculty advisor. If the student or preceptor is not receiving the support they need the relationship weakens, increasing the possibility of an unsuccessful preceptorship (Kalischuk et al., 2013). Preceptors have commented on the importance and benefit of the preceptor-student relationship. Broadbent et al. (2014) examined preceptors support of nursing students in the clinical environment and found over half of preceptors commented on the benefits of the mutual relationship between the student and the preceptor. The preceptors described the student-preceptor relationship as bi-directional for learning and teaching, allowing the preceptor to influence learning of skills, while also learning about the current, best-practice theories students applied from the classroom to the clinical environment. Despite the positive statements about the student-preceptor relationship shared by preceptors, challenges between the preceptor and the faculty advisor were shared as main causes of confusion and difficulty in the preceptorship. Some respondents felt there was adequate faculty support available if difficulties needed to be resolved, however, most respondents expressed a lack of communication and support from the faculty advisor made preceptorships more difficult. The fundamental areas for improvement listed by preceptors were improved clarity on what documents need to be completed, pass/fail



assessments are not adequate without better explanation, and a need for access to resources in a timely fashion. The preceptors also determined increased availability by the faculty advisor would help them to feel more supported.

Preceptorships involve time and effort from all involved parties. When a student is struggling though, the workload increases for the faculty advisor and the preceptor. Earle-Foley et al. (2012) applied ethical theory and virtue ethics in their discussion of precepting the unsafe student and found preceptors feel a lack of support from faculty, specifically when faced with an unsafe student. These authors stated preceptors report being un-prepared and uncomfortable dealing with an incompetent student, especially when they were new to the preceptorship role. However, it is unclear if the preceptors were seeking and not receiving support from the faculty advisor or if they believed the faculty advisor should be independently checking in more regularly. Black et al. (2013) reported similar findings through reflexive interviews with preceptors, aimed at developing an understanding of preceptors' experiences of failing a student during preceptorship. These authors held individual interviews using reflective cue questions to explore preceptors' personal experiences. The preceptors expressed frustration over not feeling prepared or qualified to fail a student during the preceptorship and stated the students should have been failed before they reached the point of final preceptorship, thereby creating a level of mistrust between the preceptorship triad. Communication within the preceptorship triad is even more important when the student's practice is unsafe. Failing a student is more challenging for novice preceptors, and faculty advisors need to take an active role in mentoring preceptors through the moral challenges of working with an unsafe student (Black et al., 2013).

One of the key factors to the overall success of a student is the quality of the relationship between the student and the preceptor, impacted by the amount of quality time spent together

(Mccarthy & Murphy, 2010). Quality time was deemed as the time spent addressing gaps in student knowledge, requiring in-depth discussion. The preceptors listed staffing shortages and increased workload as barriers to quality time (Mccarthy & Murphy, 2010). Staffing shortages were listed as a concern for preceptorships by other researchers who found a lack of staff led to a decreased ability to spend quality time with preceptors and students (Bowen et al., 2019; L'uhanga et al., 2010; Mcclure & Black, 2013).

The relational process between the preceptor and the student is crucial in shaping the student's learning (Jackman, 2011). When the preceptor works alongside the student, it fosters a mentality of teamwork and collegiality, making both the student and the preceptor feel mutually supported. Positive social and intellectual interactions between the student and preceptor are major contributions to student success. Development of a supportive relationship in the early stages is essential to an enriched preceptorship experience for both the preceptor and the student (Hilli et al., 2014). Fostering a strong relationship with the student was the best way preceptors prepared the student to become a strong co-worker upon completion of their preceptorship.

Teamwork and interprofessional collaboration between preceptors and faculty is essential to fostering a positive preceptorship (Oosterbroek et al., 2017). Effective preparation of the student, preceptor, and faculty advisor is a key requirement for success of the rural preceptorship triad. However, when members of the triad do not have an adequate understanding of their individual role miscommunication can occur, negatively effecting the preceptorship experience. Oosterbroek et al. (2017) recommended a focus on adequate preparation of each member of the triad, including the specifics of each member's roles and responsibilities. It was also recommended that specific strategies be implemented to consistently support each member of the

triad throughout the entire preceptorship, but concluded it is still unclear how best to prepare students and their preceptors.

### ***Feedback and Evaluation***

One of the more complicated aspects of preceptorship for preceptors is providing feedback and evaluation. Feedback is generally informal evaluation, occurring throughout the preceptorship between the preceptor and the student, whereas evaluation is a formal process involving the preceptorship triad. Thirteen of the articles reviewed included the preceptors' discussion on provision of student evaluation and feedback. Yonge et al. (2011a) found each preceptor listed different qualities that guided their evaluation of students, from "critical thinking," to "attitude," to "enthusiasm" (p.8). The preceptors based their evaluations from their perception of what is most important, as opposed to a defined list of course objectives. They shared the experience of giving informal feedback to be much easier than formal evaluation, describing evaluation as onerous and challenging. There was consensus amongst the interviewed preceptors that the formal evaluation tool used was the most tedious and difficult component of preceptorship. There was limited description in how to complete the tool, describing it as too much work and not adaptable enough to express their evaluative thoughts. The preceptors discussed a need for role clarification in the evaluation process and an evaluative framework to guide them. In another study, focus group discussions with preceptors demonstrated the need for valid and reliable clinical assessment tools (Wu et al., 2016). Despite the preceptors' clinical expertise, they felt limited in their pedagogical knowledge, making feedback and evaluation difficult. Preceptors enjoy the opportunity to teach, but find the added responsibilities increase their levels of stress in directing and managing patient care while monitoring and evaluating preceptor students (Wu et al., 2016).

When considering the challenges of evaluation during rural preceptorships Yonge et al. (2011c) found students described the preceptor-preceptee relationship as of great importance for a successful preceptorship. Through interviews with preceptorship students these researchers found that ongoing dialogue between the preceptor and the student was vitally important, and establishing a strong relationship allowed for a continuation of feedback between the two. For the relationship to thrive a high level of trust and honesty was needed between them. However, the students felt that an imbalance was created in the administration of formal evaluation provided by faculty. The student and preceptor were working side-by-side, creating a daily flow of feedback, whereas students reported little to no relationship with the faculty advisor, even though the faculty advisor was responsible for the final evaluation and determination of a passing or failing grade. This may be influenced by their limited knowledge of invisible behind the scenes work faculty advisors engage in. As a result, the evaluation by the faculty advisor was perceived to meet the requirements of the educational institution but not the needs of the student, creating an imbalance within the triad. This disconnect is further exacerbated by the geographical distance in rural settings, which hinders effective communication and interaction among the preceptorship triad members (Yonge et al., 2011a). Since the study took place in a rural setting the experiences explored were only from the rural context. However, similar results have been found regardless of placement location (Bourbonnais & Kerr, 2007; Hyrkäs & Shoemaker, 2007; Yonge et al., 2002).

A four-part grounded theory study conducted in rural areas of two western Canadian provinces examined the challenges associated with providing student feedback during rural preceptorships and the process of developing a framework to guide evaluation (Yonge et al., 2011a, 2011b; Yonge et al., 2011c). The authors examined the challenges associated with

providing student feedback during rural preceptorships during phase one of the study (Yonge et al., 2011a). Preceptors felt comfortable in their role as mentors but reported a lack of role clarity as evaluators. These preceptors found formal evaluation difficult, often utilizing guidance from the students themselves to complete the program evaluation form. However, the students reported that feedback provided throughout the preceptorship felt as if evaluation was happening constantly as opposed to at the end of the preceptorship (Yonge et al., 2011c). This discrepancy between the perceptions of students and preceptors in evaluation points to a possible gap in a definitive understanding of feedback and evaluation. This may be due to a limited pedagogical understanding of feedback and evaluation from preceptors, who often lack formal training in these areas. The students, on the other hand, may not necessarily have a better grasp on the concept but are more accustomed to the structured environment of institutional evaluations. The authors found immediate feedback, done in a private manner, was the most effective form of evaluation. This suggests that while there is confusion between the concepts of feedback and evaluation, providing private and immediate feedback can be effective. These findings inform my study by highlighting the importance of clear and structured feedback processes and the need for better training for preceptors in evaluation methods.

In phase two of the study, researchers and preceptors worked together to develop a framework to guide evaluation of students placed in rural preceptorship (Yonge et al., 2011b). Preceptors appreciated the ability to work on a framework for evaluation, but they still felt preceptors should “encourage” as opposed to “evaluate” the students (Yonge et al., 2011b, p. 79). In a descriptive exploration of preceptor preparation L’uhanga et al. (2010) also found preceptors want more guidance in the evaluation process. The final grade is determined by the faculty advisor, but the evaluations leading up to the final grade are in combination with the

preceptor's input and other assessments completed by the faculty advisor. Some preceptors felt their students were unsuccessful in meeting course outcomes, but when they discussed their assessment with the assigned faculty advisor, they felt their evaluative comments were not taken seriously. This decreased the preceptors' incentive to engage in the evaluation process as evaluators, as they felt undervalued. Preceptors and faculty advisors are involved in different ways in the evaluation of students in preceptorship, and this study found a need for increased face-to-face contact with preceptors and faculty advisors to validate each other's opinions in student evaluation. The authors concluded that novice preceptors face even greater challenges with formal evaluation and recommend an increase in preceptor preparation and contact with the faculty advisor throughout the preceptorship. The study by Yonge et al. (2011b) included a sample of novice preceptors who had limited experience in preceptorship roles. The characteristics of this sample help to inform my study by highlighting the specific needs and challenges faced by novice preceptors, particularly in rural settings. Understanding these characteristics allows for the development of targeted interventions to support novice preceptors, thereby enhancing the overall preceptorship experience.

### ***Preceptorship Preparation***

Preceptorship preparation varies in availability and content across academic programs. Some methods used in preparation programs have included videos, modules, manuals, self-directed packages, workshops, and courses (L'uhanga et al., 2010; Mcclure & Black, 2013). While preceptorship preparation assists preceptors to understand role expectations it is often not a requirement of becoming a preceptor, although success of preceptorship greatly depends upon the preparation of preceptors (Mcclure & Black, 2013). Mårtensson et al. (2016) was the only study in this review that explored preceptors' experiences in preceptorship both pre and post

attendance of a preceptorship preparation course. This Swedish study consisted of a small sample (n=27) of preceptors, with varying levels of preceptor experience who had voluntarily signed up for a preceptor preparation course at a university. The preceptors stated there is little structure in the way preceptors were prepared, often being left to depend on their own experience to guide them. They reported concern in faculty advisors and institutions placing high importance on the experience of preceptors as opposed to providing specific pedagogical training which leaves room for subjective evaluation. After the participants completed the preceptor training, they reported an improved level of confidence in their abilities as a preceptor. Prior to the training, preceptors could recognize issues with student performance, but struggled with ways to effectively provide solutions to the problems. After the training they reported an increased ability to facilitate solutions through open dialogue and discussion with the student. The training increased their ability to facilitate learning alongside the student as opposed to directing learning through one sided conversation. Collectively they agreed training should be mandatory for preceptors; however, this could be due to the convenience sampling method used including only those that voluntarily signed up for a training course. Conversely, Omansky (2010) noted preceptors reported preceptor training is often geared towards institutional preceptor expectations and less concerned with the preceptors' learning. These findings were echoed by McCarthy and Murphy (2010) in their descriptive study on preceptors' experiences in evaluating undergraduate students. The study included preceptors who had taken a preceptorship course in Ireland. Almost half of the preceptors, 49.5% (n=233), felt prepared for their role after the training course, while the remaining preceptors reported feeling underprepared despite the training. Some preceptors found the content of the training confusing and too brief to provide valuable understanding of their role as a preceptor. Furthermore, preceptors reported feelings of under preparation were

compounded by management not understanding the complexities of preceptorship and not providing enough recognition for the role. The authors concluded some preceptors enjoyed the role but expressed a need for more protected time with students, decreased workload, and increased supports beyond a preparation training course to become effective preceptors.

To better support nursing students, preceptors requested an increase in preceptorship training and workshops; an increase for training prior to being a preceptor, and workshops for continuing education afterwards (Broadbent et al., 2014). When training was provided, some preceptors expressed concern over the content, stating the training was designed to support new graduates as opposed to pedagogical teaching of students. There is a need for increased resources and increased access to those resources to improve the preceptorship experience.

Preceptors experience greater challenges when precepting an unsafe student. When preceptor preparation is provided there is a lack of discussion on how and when to fail an unsafe student, especially for novice preceptors. It is important to clarify that the responsibility of assigning the final grade typically lies with the faculty advisor, not the preceptor. However, preceptors play a crucial role in providing evaluative input that informs the faculty advisor's determination of the final grade. Preceptors often find themselves unprepared to handle the ethical and practical implications of identifying and managing unsafe students. Preparation programs need to include discussions on moral integrity and decision-making to support preceptors in their feedback and evaluation decisions (Black et al., 2013). Including these discussions in preceptor training programs would help preceptors, especially novices, navigate the complexities of providing negative feedback and contributing to the overall evaluation process.



Wu et al. (2016) found preceptors who attended a preceptor training program reported a lack of discussion on how to guide and students during preceptorship, instead focusing on the supporting of new staff. These preceptors also voiced a desire for group sessions to talk openly with other preceptors, to gain greater understanding of other preceptors' experiences, challenges, and successes. Allowing the preceptors to discuss personal experiences would foster a mentorship mentality amongst the preceptors, encouraging the sharing of effective strategies from their first-hand experiences. Group sessions could be used as a way of supporting novice preceptors and alleviate associated stress through open dialogue amongst peers.

From the literature reviewed, little was found specifically regarding the extent of past preceptorship experience and the training of novice preceptors. Only eight studies listed the preceptorship experience of preceptors in their sample sections, ranging from 0-31 years with an average of 21 months (Hilli et al., 2014; L'uhanga et al., 2010; Mårtensson et al., 2016; Wu et al., 2016). The majority of preceptors interviewed had at least two years of preceptorship experience, limiting the findings of the novice preceptor perspective (Kalischuk et al., 2013; Sedgwick et al., 2009; Yonge et al., 2013). When looking specifically at the experience of novice preceptors there are distinct differences from the experience of preceptors as a whole. Novice preceptors reported precepting increased their confidence but found the experience daunting and overwhelming as they were unable to focus on their own clinical skills, as tasks would be handed off to the student to perform (Smith & Sweet, 2019). The authors found novice preceptors reported a delay in their own professional development, particularly regarding clinical skills, as these preceptors were still seeking and desiring guidance in their own practice but were focused on the students' needs instead of their own. Adequate preparation and support for novice

preceptors is essential to facilitate student learning and not limit the preceptors' own professional development.

### ***The Rural Setting***

Many studies have examined the experiences and benefits of preceptorship in general, but few have specifically examined preceptorship in rural settings. Healthcare literature defines "rural" in various ways depending on the context and specific criteria being used, including population size, distance from urban centers, and access to healthcare resources. Statistics Canada defines rural areas as those outside of population centers, which are defined as having a population of at least 1,000 and a density of 400 or more people per square kilometer (Statistics Canada, 2017). The Canadian Institute for Health Information (CIHI) often uses "rural" to refer to areas with low population density and significant distance from urban centers, which can affect access to healthcare (Canadian Institute for Health Information, 2020). For this study, rural settings are defined as locations with fewer than 25,000 people and situated more than 200 kilometers away from large urban centers. These areas often face unique healthcare challenges such as limited resources, a higher prevalence of chronic diseases, and a greater need for generalist nursing skills due to the broad range of patient care required (Kulig & Williams, 2012).

While research in this area has increased over the past 10 years there is still limited research on the unique needs of rural preceptors (Jackman et al., 2012). Rural Canadians have increased rates of chronic disease and decreased accessibility to health care services (Kulig & Williams, 2012; Oosterbroek et al., 2017). Hence, the increased complexity of patients creates increased workload demands for rural nurses and requires a broad depth of knowledge and skills to care for them (Jackman et al., 2012). Rural nursing preceptorship placements provide an

opportunity for students to experience a different perspective of health and the way rural living intersects with healthcare. Both preceptors and students report a wide range of learning opportunities granted in a rural setting due to the generalist nature of rural nursing (Yonge, 2009; Yonge et al., 2006). Rural preceptors are required to acquire and maintain extensive clinical knowledge due to the wide range of patients they care for, and the students need to be adaptable to meet the demands of generalist nursing care (Yonge et al., 2013). This can be challenging for preceptors as they need to guide their students through a wide range of nursing skills. While preceptors enjoy working hands-on alongside students the unpredictable nature of the workload makes it difficult to create learning opportunities as increased work leads to decreased teaching time. This is especially challenging when there may only be one Registered Nurse working (Bowen et al., 2019).

There is a rural nurse shortage in Canada (Jackman et al., 2012) and preceptors believe a positive experience in a rural rotation will help students choose to work in rural locations when they graduate (Yonge et al., 2006). Although the concept of using placements as a means of recruiting may be possible there is not enough data to prove this works in rural locations (Yonge et al., 2013). It also remains unclear how best to prepare students and preceptors for a rural preceptorship (Oosterbroek et al., 2017). It is possible therefore, that lack of preparation and experience of rural nursing practice may be a deterrent in recruiting new graduates to rural practice settings. Indeed, rural nurses report not being immersed into rural locations until they become a new graduate daunting and overwhelming (Jackman et al., 2012). To support rural preceptors nursing school curriculum needs to include rural health and increase rural practice placements for students prior to entering rural areas for preceptorship (Yonge et al., 2013).

**Workload.** Feelings of frustration, stemming from the multiple role expectations of preceptors creates an increase in workload. Preceptors frequently list increased workload as a significant barrier to high quality preceptorships (Bowen et al., 2019; Broadbent et al., 2014; Earle-Foley et al., 2012; Kalischuk et al., 2013; Omansky, 2010; Smith & Sweet, 2019; Trede et al., 2016; Yonge et al., 2006; Yonge et al., 2011b). In a grounded theory study by Yonge et al. (2011a) 26 preceptors listed the various roles they were expected to fill, including: teacher, encourager, supervisor, monitor, guide, orienteer, provider, supporter, and facilitator. In another study preceptors cited role overload as a source of increased stress in the workplace (Wu et al., 2016). While caring for eight or nine patients at a time, preceptors are also challenged with refreshing their clinical knowledge and teaching their practice to their students. The preceptors experience increased pressure to be extremely knowledgeable, expressing the need to answer any question posed by their student since they are filling the role of teacher. Broadbent et al. (2014) examined supporting students in the learning environment and found preceptors enjoyed teaching students, but when their workload increased their ability to confidently perform multiple preceptor roles decreased. Preceptors shared a lack of time led to role confusion for themselves, splitting their time between nursing duties to support the department and instructing their students.

Moreover, the role of educator for students comes second to the primary responsibility of client care (Trede et al., 2016). The preceptor role was additional to the preceptors' daily workload and was poorly recognized by supervisors and colleagues for the amount of work and responsibility the added role involved. While nursing management and co-workers perceive preceptor students as an extra set of hands to assist with the work, preceptors experience an increase in workload and responsibility when paired with a student (Kalischuk et al., 2013). This

increased preceptors' perceptions that their teaching role is poorly recognized and misunderstood. Through qualitative interviews with preceptors Bowen et al. (2019) found at times preceptors were given more physically demanding patient assignments as the student was seen as additional help, not accounting for the increased time needed to explain and demonstrate tasks and procedures. To alleviate the pressure on the preceptor, co-workers work together to try and reduce workload issues and at times bring a team-based approach to preceptorship. However, this can be difficult with limited staff related to the size of the facility (Yonge et al., 2006). No studies reviewed concluded the addition of a preceptor student decreased workload demands among staff and preceptors on the unit.

**Professional Boundaries.** Due to the smaller size of rural communities and hospitals staff and preceptors become interested and involved in students' lives, not just their clinical work. The close-knit nature of rural settings fosters personal connections simply by having limited people to interact with. This can blur the lines between professional and personal boundaries as students become socially integrated with the healthcare team, allowing them to feel more like a colleague than a student (Sedgwick et al., 2009). The intimacy of rural placements makes the differentiation between professional and personal boundaries more difficult to discern for preceptors and students (Jackman et al., 2012; Yonge, 2009). Rural communities are challenging for maintaining confidentiality and professional boundaries due to their small population size, increasing the possibility of personal connections with nurse and patient. While some researchers and clinicians view this as a strength, as it can enhance the sense of community and support, it also presents challenges for maintaining professional distance (Yonge, 2009). It is important to recognize these biases and consider both the positive and negative aspects of close community relationships.

Yonge (2009) found although rural preceptors were mindful of this with patients, boundaries needed to be re-addressed with the introduction of students. Boundaries are required to maintain confidentiality with patients. Without clear boundaries, the potential for conflicts of interest and ethical dilemmas increases. While collegiality is encouraged, rural-based students and preceptors need to discuss the concept of professional boundaries within rural community placements. Professional boundaries extend beyond nurse-patient interactions to include interactions between nurses, students, and other healthcare staff. The preceptors maintained professional relationships with students but acknowledged the need to “take a break” from work discussions and develop a collegial relationship with their students (Yonge, 2009, p. 19). Most nursing students are educated in urban-based nursing schools, limiting their exposure and knowledge of rural based populations (Jackman et al., 2012; Sedgwick & Yonge, 2008). To enhance students experiences in rural settings students need increased knowledge regarding rural health, with enhanced discussions regarding scope of practice and ethics in order to properly care for patients while maintaining healthy boundaries in small communities (Sedgwick & Yonge, 2008).

**Isolation.** While rural nursing preceptorships foster close relationships between staff, preceptors, and students, there is a pervasive sense of isolation stemming from geographical location. This isolation manifests in several forms: social, professional, and geographical. Students often report feeling separated from their peers and fellow students, which can hinder their preceptorship experience students (Yonge et al., 2006). These feelings of isolation can impede their ability to cope with the pressures of nursing, potentially diminishing their overall performance and satisfaction during the preceptorship (Oosterbroek et al., 2017). Rural preceptors experience professional isolation in the form of marginalization and separation from

their urban counterparts (Jackman, 2011). They report having fewer resources compared to urban preceptors, such as limited access to education, training, specialists, and technology (Yonge et al., 2006; Yonge et al., 2011b). When training is available, it is often not tailored to the specific needs of rural settings, further exacerbating feelings of professional isolation (Yonge et al., 2011b). The physical distance from urban centers contributes to geographical isolation, limiting access to essential resources and support systems. This isolation can make it challenging for preceptors to stay connected with the broader nursing community and access necessary professional development opportunities.

To mitigate these feelings of isolation, it is essential to explore and address the unique experiences of rural preceptors. Developing targeted training and support systems that consider the specific challenges of rural preceptorships is crucial. Addressing social, professional, and geographical isolation through these measures can significantly enhance the rural preceptorship experience and support both students and preceptors in these settings.

## **Discussion**

Rural nursing preceptorships can provide nursing students with the opportunity to enhance their clinical knowledge, however, the overall experience is impacted by the support provided by the preceptor and the faculty advisor. Supportive relationships between the preceptor, the student, and the faculty member are critical to success of the preceptorship, but varied amount of time spent together can lead to difficulties in student evaluation. Increasing the quality of time spent together allows for increased opportunities for feedback and discussion, resulting in stronger relationships and improved preceptorship experiences.

(Hilli et al., 2014; Jackman, 2011; McCarthy & Murphy, 2010; Yonge et al., 2011c).

It is evident that the relationship that develops between the student and the preceptor does not extend in the same way to the faculty advisor. Faculty advisors generally have less contact with students and preceptors, and this issue is magnified within rural placements. The reduced contact is often due to logistical challenges such as geographical distance rather than solely the unavailability of faculty members. Additionally, it remains unclear if any perceived strain in the faculty advisor and preceptor relationship is due to unavailability or if both parties feel the other should be reaching out for support. It is also important to consider other factors that might contribute to perceived strain, such as differing expectations and communication barriers. More research is needed to understand how best to improve relationships within the preceptorship triad. Future studies should explore the dynamics of these relationships to identify strategies that enhance collaboration and support, particularly in rural settings. By addressing these challenges, it will be possible to foster stronger and more effective preceptorship experiences for students, preceptors, and faculty advisors.

While little research has examined the experience of preceptors working with struggling students, the current literature demonstrates a need for increased support by management and faculty advisors to preceptors. There is a lack of research looking at preceptorships with struggling students in the rural context or with novice preceptors (Black et al., 2013; Earle-Foley et al., 2012). A gap remains in terms of issues regarding relationships between the faculty advisor and the student and preceptor and the best way to improve those relationships.

Preceptors experience a lack of role clarity when it comes to balancing their duties as a Registered Nurse while precepting an undergraduate student. When a staff nurse becomes a preceptor, their day-to-day responsibilities do not change, and yet they have the additional responsibility of teaching, guiding, and mentoring a student. The workload of the preceptor role



is one of the main contributors to increased stress. The challenges surrounding role overload is compounded for novice preceptors who are usually in the initial stages of their own professional development, attempting to solidify their own practice while simultaneously precepting a student (Smith & Sweet, 2019).

A lack of role clarification causes significant issues with feedback and evaluation for preceptors during preceptorships. Preceptors feel ill-prepared to provide formal evaluation, requesting increased training in the process of effective, formal evaluation. However, informal feedback is a natural form of evaluation for preceptors, as they work daily with the students and can comment on and correct practice in the moment. One of the challenges with formal evaluation is related to the imbalance in the preceptorship triad; the student experiences a disconnect from the faculty advisor due to limited time and interaction even though their final grade is determined by the faculty advisor. The final grade should be determined by the faculty advisor based upon the evaluation given by the preceptor, though poor relationships can affect this communicative process. Even though clinical assessment tools are available to guide evaluation, preceptors report them as tedious and non-adaptive, reporting evaluations are sometimes given based upon personal perception as opposed to course objectives (Wu et al., 2016; Yonge et al., 2011a). It is unclear if the evaluation tools are unclear for preceptors because there is no specific training on how to use them or if despite specific training the tools remain difficult to use.

Preceptorship preparation is often not required to become a preceptor, even though success of the preceptorship student is dependent upon the guidance of the preceptor. There is no consensus from the articles reviewed on the strengths and shortcomings of existing preceptorship training or preparation; however, it is clear preceptors are requesting improved education and

training. Inconsistent preceptor preparation makes it difficult to understand the best way to prepare preceptors for taking on the preceptor role. When no preparation is provided or required preceptors rely on their own experiences in clinical work and past preceptorships to guide their teaching (Mårtensson et al., 2016; Yonge et al., 2011a). Novice preceptors have limited experiences to draw upon and turn to their colleagues for guidance, using an informal approach to peer mentorship. Future research should not only focus on the format and content of preceptor preparation programs but also on developing formalized peer mentorship systems and enhancing preceptor competencies. Structured mentorship programs can provide novice preceptors with the support they need to develop their skills and confidence in their roles.

While preceptorship in the rural setting creates unique challenges due to professional and social separation and isolation, it increases opportunities for a wider range of knowledge and skills for preceptor students. However, there remains a gap in how best to prepare students and preceptors for rural preceptorships. Addressing the issues of physical and social isolation for rural preceptors requires a multifaceted approach. Improved technology and access to professional development can play a crucial role in enhancing the preceptorship experience. However, it is essential to analyze the specific needs and challenges faced by rural preceptors to develop effective solutions. The findings of this review highlight the importance of tailored support and training programs that address the unique context of rural preceptorship.

The implications of this research are significant for the status of rural preceptorship, particularly for novice preceptors. As programs increasingly rely on novice preceptors, it is crucial to provide them with the necessary training, resources, and support to succeed in their roles. This study underscores the need for a comprehensive approach that addresses the diverse

aspects of isolation and the importance of quality interactions in fostering effective preceptorship experiences.

## **Conclusion**

Rural nursing preceptorships provide a unique learning opportunity for undergraduate students, but perceived imbalances in the preceptorship triad leads to role confusion and overload for the preceptor. It is evident that balancing the multiple roles inherent in preceptorship can be a challenge for registered nurses who are already juggling the multiple roles related to their primary jobs. This becomes even more challenging for novice preceptors who are still in the early stages of figuring out their own identity as a Registered Nurse. The rural setting increases the challenges of preceptorship due to limited access to education, technology, and support for preceptors. What remains unclear is the best way to assist novice, rural preceptors in relation to preceptorship training and preparation. More research is needed to understand the novice, rural preceptors' learning, and teaching needs to safely improve the preceptorship experience for the entire preceptorship triad, thereby creating more confident and effective nursing preceptors and students transitioning into new graduates.

### **Chapter 3: Methodology and Design**

While nursing preceptorship has been examined extensively regarding urban centers and experienced preceptors, the experiences of novice preceptors in rural Canadian communities has yet to be explored. For this reason, a qualitative descriptive design was appropriate for this study. The intent of qualitative descriptive research is to answer the questions of who, where, and what, assisting in the exploration of minimally examined populations or phenomenon (Kim et al., 2017; Sandelowski, 2000). Qualitative descriptive studies aim to generate a comprehensive summarization of facts and events for a particular phenomenon (Lambert & Lambert, 2012; Sandelowski, 2000). The overall goal of qualitative descriptive research is not to interpret data, but to provide a straightforward description of the examined phenomena from the perspective of the participant, although it can be argued that even providing a description requires some level of interpretation.

#### **Theoretical Framework**

Novice preceptors' experiences in rural settings has been minimally explored, leading me to gather greater descriptions of this phenomena. I utilized the principles of qualitative descriptive methodology research as it has been described as the least theoretical of the qualitative approaches, allowing flexibility in its application as well as the ability to provide a straightforward description of the data (Kim et al., 2017; Sandelowski, 2000). Colorafi and Evans (2016) explained descriptive methodology allows for the use of any theory, allowing versatility in exploring phenomena in their natural state. Drawing from naturalistic inquiry, qualitative descriptive research enables the observation of phenomena as they naturally occur (Lambert & Lambert, 2012). A naturalist perceives multiple realities, interpreted, and experienced individually (Appleton & King, 1997; Berryman, 2019; Lincoln & Guba, 1985). The

goal is not to find an objective truth, rather, to explore the subjective realities of the participants involved and identify patterns within and across individual experiences to create a comprehensive understanding of these subjective realities.(Carl & Ravitch, 2018).

An assumption I had prior to commencing this study is novice preceptors have greater challenges with preceptorship than those with prior preceptorship experience. Without the benefit of previous experiences to draw upon novice preceptors may have difficulty with the principles of adult teaching, providing feedback, sharing of tasks, and balancing workload challenges between the care of their patient and guiding their student. However, it is essential to recognize that experience is not the only factor influencing the effectiveness of preceptors. Other elements, such as support systems, training, and personal attributes, also play significant roles. A naturalist approach allows for a better understanding of the unique challenges and strengths of each participant's experiences in rural preceptorship, thereby generating a comprehensive description of their experiences.

Patricia Benner's theory on novice to expert clinicians (Benner, 1982) offers insight into the complexities of becoming a novice preceptor. Benner's work is based on the Dreyfus model of skill acquisition, which outlines five stages of proficiency: novice, advanced beginner, competent, proficient, and expert. According to Benner (1982), nurses progress through these stages as they gain experience and develop their clinical judgment.

At the novice stage, individuals have no experience with the situations they are expected to perform in and rely strictly on rules and guidelines to guide their actions. As they move to the advanced beginner stage, they start recognizing meaningful components of situations based on their experiences but still struggle with prioritization. At the competent stage, typically after two to three years of experience, nurses can plan and manage patient care more efficiently, though

they still rely on standard procedures and guidelines. Proficient nurses, with more experience, begin to see situations holistically rather than in parts and can anticipate events based on their understanding of clinical situations. Finally, expert nurses have an intuitive grasp of situations and can zero in on the problem without needing to consider alternative diagnoses and solutions extensively (Altmann, 2007; Benner, 1982).

This theory is particularly relevant to novice preceptors, who, despite potentially being proficient or expert clinicians, are novices in the preceptorship role. They may struggle with various aspects of teaching, such as providing effective feedback, sharing tasks, and balancing patient care with student guidance. Understanding that novice preceptors are at the beginning of their preceptorship journey highlights the need for structured support and mentoring from more experienced preceptors. This support can help them progress through the stages of proficiency in preceptorship, like how they progressed in their clinical practice.

The progression from novice to expert in preceptorship requires moving from rule-governed behavior to more intuitive, experience-based actions. Novice preceptors need opportunities to gain experience, reflect on their teaching practices, and receive feedback. Training programs tailored to novice preceptors should build on their clinical expertise while developing their teaching and mentoring skills. Benner's theory emphasizes that individuals may be experts in one area but novices in another, which is critical for understanding the dual roles that novice preceptors must navigate. Therefore, customized training programs should address the unique challenges faced by novice preceptors, providing them with the tools and support necessary to develop their preceptorship skills effectively (Altmann, 2007; Benner, 1982).

The theory of social development authored by Vygotsky (Vygotskiĭ & Cole, 1978) can also be applied to preceptorship. Vygotsky's theory proposes cognitive development occurs after the development of social interactions, and social interactions allow for the learner to develop a deeper understanding of cognitive learning (Clark, 2018; Vygotskiĭ & Cole, 1978). He claimed learning is increased when the learner is guided by a "more knowledgeable other" (MKO) such as a teacher, instructor, or preceptor, who holds more knowledge on the desired learning curriculum (Eun, 2019, p. 23).

In the context of nursing preceptorship, the nursing preceptor assists the nursing student in the acquisition of knowledge by moving across the "zone of proximal development" (ZPD) (Vygotskiĭ & Cole, 1978, p. 130). The ZPD represents the difference between what a learner can do without help and what they can achieve with guidance and encouragement from a skilled partner. Essentially, the nursing student is guided by the preceptor through instruction and supervision to become proficient in various skills related to nursing. As the student moves across the different zones of proximal development, they eventually become independent in their knowledge, creating their own unique understanding. The key theoretical component of social development theory is the instructor is not transmitting knowledge *to* the student, but rather the student is an active participant in the acquisition of knowledge, thereby co-creating new knowledge (Clark, 2018; Eun, 2019).

This theory highlights the importance of reciprocal learning and the co-construction of knowledge. As preceptors guide students through their ZPD, they engage in a process of mutual learning and reflection. This interaction not only helps students develop their clinical skills but also allows novice preceptors to refine their teaching strategies and deepen their understanding of clinical practice.

Vygotsky's theory underscores the importance of creating an environment where novice preceptors feel supported and valued. Training programs should include elements that help preceptors understand their role as MKOs and develop effective teaching techniques. Workshops on communication skills, strategies for creating an engaging learning environment, and opportunities for reflection and discussion with peers and mentors can enhance the development of novice preceptors. The theory emphasizes that learning is a socially mediated process, and the interactions between preceptors and students are fundamental to the development of both parties.

The application of Vygotsky's theory to novice preceptors underscores the need for structured support systems that facilitate reciprocal learning and the co-creation of knowledge. By providing novice preceptors with the tools and guidance they need to effectively mentor students, training programs can help them develop their teaching skills and transition from novice to proficient preceptors. This approach ensures that both students and novice preceptors benefit from the preceptorship experience, ultimately enhancing the overall quality of nursing education (Clark, 2018; Eun, 2019; Vygotsky, 1978).

## **Setting**

The terms *rural* and *remote* have various definitions and meanings throughout published research and literature regarding Canadian healthcare. Kulig and Williams (2012) found 19-30% of Canadians are defined as living in rural Canada. Statistics Canada (2017) provides multiple definitions of rural depending upon context, but the general definition of rural is a *population of less than 1000 people and a density of less than 400 per square kilometer*. When analyzing Registered Nurses' definitions of rurality, Kulig et al. (2008) defined rural as a *population of less than 50,000 and remote as less than 10,000*. The location would also be 20-200 km from an urban center, while remote locations were up to 1000km from an urban center and lacked both



amenities and infrastructure. These definitions were deemed too restrictive or too broad for this research topic. For this research project *rural*, is defined as *population of less than 25,000 and more than 200km from a large, urban center.*

The setting of this study took place in the Southeastern section of British Columbia, specifically the East Kootenay region. The towns included in recruitment were Golden, Invermere, Cranbrook, Creston, Fernie, and Sparwood. These towns all accept preceptorship placements for nursing students and meet the definition of rural as defined for the purpose of this study.

### **Sample**

The sample was comprised of Registered Nurses who had precepted a fourth-year nursing student in their final practicum within the designated study setting. These nurses may have had varying years of clinical work experience but had only precepted between one to three students, to ensure the experience of the novice preceptor was explored. The literature does not state an exact number of preceptorships before a preceptor moves from novice to more advanced stages but instead is an accumulation of experience, reflection, and the development of teaching skills. The range of one to three students was used to gather a broader understanding of the experience of novice preceptor. Throughout British Columbia nursing schools have different requirements for the number of hours required for final preceptorship ranging from 300 hours to 450 hours (College of the Rockies, n.d.; Selkirk College, n.d.; Thompson Rivers University, n.d.; UBC Okanagan, n.d.; University of Victoria, n.d.). Depending on the school the student was coming from affected the duration of the preceptorship with their preceptor. Eight participants met the inclusion and exclusion criteria, defined as follows:

### ***Inclusion Criteria***

Participants were required to meet the following criteria:

1. A Registered Nurse (RN) who had precepted a fourth year BN or BSN student at least once but no more than three times.
2. The RN preceptor had not received formal training in the roles and responsibilities of a nursing preceptor.
3. The preceptorship experience must have taken place in a rural setting (township of less than 25,000 people and more than 200km from a larger center).

### ***Exclusion Criteria***

RNs who have precepted BN or BSN students more than three times were excluded. Preceptors whose experiences were in urban, non-rural settings were also excluded. Finally, potential participants who are related to the researcher or who expressed a conflict of interest related to the researcher or the proposed study were not included in this study.

### **Recruitment**

Purposive snowball sampling was used to select participants who had experiences relative to the purpose of the study (Sandelowski, 2000). Purposive sampling ensured the selection of participants who can purposefully contribute their experiences to address the research questions (Creswell & Poth, 2013; Maxwell, 2013). Snowball sampling allowed participants to recruit others with relevant experiences applicable to the study (Creswell & Poth, 2013).

The College of the Rockies (COTR), Cranbrook campus is the regional nursing program for the study. The program is provided in partnership with University of Victoria allowing for students to remain in rural communities for the entirety of their studies. Students from the COTR Bachelor of Science in Nursing (BSN) program are placed with preceptors in various locations

throughout the East Kootenay region of Interior British Columbia, including all towns listed in the proposed setting above. Recruitment was done through the COTR’s Health Programs Placement Office (HPPO) to recruit nursing preceptors who met the aforementioned inclusion criteria. The COTR HPPO forwarded a *Letter of Invitation* (Appendix A) to all current and previous fourth year BSN preceptors. Interested individuals used the contact information included in the *Letter of Invitation* to express interest in the proposed study. Participants were also recruited during participant interviews (snowball sampling) which resulted in one additional recruited participant (see Table 2 for Participant Demographics). While snowball sampling was used for convenience sampling there is the potential to gather like-minded participants, thereby limiting the breadth of perspective and setting.

**Table 2. Participant Demographics**

<b>Name</b>	<b>Years Worked as a Nurse</b>	<b>Number of Preceptorships</b>	<b>Preceptorship Setting</b>	<b>Nursing Program</b>
Kendall	5-10	Three	Facility A	Program I
			Facility A	Program I
			Facility B	Program II
Penny	10-15	One	Facility A	Program I
Damian	10-15	Three	Facility A	Program I
			Facility A	Program I
			Facility A	Program I
Anna	10-15	Three	Facility A	Program I
			Facility C	Program I
			Facility A	Program III
Laura	10-15	Two	Facility A	Program I
			Facility D	Program I
Chloe	1-5	One	Facility A	Program I
Amelia	5-10	One	Facility A	Program I
Carol	10-15	One	Facility E	Program I

*Note.* ‘Preceptorship Setting’ refers to the facility the preceptorship was based out of. Different facilities are listed as A, B, C, D, or E. ‘Nursing Program’ refers to the post-secondary

institution/program from which the preceptor student is from. Different institutions/programs are listed as I, II, or III.

### **Data Collection**

Data was collected between August and December 2022 through individual, one-to-one semi-structured interviews with research participants. Semi-structured interviews allowed the researcher to ask broad questions but permitted flexibility to ask follow-up and probing questions where needed for clarification or expansion on participants' statements (Creswell & Poth, 2013; Sandelowski, 2000). Each interview was conducted at a mutually agreed upon location in the participants' home communities. The locations selected were either within a participant's own home or in my home office, ensuring privacy and limited interruptions during the interviews. Each participant interview was between 40 to 60 minutes in length and were audio recorded using the phone app *Voice Recorder* before being transferred to a password protected computer and then deleted from the app.

### ***Interview Guide***

An interview guide provides consistency between interviews while allowing for flexibility to adjust to participants' responses (Mcgrath et al., 2019). Semi-structured interviews are the most widely used form in qualitative research, ensuring consistency between participants but leaving flexibility for deeper exploration into individual responses (Dicicco-Bloom & Crabtree, 2006). Open-ended questions are essential to a qualitative interview guide to allow the participant the freedom to share their experiences (Dicicco-Bloom & Crabtree, 2006; Mcgrath et al., 2019). I trialled my interview questions with a colleague unaffiliated with the research, leading to modifications that emphasized open-ended questions and then tailoring follow-up questions to the individual responses (Creswell & Poth, 2013). See Appendix D for the semi-

structured interview guide. Throughout the interviews I refrained from writing notes, instead focusing on each participant's verbal and non-verbal responses. At the conclusion of each interview, I typed out my initial thoughts and questions related to each interview allowing for data triangulation throughout the study.

### **Data Analysis**

Recordings were transcribed verbatim using the principles of qualitative thematic analysis to analyze the data, involving minimal interpretation, thereby aligning with qualitative descriptive research (Colorafi & Evans, 2016; Sandelowski, 2000). The analysis began during transcription and transcripts were analyzed line by line. While I reviewed the transcripts I made note of participant words, phrases, and sentences that were meaningful or impactful. If certain phrases were repeated this was noted as well. Once the transcripts were reviewed the highlighted words and phrases were used to create in-vivo codes as they emerged from the data. By using the participants' own words to create in-vivo codes, the principles of qualitative descriptive research were maintained (Saldana, 2016).

To ensure reliability, I transcribed all recordings myself, listening repeatedly to capture every detail. This allowed for immersion in the data, which is critical in qualitative research. Once transcribed, I printed each transcript and highlighted individual words and phrases that captured key ideas or sentiments. This initial coding was done without preconceptions to ensure that the codes emerged directly from the data rather than from any prior assumptions or biases. After a break, I repeated the process of highlighting to see if different elements emerged, ensuring a comprehensive understanding of the data. The highlighted words and phrases were then organized into a Word document. During this phase, I reviewed the highlighted text to make

connections between various interviews. This iterative process involved repeatedly organizing the data into similar groupings, which eventually formed the basis of initial subthemes.

The next step involved more focused coding, where I grouped similar in-vivo codes into broader subthemes. This process was guided by the constant comparison method, where each piece of data was compared with others to identify patterns and discrepancies. For example, phrases related to challenges in communication were grouped together, as were those highlighting resource limitations. These subthemes were continuously refined and reviewed, both independently and with my supervisor, to ensure they accurately represented the data. To maintain a balance between descriptive accuracy and thematic depth, I utilized analytic memos throughout the coding process. These memos documented my thought processes, reflections, and any emerging connections between the data, enhancing the transparency and clarity of the analysis (Saldana, 2016).

Forming themes from these subthemes required a deeper level of interpretation. While qualitative descriptive research emphasizes staying close to the data, some degree of interpretation is inevitable when forming broader themes (Sandelowski, 2000, 2010). I iteratively reviewed and discussed the subthemes with my supervisor, refining them to ensure they were grounded in the data rather than in my preconceived notions. The themes emerged through this iterative process of refinement and discussion. For instance, initial subthemes such as "communication barriers," "lack of resources," and "isolation" were grouped under broader themes like "Rural Preceptorship." Similarly, subthemes related to "support systems," "training needs," and "recognition" contributed to themes such as "Organizational Support." This continued until the final themes were concluded.

## **Risks and Benefits**

There were no anticipated risks for individuals participating in this research project. However, research questions can bring up negative memories or thoughts for participants. The participants always maintained the right to skip over any question or to take a break from the interview if they needed to, although this did not occur. They also maintained their right to withdraw entirely from the research project after the transcription was completed, however no withdrawal requests have been received. There were no direct benefits to the participant, but the data is intended to inform nurse educators and employers of the unique challenges and experiences that novice preceptors have in a rural setting.

### **Ethical Considerations**

Ethical approval was granted by the University of Alberta's Research Ethics Office prior to initiating recruitment for this study. The criteria for the Tri-Council Guidelines for Human Subject Research were followed. To ensure confidentiality each participant was given a pseudonym for all documentation. A list of participants, including names and details, was stored separately from the study data. Transcriptions and recordings were kept on a password protected computer that is only known by the researcher. Recorded data was transferred from the recording device to a password protected computer immediately following the interview and then deleted from the recording device. All written and printed material was kept in a locked drawer in the researcher's home office. Data will be kept for five years as required by the University of Lethbridge.

When recruiting potential research participants, a *Letter of Invitation* (Appendix A) was emailed through the Student Placement Office at the College of the Rockies, to all former preceptors of their nursing program within the past ten years. Since inclusion criteria did not specify the number of years a nurse has worked but rather the number of times being a preceptor,

ten years was selected to ensure all potential participants were invited to participate. The letter outlined the background and purpose of the study, the risks, and benefits of participation, and clearly stated participants had the right to withdraw from the research at any point. A *Letter of Informed Consent* (Appendix B) was discussed and signed at the beginning of each interview to ensure participants were fully aware of what their involvement would entail. All data from participants has been stored on a password protected computer and if a participant chose to withdraw from the study their data would have been deleted. Additionally, all participants were entered into a draw to win a \$25.00 gift card to a local coffee shop of their choice. The draw occurred after all interviews were completed, and the winner was notified by phone. The gift card was delivered to the participant in person.

### **Rigour and Trustworthiness**

The value of research is strengthened by its trustworthiness, demonstrating rigour in the research process (Amankwaa, 2016; Lincoln & Guba, 1985). Trustworthiness is established when the researcher is transparent with data collection and analysis, ensuring quality in research (Connelly, 2016; Glesne, 2016). Lincoln and Guba (1985) outlined criteria more representative of qualitative research to establish trustworthiness. *Credibility, dependability, confirmability, and transferability* are used in place of quantitative terms, and their criteria will guide my acquisition of trustworthiness (Creswell & Poth, 2013; Lincoln & Guba, 1985).

### ***Credibility***

Credibility is a sureness in the truth of the study, resulting in confidence in the proposed findings (Connelly, 2016; Lincoln & Guba, 1985). For qualitative research, credibility is established when the participants' experiences have been accurately represented. Credibility through triangulation, reflective journaling, and member-checking. Triangulation is the use of



more than one method of data collection to develop a more diverse understanding of the phenomenon (Glesne, 2016). In this study, data sources included transcribed interviews, field notes, observations, and reflective journaling, corroborating participants' experiences (Amankwaa, 2016; Creswell & Poth, 2013).

Reflective journaling represents reflexivity, allowing the researcher to record personal values and beliefs that may affect the research process. It also enables frequent questioning of the data and its representation (Connelly, 2016). Maintaining neutrality was sometimes difficult due to my biases as both a preceptor and an instructor, though not overseeing students in preceptorship. After interviews, I used reflective journaling in combination with my field notes to identify and attempt to separate my biases from the analysis (see Appendix E).

Member-checking is crucial in establishing credibility in qualitative research and I asked each participant at the conclusion of their interview if I could contact them to review the analysis of their transcript for credibility (Lincoln & Guba, 1985). Six out of eight participants agreed to be contacted. Three were contacted after analysis. I sought participant feedback through telephone interviews to ensure their experiences were accurately represented in the findings. The participants confirmed that their experiences were captured accurately. These strategies served to minimize researcher bias in the reported data (Birt et al., 2016; Creswell & Poth, 2013).

### ***Dependability***

Dependability refers to the consistency of the data over similar time and conditions (Cope, 2014). Audit trails and peer-debriefing assist in establishing the dependability of the data by generating a transparent description of the steps taken throughout the process (Amankwaa, 2016; Connelly, 2016). Dependability is achieved when another researcher agrees with decisions made at each stage of the research process. My thesis supervisor was consulted through all stages

of study preparation, data collection, data analysis, and writing to ensure dependability was achieved.

### ***Confirmability***

Confirmability is the consistency of the data, indicating the results could be replicated and the data represents the views of the participants and not the researcher's own bias (Connelly, 2016; Cope, 2014). To achieve confirmability, an audit trail was maintained. Qualitative researchers should be engaged in reflexive activities such as analytic memos, reflexive journaling, and field notes, all contributing to a confirmable audit trail of how decisions were made (Amankwaa, 2016; Connelly, 2016; Creswell & Poth, 2013).

### ***Transferability***

Transferability is the extent research findings are applicable to other persons in different settings (Connelly, 2016; Lincoln & Guba, 1985). Generating a rich description increases transferability as it allows readers to understand the details surrounding the phenomenon, thereby providing enough information for them to determine its applicability to their own situation (Amankwaa, 2016; Creswell & Poth, 2013). The researcher aimed to generate a thick, rich description by using participant quotes. Transferability in qualitative research is achieved when readers can apply the study to their own experiences, based upon the description generated by the participants (Cope, 2014).

Most participants were forthcoming with their experiences, not hesitating to share their perspectives. Two participants required extra prompting to dig deeper or explain more of their experiences, which generated more dialogue. Once participants had answered the questions or identified that there was nothing more to add, the interviews concluded. When similar

information was described in latter interviews, I was confident in the collection of thick descriptions, as the saturation of data indicated that no new themes were emerging.

## Chapter Four: Findings

Nursing preceptorship has been explored through various research methods since the introduction of the current nursing preceptorship model in the 1970s; however, limited research has been published with a focus on novice preceptor experiences (Omansky, 2010). The purpose of this study was to *explore the experiences of novice nursing preceptors in rural health care settings*. A qualitative descriptive study was conducted to explore this concept. Eight participants were interviewed regarding their experiences as preceptors while living in rural settings, allowing a deeper understanding of rural preceptorship from their lived experiences.

Using the principles of qualitative data analysis (Colorafi & Evans, 2016; Sandelowski, 2000) four themes emerged from the interviews: (a) *Preparation*; (b) *Communication*; (c) *Organizational Support*; (d) *The Rural Difference*. Preceptors discussed challenges they faced regarding *Preparation*, citing minimal learning opportunities to prepare themselves to become preceptors and develop a greater understanding of their role. *Communication* was highlighted as a crucial factor, with preceptors expressing the need for clearer, more consistent communication channels to effectively fulfill their responsibilities. The minimal opportunities for preparation and challenges with communication exacerbated their perception of a lack of *Organizational Support* by both the academic institution and their employer. *The Rural Difference* underscores unique challenges faced by preceptors in rural settings, such as limited access to resources and professional development opportunities, which further complicated their ability to perform their roles effectively. The themes and accompanying subthemes are detailed in Table 3.

**Table 3**

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THEME	SUBTHEME
Preparation	Preceptor Preparation
	Role Clarity
	Resources
Communication	Communication Dynamics
	Communication Methods
	Reciprocal Feedback
Organizational Support	Academic Instructor Support
	Employer Support
	Peer Support for Preceptors
The Rural Difference	The Nature of Rural Nursing
	The Generalist Specialist

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**Preparation**

Although most participants served as preceptors for the same nursing program, their experiences of preparation for the role varied significantly. In addition to this varied preparation, participants also faced challenges in understanding the specifics of their preceptor role while simultaneously maintaining their professional responsibilities.

***Preceptor Preparation***

The participants described similar experiences regarding their preparation for the preceptorship role. They received preparatory information via email from the academic institution which effectively placed the onus on them to prepare independently for this new role. Most preceptors viewed this information primarily as a reference point rather than

comprehensive training, resulting in varied levels of attention given to these emails. For instance, one preceptor, Laura, recalled:

I didn't receive any formal training, but I was given resources, um like when I was officially the preceptor, the instructor of the course did send me information on guides, on the role of preceptor, and things to consider, and how to fulfill that role, which I perused. I didn't...I'm not going to say that I read it in depth, but I went through it to kind of pick out bits and pieces.

Another participant, Carol, reflected on her primary contact from the institution stating, "There might have been an I-learn I had to do, but I don't remember... I think the school gave us something." After some consideration she continued, "I think the school gave us like, a this is what your student can do, this is what that looks like, and what is asked of you. Like, the midterm assessment, and like the administrative stuff of being a preceptor."

When a preceptor did recall specific details regarding preparatory resources, the details focused on the administrative aspects of preceptorship, such as important dates, what documentation needed to be submitted by the preceptor, how to contact the academic advisor, etc. The participants reported the documents focused on information regarding the student's practice but lacked support for being or becoming a preceptor:

The college sent a CPE [clinical practice evaluation] outline of what each part of CPE was required for them and what their specific goals were for each section...and just kind of what their expectations were and then...a handbook of like, how to deal with the student and what they needed. And like their scopes of practice, and what they can and could and couldn't do in their schooling, which was pretty much everything at that point... Like, if we had a one to one pediatric, they weren't allowed to do that. Or like

going with a patient to go down and get a coffee or stuff like that, but it wasn't anything preceptor, mentorship specific (Amelia).

Participants described that in the absence of formal training, preceptors often rely on their previous experiences of teaching and learning, and through informal observations of other preceptorships. Laura stated, "I have done, like, orientation for people and things like that, and I have a history of like...instructor training from back, way back." She continued, "like from lifeguarding and what not and things like that. So, I was, I'm fairly comfortable in teaching, so yeah, that would be the only real preceptor education that I got." Referring to her method of self-preparation, Amelia shared the following:

I would say that the other nurses in maternity that would have had perinatal rural students, or a preceptor in fourth year, just kind of pulling from what I've observed from them, teaching with them. But again, it was almost like me eavesdropping almost on them teaching their students.

Preparation for the preceptorship role was in part through observed interactions with other nurses and their students.

### ***Role Clarity***

The participants described challenges in understanding the differences between their responsibilities from those of the academic instructors regarding student learning objectives and evaluation:

Even just those hard goals, like in clinical practice...being able to appropriately do medication administration, like following whatever specific, like...I feel the instructor can help with that. But having been out of nursing school for, like eight or nine years at

that time, I was like what level should this person be at because I don't quite remember what that was either. (Laura)

Many participants reported having challenges with juggling multiple roles during a shift, often leading to a distracted focus on student learning. One participant stated:

I just feel like you become spread quite thin in terms of, because your plate is full of having to ...play more roles I guess or stretch your nursing scope to accommodate your patient. Um, that can kind of takes away from your student and what they need or the amount that they have to learn to kind of reach that level of satisfaction for their semester in that setting. (Kendall)

Penny elaborated on the difficulty of prioritizing tasks on a unit with varied patient needs while having a preceptor student. Her role as a preceptor was sometimes challenged by being given the additional role as in-charge on the unit. Trying to meet the demands of her unit's needs while balancing prioritizing learning needs for her student split her time and priorities. She shared:

I think with the unit that we're on there are a lot of different areas. Like, there are patients that might be in labour, there might be a baby in the nursery, we have pediatric patients which range from, like a kid with asthma to a 14-year-old with suicidal ideation. Just a lot going on sometimes. So then, a challenging thing for me and then sometimes being in-charge as well of the unit...kind of my mind is pulled in different areas and different places.

She further described the challenge of ensuring student comprehension amidst these responsibilities:

Then it was like trying to make sure she's understanding everything, or y'know they always have lots of questions, which is great, and then you're just trying to like, keep that



kind of broad in-charge kind of look. You're kind of pulled in multiple directions...That's probably the most challenging...for me. (Penny)

These findings underscore the difficulties preceptors face in managing their roles effectively without a greater understanding of role expectations.

### ***Resources***

Participants reported access to resources and educational materials as an area needing improvement. The findings present a scarcity of resources specifically tailored for preceptors, complicating their efforts to provide comprehensive mentorship. Chloe expressed a desire for a broader spectrum of learning tools, highlighting the limitations of traditional, text-based materials: "If someone sought out better resources for us, whether that be some videos or just...just not reading a document...like something hands on." There was interest in resources cater to various learning styles, emphasizing the importance of visual and hands-on materials in enhancing preceptor training.

One participant explained they revisited their own educational materials from when they were a student in their preceptorship. Anna shared, "I still have all of my stuff from school, like even reviewing my own PAFs [performance appraisal form] at the time, just remembering like the flow of it and where to integrate it, and professional practice standards and stuff." This self-initiated review process underscores the need for preceptors to reconnect with foundational educational content. Kendall discussed the level of autonomy often required in assessing student needs, "Because I am considered a novice preceptor, just in terms of guidance for me, in terms of like what I should be helping them with or guiding them with I feel it's very much an independent assessment of...of what the student needs." This independence, while potentially

empowering, also signals a lack of structured support and guidance for novice preceptors in navigating their mentorship roles.

While discussing one of her preceptor experiences, as a novice preceptor, Kendall remarked on the benefit of sharing preceptorship responsibilities with an experienced colleague:

I was part-time, and I believe the other preceptor was part-time. I found that helpful, especially for my first experience because the other nurse that I was with was, um... was very experienced, had worked on the unit for many, many years, and had also precepted many students, so I felt like she could kind of mentor me as an upcoming preceptor as well.

This collaborative approach not only eases the burden on individual preceptors but also facilitates a mentoring environment for the preceptors themselves.

The perceived expectation of preceptors to initiate contact with instructors for support can lead to missed opportunities for learning. One preceptor noted,

I feel like the instructor...maybe was a resource that I didn't utilize to the extent that I could have? Like I didn't really utilize the instructor, but I feel like they can be helpful in defining those expectations, as like what are the goals that the student should be meeting.

(Laura)

Understanding how and when to utilize the academic instructor is a skill often overlooked, resulting in missed learning opportunities for the preceptor. Clearer communication and proactive engagement from instructors and nursing leadership could enhance the support system and availability of resources for preceptors.

## **Communication**

The need for effective communication within the preceptorship triad was a common theme found through all participant interviews. The theme consists of three sub-themes: communication dynamics, communication in rural settings, and complexities of specialty placements.

### *Communication Dynamics*

Communication within the preceptorship triad was often fragmented and inconsistent, leading to confusion and misaligned expectations. One participant highlighted the limited contact she had with the instructor:

I never physically met the instructor. All of our communication was via email, like the instructor had the opportunity to be like, hey if you have any questions, you can call me or whatever. But I feel like even, uh...yeah, that...I don't know, more of a relationship with the instructor? In some ways? And the student at the same time? Like an on-site kind of meeting? (Laura)

Many participants had served as preceptors during the COVID-19 pandemic, which restricted in-person interactions within the preceptorship triad. In Laura's experience above this was after restrictions had been eased, but Chloe was able to reflect on experiences both at the height of the pandemic and afterwards. Chloe stated, "I feel that they would do email check-ins during COVID-19. They never really came to the unit in person like they did before." She noted improvements in her second preceptorship as restrictions eased, "Then the instructor started to do rounds, but during my first one, I don't think they ever came to the unit—it was just via email."

Some participants, like Damian, reported a closer, more adaptable relationship with the academic instructor, which occurred outside the height of pandemic restrictions:

We would usually meet...as far as I remember, once or twice throughout the course of

the preceptorship and then once again at the end. And they usually said to, like if they needed to meet again...we totally could. They were quite flexible about timing. A lot of times we would do it on like a night shift when it was slower, and it would just be like a call.

When asked whether this experience was unique Damian shared, "I've dealt with different instructors. It did seem to vary a little bit. Some of them asked more questions when we were talking and some of them...said if you don't have any concerns that's fine."

While a less structured approach appeals for some preceptors the potential for miscommunication with novice preceptors is heightened, particularly when information is relayed second-hand through students. Penny expressed, "A lot of what you know comes from the student regarding what they can or cannot do. So, you're not fully aware, but just trusting that they know their limits."

Communication issues were exacerbated when interactions occurred exclusively between two parties of the triad. For instance, Anna took over a preceptorship from a colleague who requested a change in preceptor after struggling with the attitude of a particular student:

She was very stressed, doubting herself, and eventually asked me to take over. When she reached out to the instructor, the message got to the student, who then became very upset with the original preceptor. I'm not sure if the message was distorted along the way.

When Anna became a preceptor, she felt the instructor lacked engagement and communication with her, despite the instructor being the constant in the triad. "There was no direct conversation from the instructor. I had to initiate the sit-down with the student myself, after just receiving an email thanking me for taking over" (Anna).

The dynamics of communication within the preceptorship triad were varied, influenced by the relationships among the instructor, the preceptor, and the student. The variability in communication practices, particularly during the challenges imposed by the COVID-19 pandemic, underscores the critical role of direct and clear communication. Consistent and direct engagement among all parties is essential to prevent miscommunication and ensure the educational goals of preceptorship are effectively met. This approach not only addresses the instances of misunderstanding but also enhances the overall quality of the preceptorship experience.

### ***Communication Approaches***

The varied interaction styles and the use of different communication tools was a consistent discussion point throughout the interviews. Participants expressed a range of experiences underscoring the complexity of maintaining effective communication, especially in rural settings.

Kendall noted the difficulties of communication between herself and the faculty advisor, stating, "If there were any issues you could contact the designated person for the program, but there wasn't much in between those stages unless you kind of had issues." This highlights a gap in proactive communication, with engagement often initiated only in response to problems.

Anna discussed her struggle with limited methods of interaction by two different educational institutions. In reference to a time when she was a preceptor for a struggling student she stated, "It's not even just this college... Even in that instance, there was no video call, no online interaction; it was all via e-mail. I think more connection with the clinical instructor would be great throughout." Her experience reflects a broader challenge in using technology to

foster genuine connections as evidenced by similar reported experiences from different institutions. Amelia shared a similar sentiment, illustrating infrequent and formal interactions:

I'm trying to think if I ever saw the instructor...maybe once in the middle? Yeah, the midterm. And she checked in email with me twice, I think. Just to see how my student was doing, seeing if I had any concerns, um...if there was anything I needed to change or if I needed to have her come in to discuss anything. And then right at the end. But I think I only saw her like face-to-face once.

The importance of face-to-face meetings was further discussed by Anna:

I would really like to see, again a physical sit-down with the student and the instructor and going over the PAF together. There's never like, questions into more detail or anything like that. I mean granted, almost all of my students have been really good, except for the one that I did have that I was speaking about, and I expected to hear back from the instructor on some of those things that I put into the PAF, but nothing.

These accounts collectively underline the need for more robust, dynamic, and engaging communication methods to effectively support preceptors and students alike. The reliance on emails and infrequent face-to-face meetings can hinder the development of a supportive educational environment as technology did not appear to be a substitute for a lack of physical connection. The challenges of maintaining effective communication are not solely operational but also pedagogical.

### ***Reciprocal Feedback***

Feedback was identified by many participants as one of the most important aspects of preceptorship, highlighting challenges in both giving and receiving feedback with students as well as managers and academic advisors.

Feedback regarding student assessment was particularly challenging throughout the preceptorship. Kendall offered insights into the feedback process, describing it as minimal and focused on evaluations: "In my rural setting, I would say the feedback was quite... I don't want to say minimal, but it was just like you did the midterm, you did the final evaluation, and then if there were any issues you could contact the designated person for the program, but there wasn't much in between those stages unless you had issues." She attempted to bridge this gap by providing informal feedback to her student during shifts but often felt pressed for time. This underscores the need for a more structured approach to feedback to ensure both preceptors and students receive the necessary support.

While students are encouraged to give and receive feedback throughout the BSN program, Damian highlighted the reluctance of students to provide constructive feedback to him as a preceptor: "I would ask my students at the end what I did right and what I did wrong, if there were areas they thought I could improve on as a preceptor...which students usually won't give you that kind of feedback." No other participants remarked on receiving feedback from students, but feedback from management was.

Chloe expressed frustration with minimal feedback opportunities from the unit manager, which were delayed and infrequent. "I did have my in-charge nurse ask me last, this week actually, oh do you have any feedback [about] your student? Or any issues, is all she asked me. This was months down the road." Her experience reveals a gap in timely and constructive feedback which could enhance preceptors' mentoring skills. Chloe also voiced a personal desire for feedback on her performance: "And I feel like, you want to be the best nurse you can be and be the best preceptor you can be... I wish I could get some feedback from someone."

While Chloe highlighted the desire for feedback in her own performance Laura recalled the negative experience of receiving vague feedback as a student, which shaped her approach to providing specific and actionable feedback as a preceptor: "Because I remember as a student getting vague feedback like, 'you need to be more confident,' and you're like, 'what does that mean? How do I achieve that goal?'... And that's so frustrating, so I wouldn't want to give vague like, 'do better' feedback to students."

Penny reflected on the effectiveness of her own feedback, stating her lack of structured understanding of how to provide it: "I think pretty good but that's another thing, like I've never learned, y'know how... I guess we all know how to give feedback, but... how to give feedback or what you want them to do well, and you want them to learn. Like how to help them do that I guess, but yeah, she was like really good. Like basically anything I said or tried to help her out with she took that and applied it, changed her practice, and yeah."

The discussions around feedback reveal a need for enhanced education in feedback mechanisms across academic and healthcare settings. The experiences shared by the participants highlight the importance of creating structured, timely, and reciprocal feedback processes. Establishing these practices can foster an environment of continuous learning and improvement, crucial for the professional development of preceptors, instructors, and students.

### **Organizational Support**

Participants shared similar experiences regarding their perceived level of support offered by their employers and the academic institutions. They discussed the critical need for enhanced support structures, acknowledgment of their efforts, and access to resources as factors influencing their ability to successfully mentor nursing students.

### ***Academic Instructor Support***



Participants highlighted varying degrees of support from the academic instructors, often characterized by limited proactive engagement. Some participants expressed feelings of isolation from the academic institution and instructor. This point was emphasized by Penny, stating, “It probably would have been nice to meet with the instructor and get an idea what I should be doing. Basically, it was just do whatever. Like there was no guideline on what to do.” While preceptors are under the supervision of their employers and their expectations a greater understanding of the expectations of the academic institution would create a greater cohesiveness between the focus and purpose of the preceptorship triad.

When Amelia reached out to discuss her experiences as a preceptor, she did not recall a positive experience, stating, “And then I sent feedback back and I felt like it was not well received.” I attempted to inquire further into the experience, but Amelia did not expand. Her hesitation to elaborate suggested sensitivity and potential discomfort from her previous attempt at providing feedback to the academic instructor. She indicated her desire to reach out for support was diminished after this event.

### ***Employer Support***

Participants often found themselves navigating the complexities of being a preceptor without adequate engagement or guidance from their managers. Penny shared preceptors were almost randomly selected and often based on availability rather than suitability or desire. “Whereas in a small unit, especially when not a lot of nurses... it’s kind of like the manager has to go, you’re it because of what you work in your schedule.” The scarcity of staff was found to compound the challenges of finding well-prepared preceptors, often leaving novice preceptors to learn through trial and error.

Penny's experience during a complex delivery highlights the acute need for more robust support systems. She describes a scenario where the responsibility for charting a critical procedure fell to a student who was visibly overwhelmed:

And there was one vacuum delivery, if I remember and the baby needed resuscitation, and it was just like me and another nurse, and she was kind of, y'know, given a piece of paper and said chart, like basically what we tell her. And you could tell, she was super overwhelmed and like hands shaking, and stressed out just by the fact that she had to write on a piece of paper about what we were saying. Um, but yeah, we needed someone to chart, and she was there, so yeah, that was probably a little much.

Despite the assistance provided by the student in a high-pressure scenario, the experience underscored the student's overwhelming stress, spotlighting the complex balance between leveraging students as support and ensuring their educational needs are met. Students are not able to chart for resuscitations under their scope of practice, but when organizational support is lacking these policies and guidelines are often overlooked during emergencies.

Damian pointed out the additional pressures placed on preceptors and students when they are expected to manage more challenging or busier patient loads:

There have definitely been times when it was kind of thought that you could handle a heavier workload because you had a student with you. Nursing students are not as efficient as senior or experienced nurses. Because you're trying to let the student do a lot of the work, a lot of that work is done slower.

### ***Peer Support for Preceptors***

Peer support emerged as often the most available and reliable sources of guidance for preceptors. Anna's experience emphasizes the importance of her peers:

My PCC [Patient Care Coordinator] in home health did have, um a sit-down talk with me and the student as well, so that was helpful. But really most of my support came from my peers, so like we discussed it a lot, like what should I say professionally but also like not to make her feel like shit. Um, so yeah. A lot of it came from peer support.

The reliance on informal peer support, while valuable, was not viewed as a replacement for organizational support structures designed to systematically guide and prepare novice preceptors.

These experiences highlight a critical need for comprehensive organizational support in preceptorship programs. It is evident without proactive engagement, structured guidance, and adequate resources, preceptors struggle to preceptor nursing students effectively, often relying heavily on informal peer support.

### **The Rural Difference**

Rural areas can be defined in multiple ways, reflecting the diverse contexts and perspectives within rural studies. For this study, rural is specifically defined as areas with a population of less than 25,000 and situated more than 200 kilometers from a large center. However, rurality is not solely determined by these objective measures; it can also be defined by the subjective experiences and perceptions of the people who live there. This inclusive approach recognizes that individuals and communities may identify as rural based on their unique cultural, social, and environmental contexts. These varying definitions underscore the distinct nature of rural placements for nursing students in preceptorships, which differ fundamentally from urban experiences.

### ***The Nature of Rural Nursing***

The nature of rural nursing care is characterized by broad knowledge requirements and a high degree of adaptability (Kulig & Williams, 2012). These unique demands are particularly

evident when comparing urban and rural preceptorships. For instance, Damian highlighted in larger urban units, specialties are more defined and focused, whereas in rural settings, the scope of practice must be broader. He explained:

I think the biggest difference is units are a little more specialized in bigger areas. So, you've got to think, even the ICU, if you compare [our] ICU to [their] ICU. They have ICU A, which is almost exclusively ventilated patients, and ICU B that's more of a step-down, not ventilated patients. Whereas our ICU is a mixture of both. Surgery units can be an ortho unit, or like a GI unit, or that kind of thing, so as they're more specialize you get to focus on just that one thing, whereas in rural the expectation of what you know and learn has to be a little more broad.

This observation suggests students in rural preceptorships need a comprehensive understanding of various nursing theories and interventions before starting a rural preceptorship. This is critical for handling the diverse and unpredictable nature of rural healthcare environments, thereby preparing them for the breadth of skills required.

Carol's experience moving from an urban to a rural setting further illuminates the importance of exploring rural health early on with students. She shared her initial reaction to her new rural worksite, "this place is wildly unsafe... the staffing was ridiculous. We have three nurses on nights, with like 21 beds, and an 'emerg' department." Carol had previously worked in multiple settings and her impression of rural highlight the critical safety concerns and resource constraints rural healthcare workers face. While her comment does not explicitly link these conditions to her role as a preceptor, it highlights the challenges in rural settings which can impact both staff and students during their preceptorship.

### ***The Generalist Specialist***

In rural practice settings, nurses often adopt a generalist role due to the diverse conditions and patient populations they must handle. This generalist role can include providing specialized care services in addition to general nursing duties. Kendall and Penny discussed the complexities of specialty nursing care in rural settings. Kendall noted, "I think it was a little bit harder when I was precepting in the ICU, just because we had to be careful about certain skills and things that the student was limited to", highlighting the need for precise communication and clear understanding of student limitations and learning goals.

Penny shared frustrations related to mismatched interests in specialty areas, "I think it was the student...First off, she wasn't interested in maternity, and somehow got a preceptorship there. I'm not sure why, but she wasn't really interested in it." This feeling of frustration was also expressed by another preceptor in obstetrical nursing to an academic instructor:

I kind of made it known to her, like if you're going to send us students they need to be like cream of the crop, have some interest in this area. Because I found it really hard to kind of pull back in a specialty area where things change very quickly. Babies can go south very quickly, and I didn't want to have...I didn't feel that it was appropriate to be spending the time drawing up medications that she didn't know how to measure for something that could be happening very quickly.

When students are not prepared for and interested in the clinical population, they are expected to care for, their disinterest affects their progress and relationships between the academic institution and the rural placement sites.

Rural preceptorships require a broad skill set and a high degree of flexibility. The varied nature of rural nursing care demands preceptors and students to navigate a complex landscape of patient care, resource limitations, and educational goals. These factors necessitate a robust

support system and clear communication to ensure the educational needs of students are met without compromising patient care. Ultimately, understanding and addressing these rural-specific challenges will enhance the effectiveness of preceptorships and better prepare nursing students for their future roles in diverse healthcare settings.

## **Chapter Five: Discussion**

This study delves into the experiences of novice nursing preceptors in rural settings, illuminating their unique challenges and needs, and highlighting a crucial but under-explored area in nursing education and practice. The insights gleaned not only bridge a gap in the literature focused predominantly on urban contexts or experienced preceptors but also offer a comparative view revealing both congruencies and discrepancies within preceptorship models, particularly in rural healthcare environments.

### **Preparation**

The findings underscore the variability and often inadequacy of preparation novice preceptors receive, which aligns with literature stressing the necessity for comprehensive preceptor training to ensure role clarity and competency in mentorship (Mårtensson et al., 2016; Omansky, 2010). Participants reported a reliance on casual and informal methods of preparation, such as the documents received from the academic institution which were found to be minimally informative or effective. The documents referenced by participants provided an overview of the preceptorship, highlighting start and end dates, evaluation form completion expectations, and the roles and responsibilities of the student and the preceptor. The varied understanding between participants regarding preparation documentation potentially impacts the quality of student mentorship.

There is significant academic literature discussing the competencies required for nursing preceptors. For instance, Harper et al. (2021) identified a core set of competencies for preceptors, emphasizing the need for evidence-based professional development activities for preceptors. These competencies include effective communication, teaching and learning strategies, and the ability to provide constructive feedback. Good (2021) emphasized the importance of preceptor

training in developing nurse preceptor competence. They highlighted preceptors must possess essential knowledge, skills, and attitudes necessary for effective performance, including clinical teaching skills and the ability to foster critical thinking in students. Baltimore (2004) discussed the development and needs of preceptors, noting preceptors benefit from structured training that includes adult learning principles and practical teaching strategies. Baltimore's study underscores the importance of a well-organized continuing professional development (CPD) course for preceptors.

Literature suggests interactive and practical training methods, possibly supplemented by simulations and hands-on workshops, are more effective in preparing preceptors (Kamolo et al., 2017; McCarthy & Murphy, 2010). Therefore, tailored preceptorship programs that address both pedagogical and practical aspects of mentoring in rural settings are crucial. These programs should be developed and implemented by academic institutions in collaboration with healthcare employers to ensure a holistic approach to preceptor training. Programs should ensure a systematic approach to the onboarding of novice preceptors, providing an overview of the roles and expectations of the preceptor, the student, and the academic instructor. They should also explore more complex skills such as feedback and evaluation, allowing participants to practice these skills and then assess for understanding and comfort to support preceptor learning.

In addition to this, specific recommendations for preceptor training in rural areas include the formalization of training through interactive workshops that combine both in-person and online components. These workshops should provide opportunities for social connections to be built among novice and experienced preceptors, fostering a collaborative learning environment. Interactive case studies could serve as a practical method for exploring different scenarios in nursing student guidance, allowing preceptors to refine their mentorship skills. Ideally, these



workshops would be conducted jointly by an educator from the preceptor's Health Authority alongside an academic instructor from the post-secondary institution, ensuring that both practical and academic perspectives are integrated into the training. This format would not only improve the educational experience but also create a network of support within the rural healthcare community.

Supporting this perspective, L'uhanga et al. (2010) highlighted improved preceptor preparation is crucial for successful preceptorship experiences, suggesting a gap could be filled by standardized training programs. This is further reinforced by (Hickerson et al., 2016), who implemented a Preceptor Support Program noting improved preceptor and novice nurse satisfaction and competency. Such structured preceptor training significantly impacts role clarity and confidence, underscoring the importance of such initiatives in rural settings where variability in preparation is particularly pronounced. The Canadian Association of Schools of Nursing (CASN) offers a comprehensive Preceptor-Mentor Training Program which includes nine independently paced modules covering topics such as understanding the preceptor-mentor's role, setting goals and expectations, communication, teaching and learning strategies, and providing constructive feedback (Canadian Association of Schools of Nursing, n.d.). The program is delivered online through Zoom and Moodle, offering flexibility for participants, but does have an associated cost for taking the program. This training aims to improve the quality of preceptorship experiences by fostering better communication, role clarity, and support mechanisms, which are especially crucial in rural settings where variability in preparation can be more pronounced. The creation of a supportive learning environment is identified as crucial for enhancing preceptor capabilities. Gueorguieva et al. (2016) suggest accessible resources, structured support, and recognition strategies are essential. These elements can be adapted to rural settings for better

outcomes, providing a model that enhances rural preceptorships by ensuring preceptors are not only well-prepared but also recognized and supported in their roles.

## **Communication**

Effective communication within the preceptorship triad is critical, as echoed by Chan et al. (2019) and McClure and Black (2013), who noted clear, open channels of communication are indispensable for positive preceptorship experiences. This study builds upon such research by specifically focusing on the challenges faced by novice rural preceptors. The feedback from participants and additional studies by Oosterbroek, Yonge, and Myrick (2019) and Yonge et al. (2011c) highlight communication in rural settings is often compromised by factors such as geographical isolation, which can limit face-to-face interactions and hinder the feedback loop essential for effective preceptorship.

The geographic isolation characteristic of rural settings can reduce the physical presence of academic instructors, making traditional face-to-face interactions infrequent and complicating real-time problem-solving and guidance. To overcome these barriers, innovative communication strategies need to be developed, such as leveraging technology to facilitate regular virtual check-ins and creating structured communication protocols to ensure clear role expectations. These check-ins can be done through various software platforms that provide video calling, which can be conducted from various locations.

Despite advancements in technology, the participants experiences highlight the importance of in-person meetings. Academic institutions should also analyze the equitable allocation of teaching hours, possibly increasing contact hours required to connect with students in rural preceptorships. These strategies should be specifically designed with the rural context in

mind, recognizing the unique challenges of rural healthcare environments in preceptorship programs.

Supporting the importance of effective communication, Flood and Robinia (2014) demonstrated how educational programs with clearly defined objectives and content significantly improved knowledge and skills in therapeutic communication among staff nurses. These programs should include interactive components, practical scenarios, and consistent evaluations to ensure comprehension and skill acquisition, which are essential for effective preceptorships. Furthermore, Finset (2021) found during high-pressure periods like the COVID-19 pandemic, the need for clear and consistent communication became even more apparent. Designated channels of communication and scheduled briefings help ensure information is conveyed accurately and timely, reducing misunderstandings and errors. This is especially critical in rural preceptorships where geographical barriers can limit opportunities for connection.

Solutions to improve communication consistency and effectiveness include leveraging technology and structured interaction protocols, such as the SBAR (Situation, Background, Assessment, Recommendation) framework. Müller et al. (2018) demonstrated how an SBAR communication program improved clarity, confidence, and performance in communication among nursing students in a pediatric nursing practicum, suggesting a viable solution for improving communication in preceptorships. These approaches could significantly enhance communication effectiveness by providing a clear framework for exchanges and ensuring all parties are consistently informed and engaged, thus overcoming the inherent challenges of rural preceptorship environments.

### **Organizational Support**

The importance of organizational support for preceptors is well-documented, emphasizing enthusiastic managerial support is crucial for enhancing preceptorship experiences (Bowen et al., 2019; Yonge et al., 2013). This study reaffirms these findings, revealing a significant gap in support for novice preceptors in rural settings. Participants reported facing resource limitations and a lack of formal recognition, which negatively impacted their ability to mentor effectively. This aligns with observations in the literature how rural preceptors often perceive students as an extra workload rather than additional help, exacerbating the challenges of inadequate formal recognition and feedback mechanisms. Such mechanisms are essential not only for acknowledging the contributions of preceptors but also for their professional development. The term "organizational" here refers to the healthcare employers in rural areas, as well as the academic institutions involved in the preceptorship programs. Addressing these discrepancies requires targeted interventions ensuring adequate training materials are specific to rural healthcare's diverse needs while providing consistent acknowledgment of preceptor efforts.

Research has demonstrated a significant correlation between perceived organizational support and motivation, which directly affects teaching effectiveness in rural environments. For example, a study by Ompok and Teo (2021) found perceived organizational support strongly influences motivation, which in turn impacts the effectiveness of teachers in rural primary schools. This parallels findings in preceptorships, where support enhances preceptors' motivation and their effectiveness in training new nurses.

### **The Rural Difference**

The findings illustrate rural nursing demands a broad skill set and adaptability due to the wide range of conditions and patient populations nurses must manage. This versatility is essential for addressing the unique challenges in rural healthcare, such as limited resources, geographic

isolation, and high patient-to-nurse ratios. These factors necessitate comprehensive preparation for nursing students entering rural preceptorships. Limited resources can challenge preceptors' effectiveness, highlighting the need for improved organizational support through professional development opportunities and recognition of rural preceptors' unique needs as well as their accomplishments (Bushy et al., 2000; Hunsberger et al., 2009).

Rural nurses often function as generalist specialists, providing specialized care services in addition to general nursing duties. This role requires strong clinical judgment, decision-making skills, and the ability to adapt to varying situations. They are expected to be proficient in multiple areas, including emergency care, obstetrics, pediatrics, and chronic disease management (Macleod et al., 2017; Russell & Simon, 2014). The broad skillset and knowledge base required for rural nurses can be an additional challenge as a novice preceptor as there is a greater number of skills to teach and assess throughout the preceptorship.

To address the challenges in rural preceptorships, practical steps such as implementing structured support systems, providing additional educational opportunities, and recognizing the efforts of preceptors are essential. Clear communication, precise understanding of student limitations and learning goals, and adequate preparation are crucial for successful preceptorship experiences. For instance, video conferencing for education and peer networking can help rural preceptors feel more supported and connected, potentially increasing their motivation and effectiveness (Zournazis & Marlow, 2015).

Research suggests improving organizational support through professional development opportunities and recognizing the unique needs of rural preceptors can enhance their motivation and job satisfaction. Empowerment and recognition are critical factors to improve employee motivation, which is directly applicable to preceptors in rural healthcare settings (Chinomona et

al., 2017). Addressing these rural-specific challenges will enhance the effectiveness of preceptorships and better prepare nursing students for their future roles in diverse healthcare settings.

### **Limitations**

A possible limitation of this study is the demographic concentration of the participants. Most participants who met the study's inclusion criteria and chose to participate were primarily from the largest town within the sample setting. This focus on a single town limits the diversity of perspectives, as it potentially misses the unique challenges and opportunities experienced by novice preceptors in smaller, more isolated rural communities. Therefore, the findings may not fully capture the breadth of rural preceptorship experiences across different rural settings. Given the majority of participants represented a single location, the findings might not comprehensively reflect the varied realities of rural preceptorship.

The study also did not differentiate the experiences of novice preceptors based on their years of nursing experience, which ranged widely from two to 15 years. This wide range of clinical experience could significantly impact their readiness, confidence, and approach to the preceptor role, regardless of formal preparation. The varying levels of clinical experience and professional maturity among preceptors might influence their perception of challenges, support needs, and the overall preceptorship experience, potentially affecting their confidence significantly.

## **Chapter Six: Recommendations and Conclusion**

I set out to examine the experiences of novice nursing preceptors in rural healthcare settings. Employing qualitative methods, critical factors that affect the effectiveness and satisfaction of these preceptors were identified. The analysis revealed significant themes, underscoring the necessity for specialized preceptor training to meet the unique demands of rural placements, improving communication within the preceptorship triad, and bolstering organizational support. The findings exposed the complexities of rural preceptorship, such as geographic isolation, resource constraints, and the distinct challenges these settings pose to novice preceptors. Central to overcoming these challenges is effective communication, bridging geographical barriers, as well as organizational support systems, which recognize and reward preceptors' contributions to nursing education and healthcare delivery in rural areas.

### **Knowledge Translation**

Knowledge Translation (KT) is crucial for integrating research findings into clinical practice, particularly in rural settings where specialized training and adaptations are necessary for nursing preceptorships. KT involves transferring acquired findings to those who can implement them into current practice (Lockwood & Hopp, 2016). By planning to present research findings directly to key stakeholders such as hospital administration, nursing school faculty, and the clinical education team of the local health authority, I hope to facilitate dialogue and consideration of policy and practice adjustments.

In addition to local presentations, submitting research findings to journals such as *The Online Journal of Rural Nursing and Health Care*, *Nurse Education Today*, and *Nurse Education in Practice* will share the knowledge to a broader academic audience. This academic

publishing is key as it provides a platform for international educators and practitioners to access and potentially implement the findings in various clinical settings.

Social media platforms like LinkedIn, Instagram, and Facebook will also be utilized to share key research findings and updates, broadening the reach and impact beyond traditional academic and professional circles. This strategy not only enhances visibility but also encourages professional discourse, increasing the likelihood of the research influencing nursing practice globally.

Furthermore, in collaboration with the preceptorship regional knowledge coordinator within the health authority, all current preceptorship education work will be reviewed and developed to include specific considerations for rural novice preceptors. This work will translate research findings into practical skills and knowledge, thereby enhancing the efficacy and confidence of novice preceptors.

To assess the effectiveness of these KT strategies, feedback from all presentations and publications will be gathered, along with evaluations of the workshop's impact through pre- and post-assessments of participants' knowledge and skills. This feedback will be instrumental in refining future KT efforts and demonstrating the real-world impact of the research.

By implementing these comprehensive KT strategies, the research not only aims to directly influence nursing practices and policies but also enhance the training and ongoing education of rural nurse preceptors, ultimately improving patient care outcomes in rural communities. This integrated approach ensures the research findings are not just shared but are actively used to make tangible improvements in healthcare delivery.

### ***Recommendations for Research***



Future research should take a comprehensive approach to explore communication strategies within the preceptorship triad in rural contexts. It is crucial to investigate not only the use of technology to overcome geographic barriers but also the quality and effectiveness of various communication methods. For example, examining how different virtual interaction tools can enhance engagement, clarity, and support for novice preceptors is vital (Finset, 2021). Additionally, research should delve into the specific characteristics of effective communication that go beyond frequency, such as responsiveness, clarity, and the ability to provide constructive feedback.

Understanding the impact of recognition and reward systems on the motivation and effectiveness of novice rural preceptors is another key area. Future studies should explore how different forms of acknowledgment, such as professional development opportunities, financial incentives, and formal recognition, influence preceptors' job satisfaction and performance (Chinomona et al., 2017). This research can help identify the most effective strategies for retaining motivated and effective preceptors in rural settings.

Moreover, assessing the effects of various organizational support structures on rural preceptorship experiences is crucial. This includes exploring how support systems, such as mentorship programs, peer support networks, and administrative assistance, can be tailored to meet the unique needs of novice preceptors in rural areas Ompok and Teo (2021). By understanding which support mechanisms are most beneficial, organizations can better equip preceptors to handle the challenges of rural healthcare.

Finally, research should focus on the development and implementation of preceptor training programs specifically designed for rural settings. These programs need to address resource limitations and the broad scope of rural practice. Investigating innovative training formats, such

as portable simulation tools and virtual reality simulations, can provide practical and feasible solutions for rural healthcare settings (Mccarthy & Murphy, 2010). Evaluating the effectiveness of these training methods in improving preceptors' confidence and competency will be essential for developing robust training programs.

By exploring these areas, future research can provide valuable insights into enhancing the experiences and effectiveness of novice preceptors in rural healthcare settings, ultimately contributing to better educational outcomes and improved patient care in these communities.

### ***Recommendations for Practice***

Healthcare institutions should explore the development and implementation of provincial or national programs which focus on establishing preceptorship competencies. One potential model to consider is the Certified Nurse Educator (CNE) program by the Canadian Association of Schools of Nursing (CASN), which provides a framework for certifying nurse educators. Adapting such a certification program for rural preceptors could standardize competencies and ensure a consistent level of preceptor preparedness across various regions. This approach would help in recognizing the professional development of preceptors and ensuring high-quality mentorship for nursing students in rural settings.

To address the unique challenges of rural nursing, healthcare institutions should implement online simulation-based programs leveraging technology to enhance learning opportunities for rural preceptors. These programs can include virtual reality (VR) simulations and other interactive tools to allow preceptors to practice clinical scenarios in a controlled, virtual environment. This method can provide valuable hands-on experience without the need for physical simulation labs, making it a practical solution for resource-limited rural settings. Studies

have shown how simulation-based learning can significantly improve clinical skills and confidence in both educators and students (Mccarthy & Murphy, 2010).

Post-secondary institutions have a crucial role in advocating for preceptor competency standards and increasing recognition of preceptor contributions. They can develop policies to enhance communication efforts and regular check-ins for novice preceptors. Creating a dedicated rural site coordinator position could focus on improving and facilitating communication between rural sites and the post-secondary institution. This coordinator would ensure preceptors receive timely support and resources, addressing any issues that arise promptly and effectively.

Establishing clear policies to recognize the contributions of preceptors from post-secondary institutions and employers is essential. These policies could include workload considerations, financial incentives, and opportunities for professional development. Recognition programs can motivate preceptors and enhance their job satisfaction, which is crucial for retaining skilled mentors in rural areas. Research suggests perceived organizational support is a significant factor in employee motivation and performance (Chinomona et al., 2017).

By implementing these strategies, healthcare institutions and post-secondary organizations can create a supportive and effective preceptorship environment, tailored to the unique needs of rural settings. This comprehensive approach will not only improve the training and education of nursing students but also enhance the overall quality of healthcare delivery in rural communities.

### **Research Reflections**

My initial interest in this topic was rooted in my own experiences and observations as a novice preceptor in a rural setting where the challenges of preceptorship are magnified by limited resources and isolation. These experiences created a strong conviction that enhancing

preceptorship programs could play a pivotal role in narrowing the gap between nursing theory and practice and increase the overall effectiveness and quality of preceptorships.

Being a novice preceptor in a rural setting myself, I brought certain biases into this research. My firsthand experience of the moral distress which arises from juggling the dual responsibilities of unit needs and being an effective preceptor influenced my perspectives and interpretations. I often felt meeting the demands of patient care compromised my ability to mentor effectively, a sentiment which undoubtedly colored my analysis of the data. This bias might have led me to place greater emphasis on the need for structured support systems and communication tools to alleviate these challenges.

The onset of the COVID-19 pandemic during this research added another layer of complexity. The pandemic highlighted the vulnerability of rural healthcare sites, where the scarcity of resources became even more pronounced. This situation exacerbated existing issues such as burnout and affected nurses' willingness to take on preceptor roles. Observing these dynamics firsthand during the pandemic reinforced my belief in the importance of robust support structures for preceptors. However, it is important to acknowledge how pandemic-related challenges might have influenced the experiences gathered, thereby influencing thematic analysis, potentially overshadowing other significant preceptorship issues unrelated to the pandemic.

Additionally, there has been a noticeable shift in the nursing experience levels present on units, influencing the dynamics of preceptorship and mentoring relationships. As more novice nurses enter the workforce, the burden on experienced nurses to provide mentorship has increased, creating a feedback loop of stress and diminished preceptor availability. My own

observations of this shift informed my data analysis, particularly in identifying the need for targeted strategies to support novice preceptors.

To mitigate my biases, I employed several strategies during the research process. I engaged in reflexive journaling to track my thoughts and feelings, ensuring I remained aware of how my experiences might shape the data interpretation. I also sought feedback from peers and mentors who provided critical insights which helped balance my subjective perspectives with objective analysis.

These reflections have reinforced my belief in the importance of supporting novice preceptors, particularly in rural settings where challenges are compounded by unique environmental factors. The results of this research highlight the need for targeted strategies to address gaps in preparation, communication, and organizational support for rural nursing preceptorships. Moving forward, it is crucial to consider the lessons learned from the pandemic and integrate these insights into the development of resilient, adaptive preceptorship models. These models should be designed to withstand future challenges and continue to bridge the theory-practice gap in nursing education.

By acknowledging and addressing my biases, I aim to contribute to the development of more effective support systems for novice preceptors, ultimately enhancing the quality of nursing education and patient care in rural communities.

## **Conclusion**

This study provides a comprehensive examination of the experiences of novice nursing preceptors in rural settings, highlighting the unique challenges and opportunities they face. It underscores the urgent need for tailored strategies to refine rural nursing preceptorship programs, contributing valuable insights into nursing education and the preceptorship process. The research

reveals novice preceptors often embark on their mentoring roles with limited formal training and face significant ambiguity regarding their responsibilities. This finding underscores the importance of developing structured, comprehensive preparation programs specifically tailored to the rural healthcare context.

Communication within the preceptorship triad emerges as a pivotal yet challenging aspect, often hampered by geographical isolation and resource constraints characteristic of rural settings. Enhancing communication channels and strategies is thus essential for the success of rural preceptorships. Furthermore, the lack of organizational support and recognition is identified as a significant barrier impacting novice preceptors' ability to effectively guide and mentor nursing students. It is evident healthcare organizations must bolster support by providing adequate resources, recognition, and support systems to empower preceptors in their critical roles.

The distinct nature of rural preceptorship, with its broader scopes of practice, limited resources, and the close-knit nature of rural communities, calls for the development of specialized preceptorship models that address the unique challenges and leverage the opportunities presented by rural healthcare settings. The implications of these findings are profound, highlighting the necessity of a concerted effort among healthcare organizations, educational institutions, and policymakers to devise and implement strategies catered to the specific needs and challenges highlighted by this study. Such collaborative efforts are paramount in enhancing the quality of rural preceptorship programs, ensuring novice preceptors are adequately prepared, supported, and acknowledged for their indispensable contributions to nursing education and the delivery of rural healthcare.

In conclusion, this study has shed light on the multifaceted challenges faced by novice nursing preceptors in rural settings, emphasizing the vital role of comprehensive and context-specific preparation, robust organizational support, and effective communication strategies. Addressing these challenges requires a concerted effort from both healthcare organizations and educational institutions to implement structured training programs, develop innovative communication tools, and foster an environment that acknowledges and supports the vital role of preceptors. By doing so, it is possible to transform the landscape of rural preceptorship, thereby enhancing the quality of nursing education and ultimately improving patient care in rural communities. This study not only contributes to the existing body of knowledge by providing a deeper understanding of the rural preceptorship experience but also serves as a call to action for policymakers and administrators to prioritize and address the distinct needs of rural nursing preceptors. Further research is needed to assess the effectiveness of interventions aimed at supporting novice rural preceptors, alongside investigations into the impact of rural preceptorship on student outcomes, patient care, and community health. These future directions will provide a more holistic understanding of the value and implications of reinforcing rural preceptorship models, emphasizing the importance of bolstering support for novice nursing preceptors as they navigate the complexities of mentoring the next generation of nurses. Recognizing and addressing the challenges faced by novice preceptors in rural environments is essential for ensuring an effective nursing workforce, well-equipped to meet the diverse healthcare needs of all communities.

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**Appendix A**  
**Invitation to Participate**

**Study Title:** *The Experience of Being a Novice Nursing Preceptor in Western Rural Canada*

**Research Investigator:**

**NAME:** Tyrel Hawke

**ADDRESS:**

34 21<sup>st</sup> Ave S

Cranbrook, BC

V1C 3H1

**EMAIL:** tyrel.hawke@uleth.ca

**PHONE NUMBER:** 250.464.0065

**Supervisor**

**Professor Supervisor:** Dr. Tracy Oosterbroek

**ADDRESS:**

Faculty of Health Sciences

4401 University Drive

Lethbridge, AB, T1K 3C4

**EMAIL:** tracy.oosterbroek@uleth.ca

**PHONE NUMBER:** 403.393.8924

Dear Participant:

Date:

You are invited to participate in a Master of Nursing research study that seeks to explore the experiences that preceptors, who are new to precepting (three or less times), have in rural nursing settings.

*Background and Purpose*

The purpose of the study is to explore the experiences of novice nursing preceptors in rural health care settings. There is growing research regarding rural preceptorship, but the voices of new preceptors have been minimally examined. The findings of this study will serve to provide greater insight into the unique views of new preceptors in rural settings. A qualitative descriptive research method will be used for the study.

Your participation in the proposed study will include:

1. One face-to-face interview with the researcher, expected to last approximately 45 minutes to one hour. The option of video-calls may be explored if required.
2. Upon completion of the interviews, each participant will be entered to win a \$25 gift certificate from a coffee shop from their local community. One gift card is available to win. If you are the winner, you will be notified via phone or email regarding your winnings and preferred choice of coffee shop. The gift card will be mailed to the winner.

*Study Procedures*

As a participant the researcher will schedule an interview with you, either face-to-face or through video-call, to discuss your experience and perspectives of rural preceptorship. The interview will occur at a mutually agreed upon location. Due to COVID-19 restrictions, face-to-face interviews will be held with two-meter distancing where possible and face masks will be worn during the interview. If preferred online video interviews may replace face-to-face interviews via *Zoom*, which will be recorded.

*Benefits*

There are no foreseeable immediate benefits for the participant; however, the findings of this study will be used to inform nursing educators and employers of the unique challenges and experiences that preceptors who are new to precepting have in a rural setting. This information



will hopefully be utilized in the preparation of preceptors, through preparation courses or resources to help facilitate new preceptors throughout their preceptorship.

### Risks

There are no foreseeable personal, physical, or psychological risks to you that would occur from your participation in the study. However, the researcher will immediately share unexpected risks that may develop during the research study that could affect your willingness to participate.

### Voluntary Participation and Freedom to Withdraw

Your participation in the study would be greatly appreciated and is entirely voluntary. If at any time you wish to withdraw your participation in the study, you are free to do so without negative consequences. This can be done upon your request at any time throughout the research process. If a participant withdraws from the study all recorded and documented information regarding them will be destroyed. The participant will be removed from the gift card draw, however, if already drawn and won the participant may keep the gift card regardless of withdrawal.

### Confidentiality

Confidentiality of participants will be ensured, and pseudonyms will be assigned to each participant. Participants will be asked to select their own pseudonym to be applied. A list of study participants will be electronically stored in a separate file from study data on a secure password-protected computer. Only the primary researcher will have access to this list. Upon completion of the study, the master list will be stored on an encrypted hard drive for a minimum five years according to institutional requirements of the University of Lethbridge, after which time it will be confidentially destroyed.

Study findings will be disseminated in the form of peer-reviewed publications and oral presentations at a national and international level that are relevant to emergency department nursing research.

If you would like to participate or if you have any questions at any time, please contact me at:

Email: [tyrel.hawke@uleth.ca](mailto:tyrel.hawke@uleth.ca)

Phone: (250) 464-0065

Mail: Tyrel Hawke

4401 University Drive W

Lethbridge Alberta T1K 3C4

*The plan for this study has been reviewed for its adherence to the ethical guidelines by a Research Ethics Board at the University of Lethbridge. For questions regarding participants rights and ethical conduct of research, contact the Office of Research Services for the University of Lethbridge at (403) 329-2747.*

Sincerely,

Tyrel Hawke

**Appendix B**  
**Letter of Informed Consent**

**Study Title:** *The Experience of Being a Novice Nursing Preceptor in Western Rural Canada*

**Research Investigator:**

**NAME:** Tyrel Hawke

**ADDRESS:**

34 21<sup>st</sup> Ave S

Cranbrook, BC

V1C 3H1

**EMAIL:** tyrel.hawke@uleth.ca

**PHONE NUMBER:** 250.464.0065

**Supervisor**

**Professor Supervisor:** Dr. Tracy Oosterbroek

**ADDRESS:**

Faculty of Health Sciences

4401 University Drive

Lethbridge, AB, T1K 3C4

**EMAIL:** tracy.oosterbroek@uleth.ca

**PHONE NUMBER:** 403.393.8924

Dear Participant:

Date:

You are invited to participate in a Master of Nursing research study that seeks to explore the experiences that preceptors, who are new to precepting (three or less times), have in rural nursing settings.

*Background and Purpose*

The purpose of the study is to explore the experiences of novice nursing preceptors in rural health care settings. There is growing research regarding rural preceptorship, but the voices of new preceptors have been minimally examined. The findings of this study will serve to provide greater insight into the unique views of new preceptors in rural settings. A qualitative descriptive research method will be used for the study.

Your participation in the proposed study will include:

1. One face-to-face interview with the researcher, expected to last approximately 45 minutes to one hour. The option of video-calls may be explored if required.
2. Upon completion of the interviews, each participant will be entered to win a \$25 gift certificate from a coffee shop from their local community. One gift card is available to win. If you are the winner, you will be notified via phone or email regarding your winnings and preferred choice of coffee shop. The gift card will be mailed to the winner or sent electronically if available.

*Study Procedures*

As a participant the researcher will schedule an interview with you, either face-to-face or through video-call, to discuss your experience and perspectives of rural preceptorship. The interview will occur at a mutually agreed upon location. Due to COVID-19 restrictions, face-to-face interviews will be held with two-meter distancing where possible and face masks will be worn during the interview. If preferred online video interviews may replace face-to-face interviews via *Zoom*, which will be recorded.

*Benefits*

There are no foreseeable immediate benefits for the participant; however, the findings of this study will be used to inform nursing educators and employers of the unique challenges and experiences that preceptors who are new to precepting have in a rural setting. This information

will hopefully be utilized in the preparation of preceptors, through preparation courses or resources to help facilitate new preceptors throughout their preceptorship.

Risks

There are no foreseeable personal, physical, or psychological risks to you that would occur from your participation in the study. However, the researcher will immediately share unexpected risks that may develop during the research study that could affect your willingness to participate.

Voluntary Participation and Freedom to Withdraw

Your participation in the study would be greatly appreciated and is entirely voluntary. If at any time you wish to withdraw your participation in the study, you are free to do so without negative consequences. This can be done upon your request at any time throughout the research process. If a participant withdraws from the study all recorded and documented information regarding them will be destroyed. The participant will be removed from the gift card draw, however, if already drawn and won the participant may keep the gift card regardless of withdrawal.

Confidentiality

Confidentiality of participants will be ensured, and pseudonyms will be assigned to each participant. Participants will be asked to select their own pseudonym to be applied. A list of study participants will be electronically stored in a separate file from study data on a secure password-protected computer. Only the primary researcher will have access to this list. Upon completion of the study, the master list will be stored on an encrypted hard drive for a minimum five years according to institutional requirements of the University of Lethbridge, after which time it will be confidentially destroyed.

Study findings will be disseminated in the form of peer-reviewed publications and oral presentations at a national and international level that are relevant to emergency department nursing research.

Alternative Option for Consent

If interviews are held online, the participants will be asked to send the researcher a scanned, signed copy. If they are unable to do so, the researchers will accept a reply email from them indicating that they understand the conditions of participation and agree to participate.

-----  
I consent to participate in the study entitled *Novice rural preceptors' experience of preceptorship*. This signed consent signifies:

1. my responsibility to ensure confidentiality of all data sources,
2. release of my rights to data collected and produced as products of the research study.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Researcher**

\_\_\_\_\_  
Date

**Appendix C**  
**Organization Recruitment Email**

**Subject: Study on *The Experience of Being a Novice Nursing Preceptor in Western Rural Canada***

Dear *The College of the Rockies Health Programs Placement Office*,

I am a Master of Nursing student at the University of Lethbridge and am conducting my Master thesis research study seeking to understand the experience of novice, nursing preceptors in Western rural Canada. I am seeking your assistance to contact practicing Registered Nurses who may fit my criteria to inform them of the opportunity to participate in this research project.

Participation will take approximately one hour and the benefits to the participant include participating in professional development activities and research as required by regulating professional bodies for annual RN registration in British Columbia. There are minimal anticipated risks associated with participation in the proposed study.

I am hoping you will forward my invitation to participate to all Registered Nurses who have worked as a preceptor to fourth year BSN students to assist in finding potential participants. If the potential participant is interested, they may contact the researcher (see contact information below) and further instructions will follow in a separate email.

**Researcher:** Tyrel Hawke  
**Email:** tyrel.hawke@uleth.ca  
**Phone:** 250-464-0065

*The plan for this study has been reviewed for its adherence to the ethical guidelines by the Human Participant Research Committee at the University of Lethbridge. For questions regarding participants' rights and ethical conduct of research, contact the Office of Research Ethics at (403) 329-2747 or research.services@uleth.ca.*

Thank you in advance,

Tyrel Hawke  
RN, BN, MN Student  
Faculty of Health Sciences  
University of Lethbridge

## **Appendix D**

### **Interview Guide**

1. How long have you worked as a Registered Nurse? What drew you to nursing? How many times have you been a preceptor?
  - a. In what areas have you practiced? In which of those areas have you been a preceptor?
2. Can you describe what you feel a preceptorship is? What does an ideal preceptorship look like to you?
3. What were the most rewarding experiences in being a preceptor?
4. What were the most challenging experiences in being a preceptor?
5. Can you describe any preceptorship training or preparation you received prior to the beginning of preceptorship?
  - a. Also, did you attend any preparatory sessions?
  - b. Were any materials provided either by the employer or educational institution?
  - c. What training or resources do you wish you had access to as a novice preceptor?
6. How do you feel the rural setting has affected being a preceptor?
7. Have you ever had a challenging or difficult student?
  - a. If yes, please tell me about your experience.
  - b. If not, how do you feel that would have changed your experience?
8. Is there anything else regarding your experience as a novice preceptor that you would like to add?

## **Appendix E**

### **Field Note Excerpts – Post Interview Reflections**

#### **October 3, 2022 (Damian):**

I had an interesting interview with Damian. He has 13 years of nursing experience and has been a preceptor for fourth-year nursing students three times. Really interesting since he seems quite qualified, but I guess he has moved around. He described preceptorship as having students work directly with him and handle patient care. Damian mentioned that the college provided a booklet outlining the scope and issues related to students, but he found it quite insufficient. It seemed like the booklet relied heavily on students to communicate their comfort levels, which isn't always reliable. Damian suggested that meeting in person with an instructor before starting preceptorship would be really helpful in setting expectations.

He also mentioned that institutional support was pretty minimal. He mainly relied on the college instructor for any concerns, and the level of engagement and support varied from instructor to instructor. Communication was a big deal for Damian. He emphasized how crucial it was for students to inform him of any abnormal findings. Despite the challenges, he found it very rewarding to see students grow in confidence and continue seeking his advice even after becoming nurses.

Damian's experience really highlights how variable preceptorship can be depending on the support from instructors and the institution. His reliance on student communication underscores the need for more structured training for preceptors. Yet, his satisfaction in seeing student progress shows the intrinsic rewards of preceptorship despite the challenges. It got me thinking about how institutions could standardize support and training for preceptors to ensure consistency. What specific components should be included in a preceptorship training program to address the gaps Damian identified?

#### **November 24, 2022 (Penny):**

Penny was relaxed and thoughtful, often taking a moment to consider her answers. She made great eye contact and used hand gestures to emphasize her points. Her overall tone was positive, reflecting her satisfaction with her preceptorship experiences. She genuinely appreciated guiding students and watching their development.

Penny shared a particularly challenging experience with a student who wasn't interested in maternity but ended up in that preceptorship. She emphasized how important it is for students to be motivated and have their placements aligned with their interests. I found myself resonating with Penny's experiences, especially the challenges and rewards of preceptorship. Her focus on motivation and interest really stood out to me as a valuable insight.

I had to stay neutral, even though I have a bias toward more structured preceptorship programs. I realized the interview could have gone deeper into specific instances of challenges and successes, which would have allowed more time for reflection and follow-up questions to enrich the data.

Some questions to consider from Penny's insights: What strategies could be implemented to better match students with preceptorship placements that align with their interests? How can preceptors be trained to handle mismatched placements effectively?

**August 1, 2022 (Kendall):**

I had a one-on-one interview with Kendall at my place. It was my first one, so she seemed more relaxed than me, but she was a bit nervous, which showed in her fidgeting and avoiding eye contact when certain questions came up. Despite expecting more frustration, Kendall found her initial preceptorship experiences to be well-structured and supportive.

She struggled a bit with sticking to the interview guide, often deviating from the planned questions. Kendall was pretty critical of her interview techniques, noting her tendency to rush questions and discomfort with silence. She recognized the need to slow down and allow more reflection from the interviewee. Kendall felt her preceptorship experience could have benefited from more preparation and structured guidance, expressing a desire for clearer expectations and more institutional support.

Kendall's experience underscores the need for better preparation and support for preceptors. Her self-critique highlights the importance of reflective practice in improving interview techniques. This got me thinking: How can preceptors be better prepared to handle deviations from structured interview guides? What role does reflective practice play in improving preceptorship experiences and outcomes?

**December 2, 2022 (Anna):**

Anna sees preceptorship as a hands-on mentorship where the student closely shadows the preceptor and gradually takes on more responsibilities. She had some preparatory materials but found them inadequate, thinking that interactive training sessions, including role-playing and scenario-based discussions, would be more beneficial.

Anna received minimal institutional support and had to take the initiative to seek guidance from college instructors, highlighting the need for a more robust support system within the healthcare institution. Balancing time between patient care and teaching was challenging for her, but she found it highly rewarding to see students develop their skills and confidence over time. Her experience underscores the need for more comprehensive and practical training for preceptors. Anna's proactive behavior highlights the importance of resilience in preceptorship.

It made me think about how we can integrate interactive training methods like role-playing and scenario-based discussions into preceptor training programs. Also, what measures can be taken to provide more robust institutional support for preceptors?

**December 7, 2022 (Laura):**

I had a great conversation with Laura, who has been a nurse for over a decade and has taken on the role of a preceptor a few times. She defines preceptorship as guiding a student through both

practical and theoretical aspects of nursing. Laura received minimal formal training for her role as a preceptor and mainly relied on her experience and intuition to mentor students. She believes that formal training and regular workshops would be really beneficial.

Laura mentioned a lack of institutional support, often feeling isolated in her role. She suggested that a mentorship program for preceptors could help provide the necessary support and guidance. She faced challenges with students who lacked motivation or were unprepared for the practical demands of nursing but found immense satisfaction in witnessing students' progress and confidence growth.

Laura's experience points to the necessity for formal training and ongoing support for preceptors. Her emphasis on mentorship for preceptors is a valuable suggestion for improving the preceptorship experience. This raises questions like: How can mentorship programs be designed to support preceptors effectively? What strategies can help preceptors motivate and engage students who are unprepared for the practical demands of nursing?

#### **October 27, 2022 (Chloe):**

Chloe views preceptorship as a critical component of nursing training, focusing on hands-on learning and professional development. She received some formal training but felt it was insufficient. Chloe advocates for comprehensive training programs that include both theoretical and practical components.

She noted the lack of structured support from her institution and emphasized the need for regular check-ins and feedback sessions with college instructors to ensure alignment and promptly address any issues. Balancing patient care with teaching responsibilities was a challenge for Chloe, but she finds great reward in contributing to the professional growth of future nurses.

Chloe's insights underscore the critical role of structured training and support in preceptorship. Her commitment to student development highlights the intrinsic rewards despite the challenges. This raises questions like: What components should be included in comprehensive preceptor training programs to address both theoretical and practical needs? How can institutions implement regular check-ins and feedback sessions to support preceptors more effectively?

#### **December 3, 2022 (Amelia):**

Amelia has a wealth of experience in both clinical practice and education. She defines preceptorship as a guided learning process that integrates theoretical knowledge with practical skills. Amelia received some formal training but felt it lacked practical application. She believes that interactive workshops and peer mentoring would enhance the training process.

Amelia felt supported by her college but noted a gap in institutional support. She suggested that regular feedback and support from both the college and the healthcare institution are crucial for effective preceptorship. Time management was a significant challenge for Amelia as she balanced her duties as a nurse and a mentor, but she found it extremely rewarding to see students grow in confidence and competence.



Amelia's experience highlights the importance of practical training and continuous support for preceptors. Her dedication to student development underscores the intrinsic rewards despite the challenges. This brings up questions like: How can interactive workshops and peer mentoring be integrated into preceptor training programs? What strategies can be implemented to provide continuous support and feedback for preceptors?

**October 13, 2022 (Carol):**

I spoke with Carol, who has over a decade of nursing experience but hasn't been able to be a preceptor before due to working part-time and moving around. She views preceptorship as a mentorship that bridges theoretical learning and clinical practice. Carol received minimal formal training for her role and suggests that comprehensive training, including simulations and case studies, would be beneficial.

Carol felt somewhat isolated in her role, relying heavily on her own initiative. She emphasized the need for a more structured support system within the healthcare institution. Time management was a significant challenge for Carol, as she had to balance her dual roles. Despite this, she found it highly rewarding to see students develop their skills and confidence over time.

Carol's experience highlights the need for more structured training and support for preceptors. Her emphasis on practical training methods provides valuable insights for improving preceptorship programs. This raises questions like: How can simulations and case studies be effectively integrated into preceptor training programs? What measures can be taken to reduce the sense of isolation felt by preceptors?