University of Nevada, Reno

Perceived Preparedness for the Nurse Preceptor Role

A thesis submitted in partial fulfillment

of the requirements for the degree of

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by

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Abstract

The purpose of this study was to examine the confidence level of RN preceptors in meeting specific preceptor role domains of teaching, role modeling and evaluation and identify what factors influence confidence in the RN preceptor. Patricia Benner's Novice to Expert theory provided the conceptual framework for this study. The author created a demographic questionnaire which included information about age, gender, highest nursing degree, years of nursing practice, department of work, preceptor education, and number of new graduate nurses precepted along with a 1-5 Likert Scale survey titled *Perceived Preparedness for the Preceptor Role* were emailed out to all RN preceptors (N=340) at the study facility. A total of 133 RN preceptors responded to the survey and 106 surveys were used for analysis. Descriptive statistics were analyzed by cross tabulating demographic information with the results of the survey. The results of this study demonstrated that as the number of years of nursing experience increased, preceptors reported higher levels of confidence in teaching critical thinking skills and setting goals with their preceptee. In addition, as the number of new graduate nurses precepted increased so did the preceptor's confidence level in teaching to evidence based guidelines and organizational skills. Lastly, preceptors who received RN preceptor education reported being very confident in teaching to evidence based guidelines, organizational skills, role modeling problem solving, and setting goals with their preceptee compared to nurse preceptors who did not receive preceptor education. Overall, preceptors in this study reported being 'very confident' in each role domain of teaching, role modeling and evaluation. From these results, implications for nursing practice and future research are discussed.

Dedication

I would like to dedicate this work to my husband and all the amazing nurses past, present

and future.

Acknowledgment

First and foremost, I would like to express my thanks and appreciation to my adviser, **Dr. Lisa Thomas,** Associate Professor of Nursing at the University of Nevada, Reno. She genuinely guided me throughout my advance degree.

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Chapter I: Introduction

According to the Bureau of Labor Statistics' *Employment Projections 2012-2022*, the occupation of Registered Nursing is expected to grow and the workforce demand will increase to 1.5 million job openings by 2022. It is projected, due to the implementation of the Patient Protection and Affordable Care Act in 2010, that 32 million more individuals will have access to healthcare by 2019 (Hofer, Abraham, & Moscovice, 2011). In addition, the rise in the aging population will increase demand for healthcare providers. Most significantly, highly educated and trained Registered Nurses will be in great need. This shortage and demand has led to the American Association of Colleges of Nursing (AACN) working closely with policy makers, nurse educators, and health care organizations to bring attention to this healthcare concern. Colleges of nursing and healthcare organization partnerships are being developed to support clinical sites and inter-professional support to fund faculty (American Association of Colleges of Nursing, 2016), new technology and online learning to support increased educational needs (Institute for Medicine, 2010). In addition, healthcare organizations have developed residency programs to train newly graduated nurses and nursing students (Institute for Medicine, 2010) because these graduates are essential to the growth of this profession (Beurhaus, Auerbach, Staiger, 2009). Many nurses serve as preceptors for nursing students, newly graduated nurses, and newly hired nursing staff. Therefore, preparation and development of the preceptor role is important to support these individuals.

The literature supports the nurse preceptor role in helping newly graduated nurses' transition into their new roles by role modeling, educating and socializing (Baltimore, 2004; Casey, Fink, Krugman, & Propst, 2004; Hickey, 2009; Schumacher, 2007). The

2010 Institute of Medicine's (IOM) Report on the *Future of Nursing Leading Change, Advancing Health* has set forth recommendations to implement transition to practice nurse residency programs for newly graduated licensed nurses. According to a literature review of the effectiveness of nurse residency programs, Letourneau & Fatar (2015) identified that these programs do foster a new graduate nurse's transition to professional practice, help prepare them for a fast paced and challenging clinical environment, and improve retention. However, it is not without registered nurse (RN) preceptors that these programs can exist. This practice recommendation is not inclusive without addressing RN preceptor development and training (Palumbo, Rambur, & Boyer, 2012). Most importantly, in a healthcare environment, where quality healthcare and patient safety is a priority (Lim & Weiss, 2016) hospitals cannot afford to have "poorly trained staff due to ineffective precepting" (Thomas, 2014, p. 12) and burned out preceptors (Dziedzic, 2010). The large shift in healthcare focus around patient safety and quality of care will impact the educational preparation for nurse preceptors. The nurse preceptor role must include being an advocate and guardian for patient safety and quality health care (Lim, Weiss, &Herrera-Capoziello, 2015). According to Thomas (2014), "the first impression and success of a new nurse is impacted greatly by how well prepared the preceptor is for his/her role" (p. 4). Therefore, ineffective precepting can be an indicator of exit for newly graduated RNs. The turnover cost of RNs is estimated to be between $36,900-$57,300 (NSI Nursing Solutions Inc., 2015).

For nurse residency programs to be successful, it is necessary to focus on the preparation and development of RN preceptors (Palumbo et al., 2012). Preceptors, especially with high levels of self-efficacy and proficiency (Thomas, 2014) are able to

promote a safe workforce by advocating for training and support (Palumbo et al., 2012). This is accomplished because of their ability to achieve goals and set high levels of behavioral performance (Thomas, 2014).

In addition, it is important to identify preceptors with confidence in their role as a preceptor. The American Psychological Association (2016) defines self-efficacy as "the set of beliefs that one can perform adequately in a particular situation" (p. 1).

Thomas's (2014) study identified that nurses with higher self-efficacy are instrumental in the development of preceptor education and new staff training because they are able to demonstrate what it takes to overcome challenges and thrive in the current healthcare environment. Therefore, an "efficacious preceptor workforce has the potential to significantly impact the caliber of patient care" (Thomas, 2014, p. 5). The value in identifying characteristics and themes among preceptors confident in their role is paramount in the development of preceptor education and preparedness.

Background and Significance

Precepting is defined as "an organized, evidence based, outcome drive approach to assuring competent practice" (Ulrich, 2010, p. 1). Precepting is diverse and used for nursing students in clinical environments, new graduate nurse onboarding and orientation of experienced nurses to a new specialty area. There are seven role functions that define a nurse preceptor (a) teacher/coach, (b) leader/influencer, (c) facilitator, (d) evaluator, (e) socialization agent, (f) protector, and (g) role model. A preceptorship is defined as "a structured, supportive period of transition from learning to applying a complex skill, such as nursing, which requires a long and rigorous period of education. Preceptorship is similar

to apprenticeship and serves as a bridge during the transition from student nurse to practitioner" (Segen's Medical Dictionary, 2011).

Alspach (2008) discussed feedback provided by nurses who attended the 2008 American Association of Critical-Care Nurses Convention session on preceptor and support. Inconsistencies in preceptor education were presented. For example, some facilities provide initial preceptor training, some offer initial and continuing preceptor training and others offer no preceptor training. Nurses attending this session identified teaching and learning resources for troubleshooting performance problems, situations commonly encountered by preceptors, strategies for different types of learners, and managing problematic instructional scenarios as essential to their role as a nurse preceptor (Alspach, 2008).

It is important to acknowledge and assess these perceptions to identify opportunities to promote preceptor proficiency. Very little research focuses on the preceptor perspective as it relates to competence, confidence, abilities and preparedness (Thomas, 2014). However, Patricia Benner has published research and theory that focuses on RN preparedness based on stages of proficiency. It is important that preceptor preparedness be similarly studied because they are so involved in the training of new graduate nurses. If the nursing profession can better understand preceptor needs and level of proficiency, it is possible to allocate more support and resources toward nurse preceptors (Ulrich, 2010).

Problem Statement

According to the Bureau of Labor Statistics (2013), in *Employment Projections 2012-2022*, the RN workforce is expected to grow to 3.24 million by 2022. With such a demand for nurses, nurse preceptors will see an increase in responsibility for training new

nurses. Many nurse preceptors are unprepared to train nursing students and newly graduated nurses. The lack of confidence among nurse preceptors can negatively impact the development of this new workforce. Therefore, by identifying confidence levels of different proficiency levels of nurse preceptors, nurse leaders and educators will be able to develop education and training to better support them in their role.

Purpose of the Study

Preceptor preparedness is imperative for not only the RN preceptor but also for the training and learning opportunities of newly graduated nurses and student nurses (McClure & Black, 2013). The purpose of this study is to measure experience and confidence level of RN preceptors who precept newly graduate nurses. Utilizing Benner's novice to expert theory as a framework the author plans to have nurse preceptors rate their confidence level in meeting specific preceptor role responsibilities. Ultimately, the goal of the study will be to measure different levels of confidence exhibited by the novice versus expert preceptor.

Research Questions

The following research questions will be addressed in this study:

1.) How confident are novice versus expert nurses in performing the

domains of the preceptor role?

2.) What demographic variables predict confidence in the preceptor role?

Theoretical and Conceptual Framework

Benner's (1984) Novice to Expert theory uses Stuart Dreyfus's model of Skill Acquisition where one passes through five levels of proficiency: novice, advanced beginner, competent, proficient and expert. Benner has taken this model and applied it to nursing to evaluate skill performance based upon experience level and education. Benner's

(1984) theory for this specific research study was applied to evaluate the nurse preceptor's level of proficiency based on their confidence to regularly accomplish different roles of the nurse preceptor. The following information will provide a breakdown of Benner's novice to expert acquisition levels for the nurse preceptor.

Novice

The novice nurse preceptor is a beginner and new to the role and responsibilities of precepting and has no experience with the situations they may face (Benner, 1984). Rules and guidelines are needed to help with task performance and therefore the novice preceptor struggles to use judgment to identify what is most important or what might be an exception to the rule (Benner, 1984). For example, a novice preceptor may need guidelines to outline their responsibilities and tasks and would not be able to exercise "discretionary judgment" (Benner, 1984, p.131). The novice preceptor will require prompting and further guidelines to improve their proficiency while precepting.

Advanced Beginner

The advanced beginner will show marginal acceptable performance and have experienced a few situational precepting experiences and is still focused on the rules and guidelines. However, based on their minimal experience they are starting to develop aspect recognition (Benner, 1984). For example, assessing a preceptee's learning style depends on experience with previous preceptees who have had similar teaching-learning needs. In addition, the advanced beginner will also need help to identify priorities while precepting.

Competent

Benner (1984) describes the competent nurse as working in the profession for two to three years and their actions are moving toward achieving long-term goals. These nurse preceptors have the ability to adapt to the complexities of everyday nursing and are able to achieve greater proficiency and organization based on conscious and analytical critical thinking. Many in the competent stage have a feeling of mastery (Benner, 1984). For example, the competent preceptor would be one that has more than 2 years of clinical nursing experience and demonstrates proficient organization and prioritization skills while precepting.

Proficient

In the proficient stage, one is able to perceive and understand situations in whole terms, which improves decision-making. In this stage, the nurse preceptor is able to use previous experiences and situations to help modify any plans for the preceptor relationship. For example, an orientee struggling with time management may pose a difficult task for a novice preceptor, but a proficient preceptor will be able to holistically understand the preceptee's learning needs and modify current education methods.

Expert

In the expert stage, no longer is there reliance on guidelines and rules that determine actions but intuition and clinical experience (Benner, 1984). In addition, performance is less rigid, and more flexible and proficient. An expert preceptor would be able to develop goals and action items with a difficult orientee without assistance from leadership due to previous experiences and their ability to assess and act on the situation independently.

Chapter II: Review of the Literature

The literature review began with a computerized review of the literature in the Cumulative Index to Nursing and Allied Health Literature (CINHAL), ProQuest, Pub Med/Medline, and Google™. The following search terms were used: nurse preceptors, preceptorship, RN preceptor preparedness, RN preceptor learning needs, RN preceptor education, RN preceptor perspectives, RN preceptor confidence, Benner's novice to expert theory, preceptor as educator. Most of the research discussed educational topics and tools preceptors rate essential for training and preparedness. In addition, the literature focused mostly on the role of the nurse preceptor for nursing students, new graduate nurses, advanced nurse practitioners, and nurse residency programs. Much of the literature is currently saturated with research about nurse preceptors of student nurses. The following literature is based on a review of nurse preceptor preparedness, proficiency, training methods, learning needs, and role perception conflict of newly graduated nurses.

Nurse Preceptor Confidence

Self-Efficacy theory developed by Bandura (1977) has been used to evaluate confidence and competence in one's ability to succeed in a specific context or situation. It is known that preceptors with greater confidence in their role have overall better job satisfaction and health. According to Thomas (2014) proficient preceptors possess a higher confidence related to their role and discovering what impacts preceptor confidence is beneficial in developing preceptor education and development programs. Thomas (2014) performed a qualitative study of 10 nurse preceptors. Preceptors reported about their own development of preceptor confidence based on questions designed using Benner's (1984)

theory of self-efficacy and themes were summarized. These themes identified that preceptors with greater confidence in their role have the ability to (a) provide effective and constructive feedback to enhance preceptor growth and performance (b) model competence and skills (c) manage stressors engaged in precepting (d) use knowledge of learning styles to engage preceptees (e) use situational learning opportunities and (f) engage in ongoing learning. Limitations included time restraints and a small sample size in one hospital which limited generalizability. The author did identify four best practices for preceptor development which includes mentoring of new preceptors, supporting preceptors from the entire healthcare team, accessible preceptor educational resources and providing preceptors opportunities to exchange information and learn from one another (Thomas, 2014).

Sandau et al. (2011) quasi-experimental study tested preceptor's self-reported confidence and comfort after taking a preceptor workshop. *T* test result showed evidence of increased confidence and comfort in the role of a preceptor and ability to promote critical thinking after three to six months after attending the workshop. New graduate nurse retention rates after one year were 97% among those nurses who had preceptors from the intervention group compared to 87% in the non-intervention group (Sandau, Cheng, Zhenyu, Gaillard, & Hammer, 2011). Limitations include self-reporting by preceptors of their confidence and comfort without any validation of precepting excellence by nurse educator observers. In addition, some preceptors had little to no precepting opportunity after the workshop so they were unable to complete the post workshop survey.

Another qualitative study by Rebolz (2013) examined 19 preceptors from four hospitals in Midwestern communities who had at least one year of nursing experience and

at least 1 year or preceptor experience or currently precepting. Three questions were asked during the interview to learn about what preceptors perceive as essential for the role of a nurse preceptor. Rebolz identified five themes nurse preceptors report as essential to preceptor preparation (a) nurse preceptors benefit from initial and continuing education, (b) informal learning is influential to preceptor development, (c), diverse experiences as a preceptor over time influence preceptor confidence, (d) and nurse preceptors educational request relate to their different role proficiencies and confidence. However, the most interesting finding validates social cognitive theory, that learning takes place in a social setting context, in the development of nurse preceptors. Many of the preceptors in this qualitative study reflected on their transition from nurse to preceptor and cited the most essential role of the preceptor is modeling behaviors important for preceptee development (Rebholz, 2013).

Nurse Preceptor Challenges

In the literature, preceptors report burnout. Reasons stated in the literature include unsufficient time to complete one's assignment successfully; high acuity of the patient load assigned to preceptors working with a novice nurse; lack of support and guidance from management; lack of formalized preceptor programs, and lack of education and preparation for the preceptor role (Dziedzic, 2010). Specifically, teaching skills, lack of formal recognition or acknowledgment of the preceptors' value, and no pay adjustment or compensation (Dziedzic, 2010).

Horton, Depaoli, Hertach, and Bower (2012) identified in their study that stressors reported from the preceptors included increased workload and lack of appreciation from charge nurses and nursing leaders. In this study nurse preceptors also reported having fear

and difficulty of balancing safe patient care while teaching. After completion of the Preceptor Academy, which was is a one day educational workshop for nurse preceptors, these preceptors did report an increased satisfaction in their preceptor role.

The literature also identifies the importance of preceptor support and recognition due to preceptors' reports of stress, role ambiguity, and responsibilities associated with the preceptor role (Omansky, 2010; Sandau et al., 2011). In addition, a literature review published by McClure and Black (2013) evaluating preceptors of student nurses identified that role, workload, lack of training, time along with inconsistencies in preceptor training and education were all factors contributing to preceptors feeling unprepared.

Nurse Preceptor Education

Throughout the literature there are many different methods discussed about how to train and prepare nurse preceptors. Evaluating the literature, the pedagogies used for preceptor education include didactic, online and simulation learning. In addition, the literature cites different sources of education in the form of workshops (Sandau, et al., 2014; Wilson, et al., 2013), nurse preceptor academies (Horton, et al., 2012), handouts, self-directed packets, and online modules (McClure & Black, 2013). In addition, the literature cites inconsistency in preceptor training for students. For example, some facilities offer no training, others offer initial and some provide continuing education (Alspach, 2008).

Wilson et al. (2013) evaluated the effectiveness of simulation for preceptor preparedness using didactic and simulation learning. Novice and advanced beginner preceptors attended an introductory workshop and the Kirkpatrick's Four Level Model of

evaluation was used to measure satisfaction, learning and behavior practices. Participants reported that simulation was more helpful than lecture alone.

Foy et al. (2013) performed a RN Preceptor Learning Needs Assessment that surveyed important topics for preceptor education, learning preference and at what time in the course of preceptor development topics should be learned. The survey was administered to 735 RN preceptors with 1-5 years' experience as a preceptor and all were from various inpatient, outpatient, and surgical areas. The authors found that simulation is the preferred learning method and younger nurses surveyed did not prefer online learning. Top ranked learning topics included (a) giving feedback; (b) how to teach the orientee critical thinking, prioritization, organization, accountability, teamwork, and resources; (c) expectations of the preceptor; (d) assessing the orientee's competency; (e) conflict management; (f) dealing with a difficult orientee; (g) adapting teaching to accommodate the learner; and (h) teaching techniques. Foy (2013), however, surveyed preceptors at only one institution, and the researchers did not define the items included in the study tool. This current study provides recommendations for preceptor program topics and teaching methods.

Preceptor learning needs can vary based on proficiency, confidence and experience. Identifying preceptor learning needs is essential to prepare preceptors for their role. Horton et al. (2012) developed a Nurse Preceptor Academy that was implemented across 18 hospitals and attended by 714 nurses. A pre-and post survey evaluated the attendee's responses and found that critical thinking questions and readily available resources were considered the most valuable to enhance learning for their preceptee. Conflict management was also noted as an important content area that the attendees felt they gained the most knowledge after attending the program. Overall, after the attendees completed the Nurse

Preceptor Academy they felt more prepared and scored a 4.17 out of five-point total for their level of satisfaction with the preceptor role.

Biggs & Schriner (2010) developed a preceptor pride program to recognize preceptors through annual celebrations, online educational resources, newsletters, award nominations and preceptor workshops. Most interesting is that this program understands that preceptors provide unique qualities that can enhance learning and education for other preceptors.

Roles of the Nurse Preceptor

Nurse preceptors carry many roles, one of which is as a nurse educator. Nurse preceptors must be able to apply adult learning theory to promote an environment of learning and engage the novice nurse. They also bridge the gap between clinical nursing theory and clinical practice. As a teacher, the preceptor will identify learning needs and provide performance feedback (Blevins, 2016). In addition, most novice nurses will mimic nurse preceptors' attitudes and skills (Raines, 2012). Effective precepting, therefore, requires preceptors to role model proficiency and resourcefulness. This includes, knowledge of evidence based practices and hospital policies, sharing resources, problem solving when they may not know the answer (Blevins, 2016). According to Wick (2012), "the preceptor is not only a teacher and role model, but a nurse who also has the opportunity to learn from the experience" (p. 278). This supports the idea that precepting proficiency and confidence is impacted by previous experiences (Bandura, 1977). Another, characteristic of nurse preceptors includes the ability to provide feedback to the preceptee and the leadership team. This requires continuous and ongoing evaluation of the novice

nurse and providing effective and concise feedback about the preceptees' strengths and deficiencies (Blevin, 2016).

Summary

Research has revealed that perceived preparedness of experienced preceptors have greater confidence. They are also able to provide effective and constructive feedback, model competence, skills, manage stressors engaged in precepting and use knowledge of learning styles to engage preceptees. However, the literature also notes that many preceptors continue to perceive a lack of confidence to accomplish the preceptor role and responsibilities while precepting newly graduated nurses, citing many learning opportunities and challenges while precepting.

Chapter III: Methodology

Research Design

The research study conducted is a prospective cohort design with descriptive statistics. The variables identified in this study are based on the participant's demographics, precepting experience and preparedness based on Benner's novice to expert theory. An author-developed survey was utilized for this study.

Research Questions

1.) How confident are novice versus expert nurses in performing the domains of the preceptor role?

2.) What demographic variables predict confidence in the preceptor role?

Description of Setting

The study was conducted at an 800-bed acute care hospital in the Western United States. The RN preceptors who participated in the study worked in the following clinical departments caring for adult medical surgical patients (Orthopedics, General Surgery, Neurosciences, Sierra 5 & 6 Medical, Oncology) and adult critical care patients (Sierra Intensive Care Unit (SICU), Cardiac Intensive Care Unit (CICU), Roseview Intensive Care Unit (RICU). Other RN preceptors included in the study were RN preceptor staff on the Pediatric, Labor and Delivery, Postpartum and Newborn Nursery, and the Neonatal Intensive Care units; Surgical Services (Pre-op, OR, PACU), and the Emergency Department. The survey was emailed to all registered nurses (RN) working as an RN preceptor between June 2015-June 2016 at the hospital. In addition, paper surveys were handed out to all preceptors enrolled in the Precepting 101 continuing education course at

the study facility on July 12th, 2016 and August 15th, 2016. Preceptor experience in this study is defined as having been a preceptor for a newly graduated nurse.

Sample and Recruitment

With the permission of the University of Nevada, Reno International Review Board (IRB) and hospital administrative staff, the survey was emailed to all nursing preceptors at the study facility (N=340). In addition, a reward was awarded to the inpatient unit with the largest response rate. The Precepting 101 continuing education was also used as venue to increase response rate and sample size. A priori power analysis (G*Power 3.1.9.2) demonstrated that a sample of at least 109 participants was required to detect a large effect size using goodness of fit contingency tables with an alpha error of 0.05 (df = 12). A sample size of 303 was required to detect a medium effect. Giving the limited sampling frame of this study, the goal of the sampling plan was to recruit at least 150 eligible participants to allow for potentially invalid participant responses.

Human Subjects Protection

The approval by the IRB provided human subject protection and the completion of the survey constituted informed consent. The online survey program, Survey Monkey, ensured participant security and confidentiality by using the *Anonymous Responses* function. This function blocked the name, email, and IP addresses of all respondents. For those completing a paper survey, the participant placed the completed survey in a sealed envelope and then in a box so no identity was revealed.

Research Instruments

Participant Demographic Questionnaire (Appendix A). A researcher-developed demographic questionnaire was utilized in relation to indicators of preceptor experience, clinical department, years worked as an RN, and demographics including age, gender, and education level.

Preceptor Preparedness Survey (Appendix B). The research instrument used was a survey using a 1-5 Likert rating scale. The survey developed was based on preceptor role characteristics identified in the literature. The participants were given a five-point Likert scale to rate their confidence as a preceptor in these three roles: (a) teacher, (b) role model, and (c) evaluator. The Likert Scale measurement was based on the following (1) not at all confident, (2) slightly confident, (3) somewhat confident, (4) moderately confident, and (5) extremely confident. Each response value corresponded to a stage of Benner's (1984) novice to expert proficiency level, meaning that each Likert measurement one through five represented each stage (1) novice, (2) advanced beginner, (3) competent, (4) proficient, and (5) expert.

Procedure

The researcher obtained a master list of nurse preceptors email addresses (N=340) with the assistance and approval of human resource administrators at the study facility involved. Once the study was approved by the IRB, the survey was distributed to all nurse preceptors starting June 1, 2016. The summer residency program began in July 2016, and this provided an opportunity to capture data during this preceptorship. The results were sent directly to the researcher via the Survey Monkey Database. Due to the nature of the instrument, a survey, convenient sampling was utilized. Participants completed their

survey via any technological platform that provided connection to the Internet or via a paper survey for those preceptors enrolled in the Precepting 101 course. These participants placed completed surveys in a sealed envelope where anonymity was maintained. Each survey had an answer with each corresponding question or else it was removed from the sample to avoid skewed results. For survey monkey users, all fields were required to complete. If respondents did not answer a required question, they would not be able to advance to the next page until they answered the question within the requirements. Ongoing communication was provided to the participants once the survey went live. Two weeks prior to the closing of the survey, August, 2016 a final reminder to complete the survey was sent to all RN preceptors (N=340).

Data Analysis

Data collected from Survey Monkey was analyzed using descriptive statistics. The STATA data analysis and statistical software was utilized to provide statistical analysis. Data analysis consisted of Pearson chi square, and multiple linear regressions. Descriptive statistics were used to describe some of the demographic data captured, for example, average number of years' nurses have been precepting, how many nurses received preceptor education, and how many years of these preceptors practiced nursing. Chi square analysis was used to analyze theoretically expected and observed data such as years of preceptor experience and confidence rating score. Pearson Chi Square was also used to help analyze relationships between two sets of data, for example, confidence level of each nurse preceptor role domain and sub categories. A competence score ranging from 5-25 was used as outcome variables. From these scores, a summary score was calculated under the role responsibility domains of teaching, role modeling and evaluation. For example, the

summary score of 5 would be calculated if the participant answered 1(not at all confident) for each statement under the role responsibility of *teaching*. Whereas, a summary score of 25 would be calculated if the participant answered 5 (extremely confident) for each statement under the role responsibility of *teaching*. Variables analyzed the competence scores between preceptors who did and did not receive preceptor training, among those preceptors who work in similar clinical environments, and number of years as a preceptor.

Budget and Funding

      The only monetary funds to support this study was provided by the author of the study to purchase a prize for the inpatient unit with the highest response rate. The prize for the winning unit was an ice cream party and no more than $100 was spent.

Chapter IV: Results

This study aimed to measure different levels of confidence exhibited by the novice versus expert preceptor. The research questions that guided this study were:

1.) How confident are novice versus expert nurses in performing the domains of the preceptor role?

2.) What demographic variables predict confidence in the preceptor role?

This chapter will first present descriptive findings and then analytical results in relation to the research questions proposed.

Description of Sample

Convenience sampling was utilized for this study. An informational letter was developed in accordance with the University of Nevada, Reno IRB, which outlined the purpose, guidelines and instruction for the study. This letter was embedded in the body of the email with the link to the electronic survey to 340 nurse preceptors at the study facility on June 27th, 2016. The survey letter with the electronic survey link was sent again on July 31st, 2016 to the same 340 nurse preceptors. Paper surveys were collected on July 12th, 2016 and August 15th, 2016. By the August 15th deadline, a total of 123 electronic surveys and 10 paper surveys were collected. All paper survey responses were manually entered into the Survey Monkey electronic survey form yielding a total of 133 total survey participants. However, after reviewing the study qualification criteria, 27 surveys did not meet criteria and were omitted from further analysis. Of the omitted participants:

- Nine participants did not meet the study criteria for serving as a preceptor for at least one new graduate nurse

- Eighteen participants either did not complete the entirety of the survey or did not work at the study facility

In total, 106 survey results were utilized for data analysis. Overall, there was a 39% survey response rate. A priori power analysis (G*Power 3.1.9.2) demonstrated that a sample of at least 109 participants would be required to detect a large effect size using goodness of fit contingency tables with an alpha error of 0.05 (df = 12).

Participant Demographic Questionnaire

The first portion of the survey gathered descriptive findings of the participant demographics. The specific demographics collected included, age, gender, years of nursing experience, highest degree level, department of work, number of new graduate nurses precepted, any previous preceptor education, and a question that screened for preceptors of new graduate nurses as inclusion criteria.

Gender. Of the 106 participants, 92% (n = 98) were female, 7% (n = 7) were male and 1% (n = 1) identified as "other". These results are comparable to the actual population of registered nurses in Nevada and the United States. Based on the *2013 National Workforce Survey of Registered Nurses*, findings by publishing gender breakdown of registered nurses in Northern Nevada is 96% (n=26) female, 3.8% (n= 5) male and in the U.S., 93.4% (n= 37,686) are female and 6.6% (n=2,679) male (Griswald, Etchegoyhen, & Packham, 2014).
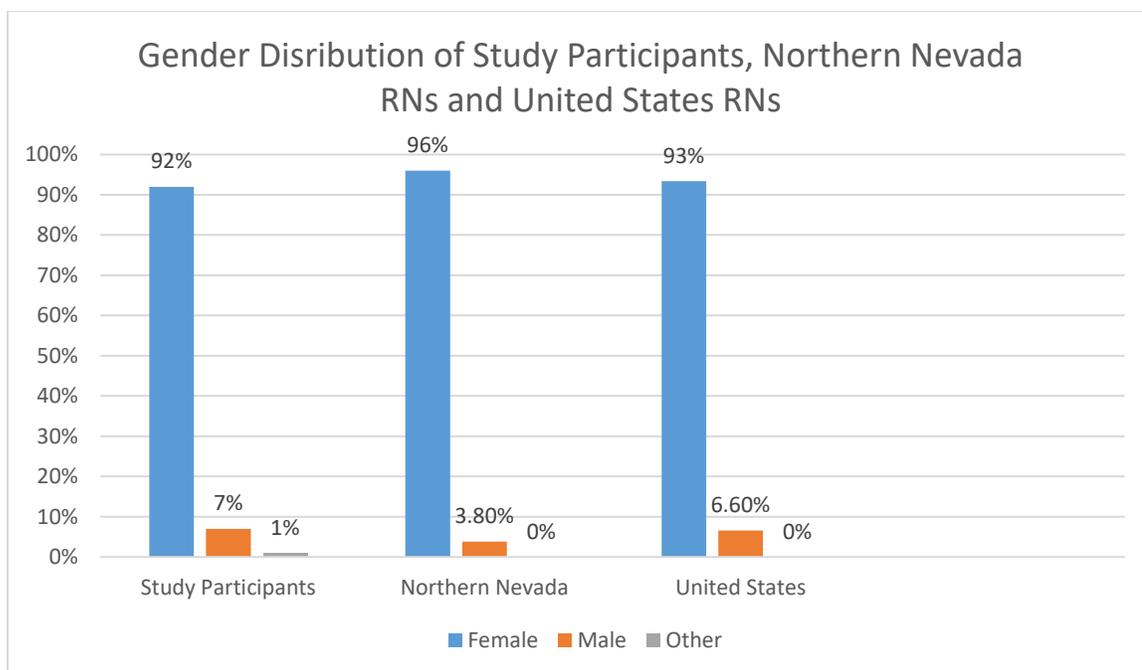
Figure 1: Gender Distribution of Study Participants, Northern Nevada, and United States RNs.

Age. The age of participants ranged from 22-59 years old with a mean age of 33 years (SD=8.9) and median age 31. Most interestingly, participants aged 25 and 28 had the most frequency (n=10) and 75.3% (n=80) were 36 years and younger, categorizing them of the millennial generation. The average age of registered nurses in the United States is 50 years (Griswald, Etchegoyhen, & Packham, 2014) which is greater than the participant sample (Figure 2). This can be attributed to the young nature and culture of the study facility, an increase in number of newly graduated nurses to offset the regional nursing shortage and small sample size.
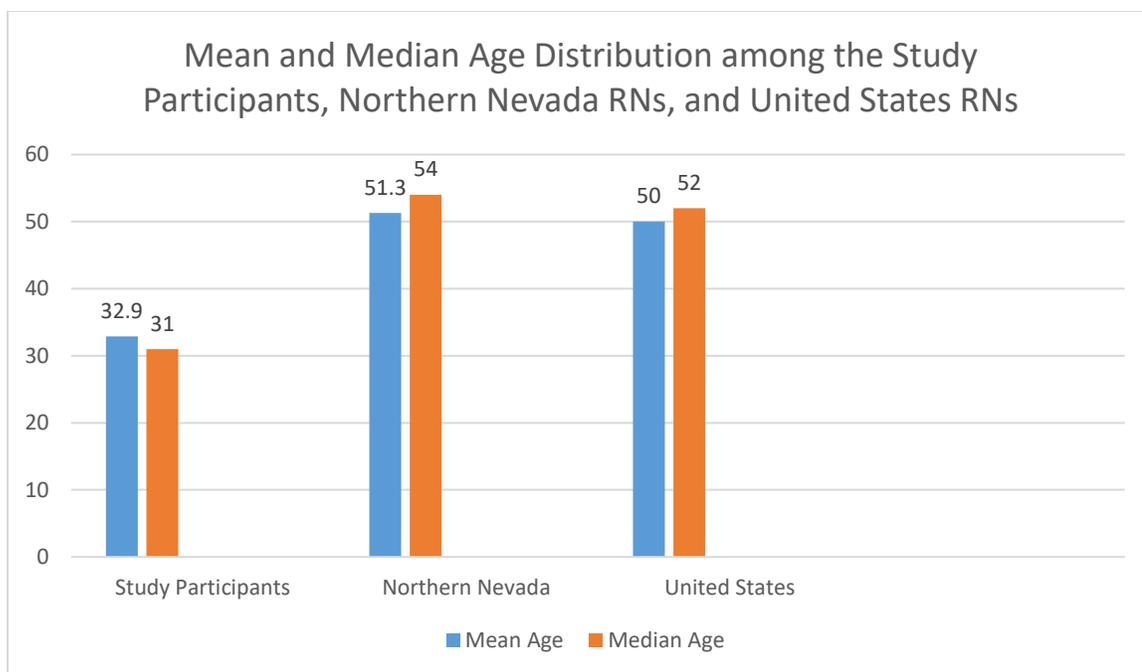
Figure 2: Mean and Median Age Distribution among Study Participants, Northern Nevada RNs, and United States RNs

Education level. Regarding education level, 32.1% (n = 34) of the sample had an Associate Degree in Nursing (ADN), 63.2% (n = 67) had a Bachelor Degree in Nursing (BSN), and 4.7% (n = 5) had a Master's Degree in Nursing (MSN). This compares to a state of Northern Nevada educational distribution of 31.8% (n= 48) ADN, 29.8% (n= 45) BSN, and 13.2% (n= 20) MSN and a United States educational distribution of 27.6% (n= 11,332) ADN, 34.4% (n= 14,097) BSN, and 11.8% (n= 4,846) MSN (Griswald, Etchegoyhen, & Packham, 2014). The regional location of the study facility has three ADN programs and one BSN program. The larger number of participants with a baccalaureate degree is likely due to the increased number of baccalaureate graduates from this regions' BSN nursing program and the study facility's preference to hire baccalaureate prepared nurses.
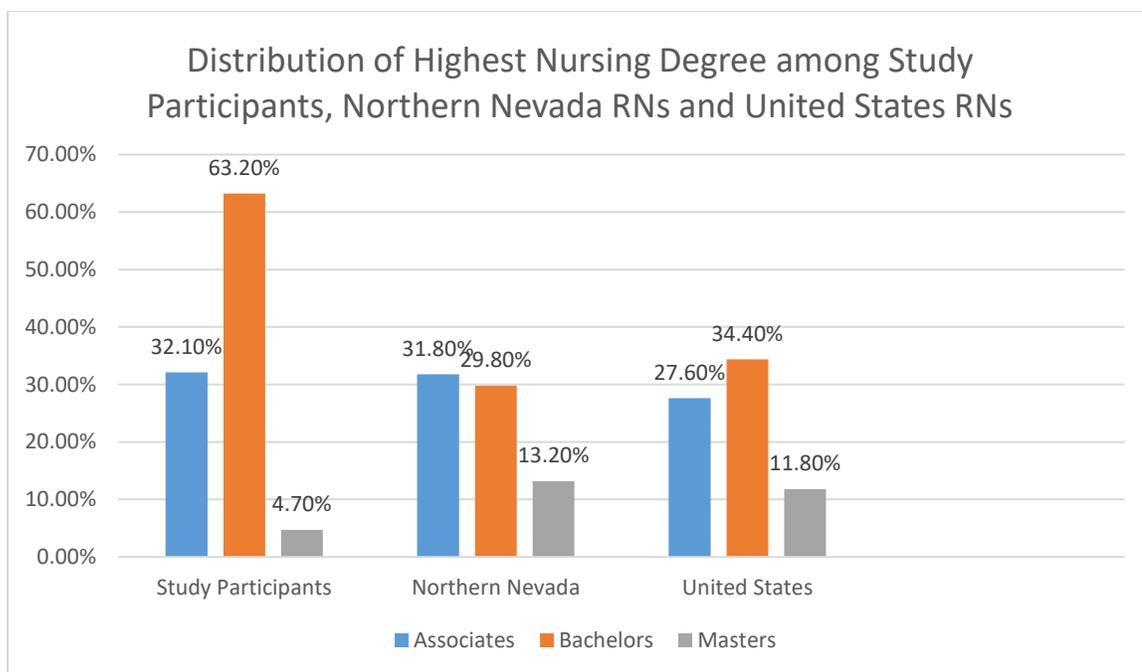
Figure 3. Degree Level of Study Participants, Norther Nevada RNs, and United States RNs.

Years of Nursing Practice. Overall, the sample mean for years of practicing

nursing was 6.5 (n=106, SD=8.5). There were 17.9 % (n=19) of the study participants

with 1 year of nursing practice (Novice), 20.8% (n=22) with 2 years (Advanced

Beginner), 12.3% (n=13) with 3 years (Competent), 19.8% (n=21) with 4-6 years

(Proficient), 14.2% (n=15) with 7-10 years (Expert), and 15.1% (n=16) with greater than

10 years of nursing experience (Expert). Most notable, over a third 38.7% (n=41) of the

RN preceptors in the study sample were either novice or advanced beginner nurses per

Benner's theory (1984).

Preceptor education. The majority of the sample (79.3%; n = 84) indicated that

they received some sort of nursing preceptor education (Table 1). This is likely due to

educational requirements of all registered nurses hired to the study facility. Starting in

2012, every newly hired RN is required to take a three-hour nurse preceptor education

course, conducted by the clinical education department, prior to the employee's one year evaluation. For those participants who reported not having any preceptor education, they may have been hired prior to 2012, were not instructed to take the course, failed to complete the course or they are still completing their first year of nursing.

Table 1: Preceptor Education among Study Participants

Preceptor Education	N	%
Yes	84	79.25
No	22	20.75
Total	106	100

Location of work. The study participants' years of nursing experience varied from one year to 39 years (mean 6.5 years; SD= 7.9). Of the total participants, the largest proportion of them worked on the Sierra 5 & 6 Medical, which are both adult medical surgical units that care for patients with multiple comorbities and mental health conditions; Telemetry 7 & 8 which are both a 58 bed adult telemetry unit that care for patients with cardiac related conditions and those who require telemetry monitoring; CICU which is a 38 bed adult cardiac intensive care unit that cares for patients with critical cardiac conditions and post operative coronary artery bypass graft surgery candidates (Table 2). These results are likely due to the increased number of RNs hired to these units and the size of the units. In addition, three times per year, there are large groups of newly graduated nurses that are precepted on these specific units which requires an additional number of RN preceptors.

Table 2: Distribution of Location of Work among Study Participants

Location of Work	N	%
Adult Medical-Surgical Units		
Sierra 5 & 6 Medical	13	12.3
Oncology	6	5.7
Orthopedics	4	3.8
Neurosciences	8	7.6
General Surgical Unit (GSU)	6	5.7
Adult Critical Care Units		
Telemetry 7 & 8	14	13.2
Sierra Intensive Care Unit (SICU)	6	5.7
Roseview Intensive Care Unit (RICU)	7	5.7
Cardiac Intensive Care Unit (CICU)	14	13.2
Other Departments		
Emergency Room (ER)	4	3.8
Surgical Services	4	3.8
Pediatric Unit	4	3.8
Neonatal Intensive Care Unit (NICU)	7	6.6
Labor & Delivery Unit	3	2.8
Pospartum Unit and Newborn Nursery	6	5.7
Total	106	100

Number of new graduate preceptees. The average number of newly graduated nurses precepted per participant was approximately six (n= 6; SD=5.0). As preceptors gained years of nursing experience, the number of new graduate nurses precepted likewise increased (X^2 49.8; p < 0.01). Specifically, 57% (n=8) of preceptors who responded to working in nursing greater than 10 years have precepted greater than 10 new graduate nurses. This is not at all surprising as nurses with more years practicing have more opportunities to precept newly graduated nurses. Forty-six percent of nurse preceptors with only one year of nursing experience have precepted one new graduate nurse and almost half (49%; n = 47) of all nurse preceptors in the study had three or less years of nursing experience (Table 3).

Table 3: Distribution of Study Participant's Years of Nursing Experience and Number of New Graduate Nurses Precepted

Years of Nursing	1 new grad N (%)	2 new grads N (%)	3 new grads N (%)	4-5 new grads N (%)	6-9 new grads N (%)	>10 new grads N (%)	Total N (%)
1 Year	7 (46.7%)	2 (13.3%)	2 (13.3%)	2 (13.3%)	2 (13.3%)	0 (0%)	19 (100%)
2 Years	4 (20%)	3 (15%)	5 (25%)	4 (20%)	3 (15%)	1 (5%)	20 (100%)
3 Years	1 (8.3%)	5 (41.7%)	2 (16.7%)	3 (25 %)	1 (8.3%)	0 (0%)	12 (100%)
4-6 Years	1 (5.3%)	4 (21.1%)	1 (5.3%)	5 (26.3%)	4 (21.1%)	4 (21.1%)	21 (100%)
7-10 Years	0 (0%)	2 (14.3%)	1 (5.3%)	5 (26.3%)	4 (21.1%)	4 (21.1%)	15 (100%)
>10 Years	1 (7.1%)	0 (0%)	0 (0%)	2 (14.3%)	3 (21.4%)	8 (57.1%)	16 (100%)
Total	14 (14.9%)	16 (17%)	11 (11.7%)	19 (20.2%)	16 (17%)	18 (19.2%	106 (100%)

Perceived Preparedness for the Preceptor Role

Demographic variables were compared against the subcategories of each preceptor role responsibility in the *Perceived Preparedness for the Preceptor Role* questionnaire. Complete results of the study tool are presented in Appendix E. Cross-tabulated data points that achieved statistical significance are discussed below.

Table 4: Distribution of Confidence Level by Percentage for each RN Preceptor Role

Responsibility

Preceptor Role Responsibility	Not at all confident N (%)	Slightly Confident N (%)	Confident N (%)	Very Confident N (%)	Extremely Confident N (%)
Teaching					
Teach the preceptee prioritization	0 (0%)	2 (1.9%)	25 (23.6%)	**47 (44.3%)**	32 (30.2%)
Teach the preceptee accountability	0 (0%)	1 (0.9%)	28 (26.4%)	**43 (40.6%)**	34 (32.1%)
Teach the preceptee organizational skills	0 (0%)	1 (0.9%)	26 (30.2%)	**44 (41.5%)**	35 (33%)
Teach to evidence based guidelines	0 (0%)	2 (1.9%)	32 (30.2%)	**48 (45.9%)**	24 (22.6%)
Teach critical thinking skills	0 (0%)	5 (4.7%)	32 (20.2%)	**45 (42.45%)**	24 (22.6%)
Role Modeling					
Role model clinical competence	0 (0%)	1 (0.9%)	18 (17%)	**49 (46.2%)**	38 (35.9%)
Role model professional development	0 (0%)	1 (0.9%)	23 (21.7%)	**48 (45.3%)**	34 (32.1%)
Role model patient safety and quality care	0 (0%)	0 (0%)	9 (8.5%)	**51 (48.1%)**	46(43.4%)
Role model standards of practice	0 (0%)	0 (0%)	17 (16 %)	**57 (53.8%)**	32 (30.2%)
Role model problem solving	0 (0%)	0 (0%)	17 (16 %)	**56 (52.8%)**	33 (31.1%)
Evaluation					
Evaluate the preceptee's progress	0 (0%)	5 (4.7%)	32 (30.2%)	**43 (40.6%)**	26 (24.5%)
Evaluate the preceptee's	0 (0%)	5 (4.7%)	33 (31.1%)	**42 (39.6%)**	26 (24.5%)

clinical competence					
Provide constructive feedback to the preceptee	1 (0.9%)	7 (6.6%)	28 (26.4%)	**44 (41.5%)**	26 (24.5%)
Set goals with the preceptee	1 (0.9%)	4 (3.8%)	26 (24.5%)	**43 (40.8%)**	32 (30.2%)
Communicate with leaders about the preceptee's progress	0 (0%)	5 (4.7%)	29 (27.4%)	**38 (35.9%)**	34 (32.1%)

Years in nursing. After cross tabulating years of nursing experience with the different preceptor role domains, teaching critical thinking skills and setting goals with the preceptee resulted in significant findings.

Teaching critical thinking skills. Table 5 represents years of nursing experience cross-tabulated with confidence level of teaching critical thinking skills. It is notable that nurse preceptors with more years of nursing experience report being more confident in teaching critical thinking skills ($X^2 = 26.3$; $p < 0.05$). For example, 53.3% (n = 8) of preceptors with 7-10 years of nursing experience reported being 'extremely confident' in teaching critical thinking skills. This supports the assumption that critical thinking skills develop with experience. Therefore, it is expected that experienced nurses are best equipped to teach new graduates this skill (Benner, 1984). Surprisingly, 57.9% (n = 11) of preceptors with one year of nursing experience also report being 'confident' in this role. This result may reflect a degree of social desirability bias as it is not expected that novice nurses will be confident in teaching critical thinking skills. The National Council of Registered Nurses (2011) describes nurses in the first years of practice as those who are

still developing their own critical thinking abilities and "must be backed up by a competent nurse" (p. 1).

Table 5: Distribution of Study Participant's Confidence Level in Teaching Critical Thinking Skills in Relation to Years of Nursing Experience.

Years of Nursing	Slightly Confident N (%)	Confident N (%)	Very Confident N (%)	Extremely Confident N (%)	Total N (%)
1 Year	1 (5.3%)	11 (57.9%)	4 (21.1%)	3 (15.8%)	19 (100%)
2 Years	1 (4.6%)	3 (13.6%)	13 (59.1%)	5 (22.7%)	22 (100%)
3 Years	1 (7.7%)	4 (30.8%)	8 (61.5%)	0 (0 %)	13 (100%)
4-6 Years	1 (4.7%)	6 (28.6%)	10 (47.6%)	4 (19.1%)	21 (100%)
7-10 Years	0 (0%)	5 (33.3%)	2 (13.3%)	8 (53.3%)	15 (100%)
>10 Years	1 (6.3%)	3 (18.8%)	8 (50%)	4 (25%)	16 (100%)
Total	5 (4.7%)	32 (30.2%)	45 (42.5%)	24 (22.6%)	106 (100%)

Setting goals. As preceptors gained years of nursing experience, they reported higher confidence in setting goals with their preceptee ($X^2 = 37.3$; $p < 0.05$). Notably, 50% (n = 8) of preceptors with greater than 10 years of nursing experience report being 'extremely confident' in this role. Interestingly, 84.2% (n = 16) of novice nurse preceptors (less than two year of nursing experience) report being 'confident' or 'very confident' in this role. In this case, preceptors with one year of nursing experience have just completed their first year of nursing where their preceptors trained them to set goals. Therefore, this familiarity with goal setting may affect their confidence level. Very few (3.8%; n = 4) preceptors reported being only 'slightly confident' in setting goals with their preceptee (Table 6).

Table 6: Distribution of Study Participant's Confidence Level to Set Goals with the

Preceptee in Relation to Years of Nursing Experience.

Years of Nursing	Not at all Confident N (%)	Slightly Confident N (%)	Confident N (%)	Very Confident N (%)	Extremely Confident N (%)	Total N (%)
1 Year	0 (0%)	0 (0%)	8 (42.1%)	8 (42.1 %)	3 (15.8%)	19 (100%)
2 Years	0 (0%)	0 (0%)	4 (18.2 %)	10 (45.5%)	8 (36.4%)	22 (100%)
3 Years	0 (0%)	0 (0%)	4 (19.1%)	4 (30.8%)	1 (7.7 %)	13 (100%)
4-6 Years	1 (4.8%)	3 (14.3%)	4 (19.1%)	9 (42.9%)	4 (19.1%)	21 (100%)
7-10 Years	0 (0%)	0 (0%)	1 (6.7%)	6 (40 %)	8 (53.3%)	15 (100%)
>10 Years	0 (0%)	1 (6.3%)	1 (6.3%)	6 (37.5%)	8 (50%)	16 (100%)
Total	1 (0.9%)	4 (3.8 %)	26 (24.5%)	43 (40.6%)	32 (30.2%)	106 (100%)

Number of new graduate nurses precepted. After cross tabulating the number of new graduate nurses precepted with the different preceptor role domains, teaching organizational skills and evidence based guidelines and with the preceptee resulted in significant findings.

Teaching organizational skills. As the number of new graduate nurses precepted increased, so did the preceptors' confidence level in teaching their preceptee organizational skills ($X^2 = 26.2$; $p < 0.05$). Among nurse preceptors that had precepted 10 or more graduate nurses, 55.6% (n = 10) of them reported being 'extremely confident' in this role compared to 21.4% (n = 3) of preceptors that had only precepted one new graduate nurse (Table 6). As noted earlier, as the number of new graduate nurses precepted correlated with years of nursing experience among the RN preceptor study sample. Those preceptors who reported precepting a larger number of new graduate nurses also have more years of nursing

experience, which places them into the 'expert' category according to Benner's (1984) theory.

It is expected that expert nurses would be more proficient with organizational skills. However, more than half (57.1%; n = 8) of preceptors who precepted only one new graduate nurse reported being 'confident' in teaching the preceptee organizational skills. This phenomenon could be correlated with nurses feeling a sense of organizational mastery at the completion of their first year of nursing (Table 7).

Table 7: Distribution of Study Participant's Confidence Level in Teaching the Preceptee Organizational Skills in relation to the Number of New Graduate Nurses Precepted

Number of new grads	Slightly Confident N (%)	Confident N (%)	Very Confident N (%)	Extremely Confident N (%)	Total N (%)
1 new grad	0 (0%)	8 (57.1%)	3 (21.4%)	3 (21.4%)	14 (100%)
2 new grads	0 (0%)	5 (31.3%)	7 (43.8%)	4 (25%)	16 (100%)
3 new grads	0 (0%)	3 (27.3%)	2 (18.2%)	6 (54.6%)	11 (100%)
4-5 new grads	0 (0%)	2 (10.5%)	13 (68. 4%)	4 (21.1%)	19 (100%)
6-9 new grads	0 (0%)	3 (18.8%)	7 (43.8%)	6 (37.5%)	16 (100%)
>10 new grads	1 (5.6%)	3 (16.7%)	4 (22.2%)	10 (55.6%)	18 (100%)
Total	2 (2.1%)	29 (30.9%)	43 (45. 7 %)	20 (21.2%)	94 (100%)

In addition, preceptors who reported precepting a larger number of new graduate nurses also reported a higher level of confidence in setting goals with the preceptee (X^2 = 32.1; $p < 0.05$). Specifically, 55.6% (n =10) of preceptors who precepted 10 or more new graduate nurses reported being 'extremely confident' in this role compared to 14.3 % (n = 2) of preceptors who precepted only one new graduate nurse. Three percent (n = 3) of all preceptors reported being only 'slightly confident' in setting goals with their preceptee. Similar to other role responsibilities, as preceptors have more experience precepting

multiple new graduate nurses, they also reported higher levels of confidence ($X^2 = 49.8$; p < 0.01).

   Teaching evidence-based practice. Preceptors who reported precepting a larger number of new graduate nurses also reported a higher level of confidence in teaching to evidence based guidelines ($X^2 = 31.5$; p < 0.05). Of those preceptors that had experience precepting 10 or more new graduate nurses, 50% (n = 9) reported being 'extremely confident' in teaching evidence based guidelines compared to 14.3% (n = 2) of preceptors that had precepted only one new graduate nurse. No preceptors reported being 'not at all confident' in teaching evidence based guidelines to preceptees (Table 8).

Table 8: Distribution of Study Participant's Confidence Level in Teaching to Evidence Based Guidelines in Relation to the Number of New Graduate Nurses Precepted

Number of new grads	Slightly Confident N (%)	Confident N (%)	Very Confident N (%)	Extremely Confident N (%)	Total N (%)
1 new grad	1 (7.1%)	8 (57.1%)	3 (21.4%)	2 (14.3%)	14 (100%)
2 new grads	1 (6.3%)	6 (37.5%)	4 (43.8%)	2 (12.5%)	16 (100%)
3 new grads	0 (0%)	3 (27.3%)	7 (63.6%)	1 (9.1%)	11 (100%)
4-5 new grads	0 (0%)	9 (47.4%)	8 (42.1%)	2 (10.5%)	19 (100%)
6-9 new grads	0 (0%)	0 (0%)	12 (75%)	4 (25%)	16 (100%)
>10 new grads	0 (0%)	3 (16.7%)	6 (33.3%)	9 (50%)	18 (100%)
Total	2 (2.1%)	29 (30.9%)	43 (45. 7 %)	20 (21.2%)	94 (100%)

   Highest nursing degree was then cross-tabulated with confidence level teaching evidence-based guidelines as ADN programs include little or no didactic education related to evidence-based practice. It was the researcher's assumption that preceptors with an associate degree would have less confidence teaching evidence based guidelines because they would not have received the education themselves. However, no statistical differences

were found between these two variables (X^2 = 4.9; p = 0.6), which was an unexpected finding.

Nurse preceptor education. After cross tabulating the number of new graduate nurses precepted with the different preceptor role domains, setting goals, role modeling problem solving, and teaching organizational skills and to evidence based guidelines with the preceptee resulted in significant findings.

Setting goals. Preceptors who reported having preceptor education reported higher levels of confidence setting goals than preceptors who did not have any preceptor education (X^2 = 11.5; p < 0.05). Forty-four percent (n = 37) of preceptors who reported having preceptor education also reported being 'very confident' in setting goals with their preceptee, whereas 27.3% (n = 6) of preceptors without preceptor education reported being 'very confident' in setting goals with their preceptee. Only 4.6% (n=1) of preceptors reported not being confident in setting goals with the preceptee, and this participant had not received preceptor education (Table 9).

Table 9: Distribution of Study Participant's Confidence Level to Set Goals with the Preceptee in Relation to Nursing Preceptor Education

Preceptor Education	Not at all confident N (%)	Slightly Confident N (%)	Confident N (%)	Very Confident N (%)	Extremely Confident N (%)	Total N (%)
Yes	0 (0%)	4 (4.8%)	16 (19.1%)	37 (44.1%)	27 (32.1%)	84 (100%)
No	1 (4.6%)	0 (0%)	10 (45.5%)	6 (27.3%)	5 (22.7%)	22 (100%)
Total	1 (0.9%)	4 (3.8%)	26 (24.5%)	43 (40.6%)	32 (30.1%)	106 (100%)

Role modeling problem solving. Preceptors who reported having preceptor education reported higher levels of confidence in role modeling problem solving than preceptors who did not have any preceptor education (X^2 = 9.48; p < 0.01). Fifty-eight

percent (n = 49) of preceptors with preceptor education reported being 'very confident' in this role compared to 31.8% (n = 7) of preceptors without education. Overall, 52.8% (n =56) of all preceptors despite having or not having any previous preceptor education report being 'very confident' in role modeling problem solving skills (Table 10).

Table 10: Distribution of Study Participant's Confidence to Role Model Problem Solving in Relation to Nursing Preceptor Education.

Preceptor Education	Confident N (%)	Very Confident N (%)	Extremely Confident N (%)	Total N (%)
Yes	9 (10.7%)	49 (58.3%)	26 (31%)	84 (100%)
No	8 (36.4%)	7 (31.8%)	7 (31.8%)	22 (100%)
Total	17 (16%)	56(52.8%)	33 (31.1%)	106 (100%)

Teaching evidence based guidelines. Preceptors who reported having preceptor education reported higher levels of confidence in teaching to evidence based guidelines than preceptors who did not have any preceptor education ($X^2 = 9.4$; $p < 0.05$). Fifty-two percent (n = 44) of preceptors with preceptor education reported being 'very confident' in this role whereas only 18.2% (n = 4) of preceptors without education reported feeling 'very confident' (Table 11).

Table 11: Distribution of Study Participant's Confidence Level to Teach to Evidence Based Guidelines in Relation to Nursing Preceptor Education

Preceptor Education	Slightly Confident N (%)	Confident N (%)	Very Confident N (%)	Extremely Confident N (%)	Total N (%)
Yes	1 (1.2%)	21 (25%)	44 (52.4%)	18 (21.4%)	84 (100%)
No	1 (4.6%)	11 (50 %)	4 (18.2%)	6 (27.3%)	22 (100%)
Total	2 (1.9%)	32 (30.2%)	48 (45.3%)	24 (22.6%)	106 (100%)

Teaching organizational skills. Lastly, preceptors who reported having preceptor education reported higher levels of confidence in teaching the preceptee organizational skills than preceptors who did not have any preceptor education ($X^2 = 4.5$; $p < 0.05$). Forty-five percent (n = 38) of preceptors with preceptor education reported being 'very confident' in this role whereas only 27.3% (n = 6) of preceptors without education reported feeling 'very confident' teaching organizational skills to new nurses. Overall, 99% (n=105) of preceptors' report being at least confident in teaching the preceptee organizational skills whether they had education or not (Table 12).

Table 12: Distribution of Study Participant's Confidence Level to Teach the Preceptee Organizational Skills in Relation to Nursing Preceptor Education

Preceptor Education	Slightly Confident N (%)	Confident N (%)	Very Confident N (%)	Extremely Confident N (%)	Total N (%)
Yes	0 (0%)	17 (20.2%)	38 (45.2%)	29 (34.5%)	84 (100%)
No	1 (4.6%)	9 (40.9%)	6 (27.3%)	6 (27.3%)	22 (100%)
Total	1 (0.9%)	26 (24.5%)	44 (41.5%)	35 (33%)	106 (100%)

Summary

Generally, nurse preceptors reported being very confident in their role of teaching, evaluation and role modelling. Based on the study results there were a few indicators that proved to be significant when evaluating confidence levels of different RN preceptor role responsibilities. As the number of years of nursing experience increased, preceptors reported higher levels of confidence in teaching critical thinking skills and setting goals with their preceptee. In addition, as the number of new graduate nurses precepted increased, preceptors had higher levels of confidence in teaching to evidence based

guidelines and organizational skills. Lastly, preceptors who received RN preceptor education reported being very confident in teaching to evidence based guidelines, organizational skills, role modeling problem solving, and setting goals with their preceptee compared to nurse preceptors who did not receive preceptor education. Interestingly, there was no significance between degree level of RN preceptors and their confidence level in teaching to evidence based guidelines, despite there being a significant curriculum difference between ADN and BSN nursing programs. These findings will be further discussed in Chapter V.

Chapter V: Discussion

The purpose of this study was to measure confidence level of RN preceptors who precept newly graduate nurses. Based on Benner's (1984) novice to expert theory as a framework, nurse preceptors rated their confidence level in meeting specific preceptor role responsibilities using an author developed Likert scale survey titled *Perceived Preparedness for the Preceptor Role*. Ultimately, the study measured different levels of confidence exhibited by the novice versus expert preceptor**.** This chapter will discuss the findings, limitations, implications for nursing practice and future research recommendations.

Summary of Major Findings

A total of 133 survey responses were obtained; 106 of which were suitable for analysis. These results represent a response rate of 31% of the total RN preceptor population at the study facility (N=340). Cross tabulation of demographic variables and confidence level in each preceptor role were analyzed in an attempt to answer the following research questions:

> 1.) How confident are novice versus expert nurses in performing the domains of the preceptor role?
>
> 2.) What demographic variables predict confidence in the preceptor role?

Significant findings associated with RN preceptor confidence level were related to years of nursing experience, the number of new graduate nurses precepted, and preceptor education. Additionally, the majority of preceptors in this study identified themselves as being very confident in performing the domains of the preceptor role.

Factors That Predict Confidence in The Preceptor Role

There were three statistically significant factors that contributed to confidence in the preceptor role when cross tabulated with demographic data. These included years of nursing experience, the number of new graduate nurses precepted and preceptor education. As previously discussed, as years of nursing experienced increased, preceptors reported higher levels of confidence in teaching critical thinking skills and setting goals with the preceptee. For those preceptors who precepted a greater number of new graduate nurses so did their confidence level in teaching organizational skills and teaching evidence based practice. This result is mostly related to the increased frequency and familiarity with the role. Lastly, preceptors who had some type of preceptor education reported higher levels of confidence in teaching to evidence based guidelines, role modeling problem solving skills, setting goals, and teaching to evidence based guidelines with their preceptee.

Discussion of Results

This study provided unique results that contraindicated some of the author's question that novice nurses would have a lack of confidence in their role as a preceptor. According to Benner (1984), novice nurses are still focused on task performance and are not able to exercise discretionary judgment. They are also still developing their own critical thinking abilities (National Counsel of Registered Nurses, 2011). It was surprising that 38.7% (n=41) of the sample were novice nurses but also RN preceptors. This is partly due to the young culture of the study facility and the regional nursing shortage that demands the onboarding of newly graduated nurses from local nursing schools. Most interestingly, of this group, 57.9% (n=11) reported being confident in teaching critical thinking skills when they are still developing their own. Preceptors with less than one year of nursing

experience also reported greater confidence in setting goals with their preceptee which could be related to their familiarity with goal setting during their own preceptorship.

The author also hypothesized that RN preceptors who had a BSN would be more confident in teaching to evidence based guidelines since ADN programs do not include this in their curriculum. However, there was no significance in confident levels between BSN and ADN prepared nurse preceptors. This could be related to inadequate statistical power, misinterpretation of the term 'evidence based practice, or ADN nurses being familiarized with evidence based practice in the clinical setting, post-graduation.

Important findings that are supported by Benner's (1984) theory in relation to this study are the effects of years of nursing practice on a nurse's confidence level in the preceptor role. Nurses with more years of nursing practice have developed their critical thinking skills and should be able to teach and foster this skill as well. RN preceptors, in this study, who had more years of nursing practice reported higher levels of confidence in teaching critical thinking skills. This is an important finding because critical thinking proficiency is ongoing in the first years of nursing practice and preceptors need to be able to teach this while precepting the new graduate nurse.

Relationship to the Literature

The literature supports that preceptors with greater nursing experience have higher levels of confidence in their role, better job satisfaction and can be effective in the preceptees professional growth and development (Thomas, 2014). Specifically, these preceptors are better equipped to model competence and skills, manage stressors, engage with the preceptee and other situational learning opportunities (Thomas, 2014). Thomas (2014) research supports the findings of this study in regards to the significance of years

of nursing experience and the number of new graduate precepted. The result of this study demonstrated that preceptors with more years of nursing experience reported greater confidence in teaching critical thinking skills and setting goals. Likewise, preceptors who precepted a greater number of new graduate nurses also reported higher levels of confidence in teaching organizational skills and teaching to evidence based guidelines.

In addition, previous studies (Sandau et al., 2011; Rebholz, 2013) have shown that preceptors who receive specific educational support have higher levels of confidence in the preceptor role. Higher levels of preceptor confidence also increases confidence in preceptees, and improves retention of newly graduated nurses in the workplace. This research supports the findings of Sandau et al. (2011) and Rebholz (2013). Preceptors who received preceptor education reported higher levels of confidence in setting goals with their preceptee, role modeling, problem solving, and teaching to evidence based guidelines, which ultimately supports the new graduate nurse.

Lastly, the literature also supports that the reasons for burnout and lack of confidence in the preceptor role are related to lack of preparation and preceptor education; inconsistencies in preceptor training; lack of support, guidance and recognition from nursing leadership, and role strain (Dziedzic, 2010; Horten et al., 2012; McClure & Black, 2013; Omanksy, 2010; Sandau et al 2011). However, this current study found statistically significant levels of confidence in meeting the preceptor role domains of teaching, role modeling, and evaluation, and did not evaluate reasons of lack of confidence and burnout in the preceptor role. Additional research would be required to better evaluate reasons for preceptor burnout.

Limitations

This study had several potential limitations. First, the study was a convenience sample of RN preceptors of one hospital in the Western United States. As a convenience sample, it did not capture an equal representation of the population of RN preceptors in the United States. Second, there was a low sample size of 106, causing the sample to be underpowered. For there to be large differences between study groups a sample of 109 participants would have been required. Most differences in these data are less striking which contributes to the small number of variables that demonstrated statistical significance. Third, there was some potential for social desirability bias, meaning respondents may have answered more positively (higher confidence level), rather than truthfully. This potential bias is evidenced by the sample's overall positive response which is contradictory to the literature. Lastly, it is possible that sufficient differentiation did not exist between 'very' and 'extremely' confident in the five-point Likert scale, allowing for an increased social desirability effect, while also contributing to the likelihood of type two errors in statistical inference.

Implications for Nursing Practice

The findings from this study offer a few implications for nursing practice. First, years of nursing experience is an important criterion to be a qualified RN preceptor. Significantly, RN preceptors with greater than 10 years of nursing experience in this study reported being 'very confident' (50%, n=8) in being able to teach to critical thinking compared to 21% (n=4) of nurses with 1 year of nursing experience. Knowing this information, nurse educators and leaders should evaluate their facilities preceptor population to better understand the quality issues that could potentiate when using

underqualified precepting staff. Moreover, it is imperative that nurse leaders evaluate the RN workforce demographics in relation to criteria for qualified nurse preceptors. The overall results of this study demonstrate 'very confident' response rates in each preceptor role domain, despite, over a third of the sample being novice nurses. Specifically, there could be a millennial effect in the response rate as research has shown that millennials are more self-confidence and self-absorbed than any other generational group (U.S. Chamber of Commerce, 2012). Despite the highly positive confidence levels reported by participants in this study, these data do not provide evidence that nurse preceptors are truly prepared or competent to carry out the role responsibilities of an RN preceptor.

Recommendations for Future Research

It is the hope of this researcher that the study results provide insight into the factors that support the confidence level of preceptors in their role as an educator, role model, and evaluator. This study was limited to measurement of confidence levels in these specific domains of the preceptor role, because these domains were mostly clearly identified in the literature as factors that were dependent on preceptor preparation and education. Even though the result of this study indicated that participants felt confident in their roles, there is still an abundance of evidence in the literature indicating that preceptors feel burned out, and don't feel prepared or supported. Since the tool used in the study was author-developed, and not specifically tested for reliability and validity, psychometric development would likely yield a stronger study tool that may limit social desirability bias.

In addition, further evaluation of the current demographics of nurse preceptors is needed. As the aging nursing workforce continues to retire, the aging population continues to grow. As more people have access to healthcare, there will be an increased demand for

highly qualified nurses (U.S. Department of Labor, Bureau of Labor Statistics, 2103). Specifically, the demand for nurses to pursue advanced degrees is changing the demographics of frontline nursing staff from expert to novice (Hill, 2010; Institute of Medicine, 2010). Nurses replacing retiring staff and those who have obtained advanced degrees to pursue other nursing opportunities will be newly graduated and less experienced. Most concerning for the nursing workforce is the fact that there will not be qualified preceptors to train these nurses, as evidence by this study, 38.7% of the nurse preceptors were novice nurses.

Conclusions

This study addressed the confidence level of RN preceptors in meeting specific preceptor role domains of teaching, role modeling and evaluation. Specifically, preceptor education, years of nursing experience and the number of new graduate nurses increases the confidence of RN preceptors to meet some of their role responsibilities (Table 13).

TABLE 13: DEMOGRAPHICS VARIABLES THAT INCREASE RN PRECEPTOR CONFIDENCE

NURSE PRECEPTOR EDUCATION	1. Teaching Organizational Skills 2. Setting goals 3. Role Modeling Problem Solving 4. Teaching to Evidence Based Guidelines
NUMBER OF NEW GRADUATE NURSES PRECEPTED	1. Teaching Organization Skills 2. Teaching to Evidence Based Guidelines
YEARS IN NURSING	1. Teaching Critical Thinking Skills 2. Setting Goals

The first chapter of this thesis presented an overview of the employment projections for the nursing profession and how this relates the current and future nursing shortage in the United States. It also provided discussion on the importance of producing a highly

competent and trained nursing workforce despite the retirement of experienced staff. Second, it discussed how legislation, healthcare organization, and academia are working together to address these concerns. Third, this research provided evidence that identified a lack of focus on the development and preparedness of RN preceptors who are vital to the training and success of newly graduated nurses into the workforce. The second chapter presented a review of the literature that addressed nurse preceptor confidence, role challenges and educational preparedness of nurse preceptors in the workforce. The tool and methods of the study were discussed in chapter three and analysis of the result were presented in chapter four. Finally, chapter five presented and discussed the major findings of the study which included the implications for nursing practice and future research recommendations.

In conclusion, the thesis yields that years of experience can impact confidence level of RN preceptors in teaching critical thinking skills and setting goals with their preceptees.

Additional attention is needed to evaluate the demographics of the current RN preceptor population, especially, years of nursing experience. This will help nurse leaders and educators better understand the frequency of novice and advanced beginner nurses precepting newly graduated nurses. It also brings attention to the necessity for future research to evaluate the significant patient safety and quality effects related to novice nurses in the preceptor role.

Most notably, three-quarters (n=80) of the RN preceptor sample were millennial generation nurses. Interestingly, knowing this information, the overall results of the study still demonstrated 'very confident' levels in meeting each preceptor role domain. This provides insight into the characteristics of the millennial generation, specifically, of

increased self-confidence and self-absorption. Nurse leaders and Nurse Educators must understand the millennial effect, especially, when evaluating competency and preparedness for the RN preceptor role.

Appendix A

<div align="center">Demographic Survey</div>

1.) Have you served as a preceptor for one or more new graduate nurses at ** .
   a. Yes
   b. No
2.) Please indicate your current age: _____
3.) I am
   a. Female
   b. Male
   c. Other _____
4.) Please indicate your highest nursing degree:
   a. Associate
   b. Bachelors
   c. Masters
   d. Doctorate
5.) Please indicate how many years you have been practicing nursing: _____
6.) Please indicate your current department of work
   a. Sierra 5 & 6 Medical
   b. Oncology
   c. GSU
   d. Ortho
   e. Neurosciences
   f. Telemetry 7 & 8
   g. Surgical Services
   h. Pediatrics
   i. PICU/NICU
   j. Labor & Delivery
   k. Postpartum/Newborn Nursery
   l. SICU
   m. RICU
   n. CIC
   o. ER
   p. Other
7.) Please indicate yes or no if you have had any nursing preceptor education
   a. Yes
   b. No
8.) Please indicate the number of new graduate nurses for whom you have served as a primary preceptor: _____.

Appendix B

Perceived Preparedness for the Preceptor Role Survey

This survey is designed to rate one's confidence to regularly accomplish the role responsibilities below while precepting a newly graduate registered nurse. Your answers will be kept strictly confidential and will not be identified by name. Rate your degree of confidence by recording a number from 1-5 using the scale given below:

Not at all confident	Slightly confident	Somewhat confident	Moderately confident	Extremely Confident
1	2	3	4	5

Survey Item	Scale				
Teaching					
1. Teach the preceptee prioritization	1	2	3	4	5
2. Teach the preceptee accountability	1	2	3	4	5
3. Teach the preceptee organizational skills	1	2	3	4	5
4. Teach to evidence based guidelines	1	2	3	4	5
5. Teach critical thinking skills	1	2	3	4	5
Role Modeling					
6. Role model clinical competence	1	2	3	4	5
7. Role model professional development	1	2	3	4	5
8. Role model patient safety and quality care	1	2	3	4	5
9. Role model standards of practice	1	2	3	4	5
10. Role model problem solving	1	2	3	4	5
Evaluation					
11. Evaluate the preceptee's progress	1	2	3	4	5
12. Evaluate preceptee's clinical competence	1	2	3	4	5
13. Provide constructive feedback to preceptee	1	2	3	4	5
14. Set goals with the preceptee	1	2	3	4	5
15. Communicate with leaders about preceptee's progress	1	2	3	4	5

Appendix C

Letter to Participants

Hello,
We are contacting all nursing preceptors at Renown Regional Medical Center to ask you to consider completing a brief survey about your confidence to regularly accomplish the role responsibilities of a nurse preceptor. If you are currently or have been an RN preceptor for newly graduated nurses, you will qualify to participate in this study. This study is being completed as a graduate school nursing project.

The survey should take most participants **approximately 10 minutes** to complete and will hopefully provide us with valuable feedback regarding your experiences as an RN preceptor. In addition, the inpatient unit with the most participation by RN preceptors will receive an ice cream party.

The survey includes sections that ask about your age, sex, nursing degree, nursing specialty, years of nursing practice and preceptor education. In addition, you will be asked to rate one's confidence to regularly accomplish the role responsibilities of an RN preceptor using a Likert scale 1-5. These roles include being a teacher, evaluator and role model. There will be 5 statements under each role responsibility that I would like you to answer with honesty. The purpose of the study is the better understand the perceived preparedness of RN preceptors in order to support and develop RN preceptor education and training.

We will protect the confidentiality of your answers as no personal identifiable information is being collected. For the online survey, there is no ability to trace your name, email and IP address to any of your responses or completed survey. By completing the survey you have implied informed consent.

CLICK here: https://www.surveymonkey.com/r/M887V3M

Please ask questions about anything you do not understand, before deciding whether to participate. If you have any questions or concerns about this research, please contact the primary researcher, Jessica Danyan by email, jdanyan@renown.org. You may also contact the principal investigator, Dr. Lisa Thomas, Associate Professor, Orvis School of Nursing, University of Nevada, Reno by email at lmthomas@unr.edu

Thank you in advance for your time,

Jessica Danyan, BSN, RN, Graduate Student, Nurse Educator Track, Orvis School of Nursing
Dr. Lisa Thomas, PhD, RN, CNE, Associate Professor, Orvis School of Nursing

Appendix D

Demographic Questionnaire Results

Age	N	%
22-25 years	21	19.8
26-30 years	28	26.4
31-35 years	22	20.8
36-40 years	14	13.2
41-50 years	6	15.1
50-60 years	5	4.7
Gender		
Female	98	92.5
Male	7	6.6
Other	1	0.9
Degree		
Associates	34	32.1
Bachelors	67	63.2
Masters	5	4.7
Years of Nursing		
1 Year	19	17.9
2 Years	22	20.8
3 Years	13	12.7
4-6 Years	21	19.8
7-10 Years	15	14.2
>10 Years	16	15.1
Department of Work		
Sierra 5 & 6 Medical	13	12.5
Oncology	6	5.7
Orthopedics	4	3.8
Neurosciences	8	7.6
Telemetry 7 & 8	14	13.2
Surgical Services	4	3.8
Pediatrics	4	3.8
NICU	7	6.6
Labor & Deliver	3	2.8
Postpartum/Newborn Nursery	6	5.7
SICU	6	5.7
RICU	7	6.6
CIC	14	13.2
ER	4	3.8
GSU	6	5.7
Nursing Preceptor Education		
Yes	84	79.6
No	22	20.8
Number of New Grads Precepted		
1 New Grad	14	14.9
2 New Grads	16	17

3 New Grads	11	11.7
4-5 New Grads	19	21.2
6-9 New Grads	16	17
>10 New Grads	18	19.2

Appendix E

Perceived Preparedness for the Preceptor Role Questionnaire

Table 14: Distribution of Confidence Level by Percentage for each RN Preceptor Role Responsibility

Preceptor Role Responsibility	Not at all confident N (%)	Slightly Confident N (%)	Confident N (%)	Very Confident N (%)	Extremely Confident N (%)
Teaching					
Teach the preceptee prioritization	0 (0%)	2 (1.9%)	25 (23.6%)	**47 (44.3%)**	32 (30.2%)
Teach the preceptee accountability	0 (0%)	1 (0.9%)	28 (26.4%)	**43 (40.6%)**	34 (32.1%)
Teach the preceptee organizational skills	0 (0%)	1 (0.9%)	26 (30.2%)	**44 (41.5%)**	35 (33%)
Teach to evidence based guidelines	0 (0%)	2 (1.9%)	32 (30.2%)	**48 (45.9%)**	24 (22.6%)
Teach critical thinking skills	0 (0%)	5 (4.7%)	32 (20.2%)	**45 (42.45%)**	24 (22.6%)
Role Modeling					
Role model clinical competence	0 (0%)	1 (0.9%)	18 (17%)	**49 (46.2%)**	38 (35.9%)
Role model professional development	0 (0%)	1 (0.9%)	23 (21.7%)	**48 (45.3%)**	34 (32.1%)
Role model patient safety and quality care	0 (0%)	0 (0%)	9 (8.5%)	**51 (48.1%)**	46(43.4%)
Role model standards of practice	0 (0%)	0 (0%)	17 (16 %)	**57 (53.8%)**	32 (30.2%)
Role model problem solving	0 (0%)	0 (0%)	17 (16 %)	**56 (52.8%)**	33 (31.1%)
Evaluation					
Evaluate the preceptee's progress	0 (0%)	5 (4.7%)	32 (30.2%)	**43 (40.6%)**	26 (24.5%)

Evaluate the preceptee's clinical competence	0 (0%)	5 (4.7%)	33 (31.1%)	**42 (39.6%)**	26 (24.5%)
Provide constructive feedback to the preceptee	1 (0.9%)	7 (6.6%)	28 (26.4%)	**44 (41.5%)**	26 (24.5%)
Set goals with the preceptee	1 (0.9%)	4 (3.8%)	26 (24.5%)	**43 (40.8%)**	32 (30.2%)
Communicate with leaders about the preceptee's progress	0 (0%)	5 (4.7%)	29 (27.4%)	**38 (35.9%)**	34 (32.1%)

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