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## The Relationship Between Preceptor Role Effectiveness and Retention of Newly Hired Nurses

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# Walden University

College of Education

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Janeen R. Arnett

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Walden University

2021

Abstract

The Relationship Between Preceptor Role Effectiveness and Retention of Newly Hired

Nurses

by

Janeen R. Arnett

MS, Regis University, 2006

BSN, Valparaiso University, 1992

Project Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

October 2021

## Abstract

New nurse turnover is a problem worldwide and, in the hospital, identified for this study. High nurse turnover contributes to staffing shortages in hospitals, which adversely affects health care quality for patients. The problem of high nurse turnover among newly hired nurses in a rural Indiana hospital was addressed to improve new nurses' longevity in their jobs. The framework of new nurse orientation with foundations of socialization, preceptorship, and Benner's transition theory for nursing grounded this mixed-methods study to explore the perceptions of 11 new nurses on their preceptor role experiences. The research questions investigated the relationship between new nurse hires' perceptions of preceptor role effectiveness in the preceptee transition to professional practice and self-reported intent to stay in the job at least one year. New nurse selection to participate in the study was contingent on having been assigned to a preceptor within the preceding 12 months. Findings from the quantitative data analysis revealed a strong positive correlation between new nurse perceptions of preceptor role effectiveness and their intent to stay in the job for a year ( $r = .915, p < .001$ ). Qualitative findings revealed themes on communication and situational expectation, confidence in preceptor, role modeling, and preceptor influence. The resulting project consisted of a white paper that provided nursing leadership with recommendations to develop or revise policies supporting new nurse transition and ongoing training for the preceptor role. The project contributes to positive social change through the insights from new nurses' experiences during transition into their jobs; insights that can be used for potential changes in programs that support the retention of newly hired nurses.

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## Dedication

I dedicate this work to all the new nurses who have thought about or left their first job as a nurse because they did not feel adequately supported. Over 29 years ago, I started as a new graduate nurse and felt a lack of support from the nurses and my preceptors. I thought I would never make the transition to a competent, confident nurse, but I did. It is challenging to learn in a negative environment and, indeed, can perpetuate turnover. I like to think my struggles made me a better nurse and later a better preceptor. For all the nurses who have taken on the extra duties of precepting new nurses, teaching, nurturing, and guiding them into competent, qualified caregivers who eventually become confident nurses and an asset to the profession. I say thank you for your support.

## Acknowledgments

I want to acknowledge my family, especially my son Daniel and my daughter Jennifer, and my fiancée Fred for continued support throughout this journey. I want to thank Dr. N. Walters, the chair of my project, for her ongoing support, kindness, and guidance. Thank you also to Dr. D. Cernusca, my committee member, for his insightful comments and counseling. Thank you also to the University Research Reviewer for the feedback, which led to ongoing growth throughout the process. Without all the support and continuous encouragement, I would not have succeeded.

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## Section 1: The Problem

### **The Broader Problem**

Approximately 3.5 million nurses are in the workforce. But with growing populations, aging, retiring nurses, and expanding health care coverage, the demand for nurses continues to skyrocket (American Association of Colleges of Nursing, 2011; American Nurses Association, 2014). The exodus of nurses from the nursing profession has created concern across the international community. The European Commission estimated that by 2020, a shortfall of 590,000 nurses would occur (Pasila et al., 2017). According to reports by the U.S. Department of Health and Human Services (2017), it is estimated that the demand for registered nurses (RNs) will grow by 46% from 438,600 full-time employees in 2015 to 638,800 in 2030. However, a projected number of licensed practical/vocational nurses may only reach 532,900 full-time employees (Health Resources and Service Administration, 2018; Hogan & Roberts, 2015).

### **The Local Problem**

The study site hospital in rural Indiana has increasingly struggled with high nurse turnover, especially among newly hired nurses. High nurse turnover in hospitals adversely affects patient care quality (He et al., 2016; Needleman et al., 2011; Park et al., 2014). Leadership requested reports on hiring, retaining, and training practices and policies on new nurses' orientation for a meeting to establish strategies to address the concerns. The human resources (HR) department presented data on 2017 turnover rates for nursing in a retention report for the site's nursing leadership council. The study site's leadership found that in 2008, the average turnover in nursing was less than 6%, in 2011

the overall nursing turnover was less than 11% and hovered in that range for a few years, and in 2014–2015 the HR report revealed a 20.4% total turnover in nurses. The HR report for 2015–2016 further pointed out an overall turnover rate of 32%, with approximately 23% being a loss of new graduates. This figure was above the national average for bedside nurse turnover of 17.2% in 2018 (NSI Nursing Solutions, 2020). Variables that affect retention within the first 2 years include job stress, poor managerial support and guidance, low job satisfaction, effort-reward imbalances, high workload, and verbal abuse by other health care professionals (Robert Wood Johnson Foundation, 2014). Though transitional support programs help support new nurses in their first year of practice, there are unmet clinical, social, and emotional support needs. Understanding new nurses' experiences and unmet needs during their first year of training will enable nurse managers and preceptors to better support new nurses and promote confidence and competence to practice (Anderson et al., 2012; Hussein et al., 2017).

Nursing leadership, unit directors, and HR met to discuss strategies for improved onboarding procedures, reviewed preceptor role and selection, and revised central nursing orientation in late 2016. However, a 2017 HR report provided data reflecting a continued increase in nurse turnover despite the 2016 change. The latter report cited 42% overall turnover in medical-surgical units, 35% of which were new graduates under 2 years of employment. This study helps to understand the retention problem for new nurses at the study site. The hospital leadership may use these results to prevent wasted time and money on initiatives that do not mitigate the problem, further compromising patient care quality.

## **Rationale**

New nurses experience excitement, anticipation, and enthusiasm as they enter professional practice. But feelings of insecurity and inadequacy may accompany the initial excitement. An important factor in reducing stress and preventing new nurses from leaving their job during the first few months is the availability of adequate support. The provision of emotional support from more experienced nurses called preceptors can help negate many work-related tensions (Ebrahimi et al., 2016).

A 2019 national health care retention and staffing report found that a majority (81.3%) of hospitals surveyed viewed retention of new nurses as a priority in addressing the nursing shortage (NSI Nursing Solutions, 2020). The report also stated that 22.9% of newly hired RNs leave within the first year. Further, new RNs have a cumulative turnover rate of 101–112 % (NSI Nursing Solutions, 2020; Unruh & Zhang, 2014). Approximately 48% of hospitals, including the study site, rely on travel and agency staff to fill schedules to meet patient care needs, especially in the specialty areas such as critical care and emergency departments. Thus, this study aimed to understand the high nurse turnover among newly hired nurses in a rural Indiana hospital. The research-derived recommendations will be made to leadership to improve new nurses' longevity in their jobs.

## **Definition of Terms**

*Competency for preceptorships:* The application of knowledge, skills, and abilities needed to fulfill organizational, departmental, and practice setting requirements under the varied circumstances of real-world situations (Irwin et al., 2018).



*Intent to stay:* The employee's loyalty to the profession and staying on the job out of personal choice (Eckerson, 2018).

*Job satisfaction:* The positive attitude or emotional disposition people gain from their work, and the contentment employees feel about the job (Thomas & Kellgren, 2017).

*Mentoring:* A partnership through which mentors share knowledge, skills, information, and perspectives to foster the professional growth of their mentees (Clutterback et al., 2017; Hale, 2018).

*Novice:* Someone with little to no experience in a job position or situation, requiring training (Benner, 1994, 2000).

*Perceived preceptor role effectiveness:* The degree to which a preceptor can form a trusting, relational connection with the new nurse, and exhibit supportive behaviors during the transitional period (Hyrkas et al., 2014).

*Preceptee:* A newly hired nurse as the recipient of planned training in a new facility, department, or unit (Benner, 2000; Edwards et al., 2015).

*Preceptor:* An experienced and competent professional nurse who has received formal preparation to facilitate a new nurse's training. Preceptors serve as a role model and a resource to support the preceptee realizing their potential professionally and personally (Benner, 2000; Benner et al., 1992; Thomas & Kellgren 2017; Ulrich, 2015).

*Preceptorship:* An organized, evidence-based, outcome-driven approach to training for competence (Benner, 2000; Ulrich, 2015; Zhang et al., 2016).

*Registered nurse (RN):* A graduate nurse who passed a state board examination and is registered and licensed to practice nursing (American Nurses Association, 2015).

*Retention:* The ability or act of retaining someone (Ke et al., 2017).

*Turnover:* The actual leaving of employment and vacancy left (Ke et al., 2017).

### **Significance of the Study**

The HR department at the study site hospital provided data to the board of directors and chief nursing officer regarding 1- and 2-year retention rates of newly hired nurses to the organization. Table 1 summarizes all RN turnover rates from January 2014 through March 2017 as reported to the nursing leadership council. Table 1 also provides data on a 1-year turnover rate for new graduate nurses for the year ending 2016 and 2017, with organizational goals set for the following year in the final column.

**Table 1**

*RN Turnover Rates 2014–2017*

RNs	Current	Future Goal
RN turnover 2014-2015	20.4 %	15.0 %
RN turnover 2015-2016	32.0 %	25.0 %
RN 1-year turnover new nurses	22.8 %	15.0 %
RN turnover 2016-2017	26.0 %	20.0 %
RN 1-year turnover new nurses	37.5 %	28.0 %

*Note.* Table configured and adapted from Deb Baughman's Human Resource report to Nursing Leadership, 2017. Permission was obtained for this study.

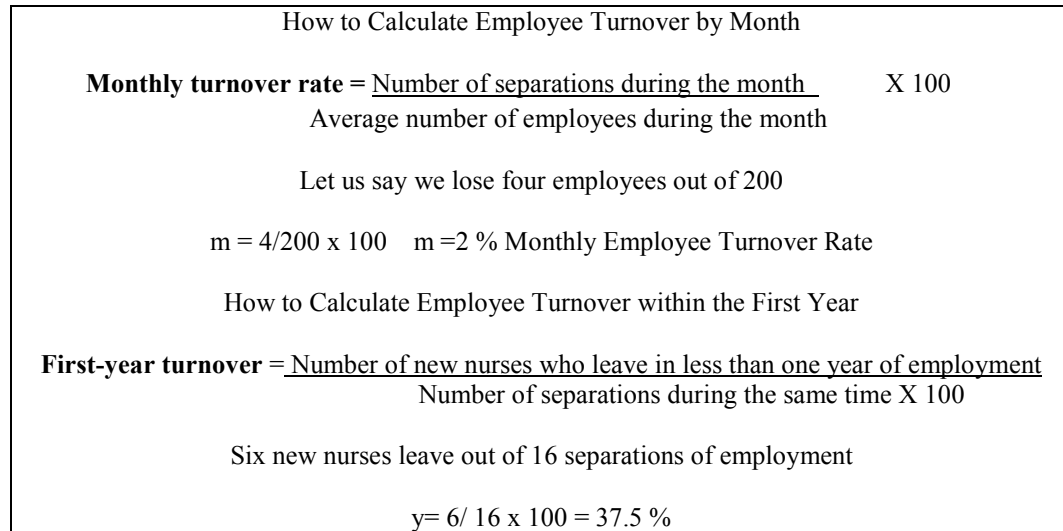
The 1-year turnover rate for new nurses during 2015- 2016 was 22.8% and rose in the 2016–2017 year to 37.5%. The 1-year time frame supported the need for a focused approach to retain and support new nurses. The rates continued to be higher than the national average estimated at 17.2% turnover for new nurses in 2018 (NSI Nursing

Solutions, 2020). The formula used for calculating employee turnover is shown in Figure

1.

### Figure 1

#### *Calculating Turnover*



With a high percentage of newly hired nurses leaving their first place of employment within their first year, the financial implications may be enormous and a driver for organizations to act. High turnover costs in Table 2 display the value of overtime, call-in pay, and contracted nurses' wages. The chief nursing officer had been charged with identifying strategies to increase new nurses' retention rates beyond 12 months and decrease new nurses' overall turnover rates by 10%. The chief nursing officer, nursing unit directors, and I met to review the literature's evidence and discuss the support systems in place for new nurses. Research has suggested that having a mentor may increase new nurse retention by as much as 25% (Schroyer et al., 2016).

**Table 2***Costs Associated with RN Turnover*

Expense for RNs	Costs	Length of time
2015 premium pay (O.T & call pay)	\$438, 313	4-months
2016 premium pay (O.T & call pay)	\$932,600	10-months
2015 contracted agency staff nurses	\$552,092	4-months
2016 contracted agency staff nurses	\$1,120,342	10-months

*Note.* Source: Human Resource report to Nursing Leadership by Deb Baughman's 2017. Permission was obtained to use the data from reports.

A gap in knowledge about the preceptee's perceptions of their preceptor role's effectiveness became evident after conducting a literature review. I found few published articles on preceptee perceptions of preceptor role effectiveness and new nurses' intended retention. As a result of sharing these findings with hospital personnel, interest and support at the local level began to emerge to investigate how new nurses felt about the effectiveness of their preceptor's role and if a relationship about those perceptions and their intent to stay in the job for at least 1 year exists. From the educational standpoint, evaluating preceptor role effectiveness through the eyes of new nurses providing feedback may be an area for further educational need or policy revision.

The hospital would benefit from reducing new nurse turnover in several ways. First, the hospital's training and new hire budget dollars would go further. Second, the hospital's patients would receive more consistent care from more qualified and experienced nurses, positively reflecting on the hospital. Finally, new nurses would benefit from having a more satisfying and rewarding career and help by using their degree in the field of study in their profession (Edmonson et al., 2020; Johnston et al., 2016; Rosenberg, 2019; Schroyer et al., 2016).

## Research Questions and Hypotheses

The research questions helped identify the preceptor role's effectiveness in training new nurses within the preceptorship model and provided data that would be utilized to improve the chances of new nurses remaining in the job for at least a year. A Pearson  $r$  correlation test was used to measure the degree of relationship between the two variables. The following quantitative and qualitative research questions guided the study.

Quantitative Research Question 1: How did new nurses in a rural Indiana hospital rate their perceived preceptor role effectiveness using the Preceptee Measure of the Preceptor's Role Effectiveness and Intent to Stay in the Job for 1 Year (PMPRE-IS) survey instrument?

Quantitative Research Question 2: What is the nurse hire's self-reported intent of staying on the job for at least 1 year?

Quantitative Research Question 3: To what extent, if any, is the new nurse hires self-reported intention to stay in the job for at least a year predicted by the perceived preceptor role effectiveness?

$H_a3$ : New nurse hires' perception of preceptor role effectiveness is a significant predictor of their intent to stay on the job for at least a year.

$H_03$ : New nurse hires' perception of preceptor role effectiveness is not a significant predictor of their intent to stay on the job for at least a year.

Qualitative Research Question 1: What are new nurses' perceptions about their preceptor-preceptee experience that influence their intentions to stay or leave the job?

## **Review of the Literature**

Literature provides evidence that an active preceptor and a successful preceptor program will enhance the learning experience and ease new nurses' transition into professional practice. Therefore, this study examined the perceived preceptor role effectiveness and the correlation to new nurses' intent to stay for at least a year. In this section, I present current, peer-reviewed literature and seminal works on preceptorships in newly hired nurses' orientation. One of the best ways a hospital can prepare new nurses for their new job rigors is by offering an advanced onboarding process with a nurse preceptorship program (Barba et al., 2019; American Nurses Association, 2014; Anderson et al., 2012). One of the significant aspects of a preceptorship program is the actual preceptor, who is responsible for introducing preceptees to other staff members and creating meaningful social experiences (Bontrager et al., 2016; Clipper & Cherry, 2015; Edwards et al., 2017). When the preceptor spends both social and professional time with the preceptee and is empathetic to their struggles, this provides much of the support needed early in the preceptees transition to practice (Clipper & Cherry, 2015; Edmonson et al., 2020; Hautala et al., 2007; Lalonde & McGillis-Hall, 2016; Laschenger et al., 2016; Lippincott, 2018; Wardrop et al., 2019).

### **Theoretical and Conceptual Frameworks**

Nurse theorists play an essential part in shaping nursing practice by providing nurse educators and leaders an understanding to form skill acquisition, thus improving the new nurse's transition process (Benner, 2000). For instance, theories of preceptorship are used as models of training. Experienced licensed nurses, referred to as preceptors in

the teaching role, are assigned to a new nurse to facilitate the transition into practice (Blegan et al., 2015; Condrey, 2015). The theory of preceptorship focuses not only on the competencies one must achieve for specific unit training but also on being a competent nurse able to address complex situations (Irwin et al., 2018). New hire orientation through preceptorship can positively impact job stressors by having a preceptor who can answer questions, serve as a role model of behaviors, and describe the workplace culture and ways the nurses' duties align with the overall vision and mission of the organization (Blegan et al., 2015; Condrey, 2015; Irwin et al., 2018).

In addition to this view of preceptorship, Benner's (1984) novice-to-expert theory of nursing grounded my study. Benner's theory changed how nurses perceive the journey from a novice nurse to an expert practitioner. The view allows for developing knowledge and skill from the novice through the expert nurse's safe, quality nursing practice (Benner, 2000; Murray et al., 2018). Benner's theory states that practice expertise develops as the nurse acquires experience. Expertise develops when practical knowledge (know-how) extends through theoretical scientific investigations and practical clinical experience (Benner, 1992; Benner, 2000). The five transitional stages adapted by Benner are listed here:

- Novice: A beginner with little to no experience. They require the general rules to help perform tasks, and their rule-governed behavior is limited and inflexible. In other words, they are told or shown what to do and follow instructions (Benner et al., 1992).
- Advanced beginner: The advanced beginner demonstrates acceptable

performance and has gained prior experience in actual nursing situations and recognizes recurring meaningful components to guide actions (Benner et al., 1992).

- **Competent:** A nurse having 2 or 3 years of experience on the job in the same field. Nurses are more aware of long-term goals, have gained perspective from planning actions based on conscious, abstract, and analytical thinking (Benner, 2000).
- **Proficient:** A proficient nurse perceives and understands situations. They have a more holistic understanding of nursing, which improves decision-making. These nurses learn from experiences what to expect in certain circumstances and modify plans as needed (Benner et al., 1992). At this stage of practice, the nurse interprets patient symptoms and does assessments (Thomas & Kellgren, 2017).
- **Expert:** The expert nurse understands and connects with the situation and can determine resources and actions to handle it. They have a more in-depth background of experience and an intuitive grasp of clinical problems. Their performances are fluid, flexible, and highly proficient (Benner, 2000; Benner et al., 1992).

The socialization theory, by sociologist George Herbert Mead and Albert Bandura, was also used as part of the theoretical framework and was critical to support the study of the preceptor role as a socializer in the preceptor and preceptee relationship building. Mead (1913) suggested that people develop self-image through interactions



with others. He further argued that the self is the part of a person's personality consisting of self-awareness, which develops and is a product of social experiences (Aboulafia, 2016; Brown, 2020; Boundless, 2016; Crossman, 2019;).

Bandura's work also informed the conceptual framework for this study. Bandura explained in his 1977 book *Social Learning Theory* that most human behavior is learned observationally through modeling. From observing others, people form an idea of how new behaviors should be performed. On later occasions, this coded information serves as a guide for action. Building self-efficacy is another focus of Bandura's theory. The personal experience factor can explain why increasing one's self-efficacy can be difficult. When individuals have low self-efficacy levels for a specific task, they typically avoid the job, which prevents them from accumulating positive experiences that might eventually build up their confidence. Here an experienced preceptor can reinforce behaviors or provide ongoing support, so the new nurse succeeds, thus building up their confidence and producing more significant self-efficacy (Bandura, 1977; Bandura, 2019). The concept of professional socialization is the process by which people who enter a profession internalize or take in new knowledge, skills, attitudes, behaviors, values, and ethical standards and make these a part of their professional identity (Mariet, 2016). Thus, the employees' perceptions of the socialization process encourage them to adapt quickly to an environment once they feel their socialization needs have been met (Ke et al., 2017). An effective preceptor may be instrumental in developing this relationship between new nurses and their patients through role modeling and coaching. Thus, the preceptorship model, the socialization model, and Benner's novice-to-expert concepts

grounded this study and guided the exploration of the relationship between the preceptor role effectiveness and an increased preceptee retention.

### **Review of the Broader Problem**

Nursing is a practice discipline with clinical knowledge and techniques, providing the new graduate nurse opportunities to develop confidence and competence. In nursing, the clinical staff collaborate with the new nurses and facilitate new knowledge and skill acquisition while maintaining their regular workload. But many new nurses may feel unsure and vulnerable while balancing professional expectations and lack practice in applying knowledge, experience, and wisdom to patient care. New nurses face a host of challenges that impact a successful transition into professional practice. Reasons include long hours, short staffing, work attitude, work environments, perception of working conditions, and ongoing demands from regulatory agencies to operate in a more lean and efficient manner due to shrinking reimbursements while demanding improved quality outcomes (Hofler & Thomas, 2016). A large body of research related to supporting the new nurse exists related to preceptorship experience, offering a structured approach to meeting regulations and quality demands by developing skills, critical thinking, and confidence (Benner, 2000; Blegen et al., 2015; Bontrager et al., 2016; Condrey, 2015; Giallonardo et al., 2017).

Though I found abundant literature on preceptorship and residency programs in which the experienced staff nurse serves as preceptor (Hale, 2018; Innes & Calleja, 2018; Tourigny et al., 2016), little was found on the preceptor's effectiveness in helping the new nurse succeed and even less about the preceptor's role influencing new nurses' intent

to stay in the position for at least a year. This section discusses preceptorship and the importance to the new nurse while elaborating on the preceptor, the preceptor's effectiveness, difficult transitions, and new nurses' retention. The underlying principle that guided my literature review of the broader problem was support for the new nurses because the research problem was high turnover of new nurses.

For this study, I conducted a comprehensive synthesis and analysis of the literature by searching the Walden University Library and Purdue Northwest University Library databases. Electronic databases searched included: The Cumulative Index to Nursing and Allied Health Literature (CINAHL); Education Resources Information Center (ERIC); Education Source; Healthsource: Nursing/Academic Edition; and the Cochrane Library. Articles older than five years were limited unless they were seminal works or specifically validated a point. Key terms used for the search included *new nurse retention, novice nurse retention, Benner's novice to expert, nursing theories, job demand, and nursing, new graduate nurses, and intent to stay, nursing competency, nursing shortage, one-to-one-preceptorship, preceptors, precepting and mentoring, preceptor effectiveness, preceptor-preceptee relationship, preceptor roles, reasons nurses leave their first job, a transition of new nurses in healthcare, and nursing turnover.*

The initial literature search for preceptorship in nursing included 1,757 articles. Once I added filters such as full-text, dates within 2014–2019, and English language only, the list was reduced to 458 items. Further filtering for the preceptor, preceptee relationship, and retention of new nurses reduced the list results to approximately 116 articles that met my study's objectives. I reviewed the abstracts and was able to obtain a

more manageable list of 90 articles. Only three articles included research in the preceptor role effectiveness specific to the new nurse's transition and an intent to stay in the job for at least 1 year. Many articles included information about new nurses' development, using residency programs, role transitions, and using a preceptorship or mentorship program. Another group of items had information about the learning/work environment and stressors involved. Only articles that described the preceptor-preceptee relationship during the transition process were used for this study.

Two main themes emerged from my literature review. The first theme was that trained preceptors created a positive learning environment and facilitated a clinical collaboration that had not been found with untrained preceptors (Pasila et al., 2017; Phuma-Ngaiyaye et al., 2017). The second theme was the preceptor and preceptee model for training new nurses. The one-on-one experience for a 1- to-3- month duration showed that new nurses' overall competence increased significantly due to the preceptor's guidance (Ke et al., 2017; Labrague & McEnroe-Petitte, 2017). However, little research was found specific to a preceptor's effectiveness on the new nurses' intent to remain in the job or stay employed as nurses in the profession; thus, further research is needed.

### **Preceptorship**

The challenges associated with beginning nurses entering the workforce can be numerous and complex, with difficulty resolving the perceived role expectations and the actual role perception (Edwards et al., 2017). During the literature search, abundant evidence was found on helping new nurses transition to a successful practice. Key strategies suggested internships, one-one preceptorships, nurse residency programs, and

mentor programs as being successful in supporting new nurses in their first year (Barba et al., 2019; Benner, 2000; Benner et al., 1992; Bontrager et al., 2016; Eckerson, 2018; Schuelke & Barnason, 2016; Shorey, 2018; Tanner & Chesla, 1992). Nurse residency programs with the support of state boards of nursing, the federal government, and health care organizations may address high turnover rates (Holzemer, 2010; Robert Wood Johnson Foundation, 2014). However, not examined in the literature was the preceptor role effectiveness.

Preceptorships are well-documented in the literature to enhance clinical skills, critical thinking skills, and competence through a one-to-one pairing of an experienced learner with a less experienced learner (Barba et al., 2019; Benner, 2000; Benner et al., 1992; Bontrager et al., 2016; Condrey, 2015; Hofler & Thomas, 2016; Hyrkas et al., 2014; Lin et al., 2014; Missen et al., 2014; Quek & Shorey, 2018; Rebholz & Baumgartner, 2015; Schuelke & Barnason, 2016; Sherrod et al., 2020; Van Patten & Bartone, 2019). Preceptorships are found in business, education, health care, medicine, and are used widely in nursing. A preceptorship in nursing is pairing an inexperienced nurse with a seasoned nurse for a specific amount of time with increasing workloads (Benner, 1992). A preceptorship is a structured approach to training novice nurses, as in this study project.

Authentic preceptor leadership is important in aiding the new nurse in identifying positive professional attitudes, learning appropriate behaviors necessary for professional socialization, and lessening the gap between educational knowledge and professional practice (Covelli & Mason, 2017). Overall, assimilation into the work environment that

supports the transition into professional nursing practice is essential for new nurses. Psychological capabilities, moral reasoning, and critical life events help the preceptor guide and coach the new nurse toward behaviors and attitudes. The lack of a supportive practice environment, poor communication, a lack of role models creates a stressful transition and are associated with both job and career turnover intentions (Edmonson et al., 2020; Friday et al., 2015; Hans et al., 2015; Kovner et al., 2016; Kumaran & Carney, 2014; Laschinger et al., 2016). Furthermore, dissatisfaction may tarnish feelings about the nursing profession in general and stimulate thoughts about leaving the profession altogether (Lin et al., 2014; Phillips et al., 2015).

Preceptee satisfaction with the preceptorship experience has been associated with the favorable evaluation of the relationship between the preceptee and preceptor (Hyrkas et al., 2014). Having a formal preceptorship with a specific amount of time in orientation benefits the new graduate nurse. Still, it is not clear how important and influential the preceptor is in the process (Dawson et al., 2014). Literature is limited to this specific query of preceptor effectiveness and an association with new nurse retention rates.

### ***The Preceptor***

Successful transition to practice depends on new nurses building confidence and gaining essential clinical reasoning abilities while orienting to their new roles. In specialty units, such as critical care units, patient care is more complex and fast-paced, adding another dimension of overall stress to the recent graduate. Structured orientation programs with trained preceptors are the most successful means of preparing new graduate nurses for clinical practice (Powers et al., 2019). One of the first influencing

essentials in a new nurse's orientation experience is the preceptor. The preceptor's designation is not based on the most years of employment or highest pay. Instead, the nurse provides the best nursing care and demonstrates a willingness to show others how to achieve those abilities. Preceptors who exhibit caring behaviors, including respect for others, desire to help enrich the orientation, and improve the overall positive experience increase satisfaction and ease some of the stress of the new nurse (Bontrager et al., 2014; Bontrager et al., 2016; Clutterback et al., 2017). Preceptors are also central to assisting novice nurses in engagement with the nursing team. Over time, the novice nurses' bond with the nursing team after working with the preceptor, and at that stage, the group becomes essential for their continued development (Ebrahimi et al., 2016). Successful transition to practice is also driven by intrinsic factors such as recognition, responsibility, communication, and growth potential. New nurses' rate intrinsic factors higher than extrinsic factors like salary (Hyrkas et al., 2014). The preceptor's "assisting new staff integrating into the unit" and "teaching and sharing knowledge" have been noted as the most significant benefit of having a preceptor (Hyrkas et al., 2014, p. 54).

Invariably, many determinants influence the teaching-learning process. The climate or environment is one such element that is not discussed often in the literature but prevalent in training new nurses. Inherent in this dynamic area is assumed that staff nurses were prepared and assumed this preceptor role responsibility. Ideal preceptor characteristics and attributes of competency are not conclusively defined. Health care complexity and patient acuity necessitate not only competence but also critical thinking abilities in all nurses. However, new nurses' skills are less developed, whereby

assessment, experiential learning, and coaching from the preceptor reflected best practice (Borimnejad et al., 2017; Schuelke & Barnason, 2017).

From new nurses' perspectives, challenges such as fear of making mistakes or fear of not knowing overwhelming are present among preceptors who are unsupportive, unhelpful, intimidating, and overly critical (O'Mara et al., 2014). As a new graduate nurse in the critical care unit, I suffered at the hands of nurses who "-ate they're young." Some experienced nurses seemed to believe it was their duty to eliminate new nurses who did not seem to fit into a critical care nurse's idea. These supervising nurses were over-critical and unhelpful to the point that I almost resigned after a situation occurred in which a patient could have injured me. Showing support, aiding, giving encouragement, and providing constructive feedback would have provided the learning environment I needed to succeed. As it was, I left that position and took a telemetry position in another unit in the organization.

### ***Preceptor Effectiveness***

In this study, I evaluated the preceptor's role effectiveness through the eyes of the preceptee. This study's essential factor was the preceptor's effectiveness and involvement in the preceptee's success and retention. Novices placed considerable importance on intangible aspects of interactive days, such as emotional support and collegiality, which contributed to their confidence. Effective preceptors demonstrate strong interpersonal skills, such as communication, expertise, conflict management, collaboration, flexibility, evaluation skills, and patience, among the most critical competencies of nurse preceptors. In addition, they facilitate knowledge of organizational standards and social introduction



to the unit and health system culture (L'Ecuyer, Hyde & Shatto, 2018; Sherrod et al., 2020). Preceptor effectiveness combines factors that enhance the orienting experience; an effective preceptor ensures a quality orientation and creates a productive team member (Ebrahimi et al., 2016; Green-Barnes, 2016; Henderson & Ossenber, 2015). However, not all nurses have the ability or the desire to be preceptors. While skill, knowledge, and experience are essential, the best preceptors are effective communicators who know how to help new nurses successfully link nursing theory to application in a clinical setting and then transfer that knowledge to patient care. The ability to teach, coach, and facilitate new nurses' orientation are challenges for which all experienced nurses are suited (Phuma-Ngaiyaye et al., 2017; Sherrod et al., 2020).

In a systematic review, Pasila et al. (2017) found that new nurses felt preceptors supported them, and many new nurses saw the preceptor as the essential factor in the orientation process. In a manuscript accepted by the *International Journal of Nursing Science*, Phuma-Ngaiyaye et al. (2017) revealed that student nurses gained a high level of confidence and competence in clinical practice when supportive preceptors. New graduate nurses working with preceptors in the clinical setting perceived levels of satisfaction and engagement in the learning process, with trained preceptors, versus those nurses who were not prepared to precept (Lippincott Solutions Series, 2017).

A problem exists for organizations such as hospitals and other healthcare agencies in retaining qualified nurses. The problem has become increasingly difficult due to accountable care policies and higher quality demands (Health Resources and Service Administration, 2018). The preceptor's role's effectiveness requires increasing scrutiny

to determine how the preceptor can support new nurses transiting to clinical practice. Therefore, this small-scale study's findings will help plan updates to the preceptor programs, develop the preceptor role, and improve work environments to offer a more robust support system for new nurses at the study site hospital. It is evident by reviewing the literature that further studies are needed to determine preceptor role effectiveness in relationship to new nurse retention and decreased turnover.

### **Difficult Transition**

When new graduate nurses begin transitioning into practice, they begin to recognize flaws in the process of orientation and training, whereby inconsistencies and discrepancies are found in expectations and the use of policies and procedures. New nurses have trouble knowing what to expect and what is required in the first weeks of orientation, and feelings of doubt develop about the job as they start caring for highly sick patients (Clipper & Cherry, 2015; Cochran, 2017). The phenomenon of reality shock for new nurses has been acknowledged for years as a barrier to transition into practice. Reality shock is the reaction of new graduate nurses when they discover that the work situation, they have prepared for does not operate within the values and ideals they anticipated (Benner, 2000; Clipper & Cherry, 2015; Cochran, 2017; Ke et al., 2017).

However, there is evidence suggesting that more severe challenges are facing new nurses. The problems associated with beginning a new job and career are numerous and often complicated. The disparity between an idealized role and an essential part gives rise to retention issues other than further information and technology issues. Complex patients with shorter hospital stay and challenging workplace dynamics contribute to new nurse

anxiety, stress, and exhaustion, leading to thoughts of leaving the job and the profession (Etienne, 2014; Hofler & Thomas, 2016; Obeidat et al., 2018). New graduate nurses may encounter unprofessional behaviors from peers and suffer humiliation from physicians or leadership, which may leave them feeling inadequate and unable to do the job (Power et al., 2019). The nursing profession is known for horizontal violence, leading to nursing turnover, as new nurses struggle to understand how to handle situations where unprofessional behaviors are perceived (Obeidat et al., 2018). The nursing profession is focused on serving others and has high expectations that each member behaves professionally and ethically, as articulated in nursing codes of practice and conduct. If these practices are not upheld, they are deemed inappropriate, and unprofessional workplace behaviors and improper behaviors negatively impact staff and workplace relationships, and more importantly, patient safety (American Nurses Association, 2015).

Workplace bullying is defined as unfavorable, systematic, repeated, persistent actions (i.e., over months) directed toward an employee by one or more individuals at the workplace with the aim of offending, humiliating, and undermining the employee (Aleassa & Megdadi, 2014; Giori et al., 2016; Obeidat et al., 2018). Workplace bullying is a well-documented phenomenon in the nursing profession, and new nurses frequently feel at a loss when dealing with such behaviors. Nonverbal aggression, such as disparaging looks, offensive noises, and ignoring to intimidate, are all forms of bullying. In part, bullying may be a response to high demands placed on healthcare facilities to meet regulatory requirements and increase orders placed on the overall nursing staff. These demands also affect staff preceptors as they take on more responsibility while

training new nurses with a full patient load. Requirements include quality matrix measure demands and patient satisfaction scores tied to the reimbursement scales, thus adding pressure from the top down to perform more efficiently. New nurses may not feel prepared or supported in this environment and may choose to leave the job (Etienne, 2014; Giorgi et al., 2016; Obeidat et al., 2018). Preceptor's role model attitudes and understanding of how the nurse's work fulfills the regulatory requirements through interventions and documentation. The preceptor role models how to deal with stressors, manage emotions, and use available resources to enhance their practice.

### **Retention**

In reviewing the literature, I found a much broader view of preceptorship and retention rates. The retention and turnover of new nurses continue to be a significant problem that plagues many organizations and leads to shortages of nursing staff in hospitals (Halter et al., 2017). The study site hospital is not exempt from this problem. The nature of the new nurse's experience in their first year of employment has shown to have a significant impact on their decisions to leave the job or change career paths (Etienne, 2014; Hofler & Thomas, 2016; Laschinger et al., 2016; Obeidat et al., 2018). The concept of -intent to stay- refers to the degree of likelihood that an employee plans to remain with the organization (Kovner et al., 2016). It does not imply that employees will not depart if they perceive substantial job opportunities with advancement by taking a new job. An intent to leave is an employee's inclination to resign, which is the last step before leaving the job and is a powerful predictor of actual turnover (Han et al., 2015).

First-year retention rates range from 25% to 64%, and the U.S. Department of Labor Statistics (2015) projected that RNs were among the top job openings due to growth and replacement needs from 2019-2029. Researchers have indicated that specialized preceptorship programs serving to support the new nurse in their role have had documented success in reducing turnover and improving retention (Lippincott, 2019; Zhang et al., 2017). A study completed by Medas et al. (2015) indicated that new nurse precepting programs decrease turnover from 36% to 6% in 12 months. Armed with this evidence, most hospital medical directors, including the study site, have a preceptorship or residency program to help support the new nurses and decrease overall turnover.

According to the existing research, the reason for turnover of nurses included high acuity levels, overtime worked, heavy workloads, interpersonal and interprofessional relationship problems with colleagues, inadequate assimilation into practice roles, and insufficient support (Edwards et al., 2015; Irwin et al., 2018; Lippincott, 2017; Missen et al., 2014; Tourigny et al., 2016). Nursing must investigate practical and adaptive retention strategies to meet turnover challenges and the reasons for the poor retention of new nurses. Ongoing research is needed to evaluate the preceptor's role in positively transitioning new nurses into practice. Role modeling professional behaviors and building relationships with other healthcare team members should be a cornerstone of helping new nurses thrive in a challenging environment. Researchers must inspect what they expect to know about the preceptor's role as effective. Evaluation of the preceptor's function is needed to determine if outcomes are viable in decreasing turnover and increasing new nurse retention.

Professional socialization is the process by which people who enter a profession internalize or take in new knowledge, skills, attitudes, behaviors, values, and ethical standards and make them a part of their professional identity (Mariet, 2016). Thus, the employee's perceptions of the socialization process encourage them to adapt quickly to an environment once they feel their socialization needs have been met (Ke et al., 2017; Libre Text, 2019).

New nurses involved in effective preceptorships have shown significant achievement of many qualities needed to transition to a safe, competent professional (Baird et al., 2016; Hyrkas et al., 2014). The overall effectiveness of the preceptor program has been identified in the literature to impact retention. Ulrich (2019) suggested the following to assess the preceptor roles in the preceptorship experience: (a) evaluating preceptors training skills, (b) supporting and advocating provided by the preceptor during orientation, (c) creating a sense of teamwork, (d) cultivating critical thinking, and (e) developing situational awareness, expert reasoning, and recognizing intuition.

Dedicated and skilled preceptors can play a pivotal role in new nurse retention through a nurturing and positive guided approach to the orientation of new duties and practice demands. The effectiveness of the preceptor's role in transitioning the new nurse can be critical in teaching not only the tasks of the job but also the understanding of job requirements (Flanders et al., 2017; Wardrop et al., 2019). Preceptors also facilitate understanding healthcare regulation, customer satisfaction, and nurse-sensitive quality indicators, which are core measures reported to Medicaid and Medicare Services. Preceptors provide new nurses with the knowledge, support, motivation, and guidance to

survive in this ever-changing healthcare environment and thrive in this environment. The preceptor role's effectiveness and positive group cohesion may be factors relevant to the newly hired nurse's intent to stay in the job (Bontrager, 2014; Bontrager et al., 2016). With this thought in mind, the study site's leadership should examine the perceived relationship between the effectiveness of the preceptor's role and the new nurse's intent to stay in the job.

### **Implications**

The nursing shortage will continue to grow unless changes are implemented to reduce turnover and increase new nurses' retention. According to the Bureau of Labor Statistics in the *Employment Projections 2019-2029*, with growth in nursing opportunities and retiring nurses' replacement, 1.09 million nurses will be needed by 2024 (Lippincott, 2019). The study site subscribes to the Benner model of orienting new nurses, the preceptorship model, and the socialization model for providing an evidence-based approach to training new nurses (Bandura, 1977 & 2019, Benner, 2000, Boundless, 2016; Crossman, 2019). Having a preceptor program in place, however, does not ensure retention. Implications from this study's findings can provide leadership with a potential direction for increasing the retention rates of new nurses by strengthening the preceptorship experience.

Recognizing a gap in knowledge about the preceptor's role effectiveness in the literature and within the study site itself, leadership can use participant responses to build on current training processes. Procedures in providing support, guidance, and feedback for the new nurses may strengthen the preceptorship model. Preceptors will have to

engage in training and maintain competency by attending to the organization's updates and be evaluated by unit leadership. Identifying why new nurses consider the experience the way they do could lead to revisions in policy and procedure and sustained support and training for the preceptors. These activities would, in return, support the new nurse.

Additionally, several studies stated that the first year of nursing practice and the transition period of new nurses are critical in developing a safe and competent practitioner. Phillips et al. (2015) stated that "New graduate nurses transition continues to be a difficult time," and these researchers further discussed the concept of adopting a model of socialization to improve graduate outcomes (p. 1). Given that newly licensed nurses are the future nursing workforce, the study site hospital must focus on the satisfaction and retention of new nurses hired to the organization. Evidence is available that suggests the relationship between the preceptor and the new nurse is an area to focus additional research (Bontrager et al., 2016; Boundless, 2016; Edmonson et al., 2020; Hofler & Thomas, 2016; Hyrkas et al., 2014; Ke et al., 2017; Lalonde & McGillis-Hall, 2016; Phillips et al., 2015; Watkins et al., 2016;). Lalonde and McGillis-Hall (2016) and Wardrop et al. (2019) studied preceptor characteristics and new graduate nurses' socialization outcomes. The preceptorship programs are the process, or the medium, through which organizations can provide new nurses with the necessary social knowledge and skills to take on their roles as nurses. Preceptors provide the new RNs fundamental support, acting as both teacher and role model to transition the new nurse to becoming an independent practitioner. Borimnejad et al. (2018) and Lalonde & McGillis-Hall (2016) discussed the benefits of developing interpersonal relationships and a working



environment to reduce new graduates' high turnover. L'Ecuyer et al. (2018) found that communication, expertise, flexibility, evaluation skills, and patience are among the essential competencies of a preceptor and are required to promote new nurse retention.

Preceptor development continues to be described as an area to help reduce new nurse turnover and lower costs related to vacancies. The study site can use the findings from this study to identify the negative feeling about preceptor effectiveness and how those feelings relate to staying in the job. Questions 9, 19, and 22 ask about providing meaningful feedback and modeling professional behaviors under pressure. Study findings support the need to address new nurse questions and frustrations in real-time, discuss areas of improvement, and mutually agree on goals to be accomplished. Managing turnover involves more than just the training of a new nurse. Nursing vacancy rates at the hospital study site continue to be of concern, and at the time of my study was at 8.0%.

The study site hospital provides training before qualified nurses are assigned as primary preceptors to new hire nurses. The training includes the preceptor's role, duties, qualifications, and requirements needed to facilitate new nurses' transition. While preceptors' responsibilities and tasks have been explored in literature, no clear understanding of their role effectiveness impacted new nurse retention was found. A gap exists in the evidence emphasizing the preceptor role's effectiveness for the new nurse and retention rates (Panzavecchia & Pearce, 2014). Future research is needed that focuses on preceptors perceived as effective in their roles by new nurses (Watkins et al., 2016). Based on the study's literature review and findings, the study site's suggested direction would be to evaluate their policies, update the preceptor's training requirements based on

best practice, and ensure consistency in preceptorship throughout the nursing units. Including leadership roles in the evaluation and progression of new nurses can make a difference before the new nurse intends to leave or is found not sufficiently trained and extends the orientation costing more money and gaps in the schedule. I used a white paper format to inform the stakeholders, which provided a clear and concise delivery of the study, findings, and recommendations (Appendix A).

### **Summary**

Preceptorship and nurse mentoring programs are well documented in the literature to promote recruitment and retention. Also noted are developing skills, confidence, critical thinking, autonomy, and job commitment. (Blegen et al., 2015; Lewis & Mc Gowan, 2015; Schuelke & Barnason, 2017; Tracey & Mc Gowan, 2015). New graduates need to be prepared to function as members of an interdisciplinary team to deliver safe and effective patient-centered care (AACN, 2015b; IOM, 2010; National League for Nursing, 2015). New nurses who complete a transition to practice with an experienced preceptor's support are more likely to provide adequate care sooner and have the confidence to continue in their nursing profession (Hofler & Thomas, 2016). Unfortunately, little is found in the literature about the preceptor role effectiveness and retention of new nurses, a gap that requires new, original research to close (Ke et al., 2017; Panzavecchia & Pearce, 2014; Watkins et al., 2016).

A commitment to retaining new nurses struggling with role transition, reality shock, stress, unfavorable organizational climates, and overtime must occur to turn the tides of retention problems for healthcare organizations (Ebrahimi et al., 2016;

Henderson & Ossenberg, 2015; Johnson et al., 2016). Looking at the preceptor's effectiveness as a strategy for retention is essential because fostering active teaching instruction, provision of support, and a sense of teamwork and empowerment may persuade a new nurse to stay in the job.

Organizations experiencing nursing staff turnover struggle to keep costs down due to reimbursement yet strive to improve quality and reduce potentially threatening situations during patient care (Duffield et al., 2014; Haddad et al., 2021). One common theme found in the literature, yet not thoroughly researched, is the relationship between the preceptor and the newly hired nurse (Watkins, 2016; Ke et al., 2017). One strategy for addressing new nurses' turnover is to explore the preceptor's effectiveness in preparing new nurses for an ever-changing healthcare environment, which is the goal of this study. More studies are needed to ascertain whether effective preceptorship affects new nurses' retention rates (Ke et al., 2017). Therefore, the implications of potential findings could validate where efforts need to be focused. Resources could then be spent supporting the preceptor's role and providing the support a new nurse need.

In Section 1, I introduced the local problem, the problem at the national level, the study's purpose, the study's conceptual and theoretical framework, and the research questions for the survey. I also presented the current peer-reviewed literature and seminal works. Finally, I provided implementation strategies from data collection. In Section 2, I will outline the methodology of the study.

## Section 2: The Methodology

In 2017 the organization in which I worked was experiencing higher than usual turnover rates in nursing staff. A meeting with HR personnel, nursing leadership, and myself as the educator discussed strategies to improve retention rates. In an HR report, the nurse turnover rate was 42% overall in medical-surgical units, of which 35% were new nurses under 2 years of employment. The group asked two main questions regarding the training and retention of new nurses: Did the organization have a robust training program for new nurses? Were there emerging trends in the literature about training and retention?

During my search for the best evidence, I identified a literature gap regarding the preceptor role effectiveness. Literature suggests that preceptors are important to new nurses' socialization process. Preceptor attentiveness also positively affects new nurse turnover intent (Lalonde & McGillis, 2017). Positive change happens when a preceptor demonstrates enjoyment, enthusiasm for patient care, and the teaching works to develop a supportive relationship with the new nurse. The new nurses' lived experience entering clinical practice is often inconsistent with their expectations of experiences in their first nursing position, making preceptors significant in guiding, and supporting the new nurses. Therefore, I determined to measure preceptor role effectiveness and a potential relationship between new nurse retention. Leadership at the study site encouraged and supported my plan for this study since the preceptor is the most crucial person in training new nurses. The goal was to utilize the information obtained to strengthen the preceptors'

role in supporting the new nurse through policy, procedure, and training changes, thus creating positive social change in the new nurses' environment.

Benner's 1982 theory of novice-to-expert in nursing derived from the five stages of the Dreyfus model of skills acquisition and the conceptual models of preceptorship and socialization are the framework of this study. The first few months of a new nurse's career are crucial as the novice nurse enters the profession and begins to solidify clinical knowledge and skills. A well-trained preceptor is essential to the new nurse, providing a link between academia and real-world professional practice.

### **Research Design and Approach**

A concurrent mixed method was used for this study, with the intent to gather both quantitative and qualitative data on the newly hired nurses' perception of their preceptor role effectiveness and the self-reported intentions to stay or leave the job within a year. Mixing quantitative and qualitative data allowed for a concurrent collection of data with the same sample size (Creswell & Plano, 2011). The mixed-method design strategy was a good fit for this research study as it allowed for quantitative and qualitative approaches within a single investigation, permitting a more synergistic utilization of the data and adding more strength to the study than a single process could provide (Creswell, 2009; Creswell, 2012; Morse & Niehaus, 2016). The mixed method can increase the comprehensiveness of the overall results as qualitative data provides more detail on the quantitative statistical data (Creswell, 2012). Other strengths of this research design include (a) ease of data collection, (b) analysis using statistical methods, (c) summarizing vast amounts of information, (d) making comparisons across categories, and (e) no effect

from the subjectivity of the researcher (Queiros et al., 2017). Another reason for this method was to be able to collect data in a short period of time and increase the methodological rigor, as both methods can be checked and rechecked for consistency and identify missed data.

### **Setting and Sample**

The setting for this mixed-method study was a rural hospital in Indiana. This study's population was new nurses orientated through a one-to-one preceptorship in the past 12 months. The study site hospital's nursing orientation provides a new nurse up to 12 weeks of direction with a preceptor. The target population of interest was 50 new nurses hired and oriented or orienting from December 1, 2017, through December 31, 2018. Newly hired nurses were filling positions in a variety of departments in the facility. Departments, such as critical care, continued to have two openings. Further, medical-surgical units had five to six open positions and had hired and trained 10 nurses in the past year, supporting the need to intervene. In addition, the measured preceptee perceived preceptor role effectiveness was unknown, and knowledge of such could strengthen the support for new nurses within the study site. Therefore, all newly hired nurses with little to no previous experience who had begun orienting with a one-one preceptor in the 12 months selected for this study had an opportunity to participate in the study, regardless of unit type.

The exclusion criteria were:

- 1) Newly hired nurses who had previous experience in an area of hire.

- 2) Agency nurses employed in the 12-month time frame of this study and not participating in the preceptorship process.
- 3) Experienced nurses hired in the 12-month time frame for this study and not participating in the preceptor process.

Based on the inclusion criteria, a list of recently hired nurses was obtained from HR, providing a purposeful convenience sample of new nurses. All newly hired nurses with little to no previous experience were invited to participate in the study from a total target population of 50. Seven of the original 50 were found to have previous nursing experience and were excluded. The remaining 43 met the criteria and were included as potential participants in the study.

### **Sample Size and Its Justification**

In the planning phases of this study, I based the sample size calculation on the statistical power needed to detect a possible effect. The power of a hypothesis test is the probability that the test correctly rejects the null hypothesis when it is false (Creswell, 2012, Minitab, 2019). Rejecting the null when there is a real association is a True Positive and not an error. A type I error is rejecting when a False Positive is found. The opposite is a type II error, when the researcher retains the null when in fact a False Negative is found (Creswell, 2012; Minitab, 2019). The  $\alpha$  value is the predetermined acceptable probability that one would commit a type I error. The  $\alpha$  is often set at .05 (5%), meaning the results did not happen by chance (Creswell, 2012). Applied statistical tests generate the  $p$ -value on the collected data. If the calculated  $p$  is less than the predetermined  $\alpha$ , the null is rejected in favor of the alternate hypothesis (Creswell, 2012; Mascha & Vetter,

2018).

A power analysis was completed using G-Power 3.1.9.4 software to estimate the sample size needed to detect an effect if one is present. The result was generated for the family of tests set at exact, and the statistical test being correlation: bivariate. The type of power computes the sample size needed to give an alpha probability of error set at 0.05 and the effect size of 0.5 for this study. The power was set at 80%, which resulted in an estimated sample size of  $N = 29$  (Faul et al., 2009)

Considering potential participants, nonresponsive bias must also be considered in any study to provide some reliability for the results. A sample size that is too large will be more time-consuming and costly, but it will reduce the chance of type II error (Akobeng, 2016). If a sample size is too small, it may be impossible to detect an actual effect or relationship between variables. In addition, a small sample size reduces the power of the study and increases the chances of making type II error, which can render a study inconsequential (Creswell, 2012; Akobeng, 2016). When a researcher is constrained by small sample size, as in this study, one may have to settle with less conclusive results.

Looking to the literature to justify the small sample size for this study, a posthoc power analysis was completed using the actual sample size  $N=11$  to produce the actual power given for this sample at 0.363, meaning a 36.3% chance of detecting a positive effect. Although many researchers do not support the use of post-hoc analysis, some continue to argue that such power analyses may help provide some indication of whether a hypothesis still may be true and if more research is needed (Zhang et al., 2019). Despite



the small sample size in this study, significance was still found and is reported in the analysis section.

### **Protection of Participants' Rights**

It is the responsibility of researchers to protect their participants from any potential harm that they may be exposed to by participating in the study (Creswell, 2012; Creswell & Creswell, 2018). To ensure that I defended the legal rights of my participants, I obtained a study site data agreement and sought IRB approval from Walden University. Once I received all approvals, I began informing potential participants through flyers to units that had hired new nurses within the prior 12-month period.

I also followed the National Institute of Health policies on protecting participants by not harming the participants mentally, physically, or legally in any way that may not occur in ordinary life. No pressure was applied to the potential participants by me or unit leadership. Unit managers were not involved in this process other than the knowledge I was conducting the research and recruiting participants from nursing units.

### **Recruitment of Participants**

Participant recruitment began with flyers to the nursing units letting nurses know of open-session forums to introduce and explain the study. I obtained the names and emails of potential participants from HR and found that 43 of the 50 met the criteria. I requested a 20-minute time slot on the agenda of the nursing orientation and a nursing residency class. I presented at the last time segment of the two classes, introducing myself and providing the information in a brief presentation, which included the research study purpose, the inclusion criteria, the voluntary nature of taking the survey, and that

no personal information (i.e., age, gender, race, geographic place of residence) was required other than the unit they worked on, which was kept confidential. I explained how the survey could be returned to me and allowed a few minutes for questions or clarifications. I then left a cover letter with all the information about the study and myself, along with the survey and stamped addressed envelopes, at the back of the room. Any materials not taken were picked up later once everyone was gone. I also emailed the same materials to all potential participants to a work email. In the email, I provided ways to stay anonymous as informed during the short presentations. Participants could send surveys to their home email address to complete in privacy and electronically send it back from an email I would not know, or they could print the survey and do it with pen and paper and send it back to me via the address stamped envelope provided on the units.

An email was sent again 2 weeks after the initial contact. This served as a reminder of the time frame and to re-introduce the research purpose and the voluntary nature of participation. Voluntary consent was implied if nurses returned the survey, and anonymity was maintained, as I did not know who returned questionnaires. I kept all returned surveys in a locked drawer in my home office.

### **Study Instrument**

I searched for existing research instruments aligning with the purpose of the study. Through a review of the literature, instruments exploring the perceptions of both preceptors and preceptees in the measurement of preceptor role effectiveness were nonexistent. Most of the existing tools found in the literature were designed around the preceptor and preceptee interaction and to measure a preceptorship or residency program

(Chiu et al., 2013; Hsu et al., 2014; Lee-Hsieh et al., 2015). But three published instruments and a tool I previously used in a research project were evaluated for their applicability in this research study. The four research instruments are described in this section.

The first instrument, the Clinical Teaching Behavior Inventory Tool (CTBI-23), was developed and validated by Lee-Hsieh et al. (2015) using mixed methods. The CTBI-23 is a valid and reliable instrument for identifying a preceptor's clinical teaching behaviors as perceived by other preceptors or new graduate preceptees. The instrument went through five phases of development and refinement. Phase I involved literature reviews of 12 scales to develop the first draft. Phase II included 17 focus groups with 63 preceptors and 24 new nurses who helped ensure items were representative of the preceptor and the new nurse. Phase III tested content validity with included two rounds of 15 experts conducting a Delphi Study. Phase IV tested construct validity using confirmatory factor analysis, and Phase V tested the internal consistency and reliability. Construct validity, content validity, and internal reliability with Cronbach's Alpha values between .87–.98 were determined on the final instrument (Lee-Hsieh et al., 2015; see Appendix D). Six main domains were developed and questions aligned with each of the domains: (a) committing to teaching .86, (b) building a learning atmosphere .83, (c) using appropriate teaching strategies .88, (d) guiding inter-professional communication .86, (e) providing feedback and evaluation .83, and (f) showing concern and support .80. The full scale scored at .96. Chieh-Yu-Lia granted permission to use this tool (see Appendix C). The tool is provided in Appendix D with permission.

The second instrument, the Preceptor Role Effectiveness, Group Cohesion, and Intent to Stay instrument (PRE-GC-S-IS) by Bontrager et al. (2016), is a combination of works depicting preceptee perceived level of satisfaction with their preceptorship (see Appendix J). The works used included the Clinical Instructor Characteristic Ranking Scale by Rauen (1974) and the Preceptor Role Effectiveness Scale by Watkins et al. (2016). The 23-question, 4-point Likert scale to examine the newly licensed RNs' perceived preceptor role effectiveness, psychological empowerment, and professional autonomy (see Appendix F). The PRE-GC-S-IS by Bontrager et al. showed a Cronbach's alpha with internal reliability of .97. The instrument used a demographic section, 26 questions rating from a 3-point Likert scale, a comment column, and four open-ended questions. Descriptive statistics were used reflecting new nurses reporting high levels of perceived preceptor role effectiveness ( $M = 65.37$ ,  $SD = 9.38$ ) and group cohesion ( $M = 32.80$ ,  $SD = 6.67$ ); however, new nurses reported only moderate levels of intent to stay ( $M = 3.30$ ,  $SD = 1.10$ ). I received consent from Bontrager through email correspondences to use and revise her research tool (see Appendix J).

The third scale is a 43-item 5-point Likert scale entitled "Effective Teaching Clinical Behaviors," developed and tested by Zimmerman and Westfield (1988; see Appendix H). Zimmerman and Westfield developed the nursing tool and provided evidence that the instrument was valid and reliable in a study of 281 nursing students evaluating their clinical instructors. The scale's content validity has been documented, and factor analysis suggested the tool measured one major factor—effective clinical teaching behaviors. Internal consistency and test-retest reliability coefficients achieved

satisfactory standards for reliability. Zimmerman granted permission to use the revised instrument in my project, as shown in Appendix G.

Before commencing my doctoral studies, I developed the fourth instrument to evaluate the hospital's preceptor and orientation program where I work. The Orientee Evaluation of the Preceptor is included in Appendix I. The evaluation consists of 23, 3-point Likert scale items (1 = *Strongly Agree*, 2 = *Agree*, and 3 = *Disagree*) with no reverse-scored items. Eleven combination Likert scale items follow these initial, unnumbered items to assess the frequency of experience with preceptor nurses and fill in narrative responses. Items 1–5 and 8 use the combination 5-point Likert scale (1 = *Almost Never*, 2 = *Rarely*, 3 = *Occasionally*, 4 = *Often*, and 5 = *Almost Always*), and fill-in for narrative responses to expound on the Likert responses. Items 26, 27, and 29 use only narrative fill-ins to capture perceived feelings about experiences. The instrument demonstrated face validity as a result of the review by two advanced practice nurses for whom education and mentoring capstone students was a core component of their job. After feedback from the two advanced practice nurses was integrated and verified, the survey was then piloted in three small groups of previously hired nurses for internal reliability before using it as the formal evaluation survey in the orientation process. A correlation coefficient consistency rating of 0.90 was obtained.

After analyzing the research instruments, the studies in the literature review, the previously developed tool, and my research intent to capture preceptees perceived experiences with preceptor role effectiveness and an intention to stay in the job. I ultimately chose to use the PRE-GC-S-IS by Bontrager et al. (2016; see Appendix J) and

the Orienteer Evaluation of the Preceptor that I developed (see Appendix B). I chose to combine two previously designed instruments to strengthen the instrument's validity and reliability and support my investigation of preceptee measured experiences in the preceptor role effectiveness and an intent to stay in the job. Both previous studies had used new nurses' experiences or perceived experiences to answer survey questions.

### **PMPRE-IS**

The instrument (Appendix B) for this mixed-method study consists of 24 survey questions using a 3-point Likert reverse-scored scale and six additional questions. Three of which are open-ended questions and two with traditional scoring and open-comments for elaborating experiences on the PMPRE-IS. I chose a 3-point Likert scale for my instrument, unlike many that would use a 5-point Likert Scale. The rationale for this decision comes from the author of the Likert scale. In his original work, Likert (1932) did not consider the number of choices to be an essential issue and left that to the researcher to decide. On a 5-point Likert scale, the middle choice or choice three is one of an undecided position. For this study, I considered social desirability as a potential threat to the data. Social desirability bias is a type of response bias that is the tendency of survey participants to answer questions favorably. It can take the form of over-reporting good behavior or under-reporting undesirable behavior. The trend poses a severe problem with researching with self-reports (Grimm, 2010). In this study, I chose not to provide participants the option to select neutral or undecided, but rather to answer positively or negatively.

Cronbach's alpha measures the internal consistency of a test or a scale and is expressed in a number between 0 and 1. Cronbach's alpha describes the extent to which all the items in the test or scale measure the same concept. A measure greater than 0.70 is considered acceptable in most social science research (Cronbach, 1951). The overall Cronbach's alpha for this study's instrument was 0.96, with inter-item reliability of  $\alpha = .74$ , indicating solid internal reliability. The 24-question survey instrument included additional questions and comment sections for further data to identify themes that may guide the study site hospital in strengthening the program's objectives that may lead to better retention rates in the future. The instrument demonstrated face validity due to its review by two advanced practice nurses with whom I worked at the study site. The instrument was then piloted by two groups of four preceptees who completed orientation 18 months before this study time frame.

The survey questions that specifically addressed Quantitative Research Question 1 is 2-12, 15-18, 20-21, and 24. The survey questions specific to Quantitative Research Question 2, the self-reported intent of staying is 20, 24, and 29, and an open-ended question at the bottom of the survey. The survey questions linked specifically to Quantitative Research Question 3 are 3, 4, 13, 14, 17, 19, 20, 22, 23, and the open-ended question at the bottom of the survey spoke to a variety of characteristics that help to determine empathy and role modeling behaviors that support the new nurse by decreasing stress and increasing confidence. Open-ended questions 27 through 30 are specific to the qualitative research question: What are new nurses' perceptions about their preceptor-preceptee experience that influence their intentions to stay or leave the job?

### **Concurrent Data Collection Strategy**

A limited amount of research was found on the preceptor role's effectiveness; however, a large amount of research was found on mentorship, preceptorship programs, and studies of why new nurses leave employment. These studies supplied evidence that a problem exists, and a need for further research into the preceptor's role exists. Analysis by Hale (2018) focused on examining the importance of the quality of the mentoring relationship. Nurse-to-nurse mentoring is a dynamic, profound, and positive relationship between an experienced and inexperienced nurse. Existing literature describes mentoring and precepting as a deep, intense, interpersonal relationship that is fundamentally positive for new nurses (Chen et al., 2016; Hale, 2018; Lin et al., 2018).

The participants took the survey at their leisure instead of in a classroom or group with the researcher and others present. In this study, new nurses hired to the study site hospital from December 2017 to December 31, 2018, comprised the participant group used. Having recently experienced the relationship with their preceptor, the preceptee can provide valuable insight into preceptor effectiveness questions based on their perceptions of their orientation experiences. If time constraints were not a concern for this research project, I would have surveyed another cohort of new nurses finishing orientation and added those affiliates to my sample size.

### **Quantitative Sequence**

I chose a primarily quantitative mixed method because I used a survey design. Quantitative methods emphasize objective measurements and focus on numerical data that can be collected, analyzed, and compiled relatively easily and can be repeated



depending on the research structure (Creswell & Creswell, 2018; Lodico et al., 2010).

Data can be displayed as graphs, like a pie chart or as a bar graph. Applying well-established standards of instrument use and data collection means that the research can be replicated, analyzed, and compared with similar or subsequent studies. Another benefit of quantitative research is controlling the effects of extraneous variables within structured questions on the survey instrument.

One weakness identified was that return rates might be lower when time elapses between completing the survey and mailing. A structured time frame for returning the survey was used to reduce the chance of nonresponse bias, which would be a weakness affecting the study. Additionally, a weakness of using quantitative methods comes from the inflexibility of the instrument used, whereby the survey instrument cannot be changed once the study begins without a threat to validity. This is limited when the tool is validated to collect what it is intended to collect using a pilot group (Creswell, 2012). Another weakness of quantitative research is that self-reported information on questionnaires may be incomplete as questions do not allow elaboration or may go unanswered (Creswell, 2012). Furthermore, quantitative data is more efficient and able to test hypotheses but may miss contextual details. Results are limited as they provide numerical descriptions rather than detailed narratives and generally provide less elaborate accounts of human perception (Creswell, 2009; Creswell, 2012; Lodico et al., 2010).

For the quantitative portion of my study, I formulated research questions and hypotheses, completed the data collection, and began the task of statistical analysis. The quantitative stage included a simple linear regression and correlational analysis to address

Quantitative Research Question 3: To what extent, if any, is the new nurse hires self-reported intention to stay in the job for at least a year predicted by the perceived preceptor role effectiveness? Ha- New nurse hires' perception of preceptor role effectiveness is a significant predictor of their intent to stay on the job for at least a year.

Ho- New nurse hires' perception of preceptor role effectiveness is not a significant predictor of their intent to stay on the job for at least a year. Simple linear regression analysis provides evidence of a potential linear relationship and outliers for consideration (Creswell & Creswell, 2018). The linear regression was conducted to test whether preceptee perceived preceptor role effectiveness significantly predicts new nurses' intent to stay in the job for at least a year. A significant regression equation was found ( $F(1, 9) = 40.16, p < .001$ ), with an  $R^2$  of .817. These results indicated that preceptee perceived preceptor role effectiveness explained 81.7% of the variance that the new nurses' intent to stay was significant.

A correlational analysis was also completed to identify whether there is a relationship between the two variables. A correlational study does not prove causation, rather only that a relationship or association exists between two or more variables (Creswell, 2012; Creswell & Creswell, 2018). A Pearson  $r$  was computed to assess the relationship between the preceptee perception of preceptor role effectiveness and new nurses' intent to stay in the job for at least a year. A strong relationship was found with  $r = 0.915, n = 11, p = .001$ .

### **Qualitative Sequence**

Concurrently, the qualitative inquiry strategy involved gathering data from four open-ended questions placed at the end of the survey and comment section for specific questions within the structured survey questions. This strategy allowed participants to elaborate on their responses to the quantitative Likert scale survey items. Although most qualitative studies include interviews, observations, or analysis of documents (Creswell, 2012; Lodico et al., 2010), this study identified themes from the text responses. The researcher needs to reflect upon and articulate their starting point for such analysis to identify and acknowledge any potential bias and report any possible relationship to participants. I have been both a new nurse hired without experience, and I have been a preceptor for many new hires. This personal history, therefore, forms the filter through which the data will be examined. This filter does not diminish the quality or significance of the analysis, since every researcher has his or her own filters (Creswell, 2009; Sutton & Zubin, 2015).

Qualitative research comes in the form of words, phrases, sentences, and narrations rather than numbers, making the collected data-rich and holistic with solid potential for revealing complexity and themes to help address the problem (Creswell, 2012; Lodico et al., 2010; Merriam, 2009). Qualitative research provides an elaborate account of human perception and gives a voice to study participants and /ensures findings are grounded in participant experiences (Creswell, 2012; Lodico et al., 2010).

Triangulation is used as part of the design to increase the credibility of the study. The concurrent triangulation is characterized by two or more methods used to confirm,

cross-validate, or corroborate findings within the study (Creswell, 2009). The combination of quantitative and qualitative data occurs concurrently and are integrated during the interpretation phase and converged to overcome a weakness in using one method with the strengths of another. Theory triangulation using Benner's novice to expert focusing on the preceptees needs, along with the foundations of the preceptorship, and socialization theories aid in the interpretation of the phenomenon and focusing on the relationship between the preceptor and preceptee relationship. Quantitative data collection from the closed-ended questions on the survey and the qualitative data collected on the open-ended and free text questions help to converge the results of the perceived preceptor role effectiveness and an intent to stay in the job. In the qualitative data, themes emerged from participants' specific comments, and these themes are included in the white paper presented to leadership to spark potential policy, procedure, and practice change.

### **Concurrent Data Collection Process**

Data collection for this study did not begin until I received IRB approval from the university. Walden University IRB granted me IRB approval under # 11-30-18-0463072. This section describes how the survey was administered, how data were gathered, analyzed, and recorded. Although the study's structure is weighted more on the quantitative aspect of the survey, it is still a mixed-method concurrent design with open-ended questions for elaborating experiences with the preceptor, which speaks to the study's qualitative aspect. In this design, the researcher collects both forms of data

simultaneously and integrates both statistical and text analysis in the findings (Creswell, 2012; Lodico et al., 2010).

### **Data Collection Process**

A total of 34 accessible participants were identified through HR records of new nurses hired and orienting or had oriented within the 12-months of December 1, 2017, to December 31, 2018. Once the participant candidates were identified, recruitment flyers were posted on units to share the study's purpose and ask for nurse volunteers. Open information sessions were scheduled for interested individuals to drop in for a brief introduction to the research and ask questions. The materials, including a copy of the survey, were left in the back of the room for interested participants. I attended a Nursing Orientation and a Nurse Residency class to provide the same introduction and materials and ask questions. I did this at the end of the programming so as not to interrupt classes. From the list of potential participants, I sent an e-mail with the attached materials and survey informing them of various ways to voluntarily send back the survey, which implied consent to participate. The survey could be returned by placing it in a self-addressed stamped envelope and mailing it to me. Additionally, participants could forward the e-mail invitation to a personal account and return the survey online with no salutations.

No geographical data were requested other than the unit worked to ensure confidentiality. No archival information was not used in this study. A one-time reminder was sent to participants in the way of the invitation materials being sent again within 30 days after the initial contact. This e-mail was sent at the beginning of January 2018. Data

collection continued until March 1, 2019. Once all surveys were collected, they were secured. Those who sent in pen and paper surveys were locked in the researcher's private desk. Those sent back by private e-mail were printed and added to the mailed responses and added to an excel file saved on an encrypted flash drive. All responses were stored in my locked desk, in my office at home. A total of 11 surveys were complete and used for data analysis from the 43 potential participants identified through HR records of new nurses hired and orienting within the 12 months used for the study, which resulted in a response rate of 26%. According to Lindermann (2019), a digital marketer, an average response rate for digital or paper surveys is 33%. Furthermore, researchers should consider why non-response bias occurs, and sending a second reminder may help increase responses. According to an article by Story and Tait (2019), leading journals are unlikely to publish a study with a survey response rate of less than 30% to 40%, except in certain circumstances. A conservative approach, therefore, is to send the survey to approximately two to three times the calculated sample size to obtain the largest response rate possible. The raw data for this study are saved to files and charts on an encrypted thumb disc and will be available by request.

Triangulation can help overcome the potential bias resulting from using a single method or single data source in a study. In this study, both quantitative and qualitative data are collected by way of closed-ended survey questions and by open-ended questions for elaboration. Through multiple data analysis methods, one can be more confident in findings when more than one way provides similar results. The purpose of triangulation is to reduce biases and increase the credibility of the study (Creswell, 2012; Denzin, 2012).

## Data Analysis

Descriptive statistics (frequencies, percentages, means, mode, and standard deviations) were calculated to describe the measure of preceptorship characteristics and newly hired nurses' experiences with preceptor role effectiveness. Inferential statistics (Linear regression and Pearson  $r$ ) were used to predict Quantitative Research Question 3 (Creswell, 2012). Table 3 summarizes the variables and how they were measured.

Questions were identified for each variable and directed toward the construct of preceptor role effectiveness and the new nurses' intent to stay. The instrument used for this study is the PMPRE-IS.

**Table 3**

*Variables and How They Were Measured*

Variable	Instrument	Item no.	Scale type	Variable type	Research Question
Preceptee's Experiences Preceptor Role Effectiveness Cronbach .96	PMPRE-IS	1-19	3-Point Likert with comment column	Ordinal	QNRQ 1
	PMPRE-IS	21-23	3-Point Likert with comment column	Ordinal	QNRQ 1
	PMPRE-IS	25-26	5-Point Likert	Ordinal	QNRQ 1
Preceptee's Intent to Stay in Profession Cronbach .97	PMEPE-IS	20	3-Point Likert with comment column	Ordinal	QNRQ 1 & 2
		24			QNRQ 3 QLRQ1
	PMEPE-IS	27, 29	4-Point Likert		RQ 2

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PMEPE-IS	28, 29, 30	Open-end questions	Themes	QLRQ 1
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*Note.* QNRQ = Quantitative research question. Though strictly considered ordinal, the intervals or lack thereof of Likert scale measures do not dramatically influence Type I and Type II error, and therefore these scales are often treated as interval measures in statistical tests (Jaccard & Wan 1996).

### **Limitations**

In this study, the outcome of interest is the relationship between preceptee perceived measure of the preceptor role effectiveness and the intent of newly hired nurses to stay in the job for at least a year. An assumption was that the more influential the preceptor was perceived, the more likely new nurses would remain in the position. The literature provided evidence of the preceptor and preceptee role being an integral part of a new nurse's progress through orientation. However, not much evidence was found on the actual role of the preceptors' effectiveness in relation to preceptee intent to stay in the job.

In this study, a limitation is that participants were recruited from one hospital and new nurses hired within 12 months thus, limiting the sample size. While the data collected from one hospital in a system may effectively mimic results across that facility, more wide-spread surveying would be needed to increase any generalizability on a system's level (Creswell, 2014; Creswell & Creswell, 2018). Another limitation was the use of a self-report questionnaire which may increase the response bias due to socially desirable responses, and often survey research has lower response rates and jeopardizes the researchers' ability to conclude (Lodico et al., 2010). Although the sample size for the study (N=11) failed to achieve the 29 participants suggested in my power analysis, any



significance may be important as little literature is found on the preceptor role effectiveness concerning intent to stay of new nurses. Replication of the study with additional cohorts of newly hired nurses within the same facility or designing the study for the entire system of five hospitals would create social change for new nurses in the future.

### **Data Analysis Results**

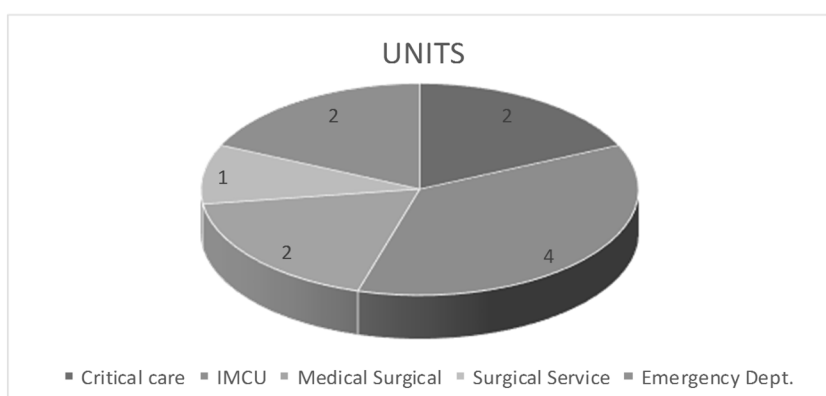
The quantitative research questions for the study were: How did new nurses in a rural Indiana hospital rate their preceptor role effectiveness in their transition to professional practice using the PMPRE-IS? What is the nurse hire's self-reported intent of staying on the job for at least one year? What is the relationship between the new nurse hires level of perceived preceptor role effectiveness and their intent to stay on the job for 1 year? The qualitative research question was "What are new nurses' perceptions about their preceptor-preceptee experience that influence their intention to remain in the position or organization?"

Descriptive and inferential statistics were computed using the Statistical Package for Social Sciences (IBM SPSS) for Windows Release 27. Descriptive statistics such as frequencies, percentages, means, and standard deviations were calculated to describe the preceptorship characteristics and newly hired nurses' measured preceptor role effectiveness survey questions, thus providing evidence for Quantitative Research Question 1 and 2 (Creswell, 2018; IBM SPSS 27). Use of inferential statistics such as linear regression with variance analysis and a correlational analysis provided a response for Quantitative Research Question 3 (Creswell, 2012). The distribution of the

participants returning surveys per unit was 37% from IMCU, 18% for Critical Care, 18% for Medical-Surgical, 18% for the Emergency Department, and 9% for Surgical Services. The distribution by the number of participants by their work unit is presented in Figure 2.

**Figure 2**

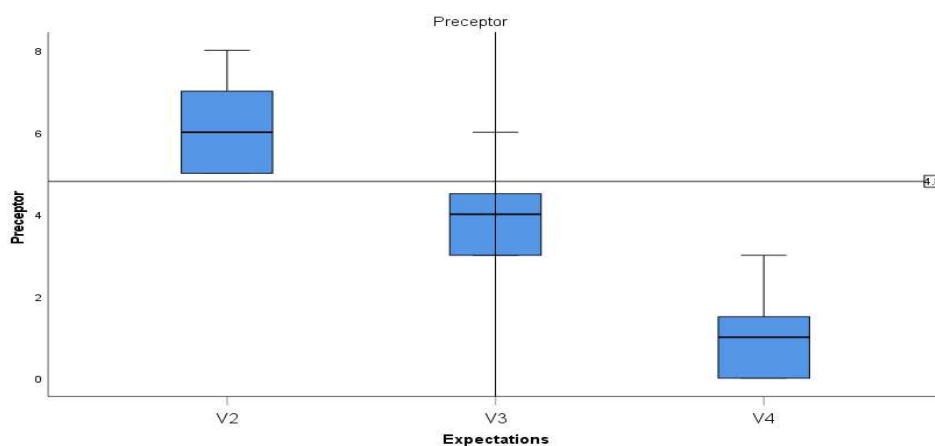
*Units Worked by Survey Participants*



Most of the surveys were collected as mailed responses using the addressed envelope provided by me. A few were sent from personal e-mail accounts that did not give the person's name submitting the survey. As the survey responses came in, I placed the data into an Excel spreadsheet. Once I closed the data collection phase of the study, which was a previously determined time frame of March 1, 2019, I went through the surveys again and double-checked the data against the spreadsheet. No archival data were used in this study. All surveys were documented in the Excel spreadsheet, with no outliers (Figure 4), and no incorrect scoring was identified. All research data was maintained on a secure flash drive and available only with the request directly to the researcher. The box plot in Figure 3 provides a median of each scoring category with no outliers, which would be found if the researcher entered data incorrectly.

**Figure 3**

*Box Plot Without Outliers on Meeting Expectations*

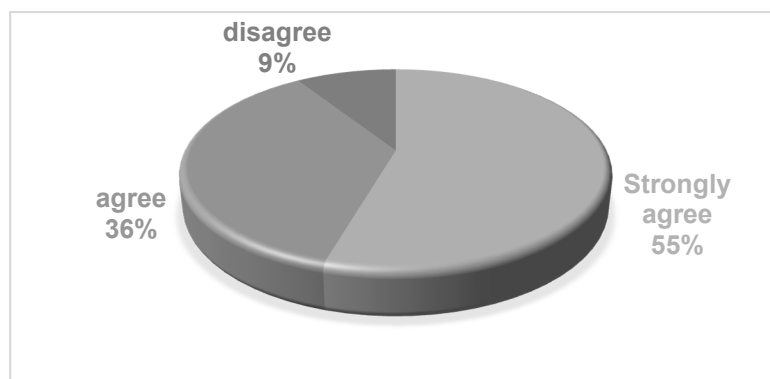


*Note.* V2- Exceeds      V3- Meets      V4 Does not consistently meet

For Quantitative Research Question 1 (What is the new nurse hire's measure of preceptor role effectiveness in their transition to professional practice?) The participant responses for each survey item related to this research question were summed and divided by the number of participants to produce the mean response frequency, see Figure 4. Survey question 24 (The effectiveness of my preceptor's role supported my transition into independent practice and intent to stay) provided positive feedback that the preceptor supported the new nurse's transition, 55.6% ( $M = 6.25$ ) of new nurses scored preceptors as effective in their transition into practice, by responding with *Exceeds Expectations*. Additionally, 36 % responded with *Meets Expectations* ( $M = 4.04$ ). Only 9% ( $M = 1.5$ ) scored *Did not Consistently Meet Expectations*.

**Figure 4**

*Quantitative Research Question 1 Perception of Preceptor Role Effectiveness in Transition to Practice*



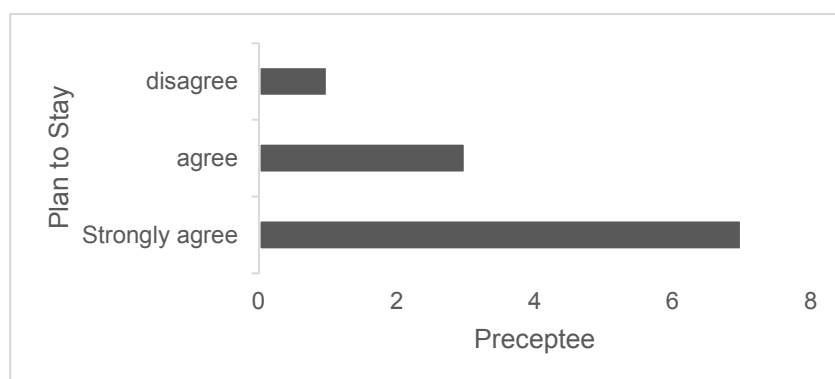
An additional question at the bottom of the survey number 26 asked: during orientation, how often did you feel confident about your preceptor's abilities. This question provided insight that 90% ( $n = 10$ ) stated that they almost always had confidence in their preceptor, while only 10% ( $n = 1$ ) said that they often had confidence in their preceptor. No responses were given for the Likert ratings of almost never, rarely, or occasionally. The participants who answered often provided a comment reflecting why they felt this way. A response was, "Felt the person didn't want to precept me and seemed to be stressed all the time themselves."

Looking to Quantitative Research Question 2 (What is the nurse hire's self-reported intent of staying on the job for at least one year?), the related question number 29 at the bottom of the survey asked specifically, have you thought of leaving the job since nearing the end of orientation? The response choices were in 4-point Likert ratings of; 1) Not at all, 2) Maybe some, 3) Probably, 4) Most definitely. The frequency of participant responses is shown in Figure 5. By percentages of 64% ( $n = 7$ ) did not have

an intent to leave the job at that time, 27% ( $n = 3$ ) agreed they had thoughts about leaving, and 9% ( $n = 1$ ) had a comment attached, stating, “Once my bonus is paid, I will most likely go else-where.”

### Figure 5

#### *Quantitative Research Question 2 New Nurse Intent to Stay on the Job*



In addition to question 29, questions 20 and 24 on the survey instrument specifically included intent to stay, which provided data that were calculated from strongly agree, agree, and disagree answers. From the new nurses’ responses, 95.5% of them felt the preceptor’s effectiveness led to thoughts of staying in the job.

### Linear Regression

A simple linear regression was carried out to investigate the relationship between new nurses perceived preceptor role effectiveness and an intent to stay in the job. A high degree of correlation between the regression predicted value and the actual value was seen. New nurses’ perception of their preceptors’ role effectiveness accounted for 81.7% of the variance in the new nurse intent to stay in the job, with a  $p < .001$ .

**Table 4***Model Summary*

<i>R</i>	<i>R Square</i>	<i>Adj. R</i>	<i>Std. Error</i>	<i>Observations</i>	<i>Sig</i>
.904	.817	.797	.31009	11	.000

Predictor: (Constant), Var00001

**Table 5***ANOVA*

Model	Sum of Squares	df	Mean Square	F	Sig
Regression	3.862	1	3.862	40.164	.000
Residual	.865	9	.096		
Total	4.727	10			

Predictor: (Dependent), Var00002

**Table 6***Coefficients*

Model	Unstd. Coefficient	Std. Error	Std. Coefficients	<i>t</i>	Sig
Constant	.327	.362	.904	.902	.390
Var00001	.904	.865		6.337	.000

**Pearson's Correlation**

The Pearson product-moment correlation (Pearson  $r$ ) is a method to evaluate the linear relationship between two continuous variables (Creswell, 2012; Creswell & Creswell, 2018, Leech et al., 2015). A Pearson  $r$  was computed to assess the relationship between new nurse perceived preceptor role effectiveness and new nurse intent to stay in the job is shown here in Table 4. There was significant evidence to reject the null hypothesis and conclude a strong positive association between new nurses' intent to stay

( $M = 2.54, SD = .687$ ) and the perceived preceptor role effectiveness ( $M = 2.45, SD = .68$ ;  $r(9) = .915, p < .001$ ).

**Table 7**

*Pearson r Correlation Results for the two Variables (N = 11)*

	PPRE	ITS
PPRE	1.00	.915**
ITS	.915**	1.00

*Note:* PPRE = Perceived Preceptor Role Effectiveness. ITS = New Nurse Intent to Stay.

### **Participants' Written Responses**

To address QLRQ1, the survey results provided themes that arose from the comments provided by participants answering questions 25 through 30 at the end of the survey. My thematic analysis of the responses provided insight into potential areas of attention for training recommendations. The resulting themes are provided as subheadings in this section. Effective nurse preceptors demonstrate abundant skills, competencies, and talents and are willing to share them in the preceptee-preceptor role (Sherrod et al., 2020). Role modeling behaviors, effective communication, and understanding the influence the preceptor can have on a new nurse is important and identified in the themes found in the data.

An area that the study site may want to investigate in more detail is situational expectations and communication that should be emphasized by the preceptor, such as hourly rounding, bedside shift reporting, and Rapid Response calls. Another area of potential attention is the area of preceptor providing bi-weekly progress and goal setting

for future weeks. According to preceptorship responsibilities, as set by policy of the study site, bi-weekly feedback and goal setting are required communication with the preceptee. Specific responses are detailed within each subheading in the following sections.

***Theme: Confidence in Preceptor***

The confidence theme emerged from participants focused on feelings of belief, trust, and support in the preceptor, with a sense that the preceptor had good teaching and leadership abilities. The majority of participants (90%) answered the close-ended part of the question with the response that they almost always had confidence in their preceptor. In addition, several participants offered additional supplemental open-ended comments. Participants 1-4 and 6-11 score preceptors high on accessibility, reliability, approachability, and having a sense of being supported throughout the orientation process. Participant # 3 stated, “my preceptor was a very good teacher, always explaining why we were doing things and checking to see if I have had experience in that care task.” Participant # 6 stated, “I felt trust in their abilities and in their ability to teach me.” Participant # 7 stated, “ I feel the preceptor exceeds expectations on teaching forward-thinking, reasoning through a rapid response call, that turned to a code blue situation.” However, not all of the participant’s responses were positive. Participant #5 did not have full confidence in their preceptor and provided this response; “I felt the preceptor didn’t want to precept me, seemed to be stressed all the time themselves, and not always approachable, or accessible.”

New nurse confidence in their preceptor is an important goal that preceptors should operationalize in their work with preceptees. In fact, Powers, Herron, and Pagel



(2019) noted that new nurses' confidence in their preceptor was a critical factor in the socialization process that is required to build confidence and knowledge in preceptees. Powers et al., (2019) conclusion is supported by my findings. Preceptor operationalization of confidence could be strengthened by developing their skills around each of the themes found in the qualitative portion of my study.

***Theme: Role Modeling***

Role modeling is a powerful preceptor skill. On the unit or in the organization, positive role-modeling influences the behaviors and actions of others. Preceptors can help motivate individuals to tap into their fullest potential and thereby influence change or outcomes within the organization (Sherrod et al., 2020). Responses indicated that 63% of participants felt role modeling and influence supported their transition into independent practice and an intent to stay in the job for at least a year. Questions specific to role modeling are # 7, 11, 20, and 21. Participant # 1 stated:

My preceptor exceeded role modeling the customer service expectations, such as hourly rounding and bedside shift report as a valuable part of our job and expectations from management and explained how bedside shift report benefits me as the nurse coming on shift.

Participants # 3 and 7 referred to the preceptor as stressing it is a team, and you could see it in the way they worked with others. The preceptees strongly agreed the preceptor was a forward thinker with referencing role modeling behaviors in stressful situations.

Participant # 11 stated, "my preceptor adapted to change as the shifts went on to ensure care priorities were met and would explain the why, so I understood." Participant # 9

stated, “My preceptor showed commitment to quality care and safety, using critical thinking by handling stressful situations and discussed what was happening and why we were calling a rapid response.” In contrast, two participants felt their preceptor (s) had not consistently met expectations of customer service and values of the organization by stating, “The preceptor did not consistently meet expectations of role modeling the bedside shift reports or hourly rounding; they stated they do it if they have the time.”

A need to emphasize clinical reasoning development, problem-solving, and forward-thinking is required by new nurses who have limited experience in those areas. The preceptor models critical thinking and influences patient situations to help the new nurse learn to develop these skills (Powers et al., 2019; Sherrod et al., 2020). These skills are noted in the literature and captured in the study’s findings when preceptees responded to questions on the preceptor role modeling and discussed what was happening in situations.

### ***Theme: Preceptor Influence***

The preceptor influence theme captured participants’ feelings of welcoming them into a team, having a sense of being motivated, and exceeding expectations. Providing feedback for growth and positive change helps the new nurse develop skill and confidence (Clipper & Cherry, 2015; Omer, Suliman, & Moola, 2016). Preceptors help new nurses set goals, encourage forward-thinking, help new nurses set priorities, discover what is most important, and adjust duties as the day goes on (Benner, 2000; Blegen et al., 2017; Mann-Salinas et al., 2014; Sherrod et al., 2020).

One hundred percent of the participants felt the preceptor was consistently empathetic to fears and concerns in learning the new role. One example was from Participant # 7 stated, “I felt like my preceptor remembered what it felt like to be new; she was intuitive to many of my concerns.” Nearly half (45%) of participants felt the preceptor exceeded expectations of motivating them. Participants # 1 and 3 commented that “the preceptor offered time at the end of the shift to discuss challenges of the day and often set goals for the next day.” Participants # 2 and 9 stated:

My preceptor set the expectation that I move when she moves and take part in the patient care activities and not wait to be asked to come and learn, it was expected up front, so I knew not to be hesitant.

Participants # 7 and 10 stated:

My preceptor discussed the patients with me after getting report each shift and laid out our approach when we entered the room, so I would know what to expect and what to help with or just watch her do the first time. This was helpful, especially in the first few weeks.

Ninety percent of all participants felt they were welcomed and introduced into the team and to the providers they would be working with. Representative comments were Participant # 6 stated, “A welcoming environment helps set the stage for days ahead, so things did not feel so awkward, and I could address providers as they came to the station or into my patient’s room.” Participants # 8 and 11 felt their preceptor had influence on the unit and with the shift supervisors, as they were often sought out for questions regarding care issues or clarification of policy. However, Participant # 5 responded, that

“the preceptor did not motivate me; I had to take initiative in most situations or ask another nurse. The preceptor gave negative thoughts about the job, the unit, and the organization.” Findings support the role of the preceptor as an influencer when they demonstrated empathy, provide motivation, and were more positive about the job, and the care they provide. Effective preceptors and positive group cohesion are factors that are important to newly licensed RNs’ job satisfaction and intent to stay (Bontrager, Hart & Mareno, 2016).

***Theme: Situational Expectation and Communication***

The situational expectation and communication theme captured participants’ feelings of good interpersonal communication and guidance of what to do or expect during an unexpected situation (Bontrager et al., 2016; Clipper & Cherry, 2015). Over half (54%) of the participants felt preceptors exceeded expectations of communication by providing feedback, having them develop goals, and offered direction during stressful situations. Survey questions # 10 -12, 17-19, and 23, addressed communication and situational expectation. An example of a participant’s statement on expectation follows. Participant # 6 stated:

My preceptor kept me informed on what was going on with our patient and what we were going to do next and when and why she decided to call a rapid response team call, I mean I have only been here two weeks but felt I could be helpful during all the chaos.

Providing feedback is an essential component of precepting new staff, and 82% of survey participants felt the preceptor met or exceeded expectations of providing regular

feedback. Survey questions 20-23 were questions specific to providing feedback.

Participant # 6 stated, “My preceptor gave me feedback in a short meeting every other week.” Participants # 1 and 3 stated, “The preceptor and educator or my unit leader met with me regularly, however, I felt I received feedback on a daily basis as we worked together through patient care, bedside shift report, and calling physicians.” Participant 11 stated, “My preceptors guided me to resources, such as policies and procedures, and provided informal feedback almost daily.” Participants # 8 and 4 felt, they always knew how they were doing and had mutual goals set with directives such as, “Tomorrow you will take two patients and do full nursing activities with me as your back-up.” and “You will be passing all the medications on two patients tomorrow.”

One participant gave several statements about not feeling they had adequate communication or guidance and felt other new nurses were getting a better orientation. Participant # 5 stated:

My preceptor was not clear on expectations of my role as the new nurse, what I could do, and if they had to co-sign any of my work.” “I had to speak with my manager and was assigned a different preceptor.” “I felt stress all the time, but especially when a Rapid Response call later turned into a code blue. My preceptor did not advise me as to what my role was at that time. I just stood in the corner.

Another comment from participant # 9 regarding the theme of situational expectation and communication was “My preceptor allowed for open discussion on stress and frustrations of the job.” Additionally, participant # 2 stated:

My preceptor allowed me to have open discussions about my frustration, leading to the sharing of experiences that I could gain insight from. I was worried I would never feel competent or confident, and my preceptor said to me. There is no magic wand that gets waved, and you are deemed confident, we learn new things all the time, patients are not textbooks, they are individuals with comorbidities and life situations.

Research findings support the need for a preceptor to demonstrate excellent communication and interpersonal skills, to be able to explain expectations of the job, to give feedback on progress, and to help set mutual goals, as well as provide feedback on areas to improve upon. One participant commented, “I needed to work on my organization skills to keep pace with patient care. My preceptor gave me some tips on how to start the day and suggested a guide for the remaining part of the day, which helped.”

### **Open Comments Specific to Perceived Preceptor Role Effectiveness and Intent To Stay**

In this section, open comments were explicitly directed to the preceptor’s effectiveness and the intent to stay. The available comment question # 27 asked, in what way(s) specifically did your preceptor affect your intention to stay in the job for at least a year? Comments listed below address QLRQ1. Participant # 4 stated, “My preceptor helped me feel comfortable enough to believe I could work out.” Participant # 9 stated, “My preceptor helped me balance the good and bad of the job, and I plan to stay for at least a year, plus the bonus helps.” Participant # 7 stated, “My preceptor was the bomb! I

do not want to let her down, and I feel I got a great orientation.” Participant # 10 stated, “I had three preceptors, and they all made me feel like part of the team, so yes, I think they affected my decision to stay for a while.” Participant # 11 stated, “My preceptor was really good, and I don’t plan to leave.” Participant # 2 said, “I love it so far, and my preceptor is awesome. I don’t plan to leave.” Participant # 1 stated, “My preceptor was great; however, I don’t think that would be why I stay or leave, that’s on me.” Participant # 6 stated, “I do not plan to leave anytime soon. My preceptor and the other staff on shift were helpful, shared ways I could be successful, and that makes a difference to me.”

Another participant # 8 commented:

I plan to stay but have some things to work on to be more successful; I can stay for a year to get a bonus; the primary preceptor was good but has nothing to do with me staying or not. I am keeping all options open.

I found negative comments within the intent to stay in the job, and they are identified here.

One Participant # 5 stated:

My preceptor was out of sorts much of the time. I did not feel I got as much out of my orientation as some others. Things were unorganized, and it started from hire. I did not have my schedule, did not know who my primary preceptor was. The manager was on vacation, and it seemed like no one knew what my schedule day to day was. Other new hires had nice notebooks with schedules and dates of classes required. I did not have those things. I felt kind of an overall negative vibe about the organization. Not sure I want this atmosphere.

Participant # 4 stated:

I did not feel I had enough feedback throughout orientation to make changes to feel confident and then move to new things. I did not have meetings like some of the other new nurses did with the preceptor and educator. I feel I need a couple more weeks on orientation; taking a full load of patients before being signed off orientation would help. I have only done half the normal assignment. I do not feel ready and thinking about leaving because, I am really nervous.

### **Summary of Findings**

In section two, I began by describing and justifying the methodology for my study. In my data analysis section, I described the units participating in the study as Telemetry with four newly hired nurses; Critical Care, Medical-Surgical, and Emergency with two new nurses each, and Surgical Services with one newly hired nurse.

Quantitative Research Question 1 sought to determine the descriptive statistics relating to new nurse hires' perceptions of their preceptor's role-effectiveness in their transition to professional practice. My findings showed 91% of new nurses scored preceptors as effective in their transition into practice. Quantitative Research Question 2 asked: What is the nurse hire's self-reported intent of staying on the job for at least a year? The study found that 64 % of new nurses agreed that they intended to stay for at least a year, while 27% of new nurses were not sure but planned to stay at the time of the study. One nurse stated she intended to leave after the bonus was paid at six months. Quantitative Research Question 3 asked to what extent if any new nurse hires self-reported intention to stay in the job for at least a year predicted by the perceived preceptor role effectiveness? A



significant relationship was found between the perceived preceptor role effectiveness and the new nurse intent to stay in the job for at least a year; therefore, the null hypothesis is rejected. Responses to QLRQ 1 provided information on perceptions about the preceptee-preceptor experience. The written responses to the open-ended questions on the PMPRE-IS survey instrument were categorized into specific themes. Four main themes emerged, including (a) situational expectations and communication, (b) confidence in preceptor selection, (c) preceptor influence, and (d) role modeling behaviors and the potential to negatively influence. The finding from the analysis of comments were 82% of survey participants felt the preceptor met or exceeded expectations of providing regular feedback. The majority of participants, 90%, answered the closed-end part of questions with the response that they almost always had confidence in their preceptor. Nearly half, 45% of participants felt the preceptor exceeded role modeling expectations and that the preceptor exceeded expectations of motivating them. For Quantitative Research Question 3, a strong relationship was found between the new nurses' intent to stay on the job and their measured level of preceptor role effectiveness,  $r = .915$ ,  $r$  squared resulted in 81.7 % of the variance found between the two variables and  $p < .001$ . This finding demonstrated a statistically significant relationship between new nurse perceptions of their preceptor's role effectiveness and their intent to stay on the job. As a result, I rejected the null hypothesis of no significant relationship.

The study's findings affirm the literature that supports retention and the need for organizations to find ways to improve the retention of new nurses. The theoretical foundations of training new nurses through orientation and preceptorship show that these

practices influence job attitudes positively by having someone who serves as a role model of behaviors and workplace culture showing how nurses' duties align with the overall vision and mission of the organization (Blegan et al., 2015; Condrey, 2015; Irwin et al., 2018). The nursing theory of novice to expert by Benner (1984) was central to this study. The theory allows for the development of knowledge and skill among new nurses through safe, quality nursing practices modeled by competent nurses (Murray, Sundin, & Cope, 2018). Bandura was used as part of the theoretical framework and supports the idea that the preceptor role as a socializer in preceptor-preceptee relationship-building sets the foundation for a safe environment with quality nursing practice (Murray et al., 2018). When training new nurses, it is essential to remember that people develop self-image through their interactions with others (Bandura, 2019; Benner, 2000; Crossman, 2019).

### **Conclusion**

A mixed-method design was used for my study with a simple regression analysis and correlational analysis to discover how the DV affects the IV. Findings included new nurses' perception of their preceptors' role effectiveness accounted for 81.7% of the variation of intent to stay in the job. Pearson's  $r = .915$  was significant in a bivariate correlation to reject the null hypothesis and conclude a strong positive association.

After examining the study findings, I selected the project genre of policy recommendation. The analysis revealed a significant relationship between perceived preceptor role effectiveness and the new nurses' intent to stay in the job. This, along with explicit comments by participants, led to themes in which policy could be guided. The

lack of literature specific to the preceptor's role effectiveness also provides an opportunity for additional investigation through assessment or conducting a further study.

### Section 3: The Project

As confirmed by my findings, the literature supports training as a fundamental part of the nursing profession and the preceptor as a critical element (Ebrahimi et al., 2016; Hofler & Thomas, 2016; Innes & Calleja, 2018; Tourigny et al., 2016). It is essential to determine the most effective ways to train and evaluate preceptor effectiveness in the role of educator and socializer. The project chosen was a white paper that outlines strategies to strengthen the study site hospital's current preceptorship program, explicitly addressing the preceptor's effectiveness. I created a white paper to inform the nursing leadership of my research findings and best practice strategies on preceptorship and retention from the literature. The policy recommendations in my white paper offer strategies to improve preceptor role effectiveness and new graduate nurse satisfaction, leading to improved retention (see Appendix A).

#### **Rationale**

I chose a white paper to present my study's findings because white papers are an essential tool for providing information in a factual, intellectual summary that allows leaders of organizations to quickly consume the data (Newsome & Hayes, 2018). White papers are data-centric, with brief but descriptive narratives and is an influential document intended to inform or persuade the reader about a specific topic or service (Cullen, 2018; Foleon, 2021; Scudeller et al., 2019; Wong, 2017). The white paper combines expert knowledge and research into a report that argues for a solution or recommendation (Cullen, 2018; Foleon, 2021). The white paper allows the reader to understand an issue, obtain possible solutions, and make decisions based on evidence.

Therefore, it is a tool to attract readers to the project by offering a quick way to gain insight, make a case about the superiority of service or philosophy of a topic, or present valuable persuasive research related to their field (Foleon, 2021). There are varying types of white papers: (a) a background paper explaining the benefits of a product or service; (b) a persuasive-solution paper, which walks the audience through the solution to a problem common to their industry; or (c) a summary of statistical information, showing the state of a project (Foleon, 2021). My study findings are presented as a white paper to lead to discussions and action planning around improving preceptor training and new nurses' learning environments. The perspectives of the preceptee provide unique experiences only they can provide (Cullen, 2018; Omer & Moola, 2019).

### **Review of the Literature**

Preceptors who exhibit caring behaviors such as respect for others, a willingness to enrich the orientation, and provide an overall positive experience for the new nurse increase satisfaction and ease new nurses' stress (Bontrager et al., 2014; Bontrager et al., 2016). Preceptors thus play an essential role in the education and socialization of new nurses as they serve as an extension of the nursing unit and overall organization. New nurses gain more confidence and competence in the development of required skills and critical thinking when supported by an effective preceptor (Blegen et al., 2015; Bontrager et al., 2016; Condrey, 2015; Giallonardo et al., 2017; Johnson et al., 2016; Ke et al., 2017; Labrague & McEnroe-Petitte, 2017; Phuma-Ngaiyaye et al., 2017). The preceptor model assumes that a consistent, one-on-one relationship between the preceptor and new nurse provides socialization opportunities and bridges the gap between theory and

practice (Benner, 2012). Although the specific preceptor model may vary among a variety of health professions, the need to prepare the preceptor for their role and continue to support them through the process does not only lead to preceptor role effectiveness but overall success in the transition of the new nurses (Benner, 2012; Blegen et al., 2015; Bontrager et al., 2016; Melrose et al., 2015; Neill & Aust, n.d.).

Through this literature review, I found seven articles that substantiate the use of a white paper format to share my research findings; however, most information came from blogs and posts that are not reputable sources. Keywords used in the search supporting a white paper were *research findings*, *white paper*, *position paper*, *reporting results in brief*. During this literature review, the indices and databases I searched included the Walden University Library and Purdue Northwest University Library databases. Electronic databases searched included: CINAHL, ERIC, and the Cochrane Library.

### **Project Description**

The project, a white paper, begins with the audience in mind and moves forward from knowing the needs, goals, vision of training, and expected use of the project findings (Cullen, 2018; Foleon, 2021).

### **Resources, Support, and Barriers**

Existing support for preceptors within the study site hospital is a 1-day training workshop covering topics such as (a) education requirements for new staff competency, (b) checklist for unit's specific competencies, (c) adult learning principles and examples, (d) Benner's theory, and (e) tips on communication, coaching, and progress reporting, including needed resources for critical conversations. When the preceptor is selected,

they receive a binder with required materials to transition this new nurse for a new hire. The binder should consist of policies on skills necessary for the unit and specific competency checklists for training. Feedback tools used as progress reports are included in the binder to guide the bi-weekly meetings between the preceptor, preceptee, and unit leadership. The checklists then serve as evidence of progress, goal setting, and feedback provided for goal development and consequences for lack of progress.

Barriers, as reported by preceptors in past discussions and noted in the literature, are the time to train and burnout from precepting for long periods due to repeated turnover. Another barrier mentioned in the literature was that many preceptors felt inadequately prepared to train new staff and struggled to fill the role (Gueorguieva et al., 2016; Flanders et al., 2017). This barrier is also the case with the study site. Experienced preceptors can enhance clinical competencies in new graduate nurses during orientation; however, qualified preceptors are not always available to precept, and inexperienced preceptors are chosen to precept new graduate nurses (Flanders et al., 2017).

Creating an active learning base sets the tone for the orientation of a new nurse. A structured direction with a one-to-one relationship with a trained preceptor improves overall assimilation into professional practice. revealed that graduate nurses gained more confidence and competence in clinical practice when supported by trained preceptors (Phuma-Ngaiyaye et al., 2017). When a new nurse is taught by a non-supportive, unskilled preceptor (i.e., not receiving adequate guidance and feedback), the novice nurses learning may be less than sufficient, increasing stress, doubt, and lack of confidence (Gueorguieva et al., 2016).

## **White Paper**

A white paper's primary purpose is to advocate that a specific position is the best solution for a particular problem. White papers are used to inform or persuade stakeholders by providing them with pertinent information required to focus on their needs, in a succinct format that is easy to comprehend and often promotes change within an organization (Hoffman, 2013a; Saudeller et al., 2019; Wong et al., 2017). The purpose of this white paper is to advocate for changes in policy and procedure for preceptor selection, training, evaluation of the preceptor by the preceptee, and evaluation of progress by unit leadership. The white paper's actual structure varies by the researcher; however, most contend that the writer should keep in mind the audience. Use language that relates to the organization and summarize findings succinctly to their use. Writers typically use this genre to argue a specific position or propose a solution (Cullen, 2018; Foleon, 2021). Developing a policy brief is one approach that health professionals may use to draw attention to essential evidence related to the Healthcare Preceptorship policy (Wong et al., 2017).

Organizations, including the study site hospital, focus on retention and reducing the cost of training. Turnover is expensive, both in terms of knowledge and skill loss and expenses incurred in hiring and training. Due diligence was needed to research the problem and find opportunities for a policy change to meet organizational goals and enhance the new generation of nurses' retention. Little was found in the literature about the preceptor role effectiveness and retention of new nurses, therefore needing further research (Ke et al., 2017). The purpose of this mixed-method study was to explore a



relationship between perceived preceptor role effectiveness and the intent of new nurses to stay on the job for at least one year. This study's findings supported the one-to-one relationship found in the literature for preceptorship and residency programs (Bakon et al., 2018; Missen et al., 2014). However, this study focused specifically on the preceptor's effectiveness and the relationship to new nurse retention. Finding from this study provided evidence that 95.5% of new nurses felt the preceptor's effectiveness led to thoughts of them staying in the job.

### **Policy and Procedure**

The purpose of healthcare policy and procedures is to provide standardization in daily operational activities and guide desired outcomes and is a fundamental guideline to communicate to employees the desired outcomes of the organization. They help employees understand their roles and responsibilities within the organization (Policymedical, n.d.). The study site organization has a policy and procedure for Nursing Orientation and training.

The preceptor guides the preceptee into the real world of nursing practice, allowing for new knowledge and skill while gaining confidence, competence, and self-validation (Benner, 2012; Blegen et al., 2017). Throughout the literature and found within this study, the characteristics of a good preceptor are (a) competency in a specialty area; (b) positive professional attitude; (c) practical interpersonal and professional communication skills; (d) role modeling behaviors; (e) decision making and problem-solving skills and (f) critical thinking ability. Likewise, the primary roles of the preceptor

are universal and must be included in policy and procedure. These roles should be added to the preceptor's job description, as noted in my brief to stakeholders. The roles include:

- Facilitator, helping the preceptee meet primary competency objectives.
- Teacher, providing immediate answers to questions and correct errors.
- Role model, providing leadership, and a professional approach to practice.
- Nurturer, providing support and guidance through difficult situations.
- Evaluator, providing valuable formative and summative feedback in an ongoing manner.
- Serve as a resource, providing guidance on policy, procedures, and departmental resources.
- Socializer, assisting in the new nurse's integration into the culture of the unit and the organization. (Baird, Bracken, & Grierson, 2016; Bakon et al., 2018; Barba et al., 2019; Benner, 2012; Blegen et al., 2017; Bontrager et al., 2016; Clipper & Cherry, 2015; Ebrahimi et al., 2016; HCPro, 2015; Lalonde & McGillis, 2017; Windey et al., 2015; Whitehead et al., 2016; Ziebert et al., 2016).

The data collection and analysis are complete, and the following timetable serves to complete the project.

- 1). The researcher writes up the white paper report
- 2). The researcher will contact the study site leadership for dates of the Nursing Leadership Council meeting to present findings and provide recommendations for change.

3). The study site facility will supply a preferred date for this agenda item to be added

4). The researcher will provide a brief presentation of the study and provide the white paper.

The researcher will be available for questions briefly following the presentation.

### **Implications, Application, and Directions of Future Research**

New graduate nurses working with preceptors in the clinical setting perceived satisfaction and engagement levels in the learning process with trained preceptors versus those not prepared to precept. New nurses involved in effective preceptorships have shown significant achievement of many qualities needed to transition to a safe, competent professional (Baird et al., 2016; Hyrkas et al., 2014).

#### **Implications**

The theoretical frameworks of Nursing Orientation, Bandura's socialization theory, and Benner's learning theory stages impact social change by influencing a nurse's professional growth through education, training, and socialization, from novice to expert. Accepting the new nurse and providing a solid supportive relationship throughout orientation will change the environment of confusion that supports a comprehensively and adequately trained nurse (2006). The nurse will likely flourish as they advance in their career to become a competent nurse and may feel better about what they are doing; thus, patient safety and quality of care may improve. The organization's turnover costs may decrease (Baird et al., 2016; Hyrkas et al., 2014; Silvestre et al., 2017).

## **Application**

The local study site can use the results of my study to enhance their existing Preceptorship Program. Revising policy and procedures within that program would promote positive social change for newly hired nurses by supporting the preceptee through the assignment of competent and skillful preceptors. The added support for preceptors by leadership would decrease precepting's overall stress while maintaining a patient load. Safe, efficient, quality care is the cornerstone of this social change in practice. Social change is accomplished by creating a more collegial, cooperative, safe work environment conducive to safe patient care administration and increasing nurse retention. Therefore, social change is accomplished by building personal and professional relationships, improving job satisfaction, creating a healthy workplace environment, and providing the opportunity for more seasoned nurses to pass the torch in knowledge and career development. Supporting the preceptor by providing formal training, updates in evidence-based findings, and acknowledging preceptors through incentives for sharing their leadership skills to precept new nurses. Recommendations in the white paper are as follow:

- 1) Revise the one-day initial Preceptor Workshop with best evidence methods such as simulation of a variety of situations.
- 2) Provide an advanced Preceptor Workshop for preceptors who have taken the initial workshop and have precepted. This workshop would include evaluating critical thinking in new nurses, dealing with poor performance, and coaching advanced skills.

- 3) Develop criteria for preceptor selection, not solely based on longevity.
- 4) Develop an evaluation tool or utilize a survey tool for the new nurse to evaluate preceptor effectiveness.
- 5) Evaluate retention rates twice a year.
- 6) Develop better incentives for precepting, such as lighter patient loads, increase in pay for precepted hours.
- 7) Increased leadership participation by adding bi-monthly meetings with the preceptee, preceptor, and unit director to address any concerns or guidance.

### **Future Research**

This project's deliverable was a white paper containing a series of recommendations focusing on preceptor development and new nurse training and orientation. Graphs and tables will quickly point out problems within the study site and conclusions of the study. Future research is needed that focuses on the preceptors themselves. It is not merely a matter of having a preceptorship program and orientation materials; one must evaluate whether the preceptors are effective in their role. Examining qualities and skills effective preceptors have will enable researchers to identify different skills from those thought to be ineffective. Research is also needed to assess what preceptor characteristics are linked with higher levels of perceived preceptee satisfaction and if the two relate to novice nurse retention rates. Future research should include assessing how factors such as the preceptor's years of experience as both a clinician and a preceptor; commitment to continued growth and development in the profession affect novice nurses overall.

Throughout the overall literature, the effectiveness of the preceptor program has been identified in impacting retention. Effective preceptorships have been shown to increase new nurses' retention rates by 15% to 37% (Blegen & Spector, 2015; Ulrich, 2019). Therefore, the finding from this study supports a change in helping the new nurse and preceptor relationship through ongoing research.

#### Section 4: Reflections and Conclusions

This section consists of thoughts and reflections I had while conducting the research and completing the project to create a white paper that includes recommendations for personnel practices to reduce novice nurse turnover in a rural hospital setting. I found the research project both rewarding and challenging. Challenges started with acknowledging my limitations, such as some time constraints, deciding the methodology best suited for my potential study, and data analysis. I found reward in completing research on a topic that has always interested me and could change new nurses' lived experience, thus feeling a sense of giving back to my profession. The project guided the study site to consider a change in orientation and training policy and procedure.

#### **Project Strengths and Limitations**

The research project's primary strength was that I could complete it in a reasonable amount of time, considering that it was a one-time survey methodology. I was able to elicit new nurse perceptions from the real-life experiences of unit orientation and training. Another strength was that the qualitative portion of the mixed method offered more to the study than if I had done strictly quantitative. Themes and participant statements supported much of the descriptive data, strengthening the overall data. The white paper project's strength is that the information is concise in graphic format, with graphs and charts to present the findings and recommendations in a restrictive and efficient way.

A limitation that presented itself during the data collection was that I ended with a small sample size of 11 participants. Once I moved to a mixed-method design and read more about sample size, I realized the simple number of participants was almost insignificant to the whole. But the choice of sampling class (i.e., random vs. non-random) should be based on the type of generalization of interest (i.e., statistical vs. analytic; Creswell & Creswell, 2018; Onwuegbuzie & Collins, 2007). The sample size should be informed primarily by the research objective, research question or questions, and the research design (i.e., to predict; add to the knowledge base; measure change; understand complex phenomena; or generate new ideas). For this study, the sample size of 11 was adequate to reject the null hypothesis. However, increased participation and a larger participant pool may have been available with additional time to approach new hires as they came off orientation over the next several months.

### **Recommendations for Alternative Approaches**

This mixed-method research project was one way to look at the new nurse retention problems specific to the study site. Recommendations based on findings are provided in a white paper. The recommended strategies include reviewing policies on orientation for new nurses and revising them based on evidence from the literature and results specific to this study. Recommendations include evaluating current training for preceptors and updating them to best practices found in the literature. Educating preceptors on how to engage the new nurse in the organization, inpatient care, and not merely training to tasks has been found in the literature as an area of stress and frustration (Green-Barnes, 2016; Ulrich, 2019). The last recommendation would be to survey or



have an open forum with current preceptors to determine what they need to be effective in a preceptor's role.

### **Scholarship, Project Development, and Leadership and Change**

#### **Analysis of Self as Scholar**

My lifelong journey has improved and challenged me to be a better nurse, educator, and productive change agent. I have come a long way in my development as a scholar but have more room for growth. In my quest to develop myself into a better scholar, I have learned more about the best evidence and its plan in detailed research. I had excellent knowledge coming into the program but have grown into my own with this doctoral degree program and the rigor required to stay moving despite setbacks, challenges, and many revisions. I think I will always struggle with scholarly writing and data analysis. I have learned the hard way to utilize all the resources at my disposal, such as Walden University's vast array of resources supporting the students. Without resources such as these, it would have been impossible for me to accomplish my study. To use an example from Benner's novice-to-expert theory, I feel I have evolved from an advanced beginner to a more competent research scholar.

#### **Analysis of Self as a Practitioner**

I have always been a lifelong learner, though I did not like high school. I never thought I could be a nurse, yet I became a good one. I never thought I could teach, yet I have taught most courses required for new nurses and ongoing competency for over 18 years within a health care facility. I have taught clinical nursing rotations for two different colleges, conducted an online class for one of the universities in my area, and

have grown into the practitioner's role. The doctoral program has provided me with the self-esteem and desire to continue this path, teach additional classes and design courses, and engage my students more deeply than I could have imagined even a year ago. An example of growing as a practitioner is that I only taught a class in the classroom with slide presentations; now, I am teaching online with discussion boards and projects. Many of my objectives include looking for the best evidence and analysis of research to discuss a specific topic for a written presentation for the rest of the class to peer review. In summary, I feel I have grown as a practitioner in knowledge, skill, use of best evidence, and completing a research study with the intent to publish.

### **Analysis of Self as a Project Developer, Leadership and Change**

Reflecting on the overall research project, I have gained a sense of confidence in developing and conducting a research project. Through reviewing the literature and knowing some about the study site preceptorship program, I believe a positive change could occur for the preceptee, the preceptor, and the organization. However, I know that it comes down to the organization to implement suggested changes based on evidence. The sustainability and the additional costs associated with proposed changes require a firm, long-term commitment with budgeted dollars to support the program going forward. I feel I could take on a larger project in the future and provide data to drive change. An example might be to do a qualitative study using patient interviews as a primary means of collecting data on the insecurities of the elderly during a pandemic (e.g., access to food, medication, and the health care provider).

### **Reflection on Importance of the Work**

The enormity of the preceptor role is reflected not only in the needs of the preceptee but in the needs of the organization. The professional growth and potential retention of seasoned nurses may rest on the satisfaction of giving back to the profession by bringing the next generation of new nurses into their own. The success of the preceptorship is determined by the strength of the relationship built between the new nurses, the seasoned nurse, and the proper support from leadership, thus providing positive change for nursing. As the researcher, the importance of my work was evident in the literature review, the data analysis, and the sense of something bigger than a research course for my program. I have evolved and take pride in the changes.

### **Conclusion**

New nurses want to be welcomed, supported, and included. Preceptees can embrace preceptors who are knowledgeable not just of nursing but also in being effective preceptors. One who is consistent, professional, and understanding of the growth level of the new nurse and can promote positive motivation to be successful yet willing to provide regular feedback regarding performance. A preceptor who brings their advanced knowledge, skill, and understanding of complex patient care to the novice nurse enhances the textbook knowledge and supports the preceptee. Aristotle put it best: “Those who know do, those that understand teach” (Treasure Quotes [https://www.brainyquote.com/quotes/aristotle\\_378331](https://www.brainyquote.com/quotes/aristotle_378331)). According to the literature, the preparation for the preceptorship role is an essential component for the success of this critical strategy in the retention of new hires (Barba et al., 2019; Ke et al., 2017; Schuelke

& Barnason, 2017; Tsai et al., 2014; Ulrich, 2019). Preceptorship can improve new nurse competence and confidence; however, more studies are needed to ascertain its effects on new nurses' retention rates, job satisfaction, and professional socialization to resolve the nursing shortages (Barba, 2019; Ke et al., 2017).

The purpose of this study was to identify a correlation between the preceptor role effectiveness and the intent of new nurses to stay in the job for at least a year. Although the sample size was small ( $N = 11$ ), a positive relationship was found between the preceptor role effectiveness and the intent for new nurses in this study to stay. To conclude the research and inform the study site of the findings, a white paper format was chosen to present findings concisely and outline recommendations for strengthening the overall preceptorship program.

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Appendix A: The Project

Evaluation of Preceptor Role Effectiveness on Retention Rates of Newly Hired Nurses

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## **Evaluation of Preceptor Role Effectiveness on Retention Rates of Newly Hired Nurses**

### **The purpose of the project study**

The purpose of this white paper is to convey the findings of the research study and provide recommendations that could support and guide policy and procedure change by the nursing leadership of the study site. The result from the in-house preceptee perceptions of preceptor role effectiveness and intent to stay in the job, along with current literature, supports the need for specific training and criteria for precepting newly hired nurses.

### **The Problem**

The study site hospital in rural Indiana has struggled with nursing shortages due to nurse turnover. The overall nursing turnover was less than 11% until, a 2014-2015 Human Resource (HR) report revealed a 20.4% total turnover in nurses. The 2015-2016 report showed a 32% nurse turnover rate, with 23 % loss being newly hired graduates under a year in service (Baughman, 2017).

Globally, by 2022, there will be far more registered nurse jobs available than any other profession. With more than 500,000 seasoned RNs anticipated to retire by 2022, the U.S. Bureau of Labor Statistics projects the need for 1.1 million new RNs for expansion and replacement. ANA, 2018.

### **Research Questions**

The research questions were focused on evaluating a relationship between the preceptor role effectiveness and an Intent to Stay in the Job. The first question focused on new nurse hire's perception of preceptor role effectiveness in their transition to professional practice.

Question two focused on the nurse hire's self-reported intent of staying on the job for at least one year relating to their transition. Finally question three focused on an

association between the new nurse hire's perceived level of preceptor role effectiveness and their intent to stay on the job for at least one year?

### **Participants**

The study was conducted in a rural hospital. A total of 34 accessible participants were identified through HR records of new nurses hired and orienting or had completed orientation within the 12-months of December 1, 2017, to December 31, 2018. Once the accessible population was identified, recruitment flyers were posted on units to begin the process of sharing the purpose of the study and asking for nurse volunteers.

Recruitment occurred by presenting at the end of Nursing Orientation and new Nurse Residency classes and at open information sessions. The research purpose, criteria, risks, and participation were presented. Invitations were extended and the survey and self-addressed return envelopes were available on a table as potential participants left the room. Self-addressed envelopes and surveys were placed in unit mailbox as well, and an electronic invitation and copy of the survey were also sent about three weeks later. Additional surveys and stamped addressed envelopes were made available on units by way of a research study folder. Voluntary consent was implied if nurses returned the survey via the addressed stamped envelope provided to them. Anonymity was maintained by not requiring participant's names, age, gender, or ethnicity. All materials were maintained by the researcher in encrypted file and a private locked office.

### **Theoretical Framework**

The theoretical framework for the study was derived from the theories of preceptorship, which describes the experienced nurse, referred to as preceptor in the teaching role, being assigned to a new nurse for facilitating the transition into practice (Blegan, Spector, & Ulrich, 2015; Condrey, 2015). The theory

of preceptorship focuses not only on the competencies and tasks one must achieve for specific unit training but also on being a competent nurse with skills in knowing how to address complex situations (Irwin, Bliss, & Poole, 2018)

Secondly, the five transitional stages of nursing orientation adapted by Benner were used for supporting the stages of experience. Benner stated, “knowledge development in a practice discipline consists of extending practical knowledge (know-how) through theory-based scientific investigations and the clinical experience in the practice of that discipline.” (Benner, 2000).

Third, the Socialization Theory, by sociologist George Herbert Mead and Albert Bandura, was used as part of the theoretical framework and is critical to support the study of the preceptor role as a socializer in the preceptor and preceptee relationship building. Professional socialization is the process by which people who enter a profession internalize or take in new knowledge, skills, attitudes, behaviors, values, and ethical standards and make these a part of their professional identity (Mariet, 2016). Thus, the employee’s perceptions of the socialization process encourage them to adapt quickly to an environment once they feel their socialization needs have been met (Ke, Kuo, & Hung, 2017).

### Research Design

A concurrent mixed method study design was chosen in which a survey was used to measure the new nurses’ perceived preceptor role effectiveness from a single point in time.

The purpose was to identify a relationship with the intent of the new nurse to stay in the job for at least a year using quantitative and qualitative data.

### Data Collection and Analysis

A one-time survey method was used. A total of 11 surveys were completed and used for

data analysis. Descriptive statistics such as frequencies, percentages, means, and standard deviations were calculated to describe the preceptorship characteristics and newly hired nurses’ perceived preceptor role effectiveness.

Inferential statistics were collected from specific question and comment sections, thus determining whether a change in the dependent variable was affected by the independent variable. This data was addressing the construct of intention to stay in the job for at least a year related to preceptor effectiveness.

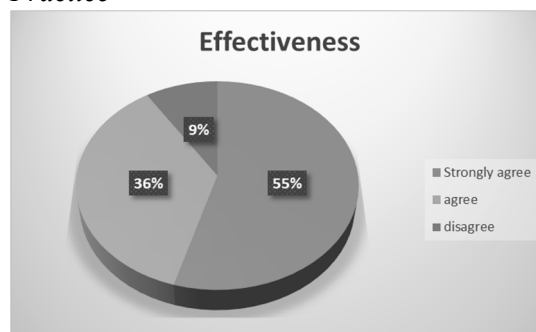
Themes were also identified through participant responses in comment sections, which helped focus on recommendations for the study site.

### Results

In response to RQ1 (What is the new nurse hire’s perception of preceptor role effectiveness in their transition to professional practice?) The participants provided positive feedback that the preceptor supported the new nurse’s growth. 55.6 % (M=6.25) of new nurses scored preceptors as effective in their transition into practice, with strongly agree as responses. Additionally, 36 % responded with agreeing (M=4.04). While 9% (M=1.5) scored disagree. See figure 1.

**Figure 1**

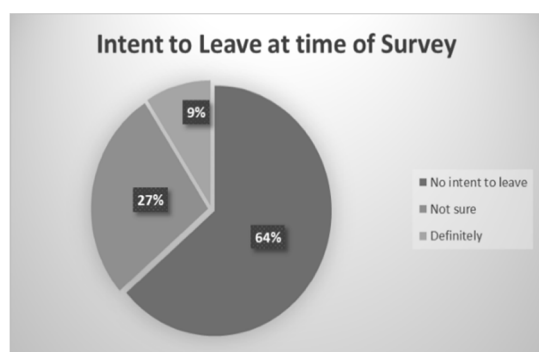
*Newly Hired Nurses’ Perception of Preceptor Role Effectiveness in Transition to Practice*



In response to RQ 2 (What is the nurse hire's self-reported intent of staying on the job for at least one year?) 64% ( $n=7$ ) of the participant did not have an intent to leave the job at that time. Looking then to those who may leave, 27% ( $n=3$ ) agree that at the point of the study, they intended to remain in the job but had thoughts of leaving. Additionally, 9% ( $n=1$ ) planned to leave with a comment stating, "Once my bonus is paid, I will most likely go else-where." See Figure 2.

**Figure 2**

*New Nurse Intent to Stay in The Job*



Lastly, looking at RQ-3 (What is the association between the new nurse hire's perceived level of preceptor role effectiveness and their intention to remain on the job for one year?). As a response 95.5% agreed that the preceptor's effectiveness led to thoughts of staying in the job.

Looking then to a potential association between variables, the Pearson correlation coefficient, also known as Pearson's  $r$ , was utilized to determine the strength of a relationship between the preceptor role effectiveness and intent to stay in the job.

The results help in identifying whether the hypothesis was accepted or rejected.

H1-There will be a positive directional association between the level of perceived preceptor role effectiveness and the intent of the new nurse staying in the job for at least a year.

Ho-There will be no directional association between the preceptor role effectiveness and the intent to stay by the new nurse.

Pearson's correlation coefficient (Pearson  $r$ ) conducted on the preceptor role's effectiveness and intent of the new nurses to stay in the job for at least a year showed a statistically significant ( $r=.915$ ,  $P=.001$ ) strong positive linear association between the two a Pearson  $r$  of 0.8. With this information, the null hypothesis may be rejected.

### Themes

Four basic themes were identified as areas to focus recommendations. The themes were:

- Situational expectations and communication
- Preceptor influence
- Role modeling behaviors/potential to negatively influence
- Confidence in preceptor selection

Following are the results of each identified theme listed above. Each question was tallied, added, and then divided to provide percentages for these themes and results are as follows.

#### 1). Situational Expectation and Communication:

- 50% of participants felt preceptor was effective in providing communication or expectations during stressful situations and providing feedback for action and growth. 38% of participants felt communication and feedback was not given in a timely manner.
- 14% felt communication and discussion of expectations were lacking. Bi-weekly feedback was not given.

#### 2). Preceptor Influence: Do you feel your preceptor's effectiveness added to your intent to stay in the job for at least a year?

- 63% of participants felt preceptor influence supported their transition into independent practice and an intent to stay in the job for at least a year. 27% felt preceptor added to overall success in transition but did not feel that was a reason to stay in a job. 10% felt negatively about the preceptor's influence.

3). Role modeling Behaviors: Did your preceptor model forward thinking,

4). Confidence in preceptor: During orientation, how often did you feel confident about your preceptors abilities?

- 90% of participants responded almost always, while 10% (1) participant answered occasionally citing their feelings that the preceptor did not want to precept them, and sensed the preceptor was stressed all the time.

Open comment from participant feedback: In what way(s) specifically did your preceptors affect your intent to stay in the job for at least a year.

- My preceptor helped me feel comfortable enough to believe I could work out”.
- “My preceptor helped me balance the good and bad of the job, and I plan to stay for at least a year, plus the bonus helps.”
- “My preceptor was the bomb! I do not want to let her down, and I feel I got a great orientation”.
- “I had three preceptors, and they all made me feel like part of the team, so yes, I think they affected my decision to stay for a while.”
- “My preceptor was really good, and I don't plan to leave.”
- “I love it so far, and my preceptor is awesome. I don't plan to leave”.

prioritization, commitment to customer service, quality and safety.

- 80% of participants felt the preceptor met or exceeded role modeling behaviors, such as forward-thinking and leadership, to deliver safe care, thus supporting their transition. 20 % felt preceptor was not consistent in customer service, such as hourly rounding

- “My preceptor was great; however, I don't think that would be why I stay or leave; that's on me.”
- “I do not plan to leave anytime soon. My preceptor and the other staff on shift were helpful, shared ways I could be successful, and that makes a difference to me” Another comment was, “I plan to stay but have some things to work on to be more successful.”

There was some more negative comment as well.

- One participant stated: “My preceptor was out of sorts much of the time. I did not feel I got as much out of my orientation as some others. I felt kind of an overall negative vibe about the organization. Not sure I want this atmosphere”.
- Another participant stated: “I can stay for a year to get a bonus. Primary preceptor was good but has nothing to do with me staying or not, I am keeping all options open.
- “Confirmed the negativity I was feeling overall in the organization. Not sure I want this environment. Things were unorganized and it started from hire. I did not have my schedule, did not know who my primary preceptor was. Manager was on vacation and it seemed like no one knew what my schedule day to day was. Other new hires had nice notebooks with schedules and dates



of classes required. I did not have those things”.

- Lastly, one participant stated “I did not feel I had enough feedback throughout orientation to make changes to feel confident and then move to new things. I did not have meetings like some of the other new nurses did with the preceptor and educator. I feel I need a couple more weeks on orientation, taking the full load of patients before being signed off orientation would help. I have only done half the normal assignment. I do not feel ready and thinking about leaving. I am nervous.

### **Proposed Recommendations**

The hospital nursing leadership was charged in finding evidence-based strategies for improving retention rates of new nurses. The study and literature review were methods to determine recommendation to potentially change policy and procedure of preceptorship.

1. Revise the one-day initial Preceptor Workshop with best evidence methods such as simulation of a variety of situations such as critical thinking and providing feedback.
2. Provide a 4-hour advanced Preceptor Workshop for preceptors who have taken the initial workshop and have precepted. This workshop would include evaluating poor performance, goal setting, and coaching skills.
3. Develop criteria for preceptor selection, based on desired characteristics found in the literature, not solely based on longevity.
4. Develop an evaluation tool or utilize the survey tool for the new nurse to evaluate preceptor effectiveness 4-weeks into orientation.
5. Evaluate retention rates twice a year.

6. Develop better incentives for precepting such as lighter patient loads and increased pay for precepted hours
7. Quarterly reports to nursing leadership by unit management.
8. Increased unit leadership participation in bi-monthly (every two weeks) meetings with preceptee, preceptor, and educator.

### **Significance**

A commitment to retaining new nurses struggling with role transition, reality shock, stress, unfavorable organizational climates, and overtime must be made to turn the tides of retention problems for healthcare organizations (Ebrahimi et al., 2016; Henderson & Ossenberg, 2015; Johnson et al., 2016).

*Looking at the preceptor’s effectiveness as a strategy for retention is essential because fostering active teaching instruction, provision of support, and a sense of teamwork and empowerment may persuade a new nurse to stay in the job.*

Turnover is expensive, both in terms of knowledge and skill loss and costs of marketing, hiring, training, and often staffing agencies and travel nurses to fill the staffing needs. Approximately 48% of hospitals, including the study site hospital, rely on travel and agency staff, and for every 20 travel RNs eliminated, a hospital could save upward of \$1,435,000.00 annually (NSI, Nursing Solutions, Inc., 2020).

The results of this study will increase the understanding of preceptee perceptions of the preceptorship experience. This understanding will also ensure that the leadership initiative to provide strategies for new nurse retention is based on data and best evidence

## Conclusion

Organizations experiencing the turnover of nursing staff are struggling to keep costs down due to reimbursement yet strive to improve quality and reduce potentially threatening inpatient care situations (Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014). One common theme found in the literature yet not thoroughly researched is the relationship between the preceptor and the newly hired nurse.

This paper also includes the proposed recommendations that could support and guide the senior leadership to supplement or

revise the current preceptorship policy and procedure. These recommendations may also benefit other departments in the organization struggling with retention of staff.

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## Appendix B: Preceptee Measure of the Preceptor(s) Role Effectiveness and Intent to

## Stay in the Job for One year (PMPRE-IS)

*Orientee near or at the completion of orientation*Directions: Please indicate your most honest response to the questions below**1** -Exceeds requirements/expectations**2**-Meets requirements/expectation**3**- Does not meet/consistently meet requirements/expectation

Criteria/objective	1	2	3	Comments
1. The preceptor made me feel welcomed & introduced me to the team				
2. Preceptor was favorable toward new/inexperienced colleagues				
3. Preceptor role modeled customer service expectations (hourly rounding, bedside reporting)				
4. Preceptor modeled a commitment to quality care and safety				
5. Preceptor attended to details of my orientation, such as documentation requirements, safe medication administration, and competency requirements				
6. Preceptor encouraged forward-thinking and prioritization				
7. Preceptor was accessible, reliable, and approachable, and I felt comfortable asking question				
8. Preceptor planned assignment appropriate to my level of abilities with increasingly challenging experiences				
9. Preceptor provided bi-weekly feedback on progress, strengths, and areas for improvement with mutual goal setting				
10. Preceptor coaches for empowerment and increasing responsibility				
11. Preceptor provides guidance/supervision according to progress and safe practice				
12. Preceptor was flexible and adapted to change as needed to provide care				
13. Preceptor addressed clinical or inter-professional problems quickly and in a professional manner				
14. Preceptor was an effective problem solver				
15. Preceptor was a good motivator				
16. Preceptor is an excellent communicator and demonstrates helpful interpersonal skills				
17. Preceptor helped me manage through stressful situations				
18. Preceptor guided me to resources needed for patient care, Examples: policies, reference material, Patient. Education resources, and other health professionals)				
19. Preceptor demonstrated/role modeled professional behavior under pressure				
20. In general, I feel/felt supported by the preceptor and plan to stay				
21. The feedback my preceptor gave me was helpful to my development				
22. The preceptor allowed open discussion about the stress and frustrations of the job				
23. Preceptor was empathetic				

24. The effectiveness of my preceptor's role definitely supported my transition to independent practice and intent to stay				
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***Please answer the following questions***

25) How often have you been upset because of something that happened unexpectedly while being off orientation, which you did not feel prepared for?

**1-Almost Never**    **2-Rarely**    **3-Occasionally**    **4-Often**    **5-Almost Always**  
 \_\_\_1                    \_\_\_2                    \_\_\_3                    \_\_\_4                    \_\_\_5

Regarding question # 1, what was the unexpected event?

26) During orientation, how often did you feel confident about your preceptor's abilities?

**1-Almost Never**    **2-Rarely**    **3-Occasionally**    **4-Often**    **5-Almost Always**  
 \_\_\_1                    \_\_\_2                    \_\_\_3                    \_\_\_4                    \_\_\_5

Regarding question # 2, if you answered almost never, rarely, or occasionally, what do you think were the perceived barriers to your confidence in the preceptor?

27) Do you feel your preceptor's effectiveness added to your intent to stay in the job for at least a year?

**1-Not at all**    **2- Maybe some**    **3- Probably**    **4- Most definitely**

28) In what ways specifically did your preceptor affect your intent to stay in the job for at least a year?

29) Have you had thoughts of leaving the job since off orientation?

**1-Not at all**    **2- Maybe some**    **3- Probably**    **4- Most definitely**

30) In what ways, if any, did you perceive your preceptor added to your thoughts of leaving the job or the organization?

Unit Worked: ER, Critical Care, IMCU, Med/Surg, Surgical Services, Cath Lab/EP

## Appendix C: Permission to use the Clinical Teaching Behavior Inventory Tool (CTBI-

23)

12/13/16 Janeen Arnett

chiehyu

Dr. Chieh-Yu Liu

**I am a doctoral student at Walden University in the USA. I am also a nurse educator in a hospital and facilitate the preceptorship program. I am interested and most appreciative to request the use of your Clinical Teaching Behavior Inventory tool for my study.**

**My proposed study is the preceptee perception of the preceptor role effectiveness and intent to stay in the job. I hope to complete the study in the next year.**

**Kind regards, and I appreciate your correspondence back. Your work is very much needed and adds to the body of evidence in the preceptorship model.**

**Thank you**

**Janeen Arnett BSN, MS, RN-BC  
Walden University Doctoral Student**

**Chieh-yu Jan 19, 2017**

To: Janeen Arnett

**To Janeen Arnett:**

**I, Chieh-Yu Liu, permit Janeen Arnett to use Clinical Teaching Behaviors Inventory-23 (CTBI-23) scale, which has been formally published in *Nursing Education Today*, 2016 Vol 38, page 107-14, entitled “The development and validation of the Clinical Teaching Behavior Inventory (CTBI-23): Nurse preceptors’ and new graduate nurses’ perceptions of precepting” Please find the CTBI-23 tool in the attachment!!**

**Sincerely yours, Chieh-Yu Liu**

## Appendix D: Clinical Teaching Behaviors Inventory-23 (CTBI-23) Tool

Directions: Please read each statement and circle the number that best describes your precepting of your new graduate nurse (for further nurse evaluation of preceptors, the text uses the third person and refers to preceptors: “The preceptor guides...”). There is no right or wrong answer.

5 = Strongly Agree, 4 = Agree, 3 = Neutral, 2 = Disagree, 1 = strongly disagree

1.	I exhibit professional behavior so that I can be a good role model for the new nurses.	5	4	3	2	1
2.	No matter how the new nurse behaves, I am always willing to provide instruction.	5	4	3	2	1
3.	I can tolerate poor performance by the new nurses and offer them the opportunity to let them learn it again.	5	4	3	2	1
4.	I am willing to offer extra time to teach new nurses.	5	4	3	2	1
5.	I plan to learn objectives together with the new nurses.	5	4	3	2	1
6.	I do not bring my personal emotions into the instruction.	5	4	3	2	1
7.	I praise the new nurses when it is appropriate.	5	4	3	2	1
8.	I make the new nurses like approaching me.	5	4	3	2	1
9.	I do not correct the new nurses' mistakes in front of others.	5	4	3	2	1
10.	I use appropriate teaching methods with the new nurses	5	4	3	2	1
11.	Through asking questions, I guide the new nurses' analysis of clinical problems.	5	4	3	2	1
12.	I guide the new nurses in finding problem-solving methods.	5	4	3	2	1
13.	I guide the new nurses in combining the most recent literature and consideration of the patients' condition to provide the most effective nursing care.	5	4	3	2	1
14.	I guide new nurses in gradually being able to independently perform clinical practice requirements.	5	4	3	2	1
15.	I guide new nurses in improving patient and family member communication with the new nurses.	5	4	3	2	1
16.	I guide new nurses in performing inter-professional team member communication and coordination.	5	4	3	2	1
17.	I guide new nurses in expressing the nurse's point of view about patient care to the inter-professional team members.	5	4	3	2	1
18.	I give timely feedback to the new nurses about their learning performance.	5	4	3	2	1
19.	I use the evaluation form to objectively evaluate the performance of new nurses	5	4	3	2	1
20.	I use concrete facts to let the new nurses understand the strengths, weaknesses, and improvements in their work performance	5	4	3	2	1
21.	I actively express concern about the new nurses' life outside of work.	5	4	3	2	1

22.	I let the new nurses speak openly to me about the stress and the frustration of their work.	5	4	3	2	1
23.	When new nurses encounter problems, I always actively provide a helping hand	5	4	3	2	1

Lee-Hsieh, O'Brien, Chieh-Yu-Lia, and Yu-Hsiu Kao (2015)



## Appendix E: Permission to use the Preceptor Role Effectiveness, Group Cohesion, and

## Intent to Stay

Janeen Arnett <[REDACTED]> 12/15/16  
 To: Bontrager, Sarah

Hello, I am a doctoral student at Walden University and seeking permission to credit your work and use your research tool in my study, Perceived Preceptor Role Effectiveness, and Intent to Stay in the Job. I am seeking a tool that has been tested and published versus one that I had created for our Preceptorship Program, where I work. The University prefers a published tool for our program.

I believe your tool would align with my study, and I would comply with stipulations in its use.

I thank you in advance for your response and consideration.

This matter is somewhat time sensitive as I hope to have my proposal approved by the end of January 2017

Janeen Arnett BSN, MS, RN-BC  
 Walden University Doctoral Program

Bontrager, Sarah [REDACTED] 12/10/16

Janeen,  
 I would love to give permission to use my work in whatever way needed. Please cite my work. The research tools that were used were pulled from separate studies where they were already proven reliable and valid. I am sorry I cannot be of more assistance. Good luck with school!

Sarah Bontrager MSN, RN  
 Professional Development Specialist,  
 Nurse Residency

Bontrager, Sarah [REDACTED] 12/16/16

Janeen,  
 I would love to give you permission to cite my work. The research tools that were used were pulled from separate studies where they were already proven reliable and valid. The Clinical Instructor ranking tool (to speak to preceptor role effectiveness) originally had the Karen Rauen as an author. The Intent to Stay evaluation tool, I believe, was already cleared for use (if I remember correctly). I am sorry I cannot be of more assistance. Good luck with school!

Sarah Bontrager MSN, RN  
 Professional Development Specialist,  
 Nurse Residency

### Appendix F: Preceptor Role Effectiveness Scale (PRES)

The following items describe preceptor role characteristics. The questions are designed to determine the effectiveness of your preceptor. The statements are to be applied to the first preceptor you were assigned during this preceptorship period only. You are asked to respond to each item according to how you would rank the presence of each character in your first preceptor during your preceptorship only. Please select the number that represents the degree to which you agree or disagree with each statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Was available for help when I needed guidance	1	2	3	4
2. Was available for help when I needed guidance	1	2	3	4
3. Showed a genuine interest in me as an individual	1	2	3	4
4. Gave assignments that helped me transfer theoretical concepts to actual patient care	1	2	3	4
5. Demonstrated ability to do nursing skills (such as nursing procedures)	1	2	3	4
6. Encouraged me to be "open," thereby respecting my opinions and feelings.	1	2	3	4
7. Demonstrated honesty to me and others	1	2	3	4
8. Demonstrated ability to use scientific principles relative to patient care.	1	2	3	4
9. I suggested helpful resources when I have questions.	1	2	3	4
10. Demonstrated how to function in a real nursing situation.	1	2	3	4
11. Avoided embarrassing me	1	2	3	4
12. Encouraged me to think for myself.	1	2	3	4
13. Showed a contagious enthusiasm for giving quality patient care	1	2	3	4

14. Evaluated my progress in nursing in a fair manner.	1	2	3	4
15. Rewarded my efforts to give quality nursing care.	1	2	3	4
16. Showed empathy to others and me.	1	2	3	4
17. Demonstrated kindness during daily interactions with people.	1	2	3	4
18. Showed a continued interest in applying improved methods of giving nursing care.	1	2	3	4
19. I am disappointed that I ever took this job.	1	2	3	4
20. There are some conditions concerning my job that could be improved.	1	2	3	4
21. I feel I have time to do both the paper/computer work and me patient care.	1	2	3	4
22. I feel satisfied with the technical care I give.	1	2	3	4
23. I can keep my patients comfortable.	1	2	3	4

Authored by Watkins, Hart, and Mareno (2016).

## Appendix G: Permission to use the Scale for Measuring Effective Clinical Teaching

## Behaviors

**Janeen Arnett** [REDACTED]

12/7/16

Hello, I am Janeen Arnett, a doctoral student at Walden University. I am working on my research project. My intent is to study The Effectiveness of the Preceptor Role and New Nurse Intent to Stay in the Job. I am looking for a research tool with reliability and validity and came across your tool for measuring effective clinical teaching behaviors. I would like to use your tool in my study tool development with modifications of a couple of open-ended questions at the end.

I would give credit to your work and seek permission to use the tool. I would need a copy of the tool as well. The Scale Measuring Effective Clinical Teaching Behaviors

Thank you for your time. This is a time-sensitive request, and I would appreciate your considerations.

Janeen Arnett BSN, MS, RNBC

Doctoral student

**Janeen Arnett** [REDACTED]

12/13/16

Dr. Zimmerman, and Professor Westfall. I am following up with an e-mail requesting permission to use your research tool. I would very much appreciate your permission and will comply with credits for your works. I am working on a doctoral study proposal, and this matter is a little time sensitive. My proposed study is the Perceived Preceptor Role Effectiveness and New Nurse intent to Stay in the Job.

I thank you in advance for your correspondence back to me

**Zimmerman, Lani** [REDACTED]

12/13/16

Janeen, I am sorry I missed your email. Yes, please use the tool. Good Luck.

From: Janeen Arnett [mailto:[REDACTED]] Sent: Tuesday, December 13, 2016, 9:26 PM

To: Zimmerman, Lani <[REDACTED]>

Subject: Re: Effectiveness tool

## Appendix H: Effective Clinical Teaching Behaviors Tool

EFFECTIVE CLINICAL TEACHING BEHAVIORS (ECTB)						
Teaching Behaviors	Almost Never	Seldom	Average	Frequently	Almost Always	Not Observed
	1. Assists students in understanding their professional responsibility.	1	2	3	4	5
2. Conducts clinical conferences in a manner that is productive.	1	2	3	4	5	N/O
3. Shows concerned understanding for student.	1	2	3	4	5	N/O
4. Tells student when she/he has done well.	1	2	3	4	5	N/O
5. Keeps self available when students are in stressful situations.	1	2	3	4	5	N/O
6. Permits freedom of discussion.	1	2	3	4	5	N/O
7. Is a good role model for students.	1	2	3	4	5	N/O
8. Encourages students to think critically.	1	2	3	4	5	N/O
9. Assists students to apply theoretical content to clinical.	1	2	3	4	5	N/O
10. Is realistic in expectations.	1	2	3	4	5	N/O
11. Interacts well with students on a one-to-one basis.	1	2	3	4	5	N/O
12. Is flexible.	1	2	3	4	5	N/O
13. Demonstrates nursing care activities when appropriate.	1	2	3	4	5	N/O
14. Provides timely feedback on written nursing process.	1	2	3	4	5	N/O
15. Interacts well with patients.	1	2	3	4	5	N/O
16. Facilitates students own self-evaluation.	1	2	3	4	5	N/O
17. Assists students to see alternatives.	1	2	3	4	5	N/O
18. Asks stimulating questions of students.	1	2	3	4	5	N/O
19. Is patient with students.	1	2	3	4	5	N/O
20. Helps student to recognize his/her own errors.	1	2	3	4	5	N/O
21. Attempts to ensure the selection of appropriate experiences to meet objectives.	1	2	3	4	5	N/O

Authored by Zimmerman & Westfield (1998)

## Appendix I: Orientee Evaluation of the Preceptor(s)

*Orientee completes at one-month, and end of orientation.*

**Directions:** Please indicate your most honest response to the questions below and complete the free text segments.

**1-Disagree-** Does not consistently meet requirements/expectation

**2-Agree-**Meets requirements/expectation

**3-Strongly Agree-**Exceeds requirements/expectations

Criteria/objective	1	2	3	Comments
1. The preceptor made me feel welcomed & introduced me to the team				
2. Preceptor was positive toward new/inexperienced colleagues				
3. Preceptor role modeled customer service expectations (hourly rounding, bedside reporting)				
4. Preceptor modeled a commitment to quality care and safety				
5. Preceptor attended to details of my orientation, such as documentation requirements, safe medication administration, and competency requirements				
6. Preceptor encouraged forward-thinking and prioritization				
7. Preceptor was accessible, reliable, and approachable, and I felt comfortable asking question				
8. Preceptor planned assignment appropriate to my level of abilities with increasingly challenging experiences				
9. Preceptor provided bi-weekly feedback on progress, strengths, and areas for improvement with mutual goal setting				
10. Preceptor coaches for empowerment and increasing responsibility				
11. Preceptor provides guidance/supervision according to progress and safe practice				
12. Preceptor was flexible and adapted to change as needed to provide care				
13. Preceptor addressed clinical or inter-professional problems quickly and in a professional manner				
14. Preceptor was an effective problem solver				
15. Preceptor was a good motivator				
16. Preceptor is an excellent communicator and demonstrates helpful interpersonal skills				
17. Preceptor helped me manage through stressful situations				
18. Preceptor guided me to resources needed for patient care, Examples: policies, reference material, Patient. Education resources, and other health professionals)				
19. Preceptor demonstrated/role modeled professional behavior under pressure				
20. In general, I feel/felt supported by the preceptor				

21. The feedback my preceptor gave me was helpful to my development				
22. The preceptor allowed open discussion about the stress and frustrations of the job				
23. Preceptor was empathetic				

***Please answer the following questions***

1. How often have you been upset because of something that happened unexpectedly while being precepted?

**1-Almost Never**    **2-Rarely**    **3-Occasionally**    **4-Often**    **5-Almost Always**  
 \_\_\_1                    \_\_\_2                    \_\_\_3                    \_\_\_4                    \_\_\_5

Regarding question # 1, what were the unexpected stressors?

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\_\_\_\_\_.

2. In the past three months, how often did you feel confident about your preceptor's abilities?

**1-Almost Never**    **2-Rarely**    **3-Occasionally**    **4-Often**    **5-Almost Always**  
 \_\_\_1                    \_\_\_2                    \_\_\_3                    \_\_\_4                    \_\_\_5

3. Regarding question # 2, if you answered almost never or sometimes, what do you think were the perceived barriers to your confidence in the preceptor?

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\_\_\_\_\_.

4. In the past three months, did you feel you had enough time in preceptorship

**1-Almost Never**    **2-Rarely**    **3-Occasionally**    **4-Often**    **5-Almost Always**  
 \_\_\_1                    \_\_\_2                    \_\_\_3                    \_\_\_4                    \_\_\_5

5. In the past three months, did you feel supported when concerns about precepting were voiced? (*Support may come from the team leader, clinical coordinator, manager, director, educator or your primary or secondary preceptor*)

**1-Almost Never**    **2-Rarely**    **3-Occasionally**    **4-Often**    **5-Almost Always**  
 \_\_\_1                    \_\_\_2                    \_\_\_3                    \_\_\_4                    \_\_\_5

6. Regarding question #5, if you answered almost never, or sometimes, what do you feel was the cause for the lack of support?

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7. Regarding question #5, if you answered often, or very often in what ways did you feel supported?

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8. In the past three months, did you feel **moderate- severely** stressed while being precepted?

**1-Almost Never**      **2-Rarely**   **3-Occasionally**   **4-Often**      **5-Almost Always**  
    \_\_\_1              \_\_\_2              \_\_\_3              \_\_\_4              \_\_\_5

9. If moderate to severe stress was felt in the last three months during the preceptorship, what did you feel were the causes of stress?

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10. What is your overall feeling/perceptions about your preceptorship experience?

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11. In planning future education for preceptors, what perceived needs could you suggest increasing the preceptor's ability to assist the preceptee in being successful throughout orientation?

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## Appendix J: Preceptor Role Effectiveness, Group Cohesion, and Intent to Stay

Preceptee DemographicsAge:  21-26  27-31  32-36  37+Gender:  Male  FemaleRace:  Asian/Pacific Islander  Black/African American  Hispanic  
 White/Caucasian  Other  Do not care to answerUnit:  Acute Care Unit  Emergency Department  Critical Care  
 Surgical Services  Women's Services  Other

Number of months licensed as a nurse before taking this position

 Less than 3 months  4-6 months  7-12 months

What shift did you work primarily?

 7A-7P  7A- 3:30P  other 7P-7A  3:00P-11:00P***Preceptee completes an evaluation of preceptor role effectiveness nearing the end or within 3-months of completing orientation***Directions: Please indicate your most honest response to the questions belowCheck the most appropriate rating for each of the evaluation criteria**1-Strongly agree:** Exceeded my expectations**2-Agree-**Meets my expectation**3-Disagree-** Does/did not consistently meet my expectation/needs

<b>Criteria/objective</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Comments</b>
1. The preceptor made me feel welcomed & introduced me to the team				
2. Preceptor was positive toward new/inexperienced colleagues				
3. Preceptor showed genuine interest in me as an individual and new member of the team				
4. Preceptor modeled a commitment to quality care and safety				

5.	My preceptor evaluated my progress fairly and provided examples and tips on areas where improvement was not seen				
6.	Preceptor encouraged forward-thinking and prioritization				
7.	The preceptor was accessible, reliable, and approachable. I felt comfortable in asking a question				
8.	Preceptor planned assignment appropriate to my level of abilities with increasingly challenging experiences				
9.	Preceptor provided bi-weekly feedback on progress, strengths, and areas of improvement with mutual goal setting				
10.	Preceptor coaches for empowerment and increasing responsibility				
11.	Preceptor provides guidance/supervision according to standards and safe patient care				
12.	Preceptor role modeled flexibility and adaptation to change as needed to provide care				
13.	Preceptor rewarded my efforts by giving positive feedback and praise				
14.	Preceptor was an effective problem solver				
15.	Preceptor was a good motivator				
16.	Preceptor is an excellent communicator and demonstrates helpful interpersonal skills				
17.	Preceptor helped me manage through stressful situations				
18.	Preceptor was aware of resources available and how to access them (policies, reference material, Pt. education, etc.)				
19.	Preceptor demonstrated/role modeled professional behavior under pressure				
20.	Preceptor gave constructive feedback in a private and respectful way				
21.	The feedback my preceptor gave me was helpful to my development				
22.	Preceptor provided guidance in communicating with physicians and team members				
23.	Preceptor helped me understand the scope of practice limitations				

24.	My preceptor is a productive asset of the Preceptorship Program				
25.	I feel my preceptor prepared me for success				
26.	The preceptor, at times, had to push me to gain confidence and achieve the desired outcome, but I never felt they were demeaning or too abrasive.				

*Please answer the following retention questions*

27. Do you feel your preceptor was effective in facilitating your orientation?
- \_\_\_\_\_
- \_\_\_\_\_
28. Do you feel/perceive your preceptor's effectiveness added to your intent to stay in the job for at least a year?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
29. In what ways specifically did you preceptor affect your intent to stay in the job for at least a year?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
30. In what ways if any, did you feel your preceptor added to your thoughts of leaving the job or the organization?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Tool developed by Bontrager, Hart, & Mareno (2015)