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A descriptive survey of undergraduate nursing students' perceptions of desirable leadership qualities of nurse preceptors

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A DESCRIPTIVE SURVEY OF UNDERGRADUATE NURSING STUDENTS' PERCEPTIONS OF DESIRABLE LEADERSHIP QUALITIES OF NURSE PRECEPTORS

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ABSTRACT

Leadership in the nursing profession has gained much attention over the previous decade. However, there is a paucity of literature examining the context of leadership within the clinical preceptor/undergraduate nursing student relationship and the relevance of this to the clinical learning environment.

Globally, the nursing profession is experiencing a climbing attrition rate, an accelerating ageing workforce and a trend toward part-time employment. Practical experience is based upon a preceptored model of supervision creating a potential for inconsistencies for student supervision and assessment within this mode of education.

The purpose of this study was to explore, from the perspective of the undergraduate nurse, the leadership qualities in clinical preceptors that are desirable and contribute to positive practicum experiences. The conceptual framework underpinning the variables within the study was developed in recognition of the need for a context specific framework to guide integration of the concept of leadership into preceptored education for undergraduate student nurses. The synergy model of preceptorship has been adapted to consider leadership qualities in nurse preceptors and how synergistic interactions between preceptors and preceptees contributes to positive outcomes for patients, preceptors, preceptees, healthcare organisations and education providers.

This study utilised a mixed methodological approach with a descriptive survey design to study the perceptions of undergraduate nursing students enrolled in the second year of a pre-registration nursing program within a large tertiary nursing school in Western Australia.

The quantitative data was analysed using simple descriptive statistics including frequency distributions and measures of central tendency. The qualitative data obtained through the open-ended questions within the survey were analysed thematically. The findings showed that students both want and need leadership from their preceptors in order to develop psychomotor skill competency and to experience socialisation to the real world of nursing care. Findings also highlighted the importance of the development

of positive interpersonal relationships between preceptors and students. Barriers to effective preceptorship in practice were identified.

This research study has offered a unique insight into the factors that impact upon students practical experiences through the supervisory relationships experienced in practice. Gaining insight into the leadership qualities that students perceive as desirable to enhance the practical experience is vital with the consideration that the practical experience is viewed as the 'make or break' for many students and influences retention in undergraduate education and within the profession post registration. The study findings suggest that preceptors need more preparation for the preceptorial role and student views of effective characteristics associated with leadership should be integrated into preceptor training to ensure that students' needs are met.

DECLARATION

I certify that this thesis does not, to the best of my knowledge and belief:

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"I am not bound to win; I am bound to be true. I am not bound to succeed, but I am bound to live up to the light I have"

Abraham Lincoln.

GLOSSARY OF TERMS

AIHW
Australian Institute of Health and Welfare

ANF
Australian Nursing Federation

ANMC
Australian Nursing and Midwifery Council

AUTC
Australian Universities Teaching Committee

Buddy Nurse
The buddy nurse arrangement implies that students maintain access to a clinical educator but are rostered with a Registered Nurse to work with for the shift.

Clinical Educator/Facilitator/Supervisor
A clinical educator is a nurse who is employed or seconded by the education provider as faculty or sessional staff and attends the clinical placement full time. This nominated educator divides their time to supervise six to eight students.

Clinical Placement/Practicum
Refers to the component of pre-registration education where student nurses are placed within various healthcare agencies for workplace learning.

Nurse Preceptor
An experienced nurse who serves as a resource and role model in a one-to-one relationship with a student to facilitate learning.

DEST
Department of Education, Science and Training

Enrolled Nurse
A person licensed under an Australian State or Territory Nurses Act or Health Professionals Act to provide nursing care under the supervision of a Registered Nurse.

NBWA
Nurses Board of Western Australia

NNNET
National Nursing and Nursing Education Taskforce

OCNO
Office of the Chief Nursing Officer (Western Australia)

Registered Nurse
A person licensed to practise nursing under an Australian State or Territory Nurses Act or Health Professionals Act.

Student Nurse
An individual enrolled in a pre-registration nursing education program leading to registration as Nurse.

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CHAPTER 1
INTRODUCTION & BACKGROUND

1.1 Introduction

This study aimed to explore undergraduate nursing students' perceptions of desirable leadership characteristics of the nurse preceptor. The research was carried out by a recently qualified Registered Nurse who undertook undergraduate nurse training within the university under study and originated from the researcher's experiences of clinical practice and relationships formed within the clinical environment.

This study proposed to examine the concept of leadership within the preceptorship role from the perspective of the student nurse. The sample consisted of a cohort of second year, semester four students who had experienced supervision in the clinical setting over three completed semesters of the undergraduate program and sought their opinions and perceptions of those supervisory relationships with relevance to desired leadership behaviour.

This study utilised a mixed methodological approach which involved the analysis of data from a questionnaire aimed to elicit both quantitative and qualitative data.

1.2 Background and Context

The Global shortage of Registered Nurses across all specialties has implications not only for patient care, but for the provision of education for the nurses of the future. This is occurring in a climate where Registered Nurses are already trying to respond to the high level of demand on their services (National Review of Nursing Education, 2002). These shortages are a world wide concern with noticeable reductions in the nursing workforce in the United States of America (USA), the United Kingdom (UK) and Australia. The USA is also predicting an inadequate supply of nurse educators for the next decade and beyond (Firtko, Stewart & Knox, 2005). Despite this shortage, suitably qualified applicants to nursing programs are being turned away due to a diminishing number of qualified nursing academics to teach. This is exacerbated by increasing numbers of nursing academics approaching retirement age (Bureau of Labor Statistics, 2006). The shortage of nursing educators in the USA is matched by a

reduction in the number of undergraduate student nurses entering the profession. In 2001, there were 126 000 nurse-training vacancies with only 69 000 graduating nurses in the preceding year (Penn Nursing, 2006).

Similarly the United Kingdom has an ageing nursing workforce where the average age of nurses within the system is 42 years (Royal College of Nursing, 2006) and the average age of students entering training is 29 years (Royal College of Nurses, 2006). Coupled with the ageing workforce, the United Kingdom education system is experiencing an attrition rate of up to 23% from pre-registration education programs (Royal College of Nurses, 2004).

This situation is also reflected in Australia with the shortage of qualified nurses to fill the need in both rural and urban centres (ANF, 2006; Dunn, 2003; Firtko, Stewart & Knox, 2005) high on the political agenda. Nurses are the fastest ageing group within the health profession workforce. The average age of employed nurses has increased from 39.3 years in 1995 to 42.2 years in 2001 (Australian Institute of Health and Welfare, 2003). In 1999/2000 the national average attrition rate from pre-registration programs was 7% (National Nursing & Nursing Education Taskforce, 2005). With increased funding for places in pre-registration programs (Department of Education Science and Training, 2004) and the current shortages of Registered Nurses reflected at ward level by increased and intensified workloads (ANF, 2004; Dunn, 2003), this rate can be expected to rise. To address this shortage in Australia, it is estimated that between 10,182 and 12,270 new graduate nurses are required to enter the workforce in 2006 (ANF, 2005). The Australian Health Workforce Advisory Committee (2004) project only 6,131 new graduates are entering the healthcare system, representing a shortfall of 4,051 nurses.

In Western Australia, the Nurses Board of Western Australia (NBWA) governs nursing education and practice. This governing body regulates and audits undergraduate education programs and also sets out guidelines under which Registered Nurses act within the practice setting. Clinical practice for undergraduate students is a collaborative arrangement between education providers (universities) and healthcare agencies (hospitals, clinics). Since nursing education in Australia has moved from a hospital-based, apprenticeship model of training to professional degree preparation in the higher education sector (Daly, Speedy & Jackson, 2000; Sellers & Deans, 1999), practical experience is based predominantly on a model of education where students are

partnered with Registered Nurses during clinical practice to supervise and guide them (NBWA, 2004). Therefore the manner in which the supervision and guidance is provided to students is important to explore as research shows that early practical experiences and relationships with clinical supervisors can shape a students perceptions of the profession (Lofmark & Wikblad, 2001).

Within Australia, the literature has uncovered five distinct models of supervision and guidance for nurses, these are:

- Clinical Supervisor - Staff employed casually or from clinical facilities to assist and enable students in the clinical setting to acquire the required knowledge skills and attitudes to meet the standards defined by the university and nurse regulatory authorities.

- Buddy Nurse - A buddy is a term given to the nurse a student works with on a day-to-day basis not necessarily ongoing.

- Preceptors - These are qualified staff formally assigned to orientate students to a designated area over a short period of time.

- Practice Partner - Refers to a nurse the student is assigned to often in the final year of the program who guides and supports increasing independence competence and autonomy.

- Mentor - Traditionally a mentor has a mutual and committed relationship which develops over time and creates opportunities for new employees to gain valuable skills or knowledge.

(Levett – Jones & Bourgeois, 2007)

Having recently completed the undergraduate nursing program at the university under examination, the researcher asserts that the students who participated in the study were initially under the clinical supervision model for semester one and two, then a clinical supervision/preceptor/ buddy nurse arrangement in semester three and four. This arrangement is widely used within Australia and Clare, Edwards, Brown & White (2003) further propose that the clinical supervisor acts in a facilitative role while students are paired with buddy nurses/preceptors. This assertion is grounded in the researcher's experiences in undergraduate practice, understanding of current literature

relating to clinical supervision and through the sharing of information with other undergraduate students working within this model. By semester five and six students are in a wholly preceptored supervisory relationship.

There appears to be a dichotomy for semester three and four students who require ongoing supervision in the clinical area in accordance with both university and governing body regulations. Ongoing supervision over each clinical shift for each student is mathematically impossible for a clinical supervisor responsible for a group of six to eight students who may be scattered between wards or even between facilities (Shah & Pennypaker, 1992; Wotton & Gonda, 1999). Over an eight hour shift including meal breaks that time equates to less than one hour per student. Consideration must also be given to some students requiring more intensive supervision from the appointed supervisor. Students are paired with a buddy/ nurse preceptor for supervision in the clinical area to experience the day-to-day aspects of nursing care. It is the concept of nurse preceptor that the researcher has chosen to focus on within this study. For the purpose of this research, the term preceptor is defined as an experienced nurse who teaches, supervises and acts as a role model for a student over a set period of time (Myrick & Barrett, 1994; Ohrling & Hallberg, 2000).

Practicum experience for undergraduate nursing students can provide a 'real world' nursing experience that potentially will reduce the 'reality shock' and expose the student to positive and negative behaviours (Australian Universities Teaching Committee, 2002; Lockwood-Rayermann, 2003). The relationships experienced by the students with clinical staff have been shown to 'make or break' the practical placement (Cahill, 1996). Nurse preceptors who facilitate clinical experience can fulfil their role effectively by supporting students in their professional development and being responsive to students' needs (Dunn & Hansford, 1997). However, barriers such as increased workloads and patient acuity due largely to the nursing shortage (ANF, 2004) lessen the amount of support that can potentially be provided. This also has a negative impact on students' learning experiences (Geraghty, 2005).

The need for strong leadership at all levels within the nursing profession has been identified as a global priority. In the UK, research has been undertaken as the result of a Health Department directive (Opportunity 2000) to increase the quality and quantity of women's participation in the workforce. This research looked specifically at the leadership crisis in the National Health Service (NHS) which has, in part, been

attributed to "...the historical under-achievement and under-investment in the whole area of predominantly female occupations" (Rafferty, 1993, p. 1). Rafferty (1993) argues that assigning the task of leadership development to the government is a contradiction as "part of the leadership task for nursing must surely be setting the direction, pace and parameters for change within health care itself" (p. 14). Trofino, (1995) supports the notion of leadership development from within the healthcare setting and asserts that nursing leaders must be encouraged to emerge in healthcare organisations and assist in the development of novice nurses by acting in a multidimensional role, encompassing preceptorship.

1.3 Significance

Research shows that impressions of the nursing profession are formed early on by undergraduate nurses and these attitudes tend to be long lasting (Lockwood-Rayermann, 2003; Myrick & Yonge, 2002). In a climate of industrial unrest and in the midst of a global nursing shortage, it is vital to examine not only the manner in which individuals are attracted to the profession but also the way in which educational institutions and healthcare organisations plan to meet their educational needs and retain them.

The concept of nurturance and support is widely explored in the literature as being essential to the positive and dynamic preparation of undergraduate nursing students. (Andersen, 1991; Clayton, 1989; Goldenberg, & Iwasiw, 1993; Nordgren, 1998; Sawin, Kissinger, Rowan, & Davis, 2001). Yet little attention is paid to the manner in which this support can best be provided. Positive interactions between nurse preceptors and students have been shown to develop beginning level competency and promote critical thinking skills, which are important processes and outcomes of nursing education (Oermann, 1994). There is overwhelming empirical evidence within the literature to suggest that supportive learning environments decrease attrition rates from pre-registration education (Hewison & Wildman, 1996; Massarweh, 1999; Warner, 1999; Yong, 1996).

Having completed an undergraduate nursing degree in the previous year, the researcher has experienced a variety of clinical placements and worked with many nurse preceptors. Additionally, the researcher has experienced at first hand the inconsistencies that exist within the preceptored arrangement of clinical education. The researcher, from clinical experience as both a student and a Registered Nurse, has observed the

need for some nurse preceptors to have greater recognition and acknowledgement in their role that, to a greater degree, encompasses leadership skills and qualities that are desirable to enhance the undergraduate nursing student's learning experiences.

The reality is that the nursing profession is experiencing a global shortage of qualified nurses (Firtko, Stewart & Knox, 2005) which is being fuelled by three main factors:

- Attrition from pre-registration education programmes (BBC News, 2006; National Nursing and Nursing Education Taskforce, 2005)
- An ageing workforce (Australian Institute of Health and Welfare, 2003)
- Nursing workforce retention issues (Almada, Carafoli, Flattery, French & McNamara, 2004; New South Wales Health, 2002)

Research shows experiences during pre-registration education contribute largely to an individual's attitude to the nursing profession (Ahern, 1999; Lockwood-Rayermann, 2003; Myrick & Yonge, 2002). With the move of nursing education to the tertiary sector, the greatest responsibility for teaching and learning in the clinical area lies with nurse preceptors (Beattie, 2001). This represents a dichotomy in that many nurses are not trained or willing to accept the role, presenting a 'pot luck' system of education creating disparate clinical experiences for students (White & Ewan, 1991), which has been attributed as a causative factor to the theory-practice gap.

Cahill (1996) contends that there is little evidence to show that preceptorship is even effective as few studies have focussed on the needs and values of the students in this educational arrangement. This study potentially adds to this body of knowledge as the research specifically examines students' experiences and perceptions of desirable characteristics in their nurse preceptors and how such characteristics contribute to the practical experience.

After an initial examination of the available literature, this researcher identified that the role of the nurse preceptor had been defined widely and had been assigned many qualities, behaviours and responsibilities (Barrett & Myrick, 1998; Morton-Cooper & Palmer, 1993; Usher et al., 1999). Although the associated characteristics were synonymous with leadership characteristics, none of the research explored nurse preceptors as 'leaders' in the undergraduate context. Leadership development in the

nursing profession has focussed predominantly on higher-level non-clinical managers, and nursing management (Trofino, 1995; Valentine, 2002) with the exception of a small number of studies which looked at leadership behaviours among Registered Nurses in the clinical area (Cook, 2001; Lett, 2001; Stanley, 2005).

1.4 Research Questions

The researcher has therefore approached the issue of leadership in preceptored education with three research questions. The questions aim to elicit undergraduate nursing students' perceptions of desirable characteristics of the nurse preceptor.

- What is the context (definition, experience) of leadership in the student nurse/preceptor relationship?
- Which identified characteristics do student nurses rate as desirable with relevance to leadership in preceptors?
- Do undergraduate nursing students believe leadership is an important role of the preceptor?

1.5 Evolution of the Research Questions

As previously identified, with the transfer of nursing education from an apprenticeship model to a professional model taught in a tertiary institution some twenty years ago (Astin, Newton, McKenna & Moore-Coulson, 2005), the bulk of clinical teaching that occurs 'on-the-job' has become the responsibility of nurse preceptors (Beattie, 2001). Research by Polifroni et al. (1995, p. 167) concluded that while students were on clinical placements, "at least 75% of clinical practice time was without direct supervision". Research by Twinn and Davies (1996) supports this notion, which suggests that alternatives need to be found and developed to address clinical practice within the nursing curriculum (Ohrling & Hallberg, 2001).

The preceptored model of clinical education is postulated to assist in bridging the theory-practice gap (Morton-Cooper & Palmer, 1993; Usher et al., 1999). In addition, preceptorship enables students to experience the real world of nursing under the guidance of an experienced Registered Nurse who facilitates socialisation and orientation to the professional role (Kramer, 1974; Parkes, 1995).

The reality of preceptored education is that it is often a partnership formed on the basis of availability of nursing staff rather than a reciprocal educational arrangement between a student and staff member willing, able and skilled to take on the responsibility (Cahil, 1996; Lofmark & Wikblad, 2001). The literature reveals that while nurses are possibly best positioned to teach nursing students, they are under increasing pressure to meet both the needs of the patient and the student in busy clinical environments (Forrest, Brown & Pollock, 1996). Preceptoring undergraduate students is viewed as an extension of the role of a Registered Nurse (Forrest et al., 1996), yet the responsibility entails teaching and learning strategies, understanding and applying principles of adult learning, communication skills, role modelling and clarification, and assessment of learning needs (de Blois, 1991; Usher et al., 1999). At the same time the nurse preceptor is responsible for providing care for patients as well as supporting a questioning student (Geraghty, 2005). Research has shown that nurses feel the role is ambiguous and often they do not know what is expected of them (Ahern, 1999; Laforet-Fliesser, Ward-Griffin & Beynon, 1999). Although nurses report that acting as a nurse preceptor offers intrinsic rewards such as encouragement to engage in reflective practice and furthering communication and clinical teaching skills, the role itself attracts little recognition or extrinsic reward (Usher et al., 1999) and is viewed more as a responsibility or 'duty'.

1.6 Locality and Subjectivity of the Researcher

The researcher's own personal experience of being an undergraduate nursing student and completing clinical placements with a variety of nurse preceptors has identified the need to improve preceptorship for nursing students. As a researcher, who has a primary interest in undergraduate nursing education, direct observation of the impact of preceptorship on the way clinical skills are taught and learned and the manner in which the clinical experience is facilitated has been drawn upon. Nursing students have anecdotally suggested a perceived dissatisfaction with preceptorship and the inconsistency of the skills and attitudes of the nurse preceptors themselves through the sharing of anecdotal stories with the researcher. The researcher therefore recognised the need to formally examine, from the students' perspective, what would be considered 'desirable' leadership qualities in nurse preceptors.

The researcher acknowledges the potential for bias owing to the recent experience of being an undergraduate student and having an intimate knowledge of the supervisory relationship dynamics in practice. To prevent bias influencing results

within the study, the researcher engaged in a process of bracketing preconceived assumptions by undertaking reflective journaling throughout the research process.

1.7 Purpose

The purpose of this study was to examine leadership as a function of the nurse preceptor with specific reference to the clinical education of undergraduate student nurses. An examination of what students perceive as 'desirable' leadership characteristics was explored in order to highlight the very individual context of clinical leadership in nursing education and to elicit the needs of student nurses while engaging in clinical practice.

1.8 Summary

The nursing profession is experiencing a 'people power' crisis. Shortages of qualified Registered Nurses continue to be problematic at all levels globally. The USA is experiencing shortages of qualified educators, which in turn impacts upon the volume of baccalaureate students entering training. The UK has an ageing nursing workforce coupled with the average age of nurses entering initial training rising and a high attrition rate from pre-registration education programs. Within Australia, shortages of Registered Nurses are evident across all states and territories and across all specialties. The factors contributing to the global nursing shortage are evident in the Australian situation with an ageing nursing workforce, recruitment and retention into nursing work and attrition from pre-registration education.

Research has shown that attitudes to the nursing profession are formed early on in training and are difficult to change. To address the issue of retaining undergraduate nurses in training programs and ultimately in the nursing workforce, it is prudent to examine the practical clinical experiences that students are exposed to. The preceptored model of education is by far the most widely used mode of clinical teaching in Australia and in many areas internationally. Students are partnered with Registered Nurses for the duration of their clinical practice and effectively observe and learn about clinical practice and the nursing culture from these individuals.

Many studies examining the role of the nurse preceptor and student experiences of preceptorship highlight many characteristics that are associated with a 'good' or 'bad' preceptored experience and what qualities embody effective clinical teaching. The role of clinical leader is not widely explored in literature relating to clinical

education of undergraduate nurses despite the most effective qualities of good nurse preceptors being synonymous with qualities of effective leaders.

The study employed a mixed methodological approach utilising a semi-structured questionnaire to collect data from a sample of undergraduate nursing students enrolled in the second year of the three year Bachelor of Nursing at a major nursing school in Perth, Western Australia.

CHAPTER 2
LITERATURE REVIEW

2.1 Introduction

The purpose of this chapter is to synthesise and analyse literature pertinent to the variables under examination in this study. Themes important to this study are illuminated through the literature review, which explores leadership theory and clinical leadership in nursing, and highlights preceptored clinical education, preceptorship and the 'theory-practice' gap as well as the synergy model of preceptorship. Subsequent data analysis was informed by themes identified by the review of literature.

2.2 Search Strategy

The cited literature was identified by three distinct methods of searching. Initially CINAHL (Cumulative Index for Nursing and Allied Health) was searched using the keywords 'clinical leader, clinical leadership, 'nursing leadership' and 'nursing preceptor'. These identical keywords were then searched using Google and Google Scholar and results cross referenced to the university journal database to locate full text references. Second, the university library book catalogue was searched using the keywords 'preceptorship', 'leadership' and 'nursing leadership'. These particular search terms were used as they cover the basic variables under examination by this study. The terms were Boolean searched to allow broader terms for each keyword and thus a greater range of search results. Finally, a manual haystack search was undertaken by randomly selecting nursing education journals unavailable electronically and browsing them cover-to-cover. The cited literature is drawn predominantly from the previous fifteen years, from 1991 – 2006. In addition, seminal works on leadership and preceptorship have also been cited as they are considered authoritative works on the topics under examination.

2.3 Leadership Theory & Clinical Leadership in Nursing

Literature that analyses commonly utilised models of clinical supervision and leadership is reviewed. As the language of nursing education is ambiguous and frequently used interchangeably, the researcher aims to define and clarify terms associated and used within clinical nursing education, such as leadership, preceptorship and mentoring.

2.3.1 Defining Leadership

Leadership is linked with people, relationships and influence (De Pree, 1990), and encompasses concepts of influence, driving accomplishment, vision and embraces the values and attitudes of self and organisation. In short, leadership involves a process, which involves one person influencing others to accomplish objectives Clark (1997). Morrison, Jones & Fuller (1997) define leadership simply as the ability to influence a group toward achievement of goals, while Vandeveer (2006) extends this definition to propose that leadership is a catalyst that transforms potential into action and thus reality. Mahoney (2001) argues that all nurses need leadership skills and that leadership is inherent in the role of the nurse. La Monica (1990) furthers this point by asserting that anytime a person is a recognised authority and has followers who rely on this person's expertise, the person is a leader. In this sense, the nurse who is responsible for the care of patients during a period of time would be considered a leader. The process by which this is facilitated is guided by the style of leadership embraced by the leader themselves.

2.3.2 Theories of Leadership

In order to understand the concept of leadership and the application of the concept, it is prudent to explore the various models of leadership and the assumptions under which they operate. In reviewing the literature relating to theories of leadership, this researcher discovered a variety of theories and models.

Trait theory was the basis for the majority of leadership research until the mid 1940's (Marriner-Tomey, 1993). Trait theory assumes that individuals have inherent and superior characteristics that identify that person as a leader such as intelligence, appearance and interpersonal skills (Changing Minds, 2006). This notion of the 'born leader' is challenged by Vandeveer (2006) who asserts that having these traits is not enough to make an individual a leader simply by default. In addition to this, trait theory is flawed in the sense that the theory does not deal with followers, environment or consider personality as an integrated whole (Marriner-Tomey, 1993).

Great Man theory of leadership has many similarities to trait theory and follows the notion that leaders are born not made and generally arise in times where there is great need for leadership (Changing Minds, 2006). This theory was founded on research into aristocratic men and did not consider great women or those from the lower classes (Changing Minds, 2006).

2.3.3 Transformational Leadership

Transformational leadership (Burns, 1978; Thyer, 2003; Tichy & Devanna, 1990) is viewed as a leadership style that transforms those led through inspiration to 'higher levels of motivation and morality'. Bass (1985) asserts that transformational leaders effect change in their followers by increasing their awareness of the values of the tasks they perform and by focusing on organisational goals rather than individual interests which activates higher order needs. Transformational leadership within nursing has been explored widely in the literature. Lett (2002) explored the concept of leadership in nursing and concluded that effective leadership results in improved patient care. Sofarelli & Brown (1998) undertook a large scale review of literature relating to leadership in the nursing profession and concluded that transformational leadership empowers nurses, which is a pivotal process in effecting organisational change. Trofino (1995) examined the concept of transformational leadership from a global economics perspective and asserts that "The transformational leaders will be persuasive, creative and intuitive, so as to enhance these skills in others and to nurture nursing leaders for the future" (p. 48).

A seminal leadership work by Bennis and Nanus (1985) identified four leadership strategies embedded within the transactional model of leadership: attention through vision, trust through positioning, empowerment and deployment of self. This writing highlighted the decline of the work ethic as related to poor leadership and lack of meaning attributed to the tasks of work at an organisational level. These identified strategies are postulated to enable the transformational leader to commit people to action and convert leaders into agents of change (Marriner-Tomey, 1993)

A study by Morrison, Jones & Fuller (1997) employed a self reporting questionnaire distributed to 442 nursing staff with a response rate of 64% exploring styles of leadership. The researchers discovered that transformational leadership was linked positively to work team success and goal achievement. An important noted characteristic of transformational leaders is the ability to empower followers. Empowering nurses can increase job satisfaction and improve patient care (Morrison, Jones & Fuller, 1997) and has a positive correlation with satisfaction of supervisors (Spreitzer, 1995). McKay (1995) found that nurses who perceive their manager as a transformational leader showed significantly higher empowerment scores than those who identified their managers as transactional leaders. This finding highlights the

relevance and importance of research to examine the perceptions of leadership amongst those in the position of 'being led'.

2.3.4 Transactional Leadership

Transactional leadership is based on the assumption that people are motivated by reward and punishment. The transactional leader sets clear expectations of what is required of the subordinate and the rewards offered for following orders (Changing Minds, 2006). Research has shown that nurses are motivated to perform by both intrinsic and extrinsic rewards (Usher, Nolan, Reser, Owens & Tollefson, 1999). Yet punishment, which is cited as a motivation to achieve, is not considered a motivating factor in any identified literature discussing leadership in the nursing profession.

Performance is an expected service in a transactional relationship. This may be simply in terms of the performance of a job in exchange for a salary. The concept of demand and supply in industry impacts greatly on the notion of reward and punishment (Changing Minds, 2006). In the healthcare arena, and the nursing profession specifically, Registered Nurses can demand more autonomy and power by virtue of the global nursing shortage, which has implications

> *for a predominantly female profession such as nursing, this increase in female-led, single-parent families means that workplaces will be forced to examine issues such as flexible working hours that reflect schooling requirements, childcare facilities that respond to 24-hour shift work, staffing arrangements around school holidays and the like.*
>
> National Review of Nursing Education, (2002).

Punishment becomes a less tangible aspect of the working relationship where employers are motivated by necessity to retain employees within a starved healthcare service (Davidhizar, 1993).

2.3.5 Congruent Leadership

Congruent leadership is an emerging theory that sits well with clinical leadership in the nursing profession. Stanley (2005) defines congruent leadership as "where the activities, actions and deeds of the leader are matched by and driven by their values and beliefs" (p. 132). Like the transformational leader, the congruent leader inspires the led through embodying a quality of vision and being an effective communicator. Stanley (2005) found that the congruent leader often does not hold an official position of

leadership and is not always a senior nurse. Congruent leaders are genuine carers that are able to critically think and prioritise their actions (Stanley, 2005).

Stanley (2005) defines the difference between congruent leadership and other leadership theories such as authenticity, in terms of congruent leaders (in the nursing profession) being 'doers'. Congruent leadership is based more on where the leader stands in terms of values rather than where they aim to go. The congruent leader is a person who empathises, empowers and is capable of "building enduring relationships with others" (Stanley, 2005, p. 139).

In contrast with transformational leadership, which assumes acceptance of an articulated vision, Stanley (2005) asserts that the congruent leader's power and influence is based on the leader consistently articulating and acting upon held values and beliefs. Followers align themselves with these displayed beliefs thus increasing the leader's credibility. Change is brought about by the display and adoption of new values and beliefs.

2.3.6 Authentic Leadership

Another emerging leadership theory is that of authentic leadership, which asserts that, people generally wish to be inspired. People want to enrol in enterprises that engage their spirits as well as their minds (Bergeron, 2002) and this embodies the uniqueness of the concept of authenticity and authentic leadership. The authentic leadership model makes use of whatever strategies may be apparent as long as they are congruent with values and beliefs that 'lead to positive action' (Bergeron, 2002). Duignan & Bhindi (1997) argue that in order to become an authentic leader, the individual must undertake serious self-examination and be acutely aware of their own values, attitudes and beliefs. George (2003) identifies the authentic leader as the individual who knows has compassion for those they serve and leads with heart as well as mind. The guiding principle of the theory lies in the notion that a leader who does not respect and understand their own personal moral position cannot inspire others through a shared vision, which in itself is self-deceit and therefore 'inauthentic'.

2.3.7 Clinical Leadership

Clinical leadership and nursing leadership have traditionally been treated as one and the same. For this review, the focus shall be on clinical leadership, which is defined by Lett (2001, p.17) as "the expert nurse who leads patients to better health care".

Harper (1995) goes one step further to assert that in addition to being an expert nurse, a clinical leader also uses interpersonal skills to enable nurses and other health care providers to deliver quality patient care.

Rafferty (1993) in a study commissioned by The King's Fund Centre London, identified that nursing was in a state of leadership crisis stemming from the "historical under-investment in nurse education at all levels" (p. 5) coupled with questionable selection of and promotion of leaders who bequeath a "legacy of neglect" (p. 5). Cook (2001) in part shares this view in highlighting that research into clinical leadership is poorly developed and is reflective of a lack of investment and recognition of clinical leaders and their function.

2.3.8 Characteristics of Excellent Clinical Leaders

'Good [clinical] leaders tend to produce good care and poor leaders tend to produce poor care' (Cook, 2001, p. 38). Cook (2001) asserts that in order to be effective, clinical leaders must be able to provide a sense of direction, influence change and empower others which Morrison, Jones & Fuller (1997) argue improves job satisfaction and improves patient care outcomes. Regardless of the differences between leadership characteristics, within clinical supervision there is some confusion between the use of terms to describe nurses who adopt the role of clinical leaders and teachers within the various models.

While definitions affirm that the clinical leader should to be an expert nurse, a recent study by Stanley (2006) found that nurses whom other nurses nominated as clinical leaders were often not the most senior nurses and that their leadership approach was based on a foundation of care. Stanley identified that in addition to attributes such as clinical competence and clinical knowledge, clinical leaders appeared also to possess "approachability, motivation, empowerment...and visibility" (2006, p. 20). Allen (1998) identified that among nurses, there were five main factors, which influenced personal development as a clinical leader. The most predominant of these factors are 'self-confidence' and 'innate leader qualities'. This importance of personal characteristics was explored further by Zhang, Luk, Arthur & Wong (2001) who noted that nurses rated interpersonal understanding and commitment to tasks as most important with relevance to clinical leadership performance.

Research forming part of a larger doctoral study by Stanley (2006), examined qualities of clinical leadership that registered/qualified nurses either associated or disassociated with leadership. The forty-two listed qualities were drawn equally from literature relating to transformational and transactional leadership and an additional three qualities identified during the pilot study. The results showed that clinical competence, clinical knowledge, effective communication, decision-making and empowerment were strongly associated with effective leadership by the respondents. Stanley's study showed that senior nurses were not always seen as the leaders in the clinical area with junior nurses nominated as leaders based upon behaviours demonstrated in practice. The study itself was limited by a poor response rate (22.6%) perhaps due to respondents being asked to nominate leaders by name within the survey, nevertheless, the results showed an interesting trend in the manner in which Registered Nurses perceive leadership qualities in their colleagues.

Stanley's (2006) study demonstrated how leadership attributes as perceived by Registered Nurses in their peers contributed to and impacted upon the working environment. Research such as this project which examines how leadership attributes as perceived by student nurses of Registered Nurses may offer the unique dimension of educational outcomes into the clinical leadership context.

A study by Laschinger, Wong, McMahon & Kaufmann (1999) examined a model linking leader-empowering behaviours to nurse perceptions of workplace empowerment. The results showed that client care improved and factors leading to burnout such as stress and poor job satisfaction were demonstrated when nurses were empowered to carry out their work more effectively (Laschinger, Wong, McMahon & Kaufmann, 1999).

A study by Thorell-Ekstrand and Bjorvell (1995), which examined three groups of students and their experiences in their final practicum over a three year period, suggested that the clinical practice experience enables students to observe role models and to practice and then reflect on what is seen, heard, sensed and done. Through this experience of the clinical environment, students are able to identify characteristics of clinical teachers that are both negative and positive. A replication study of research carried out by Knox and Morgan (1987), which examined characteristics of best and worst teachers through the use of an effectiveness inventory, by Nehring (1990) identified that being a role model was an important characteristic in distinguishing a

'good' or 'bad' teacher. However, selected research has shown that although good role modelling influences a student's attitudes, even a bad role model may impact a student's development positively (Fitzgerald, Pincombe, McCutcheon, Evans, Wiechula, & Jordan, 2001; Langridge & Hauck, 1998). The original study by Knox & Morgan (1987) was replicated again in 2002 by Lee, Cholowski & Williams who administered the teacher effectiveness inventory to a group of Australian undergraduate nursing students. The results confirmed both Knox & Morgan (1987) and Nehring's (1990) findings and also highlighted the importance of good interpersonal communication as central to distinguishing a 'good' or bad' teacher.

The identified characteristics of 'good' clinical teachers involve role-modelling, enjoyment of nursing, taking responsibility, demonstrating sound clinical skills and good judgement (Knox & Morgan, 1987) and are reflected in literature identifying characteristics of effective leadership (Stanley, 2006; Zhang, Luk, Arthur & Wong, 2001).

2.4 Preceptored Clinical Education

2.4.1 Preceptorship Defined

Preceptor, mentor, supervisor, buddy and clinical tutor are all terms variously applied to describe the role of clinical teachers within these models. This had led to the term 'preceptor' being currently used to mean any of these terms, although Burnard (1988) had earlier observed that nursing education had slipped into the use of 'mentorship' to describe the process of clinical teaching and learning. However, clinical teaching/learning within nursing in the 21st century is more appropriately termed 'preceptorship'.

Preceptorship has been defined as an individualised teaching and learning strategy, where a preceptee is allocated to a nurse preceptor in order to experience every day clinical practice with a role model and a resource person who is directly available (Barrett & Myrick, 1998; Chickeralla & Lutz, 1981). Morton-Cooper & Palmer (1993) identify that preceptorship is an educational relationship intended to provide:

1) Access to an experienced and competent role model,

2) A means by which to build a supportive one-to-one teaching and learning relationship, and;

3) A smooth transition from learner to beginner practitioner.

Preceptorship, which is concerned with the day-to-day clinical experience of students, has been shown to enhance clinical learning by providing an essential link between the theoretical learning framework and clinical experiences, therefore closing the theory-practice gap. (Chickeralla & Lutz, 1981; Dibbert & Goldenberg, 1995; Dobbs, 1988; Myrick, 2002). The preceptorship model of education postulates that nurses nurture other nurses and therefore enhance nursing professionalism, which ultimately increases success in practice and job satisfaction (Nash, 2001).

2.4.2 The Origins of Preceptorship

Preceptorship began to appear within nursing in the mid 1970s when it was first identified that difficulties in role transition for newly qualified nurses existed (Bain, 1996; Morton-Cooper & Palmer, 1993). The need for early socialisation experiences for nursing students (Morton-Cooper & Palmer, 1993; Severinsson, 1998) and the demand on newly graduated nurses to synthesise and apply their learning in the 'real world' of nursing represented a difficult barrier to overcome (Kramer, 1974). The evolution of preceptored education in the nursing profession brought with it a concept of support for preceptees – a distinguishing trait of preceptorship, which encompassed "support between colleagues [and] support for learning" (Morton-Cooper & Palmer, 1993, p.100).

2.5 The Nomenclature of Preceptorship

Although nurse preceptors' perceive their role as rewarding, studies by (Bain, 1996; Madison, Watson & Knight, 1994; Usher et al., 1999) have highlighted the need for institutional support and more defined policy and role clarity for nursing preceptorship. The concept of preceptorship has been the subject of many research studies, yet the terminology itself appears to represent a problem as it is used across various contexts and interchangeably with terms such as buddy nurse, mentor and practice partner in undergraduate clinical education.

The demographic structure of the Australian nursing workforce which shows that 50% of the workforce is part-time (AIHW, 2005) and the increasing casualisation of the remaining workforce (Levett-Jones & Bourgeois, 2007) make actualising preceptorship difficult in terms of continuity. The term buddy-nurse has emerged to describe the Registered Nurse who supervises a student as a one off or short term

arrangement. Yet the argument that by virtue of the workforce structure, a nurse preceptor technically fulfils the definition of buddy nurse is valid and adds to the confusion over role definitions with regards to the clinical supervision of undergraduate students.

Morton-Cooper & Palmer (1993) highlight this issue by asserting that there is confusion and lack of understanding stemming from bypassing other issues such as who exactly is qualified to undertake supervision and education by inventing other labels. A report by the Australian Universities Teaching Committee (AUTC, 2002) examined best practice for undergraduate clinical education and summarised that students should receive quality preceptorship for each placement. Within this report, no differentiation of models of supervision based on the stage of undergraduate studies was highlighted and the definition of nurse preceptor simply involved each student having access to a one-to-one relationship with a clinician called either a preceptor or facilitator. Clare, White, Edwards & Van Loon (2002) suggest this arrangement applies also to the supervisor of a larger group of students.

2.5.1 The concept of mentoring in undergraduate clinical education

The term mentor has its foundations in Greek mythology and refers to the role modelling, nurturing and trusted advisory relationship a knowledgeable individual takes on with a less experienced person (Roberts, 1999). Mentoring within nursing education appears to have various meanings and interpretations. Watson (1999) suggests that the term mentor must be clearly defined and understood by all parties including mentees, mentors and educators.

The concept of the mentor suggests that the role of the nurse preceptor in this regard is simply "what one defines it to be" (Barnum, 2006, p.1) though Barnum (2006) highlights that there is a difference between precepting and mentoring. Olive & Enderby (1994) observed that the terms mentoring and preceptorship have been used interchangeably within the nursing literature and do have common features. Olive & Enderby (1994) go on to assert that while preceptorship is part of the mentor role, mentorship is not inherent in the nurse preceptor role.

While literature certainly suggests mentors embody desirable leadership qualities such as empowerment, importance of interpersonal relationships (Morton-Cooper & Palmer, 1993) helping, guidance and counsel (Watson, 1999), mentorship is

not possible in the undergraduate nursing education context due to the limited continuous time spent in clinical placements and the role of the nurse preceptor and mentor being fundamentally different (Mills, Francis & Bonner, 2005). Research by Billay & Yonge (2004) explored the concept of preceptorship from the perspective of the nurse preceptor through the analysis of interdisciplinary literature. The findings showed that preceptorship was distinct from mentorship although a positive consequence of a preceptored relationship may involve the evolution of that relationship into a mentorship.

2.6 Preceptorship and the 'Theory-Practice' Gap

Since the transition of nursing education from an apprenticeship model to tertiary-based education, preceptorship has become the principal model of clinical education for undergraduate nursing students undertaking clinical placements within Australia, the United Kingdom and in North America (Firtko, Stewart & Knox, 2005). Much contention exists however, over whether newly graduated nurses are entering the workforce with the necessary skills to practice competently as registered nurses (Nolan, 1998) and thus as professionals accountable for clinical decisions (Morton-Cooper & Palmer, 1993).

The so-called 'theory-practice' gap refers to the challenge in applying the theoretical knowledge attained through tertiary study into practice in the 'real world' at the bedside – an identified stress for newly graduated nurses (Almada, Carafoli, Flattery, French & McNamara, 2004). The National Nursing and Nursing Education Taskforce Scopes of Practice (2005) found the "prevailing culture of nursing is evident in the disillusionment of new graduate nurses who having been prepared to practice in one way are then acculturated into a more restrictive way of practicing when they enter the workforce" (p. 35). This issue was highlighted in the National Review of Nurse Education (2001) which showed some hospital staff maintain strong ties to the origins of their hospital-based model of clinical education rather than embrace the changes brought about by the transfer of nursing education to the tertiary sector. This was identified as a source of potential difficulties.

Causative factors that contribute to the theory-practice gap include inconsistency in the range of experiences as a student nurse. This issue has been addressed in Western Australia by the governing nursing body that requires a balanced experience in a range of clinical settings (NBWA, 2004) in order for the education provider to gain

accreditation. In addition to this, hospital ethos (National Review of Nurse Education, 2001) and its impact upon student learning (Landers, 2000; White & Ewan, 1991), and the classroom not being able to simulate the true complexities of the clinical situation (McCaugherty, 1991) are also attributed to the theory practice gap. Separation of nursing education from nursing delivery is also perceived to have contributed to the exacerbation of the theory-practice gap in nursing (Dale, 1994; Yassin, 1994).

A preceptored model of clinical education has been shown to address the contributing factors attributed to the theory-practice gap by guiding the transition and integration of nursing students into the nursing workforce (Finkel, 2003). This transition is ideally guided by a system of support that encourages professional growth and development, advancement of competencies and socialisation to the culture of the nursing profession (Shamian & Inhaber, 1985). Effective nursing preceptorship encourages critical thinking by integrating knowledge with clinical skill development (Thompson, Kerschbaumer & Krisman-Scott, 2001), thus addressing the theory-practice gap (Geraghty, 2005).

2.6.1 Scope of the Role of Nurse Preceptors in Undergraduate Nurse Education

Nurse preceptors are required to assist the learner to acquire professional skills in a time-limited relationship (Alspach, 2002). The teaching and sharing of clinical expertise requires the nurse preceptor to effectively orientate the student to the clinical environment, provide support (Burke, 1994) and assist with socialisation to the professional role (Bain, 1996; Kaviani & Stillwell, 2000; O'Malley, Cunliffe, Hunter & Breeze, 2000; Shamian & Inhaber, 1985; Windsor, 1987). Though a recent study by Geraghty examining the effectiveness of midwifery preceptorship identified that preceptors encounter difficulty in actioning "the underlying principles needed to ensure a successful orientation and ongoing socialisation of the student in the clinical area" (2005, p. 44). Geraghty's (2005) study surveyed 24 midwifery students employed within a tertiary maternity hospital. The small sample size limits the generalisability of results, but rich qualitative data from the sample reinforced the findings of previous studies relating to preceptorship with regards to the role of the nurse preceptor in actualising an environment conducive to the development of competence through effective teaching and transfer of knowledge.

The nurse preceptor becomes responsible for facilitating a learning environment that enables the nursing student to increase in confidence, achieve competence in

performing clinical skills and become proficient in applying theoretical knowledge to the clinical setting (Almada et al, 2004; Alspach, 2002; Armitage & Burnard, 1991; Dunn & Hansford, 1997). .Piemme, Kramer, Tack & Evans (1986) assert that the chief functions of a preceptor are goal setting, value clarification and evaluation. The concept of value clarification is supported by Carney (2005) as the role of a committed nurse preceptor in addition to facilitating development of knowledge, skills and attitudes in order for the student to reach their full potential. Teaching, observation and evaluation have also been identified as key roles of the nurse preceptor in assessing student nurses (Shamian & Inhaber, 1985).

Spouse (2001) found that students settled into placements more quickly, developed confidence and learned to recognise the relevance of their epistemic (cognitive) knowledge as a result of good supervision. Research has shown repeatedly, the importance of preceptorship in enhancing the practical experience for nursing students (Dunn & Hansford, 1997; Morton-Cooper & Palmer, 1993; Myrick & Yonge, 2004) yet the scope of the role remains poorly and far too widely defined. Nurse preceptors have reflected this frustration in attempts to define their role (O'Malley, Cunliffe, Hunter & Breeze, 2000; Oermann, 1996; Williamson & Webb, 2001).

2.6.2 Challenges & Rewards of Preceptorship

It is well recognised that clinical practice is a major component of the undergraduate nurse experience (Chan, 1999; Dunn & Hansford 1997; Glover, 2000; Lee, 1996). Students consistently rate clinical supervision as crucial to the experience of the placement and also highlight student/preceptor mismatch as an obstructive factor to a productive and satisfying learning experience (Dunn & Hansford, 1997; Lofmark & Wikblad, 2001).

Whilst nurse preceptors appear to anticipate the requirements of the role, they are not always prepared for the constraints that they experienced in the working situation (Grealish & Carroll, 1997; O'Callaghan & Slevin, 2003). Constraints such as lack of time to fulfil the requirements of the role resulted in poor job satisfaction for preceptors themselves (Geraghty, 2005). A positive correlation between nurse preceptor job satisfaction and the subsequent achievement of positive clinical learning outcomes for the preceptee was demonstrated by Barrett and Myrick (1998) in their quantitative study of nurse preceptors and preceptees job satisfaction and clinical performance. While this study was limited by a small sample (35 preceptors and 33 preceptees), the

results showed that students who feel satisfied with the practical arrangement and supervisory relationships tend to perform better on the job. This learning partnership expands the notion of preceptorship into broader career issues.

These relationships promote camaraderie, sharing, and mutual learning. For example, nurse mentors are inviting students to "come work on our unit — to be a part of us." This is a powerful, effective way to welcome novices into the profession (Vance, 2001, p. 2). An Australian replication study based on research originally conducted by Dibbert and Goldenberg (1995), (Usher, Nolan, Reser, Owens & Tollefson, 1999) examining nurse preceptor's perceptions of rewards and supports found that preceptors were clearly committed to the role of preceptor. The findings from this replication study were strengthened by a larger sample that the original study and a high return rate (78%). The rewards perceived by nurse preceptors were mainly intrinsic, namely; the opportunity to teach, increasing ones own knowledge base and stimulating thinking. These identified rewards of the preceptor role were also highlighted by Bizek & Oermann (1990) who undertook a descriptive, correlational study with a sample of 73 critical care nurses across ten facilities and found a direct association between institutional support for nurse preceptorship and job satisfaction.

2.7 Student Perceptions and Experiences of Preceptorship

The preceptored experience, when functioning optimally, will enable undergraduate nurses to develop their attitudes, competence, interpersonal skills and critical thinking abilities (Dunn & Hansford, 1997). The reality is however, that the preceptored experience is not always ideal and students commonly report difficulties in the preceptor/preceptee relationship (Mamchur & Myrick, 2003).

2.7.1 Benefits of positive preceptorship

Positive preceptorship increases positive role transition, job satisfaction and improved employment retention within the hospital (Bizet & Oermann, 1990; McGrath & Princeton, 1987; Nordgren, 1998). For the preceptee, experiencing a reciprocal and productive working relationship with a knowledgeable nurse provides an atmosphere of trust with colleagues who "have been there themselves" and thus understand the challenges facing the beginning student (Morton-Cooper & Palmer, 1993, p. 100).

Research has shown that the preceptored model of clinical instruction results in students demonstrating greater confidence in clinical skills performance (Nordgren,

Richardson & Laurella, 1998). In contrast with clinical education provided by faculty, preceptorship is said to be a more service based approach, which contributes to the preparation of undergraduate nursing students for professional practice (Morton-Cooper & Palmer, 1993; Nordgren, Richardson & Laurella, 1998). A longitudinal study undertaken by Spouse (2001) examining supervisory relationships in clinical practice identified that when staff behaviours show warmth and sponsorship, students' level of confidence increases and a greater tendency to participate effectively in the general activities in the clinical area is observed.

A positive preceptor partnership will enable a student to be partnered with a professional who is able to "shape and mould nursing practice by sharing their knowledge and experiences with [the] student" (Mahoney, 2001, p.270). This in turn enables the student to be introduced positively to the culture of nursing thus enabling early socialisation experiences.

2.7.2 Impact of poor preceptorship on personal and professional development of student nurses

The tenuous nature of the preceptorship arrangement invites potential for problems from the outset. Consideration must be given to the pairing of an experienced nurse with an inexperienced undergraduate student, where the possibility of lack of role preparation of the nurse preceptor, preceptee or both (Mamchur & Myrick, 2003) impacts upon the preceptorship experience. In addition to this, the demanding nature of the working environment makes finding time for meaningful teaching and transfer difficult (Mamchur & Myrick, 2003; Yonge, Myrick & Haase, 2002).

The reality however, in a climate of nursing shortages and intensified workloads, is those named to act as nurse preceptors and provide the support needed by nursing students, are not guaranteed as suitable for the role (Cahill, 1996). A poor clinical experience can result in the student feeling disillusionment with the nursing profession and difficulty in integrating and learning (Pierce, 1991). Research has linked negative experiences and stress in student nurses to impairments in physical and psychological health which ultimately impacts upon the ability to provide patient care (Rhead, 1995; Yonge, Myrick & Haase, 2002) and presents a barrier to learning (Oermann & Garvin, 2002).

When students are placed in clinical situations with staff that are unable or unwilling to provide warmth and support, students tend to suffer in terms of self-confidence (Spouse, 2001). A lack of confidence in clinical abilities results in the student further missing out on professional development opportunities which research has shown, becomes a 'cycle of deprivation' that is difficult to compensate for (Spouse, 2001, p. 518).

2.8 CONCEPTUAL FRAMEWORK

A conceptual framework is the representation of the main concepts or variables within a study and their presumed relationships with each other (Punch, 1998). The advantages in employing a conceptual framework within a research study include clarity and focus on the organisation of the study and the offering of a means of communicating the ideas and relationships (both existing and emerging) believed to exist between the variables (Punch, 1998).

The synergy model was initially proposed as a patient care model by Curley (1998). Curley defined synergy as "an evolving phenomenon that occurs when individuals work together in mutually enhancing ways toward a common goal" (1998, p.70). Curley's (1998) model was adapted by the American Association of Critical Care Nurses and proposed that optimal patient care was best achieved when patient characteristics (needs) were matched by nurse characteristics (competencies) (see Appendix VII).

Kerfoot (2002) adapted the synergy model of patient care to incorporate the role of leaders in healthcare organisations. Kerfoot (2002) asserts that the leader must take responsibility for creation of environments where optimal patient care is achieved through the matching of patient needs and nurse competencies. The creation of such environments was viewed by Kerfoot (2002) as a result of the leader being able to address and influence outcomes relating not only to self (the nurse) but also the patient and system.

Alspach (2006) explores the concept of 'corollary' in relation to the synergy model and offers the definition as "something that naturally follows from something else" (Alspach, 2006, p. 10). Alspach (2006) proposes extending the synergy model to preceptorship and offers that optimal orientation of the preceptee can best be achieved when the preceptee's characteristics (needs) are matched by the preceptor's

characteristics (competencies). Alspach (2006) argues that the preceptor/preceptee interactions have potential to influence outcomes in the same way that patient/nurse interactions impact upon care outcomes. Alspach (2006) describes nine assumptions underpinning the proposed corollary for the synergy model based upon the nine assumptions developed for the patient care synergy model (see appendix VIII model).

For the purpose of this study, this researcher is offering an adaptation of the synergy model which considers patient care, leadership and nursing preceptorship as interrelated elements that contribute to the learner's clinical experience. The central concept of the adapted model assumes that student nurses (preceptees) experience clinical practice positively when the nurse preceptor demonstrates the desirable characteristics required of a nurse preceptor including leadership (see Figure 2.1 *Proposed Synergy Model of preceptorship for Learning and Care*).

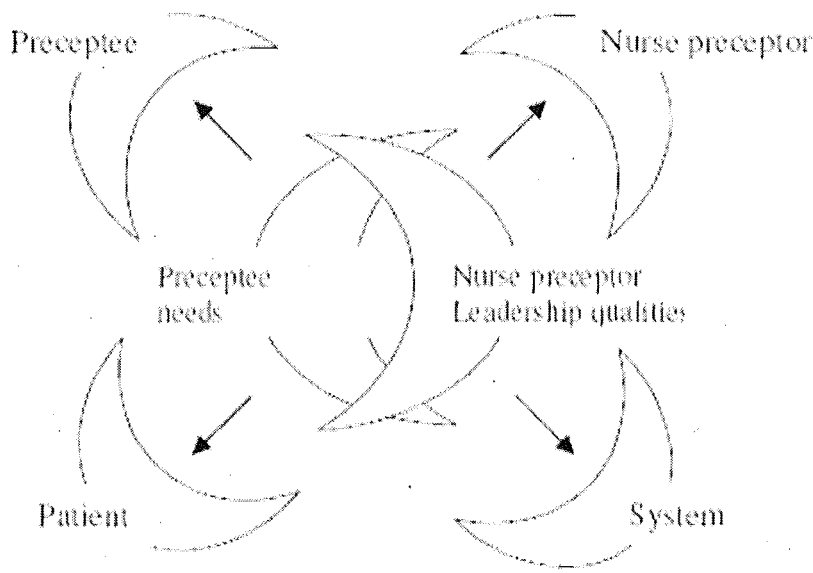

Figure 2.1 *Proposed Synergy Model of preceptorship for Learning and Care*

Alspach (2006) believes that for an extended model to legitimately apply to the given situation, most or all of the assumptions of the original model should hold true. The proposed extension to Alspach's (2006) model, considers each of the stated nine corollary assumptions and offers a preliminary set of assumptions for the proposed learning and care synergy format (see Table 2.1).

Table 2.1
Assumptions guiding the Synergy Model of Preceptorship and proposed Synergy Model of Preceptorship for Learning and Care.

Corollary assumption	(Proposed) assumption
Synergy model for preceptorship	(Proposed) Synergy model for learning and care
1. Preceptees are biological, psychological, social, and spiritual entities who present at a particular developmental stage. The whole preceptee (body, mind, and spirit) must be considered.	1. Preceptees are biological, psychological, social, and spiritual entities who present at a particular developmental stage. The whole preceptee (body, mind, and spirit) must be considered.
2. The preceptee and community contribute to providing a context for the preceptor- preceptee relationship.	2. The preceptee, nurse preceptor, healthcare institution and educational institution contribute to providing a context for the preceptor- preceptee relationship.
3. Preceptees can be described by a number of characteristics. All characteristics are connected and contribute to each other. Characteristics cannot be looked at in isolation.	3. Preceptees can be described by a number of characteristics. All characteristics are connected and contribute to each other. Characteristics cannot be looked at in isolation.
4. Similarly, nurse preceptors can be described on a number of dimensions. The interrelated dimensions paint a profile of the nurse preceptor.	4. Similarly, nurse preceptors can be described on a number of dimensions. The interrelated dimensions paint a profile of the nurse preceptor.
5. A goal of orientation is to ensure the preceptee demonstrates an optimal level of competency as defined by the hospital. Rescinding an offer of employment can be an acceptable outcome, in which the goal of preceptorship is to move the preceptee toward an alternative position or employer.	5. A goal of orientation is to ensure the preceptee demonstrates an optimal level of competency as defined by the hospital and education provider.
	6. The nurse preceptor creates the

6. The nurse preceptor creates the environment for the orientation of the preceptee. The environment of the orientation program also affects what the nurse preceptor can do.	environment for the orientation of the preceptee. The environment of the orientation also affects what the nurse preceptor can do and preceptee will experience.
7. There is interrelatedness between impact areas, which may change as the experience, situation, and setting change.	7. There is interrelatedness between impact areas, which may change as the experience, situation, and setting change.
8. The nurse preceptor may work to optimize outcomes for preceptees, healthcare providers, and the healthcare system.	8. The nurse preceptor may work to optimise outcomes for preceptees, patients, and the healthcare system.
9. The nurse preceptor brings his or her background to each situation, including various levels of education/knowledge and skills/experience.	9. The nurse preceptor brings his or her background to each situation, including various levels of education/knowledge and skills/experience.

The guiding conceptual framework for this study aims to make the links between leadership, preceptorship, learning and the learning environment and show that leadership is a unique phenomenon defined exclusively by the context in which it exists. The underlying principles of the model highlight that individual personalities and circumstances vary which in turn vary the approach the nurse preceptor needs to adopt in order to actualise a positive learning environment through the embodiment of clinical leadership skills. The model postulates that nurse preceptors who display leadership characteristics which students find desirable in terms of enhancing their clinical experience impact not only upon the student but also create positive outcomes for the organisation/system and patients as well as personal and professional developments for both student and nurse preceptor.

2.9 Summary

The review of the literature has examined research and commentary from the previous fifteen years exploring the notions of leadership and preceptorship as individual and interrelated concepts that contribute to the practical and professional development of undergraduate student nurses.

Leadership has been defined as a catalyst that transforms potential into action and then action into reality. The literature revealed many theories of leadership adopted in various disciplines. There is no lack of literature exploring leadership in the nursing profession, though this research has tended to focus on already Registered Nurses in the clinical environment and on non-clinical managers. A paucity of literature described leadership attributes of nurse preceptors in context with their role in educating pre-registration nursing students.

The characteristics of the effective leader are very similar to characteristics of effective nurse preceptors and clinical teachers. This was suggestive of these roles being intertwined although no clear links had been established through the available and reviewed literature. A clinical leader has been shown as an individual that can lead by example and practice in congruence with their held values.

This review of the literature has highlighted the complexities of preceptored education and barriers in place for both nursing students and nurse preceptors in achieving a productive, positive practical experience. The reviewed literature has demonstrated that effective leadership directly improves both patient care outcomes and educational outcomes for students.

Preceptorship is not a new model of clinical education and has been widely used globally for the last thirty years and within Australia over the last twenty. Preceptorship evolved as it was identified that difficulties in role transition existed for newly qualified nurses. The preceptored model of clinical education is concerned with the day-to-day clinical experience of students by providing them with an experienced and supportive guide to expose them to the real world of nursing and enable early socialisation experiences.

There is much contention within the nursing profession over the existence of the so called 'theory practice' gap. This gap represents the knowledge obtained through tertiary instruction and the subsequent challenge of applying and integrating this

knowledge within the practice setting. Preceptorships are purported to assist in bridging this gap through the encouragement of critical thinking through integrating knowledge within clinical skill development.

Research has repeatedly shown that students settle into placements more quickly and demonstrate greater confidence as a result of good mentoring and preceptorship. Students identify their experiences with nurse preceptors as the 'make or break' factor of the clinical placement and student/preceptor mismatch has been shown to be an obstructive factor to experiencing a satisfying learning experience.

While nurse preceptors appear to anticipate their role, they are not always prepared by the constraints such as intensified workloads, placed upon them. Nurse preceptors identified intrinsic rewards of preceptoring such as increasing ones own knowledge base and the satisfaction of teaching but felt there was little or no extrinsic incentives in place to support or reward the additional responsibility taken on when precepting students.

This study aims to bridge the gap between leadership and preceptorship from the perspective of the student nurse. The literature clearly shows the characteristics of good leadership and qualities of effective nurse preceptors but the links between these two concepts are poorly defined by current research.

The synergy model of preceptorship has been adapted to explain the variables that impact upon student nurses perceptions of leadership qualities and their interactions with nurse preceptors in the clinical environment.

Chapter three will examine the research methodology adopted in examining the characteristics of leadership considered desirable by nursing students in their nurse preceptors.

CHAPTER 3
METHODOLOGY

3.1 Introduction

This chapter will discuss the research methodology and design in the investigation of undergraduate nursing students' perceptions of desirable leadership qualities in their nursing preceptors.

Educational institutions are increasingly under pressure by industry to produce graduate nurses ready to 'hit the ground running' or who are fit to practice (Freshwater & Stickley, 2003). This coupled with the changing healthcare environment has highlighted the need to explore clinical practice and clinical learning environments in greater depth (Chan, 1999; Dunn & Hansford, 1997). The nursing shortage currently being experienced globally has necessitated the need to provide positive practical experiences, which encourage students not only to complete pre-registration education, but to remain within the profession post registration. To this end, it is prudent to explore the clinical learning environment, examine student reflections on past experiences, and determine whether students experienced leadership in their undergraduate training course and who provided it.

This study adopted a mixed methodology utilising a descriptive survey approach to explore the context and perceptions of leadership and preceptorship of a cohort of 23 second year, stage four undergraduate student nurses completing a three-year Bachelor of Nursing program within the largest nursing school in Western Australia. The study took place between March and September of 2006, with the main data collection period taking place in August 2006. Students invited to participate within the research were a purposive sample (Patton, 1990) of students enrolled in the second year of the undergraduate course.

3.2 Quantitative approach

Quantitative research can be employed in both conclusive and exploratory study designs for the purpose of gathering and quantifying data about variables (Joppe, 2006). A significant point of difference between a quantitative and qualitative approach to research is the replication ability of quantitative research, which tends to add a higher

degree of reliability to this approach (LoBiondo-Wood & Haber, 2006). In terms of this research, quantitative inquiry is the most appropriate approach to gaining descriptive information about the composition of the sample and enabling statistical comparison between groups. The most appropriate method of gathering this data in a short period of time with a potentially large sample is via the use of a survey.

The purpose of a descriptive survey design is to describe and interpret events, conditions and situations (Picciano, 2006). Burns & Grove (2006) assert that in addition to describing events and situations, the survey approach allows the researcher to gather information about the characteristics of an area of study and provide a description of events as they happen naturally without any manipulation of variables thus being able to meet the aims of the research and address the research questions.

In terms of seeking quantitative data using a questionnaire, the survey approach enables the researcher to gather potentially larger volumes of data in a time intensive manner (Milne, 1999). For the purposes of this research project, demographic information and a scale item relating to characteristics of leadership aimed to elicit purely quantitative data to describe the characteristics of the sample and a quantitative representation of the characteristics of leadership rated as desirable by student nurses.

3.3 Qualitative approach

The descriptive survey can be adopted to yield both qualitative and quantitative data (Burns & Grove, 2006). A qualitative component of this research study was designed to elicit perceptions of the variables under study to provide the researcher with a more in-depth understanding of the interactions between these variables. Qualitative data, in its simplest understanding, provides an emphasis on understanding meanings and processes that cannot be rigorously measured (Denzin & Lincoln, 1994).

Qualitative inquiry is particularly useful when examining concept or phenomena which little is known about and also yield more intricate information which cannot be captured as an expression of numerical data (Strauss & Corbin, 1990).

Therefore a mixed methodological approach to this research has been adopted utilising a descriptive survey design to elicit views of leadership and preceptorship from student nurses through the use of a semi-structured questionnaire aimed to elicit both quantitative and qualitative data.

A summary of the methodology and data analysis design is provided below in *Figure 3.1* Summary of Research Design and Analysis Plan

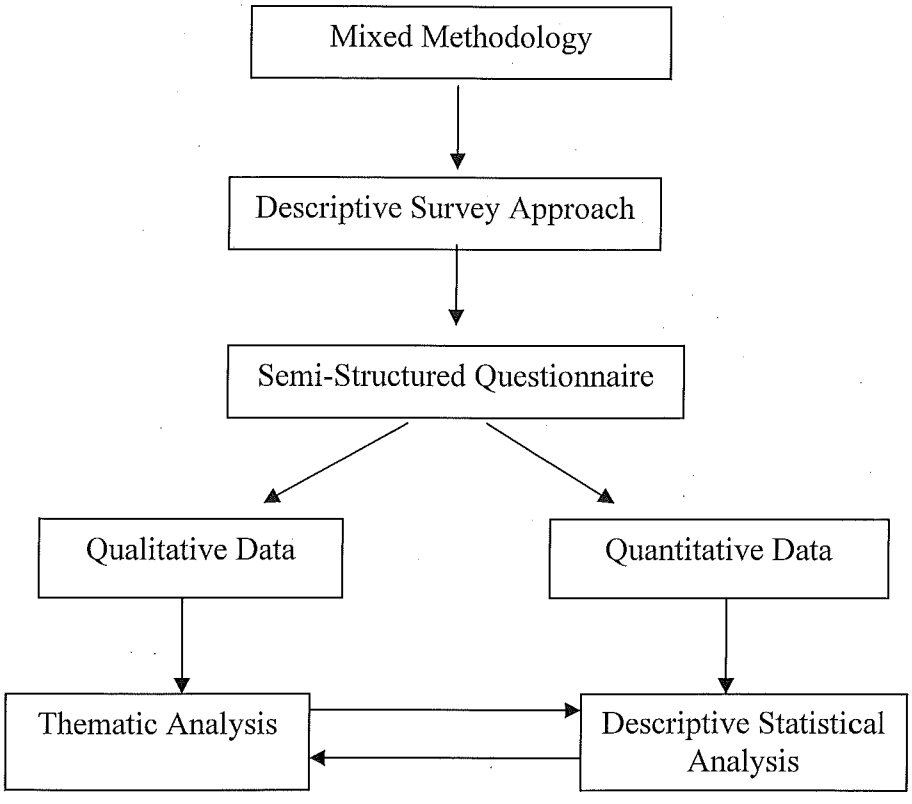

Figure 3.1 Flow chart of Research Design and Analysis Plan.

3.4 Phase one: Development & Pilot testing

3.4.1 Development of the instrument

This research study utilised a questionnaire to collect data from a cohort of second year, semester four undergraduate student nurses. The chosen area of research was found to be under-studied within the current literature and therefore was not able to be guided by any formal studies previously administered in entirety. The researcher therefore opted to develop a new instrument to examine undergraduate nursing students' perceptions of desirable leadership characteristics of the nurse preceptor.

Although this method of data collection has fundamental weaknesses associated with the design, administration and data potential (Babbie, 1990), the approach had several advantages in terms of this study.

The instrument contained open-ended questions, which potentially generate large amounts of data that may take a long time to process and analyse (Milne, 1999). In terms of this specific research, the potential data volume had been addressed by limiting the amount of space provided for these questions to encourage succinct responses.

A further weakness of the questionnaire was that some students might not be willing to answer particular questions. "They might not wish to reveal the information or they might think that they will not benefit from responding perhaps even be penalised by giving their real opinion" (Milne, 1999, p. 2). Maintaining anonymity of the respondents and providing a thorough explanation to participants regarding the use of data and value in providing both negative and positive responses to question items addressed this issue. Bian (1994) noted that people are generally careful about what they say [or write] in non-private circumstances. To address this issue, students were allocated one week to complete the questionnaire in their own time and at a suitable location.

The questionnaire approach was justified in that the advantages included objectivity of data collection, time efficiency in collecting data from a large sample, and cost effectiveness (Milne, 1999; Statpac, 2005). The stated weaknesses could be addressed appropriately in terms of this study.

Items 1-4 Demographic Information

The demographic details, which included age, gender, level of experience and level of education were included to ascertain the level of representation of the sample in comparison with the total population of interest within the nursing school under examination and also in comparison with the national undergraduate nursing demographic.

Item 5-6 Defining Leadership

Respondents were asked to define leadership in their own terms. This had a two-fold purpose in terms of the research. Firstly, the definition was vital in examining the context of leadership in preceptored education in order to address an aim of the research. Secondly, the question encouraged the respondent to consider their personal opinions and meanings attached to the term prior to completing later questionnaire items dealing with qualities and experiences of leadership.

Item 7 Replication Item

This item replicated a study question posed by Stanley (2005), which explored prescribed characteristics Registered Nurses associated with leadership. The thirty-nine characteristics were drawn evenly from literature relating to both transformational and transactional leadership. This item was pilot tested as part of a questionnaire relating to clinical leaders by Stanley (2004). The validity testing of Stanley's (2004) instrument was undertaken in a paediatric unit and distributed to a cohort of 30 nurses with a return rate of 43.3%. As a result of the pilot testing, an additional three characteristics were added to the original list. The validity testing of Stanley's (2004) instrument showed a strong correlation between clinical nurse leadership and transformational leadership.

In adapting the item for this study, fourteen of the original instrument characteristics were retained (drawn equally from transactional and transformational leadership). The remainder were discarded and replaced by a new fourteen characteristics drawn from literature relating to authentic and congruent leadership. These models of leadership are discussed in greater depth in Chapter Two. The purpose of these alterations was to present equally, four models of leadership which could be analysed for patterns according to the responses.

Item 8 Additional Characteristics

This open-ended question was included in the questionnaire to allow the respondent to add any qualities or characteristics of leadership that were not covered by the previous item. This item contributes to the definition of leadership in preceptored clinical education and thus in part, addresses a research aim.

Item 9 Leadership Exemplar

This item prompted the respondent to reflect upon an experience where a nurse preceptor may have shown leadership in their role in clinical practice. The purpose of eliciting this information is to gain insight into the context of leadership within the clinical/ nurse preceptor student relationship and attach a definition to behaviours that are viewed by students as leadership exemplars.

Item 10 Preceptorship Exemplar

This item invites the respondent to reflect on experiences of clinical practice (positive and negative) and make comments as the manner in which clinical practice is facilitated. The rationale for including this question is to allow a greater scope to define

the context of leadership in the nursing profession and provide examples of both desirable and undesirable behaviours that impact upon the learning experience.

3.4.2 Setting

The study was carried out within a Western Australian university housing a large nursing school with 1297 undergraduate nursing students enrolled across six semesters of the three year pre-registration program. The pilot phase of the study was undertaken within the university setting. Burns & Grove (2006) suggest that the location of a research study is crucial to its successful completion. The site was selected as it is where the researcher is currently undertaking study and therefore has a familiarity with the staff, procedures and layout of the university. Researching the target population in their own environment is more convenient for the sample in terms of time and effort required to return completed questionnaires.

3.4.3 Sample

When selecting participants for a pilot study, Aamodt (1982) asserts that in order to preserve the context of the data and accuracy of meaning, the raters should be drawn from the context within which the original data was generated. Therefore, the researcher prior to a lecture randomly selected seven students enrolled in semester four, second year of the undergraduate nursing program.

Questionnaires are a standardised instrument so it is not possible, for example, in comparison with an interview to clarify any points in the questions that participants may misinterpret (Milne, 1999). This weakness was overcome by carrying out pilot testing of the instrument prior to distributing the questionnaire to the target population. Pilot testing of the questionnaire is advantageous to give advance warning of areas of weakness or complication in the instrument design and allows the researcher to remedy these problems prior to undertaking the larger scale study (Teijlingen & Hundley, 2001).

A total of five of the seven selected students (71%) returned the completed questionnaire and validity worksheet.

3.4.4 Instruments & materials

The seven students selected to participate within the pilot testing of the instrument were given an information sheet detailing the content and aims of the research project in addition to an overview of the items within the questionnaire. Each student was given a copy of the questionnaire, an envelope to return the finished documentation and an information and worksheet designed to test validity of the instrument. Consent was implied if the questionnaire was returned.

The worksheet to test for validity contained questions relating to the clarity of the questionnaire items, whether any topic areas had been omitted in the respondent's opinion, time taken to complete the questionnaire and whether any questions were objectionable or unanswerable.

3.4.5 Procedure

The instrument was pilot tested along with a questionnaire on validity and clarity (see appendix V) in August 2006. The students were invited to complete the questionnaire after a verbal explanation and written information sheet was distributed, detailing the research project. Students were advised that the purpose of completing the survey and validity questionnaire was to discover any problems with the instrument itself. Students were made aware that the responses would not be included in the main study results and by participating in the pilot testing they would be precluded from participating within the main study to avoid potential bias from respondents completing a previously seen questionnaire.

The selected students were given an envelope containing the instrument and a coversheet with instructions for validity testing and the associated questions. Students were asked to complete the questionnaires anonymously and return them to the nursing reception area by the end of that day. From the seven questionnaires distributed, five were returned (71% response rate). From the five returned questionnaires, all five indicated the items within the instrument were clear, non-ambiguous and relevant (100% agreement rate).

3.4.6 Data analysis plan

The validity testing tool was analysed by collating responses item by item into a document database to highlight areas of potential problems with the instrument design.

As there were no areas commented on for change or review, no further analysis was required and phase two was undertaken.

3.5 Phase two: Survey implementation

3.5.1 Setting

Phase two of the research involved the main data collection period and distribution of the questionnaire to the population of interest. This phase was undertaken within the university. This site was selected for the main study as the sample group are located on the campus and therefore have convenient access to return completed questionnaires.

3.5.2 Sample

Participants in the research study were selected from nursing students enrolled in the Bachelor of Nursing (pre registration) course at a major nursing school in Perth, Western Australia. The criteria set for the purposive sampling of students were as follows:

- Enrolled in the Bachelor of Nursing (pre registration) course on either a fulltime or part-time basis
- Enrolled in the second year, fourth semester of the course
- Enrolled in the relevant practicum unit
- Had completed previous compulsory practical units and therefore have spent a minimum of 200 hours in clinical practice

The number of students fitting these criteria was estimated to be approximately 326 students (allowing for flexibility due to late enrolments and deferrals). Students enrolled in the second year of the course were selected primarily as they would have worked with a number of nurse preceptors by that stage of their studies, as they would have completed a mandatory minimum of three clinical rotations (200 hours). The only exclusions were those who participated within the pilot testing and those declining to participate.

Students enrolled in the second year, semester four of the nursing course were purposively selected for three central reasons:

Firstly, these students represent an under-studied population. A literature search relating to experiences of first and final year nursing students yielded numerous results, yet a dearth of identified literature specifically looked at the experiences of mid-qualification undergraduate nursing students. Secondly, this group have had 200 hours exposure by the completion of semester three within the clinical environment under the supervision of various clinical staff.

Thirdly, in aiming to elicit perceptions of a phenomenon that is described as desirable, it is advantageous to select a group that has not had excessive grounding within the context of the phenomenon i.e. preceptored clinical placements, in order to allow them the truth of the experience in reflecting forward on aspects of clinical practicums and supervisory characteristics they would consider desirable.

3.5.3 Instruments & materials

The instrument used to collect the data for this study (see Appendix I Qualities of Leadership Survey) was newly developed to elicit information specifically relating to undergraduate nursing students' perceptions of desirable leadership characteristics of nurse preceptors. The instrument contained demographic details including age, gender, level of experience and level of education as well as open-ended items to elicit perceptions of leadership behaviour and experiences of preceptorship during clinical practice placements.

Students interested in taking part within the study were given an information sheet detailing the aims of the research and content of the questionnaire. A copy of the questionnaire and an envelope was also given to each participant for them to return it once completed.

3.5.4 Procedure

The questionnaires were distributed at the beginning of a lecture attended by the population under study. Information was provided in written form regarding the aims of the study and the manner in which the data would be collected and dealt with (see Appendix II Information Letter for Participants). This information sheet also detailed the contents of the questionnaire and potential benefits and risks of participation. The target population was advised that participating in the research was entirely voluntary and that the researcher is not employed by the university and is conducting the research independently in fulfilment of an award. Each questionnaire had an attached an

information sheet containing the information given verbally in addition to information regarding anonymity and contact details of the researcher. Participants were advised that consent was implied if the questionnaire was completed and returned. This was explained verbally and detailed within the information sheet. Students were allocated one week to return completed questionnaires. Questionnaires were submitted to nursing reception where a sealed and fixed box was located.

Owing to a poor attendance at the initial lecture and a subsequent poor response rate to the survey, the researcher attended the same lecture two weeks later and repeated the above procedure.

3.5.5 Data analysis plan

Initially, each questionnaire was assigned an individual identifier code prior to entering the data into a SPSS database.

Prior to preliminary analysis of the quantitative data, the data sets were checked for errors by screening the data set to check for scores out of range of possible scores. This was achieved by inspecting the frequencies for each of the variables (both categorical and continuous). The process of screening and cleaning data is essential prior to undertaking preliminary analysis in order to avoid erroneous analysis (Pallant, 2001) and thus misleading data interpretation.

The numeric and categorical data from the completed questionnaires was entered into a SPSS version 12 database and analysed using simple descriptive statistics.

Qualitative data from the open-ended items of the instrument were entered verbatim into the first column of a table within a word document created for each item. The responses were analysed through the use of simple thematic analysis using three levels of analysis.

3.5.5.1 Level I analysis of qualitative data

Level I analysis involved extracting the key words from the transcribed responses and entering them into the second column of the table created within the document. Aronson (1994) assert that this data can come from direct quotes or paraphrasing common ideas.

3.5.5.2 Level II analysis of qualitative data

Level II analysis was the development of sub-themes from the keywords extracted from the original transcribed responses. Leininger (1985) describes this phase of thematic analysis as the bringing together of fragments of ideas that are often meaningless when viewed alone. This phase represented the combining and cataloguing of related patterns of meaning extracted at Level I into sub-themes Aronson (1994).

3.5.5.3 Level III analysis of qualitative data

Level III analysis involved the reduction of the sub-thematic groups into major themes. This step in the analysis process involves knowledge of the relevant literature in order to make inferences from the data as to the emergent themes (Aronson, 1994). The themes elicited at this stage enable the researcher to begin to develop a story line which "interwoven with the findings, the story that the interviewer constructs is one that stands with merit" (Aronson, 1994, p.2).

To examine qualitative elements of data objectively and to ensure preservation of truth in the research in the process, the researcher identified the need to remain reflexive throughout the data analysis process. The term 'reflexivity' refers to the process of reflection on the nature of the researcher's involvement within the research process and the manner in which this involvement may shape the research outcomes (University of Huddersfield, 2006).

To engage in reflexive thought processes, the researcher employed the use of audit trails to track the process of data analysis and submitted transcribed and coded data to a second researcher to check interpretive accuracy and compare the thematic groupings. In addition to this, the researcher bracketed preconceived assumptions throughout the research process through the use of reflective journaling.

An audit trail is a documentary record of the steps undertaken in making the connections between raw data and final interpretations (University of Huddersfield, 2006). For the purposes of this study, an audit trail was created for items 9, 10a and 10b (see Appendix VI Example of Audit Trail).

3.6 Consent & Ethical Issues

This proposal was submitted to the tertiary institution, Ethics Review Sub-committee and approved for implementation in July 2006. Participants were informed that they had the right not to participate or withdraw at anytime without consequence to

their academic study or clinical practice. Consent was implied if the questionnaire was completed and returned. All data is being kept in a locked filing cabinet in the postgraduate research room at the university for a period of five years from publication of findings, in accordance with National Health and Medical Research Council (NHMRC) regulatory guidelines (1999). At the conclusion of the research, the researcher permanently deleted all materials from the hard drive of the computer used to store and analyse the data. Electronic materials were stored on a compact disc and stored securely with hard copies of research materials securely for the five-year period prescribed by the NHMRC. At the conclusion of the mandatory storage period, the materials will be destroyed in accordance with university guidelines.

The researcher and her immediate supervisors were the only individuals with access to the anonymous raw questionnaire data. All information pertaining to participants remains the property of the researcher and was not be used for any other purpose except for execution of this study.

3.7 Summary

This study utilised a mixed methodological approach adopting a descriptive survey design to examine undergraduate nursing students' perceptions of desirable leadership characteristics of nurse preceptors. The data was collected through the use of a questionnaire containing a combination of ten open and closed questions. The population of interest was selected purposively from a group of undergraduate nursing students enrolled in second year, semester four of the undergraduate program. Respondents were asked to complete demographic details and respond to open ended questions about perceptions and experiences of leadership and preceptorship.

To ensure accuracy and trustworthiness of both the instrument and the data, the questionnaire was pilot tested prior to the main data collection period with a sample drawn from the population of interest. Post data collection, accuracy of quantitative data was ensured through the screening and cleaning of data sets. Trustworthiness of qualitative data was maintained though the researcher's own reflexivity achieved though the use of personal reflections, creation of audit trails and interpretive accuracy checking with a third party.

CHAPTER 4
RESULTS

4.1 Introduction

This chapter presents the findings resulting from the data analysis, which aimed to elicit undergraduate nursing students' views on desirable leadership characteristics of their clinical preceptors. Participant characteristics will be discussed followed by responses to closed ended and scale items within the questionnaire. In conclusion, the themes and concepts derived from the open-ended items within the questionnaire will be presented.

4.2 Pilot testing: Phase one

During the month of August 2006, prior to the major study commencing, a pilot study was carried out to test the clarity of the instrument and instructions for instrument completion. No changes to the tool were necessary as a result of the pilot testing and the main study commenced in August 2006. No attempt was made to interpret data collected during the pilot study from the questionnaires and the data was not included in the main study analysis.

4.3 Demographic Data

A cohort of approximately 326 students were enrolled in semester four, which was the second year of the undergraduate nursing program at the time the study took place. 108 questionnaires were distributed to students present at the designated lecture at the first distribution. As only 23 questionnaires were returned, two weeks later the questionnaire distribution procedure was repeated and a further 30 questionnaires distributed. No surveys were returned within the designated time frame. Therefore a total of 23 nursing students returned the completed questionnaire representing a 21.2% response rate from the first data collection period and an overall response rate of 17%.

Twenty-one of the students were female (91.3%) and two were male (8.7%). In 2006, 89% (n=1150) of the student population from the university under examination were female and 11% (n=147) were male. This gender distribution was comparable with figures from 2004 (89%, n=1169) and 2005 (88%, n=1097)

The most recent Australian figures (AIHW, 2003) for demographic breakdown of pre-registration nursing students showed that 87% (n=21534) were female and 13% (n=3137) were male. Therefore, the sample obtained for the purpose of the study was representative of state and national demographic profiles of the undergraduate nurse in terms of gender distribution.

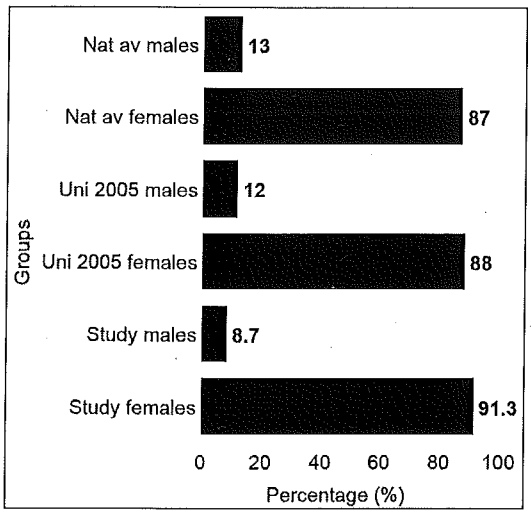

Figure 4.1 Gender Distributions of Participants

Within the nursing school under examination, the most representative age group of nursing students across all semesters was the 20-24 year age group. This represented 32% (n=366) of the total student population in 2006, and this age group was also the most populated in both 2004 (31%) and 2005 (31%). Individuals in the 30-39 year age group represented 18.5% (n=259) of the total student population in 2006 while the 40+ age group accounted for 16.2% (n=211) (COGNOS, 2006).

According to AIHW (2000) data, many students entering undergraduate nursing programs are mature aged. In 1998, students aged 30-39 years accounted for 17.4% of student intakes. Entrants aged over 40 years represented 9.5% and school leavers 38.1% (AIHW, 2000). Of the respondents within the study, students in the 20-24 age group represented 17% (n=4) while participants in the 30-39 year age group accounted for 52% (n=12) of respondents. Subjects aged 40 years and over represented 17% (n=4) of the responses. The remainder of the respondents were aged 19 years and accounted for 13% (n=3) responses.

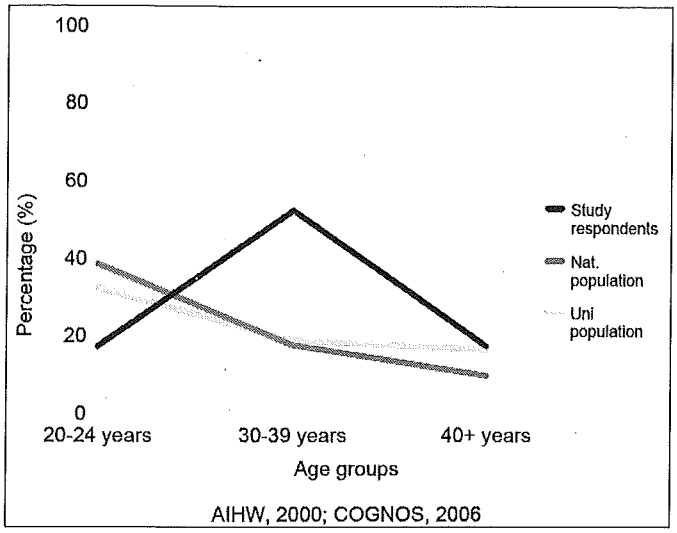

Figure 4.2 Age Distributions of Participants

Ninety-six percent (n=22) stated they were second year students, of this group 17% (n=4) respondents identified that they were also Enrolled Nurses.

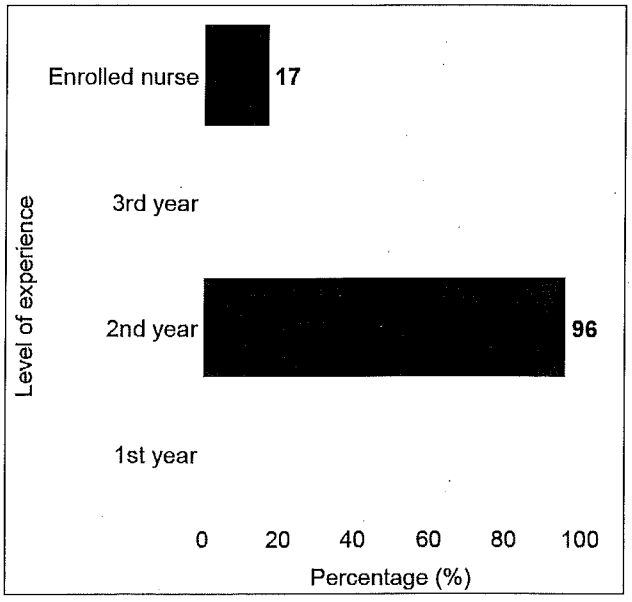

Figure 4.3 Experience Distributions of Participants

47% (n=11) of respondents reported their highest level of education was completion of Year 12. This was followed by 17% (n=4) respondents having attained a TAFE (Technical and Further Education) certificate level of vocational education. An additional three respondents (13%) described their highest level of education as 'other'.

One respondent reported having completed a TAFE diploma while three respondents (13%) identified their highest level of completed education as an undergraduate degree. See Figure 4.4 for more specific details of level of education of respondents.

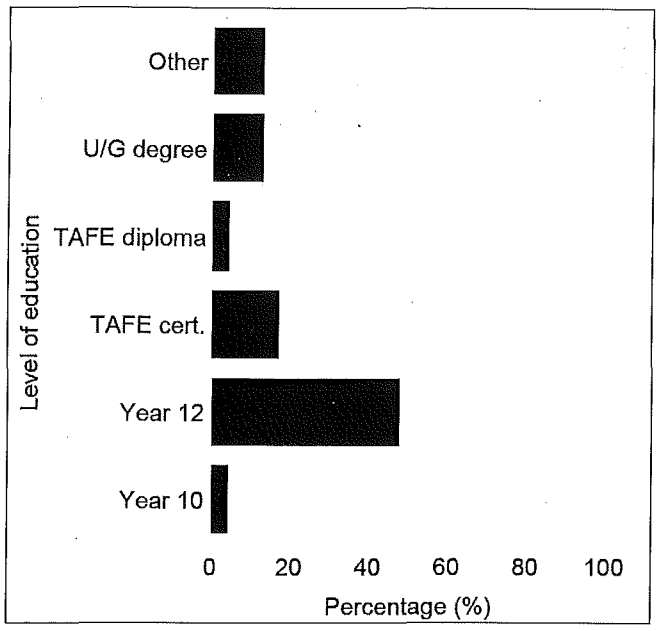

Figure 4.4 Education Distributions of Participants

Three respondents selected 'other' as their highest level of completed education (see Table 4.1). The responses showed that one respondent had completed an apprenticeship in a metal trade, one respondent had completed year 12 equivalent overseas (STPM Malaysia) and another had completed year 11 of high school education.

Table 4.1
Respondents Highest Level of Education Reported as 'Other'

Highest Level of Education	Frequency	Percentage (%)
Metal Trade	1	4
STPM Malaysia	1	4
Year 11	1	4
TOTAL	3	

4.4 Quantitative Data

4.4.1 Is leadership important?

A total of 96% (n=22) respondents agreed that leadership was an important role of the clinical preceptor. One respondent disagreed and stated 'no' to this item.

4.4.2 Characteristics of Leadership

Respondents were presented with a list of 26 characteristics derived from literature relating to transactional, transformational, authentic and congruent theories of leadership. The characteristics were presented as scale items with the following possible responses; yes, don't know, don't care and no. Results are shown in Table 4.2 *Characteristics of Leadership.*

The highest rated characteristics in relation to leadership in clinical preceptors were clinical competence and purposefulness, which were both rated by 100% (n=23) of respondents as desirable. Characteristics of support, motivation, approachability, consistency, organisation and effective communication were all rated by 96% (n=22) of respondents as desirable in relation to leadership in preceptored education. The characteristics rating lowest as desirable leadership qualities were reward and punishment (30%), analytical (52%) and negotiation (56%).

Three respondents used the 'don't care' option when ranking characteristics of 'self-disciplined' (4%) and 'visible' (9%). The overall use of the 'don't care' response represented 13% (n=3) responses.

Table 4.2
Characteristics of Leadership

Characteristic	Yes	Don't know	Don't care	No
Purposeful	23	0	0	0
Clinically competent	23	0	0	0
Supportive	22	0	0	1
Motivator	22	0	0	1
Approachable	22	0	0	1
Consistent	22	1	0	0
Organised	22	1	0	0
Effective Communicator	22	1	0	0
Inspires confidence	21	1	0	1
Critical thinker	21	2	0	0
Sets goals and targets	21	1	0	1
Passionate	20	0	0	3
Guided by principles	19	4	0	0
Compassionate	19	2	0	2
Inspirational	18	2	0	2
Autonomous	18	5	0	0
Self-disciplined	18	4	1	0
Congruent	16	5	0	0
Relationships valuable	16	1	0	1
Visible	16	3	2	1
Resource allocation	15	6	0	1
Authentic	15	7	0	0
Empowered	15	8	0	0
Negotiator	13	9	0	1
Analytical	12	10	0	0
Reward/punishment	7	5	0	10

4.4.3 Additional characteristics of leadership

Space was provided for respondents to add any further characteristics not on the prescribed list that they would associate with leadership. A total of 26% (n=6) of

respondents provided an answer to this item. Characteristics and results are shown in Table 4.3 *Additional Characteristics of Leadership.*

Table 4.3
Additional Characteristics of Leadership

Characteristic	Number of cases
Not demanding	1
Flexibility	1
Non-critical	1
Friendly	1
Honesty	1
Integrity	1
Understanding	1
Availability	1

4.5 Qualitative Data

4.5.1 Defining Clinical Leadership

Respondents were asked to provide a definition of the meaning of clinical leadership in their own words. All respondents (100%) provided a response to this questionnaire item. The themes to emerge from the analysis of this item included; competence and knowledge as associated with leadership in preceptors, the importance of teaching skills and socialisation to the culture of nursing as a role of the clinical leader.

The first concept to emerge was the identification of clinical competence/knowledge with leadership in preceptors with 39% of respondents (n=9) identifying this in their response. One respondent stated a clinical leader was '*someone to learn clinical skills from years of experience*' while another included the role of the preceptor as a teacher in her response by stating her definition of a clinical leader as '*someone who has the skills and knowledge to teach those who are learning*'.

One female respondent identified that the preceptor's foundation of knowledge and role as a teacher must encompass appreciation of the role of the student in the preceptorship arrangement. The respondent stated that '*having a good knowledge base and understanding of the student nurse's role and their scope of practice*' enhance a

clinical leader's role. This point is particularly relevant and that the roles of preceptorship and leadership are interrelated.

Clinical leadership was seen as a means of developing professionally as a student and into the culture of the nursing profession. One of the two male students within the study responded by stating;

> *Clinical leadership is the ability to, or responsibility of imparting knowledge in enhance*[ing] *skill level while at the same time promoting personal growth of the student*

Socialisation within the nursing environment was reported in terms of 'fitting in' with the ward routines and staff. Forty-three percent of respondents (n=10) indicated that they felt the clinical leader was able to actualise a clinical environment conducive to these conditions for the student nurse. As one respondent stated;

> [the clinical leader] *leads a team or individual so that they can develop their understanding, confidence and ability* [and] *also be able to support them emotionally and mentally by providing knowledge and resources that may be necessary and appropriate*

This point was also described by other respondents in terms of the clinical leader possessing *'an actively supporting attitude'*, *'expertise and guidance'* and *'the ability to help in any way to assist a student to complete a practical rotation'*.

The respondents within the study defined the meaning of leadership broadly, though all responses related explicitly to clinical leadership qualities that relate specifically to preceptored education. This suggests that leadership itself is not a concrete concept but is a unique phenomenon defined exclusively by the context in which it exists.

4.5.2 The importance of leadership in preceptorship

Respondents were asked to explain why they felt leadership was an important role of the preceptor. While 96% (n=22) of respondents agreed that leadership was important, 70% (n=16), provided further explanation as to why in the proceeding questionnaire item. Themes emerging from the analysis of this item included; the importance of leadership skills in aiding the transfer of clinical skills and knowledge,

confidence and feeling comfortable in the clinical area and the function of leadership in preceptors that enhances personal and professional development of the student nurse.

The first theme to emerge was a strong indication that respondents felt leadership was important in terms of the learning and transfer of clinical skills and knowledge in practice as evidenced by responses from 52% of the respondents (n=12) within the study. One respondent stated '[good leadership] *gives the student confidence in that their preceptor is knowledgeable and that they are being taught skills properly'*. This point was highlighted by another respondent who asserted that leadership was important '*in order for the preceptor to lead students to achieve comfortable time for better practical learning'*. These responses suggest that good leadership is strongly associated with both clinical competence and effective teaching skills.

A second concept to emerge was that leadership was important to foster confidence and alleviate the stress experienced by students during clinical practice placements. One respondent stated that leadership was important in order to *'give the student confidence'*. Another respondent summed up the anxieties associated with clinical practice by reporting that '*when students are at prac they feel vulnerable and inadequate. Having a dedicated, knowledgeable person assigned to support them is comforting'*. Thirty-nine percent of respondents (n=9) felt that confidence and feeling comfortable in the clinical area could be achieved by exposure to a leader who could foster *'confidence through supporting the subordinate's efforts'* and in acting as *'a role model'*. The concept of the clinical preceptor acting as a *'guide'* featured prominently with 39% of respondents (n=9) using this term to describe why leadership is an important role of their clinical preceptors.

A third concept that emerged from the data was that leadership was viewed as important in terms of enhancing personal development as a student in terms of becoming a nurse and shaping the student's view of the nursing profession. One student felt that the importance of leadership was based in the preceptor's ability to *'help students' to understand their roles and scopes of practice'*. This element of professional development was reflected also in 22% of responses (n=5) that associated leadership with the creation of clinical environments conducive to positive practical experiences. As one respondent described, [Good leadership is] *'vital to a student nurse's development and experience of the prac.* [It] *shapes the student's view on working as a nurse'*. This concept was summed up by one respondent who believed

that *'through good clinical leadership, a preceptor has the ability to assist the student to maximise the learning experience'*.

4.5.3 Nursing Students' Experiences of Leadership in Practice

Respondents were asked to describe how clinical preceptors have demonstrated leadership behaviours during clinical practice. All respondents (n=23) provided a response to this item. The following themes emerged through the analysis of the responses.

4.5.3.1 Focus on skill development and refinement

The first theme to emerge from the data was the role of the clinical preceptor in facilitating students' clinical skills development and refinement. One respondent identified that the preceptor was able to give *'them* [the students] *time repair and perfect skills'*. The issue of the preceptor being present and supportive was closely related to the level of skill refinement able to be achieved by the student with 22% (n=5) respondents identifying this concept. This notion was reflected by comments such as '[the preceptor] *was there to challenge my skills'* and '[the preceptor] *was able to boost my confidence and encourage me to have a go at the skills'*. The responses highlighted that skill development and refinement was highly dependent on competent teaching and instruction from the clinical preceptor who was available in the clinical area to support and guide the student. Not all preceptors were reported as able to actualise an environment conducive to achieving skill refinement through teaching and demonstration. The data showed that respondents viewed the intricate teaching and transfer elements of psychomotor skill development as clinical leadership behaviour.

4.5.3.2 Orientation and socialisation to the nursing environment

The second theme to emerge from the data was the element of orientation and socialisation to the nursing environment as part of a clinical placement. Thirty percent of respondents (n=7) reported skill development as a priority but also responses identified issues such as *'learning to be a nurse'* and *'fitting in'* as issues that could be facilitated by the clinical preceptor. One respondent reported that she had experienced excellent leadership when her clinical preceptor '*developed a good rapport with me*' and '[enabled the student to] *feel like part of the staff, not just a student'*. The responses showed that feeling to be a part of the ward team was equally as important as learning to

function as a nurse within that environment. Effective clinical leadership was perceived by respondents to bridge the gap between *'doing prac'* and *'experiencing nursing'*.

4.5.3.3 Value of preceptor role modelling

The third theme to emerge from the data was the value of the clinical preceptor as a role model. Thirty-five percent of respondents (n=8) reported positive leadership behaviour as being able to see their preceptors modelling desirable behaviours such as showing *'compassion for patients'*, *'respect for themselves and the program'* and *'giving appropriate professional advice'*. In addition to positive behaviours, respondents identified many additional characteristics of the clinical preceptor that enabled them to be effective leaders. These qualities were reported as *'encouraging'*, *'supporting'*, *'understanding'* and, *'knowledgeable'*. Sixty-five percent of respondents (n=15) identified a combination of positive behaviours and personality characteristics that contributed to the overall perception of the clinical preceptor being a good role model and clinical leader in practice.

Seventeen percent of respondents (n=4) described a negative experience of a preceptor displaying unhelpful behaviour although the question asked for experiences of working with a preceptor who demonstrated clinical leadership. One respondent stated that she had worked with a clinical preceptor who *'was uninterested in her own job'* and therefore *'was not even bothered with* [the student]'. Another respondent stated that some clinical preceptors *'forget what it is like to be a nursing student'*. Nine percent of respondents (n=2) reported that their clinical preceptors were overly critical. One of these respondents stated that *'feeling unwanted blurred that particular day'* while the other reported that she felt *'scared'* of her preceptor and of making a mistake when working with her.

4.5.4 Preceptorship in Practice

Item 10 within the questionnaire asked respondents to identify three positive and three negative aspects of their preceptored clinical experiences. Fifteen respondents (65%) completed this question. Six respondents (26%) partially completed the question and two respondents (9%) left the item blank.

4.5.4.1 Integration and Assimilation of Theory into Practice

The first theme to emerge from the conceptual categories was the process of assimilating theoretical knowledge into practice as a central aspect of the clinical

practice experience. Sixty-one percent of respondents (n=14) identified in their response that preceptors must be *'knowledgeable'* and also able to transfer that knowledge to the student through effective communication and demonstration of skills. One respondent highlighted this issue by stating that the presence of a good preceptor meant *'being able to have a go at different aspects of clinical skills with support'*. Twenty-two percent of respondents (n=5), identified the importance of being able to apply theoretical knowledge such as *'medications and pathophysiology'* into the clinical setting where real patients and clinical scenarios would add context to the knowledge. One of the two male respondents asserted that good preceptorship enabled him to '*broaden his nursing knowledge* [and] *think critically about patient care issues'*. Preceptors were viewed by students as a link between theory and practice in the sense that they were seen as nurses who had the relevant clinical knowledge, effective teaching skills and the practical experience to demonstrate and guide students in developing competence in practice.

4.5.4.2 The Preceptor as a Clinical Teacher

A second theme to emerge from the data was the view that a preceptor was seen and relied upon to act as a clinical teacher for the preceptee. Thirty percent of respondents (n=7) reported that the clinical preceptor facilitated the practicum by demonstrating a *'willingness to pass on information'* and providing *'educational sessions to tie the theory in with the practice'*. Preceptors were viewed as *'resource persons'* who were able to draw on an *'extensive body of knowledge'* to demonstrate and teach clinical skills. One respondent reported that her clinical preceptor assisted her to formulate goals for her clinical placement and assisted her is reaching them through planning and review during the placement. This manner of support was reported as essential to helping a student to gain confidence in beginning nursing practice.

4.5.4.3 Gaining confidence and competence with psychomotor skills

A third theme to emerge from the data analysis was the importance of practicing clinical psychomotor skills. The attainment of psychomotor skill competency is arguably a core component of nursing practice and respondents unanimously identified skill competency as a primary goal of clinical practice. Ninety-one percent of respondents (n=21) linked a positive preceptored practicum to achievement of clinical skill practice. One respondent reported that in clinical practice students were able to practice *'new skills in new ways'* as well as *'receiving encouragement to perform*

learned skills'. In this view, respondents highlighted that clinical practice was an arena for learning new skills, practicing learnt skills and consolidating nursing knowledge.

4.5.4.4 Unclear Expectations: Students & Preceptors

The first theme to emerge from the thematic analysis of the responses relating to negative aspects of preceptorship was the issue of unclear expectations. The theme of unclear expectations related to both clinical preceptors and students.

Nine percent of respondents (n=2) stated that a negative aspect of clinical practice was clinical preceptors not being aware of what nursing students can and cannot do at each stage of their study. Another respondent stated that *'preceptors don't know at all as to what is expected of us at our particular level and what we are and aren't allowed to do'*. Seventeen percent of respondents (n=4) reported that preceptors did not know enough about the paperwork required for the university by stating *'preceptors are often unclear about what paperwork we need to do on prac and how we have to do it'*. The issue of contact time was reported by 30% of respondents (n=7) in terms of the preceptor not being allocated enough time to spend with the student attending to formal education and discussion time for required university documentation. Twenty-six percent of respondents (n=6), felt that a negative aspect of preceptorship existed when preceptors were not with or available to the student at all times, this issue was reflected by comments such as '[the preceptor] *was not with me all the time', 'the preceptor was not there the entire time'* and *'I never really saw her* [the preceptor] *much'*. These exemplars demonstrate that students may have unclear expectations of the role of the preceptor and function of the preceptorial relationship.

Fifty-two percent of respondents (n=12), also identified issues associated with behaviours of clinical preceptors that show the clinical preceptors themselves may at times have unclear expectations of the students they precept. One respondent stated that her clinical preceptor had "yelled" at her in front of other staff saying *'I know better than you because I've been a nurse for 20 years!'*. Thirteen percent of respondents (n=3) stated that preceptors would at times become frustrated when students were not able to perform simple clinical skills. While an experienced nurse may feel frustrated when having to repeat instruction and demonstration for seemingly simple tasks, this demonstrates that the preceptor's expectations of the skill level of the student may be unclear or unrealistic. One respondent reported that as a semester three, second year student, she was given medication to administer independently. While the student was

aware of her level of skill and scope of practice and refused to do so, her preceptor was not. Preceptors, students, universities and healthcare institutions must work together to understand and demonstrate fundamental awareness of their scope of practice as defined by their governing nursing body.

4.5.4.5 Role Clarity

The second theme to emerge from the data was the sense of lack of role clarity on the part of both the students and in reports of the behaviours and attitudes of some clinical preceptors. There seemed at general tendency in the responses, which reflected a lack of ownership on the students' behalf of their clinical experience. This was demonstrated by one respondent who stated that her negative experience of preceptorship occurred when her preceptor *'didn't have a clue what objectives* [she] *needed to achieve* [and therefore she] *didn't achieve them'.*

Role clarity issues relating to clinical preceptors were also reported by 35% (n=8) of respondents. Two respondents stated that they felt their preceptor *'didn't want* [them] *around'* and even *'brushed off my concerns'.* One respondent stated '[the preceptor] *showed no interest in helping me or her patients'.* Thirteen percent of respondents (n=3) felt that a preceptor unable or unwilling to be present and supportive meant a clinical placement was often perceived negatively or viewed as a wasted learning experience.

4.5.4.6 Time for the Preceptorial Role

The third theme to emerge from the data relating to negative aspects of preceptorship was lack of time for the preceptorial role. Twenty-two percent of respondents (n=5) felt that their clinical preceptor did not have the time to facilitate their clinical experience effectively. One respondent reported that her preceptor *'was not with me because she had extra duties'* and another stated that *'not enough backup was provided for the preceptor for her to have time to teach me things'.* Students overall reported the need for significant support and instruction from their preceptors. This fact was evidenced by 56% of respondents (n=13) identifying the importance of support as an aspect of both positive and negative preceptored experiences and by 96% (n=22) respondents highlighting support as a desirable leadership characteristic. Demands of a full patient load often meant that preceptors could not attend to the nursing care of their patients in addition to teaching students effectively. This was

reported negatively by students who highlighted the need for discussing clinical care in addition to seeing and doing.

4.6 Summary of Findings

This chapter summarised the findings from the analysis of responses provided by participants from questionnaires distributed to a cohort of semester four, second year undergraduate nursing students. The demographic data revealed that the gender ratio was representative of the national nursing student statistics while the age distribution was slightly higher than the national average. Three respondents were Enrolled Nurses and the majority reported having attained a year 12 level of education as their highest completed competency.

The respondents defined clinical leadership broadly but the main themes to emerge from the responses were related to the role of the clinical leader with regards to undergraduate nurses. Respondents felt a clinical leader was a person able to assist the student to 'fit in' to the clinical environment and provide orientation. The importance of clinical leaders having a sound knowledge base and competence level was also reported by a majority of respondents.

Ninety-six percent of respondents agreed leadership was an important role of the clinical preceptor and justified that opinion by identifying that leadership was important for the preceptor to be able to actualise a clinical learning environment conducive to a positive practical experience in which the student can achieve goals and refine skills.

In rating characteristics of leadership, all respondents agreed that the clinical leader ought to exhibit a high degree of clinical competence and be committed to the role of precepting students. Characteristics rated as least important included reward and punishment and being analytical.

Respondents described situations in which they observed their clinical preceptors displaying leadership behaviours. Respondents described scenarios where preceptors were able to teach skills effectively and with patience and understanding. Others reported the importance of seeing their preceptor as a positive role model who respected the student, themselves and the nursing program. Positive personal characteristics were rated highly as leadership qualities and included characteristics such as displaying kind and fair behaviour toward the student.

In summary respondents reported on both negative and positive aspects of preceptored clinical experiences. Students reported that being able to assimilate theoretical knowledge into practice as a central function of the clinical experience. Respondents also reported gaining confidence with clinical skills as a positive aspect of the practicum experience. In reporting negative aspects, the data analysis revealed that unclear expectations existed with regard to both the student and preceptor's expectations of each other and the practice experience. Time for the preceptorial role arose as an issue for the students who reported at times feeling unsupported in their student role while undertaking preceptored clinical placements.

The following chapter will discuss the findings and synthesise the results with the current available literature and underpinning theoretical framework. Implications for nursing education and practice will also be discussed in addition to recommendations.

CHAPTER 5
DISCUSSION

5.1 INTRODUCTION

This chapter discusses the study findings and represents an attempt to understand the trends and major themes that emerged from the data. The links between effective clinical leadership and preceptorship do not appear to be static, but subject to change as a result of students' different interactions with preceptors and the clinical nursing environment. The contextual factors will be discussed and recommendations suggested. This chapter will also discuss the strengths and weaknesses associated with the conduct of this research project. In addition, this chapter examines several issues that appear to warrant further investigation and discusses the implications for nursing education and practice. In conclusion, the notion that students value preceptorship and leadership is highlighted. This study identified the importance of positive interpersonal relationships and the complexities of the preceptored model of education and clinical leadership on the outcomes for students.

Preceptor led clinical placements are increasingly being utilised within Western Australia in both undergraduate and postgraduate nursing education as the optimal method of facilitating student teaching and learning. The primary aim of the preceptored model of education is to enable the student to gain practical experience under the guidance of a clinically competent and experienced Registered Nurse. The advantages of preceptorship include the potential for the student to practice and refine clinical nursing skills and the opportunity to experience the professional nursing environment at ward level.

As discussed in Chapter Two, the role of the preceptor is broad and when operating optimally, enables students to develop personally and professionally with a knowledgeable clinical expert within a supervised clinical placement to gain experience. The preceptor must therefore adopt a leadership role in the education by accepting responsibility for that student's learning (Shamian & Inhaber, 1985).

This study aimed to examine undergraduate nursing students' perceptions of the desirable leadership characteristics of their nurse preceptors. The utilisation of a mixed methodological approach revealed that students expressed the need for leadership from their preceptors in order to develop confidence and competence as beginning Registered Nurses. The major themes, which emerged from the data, were then analysed and included skill development as a primary goal of the practical experience and the importance of socialisation orientation to the nursing environment. In addition, issues relating to communication, exclusion and expectations of the practical experience were highlighted by students as both conducive and obtrusive factors existing within the preceptored model of clinical education. All of these themes were derived from respondent's experiences of preceptored education and perceptions of leadership characteristics and behaviours observed within the context of this model of clinical education.

This chapter will explore these themes in greater detail, linking the findings with relevant literature and the theoretical framework underpinning this study.

5.2 COMMUNICATION AND INTERPERSONAL RELATIONSHIPS

Interdisciplinary research has shown that a positive interpersonal relationship between teachers and students directly increases the quality of learning (Hekelman, Snyder, Alemangno, Hull & Vanek, 1995; Hilliard, 2000; Vaughn & Baker, 2004). The development of a positive working relationship between a clinical preceptor and student involves developing a mutual rapport (Geraghty, 2005; Stevenson, Randle & Grayling, 2006) and communicating effectively and with mutual respect (Clay, Lilley, Borre & Harris, 1999). The participants within this study highlighted the importance of a mutually positive working relationship with their preceptors in order to gain the most from the practical placement. Qualities of communication skills, supportiveness and approachability were rated by 96% (n=22) of respondents as desirable. Nurse preceptors that embodied and communicated these interpersonal skills were viewed as effective preceptors and clinical leaders from the perspective of the student nurse.

5.2.1 Rapport

Rapport is the ability to make people feel comfortable (Nickitas, Keida, Nokes & Neville, 2004) and the capacity to create 'common ground' (Bower, 2000). Developing rapport with patients is particularly important in the nursing profession in order to ensure that patients are confident in disclosing concerns to their caregiver and

nurses' can communicate effectively with members of the healthcare team. The importance of rapport can also be applied to the preceptor-preceptee relationship in terms of the need to build positive working relationships to enhance learning through trust and mutual respect.

Respondents within the study identified that a positive element of preceptorship existed when preceptors were able to build a positive rapport with the students. This rapport extends beyond verbal communication to areas of non-verbal behaviour and personal characteristics (Hekelman et. al, 1994). Feeling comfortable with the preceptor appeared to enable the student to feel free to ask questions that may have seemed 'silly' to the student. Ultimately students reported a positive practical experience when working with a preceptor who displayed a combination of clinical competence and was able to develop a rapport with the student.

Nine respondents (39%) within the study reported not being able to develop an ongoing working relationship with their clinical preceptor. This seemed to be related to lack of continuity (being assigned to various staff members throughout the rotation) or to being placed with a preceptor who, according to the respondents, didn't want to precept a student. The terms *'unkind'* and *'uncaring'* were used to describe student's perceptions of the qualities of a poor preceptor. While there was insufficient data to evaluate the impact of a poor preceptor on the outcomes of the practical experience, the data suggests that students begin to develop apathetic attitudes themselves in response to apathy. This insight thus giving weight to the adage that 'behaviour breeds behaviour' and reinforcing that negative role modelling is a powerful force in determining attitudes to the profession amongst student nurses.

5.2.2 Continuity of Preceptor

The development of a positive interpersonal relationship with a learner has been shown to increase the quality of learning and motivation to seek out learning opportunities (Vaughn & Baker, 2004). Developing a positive interpersonal relationship however takes time and unless a student is exposed to the same preceptor for a period of time, an effective working relationship is unlikely to be established. Continuity of preceptor was highlighted by fourteen respondents (61%) as important for effective preceptored experiences. Eight Respondents (35%) reported the difficulty associated with '*being passed from nurse to nurse*' and the subsequent inconsistencies that arose with each nurse teaching and practising various tasks differently. Geraghty,

(2005) highlighted that respondents within her study, examining the effectiveness of preceptorship within a Western Australian hospital, the difficulty in building a rapport with a preceptor when only working with them on one occasion, which unfortunately is not an uncommon scenario. In 2003, 50% of Registered Nurses in Australia worked less than 35 hours per week (AIHW, 2005). This statistic in combination with the global shortage of Registered Nurses has implications for issues of continuity of preceptor in clinical practice for both undergraduate and postgraduate students alike.

The lack of continuity appeared to cause confusion for students who reported that working with a new preceptor was like '*starting over*'. Six respondents (26%) reported mixed feelings about their preceptors, from being '*scared*' of them to feeling that the preceptor did not want a student and '*showed no interest in helping*'. When students are placed in clinical situations with staff that are unable or unwilling to provide warmth and support, students tend to suffer in terms of self-confidence (Spouse, 2001). A lack of confidence in clinical abilities results in the student further missing out on professional development opportunities which research has shown, becomes a 'cycle of deprivation' that is difficult to compensate for (Spouse, 2001, p. 518).

When rating desirable characteristics of clinical leaders, respondents overwhelmingly rated 'supportive' (96%) and 'inspires confidence' (91%) as highly desirable qualities in their clinical preceptors. These statistics were reinforced by responses to the open ended questions citing a positive practical experience results from feeling confident and supported in clinical practice by the nurse preceptor.

Therefore the relationship that is forged between preceptor and student is vital in shaping the student's experience of the clinical area and of the real world of nursing work. Early positive socialisation experiences have been shown to improve retention rates of new nurses (Greene & Puetzer, 2006), which are issues of premium concern in an era of worsening nursing shortages at all levels of the profession. Therefore the lack of a conceptual framework to guide preceptorship may be a contributing factor to the difficulties expressed by the respondents in building relationships within the complex interactions of the nursing environment.

5.3 ASSIMILATING THEORY AND PRACTICE

The 'theory-practice' gap refers to the challenge in applying the theoretical knowledge attained through a tertiary study programme into practice in the 'real world'

at the bedside – an identified stress for newly graduated nurses (Almada, Carafoli, Flattery, French & McNamara, 2004). Although widely researched, the issue of the 'theory-practice' gap remains unresolved with students left to reconcile the issue on their own post graduation (Elkan & Robinson, 1995; Wong & Lee, 2000).

This study demonstrated that students view the practical experience as the opportunity to contextualise theoretical learning within the practical setting. One respondent reported that she was '*able to consider a real patient case to give knowledge of relevant pathophysiology and pharmacology meaning within the context of that particular patient's condition*'. Four respondents (17%) identified the link between theory and practice and embedded within the practical experience. Research shows that learning which can be assimilated in various contexts enables the student to develop a more flexible representation of that knowledge (Bransford, Brown & Cocking, 1999) and thus an improved ability to draw upon that knowledge critically – arguably an essential skill for the Registered Nurse.

Respondents viewed their nurse preceptors as a link between the theory and practice with the expectation that their preceptors were both knowledgeable and clinically competent. Research by the Mountain Area Health Education Centre (MAHEC, 2006) found that in order to successfully create tangible links between theory and practice, nurse preceptors must be able to apply principles of communication, analysis, skills in teaching and practice; and motivation of the learner. This finding was reflected by this study in that eleven respondents (48%) reported that a good preceptor and clinical leader was able to motivate and encourage in addition to demonstrating and teaching clinical skills effectively. This is suggestive that learning was actively occurring, as opposed to merely supervised repetitive practice. This finding was reinforced by clinical competence and motivation skills being regarded as highly desirable by over 90% of respondents.

Conversely, nurse preceptors that conveyed apathy and dislike towards precepting students had a significant impact on their experience with three respondents (13%) feeling *'unwanted'* and *'brushed off'*. Various studies have shown that preceptors exert the greatest influence over the undergraduate student's practical experience (Astin et. al, 2005; Dunn & Hansford, 1997; Papp, Markkanen & Von Bonsdorff, 2003). The responsibility those preceptors are given in supporting and

educating students warrants support, development and surveillance for the role that impact so significantly upon new nurses' early experiences within the profession.

5.3.1 Developing Psychomotor Proficiency

The findings from this study highlighted that students view the practicum experience as an opportunity to practice and refine clinical skills. Six respondents (26%) identified that practicing a skill gave them confidence in their ability to perform that skill. However, certain obstructions within the nursing clinical environment, for example the often frantic pace and skill-mix of the available staff, impacted upon the respondents' ability to receive the appropriate guidance and instruction from preceptors. This was highlighted by 48% of respondents (n=11) as an obtrusive factor to a positive learning experience within the clinical environment. Research has highlighted that although preceptored placements imply supervised and guided practice, up to 75% of the time, students are working without direct supervision (Polifroni et. al 1995), which offers limited scope for development and constructive feedback on psychomotor skill development.

Five Respondents (22%) identified that skill refinement was enhanced when under the supervision and guidance of a supportive preceptor. Preceptors were reported to encourage students to '*have a go*' and offer constructive criticism and guidance through the performance of the skill. A doctoral dissertation by Beattie (2001) examining clinical teachers' perceptions of their role, found that a good teacher was able to enhance skill and knowledge acquisition through questioning. Effective questioning of students has been shown to enhance critical thinking ability and skill performance (Phillips & Duke, 2001; Sellapah, Hussey, Blackmore & McMurray, 1998; Thompson, Kerschbaumer & Krisman-Scott, 2001). Therefore when students feel secure with their preceptor and supported in their practice, they are more likely to ask questions and seek out learning opportunities, which enhances not only their experience but their competence and confidence.

The data demonstrated that students consider consolidation of clinical skills a primary goal of clinical practice. The role nurse preceptors' play in aiding students to achieve this cannot be over estimated. Therefore nurse preceptors must be supported in developing effective teaching and questioning skills to enable students to reach their goals and develop psychomotor competence. In developing as effective teachers and broadening the role of preceptorship, nurses begin to adopt a leadership role – almost by

default. The conceptual framework underpinning this study assumes that preceptors engage in teaching as part of their professional responsibility. When preceptors genuinely care about both the student and educational outcomes of the preceptored practical experience, then the ethics and responsibility of leadership in this context become embedded in the preceptorial role.

5.3.2 Experiencing Compassion and Empathy

Nursing education within the tertiary setting has many advantages, though the classroom cannot simulate the true complexities of the clinical situation (McCaugherty, 1991). Students learn to perform an injection or a wound dressing but cannot learn to deal effectively with a living, breathing patient at the other end of that skill (McCaugherty, 1991).

The preceptored clinical experience can expose students to this 'real world' of nursing (Australian Universities Teaching Committee, 2002; Lockwood-Rayermann, 2003). Through an effective nurse preceptor, students are exposed to behaviours, which demonstrate empathetic behaviour and communication toward patients and colleagues. This study identified that students felt positive about nursing as a profession when they saw their preceptor demonstrate behaviours such as compassion, warmth and communication. When rating characteristics of leadership, respondents rated characteristics such as compassion (83%), passion (87%) and inspiration (78%) as highly desirable qualities in nurse preceptors. This suggests that students want to see these behaviours demonstrated in order to learn in the same sense that they see a skill performed and thus assimilate knowing into seeing into doing.

5.4 ORIENTATION AND SOCIALISATION TO THE REAL WORLD OF NURSING CARE

The purpose of professional socialisation is to enable the personal and professional development in the role of the Registered Nurse. The process involves acquiring the skills and values of the culture (Reutter, Field, Campbell & Day, 1997) and also the gaining of a sense of occupational identity (Cohen, 1981). Orientation is defined as the process whereby new staff members are introduced to the goals, policies and procedures, facilities and services within a work environment (Green & Puetzer, 2002).

A function of clinical practice is to enable the student to experience the culture of nursing and begin socialisation to the professional role. A positive practical experience has been shown to effectively facilitate role socialisation of student nurses and eases the transition from education to practice (Coudret, Fuchs, Roberts, Suhrheinrich, & White 1994). As new members to the profession, student nurses have varied experiences with Registered Nurses. These experience shape thoughts and emotional responses that may impact upon that student's professional development and socialisation to the nursing role (Thomka, 2001; Wong, 2000).

This research showed that respondents who felt welcomed into a ward environment and cared for by a competent nurse preceptor, were optimally positioned to both achieve their clinical practice goals and complete the practicum feeling positive about nursing as a career.

5.4.1 The Nurse Preceptor as a Role-Model

As suggested previously, nurse preceptors exert the greatest influence over student learning. Nurse preceptors are viewed as role models in the clinical area and students model their professional and personal behaviour on the observation of these preceptors. A role model is seen as an experienced nurse who acts as a mentor and teacher to the inexperienced student (English, 1993) and facilitates socialisation to the world of nursing (Davies, 1993).

Respondents reported feeling positive about working with a nurse preceptor who was *'passionate about nursing'* or *'demonstrated compassion for patients'*. Qualities such as passion or compassion cannot be taught in the traditional classroom but are transferred through attitudes, values and behaviours demonstrated by an effective nurse preceptor and role model. Students in clinical areas experience significant stress brought about by the demands of the clinical placement itself (Admi, 1997; Yonge, Myrick & Haase 2002) which makes good preceptorship and positive role modelling all the more important in shaping the student's experience and subsequent outlook on the profession.

The respondents within the study saw good role models as nurse preceptors that possessed less tangible qualities such as motivation, a supportive attitude and caring nature in addition to clinical competence and teaching skills. 100% of respondents agreed that clinical competence was a highly desirable leadership skill. Open-ended

responses suggested however, that knowledge was insufficient alone to make a preceptor a good role model. Respondents considered technical skill in combination with good interpersonal skills and personality traits as qualities that make an effective leader and thus an effective nurse preceptor in clinical practice.

Respondents reported that a negative preceptored experience centred on personality traits and attitudes toward students, which were interpreted as disregard and dislike for precepting. Interestingly, there appeared to be a relationship between reports of poor behaviour toward students being demonstrated by nurse preceptors who also displayed negative attitudes to patient care and the nursing profession itself. As the adage suggests, the profession tends to 'eat their young' then wonder why there is such a critical shortage of qualified nurses willing to work within the healthcare system. This researcher believes that fundamental issues relating the interpersonal communication and responsibilities for role modelling entrenched within the nurses role must be addressed at all levels in order to begin to break the cycle of apathy that unfortunately exists and continues to perpetuate within the profession.

The role of the Registered Nurse involves educating, caring for and nurturing patients (ANMC, 2005). Nurse preceptors need to do the same for students. Being seen to do this creates peer role modelling opportunities where educating and genuinely caring about precepting student nurses becomes the accepted standard of behaviour.

5.4.2 Feeling Supported in Practice

Nolan (1998) found that when students worked alongside helpful and supportive staff, a positive effect on their clinical learning and confidence was noted. When students are supported and cared for, they feel more able to provide good patient care (Stevenson, Randle & Grayling, 2006). Research has repeatedly shown that preceptors have the greatest impact on the student nurse's practical experience (Dunn & Hansford, 1997). This point was reinforced by this study with the majority of respondents (96% n=22) identifying the support role as very important as both a leadership characteristic and behaviour actualised by nurse preceptors during clinical practice.

Six respondents (26%) identified that they sought support in the form of encouragement to attempt clinical skills and independently attend to basic nursing care. Support was also viewed in terms of the nurse preceptor having the time to teach, listen and be available and visible in the clinical area. The notion of visibility was highlighted

in Stanley's (2005) study of congruent leadership characteristics of Registered Nurses, as a characteristic of the good clinical leader. The reality of the daily ward routine however, often means that preceptors are responsible for a full patient load as well as the extra responsibility of a student nurse (Mamchur & Myrick, 2003; Yonge, Myrick & Haase, 2002) giving rise to a situation where the student is either viewed as unwanted baggage and ignored or alternatively seen as 'one of the numbers' and sent out to attend to patient care without sufficient guidance and support.

5.5 COMMUNICATION OF EXPECTATIONS

A major theme arising from the data related to expectations of the clinical experience. It became evident through an analysis of responses that students had particular expectations of the practicum, their nurse preceptors and of the profession itself. Anecdotal reports and current literature suggests that preceptors have varying expectations of students. The findings suggested that from the outset of the clinical placement, students needed to be clear about objectives, goals and their level of experience and skill and be able to communicate this to their preceptors.

5.5.1 The Student

Respondents viewed the practical experience primarily as an arena to develop and refine nursing skills. When reporting negative aspects of preceptorship, respondents identified that nurse preceptors were often not aware of requirements in place by universities with regards to practice constraints. This is supported by literature relating to nurse preceptors own role perceptions which showed that while they often welcomed the role, they were often unaware of constraints placed upon them by both the clinical environment and requirements of the education providers (Geraghty, 2005; Grealish & Carroll, 1997; O'Callaghan & Slevin, 2003). Over sixty percent of respondents (n=14) reported a negative aspect of the clinical experience as not having continuity of preceptor. This expectation that a student will work with the same nurse for the duration of a clinical practicum is a prime example of an unrealistic expectation of practice. The reality of nursing practice in terms of staff shortages and the largely part-time workforce means that true continuity is difficult to actualise. The question then becomes how students come to form lofty expectations of nursing practice? While this concept was beyond the scope of this study to explore, it would certainly lend itself to further future research.

5.5.2 The Nurse Preceptor

Respondents noted that constraints placed upon them by the university at times irritated nurse preceptors who were willing to teach certain skills.

The data suggested that the skill level at times was an issue for preceptors of students in clinical practice. Nurse preceptors tended to expect more of students in terms of both what their skill level permitted and what skills they were actually competent and capable of performing. Conversely, some preceptors were reported to treat students as if they were just out of school, and since the majority of nursing students are of mature age, friction can arise if trained staffs fail to acknowledge the value of older students' life experiences (Glackin & Glackin, 1998).

5.6 EXCLUSION

Through the process of analysing the data provided by respondents in relation to negative aspects of preceptored education, a theme of exclusion began to emerge. Respondents reported that being partnered with a nurse preceptor that clearly did not want a student or that was unwilling to teach and share knowledge, left the student feeling '*excluded*' from a fulfilling practical experience. Students placed in this position may be experiencing 'role development exclusion'. A term coined by this researcher to describe the situation in clinical practice where a student is denied seeing, doing and experiencing the practicalities of the nursing profession. When this occurs, they are effectively being denied the education to attain and fulfil the role they are seeking – thus being excluded from role development. The scope for exploring this concept was limited within this study though it represents a unique direction for future research.

Exclusion was reported by respondents in terms of being *'passed from nurse to nurse'* and *'being brushed off'* to *'being ignored'* while seven respondents (30%) identified that fitting in was an important factor in feeling included on the 'team'.

5.6.1 Fitting-in

A goal of the clinical practice is to enable nursing students to experience the reality of nursing work (AUTC, 2002; Lockwood-Rayermann, 2003; Parkes, 1995) and to introduce them to the nursing culture through the processes of orientation and socialisation (Geraghty, 2005; Kramer, 1974).

Seven respondents (30%) within the study highlighted the desire to *'fit in'* or *'feel part of the team* [and] *not just a student'*. The theme of fitting in as a need of students in clinical practice is well supported by literature (Dunn & Hansford, 1997), which also emphasises that when students feel valued, and welcomed into a ward or clinical area, their practical experience is enhanced (Vance, 2001). The message the profession sends through this positive behaviour is also enhanced which reinforces that new nurses are an important and valued addition to the workforce.

When nominating desirable characteristics of leadership, 96% of respondents (n=22) ranked 'supportive' as a desirable characteristic of leadership. The element of support appeared to be actualised through the nurse preceptor acting as a guide in the clinical area. The term guide was used by 39% (n=9) respondents to describe both elements of leadership behaviour demonstrated by nurse preceptors during clinical practice.

5.6.2 The Conceptual Framework

The proposed synergy model of preceptorship for learning and care supports the relevance of caring and compassion as leadership skills embodied by a nurse preceptor (see Figure 5.1 *Expanded synergy model of preceptorship for Learning and Care).*

Research has shown that clinical experiences expose students to the realities of nursing which can be disillusioning (AUTC, 2002; Lockwood-Rayermann, 2003) but also an opportunity to see how experienced nurses demonstrate empathy and compassion through communication and care. The theoretical framework proposes that when students witness leadership qualities of compassion and care demonstrated by their preceptors, not only is their learning experience enhanced but positive outcomes for patients are increased.

Students (preceptees) rated competence highly as a desired leadership quality and through learning from an experienced and competent nurse; the student is exposed to effective clinical practices which directly enhance the student's own developing confidence and competence (Spouse, 2001).

When a preceptee is matched with a nurse preceptor who is willing and able to demonstrate leadership behaviours as defined by students as desirable, the student directly benefits in terms of being exposed to learning opportunities, socialisation and orientation to the culture of nursing and guidance from an experienced nurse (Coudret

et. al., 1994; Davies, 1993). Nurse preceptors benefit from participating in the preceptorship experience in terms of intrinsic rewards such as teaching opportunities and enhancing ones knowledge base (Usher et. al., 1999). Research suggests that nurse preceptors who enjoy and are supported in the role report higher levels of job satisfaction (Nash, 2001). As a result of effective preceptorship and the knock on effect of enhancing student competence, patients experience better care outcomes (Dunn & Hansford, 1997).

Within the framework, the system can refer to either healthcare agencies or to the universities that place student nurses into clinical practice. The model postulates that when students are consistently preceptored by nurses who demonstrate desirable leadership qualities, providers of undergraduate education benefit in terms of lower attrition and thus higher completion rates and the production of work-ready nurses. This is supported by literature which shows that students leave training as a result of poor practical experiences (Cahill, 1996), disillusionment with the realities of nursing (AUTC, 2002; National Nursing and Nursing Education Taskforce, 2001) and feeling unsupported in practice as a new graduate (Kramer, 1974).

The theoretical framework proposes that healthcare providers also benefit from the synergistic interactions between nurse preceptors demonstrating leadership qualities within the clinical environment while supervising nursing students. Nurse preceptors who experience higher levels of job satisfaction in a supportive environment perform more effectively clinically (Kangas, Kee, McKee-Waddle, 1999). The workplace also potentially benefits from greater workforce retention of employees.

Ultimately, the theoretical model proposes that leadership qualities displayed by nurse preceptors produce positive outcomes for the preceptors themselves, for students (preceptees), patients, healthcare agencies and universities (systems) and eventually these outcomes lead to increased workforce retention and decreased attrition from pre-registration education programmes.

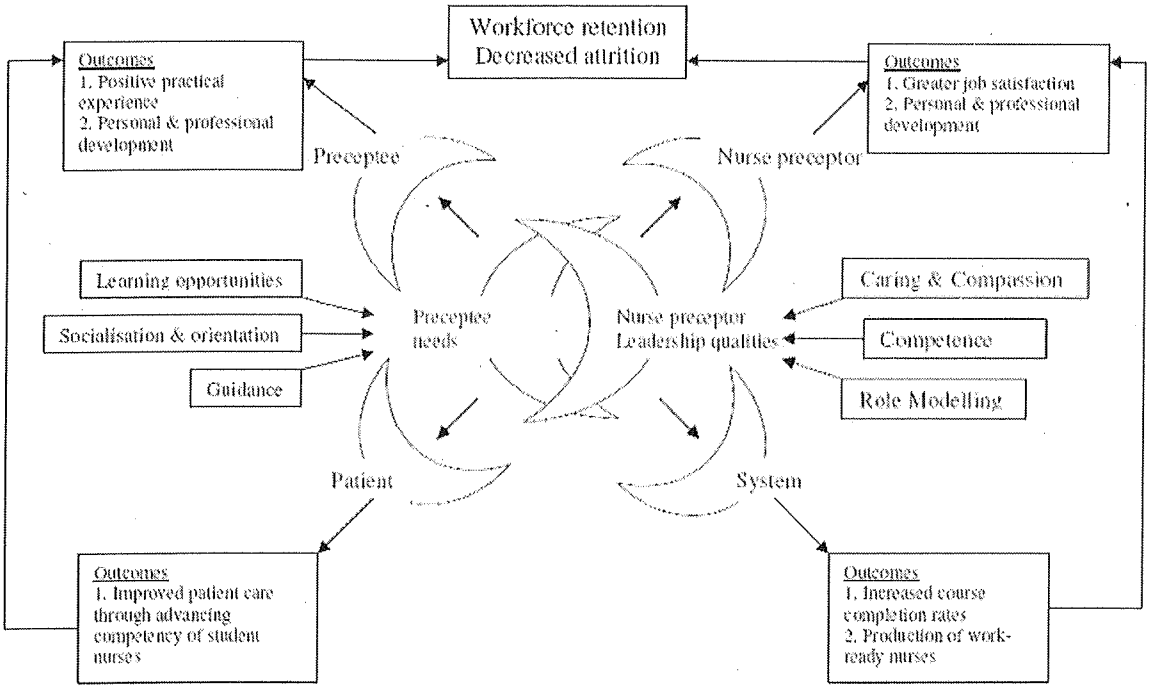

Figure 5.1 *Expanded synergy model of preceptorship for Learning and Care*

Figure 5.1 shows the theoretical framework adapted for this study in an expanded format to include outcomes of the synergistic interactions between preceptee needs and nurse preceptor leadership qualities in practice.

5.7 RESEARCH QUESTIONS ADDRESSED

5.7.1 Research Question One

- What is the context (definition, experience) of leadership in the student nurse/clinical preceptor relationship?

Respondents within the study defined the concept of clinical leadership broadly, though common themes such as guidance support and competence featured as characteristics of the effective clinical leader. Leadership appeared to be based on a foundation of effective interpersonal skills employed by the nurse preceptor to actualise a productive learning environment for the student nurse.

The concept of clinical leadership in undergraduate nursing education appears to have a uniquely contextual specific meaning. Respondents reported effective clinical leadership as the ability to assist professional development and aid in refinement of clinical nursing skills. An effective clinical leader was able to teach students from a body of knowledge, demonstrate skills and nursing care competently and with compassion.

The relationship formed between nurse preceptor and student appeared to be an important element in defining the difference between mandatory preceptorship and the preceptor acting as a clinical leader. Respondents reported that nurse preceptors who were able to create positive learning environments though the establishment of warmth, compassion, rapport and consistency in attitudes to the profession were considered leaders.

5.7.2 Research Question Two

- Which identified characteristics do student nurses rate as desirable with relevance to leadership in clinical preceptors?

100% of respondents within the study rated leadership characteristics of purpose and competence as desirable in the clinical preceptor. Ninety-six percent of respondents (n=22) rated support, motivation, approachability, consistency, organisation and effective communication as desirable leadership characteristics.

In addition to the prescribed characteristics, respondents suggested qualities of flexibility, friendliness, honesty, integrity and understanding as additional desirable leadership characteristics of nurse preceptors.

5.7.3 Research Question Three

- Do undergraduate nursing students believe leadership is an important role of the preceptor?

Respondents were asked a closed ended question as to whether or not they felt leadership was an important role of the preceptor. Ninety-six percent of respondents (n=22) agreed that leadership was an important role of the preceptor. One respondent answered 'no' this item but did not provide a justification for the response in the following section that asked why the respondent chose 'yes' or 'no' to the question.

5.8 Summary

The analysis of responses showed that students both need and want leadership in their nurse preceptors, but see the leadership role as embedded in how an effective nurse preceptor facilitates the clinical practice experience. Respondents identified that a clinical leader should possess not only the requisite clinical skill and knowledge, but also be able to transfer that to the student by utilising effective teaching skills and enabling the student to develop with guidance and support.

Respondents reported positive preceptorship experiences as those in which the student felt supported, included and valued on the ward. The data revealed that students viewed their nurse preceptors as role models and felt positive about becoming a nurse when they were able to see their preceptor demonstrate qualities such as empathy and compassion with patients.

Conversely, negative aspects of preceptorship were reported largely as feeling unwanted by the preceptor or the preceptor not being able to meet the student's expectations of the clinical placement.

The underpinning theoretical framework for this research has highlighted the links between preceptee needs and preceptor leadership qualities and proposed that the synergistic interaction between these variables has implications for patient care and beneficial outcomes for both healthcare organisations and nursing education providers. The model postulates that the role modelling and interactions that occur as part of the supervisory relationship in clinical practice have far reaching and longer term implications for the profession and speak directly to attrition and retention issues.

This study reinforced previous research that demonstrated how nurse preceptors exert significant influence over the practical experience of undergraduate nursing students in clinical placements. This study's findings have also revealed that students unanimously agree that leadership is an important part of the role of the nurse preceptor, but that the qualities of the effective nurse preceptor and the clinical leader are synonymous. These findings suggest that a good nurse preceptor is a clinical leader by definition of the role and responsibilities associated with it.

CHAPTER 6
RECOMMENDATIONS & CONCLUSION

6.1 Introduction

This study aimed to explore student nurses' perceptions of desirable leadership characteristics of their nurse preceptors. The data revealed many issues that impact upon the nurse preceptors' capacity to act in the leadership role and the student nurses' experience in the clinical environment. The concepts elicited from the survey data have highlighted areas for potential improvement within both the educational and clinical settings. This section will present recommendations for nursing practice and education and areas of potential future research as guided by the findings from this study.

6.2 Communication and Interpersonal Relationships

This study sought to define clinical leadership in preceptored education from the unique perspective of the student nurse. The study showed that although good clinical leaders were seen to be clinically competent and have a broad body of knowledge, they were also perceived to demonstrate effective interpersonal skills. These skills, such as effective communication, compassion and supportive attitudes, are aspects of leadership that can be fostered from early on during undergraduate training. The researcher believes equipping student nurses with the requisite foundation skills to think and behave as leaders from the outset, may head off the problems of apathy and resentment that exist when individuals are thrust into that position unwillingly. If attitudes and values can be shaped over the period of undergraduate education, then that behaviour becomes the norm and the natural behaviour that is modelled to the next generation and so on.

The researcher recommends that leadership training be embedded within the undergraduate nursing program at all levels. The model of leadership training adopted must be context specific for the nursing profession and be inclusive of strategies that are practical for students in early nurse training to adopt and assimilate into their developing skill set.

Longitudinal research examining the impact of leadership training of undergraduate students and their transition into the workforce as graduates and then as nurse preceptors of the next generation of students, would offer significant insight into the educational and professional futures of the nursing profession.

6.3 Assimilating Theory and Practice

As highlighted in previous chapters, the theory-practice gap represents a challenge for new graduates and employers. One factor that has been shown to address the theory practice gap is continuity of preceptor during undergraduate clinical placements. While the current workforce demographic is not conducive to continuity, strategies to address the inconsistency experienced by students exposed to multiple nurse preceptors' warrants attention.

This researcher recommends specific preparation for students regarding the form and function of contemporary preceptorship to ensure that students begin practical placements with realistic expectations of supervisory relationships.

In addition to the preparation of students for the preceptorship, nurse preceptors themselves need ongoing support and preparation for the role as a collaborative effort between healthcare organisations and tertiary education providers. It is a reality that there is a high turnover of staff in many areas of nursing both clinically and in education, thus preceptor education needs to reflect this reality. The researcher recommends preceptor training as a mandatory competency to reflect the importance of the preceptorial role which both NBWA and ANMC cite as a responsibility of the Registered Nurse.

This research project has highlighted the lack of guiding conceptual framework for preceptorship with specific reference to the education of undergraduate students. This lack of clarity has implications for the ongoing education of pre-registration students and for Registered Nurses acting as preceptors. This author recommends the adoption of a contextually specific framework such as the adapted synergy model of preceptorship for learning and care to provide a foundation for the development of policy and position relating to the supervisory relationships in clinical education.

Further research to examine the proposed model presented within this research would be advantageous to evaluate its relevance and function within the undergraduate clinical practice context.

6.4 Orientation and Socialisation

Respondents within the study cited leadership behaviour in a nurse preceptor to include role modelling. While a plethora of literature exists exploring the role modelling of teachers and preceptors with students, a paucity of identified literature examines peer role modelling behaviours among nurse preceptors. Research exploring the assumption that 'behaviour breeds behaviour' could be an interesting and useful study, which may potentially unpack various aspects of the underlying culture of the ward environment.

This researcher has a particular interest in the manner in which student nurses come to assimilate aspects of nursing care experienced through the guidance of nurse preceptors into their personal values of compassion and empathy. The majority of respondents within the study identified nurse preceptors as demonstrating leadership behaviour when they were able to demonstrate compassion and warmth for their patients, the student and their colleagues. Research into how students come to develop these less tangible, but no less essential nursing skills, would be an interesting addition to the profession's existing body of knowledge. Understanding how these attitudes are formed has implications for the education of nursing students in the clinical setting and speaks to the practice-theory gap.

6.5 Expectations

An incidental finding from the study related to student expectations of their nurse preceptors, clinical placements and of the profession itself. Research has shown that many new graduates leave the profession within the first year feeling disillusioned with the reality of nursing practice.

Survey responses demonstrated that students approached clinical practice with the expectation that they will be preceptored by one nurse consistently and be able to refine a given list of psychomotor skills. Respondents did not appear to anticipate the demands of day-to-day nursing care. Further research into the origins of expectations and how they are constructed by nursing students would offer unique insight into the way students reconcile the reality of the profession against what they are prepared for through a tertiary based education.

6.6 Inclusion & Exclusion

This study highlighted that some student nurses experienced exclusion during clinical practice. This appeared to stem from either being ignored by their preceptors or lack of continuity of preceptor, leading to not being able to become accustomed to the clinical area. The feelings of exclusion appeared to impact upon the student beginning to socialise to the nursing profession – a process essential to assist a smooth transition from student nurse to accountable and competent Registered Nurse.

The researcher, to describe the exclusion concept with particular context to undergraduate clinical nurse education suggests the term 'role development exclusion'. Further research to investigate the circumstances, which contribute to this exclusion and the role that both student nurses and clinical preceptors play would be advantageous, as the larger issue, speaks directly to retention and workforce attrition issues.

The researcher recommends that students be placed in practice with students from other stages or with peers. This creates a support for the student and can ease feelings of exclusion. While this recommendation does not address the causative factors of exclusion, it offers peer role modelling opportunities and the prospect for students to develop leadership skills in the practice context.

6.7 Study strengths

The development of a proposed framework for preceptorship with specific reference to undergraduate education has evolved through this research and has emerged as a strength of the study. The framework has potential for further development to fill the void created by a lack of conceptual guidance for supervisory interactions within the undergraduate clinical context.

The findings elicited from the survey responses have highlighted issues which impact upon the undergraduate experience and have potentially further reaching implications for the nursing workforce. The issues which have specific relevance to the interactions between nurse preceptors and undergraduate students such as role development exclusion and expectations offer unique directions for future research.

6.8 Study limitations

The study was limited by a poor response rate and thus a small sample size. This factor impacts upon the generalisability of the results. However, trends and themes

that emerged from the study offer directions for future research within this untapped area.

The sample for the study was drawn from one tertiary institution and therefore factors affecting the student experience that originate directly from the influence of the institution may affect the generalisability of results to all pre-registration nursing students.

The instrument utilised for the study was newly developed and although tested for validity, could have been tested more rigorously utilising a thorough instrument to assess areas of clarity and apparent internal consistency item by item. Within the questionnaire, it may have been advantageous to include an item asking respondents to provide a definition of the term 'preceptor'. Through the conduct of the study it became apparent that there was considerable inconsistency in the application and definition of the term preceptor and its synonyms such as 'buddy-nurse', 'facilitator', 'practice-partner' and even inappropriate synonyms such as 'mentor'. Eliciting student meanings assigned to the terms may have been useful to clarify how students perceive and define the role.

The instrument was distributed by a nominee appointed by the researcher at short notice in the first instance due to a change in plan which left the researcher unavailable at the appointed time. This may have impacted upon the return rate.

Throughout the study, the researcher has been aware of the potential for bias owing to preconceptions and assumptions having been an undergraduate student recently. The researcher engaged in bracketing and maintained a reflective journal throughout the process in pursuit of remaining objective and sustaining truth in the analysis and report process.

6.9 Conclusion

This study sought to elicit undergraduate nursing students' perceptions of desirable leadership characteristics of their nurse preceptors. A mixed methodology, utilising a descriptive survey approach was adopted and a questionnaire containing a combination of ten open and closed ended questions was used to collect the data.

Nursing shortages are a global concern and fuelled by factors which include an ageing existing workforce, recruitment and retention difficulties and attrition from pre-

registration education programmes. It is an undisputed fact that there will always be a need for nurses and thus a need for high quality nursing education. The question of how the clinical nurse leaders of the future can be nurtured and prepared for their role in the current climate of instability is paramount.

Creating change and setting a course for a new direction in nursing education will require the collaborative effort of all the stakeholders to the profession. To approach the problem from a quantum science perspective, the belief that "change is all there is" (Kirk, 2006) must become the underlying motivation to improve educational outcomes for pre-registration students. This can begin to be actualised through the construction of a critical mass of individuals willing to embrace and act as leaders of the profession.

Embracing change in undergraduate nursing education means nurses need to accept responsibility for the profession. United, nurses and educators must prepare nursing students for the realities and rewards of the nursing profession and through that contribute to the emergence of a renewed, passionate workforce to improve care and educational outcomes for all.

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APPENDIX I QUALITIES OF LEADERSHIP SURVEY

☐☐

QUALITIES OF LEADERSHIP SURVEY

Date of completion: ___/___/_____

Please complete the details by placing a cross (x) in the box ☐

Section A
Demographic Details: ***These questions relate to information about YOU***

1. Gender: Male ☐ Female ☐

2. Age: _____yrs

Level of experience
3. Cross more than one box if appropriate

1st year student ☐ 2nd year Student ☐ 3rd year student ☐
Enrolled Nurse ☐ RN conversion ☐

Level of Education
4. Please select the highest level of education you have completed

Year 10 ☐
Year 12 ☐
TAFE Certificate ☐
TAFE Diploma ☐
Undergraduate Degree ☐
Postgraduate Qualification ☐ Please State:_____
Other, *please specify*: _____
_____
_____

Section B

Personal Opinions of Clinical Preceptorship & Leadership: ***These questions relate to YOUR ideas about leadership in clinical preceptors.***

5. How do you define clinical leadership?

_____

_____

_____

_____

_____

6. Do you believe clinical leadership is an important role of the clinical preceptor?
Yes ☐ **No** ☐

If 'yes', why?

_____

_____

_____

If 'no', why not?

_____

_____

_____

CONTINUED ON NEXT PAGE

Section C

Rating leadership characteristics: This question relates to whether YOU feel each of the following characteristics is desirable in relation to leadership qualities in clinical preceptors.

Place a circle around the most appropriate response.

Considers relationships valuable	YES	DON'T KNOW	DON'T CARE	NO
Sets goals and targets	YES	DON'T KNOW	DON'T CARE	NO
Inspirational	YES	DON'T KNOW	DON'T CARE	NO
Clinically competent	YES	DON'T KNOW	DON'T CARE	NO
Supportive	YES	DON'T KNOW	DON'T CARE	NO
Motivator	YES	DON'T KNOW	DON'T CARE	NO
Negotiator	YES	DON'T KNOW	DON'T CARE	NO
Analytical	YES	DON'T KNOW	DON'T CARE	NO
Approachable	YES	DON'T KNOW	DON'T CARE	NO
Critical Thinker	YES	DON'T KNOW	DON'T CARE	NO
Visible	YES	DON'T KNOW	DON'T CARE	NO
Reward/punishment	YES	DON'T KNOW	DON'T CARE	NO
Resources allocation	YES	DON'T KNOW	DON'T CARE	NO
Inspires confidence	YES	DON'T KNOW	DON'T CARE	NO
Passionate	YES	DON'T KNOW	DON'T CARE	NO
Purposeful	YES	DON'T KNOW	DON'T CARE	NO
Compassionate	YES	DON'T KNOW	DON'T CARE	NO
Consistent	YES	DON'T KNOW	DON'T CARE	NO
Self-Disciplined	YES	DON'T KNOW	DON'T CARE	NO
Autonomous	YES	DON'T KNOW	DON'T CARE	NO
Authentic	YES	DON'T KNOW	DON'T CARE	NO
Congruent	YES	DON'T KNOW	DON'T CARE	NO
Organised	YES	DON'T KNOW	DON'T CARE	NO
Effective Communicator	YES	DON'T KNOW	DON'T CARE	NO
Guided by principles	YES	DON'T KNOW	DON'T CARE	NO
Empowered	YES	DON'T KNOW	DON'T CARE	NO

8. Are there any other qualities or characteristics that are not on the list that you would identify with clinical leadership? If so, please list.

Section D

Personal Experiences of Clinical Preceptorship & Leadership: ***These questions relate to YOUR experiences of leadership and preceptorship in clinical practice.***

9. If you have worked with a preceptor who demonstrated clinical leadership, what skills/attributes contributed to his/her clinical leadership?

10a. Please describe **THREE POSITIVE** aspects of your preceptored practical experiences.

1.

2.

3.

10b. Please describe **THREE NEGATIVE** aspects of your preceptored practical experiences.

1.

2.

3.

END OF QUESTIONNAIRE

Thank-you for your participation. Please place this questionnaire in the box located at nursing reception.

Should these questions have raised any issues you would like to discuss further or if you have any queries about this study. Please contact the researcher at mzilembo@student.ecu.edu.au.

Melanie Zilembo BNurs, RN

APPENDIX II INFORMATION LETTER FOR PARTICIPANTS

Dear Student,

Through the Looking Glass: A Descriptive Survey of Undergraduate Nursing Students' Perceptions of Desirable Leadership Qualities of the Clinical Preceptor

My name is Melanie Zilembo and I am an Honours student in the School of Nursing at Edith Cowan University.

I am conducting a study into nursing students' perceptions of desirable leadership skills in clinical preceptors. This research project is being undertaken as part of the requirements of an Honours degree. This study is a quantitative survey which involves participants completing a questionnaire consisting of basic demographic information, a rating scale and personal opinion questions.

As a second year student, I am inviting you to take part in this research by contributing approximately 10-15 minutes of your time to complete the questionnaire. You are invited to participate in this research as you will have worked with a variety of clinical preceptors by this stage of your studies.

This survey will be distributed to all students present at a nursing theory four lecture by the researcher. Your lecturer will not be present during this time. Participation or non-participation will not impact upon your course progress in any manner. Should you wish to detail negative experiences or opinions, this information will be kept entirely confidential and will not impact upon your course progress or assessments. Completed questionnaires should be placed in the box located at nursing reception.

This survey is entirely anonymous. You will not be required to place your name on the questionnaire and no identifying information is required. All completed questionnaires are handled only by myself and my immediate supervisor and are stored in a locked cabinet within the university to which I hold the only key. The questionnaire responses will be analysed and the statistical information and analysis of written responses will be used to produce a thesis on the subject. Portions of the study may also be used to produce a research paper which may be submitted for publication at a later stage. Students' participating in this research will not be identified in any publication of the research findings.

The anticipated benefit of participating in this research is the opportunity to contribute your opinions and experiences of preceptorship to enable a better understanding of the needs of student nurses from preceptored education.

Participation is entirely voluntary. Should you choose to participate, consent is implied when the questionnaire is submitted.

Should you have any queries regarding this research, please contact either myself or my supervisor at the contact details below. Should you have an enquiry relating to the conduct of this research or queries relating to ethical considerations, please direct these to the ethics research officer.

I thank you for taking the time to read this information and wish you the best of luck for the duration of your studies.

Melanie Zilembo BNurs, RN

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APPENDIX III CONSENT LETTER

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Pearson Street, Churchlands
Perth 6018

Re: Permission to use elements of a leadership characteristics questionnaire.

To whom it may concern.

I gladly give permission to Mel Zilembo to use elements of a questionnaire developed by myself to explore clinical leadership. Included specifically are the list of 42 words related to clinical leadership characteristics derived from transformational and transactional leadership literature and a following question addressing additional leadership characteristics.

The questionnaire was initially developed for my doctoral studies and is available in full in my doctoral thesis, held in the Nottingham University Library, or my personal copy.

Kind regards,

Dr. David Stanley

APPENDIX IV ETHICS COMMITTEE APPROVAL NOTICE

30th August 2006

Mrs Melanie Zilembo
115 King William Street
Bayswater WA 6053

Student # 0960859

Dear Mrs Zilembo,

Course: *Bachelor of Nursing Honours*

Thesis Title: ***THROUGH THE LOOKING GLASS: A DESCRIPTIVE SURVEY OF UNDERGRADUATE NURSING STUDENTS PERCEPTIONS OF DESIREABLE LEADERSHIP QUALITIES OF THE CLINICAL PRECEPTOR***

Date Approved: ***12th July 2006***

Please be advised that your application for Ethics Clearance has been approved by the Faculty of Computing, Health and Science Ethics Sub-Committee for the conduct of Human Research.

This approval is granted subject the procedure/s as outlined in your application.

Please note that the collection of data for your research must adhere to these conditions.

I wish you all the best in your studies.

Regards,

Prof. Robert U. Newton
Associate Dean Research & Higher Degrees
Faculty of Computing, Health and Science
Phone: 08 6304 5711
Fax: 08 6304 2805
Email: r.newton@ecu.edu.au

cc

Supervisor – NAMH
Postgraduate Coordinator - NAMH

APPENDIX V VALIDITY QUESTIONNAIRE

INSTRUCTIONS

Please complete the questionnaire attached then return to this page and answer the following questions regarding the questionnaire format and content.

The purpose of doing this is to uncover any problems with clarity and design of the questionnaire prior to the larger scale study.

1. Were the instructions clear?

2. How long did it take to complete?

3. Were the questions ambiguous?
If 'yes', which question/s/ did you find ambiguous and why?

4. Did you object to any questions?
If 'yes', which question/s/ did you object to and why?

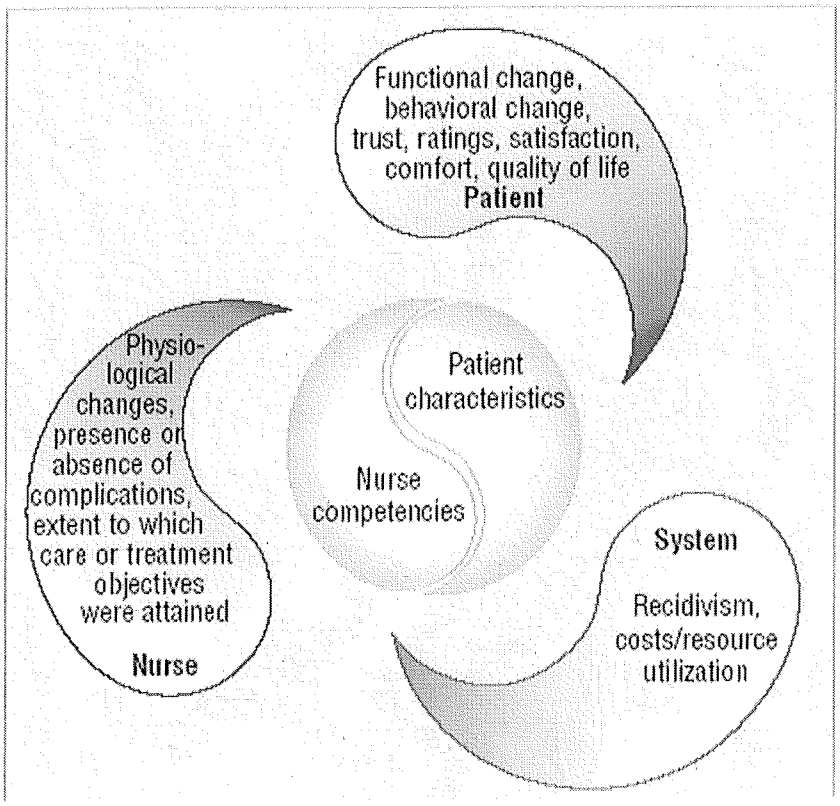
5. Do you think any topic area has been omitted?

6. Do you think there are any questions which should be added?

APPENDIX VI EXAMPLE OF AUDIT TRAIL

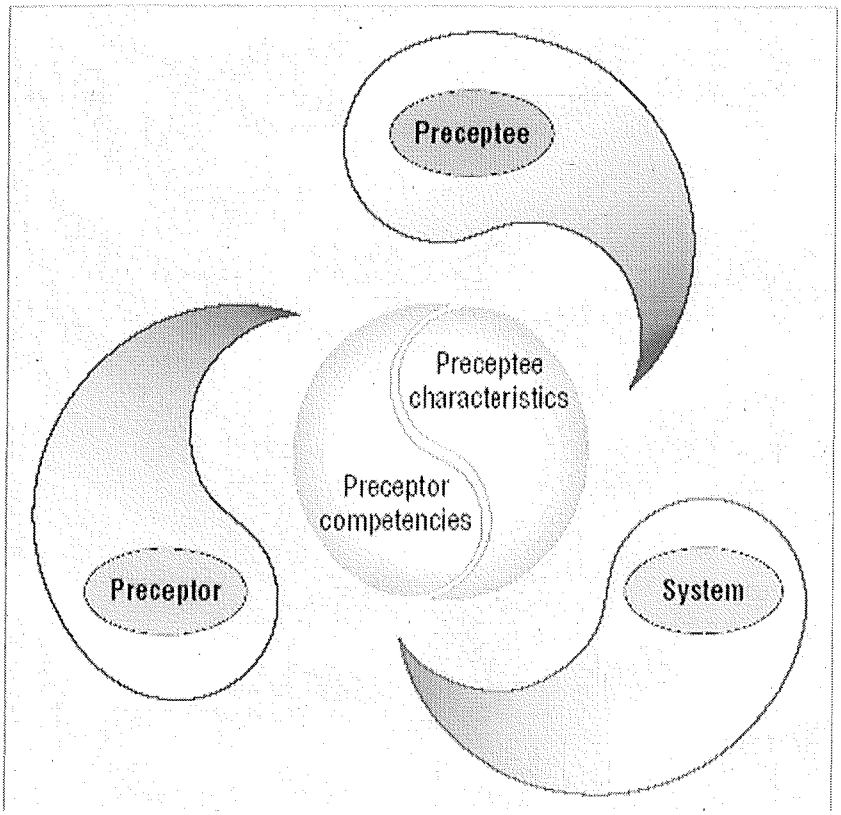
EXAMPLE QUALITATIVE DATA	CONCEPT	SUB THEMES	THEMES
Concern, encouragement, understanding, fairness, skill, organisation, touching base	Concern Encouragement Understanding Fairness Skill Organisation Touching base	Uncertainty of prac experience Skill orientation and refinement	**Focus on skill development and refinement**
Ability to **effectively communicate, coordinate** timetable to **accommodate** all students to **learn/practice skills** together with **preceptor supervision**. able to give **constructive criticism, support, explanation**	Effectively communicate Accommodate Learn/practice skills Preceptor supervision Constructive criticism	Fitting in	**Orientation and socialisation to the nursing environment**
Have had preceptors that are not even bothered, more interested in just doing their own job? uninterested in their own job. Have not helped my confidence or set any goals	Support Explanation Approachable	Personal and professional development	
Approachable nature	Knowledgeable Experienced		
Approachable, **knowledgeable, experienced, confidence**	Confidence	Desire for positive interpersonal r/ships	**Value of preceptor role-modelling**
Approachable, understanding, clear with nursing rationales, **consistent** to the material we have bee: ıt as a student	Consistent Boost confidence in student Giving students time	Feeling valued	
Some preceptors do lack these qualities [referring to list of leadership qualities] though + forget what it is like to be a nursing student	Passionate about nursing Able to talk through concerns	Making the connection between theory and practice	
Knowledge, experience, supportive personality	Rapport with students		
The clinical preceptor had set up examples of a person who motivate and **boost confidence in student** nurses although they make mistakes. moreover, **giving students time** to repair and perfect their skills	Competence Compassion for patients Anticipate patient needs Available Time for individual student	Role modeling	

APPENDIX VII THE AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES SYNERGY MODEL



Curley, M. A. (1998). Patient-nurse synergy: optimizing patients' outcomes. *American Journal of Critical Care, 7*(1), 64-72.

APPENDIX VIII GRIFS SYNERGY MODEL



Alspach, G. (2006). Extending the synergy model to preceptorship: A preliminary proposal. *Critical Care Nurse, 26*(2), 10-13.