ORIGINAL ARTICLE

Preceptorship: exploring the experiences of final year student nurses in an acute hospital setting

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Abstract

Background: Preceptors play a pivotal role in inducting, supporting, teaching and assessing students on clinical placement. This research sought to examine student nurses' experiences of preceptorship during their clinical placement in their final year of studies in order to further illuminate what is known about preceptorship in Ireland.

Method: A qualitative research design was adopted for this study. Forty-seven final year nursing students were questioned using a structured enquiry schedule about their experiences of preceptorship during clinical placement. All participants were female. The data were analyzed thematically according to Smith, Flowers and Larkin's (2009) framework.

Results: The results indicate that while a small minority found the experience of preceptors enhanced their learning while on clinical placement, the majority has a less than optimal experience. Reasons for this included: busy workloads of preceptors, difficulty in the accessibility of the preceptor and lack of preceptor training.

Conclusions: The results highlight a number of challenges facing students and preceptors in the study. The authors advocate for a more systematic national study into preceptorship implementation in Ireland. This is necessary in order to inform a more coherent framework with national standards for preceptor training and implementation.

Key words

Nursing, Clinical placement, Preceptor, Mentoring, Phenomenology

1 Introduction

Preceptorship is a unique and important facet of nurse education in Ireland. In order to maximise the learning opportunities facilitated via the preceptorship model it is important to understand how student nurses experience and understand the significance of preceptorship for their learning during clinical placement. Therefore, this research sought to examine the lived experience of preceptorship of clinical placement student nurses in their final year of studies in order to further illuminate what is known about preceptorship in Ireland. This paper reports the results of a small scale research project into experiences of preceptorship and contextualises the findings bearing in mind some of the challenges facing current national nurse education provision.

1.1 Clinical context of nurse education in Ireland

Nurse education in Ireland has radically changed in the last decade as evidenced by the transition of nurse education and training to a graduate profession [1]. Since 2002, Higher Education Institutes in Ireland have offered Bachelor of Science degrees in nursing studies to provide the theoretical and clinical foundations of nursing practice in order to meet the changing nature of healthcare service provision. Currently, five degree programmes are available nationally at pre-registration level – Children's and General Nursing (Integrated), General Nursing, Midwifery, Intellectual Disability Nursing and Psychiatric Nursing [2]. According to An Bord Altranais, which is the national accreditation board for nursing, there are currently thirteen HEIs involved in the provision of fourteen undergraduate/pre-registration nurse education programmes. These are offered in conjunction with fifty-seven main healthcare agencies (i.e. hospitals and clinical sites). These programmes provide for approximately eight hundred and sixty student places annually [2].

The nursing profession and indeed nurse education which makes a significant contribution to the profession requires the integration of practical and theoretical knowledge with clinical practice. The integration of both theoretical and practical knowledge via the clinical placement model is significant for the enhancement of the professional development of the student nurse [3]. Clinical placement is thus mandatory in nurse education and aims to prepare the students for integration into their role as nurses while also preparing them for their future work. Clinical nursing has always been an essential component of nursing education [4]. It prepares the student for a nursing role that integrates both theory and practice by providing them with the opportunity to experience nursing practice first hand thus enhancing their skills [5]. Nursing is a practice-based profession and this requires clinical education to be an essential component of undergraduate nursing programs [6]. The potential of nurse education can depend significantly on the quality of the clinical experience [7]. There are a number of components that make up the clinical learning environment and it is the interaction of the student nurse within the unpredictable environment of clinical placement that determines both the experience and quality of their learning competencies [8]. The focus of clinical placement is on facilitating students to improve their ability to learn 'how to do' in order to determine their aptitude to manage real life challenging realities and situations [9, 10]. Practice-based teaching is important because it empowers student learning and enriches the clinical environment [11].

1.2 Contextualising the theory/practice gap

However, while many significant pedagogical developments have occurred within nurse education, some still look upon the clinical component of nurse education merely as practical training in nursing procedures and routines without having any real connection with theoretical nursing. One concern at the time of relocation of nurse education to the HEI's was that the practical and theoretical dichotomy would become even more pronounced. The reorganisation of nurse education in Ireland to encompass Higher Education Institute-based theoretical learning has been criticised for being too theory focused, possibly to the detriment of patient care, thus impacting student's post-qualification performance in the workplace, a factor that was highlighted as a concern for post-registration student nurses [12]. For some nurses the difference between theory and practice is decidedly problematic [4]. It is of note that theory may be built upon from studying the actual work of nurses in terms of a practical context [13]. How well this potential is recognised is questionable. However, while students may perceive classroom based knowledge as being idealistic and de-contextualised, given the current location of nurse education in the partnership between the HEI and the service agency, the theory-practice gap may be just a function of time, something that students must live with until such time as they have appropriate knowledge and experience before knitting the elements together [14]. Thus, the opportunity to maximise learning from the clinical placement is essential as is the provision of effective scaffolding for the student nurse to be able to make the connections between the theory that they have been exposed to in their university based programme and the clinical practice that they experience on placement.

1.3 Maximising clinical learning

In Ireland, during clinical placement student nurses are assigned a named preceptor (also known as a mentor), who is a registered nurse holding a dual role that includes both clinical and preceptorship responsibilities [1]. Effective mentoring

through preceptorship offers a solution to supporting the integration of theory with practice-based learning. While the preparation of student nurses for successful transition to the role of practicing nurse has been challenging for nurse education [15], clinical placement provides both preceptors and students with the opportunity to improve upon their personal and professional competencies to enhance the delivery of high quality patient care. Positive impacts of clinical placements can be achieved, though in order for this to occur, the stable and constant presence of a preceptor is necessary, with student-centeredness at the heart of any placement in order to create an effective learning environment [16]. The relationship between nursing staff and students is crucial in generating a positive learning environment [17]. Preceptor/mentor support is an essential component of health systems because it encourages the passing on of experience, knowledge, skills and clinical judgment [18], therefore access to relevant learning opportunities are paramount in achieving positive outcomes from clinical placements. It is imperative that knowledge and skills are integrated for the next generation of nurses and this is a fundamental aspect of rostered clinical placement [19]. The opportunity to work with practicing nurses within the preceptor model is an integral and vital part of nurse education as it facilitates the development of clinical competence, the integration of theory and practice and indeed the socialisation of the student nurse into an environment that is often unstructured and unpredictable by nature [1, 3].

1.4 Conceptualising the preceptor

The terms 'mentor' and 'preceptor' are often used interchangeably in the available literature, though it is necessary to distinguish between both. Classic mentoring provides for an informal link between two people who are willing to work together in the sharing of advice and information [20]. Applied specifically to nursing, formal mentoring has created professional relationships which are related to the education of nurses and to the development of professionalism within the workplace [20]. While the role of preceptor is somewhat similar in that a preceptor is an experienced nurse who provides individual guidance to a less-experienced nurse, a preceptor takes on the role of role model, teacher, evaluator and support system for the student nurse, generally for a short period of time [16, 21]. While certain essential professional and personal characteristics are paramount for the preceptor, recent research has demonstrated that among a sample of undergraduate student nurses, confidence followed by knowledge, were deemed the most desirable characteristics of an effective preceptor [1]. It has been established that preceptors are advantageous in making clinical education promising and consistent for students on placement, and the absolute necessity for training and support of the preceptors has been highlighted [22]. Nurse education is an amalgamation of both the theoretical and the practical [14] and requires integration through cognitive, emotional and psychomotor dimensions of teaching and learning [4]. Therefore, the authors suggest that preceptors should have clinical, pedagogical and academic expertise. Such a designated practicing nurse who has these proficiencies is suggested as being the ideal professional to promote the integration of theory and practice for the student during their placement [23]. It is imperative that student nurses feel both competent and prepared for clinical placement, thereby lessening the theory-practice gap. An effective preceptor who can integrate both their extensive professional knowledge and competencies with personal attributes and a student-centred approach, can play an integral role in bridging the gap between theory and clinical practice.

1.5 Current preceptorship practice in Ireland

In Ireland only nurses who have completed an approved preceptorship programme should take on the role of preceptor, though there is currently no national register of preceptors [1]. According to An Bord Altranais [2], there are thirteen approved preceptorship programmes available in the Republic of Ireland. These programmes are available in six sites (in six different counties) nationwide. These programmes vary in title and duration depending on the location [2], suggesting that not only does a national register for preceptors not exist, but the development and organisation of these programmes takes place at a local level. This suggests discrepancy and lack of coherence in the provision of preceptorship training in Ireland. The lack of a national register is clearly problematic. It raises questions in terms of the consistency of the training of student nurses on clinical placement, but also for the continued professional development of post-registration nurses who may wish to further their skills and education in the monitoring and evaluation of students. Indeed, the apparent adhoc nature of the implementation of preceptorship programmes was highlighted in recent Irish research. Preceptors indicated

difficulties with keeping up to date with the evolving nature of the Bachelor of Science in Nursing Studies provided by the HEIs, with many asserting that the preceptorship training was not long enough to provide them with an adequate understanding of their role [24]. Preceptorship is complex, thus preparation and professional education is critical. As the preceptorship role is not included in workplace planning for the post-registration nurse, it is vital that preceptorship training meets all the needs of the preceptor, ensuring that the role does not become overly stressful and labour intensive, thus impacting on the preceptor/student relationship.

1.6 Challenges facing preceptorship in Ireland

The role of preceptor is invaluable in nurse education; however research has highlighted that the organisational culture of Irish health services is adversely influencing the training of preceptors and thus the monitoring and evaluation of students [24]. Lack of protected time coupled with increased clinical demands and turnover of patients has impacted the preceptor/student relationship. While all practicing nurses should be familiar with the role of the preceptor, only those with the relevant training and clinical experience should formally engage in the preceptorship of students. Ideally, all practicing nurses should share the responsibility for training students on clinical placement [25]. Integrating preceptorship preparation and training into nurse education to ensure that all pre- and post-registration nurses are familiar with the role and responsibilities of preceptorship of students on clinical placement is a positive step. However, this is complex; for example, newly qualified nurses do not feel prepared to mentor student nurses due to their lack of experience and confidence in their level of clinical skill at the early stages of their careers [12]. Role transition for newly qualified nurses is stressful not least of all because "all newly qualified nurses lose the support system that is in place during their undergraduate education" often resulting in less positive experiences [26]. It is little wonder that they evidence reluctance to act as preceptor early in their career, suggesting that the experiences and length of service of preceptors is also an important variable.

Preceptorship is often complex and fraught with difficulties and practicing nurses may often find it difficult to manage both their own workload and the monitoring and evaluation of student nurses. A successful preceptor/student relationship requires time on behalf of the preceptor to create a supportive learning environment for the student [21]. This cannot be achieved in isolation. Recent studies have highlighted the crucial supportive role that should be adopted by management in order to create an effective clinical environment [1, 24]. Difficulties arise in the integration of theory and practice because not all nurses (and or preceptors) have continued their professional development, nor have all nurses been exposed to the same methods of teaching, or have had similar training [27]. Existing nurse education is now based on holistic care and educating patients whereas traditional nursing has been based on a curative model [28]. This can potentially create a divide between practicing nurses and students, whereby students may feel disempowered [29] due to the dichotomy between the expectations of the HEI in terms of their training and the practice on the ground. Evidently the role of the preceptor is important in the education of student nurses, but the adhoc nature of preceptor training in Ireland and the complexities surrounding preceptorship means that it warrants further investigation. It was with this in mind that the current study was undertaken.

Listening to the preceptor experiences of students during clinical placement is important because it serves to illuminate current inadequacies and in particular the learning opportunities that are lost when preceptorship is adhoc and not prioritised. While the authors acknowledge the small sample in this study and do not seek to make claims in terms of representativeness, nonetheless, this paper has a contribution to make in terms of illuminating the voice of the student nurse and in particular the need for optimisation and standardisation of preceptor training and implementation in Ireland.

2 Methods

2.1 Participants

A purposive sampling strategy [30] was employed, as the nature of the population was defined. Participants were final year nursing students, rostered and on clinical placement in a large acute hospital setting. Seventy students were on placement

at the time of the study. They were identified from the list of all rostered student nurses in the acute hospital setting which was the site of this study. All seventy were invited to participate, forty-seven students agreed to partake, and all were female (Table 1).

Table 1. Participant Characteristics (n=47)

Age	Gender	Number
18-25 years	Female	37
26-30 years	Female	4
31-34 years	Female	2
35-40 years	Female	4

2.2 Research context

Participants were pre-registration student nurses in their final year of studies and on their final rostered clinical placement which lasted thirty-six weeks. In Ireland hospitals are differentiated as acute and non-acute settings. An acute hospital setting (as was the site for this research) includes but is not limited to: an emergency department, intensive care units, coronary care, cardiology, ophthalmology, gynecology, vascular, stroke, cancer, vascular surgery, hematology and other general areas where a patient can become acutely unwell and require stabilization.

2.3 Research design

The design of this research was qualitative in nature. The researchers sought to elicit the participants' experiences specific to engagement with their preceptors and to gain insight into the efficacy of the mentoring they received from their preceptor. The research was not primarily concerned with examining cause but rather sought understand how the everyday world was experienced by the participants [31]. The aim was to develop insights from participants' perspectives through their sharing of a lived experience of a particular time in their lives [32] in this case their time on clinical placement. The researchers not only sought to understand the participants' experiences but also to understand the meaning that they placed on these experiences. The research sought answers to questions of the meaning participants placed on understanding their experience [33].

2.4 Measures

Adopting a structured schedule of questions was decided upon in order to ensure coherence. The schedule yielded data specific to a) experiences of placement in developing clinical practice; b) experience of preceptorship; c) the role of preceptorship in facilitating learning while on clinical placement and d) recommendations for preceptorship for clinical placement. The data collection process was underpinned by the principle that participants were contributing to the construction of knowledge in a situated manner and rather than seeking universal knowledge, the emphasis was on their situated knowledge [34].

2.5 Procedures

Following initial contact, participants who showed interest in the research and who fitted the selection criteria, met the researcher and were given more detailed information on the study. When satisfied with the aims of the research and the procedures and protocols, participants gave their informed consent to participate, resulting in the end of the study in a substantial amount of data. The researcher adopted a reflexive stance in order to pay due cognizance to her role as a

practitioner researcher and in order to limit bias. A critical peer was utilised in the study at all stages to further ensure that the researchers' bias was limited. It was deemed important to facilitate participants to share their experiences freely.

2.6 Ethical considerations

All researchers should show consideration for human welfare and be receptive of the rights of participants [35] and this was the case for this research. A comprehensive approach to informed consent proposed by Mauthner, Birch and Jessop [36] was applied. The research aims and objectives, the confidentiality of the study, the right to refuse participation and the right to withdraw without prejudice was outlined in detail prior to participation. The four ethical principles advocated by Lobiondo-Wood and Harber [35] of respect for persons, beneficence, non-maleficence and justice were adhered to at all times.

2.7 Data analysis

The data were analysed thematically according to six stages [37]. In stage one data were read several times by the researchers in order to identify accurately the meanings expressed. Stage two incorporated initial noting or identification of key statements relevant to the research question on each data script as it was read. Stage three required the conceptualisation of emergent themes from these initial notings. Stage four comprised of searching for the connections between emergent themes. Stage five required returning to the data scripts with the emergent themes and looking for patterns as one moved from one script to the next. Stage six required examination for patterns of similarity across all the data scripts. The researchers were cognisant at all times of representing the voices of participants accurately and fairly. Core the process was analysis of the data for themes, patterns and trends [38]. Data were grouped into themes, and then common themes/trends were identified across the full data set. Once this was achieved all the related themes were clustered into domains. Direct quotations from participants were identified that exemplified each theme. The researchers also implemented a reflexive bracketing analysis approach. This was chosen in order "to limit presuppositions, biases, assumptions, theories or previous experience, to see and describe the phenomenon" [39]. This scientific form of bracketing was chosen because it facilitated the researchers to have thoughtful and conscious self-awareness [39].

3 Results

Table 2. Results

Preceptor Role	Student Nurse Response					
	Very Helpful	Helpful	Undecided	Unhelpful	Most Unhelpful	Total
Usefulness of preceptor	6	20	11	8	2	47
	Yes	No	Unsure	-	-	
Preceptor was supportive	19	22	6			47
	Very Confident	Confident	Undecided	A Little Confident	Not Confident	
Confidence in preceptor's knowledge to help you	1	11	5	13	17	47
	Yes	No	-	-	-	
Always had the same preceptor	9	38				47
	Yes	No	Unsure	-	-	
Did preceptor help you achieve learning objectives?	32	11	4			47

Data analysis established that respondents were articulate with regard to their experiences of preceptorship while on clinical placement; in terms of experiencing support eight indicated experiencing regular support from their designated preceptor, twenty one participants indicated receiving some support but on a more *adhoc* basis and fourteen indicated a

lack of support while four indicated that they were undecided as to their perceived levels of support (Table 2). The eight participants who experienced regular support evidenced their experiences with comments such as; *"Very willing to teach and involve me in all aspects of patient care," "Preceptor was able to help me with most aspects of learning"; "Was given ample opportunity to learn and be involved in patient care."* Participants who experienced less regular or less available support stated that support was: *"Not always available due to staffing levels and lack of support" ; "Not always the same person"; "In some wards there was support but only in a few wards"; "Sporadic and depended on staff and wards."* Participants who perceived that they received no support were adamant in that regard evidenced in comments such as: *"Never mentored at any point by any staff member"; "Support did not seem important"; "People don't think we need support as students."*

3.1 Availability of preceptor

Availability of the preceptor was clearly an issue. Five participants indicated that their preceptor was always available; forty stated their preceptor was available and two indicated a lack of availability. Clearly, forty-five indicating availability is a positive result, however thirty-eight of these acknowledged that they did not always have the same preceptor making their learning stressful and more difficult: *"Only sometimes"; "Only just sometimes ward was too busy"; "Varied considerably"; "If the preceptor was unavailable other nurses helped me"; "Different one every week"; "Every preceptor was different in their levels of interest and availability.* Some students were rostered to work: *"Every shift or most shifts with their preceptor"* however, the reality of this was that *"The place was very busy so it was hit and miss."*

Access to the same preceptor was an issue that was compounded by organisational issues such as rostering, leave and duty allocations*: "Allocation on roster not the same as actual selection"; "Job share, nights, holidays, sick leave etc made learning difficult"; "Not always possible, off duty/AL/Sick days rota layout"; "Never had the same preceptor in a row"; "No logical thought seem to go into this." "Whoever was on duty; "Worked with other nurses on preceptor's day off"; "Staff worked long days so assigned two preceptors"; "Worked with whatever nurse I was assigned to on each rostered shift."*

3.2 Usefulness of preceptor relationship

Twenty-six participants found the preceptor helpful, eleven were undecided and ten identified their preceptor as unhelpful. In terms of those who were considered helpful comments included: *"The preceptor was very willing to teach"; "Was able to help me with most aspects of learning"; "I was given ample opportunity to learn."* Less decided participants stated: *"Some were very good and others were not"; "Preceptor helped in so far as she could"; "Very much it depended on the preceptor"; "At times able to help but unable to link theory as they had no university teaching."* Participants who were less satisfied with their experience stated: *"They didn't have the time or the knowledge"; "Mentor was not formally trained and had a full workload"; "They didn't augment my learning as they were too busy."*

When discussing the influence of the preceptor on their learning students had interesting insights: Positive experiences included: *"Regularly looked at learning objectives to ensure I met achievements"; "Initial meeting and regular informal discussions"; "Regular meetings to go through learning objectives"; "Their education experience and advice was always helpful"; The preceptor provided good support in helping to promote health"; "They provided support to patients with regard to medication"; "Arranged for me to spend time with respiratory nurses."* Less positive experiences included: *"Not always willing to spend time teaching and supervising me"; "Only had one meeting at the start of my placement"; "Had to do my competencies myself"; "If I could talk to her"; "Didn't always have relevant information"; "Some were engaged with the concept others were not."*

3.3 Barriers to Clinical placement learning

Participants identified the barriers to learning in the preceptor relationship. These included; *"Being allocated a preceptor who is not familiar with the developments in nurse education."* Preceptors who were not up to date were perceived as

"inappropriate preceptors." Lack of consistency in having access to the same preceptor was a frequent theme evident in comments such as: *"constant changing of preceptor"; "inconsistency"; "lack of consistency"; "staff shortages"; "taking staff away to work on other wards when quiet which meant no teaching opportunities."* Knowledge level of the preceptor also emerged as an issue as was evidenced in comments such as: *"Not having staff educated to same level"; "Nursing staff not on same education level"; "Poor knowledge"; "Had no formal training"; "Very nice but has no academic module completed"; "Did not have academic background. "* The influence of ward management was also deemed a significant barrier for some: *"bad ward manager"; "lack of leadership"; "lack of leadership organisation"; "unavailable supports."*

3.4 Enabling Clinical placement leaning

Participants were articulate as to what they perceived would enhance their learning while on clinical placement. These were highlighted as: appropriate preceptors/mentors; progressive ward managers and good leadership. These were identified as an important facilitating factor in creating a supportive learning environment in which the clinical learning of the student could be fostered. Preceptor leadership emerged frequently as a significant factor in the enablement of learning. Characteristics of this leadership included *"good communication"; "facilitating team work"; "planning patient care"; "time"; "willingness to engage"* and the importance of the dedicated mentor. It was important to all participants that the preceptors were trained in mentoring: *"a good mentor who has done a course in mentoring."*

4 Discussion

Locating nurse education primarily in the higher education setting with specified clinical placements was a bold step in terms of reorienting a long tradition of vocational education. This has in effect changed the nature of nurse education and led to an enhancement of theory in undergraduate training. While this was warranted it has led to a new and distinct set of challenges, in particular the scaffolding of student nurses' clinical learning. The placement has now taken on a more intense and focussed nature and clearly the preceptor has a key role to play in this dynamic. The allocation of a preceptor then is critical [19] in that the preceptor can facilitate students to be able to mediate their theoretical knowledge and the translation of that knowledge into practice. The preceptor in effect stimulates student learning and encourages them to think more critically in terms of theory and practice.

4.1 Preceptor training

In order for preceptors to engage effectively with their role of facilitating student learning, they need to be in a position to have the requisite knowledge and training to do so. Effective preceptors utilise a complex range of skills in their mentoring role such as facilitating the integration of the student onto the ward; clinical supervision; the facilitation of student learning; the fostering of critical thinking and where necessary the identification of barriers to student learning in order to overcome them. Preceptors' core responsibilities are the guidance and training of nursing students and this is done in an experiential manner during practice. Indeed the complexity of the role is clearly identified by TAMUT [40] who outline that clinical preceptors need to: a) have clinical expertise in the defined area of nursing practice; b) be willing to act as a role model and be interested in the student's learning; c) be familiar with the roles of the preceptor, faculty, and student in the preceptorship experience; d) orient student to the clinical practice setting including identification of facility policies and procedures; e) serve as a role model as a practitioner, teacher, and mentor; f) provide the student with ongoing constructive feedback that relates performance standards to student performance; g) utilize others, including colleagues, nursing administrators, and faculty as resources for problem solving, support, and guidance; h) provide suggestions that will assist and improve student performance to achieve course and clinical objectives i) communicate ongoing student progress to the student and faculty and contribute to the student's summative evaluation; j) contact faculty if assistance is needed or if any problem with student performance occurs; k) be available to students during designated clinical hours or provide for a designated preceptor in case of absence from the clinical area; l) assist course faculty with the formal evaluation of the

student's progress at the completion of the clinical experience. This is quite a range of skills to call upon and given their complexity lack of a coherent national framework and implementation of training for preceptors in Ireland is clearly problematic. It undoubtedly has an impact on the types of support the preceptor is enabled to offer because lack of effective training and knowledge for preceptors can conversely hinder student learning [29]. Even for those preceptors who are actually willing and open to teaching students; lack of expertise in pedagogy and evaluation is a stressor for them and can conversely create an inability to guide students especially when a student is not progressing well [41]. Students in this study were aware of the lack of training of the preceptor and they perceived that it negatively impacted on their clinical placement experience.

4.2 Challenges for preceptors

The data in this study evidenced that while some students (in this case eight out of forty seven) indicated that they received regular and consistent support from their preceptor, the more common experience was of a more adhoc nature. The availability of the preceptor and consistency of exposure to the same preceptor during placement emerged as significant barriers for the student experience. The preceptorship model is undergoing significant challenges that undermine its effectiveness [41]. These challenges include the unstable nature of the clinical setting as a learning environment; faculty shortages and inadequate preparation for preceptors and supervising faculty as calling into question whether in reality the preceptorship model is able to meet student learning needs and program outcomes. The centrality of the one-to-one relationship between the student and their preceptor is essential for the successful integration of the student into professional competence [42]. However, in this study the lack of availability of the preceptor resulted in multiple preceptors being utilised and this is less than optimal. This is a practice trend acknowledged internationally [42, 43]. Preceptors balance the preceptor role with their already busy clinical duties resulting in distinct time pressures. Finding the time needed to mentor students is clearly challenging [44]. Lack of preceptor time has a deleterious effect on the success of preceptorship and on the potential learning opportunities for their students [45].

In this study the theory practice gap emerged frequently as a theme which students were aware of during their clinical placement. Some students were cognisant that their preceptor had not had similar theoretical education but rather had trained in the more practical setting and that this had a bearing on their engagement with their preceptor. Students perceived this as a barrier between the theory they had been exposed to in the university setting and how they could implement that learning in their clinical practice, serving only to widen the theory practice gap [46]. However, constructive preceptorship should facilitate the integration of the theories learned at university without being hampered by a culture of theoretical reticence or lack of skill of the preceptor. Little is known about how the students experience the challenges of the theory practice gap in clinical placement, or the barriers in preceptor/student relationships and further research is warranted in this field. It would also be of great benefit to gain deeper insight into the challenges that preceptors themselves experience in their role.

Clinical supervision (in this case preceptorship) should not be limited to a practical model but rather it should be more comprehensive in nature and include supporting learning through critical reflection [47]. Clearly the preceptor has a key role here. The participants in this study highlight the importance of appropriate education and training for preceptors in order to support them to develop competence and commitment to preceptorship. Given the complex nature of the mentoring role there is urgent need for the development and implementation of national standards for preceptorship in Ireland. The concept of evidence-based nursing education has found solid footing within the nursing profession, fast becoming pervasive in nursing education [41]. The literature also raises questions as to whether this evidence based practice is actually being applied to the preceptorship model in clinical nursing education [41]. This study indicates the existence of this disparity in Ireland. There is clearly pressing need for nurse education and leaders in clinical practice to critically examine current provision in order to contribute to better nurse professional development [41]. Adhoc engagement with preceptorship fails to prioritise comprehensive induction into the nursing profession and is in urgent need of redress.

5 Conclusion

In conclusion the results highlight a number of challenges facing students and preceptors in the study. Levels of support received while on clinical placement varied significantly, even amongst such a small sample, and of concern is that it tended predominantly towards adhoc implementation of preceptorship. The availability of the preceptor is worthy of note, and was influenced by a number of factors that included organisational barriers such as rostering, lack of consistency due to leave and duty allocations. In terms of the efficacy of the preceptor/student dyad, responses were also mixed and this warrants further investigation. The data from participants that had positive experiences of preceptorship suggests the potential of the model. The leadership of the preceptor was identified by these participants as core to the success of the preceptorship process. The authors advocate for a more systematic national study into preceptorship implementation in Ireland. This is necessary in order to inform a more coherent framework with national standards for preceptor training and implementation. In order to facilitate an equitable and optimal clinical learning environment for all nurse education students, hospital administration and the higher education institutions need to place stronger value on preceptorship as a core component of clinical learning. Not only will this serve student nurses on placement, but it will also contribute in no small part to the enhancement of professional discourse and practice in nursing and patient care.

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