

ORIGINAL RESEARCH

Preceptorship in the Ghanaian context: “Coaching for a winning team”

Mary Asor Asirifi¹, Judy E. Mill¹, Florence A. Myrick¹, George Richardson²

1. Faculty of Nursing, University of Alberta, Edmonton, Canada. 2. Faculty of Education, University of Alberta, Edmonton, Canada.

Correspondence: Mary Asor Asirifi. Address: Faculty of Nursing, University of Alberta, Edmonton Clinic Health Academy, 11405-87 Avenue, Edmonton, Canada. Email: asirifi@ualberta.ca

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Abstract

Background: Preceptorship is an approach to teaching and learning in the clinical setting. It is purported to facilitate the connection between nursing education and clinical practice, foster an ethos for critical thinking, and contribute to professional development. As part of nursing education in Ghana, preceptors collaborate with educational institutions to enhance the supervision of students in the clinical settings. However, working relations between the hospitals and the health training institutions in many regions in Ghana are challenging, with hospitals only passively involved in the education of students.

Purpose: The purpose of the current study was to explore the perceptions of Ghanaian nursing students, preceptors and nurse educators regarding their preceptorship experience.

Methods: A focused ethnographic approach guided the study. Purposive sampling was used to recruit 26 nurse educators, nursing students, and preceptors from a regional hospital and a diploma level nursing educational institution in a small city in Ghana. Eight nurse educators and nine nursing students participated from the educational institution and nine preceptors participated from the hospital.

Results: Findings from this study indicated that: a) preceptorship in Ghana was not well established and was in the developmental stage; and b) clinical teaching and learning were influenced by the stakeholders involved in nursing education in Ghana.

Conclusions: Although preceptors were used in Ghana, the clinical teaching approach did not reflect the concept of preceptorship. Stakeholders in nursing education from both within and outside the clinical settings influenced the clinical teaching environment. Findings from the study present baseline data for stakeholders in nursing education to promote effective preceptorship programs in Ghana.

Key words

Ghana, Preceptorship, Nursing, Clinical teaching, Africa

1 Introduction

Preceptorship is a model or approach to teaching and learning that pairs nursing students with experienced practitioners to assist students in meeting specific learning objectives in the clinical setting^[1]. The key players involved in preceptorship include the preceptor, the preceptee and the faculty. The unit staff members also contribute to the effectiveness of the

preceptorship experience^[1]. In addition to enhancing the critical thinking ability of nursing students, and serving as a learning ground for both preceptors and students, preceptorship can also offer support for new nurses in the clinical setting^[2,3]. In countries such as United Kingdom, the term preceptorship is similar to mentorship and these terms are used interchangeably to indicate the same process of clinical teaching^[4].

In order to provide effective clinical teaching and learning, Ghanaian nursing education programs have introduced preceptors to supervise students in the practice setting. Preceptors are required to collaborate with the educational institutions to enhance the supervision of students in their clinical fields. However, working relations between the hospitals and the health training institutions in many regions in Ghana are challenging, with hospitals only passively involved in the education of students. The preceptorship model was introduced into a peri-operative nursing program in Ghana; this model was subsequently expanded to basic diploma and baccalaureate nursing education^[5].

To date, however, the preceptorship model has not been fully integrated into the nursing education curriculum in Ghana. The purpose of the current study was to explore the question “What are the perceptions of Ghanaian nursing students, preceptors and nurse educators regarding the preceptorship experience?” A qualitative approach (focused ethnography) was used to provide answers to the research question. In this paper, findings from the study relating to this question will be described.

2 Subjects and methods

A focused ethnography^[6,7] was used to guide the study. Based on the notion of the sharing of beliefs and values, focused ethnographic approaches are designed to explore smaller groups or sub-cultural units such as hospitals, universities, nursing homes, and prisons^[6]. In this study, focused ethnography was the appropriate approach to elicit the perspectives of nurses, nursing students and nurse educators who engage in preceptorship in Ghana.

2.1 Sample/Participants

Purposive sampling was used to recruit 26 participants who were nurse educators, nursing students, and preceptors from a regional hospital and a diploma level nursing educational institution in a small city in Ghana. The number of students in the nursing educational institution in the year 2010 was 441 and the number of nurse educators was 27.

In the regional hospital, there were 156 registered nurses and 10 nurse preceptors in total. It is noted that the logic and power of purposive sampling lie in selecting information from rich cases (participants or settings) for in-depth study to illuminate the questions of interest^[8]. Since the purpose of this study was to explore the perceptions of the key users of preceptorship in Ghana regarding their preceptorship experience, the inclusion criteria for participants were as follows: a) student nurses who were registered in the final year of a diploma in nursing program; b) preceptors who had precepted nursing students in the final year of their program; and c) faculty members who had previously engaged in a preceptorship program. In addition, all participants needed to read and write English, and be willing to participate voluntarily in the study.

Participants were recruited when schools were in session. A letter explaining the study inviting voluntary participation was delivered to the student nurses, preceptors and faculty members at the regional hospital and the nursing educational institution. Participants who were willing to take part in the study were asked to text their names and phone numbers to the first author's cell phone or via email. Nine preceptors, nine students and eight nurse educators texted their names and phone numbers to the first author's cell phone.

Determining adequate sample size in qualitative research is ultimately a matter of judgment and experience in evaluating the quality of the information collected against the uses to which it will be set^[9]. The authors were interested in obtaining rich data from participants who had preceptorship experience in Ghana. The authors recruited all participants who were

willing to take part in the study. Therefore, eight nurse educators and nine nursing students participated from the educational institution and nine preceptors participated from the hospital. The researcher contacted participants by phone to explain the participant's role, venue and a time for the interview.

2.2 Data collection

One semi-structured interview was conducted by the first author with each participant. Interviews were tape-recorded and the audio tape-recordings were transcribed verbatim by the first author. The researcher began each interview by asking the following general questions: "What does preceptorship mean to you?" "Could you describe what the preceptorship experience in Ghana is like?" In this study, the researcher ensured that participants told their stories with minimal interruption. The interviews ranged from 30 minutes to two hours. Transcribed interviews were stored in electronic folders that were created and labeled appropriately for easy identification by the researcher. Data were collected from February to April 2010.

2.3 Data analysis

Data collection and analysis were carried out concurrently. Thematic analysis^[10, 11] was used to analyze the data. The interviews were read several times to identify key concepts and codes were developed to describe identified concepts. Codes with similar meaning were collated as themes. Similar themes were grouped together and labeled to form categories. Data management was assisted with the use of the NVivo Computer software program. The categories, themes and codes were entered into the NVivo program. Text from the transcripts were organized according to the themes and categories in the NVivo program. This process enabled the researcher to easily identify the responses of each participant in relation to the themes developed. The themes identified were: a) meaning of preceptorship; b) history of preceptorship in Ghana; c) the influence on clinical teaching by stakeholders; d) preparation for preceptorship roles; and e) valuing and incorporating preceptorship in the curriculum.

2.4 Ethical consideration

The research proposal for this study was submitted to and approved by the Ethical Review Board at a large University in Western Canada, where the first author was a graduate student. In addition, the study received approval from the Health Research Ethics Board affiliated with the University of Ghana. A written informed consent was obtained from the participants prior to the interview. To ensure anonymity during the dissemination of findings, participants were assigned pseudonyms. The preceptors were identified in the study as Patricia, Pearl, Prudence, Patience, Paula, Pomah, Phoebe, Pobinah, and Philipa. The nursing students were identified in the study as Stella, Sara, Sussie, Sandra, Serwa, Sarfoah, Sarpomah, Selina, and Selma. The nurse educators were identified as Nelly, Noah, Nana, Nomuah, Nanayaa, Nanakua, Nanadjoa, and Nanaesi.

2.5 Rigor

The researchers considered the concepts of auditability, credibility and fittingness^[12] to enhance the rigor of the study. In order to ensure auditability in this study, the researcher described, explained and justified decisions taken throughout the research process. Strategies used to ensure credibility and fittingness in a qualitative study are, checking for representativeness of data, checking coding categories, and checking the method used in reducing and presenting the data^[12]. To ensure credibility in this study, the researchers worked together to develop codes, categories and themes from the transcribed data. To ensure fittingness in this study, the study findings will be presented to stakeholders of preceptorship in Ghana. The first author will discuss with the stakeholders how the findings of the study could be applied to facilitate clinical teaching in Ghana.

3 Results

A summary of the demographic data for the preceptors and nurse educators is found in Table 1. The students' age range was 21-22 years; the preceptors' age range was 33-64 years; and the nurse educators' age range was 34- 64years. All of the

students were in their final year of the nursing program. Four preceptors had educational preparation for preceptorship; however, five had no formal preparation to precept students. More than one student was simultaneously assigned to a preceptor in the clinical setting. All of the nurse educators had more than three years teaching experience. In exploring the perceptions of preceptors, nursing students and preceptors about preceptorship experience in Ghana, major themes that emerged from the data included: a) the meaning of preceptorship; b) the history of preceptorship in Ghana; c) the influence on clinical teaching by stakeholders; d) preparation for the preceptorship role; and e) valuing and incorporating preceptorship in the curriculum.

Table 1. Demographic Data of Preceptors and Nurse Educators (N = 17)

	Frequency	
	Preceptors	Nurse educators
Post basic nursing education		
Diploma	8	0
Bachelor on nursing	1	6
Master of nursing	0	2
Educational preparation in preceptorship		
Yes	4	3
No	5	5
Clinical nursing practice		
11-29years	6	6
30-40years	3	2
Clinical teaching		
6-12years	7	5
12-18years	2	3

3.1 The meaning of preceptorship

All of the participants reflected on the meaning and history of preceptorship in the Ghanaian context. In addition, they described the clinical teaching and learning environment. The majority of the participants indicated that preceptorship was a new clinical teaching approach in which preceptors teach nursing students and new nurses in the clinical setting. A few of the participants indicated that preceptorship involved nursing students, faculty and preceptors. As participants discussed preceptorship, they described the meaning of preceptorship for them. One of the preceptors explained that preceptorship involved nurses “who had been trained with the requisite skills to supervise nurses especially nursing students at the clinical setting [Pearl].” Most of the participants indicated that preceptorship involved guiding students to achieve their learning goals. One of the participants reflected that in the preceptorship model, students worked closely with preceptors.

Participants described their thoughts about the essence of preceptorship. Nanayaa, a nurse educator, described what preceptorship meant to her: “preceptorship is a concept or a clinical teaching method by which the student or a person who is new at a place of work is assisted to get accustomed to the practice of that area.” Another nurse educator described preceptorship as a clinical teaching approach that involved students, preceptors and the school, especially the tutors in the school. One preceptor likened preceptorship to a football team:

To me personally, I liken preceptorship to a football team; a preceptor must be a coach of the winning team. So preceptorship is more of coaching which is geared towards acquisition of excellence in the performance of nursing practice. So if I am able to teach and coach and then rehearse with students, at the end of the day, I would have that satisfaction as a coach [Patricia].

One of the students stated: “A preceptor is someone who has gained the necessary knowledge about nursing and has been assigned to assist students to learn in the ward [Stella].” Preceptorship involved leading students or a new nurse into the

nursing profession. Nana, a nurse educator indicated that: “Preceptorship is a new concept that is coming up in the Ghanaian nursing education.”

3.2 The history of preceptorship in Ghana

Participants indicated that preceptorship in Ghana started in the early 1990’s when nurses were invited from various regions in Ghana to participate in preceptorship training. The nurses who were prepared as preceptors were supposed to prepare more preceptors in their various regions to enhance the clinical teaching in learning. One preceptor described this experience:

Our preceptorship experience started in 1992 when a group of nurses from the various regions were invited to the School of Nursing, for a workshop on preceptorship. This was done by the Nurses and Midwives’ Council of Ghana in collaboration with the Ministry of Health... The nurses who had that opportunity to attend the workshop were supposed to train other nurses to be preceptors [Patricia].

Additionally, Patricia believed that preceptorship in Ghana was still “in the pipeline”:

After the training, we organized a one week workshop for some nurses in the region. But we could not follow-up from there. Fortunately the management has put preceptorship down as one of her priority areas so it is in the pipeline; we started but how to solidify it is the issue now.

Several of the participants stated that one regional health directorate in Ghana had taken the initiative to prepare preceptors to assist with teaching students in clinical settings. One preceptor shared that “it was decided by the regional health directorate to organize workshops for preceptors so that they can liaise with the school to teach students at the clinical sites [Pearl].” Participants indicated that although some nurses were afforded educational preparation about preceptorship by the regional health directorates, preceptorship was not being effectively practiced in the region. They indicated that both preceptorship and the traditional teaching approach were used in clinical teaching and learning. In the traditional model the charge nurses and staff nurses taught students and provided little supervision. A nurse educator described the traditional teaching model before the inception of the preceptorship model in Ghana:

Before the introduction of preceptors into the system, the charge nurses and staff nurses taught and supervised the students at the hospitals. The students do not run the same shift with the nurses, the supervision and teaching of the students was not strong. The clinical visits made by the nurse educators were not adequate. I think it was due to these problems that the preceptorship concept was introduced in Ghana to get specific people to take full responsibilities to assist the students to learn at the clinical sites [Nanayaa].

Participants believed that preceptorship was introduced to help reinforce clinical teaching. Nelly, a nurse educator, commented: “I believe it [preceptorship] ‘beefs up’ the practical aspect of theory that has been taught. It is getting students and preceptors to equate theory to practice.”

At the time of data collection, before students commenced their clinical practice, the school usually informed the clinical setting about the arrival of the students. Students brought their course objectives and activity areas with them to the wards. The activity areas guided the preceptors to teach students according to the course objectives. Participants indicated that not all the hospitals assigned preceptors. The hospitals with preceptors had only one preceptor for each unit. One nurse educator indicated that preceptorship in Ghana was in the emergent stage: “In this school we have not fully trained all our preceptors. The clinicians we have identified who are interested in teaching the students are the nurses we use as preceptors [Nomuah]”. Serwa, a nursing student, stated “the preceptors meet us in the ward at a point in time for tuition and the charge nurses supervise us when we go to our various wards.” Participants indicated that both the charge nurse and the preceptors taught the students in the preceptorship model.

3.3 The influence on clinical teaching by stakeholders

Participants identified that several stakeholders influenced the clinical teaching and learning environment in nursing education in Ghana. The stakeholders included the institutions in which policies for nursing education in Ghana are formulated as well as those institutions such as schools and hospitals in which the policies are implemented. The policies in turn influenced the implementation of preceptorship. One of the nurse educators stated that: "It is the policy of the government (MOH) that we should train more nurses but the large numbers of students do not augur well for the preceptorship [Nana]." The nurse educator described how clinical teaching was influenced by stakeholders:

Feedback about students' clinical practice from the hospitals was discussed with the schools. The schools sent a memo about the clinical practice to the nursing governing body that is the Nurses and Midwives Council of Ghana. The Nurses and Midwives Council of Ghana [NMC] also discusses it with committees and then a yearly review of the nursing education program is done [Nana].

3.4 Preparation for the preceptorship roles

The preparation of preceptors affected the preceptorship experience. Participants believed that stakeholders should organize formal preparation for preceptors. Noah, a nurse educator highlighted the importance of collaboration in training preceptors: "the school should be in the lead role in identifying the nurses interested in teaching students. Then we [the school] must write to the MOH, NMC and the Regional Health Directorate so that we collaborate to train the preceptors." Most of the preceptors indicated that they were specifically educated to supervise students in clinical settings. Also, preceptors were given formal preparation to liaise with the nursing educational institutions to teach students. One preceptor described why nurses were trained as preceptors: "It was identified that when the students come for clinical experience in the hospitals, they go wayward. Nobody supervises them so some preceptors were prepared to help the tutors teach students, especially when the students come for clinical practice in the hospital [Pearl]."

One preceptor expressed her concern about being provided preceptorship preparation only once in her entire nursing experience: "We had the training only once and since then we have never had any preceptorship workshop. I was trained in the year 2004. That was the only training I had [Patience]." Another preceptor, had to precept by virtue of her experience in nursing: "I did not get any official training for the preceptorship program but it is through my length of experience in nursing that I am using in teaching [Pearl]." Sarfoah, a nursing student, believed that "preceptors should go through in-service training monthly so that they would be abreast with current trends in teaching students." Most of the preceptors reported that the workshop they had was incomplete. A preceptor explained that the workshop was supposed to be in two phases: "the introductory phase and the main content of preceptorship phase. We took the participants through the introductory phase. The second phase of the workshop did not come off [Patricia]." It is not surprising then that these participants subsequently recommended that they be given adequate preparation to function effectively as preceptors.

3.5 Valuing and incorporating preceptorship in the curriculum

Participants felt it was important to value preceptorship and to integrate it into the curriculum. One of the nurse educators believed that the school did not value the role of preceptor and stated that "I think the school does not value preceptorship. If they [nurse educators] valued preceptorship then the preceptors must be invited to our meetings in the school [Nana]." She felt that if the school invited preceptors to their meetings they would be acknowledged as partners in teaching students. Another preceptor argued that management in health services needed to appreciate and support the preceptorship program. A concern about the lack of appreciation for preceptorship was also voiced by another preceptor. Patricia did not think that preceptorship was taken seriously by the health care administration: "The greatest concern is for the administration to appreciate this aspect of clinical teaching and take it seriously... If we valued preceptorship very well, I think it [preceptor roles] should be appreciated [Patricia]." One of the students stated that "preceptorship is not effective in the hospitals, so students practice in the wards with little supervision [Sara]." A preceptor believed that preceptorship was a very important

teaching tool because without it students could not be taught effectively. Participants recommended integrating the preceptorship program into the nursing education curriculum.

In summary, participants indicated that preceptorship in Ghana was in the developmental stage and was not integrated into the nursing education curriculum. Consequently, a combination of traditional and preceptorship approaches were used in clinical teaching. Factors that influenced the clinical teaching and learning were inadequate preparation of preceptors for their roles and lack of valuing of preceptorship by stakeholders.

4 Discussion

Preceptorship is one of the current clinical teaching models used in nursing education worldwide^[1]. Preceptors in Ghana are expected to collaborate with educational institutions to enhance the supervision of students in the clinical settings. The study explored the perceptions of Ghanaian nursing students, preceptors and nurse educators regarding their preceptorship experience. Furthermore, this study examined perceptions of preceptorship in Ghana with regards to the formal integration of preceptorship into the nursing curriculum, high preceptor/student ratio, inadequate preceptor support and the issue of responsibility for the preparation of preceptors. Table 2 presents a comparison of the results of this study with published literature.

Table 2. Comparison of Results With Published Literature

Result of study	Published literature
Preceptorship is not formally integrated into the nursing curriculum in Ghana	Preceptorship is optimal when its objectives, plans of action and evaluation are stated clearly in the nursing education curriculum ^[1, 13] .
High preceptor/student ratio (1: >5)	For effective preceptor supervision the preceptor/student ratio must be 1:1 ^[14, 15] . However, in countries such as United Kingdom, the term preceptorship is analogous to and used interchangeably with the term mentorship and its subsequent derivatives (mentor and mentee) and it is used to describe the same process ^[4] .
Inadequate support in terms of educational preparation, appreciation from colleagues and incentives for preceptors.	Adequate support from health care management and faculty motivate preceptors to perform their roles effectively ^[1, 18-20] .
Disagreement between nursing schools and healthcare management regarding responsibility for preparation of preceptors.	Both faculty and healthcare management can prepare preceptors either individually or through collaboration ^[1, 21] .

The findings of this study revealed that the concept of preceptorship was introduced to nursing education in Ghana in the early 1990s and was still in the developmental stage. Preceptorship had not been formally integrated into the nursing education curriculum in Ghana. Although preceptors were used to teach nursing students in the clinical settings in Ghana, the clinical teaching approach did not reflect the concept of preceptorship. However, it has been noted that the impact of preceptorship on nursing education is optimal when its objectives, plans of action and evaluation are clearly stated in nursing education curricula^[1, 13]. Participants in the current study possessed knowledge about preceptorship but the conceptualization of preceptorship was not well understood. As one of the nurse educator asserted that “when it comes to clinical teaching [preceptorship], there are a whole lot of things that we need to know [Nanayaa].” Nurses must be adequately prepared to assume the preceptor role if they are to carry it out effectively. In the current study, preceptors taught more than one student at a time and did not always work the same shift as their students. This finding is not congruent with the recommended one to one preceptor/preceptee ratio^[14, 15] that is essential to ensure that students learning needs are met. However, in some countries such as United Kingdom, the terms preceptorship and mentorship are used interchangeably in clinical teaching^[4].

Findings from the current study also indicated that the clinical teaching environment was influenced by nursing education stakeholders who were both outside and within the clinical settings. Participants reported that the governmental policy to increase the intake of nursing students in the educational institutions increased the preceptor/student ratio. The high ratio posed as a challenge for preceptors to adequately supervise students in the clinical setting. This finding was similar to those reported in a study^[16] on leadership characteristics of the preceptor in Botswana. Dube and Jooste reported that a high preceptee to preceptor ratio posed a challenge to the clinical teaching and learning in Botswana. In order to ensure a high standard of nursing education in the healthcare system in Ghana, nurses at all levels in the healthcare system must participate in decision-making in nursing education to ensure effective clinical teaching and learning. When nurses communicate their decisions on issues concerning nursing practice they foster autonomy of the nursing profession^[17].

Participants in this study also indicated that the healthcare management team within the clinical settings clearly influenced clinical teaching and learning. This finding is congruent with Myrick and Yonge's^[1] position that the individuals and physical structures within the clinical settings are integral part of the clinical teaching and learning environments. Also, organizational structures within the clinical settings influence the clinical teaching and learning environment^[1, 18-20]. Participants highlighted the importance of the healthcare management team within the clinical setting appreciating and supporting preceptors to teach effectively. When the efforts and works of preceptors are appreciated, they give their best to teaching students^[1].

In the current study although preceptorship was used as one of the clinical teaching methods, formal preparation of preceptors was inadequate. The nurse educators recommended that nursing schools take leading roles in identifying nurses to be prepared for the preceptorship role. This perspective is supported by the premise that nursing faculty serves as custodians of the teaching and learning process by facilitating congruence between the preceptees' objectives and the expectations of the preceptor^[1]. In addition, educators must ensure that the goals and expectations of the preceptorship program are achieved^[1, 21]. In the Ghanaian context, since clinical teaching and learning was also influenced by other institutions in the healthcare system, the school must take primary responsibility for preparing preceptors with the support from the stakeholders of nursing education in Ghana.

5 Study limitations

Only participants who had had experience in preceptorship in Ghana participated in the study. The ideas of students, preceptors and nurse educators who did not have experience in preceptorship were not explored. Further research is needed to explore the perspectives of those who do not engage in preceptorship in Ghana.

6 Conclusion

Despite the use of preceptorship in Ghana, the clinical teaching approach did not reflect the essence of preceptorship. Stakeholders in nursing education both within and outside the clinical settings influenced the clinical teaching environment. Findings from the study present descriptive data for stakeholders in nursing education to promote effective preceptorship programs in Ghana. Nursing schools and other organizations involved in nursing education need to support and ensure adequate preparation of preceptors so that they acquire the relevant knowledge and skills to teach students effectively. Above all, for preceptorship to become an effective clinical component of nursing education in Ghana, it must be adequately integrated into the nursing education program with clear objectives, implementation procedures and evaluation measures.

Authors' contributions

The first author conducted this research study in partial fulfillment of her Master of Nursing program. The second author was the first author's supervisor during her Master of Nursing program. The second author guided the thesis project from

the beginning to a successful end. The third author and fourth authors were supervisory committee members for the first author's thesis project. The third author shared her extensive knowledge on preceptorship throughout the research process. The fourth author shared his extensive knowledge on international education and ethnography to ensure the success of the research.

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