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Development of a Program Evaluation for a Preceptor Preparation Program

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Walden University

College of Health Sciences

This is to certify that the doctoral study by

Olivia Hagos

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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2017

Abstract

Development of a Program Evaluation for a Preceptor Preparation Program

by

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MSN, Jacksonville University, 2004

BSN, University of Santo Tomas, 1966

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

August 2017

Abstract

A significant nursing shortage exists in the United States, which is compounded by high turnover rates. Skilled nurse preceptors are needed to train and assimilate nurses, which would improve retention of nurse preceptors, facilitate transition of nurses to the practice environment, and increase the number of preceptors within the organization. A preceptor preparation program in a 300-bed hospital was developed to promote nurse preceptor success while enhancing learning outcomes and creating a supportive work environment. The organization's leaders are interested in the successes of the program and its long-term role in retaining nurse preceptors who completed the preceptor preparation program. Therefore, the purpose of this doctor of nursing practice (DNP) project was to develop a program evaluation model where the institution could assess the retention rate of preceptors and the overall effectiveness of the program. The evaluation framework consisted of the Benner's Model Skill Acquisition, from novice to expert, which will assist in assessing outcomes of retention of nursing preceptors as they evolved through the program. The project question for this DNP project asked whether a program evaluation to identify methods to capture current rate of retention of preceptors and overall program effectiveness could be developed. A survey tool was successfully developed and the pilot study was accepted by the facility to capture and evaluate the program information. This project provides a model for program evaluation and may increase the nursing literature on preceptor retention programs. Preceptor program outcomes are important to evaluate and can create positive social change regarding the number of quality preceptors available to train new nurses in practice.

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Dedication

*“Commit and dedicate my works of my nursing profession and vocation to God,
then my plans will succeed.” – Proverbs 16:3*

Dedicated to my family.

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Section 1: Overview of the Evidenced-Based Project

Introduction

The nursing shortage and high turnover rate in the nursing profession is a global problem (Dotson, Dave, & Cazier, 2012; Salt, Cummings, & Profetto-Mcgrath, 2008). Furthermore, the attrition rate for new graduate nurse associates during the first year of employment has become a challenge for hospitals, with percentages from as low as 25 to as high as 64 (Figueroa, Bulos, Forges, & Judkins-Cohn, 2013; Friedman, Delaney, Schmidt, Quinn, & Macyk, 2013; Hillman & Foster, 2011). The transition from classroom instruction to full responsibility of delivering care at the patient's bedside can be difficult for a new graduate nurse associate. The individual may not be prepared for the demanding and strenuous role of a registered nurse practicing in an acute community-based hospital. The success of the nurse associate is contingent on the preparation of the preceptor and the willingness of the new nurse associate to take full advantage of the clinical experience (Murphy, 2008). According to Bukhari, 2011; Horton, DePaoli, Hertach, & Bower, 2012; and Owens, 2013, preceptor programs have been developed by many health care facilities to provide a positive introduction and working environment and to promote and support professional practice and professional growth.

Health care organizations place a significant responsibility on preceptor programs for the introduction and career success of the nursing associates within institutions. Preceptor preparation is becoming the appropriate selection for the clinical preparation of the new nurse associate or an experienced staff member transferring to another unit

and the undergraduate nursing student (Horton et al., 2012, Myrick, Luhanga, Billay, Foley, & Yonge, 2012). An organized clinical experience with a preceptor offers a new associate the opportunity to work with experienced staff nurses who are actively engaged in caring for patients in their particular areas of expertise (Horton et al., 2012, Riley-Doucet, 2008). The preceptor-guided experience has been recognized as major contribution in helping new nurse associates, as well as experienced staff members, to understand the full extent of the role of the professional nurse and cannot be duplicated by other means (Flynn, 2005). Zwernman (2006) asserted that if a nurse is provided with a profound preceptor, one who will exhibit how to turn classroom theory into skilled clinical practice, the newly positioned nursing associate will be on a path to successful clinical practice.

The preceptor role is challenging when building the bridge between theory and practice (Ferrara, 2010). To meet successful criteria stipulated within programs, preceptors need practical and logical preparation, along with administrative support, to successfully engage in this critical role; also needed are lifelong learning to improve communication, collaboration, and collegiality skills (Barker & Pittman, 2011; Swihart & Figueroa, 2014). For my study, a hospital organization in the southeastern United States provided a platform of introductory education for preceptors, the Preceptors Preparation Program (PPP). The education department within the organization maintained an ongoing list of preceptors who successfully completed the program, and the individual patient center unit managers coordinated the preceptors with preceptees. Although the education department provided the preceptor program (Flagler Hospital,

2013), it was unclear whether the organization retained sufficient amounts of preceptors to service the needs of the organization. This project assisted the organization in its endeavor to investigate its preceptor retention by developing a program evaluation process.

Background

The global nursing shortage is anticipated to create 400,000 nursing vacancies and expected to extend into 2020 (Altier & Krsek, 2006). Of increased concern is the anticipated 78 million baby boomers expected to retire. Sustained vacancies challenge all patient-centered organizations to create novel programs to entice new graduate nurses and retain available workforce. According to Almada, Carafoli, Flattery, French, and McNamara (2004), structured clinical preparation and education along with the adequate support from clinical instructors and nurse leaders will promote nursing satisfaction, maintain nursing retention, and reduce turnover.

As health care is changing, the education of future generations of nurses must also change. One feature, which facilitates the preceptor concept and improves the preceptee's experience, is improving the process which leads to clinical competence (Slaughter-Smith, Helms, & Burris, 2012; Twibell et al., 2012). Education is the pathway to social change for the present and the future, because education contributes to the constant improvement of social environments.

Clinical education and clinical practices are integrated to explore and describe clinical competence from clinical preceptors and teachers, and from the perspective of the new nurse associate and undergraduate students (Lejongvist, Eriksson, & Meretoja,

2011). The core clinical competency is acquired through encountering, knowing, performing, maturing, and improving in the clinical practice arena. Preceptors can become effective and engage clinical educators by being provided adequate support from nurse managers and faculty as they maneuver the complex role of a preceptor (Bourbonnais & Kerr, 2007; Cassidy et al., 2012; Mallette, Loury, Engelke, & Andrews, 2005). This effectiveness can be accomplished by the preceptee working all shifts with the same preceptor, which may intensify motivation by the new nurse associate, as well as contribute to a commitment of providing competent direct patient care. The process of receiving feedback, and being able to prepare and plan for clinical education and supervision, enlightens the overall view of preceptor performance and leads both the preceptor and preceptee into clinical competence. My goal for my project was to develop a program evaluation tool to evaluate the effectiveness of the preceptor provider program in retaining preceptors within the organization.

Problem Statement

Improved methods to retain nurse preceptors are needed to promote a steady supply of nurses to train who will facilitate the transition of new nurses to the practice environment. PPPs may lead to increased retention of preceptors in the patient care clinical areas. A PPP was implemented to meet the Magnet Accreditation for this facility and to promote success of new nurses while enhancing learning outcomes, create a supportive working environment, and increase the number of preceptors within the organization. The American Nurses Credentialing Center (ANCC) awards a Magnet designation to health care facilities that demonstrate quality patient care, nursing

excellence, and innovations in professional nursing practice throughout an extensive accreditation process (American Nurses Credentialing Center, 2014). One of Magnet's standards addresses the orientation process, significant to my project. As a Magnet-designated facility, the organization must produce supporting evidence that the facility assists the transition of registered nurses and advance practice nurses into the environment, and that the organization provides educational activities to improve the nurses' expertise as a preceptor (American Nurses Credentialing Center, 2014). My organization addressed the preceptor standard within the Magnet accreditation when the education department developed and implemented the PPP.

The PPP was established to meet not only the standards of Magnet Accreditation, but also the global needs of the organization. The preceptor program concept was presented to (a) promote success while enhancing learning outcomes, (b) create a supportive work environment for nurse associates, and (c) increase the number of preceptors within the organization. I believe that the preceptor program concept is instrumental in job satisfaction to nurse associates and promotes nursing retention, while laying the foundation for collaboration, effective communication, and employee engagement.

Owing to the complexity of integrating employees into an organization, researchers recommend evaluation of preceptor programs and the role that the programs play in reducing staff turnover (Doyle & Roberts, 2013; Horton et al., 2012; Lee, Tzeng, Lin, Yeh, 2009; Twigg & McCullough, 2013; Zangaro & Soeken, 2007). Organizations can provide annual satisfaction surveys, exit interview surveys, and

evaluations of programs to elicit clinical resource or organizational needs in preceptor programs. My organization was interested in the relationship between the PPP and the program's ability to retain preceptors long-term to fulfill the ongoing needs of the organization to nurse associates. During the investigative process, a formal evaluation of the effect of the program to retain preceptors was not discoverable. Therefore, I formulated this project to formulate, for the organization, the development of a program evaluation to assess the retention rate of preceptors in the PPP.

Purpose Statement

The purpose of my project was to develop a program evaluation for the PPP for my organization. The program evaluation will help leadership ascertain whether the PPP increased retention of preceptors in the patient care clinical areas of this midsize care community hospital, as well as the overall effectiveness of the PPP. The intent of the PPP was to increase and retain preceptors throughout the organization. Because the hospital had no evidence of previous investigation into the current preceptor program, I was unable to ascertain whether the program met the objectives of retention. Furthermore, I found minimal literature to quantify preceptor retention rates that could be used as benchmarks for the organization.

Project Question

This DNP Project asked whether a program evaluation could be developed to assess whether the PPP improves retention rate of preceptors in the clinical area. Therefore, my project objective was to identify methods to capture the current rate of retention of preceptors in the clinical areas compare to rates of retention after PPP

implementation. Evaluation of preceptors would be performed upon successful completion of the PPP so that the facility can then use this tool to evaluate whether the PPP increased retention of preceptors.

Framework for the Project

The framework that I used for this project was Benner's Model Skill Acquisition, from novice to expert (Benner, 1984). The model defines the alignment of behavior to practice during the acquisition of experience from abstract to concrete. Benner's model outlines the growth a nurse attains throughout his or her career progression, which is novice, advanced beginner, competent, proficient, and expert. The novice nurse and the preceptor are both moving through the growth process. Although it is understandable that the novice nurse is beginning the journey, the preceptor may be in the competent stage as a staff nurse but at an advanced beginner as a preceptor. As preceptors move through the levels in time, they build on their previous experiences and challenges to propel them into experts.

Preceptors are encouraged to project a sense of collegiality and responsibility while assisting novice nurses in the learning process. As preceptors go through the process from novice to expert in the educational arena, a question emerges regarding whether preceptors are able to maintain the initial enthusiasm of stewardship and continue as preceptors. The Benner Model aligned with the questions of this project because the project investigated building an evaluation program to identify the retention of preceptors through time.

Nature of the Project

The project approach I selected was a program evaluation format because an evaluation process provides answers to the project questions. For this project, the outcome evaluation process I developed was significant in addressing effectiveness of the program in meeting its objectives for retaining preceptors. I formatted a survey tool for collecting information on duration of retention rates within the organization after successful completion of the PPP. The program evaluation process holds value for the organization because the format can be processed at the convenience of the institution and will increase literature on preceptor retention evaluations.

Definition of Terms

Competence: The ability to perform task with desirable outcomes under different circumstances. It is more than mere knowledge and skills; it includes attitude, motives, personal insightfulness, interpretive ability, receptivity, maturity and self-assessment (Harper, 2009).

Competent nurse: Have a feeling of mastery and ability to cope with and manage the many contingencies of clinical nursing (Benner, 1984).

Critical thinking: A process influenced by knowledge and experience using strategies, such as reflective thinking, as a part of learning to identify the issues and opportunities and holistically synthesize the information in the nursing practice (Bittner & Tobin, 1998).

Evidence-based practice: A problem solving approach to the delivery of health care that integrates the best proof or indication from studies and patient care data with

clinical expertise and patient preference and values (Fineout-Overholt, Melnyk, Stillwell, Williamson, 2010).

Job satisfaction: A feeling of wellbeing, consequential to the interaction of several occupational aspects, which may influence the employee's relationship with the organization, patient, and family (de Melo, Barbosa, de Souza, 2011).

Novice nurse: Any nurse entering a clinical setting where she or he has no experience or has limited level of performance in providing patient care (Benner, 1984).

For this project, the novice nurses are the preceptees.

Nurse retention: This term signifies the prevention of nurse turnover and keeping nurses employed within the organization (Jones & Gates, 2007).

Outcome evaluation: A measurement of the extent to which a program has caused the intended long-term changes in the target population (Hodges & Videto, 2011).

Patient-centered care: Recognize the patient or the designee as the source of control and full partner in providing compassionate care based on respect for patient's preferences, values, and needs (Ulrich, 2012).

Patient safety: Freedom from accidental and preventable injuries produced by medical care (Finkelman & Kenner, 2012).

Preceptee or orientee: A new or practicing nurse who is being trained on a nursing unit by a preceptor.

Preceptor: An experienced and competent staff nurse who may have receive formal training, which merge their knowledge, skills, and abilities to perform as

coaches to help new nurses associate develop and mature into a strong practicing professional within the new or different professional work and practice environment (Swihart & Figueroa, 2014).

Quality: An optimal balance between possibilities realized and a framework for the purpose of improving practice (Mitchell, 2008).

Reflection: An active recollection of one's experience for purpose of improving practice (Sherwood & Horton-Deutsch, 2012).

Assumptions

I assumed that the process developed for the evaluation could produce answers for the organization on the effectiveness of the PPP at retaining preceptors. I also assumed that the program evaluation could assess whether preceptors who completed the PPP applied the concepts introduced in the program and that the application of concepts led to active and continued participants as preceptors within the organization. Last, I assumed that the program evaluation could contribute to the professional growth of the preceptor and, for these reasons; the preceptors maintained their status as active participants within the program. The assumptions that I have listed were critical to the organization's understanding of the scope in which the program met its objectives to retain preceptors.

Scope and Delimitations

The focus of this project centered on building an evaluation program for the organization to measure retention of preceptors. There are limited numbers of studies on nursing shortage from new graduates to retention of current nursing staff. I found

even fewer resources dedicated to the important role of preceptors in the retention of nurses. This organization placed the success of nursing retention during the preceptor process on the PPP. Therefore, it became imperative to construct an evaluation program that could investigate the outcomes of overall retention of preceptors within the organization. The scope of the project was to include a survey tool to allow the inclusion of all nurses who completed the PPP and were current employees. I narrowed the project in scope by confining itself to only investigating retention rate of preceptors who are still employees of the organization. Further value could be gained from including the preceptors who are no longer with the organization and their experiences with the process. The results of this project will contribute to the nursing literature on retention rate of preceptors.

Limitations

Limitations within the evaluation of the PPP are the ability for the organization to allocate staff to complete the evaluation process and to gather all survey forms from all participants. Other limitations could be (a) the inability for the staff members to respond to appropriate questions, (b) feelings of intimidation by the questions, or (c) belief that the questions place faultfinding to their individual performances in the process of the program. The small size of this single organization and the small sample size of one facility may also be a contributing limitation of application to other facilities.

Significance and Relevance to Practice

Preceptor programs offer various benefits and stressors within an organization (Foley, Myrick, & Yonge, 2012; Haggerty, Holloway, & Wilson, 2012). Preceptors receive formal training, which allows them to serve as role models and resource staff. The concept of preceptor shows an effective method of clinical education to the new nurse associate because it facilitates the development of clinical competence and confidence in making the transition to the role of an independent professional nurse (Madhavanpraphakaran, Shukri, Balachandran, & Dip, 2014). Preceptors combine the knowledge, skills, abilities, and roles of both coach and mentors to help the new nurse associates develop and mature into strong professionals within new practice environments (Swihart & Figueroa, 2014). Preceptors, as role models, can provide guidance for new nurse associates and prepare them to function in the real world, while learning from positive and negative practices (Ulrich, 2012).

Placing the right preceptor as a role model for the new nurse associate may be the greatest challenge (Swihart & Figueroa, 2014). Being a protector relates strongly to the number one concern of precepting; assuring a safe environment for the patient. Preceptors must create or find situations in which the new nurse associate can learn while at the same time protecting the safety of the patient. There should never be any doubt that patient safety is the main priority (Ulrich, 2012). Creating a safe learning environment for the new nurse associates begins with ensuring that the nurse associate feels comfortable and safe asking questions. Allowing the nurse associate to freely express his or her lack of understanding and doubts in competence so these issues can be

addressed in a professional and timely manner is of utmost importance in the learning process (Ulrich, 2012). Preceptors can become effective clinical educators facilitated by ongoing support provided by the managers and leaders through appropriate provision of resources and education to perform the preceptor's role (Madhavanpraphakaran et al., 2014). An evaluation of my organization's PPP would identify the retention rate of preceptors; in addition, the evaluation may provide some insights to preceptor's perceived benefits as outlined in the literature for preceptor programs.

Evidence-based practice is the use of the knowledge derived from research that incorporates both education and practice. Evidence-based knowledge produces evidence-based practice (Myrick et al., 2012). An evidence-based practice program for preceptors ensures that the preceptors are providing the key elements in creating a supportive learning environment to all nurse associates, including experienced nurses transferring to an unfamiliar unit and undergraduate nursing students (Madhavanpraphakaran et al., 2014).

Concerns related to the complex issue of nursing turnover continue to challenge health care leaders in every sector of health care (Hayes et al., 2012). Although nursing schools annually increase the number of professional nurses, the nursing community must absorb, mentor, and retain the new generations of professionals (Golden, 2008). For my organization, the PPP would be used as a vehicle for retention of new nurses. The preceptor education empowers the preceptor to guide and support the new nurse associate through the transition into hospital-based nursing.

Summary

The ongoing nursing shortage created some challenges for hospitals to recruit and retain nursing employees. Hospital organizations establish models of preceptorship programs to create satisfying relationships and working environments for different levels of nursing associates. In my organization, the PPP was established as a preceptor program to meet the challenges of nursing associate retention. Of interest to me was the ability to create a program evaluation, which could showcase the outcomes of the program, most specifically the retention rates of the preceptors trained by the program. I requested the hospital to provide me with the preceptor retention rate during the initial investigation for this project. Although I made this request several times, I was unable to obtain this information. The second section of this project discusses the literature review related to the area of nursing preceptor programs and evaluation processes for programs.

Section 2: Review of Literature and Theoretical and Conceptual Framework

Introduction

Developing the program evaluation project would allow my organization to investigate the effectiveness of the PPP. In addition, my organization would be able to investigate the retention rate of preceptors who successfully completed the PPP when the survey tool is implemented. Quality evaluation of a program is a continuous and an ongoing process (Madhavanpraphakaran et al., 2014). The evaluation process would promote improvement and continuous support to the PPP. Through exploration and evaluation of outcomes, my project will contribute to the national quest for solutions to the nursing shortage. In addition, my project will investigate outcomes on retention from a preceptor's point of view, which currently lacks sufficient nursing literature.

I organized the literature review into three sections. In the Specific Literature section, I explored the elements of successful preceptor programs. In the General Literature section, I outlined elements beneficial to the tasks of a preceptor. Last, in the Conceptual Model section, I aligned the nursing theorist that I will use to conduct this project.

The common thread of significance of these documents is that orientation programs hold value for the development of training the preceptee. However, insufficient literature exists in capturing the preceptor's perspective (Richards & Bowles, 2012). My intent in this project is to evaluate the retention rate of preceptors after completing the PPP and, through the evaluation process of the project, to potentially capture the preceptor's perceptions of the program.

Literature Search Strategy

The main online resources I used for my literature search were Walden University Library Online resources that links to Cumulative Index for Nursing and Allied Health Literature (CINAHL) and MEDLINE (from the National Library of Medicine). These two databases link to the different reference lists that assist the search for the significant information and specified key authors and their respective articles related to PPP. Key journals and references included *Journal for Nurses in Staff Development*, *Online Journal of Issues in Nursing*, *Journal in Continuing Education for Nurses*, *American Journal of Nursing*, and the *American Nurse Today*. *Curriculum AND preceptor, recognition AND preceptor, and professional competence AND preceptor* were the Boolean string terms that I used in the CINAHL database. In MEDLINE, the keywords that I used were *clinical competence, mentorship, preceptor, preceptor programs, preceptor retention, novice nurse education, nurse retention, and nursing shortage*. I did not include peer-reviewed articles older than 10 years. I reviewed 300 articles for this project; however, few articles contained information on retention of preceptors and no articles identified preceptor retention rates. I found 73 peer-reviewed documents that were beneficial to my project.

Specific Literature: Elements of a Preceptor Program

Sandau, Cheng, et al. (2011) placed significance on an evidence-based approach in providing PPP through the provisions of education, socialization, and role modeling. These elements can play a part in nurse retention, as well as, promotion of critical thinking and appreciation of diversity through different learning styles. These elements would also promote to be an effective preceptor. Nursing leaders should

develop the educational strategy for ongoing support for new hires on completion of the PPP. PPPs prepare nurses to perform their profession in a path of quality nursing. According to Zwerneman (2006), the preceptor preparation concept is significant in educating and reviewing the clinical knowledge and clinical skills for new nurse associates, experienced staff nurses transferring to another unit, and undergraduate nursing students.

Horton et al. (2012) identified PPPs as an ongoing concept provided to newly hired nurse associates, staff members transferring to another unit, and undergraduate nursing students. Myrick et al. (2012) stipulated that any PPP must incorporate a strong foundation for learning critical thinking and clinical skills. The need for ongoing support for the nursing staff to be formally trained to disseminate essential knowledge can establish clinical goals, recognize their role responsibilities, and develop teaching and learning strategies.

According to Madhavanpraphakaran et al. (2014), an effective PPP can empower the preceptor to guide and instill confidence to support new nurse associates in providing quality nursing care to their patients, as well as, creating a supportive learning environment. A PPP must help preceptors become confident, competent, and comfortable in the new environment for new nurse associates to enhance the preceptor's clinical skills and to understand the preceptor role. A significant need exists for preceptors to demonstrate their positive qualities of compassion, caring, and empathy when connecting with the new nurse associates (Harrison-White & Simmons, 2013; Martin, Brewer, & Barr, 2011). Positive qualities will facilitate the new nurse associates to adapt and handle the stress factors that the preceptor encounters (Sitzman & Watson,

2014). The stressors include high patient acuity, increased workloads, limited nursing staff, and perhaps working consecutive days with the different preceptees. In the PPP, the challenges may be limited time for teaching and inadequate delivery for feedback that may result in missing out on learning opportunities to support the new nurse associates (Sedgwick & Harris, 2012; Small & Good, 2013).

A PPP should also provide the knowledge and training that will meet the needs of the multigenerational population in the clinical setting, where differences exist. Expectations related to work ethics can be a significant source of conflict and the negative attitudes that tend to persist and oppress group behavior within the nursing profession (Ferrara, 2010; Lancaster & Sullivan, 2002; Leininger & McFarland, 2002). Although multigenerational education is not currently a component of the organization's PPP, the outcomes of the project may lead to this quality change in the program.

In addition, an effective model of evaluating a program would need to include preceptors of the following: new nurse associates, experienced staff nurses transferring to another unit, undergraduate nurses, nurse leaders, nurse educators. With this approach, the evaluation would be able to capture what participants perceived the PPP to be from the preceptor role. In addition, the new nurse associate role would be clarified and the effect on clinical nursing care would be illuminated. This process would offer a comprehensive summary of the preceptor program (Burns & Grove, 2007; Sandelowski, 2000).

In trying to develop quantifiable effectiveness on retention to my PPP, I evaluated the literature for guidance. The literature review process identified multiple studies addressing retention rates; however, the focus of these studies centered on

novice nurse orientees before and after development of intense program orientations such as residency programs. The turnover rate of novice nurse orientees before intense orientation was reported between 35% and 65% within the first year, and in some cases more than 50%, with higher turnover rates in the second year at 57% (Figueroa et al., 2013; Hillman & Foster, 2010). Salt, et al. (2008) presented a systemic review of 16 published studies for strategies to increase retention of new graduate nurses. Strategies included education programs. However, the retention rate of preceptors after the preparation program was not identified in any study, and none of the studies had a preceptor program model with a preceptor focus. Because the only identifiable retention rate is approximately 50% at 2 years for novice nurses without an intense orientation program, this project will place the same 50% benchmark to its preceptor program.

Generational differences may play a part in the preceptor shortage. Comparison of the baby boomer generations with younger nursing populations allude to nurses from a younger generation experiencing their work environment as less consistent with their personal lives, meaning the younger nurses value their time away from work more than the work environment. The emotional disconnect of the younger generational nurses to their work environment displays more job burnout and less inclination to participate in knowledge sharing (Hayes et al., 2012).

General Literature: Preceptor Elements

A preceptor is an experienced nursing staff member who provides clinical education in which a reciprocal teaching and learning relationship is established among new nurse associates, experienced nurses transferring to another unit, and undergraduate student nurses (Horton et al., 2012; Myrick & Yonge, 2005). Owing to the dynamic

nature of the hospital environment and the increased complexity of the patients, there is a need for nurses to be specialized in skills. For this project, the noteworthy skill becomes preceptorship, which is the ability to be a preceptor to other professionals.

There is a great need for effective preceptors within community health centers (Boyer, 2008; Kaviani & Stillwell, 2000; Rogan, 2009; Sandau & Halm, 2011; Wright, 2002). Effective PPP, through education and role modeling can promote a favorable preceptor that can empower and foster acceptable relationships within the group to promote consistent and well balance relationships that will strengthen the experience (Ferrara, 2010; Lancaster & Sullivan, 2002; Leininger & McFarland, 2002). It is optimal for the nursing staff to be properly trained as preceptors, as well as, receive optimum support from their coworkers, nurse leaders, and the facility so they can be effective in their clinical teaching strategy, clinical skills, and be skilled in supervision (Kaviani & Stillwell, 2000).

According to Henderson, Fox, Malko-Nyhan, (2006) the most distinguishing and important reason for preceptors to taken on the role is the need for recognition through intrinsic rewards and opportunities for personal and professional growth. A culture of support from the nursing leaders and clinical educators is identified as a critical component to work creatively and meet the challenges of the preceptor (Haggerty et al., 2013). The reduction of the patient load, as well as, the demands of the working unit will facilitate the preceptor to be able to focus on the new nurse associate to achieve the learning objectives. If the preceptor role is combined with the shortage of staff and charge nurse responsibilities, the preceptor is unable to provide adequate attention to the new associate. This initiates frustration and disappointment outcomes, thus emphasizing

the need for protected time (Madhavanpraphakaran et al., 2014). The willingness to work with new nurse associates, reinforcing positive behavior and the willingness to give constructive, timely feedback will build confidence and self-efficacy (Swihart & Figueroa, 2014). The new nurse associate/staff nurse needs time and encouragement to contemplate on how the new learning fits through the process of critical reflection that is integral part of new learning process (Sherwood & Horton-Deutsch, 2012).

The nurse leadership's behavior has an influence on developing confidence and competency for the preceptors, new nurse associates, experienced staff members transferring to another unit and the undergraduate nursing students in the clinical setting (Horton et al., 2012; Myrick et al., 2012). The nurse leaders should have competencies necessary to excite and motivate preceptors and staff nurses, as well as, a healthy balance of leadership skills (Bormann & Abrahamson, 2014). The leaders must implement strategies that attract, recognize, and retain staff nurses, preceptors, and potential preceptors (Moneke & Umeh, 2013). Role modeling, commitment, reliability, and opportunity for change will modify the process and instill new approaches that can ensure growth and improvement (Moneke & Umeh, 2013).

According to Moore and Cagle (2012) there exists a meaningful relationship between the preceptor and the preceptee, which establishes collaboration and strengthens the relationship, as well as, supports the new nurse transition to practice. A PPP can maximize the benefit of the clinical skill acquisition as identified through partnership collaboration engaging in the recognition of the goals of a PPP. This is demonstrated through promotion of a positive and supportive environment that will facilitate nurse retention (Happell, 2009; Moore & Cagle, 2012). An expectation of a continuous

supportive process can identify the learning needs, stipulate solutions, and modify preceptor program improvement (Haggerty et al., 2013). This can be accomplished by working all shifts with the same preceptor, which may intensify motivation by the new nurse associate, as well as, their commitment to provide direct patient care.

The preceptor role is challenging when building the bridge between theory and practice (Ferrara, 2010). Due to the complexity of employees to integration into an organization, researchers recommend evaluation of preceptor programs and the role the programs play in reducing staff turnover (Doyle & Roberts, 2013; Horton et al., 2012; Lee et al., 2009; Twigg & McCullough, 2013; Zangaro & Soeken, 2007). Organizations can provide annual satisfaction surveys, exit interview surveys, and evaluations of programs to elicit clinical resource or organizational needs in their preceptor programs (Bindon, 2011).

Literature Review Related to Methods

My PPP evaluation method was chosen because of its ability to systematically collect information on program effectiveness and outcome characteristics to create informed decisions in the process improvement. According to Hodges and Videto (2011), the framework for program evaluations produces meaningful results to improve programs. The steps for program evaluation follows similar process of this doctoral project: engage the stakeholder, describe the program, conceptualize the evaluation, design the evaluation, chose and test the instruments and procedures, collect evaluation date, analyze and report data, make changes to the program based on data, and evaluate again. Section three of this proposal further outlines how the evaluation steps will be accomplished.

Concepts, Models, and Theories

The conceptual model to be used in this project was Benner's Model Skill Acquisition, from novice to expert (Benner, 1984). Benner's theory acknowledges that expert nurses develop skills and understanding of patient care over time through a sound educational base and a multitude of experiences. For this project, it was assumed that the preceptor would be an expert.

Benner's *From Novice to Expert*, while published in 1984, is a model still referenced by researchers and continues to be relevant today (Altier & Krsek, 2006; Zaleski, 2012). Benner's 5 stages of development to achieve competence are novice, advanced beginner, competent, proficient, and expert. The model of novice to expert forms the foundation of many hospital based PPPs. The novice has no experience and lacks confidence to demonstrate safe practice and requires continuous verbal and physical reminders. The novice is unable to use discretionary judgment. The advanced beginner is efficient and skillful in parts of the practice area, requiring occasional supportive reminders. Their knowledge is in the developing process. The competent level has been on the job for 2 to 3 years. This level can demonstrate efficiency, is coordinated, and have confidence in their actions. The competent level has a conscious and deliberate planning that helps achieve efficiency and organization. The care is completed within a suitable time frame without supportive reminders. The proficient level receives the situation information as a whole rather than in parts, as well as, understands the whole situation to interpret how plans need to be modified in response to events. Situational understanding improves the proficient nurse's decision making. Tasks become less labored because the nurse can judge perspectives, attributes, and

aspects in the present situation to decipher the importance of a given scenario. The expert, which is the last level, has an intuitive grasp of each situation and operates from a deep understanding of the total situation. Their performance is flowing, flexible, and highly proficient. The expert zeroes in on the accurate part of the problem without wasteful consideration of a large range of unsuccessful alternative diagnosis and solutions. The levels which replicates changes are: learning to rely on past experiences through theoretical principles, transforming the learner's perception from demand situation from a past similar situation to an entire situation with similar components, and the process of detached observer to involved performer. The preceptor, as the expert, must develop the skills to educate the new nurse in decision-making applying clinical judgment along with clinical rationale, while being able to understand the problems, issues, and concerns of the patients.

In recent studies, Zaleski (2012) employed the Benner model from novice to expert in exploring the challenges of a new graduate orientation process in an emergency department. The Zaleski project placed the new graduate nurse with an experienced preceptor and a required clinical skills checklist for 24 weeks. Zaleski's process improvement project explored initiatives against evidence-based orientation processes, which resulted in changes to the orientation process for new graduate nurses.

Mariani (2012) applied the Benner model in a creative form for the effects of mentoring on career satisfaction and the intent to stay in the nursing profession. Mariani created a framework by blending two theorists, Hildegard Peplau and Benner, to investigate the unique interpersonal relationships between novice and expert nurses.

While this study did not measure the orientation process, the study did contribute a new instrument to measure career satisfaction in nursing.

Benner's model is also significant for ethical development of nurses. Benner writes that the ethical conduct on everyday practice is experientially learned. Ethical issues can affect teamwork and retention. Although ethical development is not part of this study, it would be of interest to the author, if elements of such were enlightened as discussions through the survey process. This project evaluates the identified levels of nursing through the Benner Model, novice to expert; in relationship to the nurse's preceptorship experience through a PPP in a midsize acute care facility.

Summary and Conclusions

Section two outlined the literature on mentorship, new graduate programs, preceptorship, and orientation programs. While substantial literature exists on nursing shortage and methods of retention, orientation programs, and beneficial processes for introducing novice nurse associates into the acute care arena, limited literature was found in the avenues of retention of preceptors. Conceptual models and evaluation processes were also identified in this section.

Section 3: Methodology

Introduction

The purpose of my project was to develop a summative program evaluation to collect and evaluate the nurse preceptor retention outcome for the PPP. The program evaluation methodology was chosen for this project to evaluate the program's influence on retaining preceptors. The project question asked whether the PPP improves retention rate of preceptors in the clinical area, and data will be subsequently collected by the facility with the tools developed by this project. In Section 3, I identify the approach conducted during the development of the PPP evaluation. The organization will use the program evaluation I developed to answer questions regarding retention of preceptors in the PPP.

Approach and Rationale

Project Design and Methods

I began by consulting the Walden University process for creating questionnaires. This included reviewing the Belmont Report to protect all participants involved with this project (United States, 1978). This program evaluation tool I created for the organization incorporates an evaluation to answer the retention question. I designed the program evaluation project to address the outcomes on retention rate of preceptors who completed the program and were still employed as nurses at the hospital. In addition, I created the program evaluation to assess the overall program and the effectiveness to the organization. The method that I created for data collection was a survey questionnaire tool.

Population and Sampling

The current preceptor program has been in place for 11 years in my organization. Individual nurse who held an interest to increase their knowledge as a preceptor requested to take the Preceptor class. The managers would then have to approve the nurses for the program. The program was offered monthly to all employees who applied to the program with permission from their immediate supervisors, met the criteria of the program, which was at least 2 years of experience. The population for the PPP will be nurses who participated in the preceptor program and who are still employed at the hospital. Characteristics of this group include both female and male nurses, with a preference of a minimum of a bachelor's degree in nursing science, preference of a minimum of 2 years of hospital nursing experience, and a preference of a minimum of 2 years' experience as a hospital employee. The population to be surveyed shall be nurses who completed the PPP within the last 5 years and are still employed at the hospital. Therefore, the sampling size would consist of all nurses who are current employees of the organization who have worked as a preceptor. The nursing units included are medical-surgical, oncology, renal, neurology, orthopedics, mother/baby, emergency services, cardiovascular unit, open heart recovery, surgical ICU, medical ICU, step down, and observation, and surgical services.

Human Subjects

Written approval to proceed with the project was received from the organization in 2015 and from Walden University's institutional review board in 2016. Upon availability of education staff to implement the outlined program evaluation, the process

for generating a population and protecting human rights shall be followed as described within the following steps: The director of education shall issue an email notification to identified individuals of the initiation of the survey, a list of these potential project participants shall be provided to human resources from education, education shall place a unique number to each identified project participant on the list, the unique number will be placed on each survey tool for distribution, education shall approach each participant privately and assure each participant of his or her right of voluntary participation in the project, the consent process associated with the project shall be discussed and verbal consent will be asked of the participant, completing the survey will indicate verbal consent was received.

Confidentiality measures shall be discussed with each participant, along with measures to be taken to protect personal information. Education shall keep all information pertaining to the project in strict confidence and will not use any personal identifiers for any purpose within the project or to report data from the project. I will keep all data acquired for the project secure in a locked cabinet, stored for a period of 5 years and then it will be destroyed.

Data Collection

For a quality evaluation to be effective, an assessment tool must be designed which will capture survey responses that are quantifiable and replicable. It is imperative to use a tool for evaluating training outcomes (Kettner, Moroney, & Martin, 2013; Hodges & Videto, 2011). According to Hodges and Videto (2011), it is beneficial to locate and use existing data collection tools, as existing measures may ensure an established level of reliability and validity. The team of educators in our organization

required a tool specific to the institutional needs. For this reason, I led the team in developing a questionnaire which, when implemented, could answer the questions of retention rate and overall success of the PPP. The questions for the survey were based on desired outcomes of the program and agreed upon by the team after discussions. Some questions use Likert-type scales to measure responses, but open-ended questions, as well as, comment sections were included to allow the preceptors a format to elaborate on a response. The Likert scales will be evaluated using simple descriptive statistics through percent differences. The open-ended questions and comments will be assessed descriptively. Common themes and answers will be evaluated in the context of the answers. The questionnaire was formatted to not elicit identifying information.

When the organization creates availability for the Education Department to my PPP Evaluation, the process for data collection shall be the following:

1. Education shall generate a list of preceptors who successfully completed the PPP within the last 5 years.
2. Education shall send the list to Human Resources.
3. Human resources shall provide the preceptors employment area and status within the organization.
4. For preceptors still employed by the organization, Education shall visit the preceptor at their employment site. Education shall ask the preceptor if they are available for 5 minutes to discuss the survey in a private and secluded area. Verbal consent will be obtained for those agreeing to participate in the program evaluation. Content for discussion will be: why the project was formulated within the organization, potential outcomes for process improvements as direct

results from the survey, how confidentiality of information will be maintained throughout the project, and the consent process for the project.

5. If the preceptor is available, Education shall discuss the project with the preceptor at their unit, and provide an envelope with the survey tool.
6. Education shall return at a pre-discussed date and time to retrieve the completed envelope, or to conduct the introduction to the project.
7. Education will return to all areas of the organization until all surveys have been collected from preceptors. Expected time of completion is 3 weeks to account for preceptors on vacation.
8. All collected survey information will be placed into survey monkey for ease in creating basic analyses. The survey tool's 5 choices: strongly agree, agree, neutral, disagree, and strongly disagree will be assigned a value of 1 to the most negative response and a value of 5 to the most positive response. Using simple frequency, the final average score will represent overall level of accomplishment or attitude toward the question and subject matter. The turnover rate identified to programs in the literature range from 35% to 65% for novice nurse orientees prior to intense orientation. Since the literature does not identify any rates for preceptors, the organization identified the midpoint average from the literature to be 50%. The goal is for 50% of all preceptors who attended the PPP within the last 5 years to be actively precepting within the organization. This threshold will constitute a positive retention of preceptors through the program.

Instrument

Retention Rate of Preceptor Survey. 2 survey tools were constructed for this project. The first tool, The Retention Rate of Preceptor, was created to answer the project question of retention rate of preceptors post completion of the PPP. Likert scales questions were used in the formation of the survey tool because they determine the opinions or attitudes of the subjects and contain a number of declarative statements with the scale after each statement (Burns & Groves, 2005). Scores of extremely positive to extremely negative, with points from 1 to 5, with extreme negativity carrying a point of 1 and extreme positive a point of 5. Each question shall stand on its own value.

The retention rate of the preceptor's tool formulates the following questions that were added for the benefit of the Department of Education:

- When did you attend the PPP?
- Are you still a preceptor?
- If you are not now a preceptor, when was the last year you were a preceptor?
- In what unit are you a preceptor?

The results of this set of questions will allow the educators to view if any one unit has more success than another in retaining preceptors. In addition, the feedback will capture which year lost or retained the most preceptors. The educators could go back and review processes, which may have affected the outcomes for that year (see Appendix A).

Preceptor Preparation Survey. The second tool, Evaluation of the PPP, was formulated to investigate the effectiveness of the PPP. In order to measure the success of the overall program, the team established a set of questions. The team felt that separating

the questions into individual surveys would create an easier format of collecting data into separate buckets of information which each group could manage based on their focus of interest. The evaluation of the PPP questionnaire survey addressed the following questions and statements:

- How helpful was the Preceptor Preparation Program education to your role as a preceptor?
- Participation in the Preceptor Preparation Program enhanced my clinical competency.
- How realistic were the expectations of the Preceptor Preparation Program?
- Was the impact of being a preceptor on your unit positive?
- I had adequate support from nursing leaders when I was preceptor.
- How meaningful do you feel your work as a preceptor is to the organization?
- The Preceptor Preparation Program prepared me for the commitment required for the preceptor role.

In addition, the current educators of the PPP evaluated the questionnaire tool for content, to minimize bias, and applicability to the program. To assess the tool for accuracy, these expert educators evaluated the questions to be sure they captured the information required to assess the preceptor program and answer the project question.

The educators asked the following questions:

- Were the questions measuring what was intended?
- Did the question represent the content of the program?
- Was the survey comprehensive enough to address the intent of the process?

The team of educators asked these questions of the survey whenever questions were added or the questions changed in any format. The questionnaire was then passed to the unit-based educators to develop pilot testing as the next step in evaluating the tools developed for this program evaluation.

Pilot testing of the questionnaire was conducted to assess consistency of the questionnaire tool. This was established through distribution of the tool to other members of the education department, including the unit-based educators. This team used pilot testing by taking the test themselves to measure random errors in the questions. The team expanded the pilot test by including nurse managers. Based on the outcome of the pilot testing, the team determined no changes were needed and that the final questionnaire would provide the most precise responses needed from the survey. With this understanding, the team concluded that each question would stand on its own score and two open-ended questions were added where descriptive data can be collected and presented. (see Appendix B)

Program Evaluation. It is necessary, and it is the responsibility within nursing education and clinical practice to have a collaborative interest in the progress of a preceptor program, to intensify awareness of the concept of preceptor programs, and make informed decision on the implementation for improvement within nursing practice (Kaviani & Stillwell, 2000; Shepard, 2009). To facilitate an assessment of the PPP for potential possibilities for improvement, 2 questionnaires were used. The first questionnaire survey tool was developed to answer the project question of whether the PPP increased retention rate of preceptors in the clinical areas. The second questionnaire survey tool was design to elicit effectiveness of the overall program.

The survey responses shall be analyzed through descriptive assessment through the product of Survey Monkey and each question evaluated for outcomes to the program. The primary purpose of a program evaluation is to provide feedback on results, accomplishments or outcomes, and to inform policy makers and planners about the effectiveness of programs (Kettner et al., 2013). The evaluation results shall be shared with the organization's nursing leadership. Conclusions are based on how the project questions will be answered, confirmed or unconfirmed, through the survey. My organization will be provided with a summative evaluation process to produce the evaluation upon availability with the Education Department. The summative evaluation shall provide all steps to reproduce the program evaluation, create results, answer questions on the programs intended outcomes, and include whether the project met its goals and objectives. (see Appendix C)

Summary

The purpose of this project was to develop a program evaluation for the PPP for my organization which could evaluate whether the PPP increased retention of preceptors in the patient care clinical areas, as retention of qualified preceptors is needed to train new nurses. I applied Patricia Benner's conceptual model, novice to expert as the project foundation. Benner is the conceptual model chosen to inspire and to enhance the development of an effective, competent and clinically skilled PPP.

Benner's concept of the development of knowledge has expanded through research for clinical experience and nursing skill, as experience is the prerequisite to becoming an expert and providing a profound support to the newly hired nurses (Benner, 1984). The Preceptor Retention Survey Tool was created to address the project

question as to whether a program evaluation could be created to investigate the PPP retention rate of preceptors in the clinical area. The data shall be analyzed through descriptive analysis. The evaluation design was formatted to generate a rich understanding of the project from the participant's own perspective of the PPP. Upon completion of the evaluation process, the data shall endeavor to bring clarity of outcomes to existing community hospital base PPPs.

Section 4: Findings, Discussion and Implications

Summary and Evaluation of Findings

I created this project for the hospital to evaluate the PPP. The organization will implement this program evaluation to assess the PPP in the future. I submitted the final executive summary to the administration team of the organization.

Discussion of Findings in the Context and Frameworks

The final product of this project was (a) the creation of a survey tool, (b) to furnish a program evaluation, and (c) to assess the retention rate of preceptors in my organization's PPP that could be implemented. Findings of this project include the successful development of the evaluation model and process for the PPP. I developed the survey tool with input from the department of education staff members and unit-based educators. The survey questions reflected the department of education's requirements to view retention rate from the program, as well as, the overall evaluation of the program. For example, the department of education added the following questions: (a) *How helpful was the Preceptor Preparation Program to your role as a preceptor?* (b) *How realistic were the expectations of the Preceptor Preparation Program?*

However, when the unit-based educators reviewed the tool, they added questions reflecting the actual implementation of the program on their various units. The unit-based educators were interested in questions reflecting post program implementation, the unit's ability to support the preceptor, and obstacles preceptors may have encountered. Questions added by the unit-based educators included: (a) Was the impact of being a preceptor on your unit positive and (b) Did you have adequate support from

nursing leaders? Three sets of questions were established: 1 for demographics, 1 for overall evaluation, and 1 for retention rate of the overall program. The team of educators from the department of education and the unit-based educators worked together until a consensus of all questions was met to meet the organization needs. The unit-based educators and the department of education piloted the survey tool for accuracy.

The evaluation framework formulated for the program evaluation was Benner's Model Skill Acquisition, from novice to expert. I chose this model because it aligns with the development of nursing skills including development of the precepting of other nurses. The outcome of this project was to develop the summative program evaluation for the facility to implement, at their convenience and to evaluate the retention rates of preceptors following the PPP. This project resulted in a successful tool that the facility can implement to evaluate the success of the preceptor program on retention rate. The results include a useful model for program evaluation within the PPP.

Implications for Practice/Action, for Future Research, for Social Changes

The findings of this project hold significant implications for practice and future research. Although I was able to produce an evaluation program to answer a specific organization's retention rate, I did not implement the evaluation because that will be conducted by the facility. Therefore, questions remain unanswered at this time. In the arena of preceptor retention, more information is needed on how nursing can produce evidence-based practice education to support continued success of the preceptor. In addition, the question of whether an evidence-based PPP can be effective regardless of

organizational size is important for further study. Finally, of paramount importance is the social change influence produced by this project. The PPP outcomes are important to evaluate for retention of preceptors in nursing. A shortage of preceptors exists for training nurses. It is vital to evaluate the effectiveness of preceptor programs in relation to retention of these nurses so that nursing can evaluate, support, and increase the number of effective programs of preceptor preparation. Increasing preceptor programs that provide long-term retention can have a positive social influence on the number of quality preceptors available to train new nurses in practice.

Project Strengths and Limitations

The strengths of this project were the ability to produce an evaluation process to investigate retention rates of preceptor programs. Although this project was intended for one specific organization, this model can be reproduced to meet the same needs of other institutions facing the same questions. Limitations to this project could be not addressing the population of nurse preceptors no longer employed by the organization. Retired or otherwise employed nursing preceptors who completed the PPP might contribute significant value with perceptions on creating other avenues or interventions in the evolution to the program (Uthaman, Chua, & Ang, 2016).

Analysis of Self

As an academic scholar, this project added to the value of my education. The arduous process of research, from formulating a concept to final implementation of project, was time consuming and thought provoking. Finding the relevant sources of literature was satisfying, but not finding the needed sources was frustrating. The academic literature review awakened within me a challenge to do better in all aspects

of nursing. As a clinical practitioner, the work created by this project allowed me to see different aspects of administration and clinical practice arenas, and how the different areas formulate research within the organization. This project provided me with a new skill set as a project developer. Whereas my master's project introduced me to research, the doctoral thesis cemented the idea of formulating research to answer nursing clinical questions. Finally, as a professional, the project allowed me to see, and provided some understanding of; the political twists unique to the administration of hospital institutions. My organization went through an administration shift in personnel. Policies and processes, which were in place by the previous administration, were reviewed and/or changed by the new administration owing to circumstances within the organization. The shift within the organization required personnel to think of their work environment differently. I am happy for the opportunity to develop the PPP evaluation process, but found myself frustrated with being unable to implement the process because of administration shifts.

Section 5: Scholarly Product for Dissemination

Program Evaluation Report

I provided an evaluation report based on the project that I conducted to administration. Administration will decide when and how to disseminate the information from the summary report that I submitted. The organization received the following report based on the completion of the pilot of this project.

Executive Summary Report by Olivia Hagos

To administration: Thank you for the opportunity to serve the organization by providing a process to evaluate the PPP and its effect on the retention of preceptors within the organization. The success of employee orientation can have a significant parallel to employee retention. The evaluation of the PPP will enable the organization to note gaps within the process where preceptors may be needed to facilitate successful introduction of employees to the organization. The process can be instituted at any time by following the set guidelines. All tools for completion of the evaluation are enclosed in this document.

Part 1: Preparation of Employees

1. Education shall generate a list of preceptors who successfully completed the PPP within the last 5 years.
2. Education shall send the list to human resources.
3. Human resources shall provide the preceptors employment area and status within the organization.

Part 2: Distribution of Surveys

1. For preceptors still employed by the organization, Education shall visit the preceptor at their employment site. Education shall ask the preceptor if they are available for 5 minutes to discuss the survey in a private and secluded area. Content for discussion will be: why the project was formulated within the organization, potential outcomes for process improvements as direct results from the survey, how confidentiality of information will be maintained throughout the project, and the consent process for the project.
2. If the preceptor is available, education shall discuss the project with the preceptor at their unit, and provide an envelope with the consent form and the survey tool.
3. Education shall return at a prediscussed date and time to retrieve the completed envelope, or to conduct the introduction to the project. Maximum days for retrieval will be 3 days.
4. Education will return to all areas of the organization until all surveys have been collected from preceptors. Expected time of completion is 3 weeks to account for preceptors on vacation.

Part 3: Data Analysis

All collected survey information will be placed into SurveyMonkey for ease in creating basic analyses. The survey tool's 5 choices, *strongly agree*, *agree*, *neutral*, *disagree*, and *strongly disagree* will be assigned a value of 1 to the most negative response and a value of 5 to the most positive response.

Applying simple frequency, the final average score will represent overall level of accomplishment or attitude toward the question and subject matter. The turnover rate identified to programs in the literature range from 35% to 65% for novice nurse orientees before intense orientation. Because the literature does not identify any rates for preceptors, the organization identified the midpoint average from the literature to be 50%. Therefore, the estimate is that 50% of all preceptors who attended the PPP within the last 5 years will be actively precepting within the organization at 2 years after completion of the program. This threshold will constitute a positive retention of preceptors through this program evaluation.

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Appendix A: Retention Rate of Preceptors Survey

Retention Rate of Preceptors
Thank you for your responses.
1. When did you attend the Preceptor Preparation Program?
<input type="radio"/> 2015
<input type="radio"/> 2014
<input type="radio"/> 2013
<input type="radio"/> 2012
<input type="radio"/> 2011 or before
2. Are you still a preceptor?
<input type="radio"/> Yes
<input type="radio"/> No
3. If you are not a preceptor now, when was the last year you were a preceptor?
<input type="text"/>
4. In what unit are/were you a preceptor?
<input type="text"/>
5. Are you male or female?
<input type="radio"/> Male
<input type="radio"/> Female

Appendix B: Evaluation of the Preceptor Preparation Program Survey

Evaluation of the Preceptor Preparation Program

Thank you for your responses.

1. How helpful was the Preceptor Preparation Program to your role as a preceptor?

- Extremely helpful
- Very helpful
- Moderately helpful
- Slightly helpful
- Not at all helpful

2. Participation in the Preceptor Preparation Program enhanced my clinical competency.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

3. How realistic were the expectations of the Preceptor Preparation Program?

- Extremely realistic
- Very realistic
- Moderately realistic
- Slightly realistic
- Not at all realistic

4. I had/have adequate support from nursing leaders when I was/am a preceptor.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. The Preceptor Preparation Program prepared me for the commitment required for the preceptor role.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Was the impact of being a preceptor on your unit positive?

- Extremely positive
- Very positive
- Moderately positive
- Slightly positive
- Not at all positive

7. Overall, how satisfied are you with the Preceptor Preparation Program?

- Extremely satisfied
- Very satisfied
- Moderately satisfied
- Slightly satisfied
- Not at all satisfied

8. Do you have any obstacles in fulfilling your role as a preceptor?**9. Do you have any other recommendations for improving the Preceptor Preparation Program?**

Appendix C: Evaluation of Program Survey

Evaluation of Program
Progression
<p>1. Were the concepts you learned in the Preceptor Preparation Program beneficial during your first year as a preceptor?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not sure</p>
<p>2. Were the concepts you learned in the Preceptor Preparation Program beneficial during your second or continuing years as a preceptor?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not applicable</p>
<p>3. Did you become increasing comfortable with the process of preceptorship with each experience?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not applicable</p>
<p>4. How enthusiastically do you feel about preceptorship today?</p> <p><input type="radio"/> Extremely enthusiastically</p> <p><input type="radio"/> Very enthusiastically</p> <p><input type="radio"/> Moderately enthusiastically</p> <p><input type="radio"/> Slightly enthusiastically</p> <p><input type="radio"/> Not at all enthusiastically</p>
<p>5. How comfortable do you feel about preceptorship today?</p> <p><input type="radio"/> Extremely comfortable</p> <p><input type="radio"/> Very comfortable</p> <p><input type="radio"/> Moderately comfortable</p> <p><input type="radio"/> Slightly comfortable</p> <p><input type="radio"/> Not at all comfortable</p>
<p>6. Do you have any other comments, questions, or concerns regarding the evolution of the preceptor?</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>