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Perinatal Residents' Perceptions of Confidence Gained Through Their Preceptors

Veritta Henderson
Walden University

Walden University

College of Health Sciences

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Veritta Henderson

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Review Committee
Dr. Eileen Fowles, Committee Chairperson, Nursing Faculty
Dr. Janice Long, Committee Member, Nursing Faculty
Dr. Barbara Niedz, University Reviewer, Nursing Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

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Veritta Annette Johnson Henderson

MSN, Gonzaga University, 2012

BSN, University of Texas Health Science Center at San Antonio, 1991

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

The importance of preceptorships, as a mechanism to transfer knowledge of evidence-based nursing practices and developing confidence in nurses, is well-known. However, the effectiveness of preceptorships to develop confidence in perinatal nurses who provide safe care to childbearing women is unknown. Guided by Kolb's model of experiential learning and using a narrative analysis approach, this study examined perinatal nurse residents' perceptions of experiences that enhanced learning and developed confidence during preceptorship. Twenty nurses who completed a perinatal nurse residency of 18 weeks or more in the past 12 months participated in audiotaped, structured interviews. Their answers were transcribed and data analysis software was used to organize the interview data. Words and sentences were analyzed for themes. The following 7 themes emerged as confidence-building elements in perinatal nurse residency programs: "break larger tasks into smaller steps," "offer encouragement," "provide written instructions," "push me a little," "practice with drills and quizzes," "show me, then let me do it," and "debrief after the day". Nurses' perceptions of incivility from health care providers and experienced staff nurses was an unexpected finding. Preceptors, educators, and facilities can use these themes to standardize and strengthen perinatal preceptorships. This study has implications for positive social change by ensuring that perinatal nurse residents benefit from preceptorships that focus on the best ways to teach, instill confidence, and subsequently, pregnant women will receive safe, evidence-based care from a confident perinatal nurse. Organizations can use the results to structure quality perinatal preceptorships, retain confident nurses at the bedside, and enhance patient satisfaction.

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Dedication

This dissertation is dedicated to the perinatal nurses who taught me, the perinatal nurses who I have taught and still teach, and to the perinatal nurses that will be added to the discipline in the future. Nurses--keep making a positive difference in families' lives. Never stop speaking up to safely care for the moms we see and the patients you cannot see—the babies in utero.

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Chapter 1: Introduction to the Study

Introduction

Nursing is built upon a combination of new knowledge and prior learnings. Nurses who are just beginning their careers or those transitioning to a new practice setting often need direction from experienced nurses. An experienced nurse with strong clinical skills can help teach the new nurse evidence-based application of specific skills and knowledge in the practice setting to ensure the delivery of safe and appropriate care to patients. These experienced nurses are called *preceptors* and typically have been in a unit setting for at least 1year. Preceptors use their experience to give newer nurses the tools to succeed in the nursing field—tools to guide and to increase confidence in clinical skill and knowledge (Panzavecchia & Pearce, 2014). Experienced nurses may not require long periods of orientation unless they are changing from one practice area to another. New nurses usually need longer learning periods to gain the experiences that increase their nursing skill and confidence (Ortiz, 2016).

The literature is replete with evidence about the structure and benefits of preceptorships. However, perinatal nurse preceptorships are not well-studied. Furthermore, there is no standard or consistent format for precepting on a perinatal nursing unit. Formats for precepting may include simulation, classes, self-study, pairing novice staff with experienced staff, or meetings with a leadership team. Most facilities use different methods such as “formal or informal preceptorships” or even “mentorships” to conduct the preceptorship (Rush, Adamack, Gordon, Lilly, & Janke, 2013). Facilities do not usually study their perinatal preceptorship, much less disseminate the results so

other perinatal units could learn what works for preceptors or preceptees and their level of confidence.

The implications for positive social change of by creating confident perinatal nurses are many. According to Morton (2014), perinatal nurses collaborate with the healthcare team to reduce maternal morbidity and mortality. Confident nurses provide safe care to the perinatal population. Confident nurses stick with their jobs and thereby decrease staff turnover (Garrison, 2017). The implications of social change for this study are that confident perinatal nurses will successfully and safely attend to pregnant women, contribute to the stability of the perinatal nursing field, collaborate to decrease maternal and neonatal morbidity and mortality, and decrease litigation commonly found in the obstetric health community. The study could affect social change because the participants' reflections could be shared with other perinatal nurse educators and administrators and thus yield quality nursing preceptorships that prepare confident nurses who can provide safe and effective care to childbearing families.

This dissertation will address perinatal nurse preceptorships and the implications of the preceptor on the confidence of the new perinatal nurses. In this section, the purpose of the study will be reviewed, the conceptual framework and the nature of the study will be highlighted. Preceptorship, confidence, mentorship, and internship will be defined to increase understanding of the differences in how each concept relates to teaching. Also discussed is the scope and significance of achieving a confident perinatal nurse through preceptorship experiences .

Background of the Study

There are significant gaps in the literature about preceptorships in perinatal nursing. Most of the literature is about general preceptorships or residency programs. But perinatal nursing is a specialized area with many different nursing aspects. The synergistic components of nursing for each body system, along with the added pregnancy, require considerable skill. For example, pregnant women may have cardiac disease or kidney disorders. Each body system is affected in pregnancy and perinatal nurses need to be familiar with each body system function and how pregnancy affects normal functioning. Research articles about perinatal nursing or mentoring are common but research studies are lacking on the perinatal nurse and preceptorships. Facilities often have very different approaches and strategies for transitioning new nurses to perinatal areas. Some facilities may include area conferences along with facility orientations. Others may choose a more independent and centralized means of supporting and orienting their new nurses. Nursing care given to childbearing women would benefit from research on the comprehensive learning, strategies and effective preceptorships that lead to a confident, capable perinatal nurse. The strategies are to assist the new nurse be successful in nursing skill, health-care team communication, and safe care of pregnant patients.

Problem Statement

Perinatal nursing is a specialized, comprehensive field. Perinatal nurses must possess the knowledge and skills to care for pregnant women, their fetuses, and their families during several stages of pregnancy—such as preconception, prenatal and

postnatal—and during any hospitalizations throughout the pregnancy (Nursing Education, 2014). The ability to conduct appropriate and thorough assessments and to competently perform critical clinical procedures requires confidence. Perinatal nurses have a tremendous amount of autonomy. For example, sometimes they are the only health care provider present on the labor and delivery unit. Obstetricians and certified nurse midwives rely on the information provided by a confident and competent perinatal nurse to monitor the mother's labor and accurately communicate her progress to the healthcare team. Furthermore, when a nurse exudes confidence, a patient's perception of her nurse's competence increases and she feels protected and at ease (White, 2009). Perinatal nurses must provide not only competent, skilled care to the childbearing mother, but they must also demonstrate effective critical thinking and communication skills to ensure the best possible birth outcomes for the mom and her infant. Participating in a perinatal nurse residency is one way to provide nurses with confidence for applying their knowledge and skills to the care of childbearing families.

New perinatal nurse resident confidence may affect the feelings of value that they provide to childbearing families and facility retention rates (Tracey & MacGowan, 2015). Perinatal nurses' confidence in their ability to provide competent and safe care to childbearing women may also affect their career stability. Nurses with less confidence may choose to leave the perinatal setting and work in a less stressful environment which increases the operational costs of the labor unit (Bell, Bossier-Bearden, Henry & Kirksey, 2015). Costs of turnover for one nurse have been estimated to be as high as $88,000 (Schroyer, Zellers, & Abraham, 2016). Confidence affects their interactions with health

care providers from other disciplines (Pfaff, Baxter, Ploeg, & Jack, 2014). Obstetricians, midwives, and other providers collaborate with the perinatal nurses and if the perinatal nurse has confidence, then each team member can focus on their unique roles. Each person functions independently, but together they form an interdependent unit designed to provide the optimal childbirth experience. Ultimately, the moms and babies who receive great care receive the most benefit.

A perinatal nurse residency, which is similar to a preceptorship, is a transition period whereby one person with experience educates a novice person transitioning into a new work setting (Yonge, Myrick, Billay, & Luhanga, 2007). In a perinatal nurse residency program, there is a dynamic relationship between the preceptor and preceptee. A preceptor has many roles. The preceptor is a leader, helping to create a team spirit on the nursing unit (Ulrich, 2011). The preceptor is a role model and teacher, guiding and evaluating the preceptee in the learning process and modeling appropriate professional behaviors and accurate clinical skills (Ulrich, 2011). The preceptee also has important responsibilities, including following the instruction of their preceptor, developing clinical reasoning, and learning from experiences with their preceptors (Ulrich, 2011).Preceptees must also develop an attitude of curiosity and independently seeking knowledge to achieve their own learning of goals and objectives based on their interactions with their preceptor and other staff during the residency. Although nursing preceptors are expected to help train new nurses, these teachers may be unprepared to carry out their roles as preceptor (Panzavecchia & Pearce, 2014). Experienced perinatal nurses who serve as preceptors lack a description of effective strategies for mentoring new perinatal nurses.

As a result, some new perinatal nurses complete their residency feeling confident about their knowledge and skills while others finish their residency with little confidence.

Research is needed to identify learning strategies, and best practice components of an effective preceptorship (Panzavecchia & Pearce, 2014). The outcome of this research can provide a foundation for improving the effectiveness of perinatal nurse preceptorship programs and thus could contribute to improving the health of childbearing families. Perinatal nurse residents need structured, nurturing, real-world experiences from which to learn (Vinales, 2015). These nursing experiences, if arranged carefully, may allow for the thoughtful development of perinatal nurse knowledge, skills, and attitudes. However, each facility has its own program for orienting perinatal residency nurses. Orienting nurses for perinatal nurse residencies may require even more variation. Hospitals may have multiple combinations of labor and delivery units, high-risk pregnancy units, nurseries, or maternal-infant units. Different unit combinations may require different curriculum components for orientation. For combined units, nurses must know how to care for patients throughout the pre-pregnancy, labor and delivery, and postpartum continuum. In contrast, if a nurse is just assigned to an isolated operating room setting, that nurse will only have to be familiar with operating room nursing standards and practices.

Preceptorships are created based on the complexity and breadth of a unit structure. In the perinatal preceptorship, a concept of interest is whether nurse resident confidence is gained or lost during the preceptorship. Standardizing perinatal nurse preceptorships could allow preceptors to influence the curriculum to provide preceptees with a consistent

way to accurately learn the way to give evidence-based nursing care. Standardization could provide a mechanism for evaluating the effectiveness of perinatal nurse programs.

Research Questions

Perinatal nurse residents will be interviewed to help answer the following research questions:

Q1: What are the clinical experiences new perinatal nurses describe as helping them learn and develop confidence during their preceptorship?

Q2: How do new perinatal nurses describe their thinking in the reflective observation stage of Kolb's model of experiential learning?

Theoretical Foundation

Kolb's experiential learning theory (ELT) is based on the works of several theorists. Jean Piaget, Kurt Lewin, and John Dewey added vital psychological, physiological, and philosophical information that led Kolb to develop his theory (Kolb, 1984). The theory, which posits that experience is critical to learning (Kolb, 1984), has four stages. The first stage, *concrete experience*, is where the learner is within the learning environment. The second stage, *reflective observation*, is where the learner reflects on what he or she saw in the experience, and then seeks to learn from the experience. This study will seek to understand when and how perinatal nurse preceptees translate experiences to learning in the reflective observation stage. The third stage, *abstract conceptualization*, is where the learner thinks about the problem and tries to solve it with theory or by creating their own ideas, which they will use in the same learning activity. The fourth stage, *active experimentation*, is where the learning that

takes place when the learner is actually trying new skills and concepts.

Kolb's theory is applicable to the perinatal nurse residencies. In a perinatal nurse residency, preceptors seek patient assignments to create teaching opportunities. The patient may be a low-risk labor patient or a patient with high-risk factors. This experience relates to Kolb's concrete experience stage (Kolb, 1984). The new nurse will be able to see how the evidence-based theory she or he learned in the classroom portion of the preceptorship will look while caring for a real patient. This stage parallels Kolb's period of reflective observation (Kolb, 1984). During abstract conceptualization, the perinatal resident applies reason to the way that the theory and ideas match the nursing interventions used in that patient's care. In *active experimentation*, the new nurse is able to use his or her experience to think carefully about the outcome of the nursing care and redirect any faulty thinking or actions to refine interventions for similar patients. (Kolb, 1984). The experiences of these nurses guide their learning.

Nature of the Study

This study will use a qualitative descriptive design with interviews of the perinatal nurse residents. A narrative analysis of the transcripts will be used. Narrative analysis allows participants to tell stories about their experiences (Creswell, 2009). These stories can then be analyzed to discover similarities and differences in the preceptorship. These similarities may form the basis for creating a more standardized perinatal nurse residency. Polkinghorne (1988) posits that, by clearly stating the experiences of the preceptees, the reader is lead to conclusions or outcomes about the experience. The goal of this project was to describe perinatal nurse residents' perceptions of what strategies or

approaches used by their preceptors enhanced or detracted from their confidence. An exploration of every component of the preceptorship that provided confidence to the new perinatal nurse was needed. Questions like the following need to be asked: Do the residents have similar experiences? Are their experiences different? Are the knowledge and skills gained from their preceptors repeatable? Are the knowledge and skills easy to maintain? Will these nurses have long perinatal nursing careers because they feel more confident to continue their practice?

Qualitative research is best used when the researcher needs to explore unknown characteristics of variables. Qualitative research may also be warranted for deeper understanding of topics not easily assessed with empirical data (Creswell, 2009). Using a qualitative approach for this project was most appropriate, since the development of a standardized perinatal nurse residency experience is unclear. A qualitative approach may help identify the experiences that suggest that the perinatal nurse residents are having a nurturing, safe, successful preceptorship for optimal learning.

Perinatal nurse residents were interviewed in a non-threatening setting. The interviews were audiotaped and transcribed. The focus of the analysis was to describe which meanings participants took from the strategies or approaches used by their preceptors, meanings that affected their confidence during their preceptorship.

Definitions

Confidence is defined as having a trust in one's ability (White, 2009). The term is also used to mean a belief in oneself or assurance, trustworthiness, and reliability on a certain situation (Confidence, n.d.).

Preceptorship is defined as "A period of practical experience and training for a student, especially of medicine or nursing, that is supervised by an expert or specialist in a particular field." (The American Heritage Medical Dictionary, 2007) Preceptorship involves a short time that the preceptor and preceptee are together for the purpose of teaching and learning. Mentoring involves a longer relationship and a supportive role (Yonge, Myrick, Billay & Luhanga, 2007). The concept of preceptorship can be used in a variety of work fields, for example, nursing, allied health or business and is used for students or new hires (Billay & Myrick, 2008). Yonge, Myrick, Billay, and Luhanga (2007) describe the educator as someone willing, experienced, competent and able to communicate to teach the new preceptee. The article speaks to the roles to model and the orientation and socialization, professional roles, skills, and daily clinical practices to learn (Yonge, Myrick, Billay & Luhanga, 2007).

There are many concepts related to preceptorship. Interestingly, some think preceptorship and mentoring are the same. However, they are not. Several other concepts have been used in a similar way as preceptorship. Apprenticeship is a similar concept defined as someone who works for or under someone to learn a trade. Preceptees do not work for their preceptors. Preceptors are often employees of the same healthcare organization as the preceptee. Mentoring is also similar to precepting but a mentor has a sponsorship role along with the counseling, teaching and supporting of the other person. Clerkship is yet another related concept but its definition acknowledges students who are learning (Medical Dictionary, 2009). The preceptees are employees and no longer students of a higher learning institution. A fellowship allows for a stipend or grant to be

given to the person to pay for their learning. The concept, internship, relates to supervised training but usually refers to medical doctors (Random House Kernerman Webster's College Dictionary, 2010).

Nurse residents are graduate nurses or nurses in a transition program (Cappel, Hoak, & Karo, 2013). A *perinatal nurse resident* is a nurse who is new to the perinatal nursing field and in a perinatal transition program. This nurse may be experienced in other nursing fields or a new nurse graduate but new to perinatal nursing. The perinatal nursing field can consist of any combination of units, such as labor and delivery, high risk pregnancy, antepartum units, or mother baby units. These nurses on these units care for pregnant patients at any stage of their hospitalization, from early pregnancy to the postpartum period. The perinatal nurse resident is hired to work and learn in a preceptorship period of some length of time, working alongside a preceptor to learn the knowledge, skills, and attitudes for caring for perinatal patients.

Assumptions

Assumptions are issues that are considered to be true or the study would not be relevant (Ellis & Levy, 2009). (a) One assumption of this research study was that nurse residency programs contained experiences that the preceptees will learn from. (b) The second assumption was that a preceptor would be present and assigned with a new perinatal nurse resident to guide their learning. (c) Another assumption was that preceptors would like to increase the preceptee's confidence in their nursing skills, attitudes, and didactic knowledge. (d) I also assumed the preceptors and preceptees wouldl be able to identify and measure an increase in confidence. (e) I assumed that the

perinatal nurse residents would truthfully respond to the interview questions and share their experiences and perceptions of their preceptorship experiences. (f) Additionally, I also assumed that the sample of perinatal nurse residents interviewed represented the broader study population. These assumptions took into consideration that preceptors intended to see confidence increase in the preceptee and that nurse residencies were provided to positively affect skill and knowledge. Therefore, these assumptions were necessary.

Scope and Delimitations

Delimitations are things that are both included and not included in a study and represent the boundaries of the study (Ellis & Levy, 2009). I developed interview questions that were delimited by concepts [I'm not sure how this sentence fits.] that were consistent with Kolb's theory and sought responses only to the project questions. The questions were asked of the new nurse residents and not of their preceptors as their experienced preceptors may have had a bias towards how their teaching supported the new nurses' learning and confidence. I will also delimit the time the participants will have had out of residency. Facilities that have less than an 18-week residency will be not be included. Longer lengths may help the preceptees feel more satisfied with their could benefit preceptors and facilities and refine nurse residencies across disciplines. The preceptees identified opportunities to enhance confidence that may be transferred to other nursing units that have nurse residencies.

Limitations

Limitations of research studies are matters about the study that the researcher cannot control (Ellis & Levy, 2009). One limitation of this study is the different personalities of the preceptors and the preceptees that may influence preceptees' perceptions of their preceptorship program Additionally, teaching styles of preceptors differ and one preceptor's teaching style may not match that preceptee's learning style.

Another limitation of the study is the geographic location of the perinatal nurse residency. The location of my study, the southeastern area of the United States, may not reflect all similarities of other geographical areas or facilities that have perinatal preceptorships, thus limiting the transferability of my study to other regions. .. The length of time of the perinatal preceptorships in this study is also a limitation as the length of the preceptorship may not be consistent across all perinatal nurse residencies. I will attempt to address this limitation by including participants who have participated in residencies of 18 weeks or longer.

Significance of the Study

Significance to Practice

Professional nursing associations help establish codes of ethics and disseminate emerging thoughts and concepts to practicing nurses (Matthews, 2012). The largest professional association for perinatal nursing is the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). One of its goals is to "become the leading nursing authority in women's health, obstetric and neonatal nursing" (AWHONN, 2017). The association states its vision and values as having the "highest standards" and

education excellence (AWHONN, 2017). This research study examining perinatal residencies directly impacts AWHONN's vision and values by assessing how the education received from preceptors affects new perinatal nurses' confidence. Standardization of preceptorships may help associations upgrade their education modules for widespread success. Developing standardized preceptorships is crucial to the patient care, and the confidence of perinatal nurse residents. This confidence is also important to the nurse's ability to advocate for nursing practice and to improve patient care.

Theoretical Significance on the Study

Kolb's ELT has been used repeatedly in many disciplines. Applying ELT specifically to perinatal nursing preceptorships can benefit the way perinatal nurses are educated. Preceptors can use the four stages of ELT to identify what experiences have the best potential for ensuring their preceptees success or to create effective opportunities to learn. The leadership of hospitals can use Kolb's theory to align their perinatal residency structure to evidence-based practice. Undergraduate and graduate perinatal nursing education may also want to use Kolb's work to guide their creation of clinical competency experiences. Preceptees will have a blueprint to address their current and pending success—noting Kolb's strategies that coordinate with their experiences to help them become better clinicians.

Significance to Social Change

The Institute of Medicine recommends the use of nurse residencies to support new nurses or nurses transitioning to a different nursing field (Institute of Medicine, 2010). The goal of this study was to improve such residencies. A successful nurse residency

program can improve nurse retention rates and thus avoid significant financial losses (Lai, 2015) by helping new nurses develop the confidence they need to be able to do the job to the best of their ability. Without confidence, they experience stress and may seek other workplace opportunities to relieve it.. Nurses' perceptions of staffing and ability to provide the care to the best of their ability can affect retention (Simpson, Lyndon, Wilson, & Rulh, 2012).

Since most births happen in hospitals, the perinatal nurse is the most crucial attendant for a woman and her family during the labor process. Nurses who have confidence in their clinical skills and perinatal knowledge expect to provide excellent care to the childbearing family (Weitzel, Walters, & Taylor, 2012). The perinatal nurse's confidence underlies the provision of safe care. However, little is known about the effective strategies used by preceptors that contribute to the self-confidence of new perinatal nurses and, subsequently, contribute to optimal outcomes for the childbearing family.

This project has the potential for contributing to positive social change in several ways. First, confident perinatal nurses may find their work gratifying and continue to work in that setting, thus improving retention rate and reducing organizational costs (Tsai, Lee-Hsieh, Turton, Li, Tseng, Lin, & Lin, 2014). Confident perinatal nurses often feel honored to be part of a family's celebration of birth and often feel equally rewarded when assisting and comforting a woman during a loss of a pregnancy. A perinatal nurse's ability to provide care to childbearing women experiencing joyous as well as sad birth outcomes requires a positive experience with a preceptor. The preceptor uses strategies

that may increase or impede confidence in the new perinatal nurse (Figueroa, Bulos, Forges, & Judkins-Cohn, 2013). If a perinatal nurse has a positive experience with her preceptor during the residency, the new nurse may be more likely to provide positive mentoring experiences to another newer nurse.

Summary

Nursing knowledge is derived from practicing clinical skills and from learning experiences. Structured preceptorships may benefit new nurses. However, standardizing a preceptorship format may be difficult because different perinatal units have a combination of make-ups and thus have differing needs. ups. A standardized process may affect new nurses, allowing them to gain confidence and improve their clinical skills. The nursing literature on residency programs can benefit from studies about the effects of standardization. There may be other benefits to standardization. Current research on effective preceptorship strategies will also help new nurses meet the goals of nursing confidence for better patient care. Kolb's ELT asserts that the experiences people face facilitate their learning. A qualitative research design to study new perinatal nurse experiences may shed light on which components of the preceptorship can be standardized to promote successful nurse residencies. Studies of the nurse's experience of their preceptorship will be significant for theory and social change. The advocacy of nursing and patient care are components that consistency of preceptorships may have an affect upon.

Section 2 will summarize the current state of the literature on preceptorships and identify gaps in knowledge and gaps in preceptorships. Chapter 3 will review the

research methods used for the study. Chapter 4 will detail the results from the research study and chapter 5 will follow to discuss conclusions and recommendations.

Chapter 2: Literature Review

Introduction

The purpose of this qualitative, descriptive study was to describe the experiences of perinatal nurse residents during a preceptorship. The new nurses developed knowledge from clinical experiences. Using Kolb's ELT, I examine these experiences. I explore the process that perinatal nurse residents describe as they receive their preceptor's teachings and acquire knowledge, skills, and attitudes from their clinical experiences during the residency. Their stories may provide a basis for evaluating the effectiveness of current perinatal nurse residencies. A structured preceptorship method may create better approaches for learning and for developing confidence for this group of new nurses, no matter the arrangement of the facility. In this chapter, I cover the method and keywords I used for researching literature and the need for, purpose, structure, and quality of preceptorships. I also explore Kolb's ELT as a theoretical foundation for the study.

Literature Search Strategy

I conducted my search using CINAHL Plus, ERIC, EBSCOhost, and Education Source databases, I reviewing only English language studies published between 2013 and 2017. Searching the term *precept*, I found 1612 articles. I then added the other terms—*preceptor*, *confidence*, *standard*, *novice*, *transition*, *nurse residency*, and *onboarding*—and their synonyms in various combinations (and with truncations) to narrow the results to the areas of preceptor, confidence, standard, novice, transition, nurse residency, and onboarding. Nurse residencies have appeared in the literature since 2004 so there is a long history of general articles about the concept (Cappel, Hoak, & Karo, 2013).

Theoretical Foundation

Some authors have shown that qualitative research has unclear and variable connections with theory (Bradbury-Jones, Taylor, & Herber, 2014). However, theory's place within qualitative research has implications for nursing practice and the policies of that practice (Meyer & Ward, 2014). Nurses use theory in every area of health care, although in many cases, nurses may not be aware of how theory informs their work and interventions (Bond et al., 2011). Bradbury, Taylor, and Herber (2014) described the following "levels of theory visibility" (p. 137) in qualitative research: (a) seemingly absent, (b) implied, (c) partially applied, (d) retrospectively applied, and (e) consistently applied. Theory helps explain the way people think, feel, and act. It may have "variables, constructs, and hypotheses" to explain these behaviors (Creswell, 2009, p. 61). Qualitative research approaches—and the subsequent creation of interventions—appear to be more functional when a theory is connected to the approach (May et al., 2015). I used the reflective observationcomponent of ELT to understand how perinatal nurse residents think, feel, and act as a result of their developing confidence.

ELT was the foundation of my research study. David Kolb created the ELT in 1984 by combining the works of several learning theorists. Each theorist had a specific learning experience concept. The combined addition of these concepts gave an interrelated description of how learners grasp experiences (taking in information) and transform the experience (interpret and act on that information) for learning to occur (Kolb & Kolb, 2011). Kolb called these learning modes and posited that both of these must occur. That is, the learner must have an experience and transform information from

the experience into knowledge.

Major Constructs

Kolb built his theory on six statements about learning. The first statement describes learning as a process. The second statement mentions that learning is affected by "beliefs and ideas about a topic that is constantly refined and reexamined for agreement or disagreement. The third statement illustrates learning by opposing views. The fourth statement is that learning includes the relationship of "thinking, feeling, perceiving, and behaving" within the person. The fifth statement introduces the importance that the environment has on learning. The sixth, and final, statement discusses learning being created by social and personal knowledge.

Key Concepts

Kolb's ELT is grounded in the experience of the learner. Kolb's model of the ELT depicts the stage orientation of four central concepts (Kolb, 1984). Learners encounter experiences in the concrete experience stage of the model. The learner reflects on the experience in the reflective observation stage. Reflection on the experience helps the learner makes sense of the reflection in the abstract conceptualization stage. These two concepts, abstract conceptualization and concept experience, are part of the grasping of experience and are depicted in the model on the y-axis. The x-axis has the concepts of active experimentation and reflective observation on opposite sides relating to transformation of experiences. Each concept is affected by way of different areas of brain cortexes and motor brain. These brain functions work in concert. The ELT model shows a circular direction of (a) concrete experience leading to (b) reflective observation leading

to (c) abstract conceptualization leading to (d) active experimentation leading back to (e) concrete experience.

ELT presents a relationship of behavior to learning styles. The five levels of behaviors are personality, education, career, job, and competencies. The Learning styles are (a) diverging, (b) assimilating, (c) converging, and (d) accommodating. Nursing is listed on the level of education specialization as accommodating although nurses have parts of each of the learning styles owing to the mature and deep nature of skill and knowledge that is required to nurse. Kolb and Kolb (2013) addressed personality in learning and suggested that personality plays only a small part in learning. I will not take personality into account for this reason. Kolb and Kolb (2013) mentioned that other experiences of job role, career, and education weigh more heavily than personality on the learning process.

I focused on confidence in preceptorships through the lens of the ELT model's key concepts. When the perinatal nurse residents are placed into the environment of a patient care experience, this aligns with the concrete experience (CE) of ELT. The nurse preceptor usually chooses a patient who the nurse resident and the preceptor will care for during that day. This assignment provides the concrete experience for the nurse resident to grasp or take in the information as mentioned in ELT. I will ask the nurse residents about the specifics of their preceptorships. The opposing view of abstract conceptualization (AC) represents the nurse resident thinking of the actual experience in terms of the insights she or he realize as they work through the reflective observation of the model. The perinatal nurse resident carries out several thoughts about patient

diagnoses, interactions, and collaboration needed during this patient care experience. Preceptors help the nurse resident to recognize and organize patient experiences to create learning. Topaz dissects the process into "combining data" to become information (Topaz, 2013, p. 2). The information is translated into knowledge and then wisdom (Topaz, 2013). Preceptors have an important role in helping the nurse resident make this transition to knowledge and wisdom. The novice nurse resident captures experience as abstract thoughts and transform the thoughts into information.

The interview questions in this study sought to learn from the nurse residents what interactions they were able to transform into knowledge. The nurse resident may have participated in the care, thus lining up with the active experimentation (AE) concept of ELT. Nursing interventions are the actions carried out by the nurse resident representing AE. The nurse resident is experimenting with what has been taught, modeled, or read. The novice watches to see if this active experimentation of interventions affects the patient. The effects on the patient provide the nurse resident the progression to transforming a thought into knowledge. I will ask the participants in the study what the preceptor did or said about their active patient care interventions that garnered or decreased nurse resident confidence. The reflections of those nursing interventions provided by the nurse resident is consistent with the reflective observation (RO) concept. I examine which elements of the perinatal nurse residency provide confidence by using the RO concept to assist the novice nurse to turn his or her thoughts about patient experiences and nursing actions inward. Perinatal preceptorships contain the four concepts working in tandem. I will study which areas the perinatal nurse resident may

believe affects their confidence.

Literature Analysis of Theory Application

Several researchers in nursing have used Kolb's theory. Rieger and Chernomas (2013) used Kolb's theory, particularly the active participation and reflective observation processes, for a concept analysis about arts-based learning, a different teaching and learning method for nursing education. Castillo (2013) referenced Kolb's theory when writing about the experiences of adult students and the effect on their perspectives while learning. Other authors used Kolb's theory in studies to research precepting, transition programs, and the relationships of nursing students and nursing faculty learning styles (Sorrentino, 2013; Witt, Colbert, & Kelly, 2013; Mellor, & Greenhill, 2014; Mann-Salinas et al., 2014). Simulation in nursing and medicine has also been examined within the foundation of ELT (Shinnick & Woo, 2015). Preceptor strategies of teaching and design of teaching processes have also been analyzed based on the relationships of the ELT concepts. Researchers use theory to evaluate nurses actively learning versus passively learning. My research study will be the first to address the utility of Kolb's theory on increased or decreased nursing confidence by applying the theory's four major concepts to a perinatal preceptorship.

Literature Review

Measuring variables and looking for commonalities in the research process has many facets. As researchers use valid and reliable tools of measurement, the research process gives strength of theory to the body of nursing by empirical means (Creswell, 2009). Allocating values to the observances of researched problems is the manner in

which the existence of those problems can be given meaning. In quantitative data collection, there is some tool in use, or some means of measurement that another person gives their rating. With a tool or instrument in quantitative collection, the measurements are graded with numerical focus (Creswell, 2009). Quantitative and qualitative methods may utilize combined methods. These methods may involve similar means. For example, interview and observation can be used in both quantitative and qualitative methods. The goal of both methods is to find some meaning to be gleaned from the studied concept. Hypotheses in quantitative studies contrast the emerging themes from qualitative method interpretations. Quantitative methods are approached with structure (Al-Busaidi, 2008). Qualitative research is needed to find the common thread of standards leading to nurse resident confidence.

Most preceptorships include some combination of classroom didactic education and clinical practice under the guidance of a preceptor. The way these two educational strategies are undertaken are in question. The nursing literature confirms that new nurses require a successful orientation period to help them identify their roles in competent patient care (Al-Dossary, Kitsantas, & Maddox, 2014). These authors conducted a systematic review of the literature about residency programs. Their review revealed the need for standards to be in place for a residency program, the program length, and types of nursing area rotations a new graduate nurse may need. Their review suggested a need for research to look at standardization relationships to a new graduate's ability to deliver safe, effective nursing care. However, Al-Dossary et al. (2014) did not address nurses who hold a nursing license past a year but were transitioning to a new nursing field and

placed in a nurse residency program. Those nurses may have a different perspective. I will be conducting a study that may shed light on perinatal residency standardization regardless of graduation timing, thus increasing generalizability to a variety of nurses orienting to a perinatal unit.

Clinical supervision is part of the transition into practice. There is a paucity in the literature about perinatal preceptorships. However, Watson, Macdonald, and Brown (2013) conducted a qualitative study and suggested tailoring clinical experiences to nurses new to the perinatal setting. Focus groups were interviewed with the intent to review the experiences of novice and expert nurses. These authors did not examine their evolving themes through the lens of a theoretical framework. One revealed theme highlighted an inability of the novice nurses to reflect on their practice (Watson, Macdonald, & Brown, 2013). However, this was one of the few studies conducted in the perinatal nursing field. My study will be using Kolb's ELT as a guiding framework and I asked preceptees about the clinical supervision from their preceptors. Each preceptee may reflect on how that supervision helped them practice with more confidence. The methodology and approach of the Watson, Macdonald, and Brown (2013) study will be similar to my study but only the preceptees experiences will be magnified.

Clinical experiences are highlighted by preceptors who call attention to the daily work of the preceptees. Daily precepting is the topic in a qualitative study by Lagasse, Wilkinson, Buck and Phillips (2013). The focus is on setting goals for both the preceptor and resident. The authors suggest inclusion of the resident in other daily aspects of the work environment. These include committee meetings, collaborative efforts, and

meetings about policy creation. Tips about goal setting for the preceptor and the resident are suggested and evaluation is discussed as an important, but sometimes forgotten, piece of the resident's learning. Preceptors evaluate tasks that preceptees carry out every day. Perinatal nurse residents may gain confidence from engaging in these tasks regularly in order to strengthen their conceptualizations. Lagasse, Wilkinson, Buck, and Phillips (2013) are working with a small sample of pharmacy residents, not perinatal residents. Therefore, the usefulness of this evaluation lies in correlating the information for another area—nursing and obstetrics. This study does use Kolb's ELT for its utility in revealing learning styles. My study will not focus on the different learning styles. Instead, my study will review Kolb's concepts in relationship to the preceptees' reflections of their daily experiences. The preceptors help evaluate preceptee clinical experiences by helping the new graduate find time and the ability to reflect on their practice. The amount of time the nurse resident takes to reflect and the degree of detail in those reflections are needed to create actual learning is unknown. Clinical supervision is successful when the new nurse graduate exhibits a readiness to reflect. When the preceptors help the preceptees access and make sense of their reflections may be an important component of the process to understand when structuring preceptorships.

This research may provide insight about how strong clinical reasoning skills may help new nurses interpret their experiences to become confident in their nursing skills. Nielsen, Lasater, & Stock (2016) stress that clinical reasoning is enhanced with preceptor roles encouraging reflection as an important concept gained in the evaluation of clinical experiences. These researchers conducted a qualitative study to examine clinical

development. The Tanner model of clinical judgment that consists of noticing, interpreting, responding, and reflecting was their conceptual model. The reflections for that study focused on the preceptor, not the preceptees. Preceptees may have a different view into their clinical development. My study will ask about their experiences and confidence development. The confidence of these new perinatal nurse resident is enhanced with peer support and the provision of a supportive learning culture (Kelly & McAllister, 2013).

The need for preceptorships is well documented. The purpose of preceptorships is also undisputed, although the definition of preceptorships can be confused with other concepts of a teaching or mentoring role. The structure and quality of preceptorships are widely variable. These concepts of need and purpose of preceptorships will be discussed in the next section. The literature will be examined regarding the structure and quality of preceptorships will especially be analyzed in the next section since those concepts tend to be studied with less frequency. My study will examine what aspects of preceptorships that support strong structures and high quality within perinatal residency programs and can form a foundation for standardizing these programs.

Need for Preceptorships

Preceptorships are a part of an orientation process. The orientation process includes learning facility rules, modeling, and support of the new nurse. The preceptor teaches unit specific procedures to the new perinatal nurse. Preceptors model the job role of nursing. Confidence is partly gained through the experiences that preceptors choose for their perinatal nurse residents to see each day (Ortiz, 2016). Ortiz (2016) conducted a

qualitative study with a semi-structured interview protocol and subquestions similar to the one I am proposing to do. Her study was also conducted about confidence. Professional confidence is with Ortiz's definition (Ortiz, 2016). Ortiz chose registered nurses who were out of school for up to one year as her sample population. This study has many similarities to my study. However, it does not mention the perinatal nurse. The study is definitely asking questions about confidence but the study is not specific to preceptors giving confidence, though preceptors are occasionally mentioned. Ortiz's (2016) study can add to the knowledge of the feelings of new graduates. My study will add to the specificity of the confidence of new perinatal nurses, regardless of their years of nursing experience. The nurse residents need these preceptorships to be carefully structured to increase confidence (Henderson, Ossenberg, & Tyler, 2015).

Engaging in evidence-based nursing practice is a benchmark for ensuring of patient safety. Preceptorships are needed to impart knowledge of safe, evidence-based nursing practice to the novice nurses (Valizadeh, Borimnejad, Rahmani, Gholizadeh, & Shahbazi, 2016). The preceptorship is a time to delve into the conditions a student nurse may have only read about in a textbook. The preceptee has a preceptor to model safe care during the preceptorship program (Panzavecchia & Pearce, 2014). Panzavecchia and Pearce (2014) suggest these experiences can be recalled and reinforced with repetition to grow the new nurse's confidence and contribute to the growth of confidence in the new nurse. This careful guidance of knowledge building between the preceptor to preceptee is one way to add skilled knowledge to nurses.

Successful preceptorships can help increase safe patient care. Experienced nurses

have acquired knowledge from years of seeing similar patient medical conditions. These nurses have also refined their clinical skills. Preceptors can protect the patient against mistakes made by an inexperienced nurse (Omer, Suliman, & Moola, 2016). The preceptorship is a time that the knowledge from the preceptors' years of attending conferences and obtaining evidence-based competences can be passed to their preceptee. Nurses gain confidence by experiencing and participating in the delivery of safe patient care (Ortiz, 2016). Standardized preceptorships can ensure all required competencies are met.

Patients deserve and usually require collaborative care. Preceptorships are one way to strengthen nurses' assimilation and knowledge as team players. The preceptor can use the orientation period of a preceptorship to introduce the new nurse resident to medical and anesthesia staff, pharmacy professionals as well as the patient care techs. Preceptorships can create nurses with strong collaborative efforts (Turrentine et al., 2015). How nursing is expected to synchronize with each discipline's role becomes an integral part of the new nurse's socialization. During the preceptorship, the preceptor can demonstrate to the perinatal nurse resident how valuable nursing is to the perinatal team.

Preceptorships are needed to socialize new nurses to the nursing unit. Being introduced to other members of the perinatal team is part of that socialization. New literature is suggesting that unit socialization is an important way to retain the newer generation of nurses (Crimlisk et al., 2017). Once these nurses feel socialized as part of the unit culture, they are inclined to be loyal to the unit and the people they have developed a relationship with. Some younger perinatal nurses feel intimidated by older

providers. The preceptor can positively impact the new nurse's introduction to the providers. As the preceptor may have a healthy working relationship with providers, the provider may feel that the preceptor will teach the perinatal nurse resident how to provide competent nursing skill.

Preceptorships can be used to decrease the stress of new nurses. Residencies have been suggested to benefit and support new nurses (Institute of Medicine, 2010). These orientation periods are stressful (Mellor & Greenhill, 2014). Mellor and Greenhill (2014) also mention that the new perinatal nurse is no longer a student and usually feels the weight of responsibility for intervening for safe care. The pregnant mother and the unseen, unborn baby are in the care of the nurse—sometimes without a provider physically on the unit. Many of these new nurse residents have busy days and leave the nursing unit in tears. Until the nurse resident feels comfortable juggling the many thoughts of reasoning and hands-on skills, they may feel overwhelmed at the amount of work placed upon them as nurses which ultimately affects nurse confidence (Kumaran & Carney, 2014). Preceptors help new nurses navigate these stressors by seeking experiences that are appropriate for the skill level of their preceptees (Henderson, Ossenberg, & Tyler, 2015). This offers some protection against those stressors and protects the confidence of the new nurse (Henderson, Ossenberg, & Tyler, 2015).

This research study is necessary to see if structured preceptorships have any effect on enriching the orientation process and promoting learning for the perinatal nurse resident. The study may identify strategies that will minimize novice nurses' stress and effectively socialize new perinatal nurses to a challenging nursing area. Lastly, studying

the participants' perceptions of effective strategies that contributed to gaining confidence may assist facilities to structure a preceptorship programs that promote confidence and ultimately facility the delivery of safe nursing care to childbearing women.

Purpose of Preceptorships

It is known that a transition period to nursing practice is necessary (Missen, McKenna, & Beauchamp, 2014) and preceptorships provide the structure for that transition. The format, timing, length, and content of that transition period are not well-understood. Most preceptorships include some combination of classroom didactic education and clinical practice under the guidance of a preceptor. The manner in which these two strategies are undertaken within a preceptorship program is questionable. The nursing literature continues to show that new nurses require a successful orientation period to help them identify their roles in competent patient care (Al-Dossary, Kitsantas, & Maddox, 2014). Al-Dossary, Kitsantas, and Maddox (2014) found that nursing residency programs assist with the nurse's ability to make clinical decisions. However, the structures of orientation programs differ. The orientation's variation effect on the nurse is unclear.

Preceptorship are not to be confused with similar concepts of apprenticeships, clerkships, fellowships, or mentorships. Apprentices learn a trade while working for their supervisor who teaches that trade. Preceptees and preceptors work for a common facility—not for each other. Mentors counsel and support the mentored person and this relationship can last throughout the nurse's career (Jakubik, Weese, Eliades, & Huth, 2017). Preceptors may encompass the role of a mentor but many other duties are

required. Mentors may not advise about specific instructional tasks, preceptors do. Clerkships tend to pertain to students who are learning (Medical Dictionary, 2009). While the nursing preceptees were once students of academia, they are now nursing graduates and employees. Fellowships involve some type of learning opportunities coupled with grants or stipends to the fellow.

Preceptorship is not meant to take to the place of nursing school. The new nurse should have some foundational level of nursing skill and knowledge. The period of time that the new nurse is engaged in a preceptorship can be used to transfer knowledge gained during the nurses' basic educational program to actual patient care. Benner (1984) found that it takes nurses two to three years to grow from a novice to competent nurse, which is far more time allowed in today's preceptorships. Preceptorships can allow preceptors to apply the didactic knowledge learned in the classroom to actual opportunities to provide patient care in the clinical bedside setting. National exams for nursing are meant to ensure that basic nursing knowledge has been demonstrated. Once the nurses graduate, a significant number of nurse specialize in one area of nursing practice aimed at managing different body systems. Perinatal nursing field, which focuses on providing care to women during childbirth, is very different from cardiac nursing. Providing safe care to women within a low-risk pregnancy population has one set of specialized nursing skill while caring for women with high-risk pregnancy conditions require more demanding and challenging nursing knowledge and skill. While a nurse's basic educational programs provided broad foundation nursing education, preceptorships can help to refine that education at the patient point-of-care (Rush, Adamack, Gordon,

Lilly, & Janke, 2013).

Structure of Preceptorships

Most preceptorships contain some type of orientation, knowledge attainment, and skill building (Billay & Myrick, 2008). Some preceptorships include a facility orientation followed by a unit orientation. The new nurse must simply learn where supplies and people who collaborate in patient care are located on the new unit. It certainly helps to know where to clock in for work and who the nurse needs to speak to about scheduling. This in itself creates stress for the new nurse (Tsai et al., 2014). The preceptor can orient the new nurse to not only the landscape of the unit but also the personality and culture of the unit. The new perinatal nurse then feels a sense of comfort, being able to easily locate items needed to care for patients. The new nurse is also introduced to people who provide the support for the nurse as a team member. Managers, supervisors, support staff provide the nursing support. Time in a preceptorship can include meetings and introductions to the personnel for the unit.

Successful preceptorships involve collaborative learning. Turpentine et al. (2015), suggest that education efforts are said to be more effective when nursing, medicine, laboratory, and other disciplines learn together. The latest generation of nurses value the combined effort of a team (Watson, Macdonald, & Brown, (2013). Many preceptorships include classes and simulations where all disciplines are in attendance. Each discipline can learn to trust and collaborate with the other disciplines. Each team member learns how the other discipline solves problems and carries out assessments.

Most preceptorships include a combination of classroom education and patient care

opportunities. Preceptorships may have dedicated educators for the classroom portion of the education. The patient care opportunity is usually a separate portion of preceptorships, where a close connection of the preceptor to the preceptee exists. The preceptor needs to know how to delegate nursing tasks. The perinatal nurse resident must file that experience away as learned behavior. Towards the end of the preceptorship time, the preceptor will facilitate distance to allow the preceptee to gain independence. The novice nurse should be able to work on the various areas of the nursing unit with minimal assistance and prompting from the preceptor. The knowledge gained from education and the and skills practiced within patient experiences improves confidence (Lewis & McGowan, 2015).

Preceptorships must include a tour through all areas where the new nurse will be staffed. This type of structured preceptorship will guide preceptee skill attainment needed for nursing in all these areas. This process affects the preceptees' comfort levels with critical reasoning when the preceptorship is complete (Schuelke & Barnason, 2017). However, Lasater, Nielsen, Stock, and Ostrogorsky, (2015) found that more instructional time may be needed for substantial improvements in nursing clinical judgement. A longer time in a preceptorship may affect this (Cochran, 2017). Perinatal nursing is considered to be a specialty area and may require an extended preceptorship for successful novice nurse confidence and independence (Dyess, & Sherman, 2009). Perinatal preceptorships usually include rotations through all the labor and delivery areas. The patients may present to the hospital through a labor and delivery triage area. Some facilities will only allow new nurses to work in triage after years of experience due to the need for mature

assessment knowledge. Other types of preceptorships may give the nurses the opportunity to float to other units. Perinatal preceptorships may have the nurses gain patient care experiences on a Mother-Baby unit, a High-Risk Pregnancy Unit, as well as on the Labor & Delivery unit.

Unit step-by-step procedure manuals are not typically given to preceptees. Facilities have given an orientation manual to introduce the new employee to the structure of the facility, such as hospital welcome packets for years (Modic & Harris, 2007). The nursing unit usually gives a competency booklet. This booklet may have broad skills listed for the new perinatal nurse resident to learn. However, each facility will carry out procedures differently. A procedure manual may be beneficial to be sure their all tasks are completed and covered during the residency. Some preceptors may give their preceptee an informal list of tasks to complete. This creates an inconsistent manner of preceptoring. If there are several perinatal nurse residents on the unit, some new nurses may get the manual and while other nurses do not. New perinatal residents typically will make lists as they are being taught how to care for patients on the unit. There is certainly a need for these nurses to learn priority setting. However, there is not necessarily only one order to complete simple nursing tasks. Yet, a procedure manual may be one method to standardize the basic tasks that must be completed.

Completing this research study may add identified elements to augment the structure of perinatal nursing preceptorships. The length of time for preceptorships differs extensively between facilities (Missen, McKenna, & Beauchamp, 2014). This study may raise awareness into how length of preceptorships affects the confidence of new nurse

residents. Simulation is shown to be helpful for learning (Ortiz, 2016). Many preceptorships now include low and high-fidelity simulation training. By completing this study, the participants who have been exposed to simulation, may verbalize how simulation increased or decreased their confidence. The study may also highlight how to decrease problems in preceptorships by linking specific strategies to add to take from the existing structures of that period of orientation.

Quality of Preceptorships

Literature about the quality of preceptorships is lacking (Lewis & McGowan, 2015). The components of a preceptorship may be different for facilities. Nursing must continue to provide transition programs but must conduct studies to determine what components will best benefit the new nurses. Inconsistencies of length and structure of transition programs for new nurses affects nurse confidence and need further study (Missen, McKenna, & Beauchamp, 2014). Effective preceptorships increase confidence for new nurses and preceptors (Kang, Chin, Liu, & Chang, 2016). Preceptors and preceptees view and rank the roles of preceptors slightly different (Omer, Suliman, & Moola, 2015). The engagement of the new nurses and the roles the preceptors play in that engagement need to be identified. Preceptorships are stressful. Stress levels may be decreased for the preceptors and preceptees with programs that add a component of simulation to connect training to clinical situations (Kang, Chin, Liu, & Chang, 2016). Standardization of preceptorships may be help facilities benefit to new nurses by having quality and effective preceptorship programs, and the increased level of engagement of preceptors.

The period of learning in preceptorship involves repetition of patient experiences. Debriefing often during the preceptorship to discuss patient care and experiences can add quality to the preceptorship. Debriefing takes on an evaluative quality for the perinatal nurse resident to gain knowledge and interdependence among all the disciplines taking care of the patient (Shinners, Africa, & Hawkes, 2016). Once the preceptee has encountered a pregnant woman with the same perinatal condition multiple times, the level of recognition of nursing interventions to employ increases. The preceptor helps the preceptee focus on reflective practice. This reflective practice is an important part of learning and repeating desired behaviors and relevant nursing skills (Watson, Macdonald, & Brown, 2013). Preceptorships can help preceptees cement the undertaking of safe nursing interventions.

The ability of the preceptor as an educator affects the quality of the preceptorship and thus the new nurse's residency period. Most preceptors do not have adequate training to precept (Panzavecchia & Pearce, 2014). Preceptorships may have some negative effects on preceptors and the nurses they precept. The preceptorship period can be difficult and demanding (Valizadeh, Borimnejad, Rahmani, Gholizadeh, & Shahbazi, 2016). Having a simple guide to follow for the orientation period may help decrease the demands on both the preceptor and the new nurse. The format of this type of guide had not been well-studied or delineated in the literature. A preceptor class that focuses on learning and teaching styles gives the preceptor tools to teach the new nurse. Many preceptors welcome instruction in performing the necessary teaching and evaluations for

nursing students (Dahlke, O'Connor, Hannesson, & Cheetham, 2016). Preceptors are also required to evaluate the perinatal nurse resident's skill and ability to care for patients.

If the new nurse experiences what he/she considers a problematic preceptorship, the quality of the preceptored period may be in question. Problems may arise in the realm of mismatched personalities of the preceptor-preceptee dyad. Issues of work pace may not fit the preceptees' abilities. Labor and delivery can be fast-paced. Some preceptors may not be taught to teach (Panzavecchia & Pearce, 2014). Those preceptors may expect too much or too little from the novice nurses. Appropriate expectations create a successful preceptor and preceptee relationship for learning to take place (Valizadeh, Borimnejad, Rahmani, Gholizadeh, & Shahbazi, 2016). Preceptorships must be allowed to progress to a gradual letting-go of the perinatal nurse resident to practice alone with collaboration from a team and without a hovering preceptor.

Preceptorships done correctly turn out independent nurses (Panzavecchia & Pearce, 2014). The nurses function as interdependent members of a collaborative team. The nurse's independent skills are complete and evidence-based. Once the preceptorship is complete, the new nurse should be an independent, functioning member of the team, capable of carrying an independent assignment (Ingwerson, 2014). New nurses must successfully be shepherded in learning the organization, units, policies, and learning modules. The new perinatal nurses' knowledge of these processes speaks to the quality of the preceptorship.

The importance of facilitating a transition for nurses from one practice setting into another is well known (Missen, McKenna, & Beauchamp, 2014). There is not much

known about the components of successful perinatal preceptorships. The format, timing, length, and content of the transition period are not understood. The quality of education about disease topics, preceptors, skill evaluation, and methods of support alter perinatal preceptorships. Careful involvement of the nursing unit's team members to increase the quality of the orientation is essential to new nurse collaboration (Pfaff, Baxter, Ploeg, & Jack, 2014). The particulars of the quality of patient and peer experiences, preceptors, and teaching techniques may be magnified by the completion of this study.

Summary and Conclusions

There is a tremendous amount of literature about preceptorships. The need for a transition program for nurses is well-established. Preceptorships are needed to help the new nurses gain confidence. Preceptorships provide unit-level training, education, and skill practice. The structure of preceptorships has typically been broad, only addressing the landscape of the unit and an introduction to the collaborating team. Information about the specific details and quality of preceptorships is needed to make perinatal preceptorships more advantageous to the nurses and the childbearing families.

The next chapter will discuss the research method and design. The researcher role, interview tool, and participant recruitment will be considered.

Chapter 3: Research Method

Introduction

The purpose of this qualitative, descriptive study was to describe the experiences of the perinatal nurse residents during preceptorship. The new nurses encountered clinical experiences, processed the encounters, and transfered these experiences into knowledge. This study explored the process that perinatal nurse residents described as they received their preceptor's teaching methods and acquired knowledge, skills, and attitudes from their clinical experiences during the residency. Their stories helped provide a basis for evaluating the effectiveness of current perinatal nurse residencies. A structured preceptorship method may create better approaches for learning and for developing confidence for this group of new nurses, no matter the arrangement of the facility.

In this section, I will restate the research questions and discuss the rationale for using the qualitative research tradition. The role of the researcher will be addressed and the methodology and instrumentation of the study will be described. Recruiting strategies, data collection details, and the plan for data analysis are identified and justified. Finally, in this section I will discuss the strategies that were used to ensure the study's trustworthiness.

Research Design and Rationale

The research questions for this study were as follows:

Research Question 1: What were the clinical experiences new perinatal nurses described as helping them learn and develop confidence during their preceptorship?

Research Question 2: How did new perinatal nurses' describe their thinking in the reflective observation stage of Kolb's model?

The focus of this study was to present the stories that perinatal nurse residents shared about their residency-related experiences—stories that increased or decreased their confidence and learning. Knowledge about these residents' experiences suggested confidence-building strategies that could be standardized and then included in other residency programs.

A qualitative approach was used to obtain perinatal residents' stories of their experiences that contributed to increasing or decreasing their confidence. Qualitative research aims to understand human thoughts and points of views about problems (Creswell, 2009). The feelings and experiences of the nurse residents with their preceptors and patient encounters were the starting point of reflective thoughts that built on preceptees' knowledge. Narrative research allows the reader to share in the stories of events or stories spoken about participant experiences (Creswell, 2013). Narrative research has been used in many disciplines, such as "literature, history, anthropology, sociology, sociolinguistics, and education" (Creswell, 2013, p. 70). One feature of narrative design is that it can highlight differing views and evoke personal reflections (Creswell, 2013). The researcher should tell the participant's story without leading them in their thoughts and telling the entire story (Arieli, Tamir, & Man, 2015). Preceptees' reflections on experiences that increased or decreased their confidence highlighted how these residents viewed acquiring of confidence. Quantitative methods were inappropriate for this study because the deeper thoughts of the nurse residents about their reflections

would be reduced to only listing the numerical values of empirical data.

Role of the Researcher

My role as a researcher was to be the interviewer the participants. The one-to-one interviews took place at various places away from the hospitals where the nurse residents worked such as a church, coffeehouse, or library. I had no personal or professional relationship with the participants. The facility where the participants were recruited from were not be affiliated with my place of employment. Hospital educators invited participants to my study. I did not recruit at the hospitals. I did not supervise nor serve as an instructor for any of the participants, nor did I not hold any power over the participants in the study. Part of the role of the researcher is to protect the rights of the facility and participants (Creswell, 2009). I obtained the necessary Institution Review Board permissions of Walden University. I did not need to provide the name of any facility in data analysis and presentation. I gave pseudo names to the participants and facilities to mask their identity during data analysis and presentation.

Ethical Procedures

Ethical issues must be identified and managed for research studies (Creswell, 2009). One such issue to manage for any study may include deception of the participants (Creswell, 2009). The invitation flyer that introduced the study has simple and straightforward information about the study. This flyer is included as Appendix A. The invitation flyer was distributed by the perinatal educators in the area and had my contact information. My study used a clear and consistent interview protocol that was be shared

with each participant. The study began only after Walden Institutional Review Board (IRB) approval number 02-19-18-0592728 was obtained.

Another possible ethical issue is a disturbance to research sites (Creswell, 2009). The participants were only interviewed in places away from their place of preceptorship. Each site was agreed upon with each participant, is public, and was left undisturbed after the interview.

Another ethical issue that arises during some studies involves a protection of the participants. Some participants may recall negative emotions from a difficult preceptorship. I managed this ethical issue by first ensuring the participants' confidentiality. Each participant was given a card with a pseudo name. This pseudo name was the name the participant was called during the interview. The audiotape only had that pseudo name spoken so even the transcriber of the tapes did not have access to the real names of the participants. I assured the participants that their names and places of work would be kept confidential. All of the transcriptions are kept on my password protected computer. Participants were assured that I am the only one who would have their real names and that the transcriber and peer reviewer member would only have their pseudo name. The consent form clearly stated all of my contact information and the benefits of the study. The consent form stated that all participants could decide at any point not to continue with the study and would be released without penalty.

Methodology

Participant Selection Logic

The population of study was perinatal nurse residents who completed their

residency program within the last twelve months. Researchers need to evaluate qualitative studies for an appropriate sample size while in the initial stages of study preparation (Malterud, Siersma, & Guassora, 2016). The impact of a study with data gathered by interview may be affected by several factors. Malterud, Siersma, and Guassora (2016) list the "study aim, sample specificity, use of established theory, quality of dialogue, and analysis strategy" as factors affecting the information gathered from interviews (p. 1754). Based on this knowledge, each of these factors was reviewed in the context of the study.

This study's narrow aim was to acquire knowledge about the confidence of new perinatal nurse residents. Malterud, Siersma, and Guassora (2016) suggest that a narrow topic will require fewer participants than a broad study that may study a larger scope of concepts, topics, or information. The participants for this study was specific to perinatal nursing and recent preceptorship. This made my sample participant group quite specific. Malterud, Siersma, and Guassora (2016) propose a smaller sample size for focused, specific samples. The study sample size did not need to be extensive because of the precise nature of the connection of theory to study aim. Malterud, Siersma, and Guassora (2016) advise a larger sample size if the researcher does not have considerable experience in the interviewing process. As this research study was a first for this researcher, there may have been a need to recruit a larger sample number. However, it was also difficult to predict the quality of dialogue because the participants may havevbe eloquent and expressive—increasing the richness of the dialogue which would allow for a smaller sample size or the residents may be quiet and hesitant, which could require a larger

sample size (Malterud, Siersma, & Guassora, 2016).

The sampling strategy was for a hospital educator to identify nurses who had completed a perinatal nurse residency program within the last 12 months and invite them to participate. These nurses were recruited by the educators from hospitals that have a large amount of perinatal nurse resident employees within each hiring season. This increased the likelihood of obtaining the needed number of participants. The educators gave the nurse a flyer with my contact information inviting them to participate in the study. Creswell (2009) suggests that a sample size of 15 participants will be a favorable for qualitative research. However, I interviewed twenty participants to achieve the likelihood of obtaining thematic data saturation.

Instrumentation

Qualitative researchers use methods to understand what humans think about and how they describe their experiences (Agee, 2009). Keeping this in mind, my qualitative research interview questions was carefully crafted to gain answers to how the perinatal nurse residents thought about their confidence in preceptorship. The data collection instrument was a list of semi-structured and open-ended interview questions asking about the perinatal nurse resident's preceptorship, preceptor, and confidence. My aim in creating the questions for this study was to elicit deep, thoughtful answers to the question about perinatal nurse residents achieving confidence. My study questions were formed after a review of the literature about theories and studies about nurse residencies.

This six-question interview tool was researcher produced and the interviews were audiotaped with consent. The literature advises a research-derived interview tool to start

with general questions first and anticipate that the questions may generate conversations the researcher may not expect (Agee, 2009). I started the interview with a question to tell me about their preceptorship. This type of questioning gave the participant room to talk at great length about a wide array in topics of their choosing (Jacob & Furgerson, 2012). According to Kallio, Pietilä, Johnson, and Kangasniemi (2016), interview guides should not have a rigid protocol. The authors encourage an ease to the flow of questions to help participants feel comfortable in responding. Agee (2009) then recommends asking only a few subquestions help the interviewee get more specific in their answers to provide a deeper understanding of the topic. The second question asked about how the perinatal nurse resident made sense of their experiences related to their confidence. The third question asked about the preceptor role and there are subquestions that ask about preceptor teaching tips and teaching style. One question asked the nurse resident for their suggestions for teaching another new perinatal nurse resident confidence. This question also had subquestions to acquire deeper descriptions about their suggestions for teaching. The fifth question asked the participants to describe the process of how they learned from what they experienced. The last question asked the nurse resident about the barriers to increasing their confidence.

The interview questions and protocol were piloted with the help of two test interviews. One way to gain confirmability for the interview too is to have the examination of an interview guide by persons outside the research team (Kallio, Pietilä, Johnson, & Kangasniemi, 2016). This practice may guide the researcher on the "appropriateness" of the questions (Kallio, Pietilä, Johnson, & Kangasniemi, 2016, p.

2961). One test participant was from the perinatal field, graduated nursing school forty years ago. She is a Master's prepared nurse. The second test participant was from the neonatal field, is a recent nursing school graduate, and attended a neonatal preceptorship. This participant is currently in Neonatal Nurse Practitioner academic program. Both participants indicated that the questions and subquestions made sense, were relevant, and focused on the research purpose.

Procedures for Recruitment, Participation, and Data Collection

A place was identified off-site and away from the perinatal nurse resident's employment to conduct an undisturbed and quiet interview. This place was a mutually agreed upon meeting place that is public and quiet, such as a church, coffeehouse or library. A three to four- hour time block was more than enough time to conduct the interviews and set up for the next interview.

The interview started with a script introducing the study to the nurse resident. Interview scripts are an important part of an interview protocol (Jacob & Furgerson, 2012). I used an introductory interview script to tell the participants what would be gained from the study and how the information would be used. This script also reminded the participants that all discussed would be confidential and that no names would be used. Additional information in the script included the option to participate or not to participate and that no participant would be penalized for doing either. A consent form was given to the participant to read for permission to audiotape the interview and for participation. My contact information was present on the consent forms each participant signed as consent for participation and instructions that the participant may contact me at any time for more

information or questions. The consents were signed and collected from those nurse residents that wished to participate. There was a period of time for participants to ask questions and receive answers before interviews took place. This initial script also reminded the participant of confidentiality and the pseudo name they were given for the interview purpose. Each participant was given a card with their pseudo name on the front and back. I explained that this was the name I will call them during the interview. The pseudo name card helped them know what name to answer to for questioning. The pseudo name card also helped me know what name to use while conducting the interview.

The interviews were completed. I collected the data by audiotape and wrote field notes during the interviews. Each participant had as much time as needed to tell their stories completely when responding to the interview questions. There was a debrief procedure to explain what the next steps of the study will be. The exit script thanked the participant, told them how to proceed after their participation and gave them an opportunity to receive a summary of the study findings. The participants received a $5.00 Starbucks gift card for participating. They signed a form signifying receipt of their compensation. This exit script told the participants what they could expect from the collected interviews. The exit script also asked the participants if they would like a summary of the results. If they did wish to receive a summary, they were asked to provide their address. If too few participants were recruited, prior preceptorship residencies would have been considered until the desired number of twenty interviews was reached.

Data Analysis Plan

Connection of Data to Research Questions

Each interview question addressed one of the two research questions. Kallio, Pietilä, Johnson, and Kangasniemi, (2016) stress the interview questions should connect to the research aims. The first research question was about the clinical experiences of perinatal nurse residents and the second research question was about how the nurse resident describes their thinking during their residency. The research questions were as follows:

Research Question 1: What are the clinical experiences new perinatal nurses describe as helping them learn and develop confidence during their preceptorship?

Research Question 2: How do new perinatal nurses describe their thinking in the reflective observation stage of Kolb's model?

The first broad question was about preceptorships. This question addressed the participant's clinical experiences or Research Question 1. The second, third, and fourth questions and subquestions were focused on confidence and teaching tips during the participant's experiences and also linked to Research Question 1. Subquestion 4b and Interview Question 5 asked the interviewee about descriptions of thoughts about confidence which may have a more appropriate link to Research Question 2. The final sixth question discussed barriers toward developing confidence and would link to their experiences and therefore, Research Question 1.

Coding

A researcher can avoid data overload and data loss by structuring the research

design with care from the planning stages (Miles, Huberman, & Saldana, 2014). The participant interviews were audiotaped. Margin and field notes were taken and came in handy to reveal non-verbal responses, movements, facial expressions that were described on paper for later review. These complete audiotape were copied in case the original audiotape is lost or destroyed. The tapes were delivered to a transcriptionist and the data was transcribed word for word. I checked the transcript for completeness. The written transcripts of the audiotapes were coded on paper with different highlighters. Each transcript was reviewed multiple times to dissecting sentences and words for meaning. The sentences and words were analyzed for common themes. NVivo was then used for further categorization of research data. Audiotapes will be kept for 5 years then destroyed.

Analysis Software

NVivo is one method to categorize and organize data. NVivo can help manage the large amount of data and decrease the fatigue from long hours and attention needed for the task (Bergin, 2011). There is a benefit to creating and using preexisting codes but there is also benefit to allowing the codes to emerge as other relevant data may become visible. While combing through the transcribed interview data, I utilized a process of analysis within and among each of the interviews. This also provided a step-by-step guidance to analyze data succinctly (Whiffin, Bailey, Ellis-Hill, & Jarrett, 2014). I identified descriptive tendencies and words, sorting the interview concepts that can lead to theme analysis.

Issues of Trustworthiness

Credibility

Qualitative validity speaks to the accuracy of the findings (Creswell, 2009). While conducting the interviews, I took field notes, audiotaped the interviews, and observed the participants as they asked and answered interview questions. This is method triangulation that adds to the validity of the research (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014). I also described the environment during the interviewing sessions to capture the setting and tone of the interviews by taking extensive field notes about the participant and place of research. These descriptions add validity to the thick, rich, descriptive data that qualitative research findings can include. All perspectives of the participants will be conveyed in the data analysis, including data that is of an opposing nature. Readers of the research can be assured that all the noticed themes are included in the analysis—not just the themes that speak to one side of the argument. As I have 26 years in the field of perinatal nursing and precepting, I realized the potential bias and validity this experience may have added to the study. Reflectivity of the researcher and prolonged time in the field have be suggested to add to the validity of qualitative research (Creswell, 2009). Member checks can add to the trustworthiness of a qualitative research study (Creswell, 2009). A colleague with a Master in Science degree agreed to read over the audiotapes and check for code agreement.

Transferability

Qualitative reliability speaks to the consistency of the qualitative approach (Creswell, 2009). As the interviews are transcribed, careful attention was paid to ensure

every word would be correct. The transcriptions were checked against the audiotapes multiple times for accuracy. Coding the themes using software package such as NVivo helped locate similar words that were descriptions of themes. The ability to categorize words and phrases into nodes helped initiate succinct coding. NVivo decreased the time needed to categorize the data manually and decreased the fatigue required in coding in pen as well as the long hours and attentions needed for the task (Bergin, 2011). The themes were described and rechecked to assure no theme drift occurred. Each participant had completed a perinatal residency decreasing the variation of participant selection. The participants were also from different facilities increasing the transferability of the findings.

Dependability and Confirmability

Trustworthiness of qualitative research may be achieved in many ways by structuring a strong semi-structured interview guide. My interview protocol is included in Appendix A. These elements concerning an interview guide are suggested to obtain a credible, confirmable, and dependable study (Kallio, Pietilä, Johnson, & Kangasniemi, 2016). The interview tool was tested on a non-nurse resident for practice and validity. The test was carried out to check for the ideal timing needed for questioning, to see if the questions were clear, and if the questions gave responses aligning with the study aim. A practice test with an outside expert added to the dependability of the tool (Jacob & Furgerson, 2012). After the pilot test of the interview protocol, the interview questions did provoke answers that related to the questions of how preceptors increased the nurse resident's confidence during the test interview.

Summary

The purpose of this qualitative, descriptive study was to describe the experiences of the perinatal nurse residents during preceptorship. Human stories make sense of the world around us. Twenty perinatal nurse residents participated after being recruited by hospital educators who distributed my flyer. A piloted six-question interview tool was used to conduct the interviews. The data was analyzed for similarities and coded and organized using data collection software. Participant confidentiality was carefully secured. The transferability, dependability, and credibility of the study were reviewed. Chapter 4 will introduce the results of the research. The research setting will be described and the demographics of the participants will be given. Data collection will be discussed in detail. Data analysis regarding emerging themes and coding will also be reviewed.

Chapter 4: Results

Introduction

The purpose of this qualitative, descriptive study was to describe the experiences of the perinatal nurse residents during preceptorship. This chapter will discuss the details of the research setting. The participants' demographics will be specified. Data collection and analysis methods will be revealed. Lastly the trustworthiness and results of the study will conclude this section.

Research Setting

Twenty perinatal nurses who had completed their residency within the past 18 months agreed to participate in this project. The nurses were contacted by the workplace educator after the educator received the research participation flyer. If the educators called me to ask questions about the study, the inclusion criteria were stressed. The perinatal nurses called or emailed me to inquire about participation. If they only replied by email and supplied a phone number, I called them by phone. When the potential candidates called to participate, I asked each nurse questions to assure they fit the criteria. In some cases, snowball sampling was used, in which an interviewed participant told colleagues of the study. Some of these colleagues were in the same residency cohort. The interested colleagues then contacted me to inquire about participation. Each of the interviewed nurses worked on either a labor and delivery unit (n = 18) or mother baby unit (n = 2) at the time of the nurse residency period. All but one of the nurses are still employed on the perinatal unit where they were hired and completed their residency. Each of the nurses had at least one preceptor. Several had more than one preceptor. One

nurse left labor and delivery a few weeks after her extended residency period was over because she was overwhelmed with the amount of learning, the pace of the unit, and the need for an increased level of critical thinking and skill. Her residency period had been extended 3 weeks past the organization's usual 22 weeks so that she could increase her learning.

Demographics

The criteria to become a participant in the study were listed on the research flyer. The criteria required that each participant had completed a perinatal nurse residency program of at least 18 weeks over the past 12 months. The range of the perinatal nurse residency period for the participant group was 18–25 weeks. This hospital's nurse residency period was set at 22 weeks. However, one nurse was allowed to transition off of the residency program early at 18 weeks because she showed proficiency with her skill. As discussed earlier, another nurse stayed in the residency for 25 weeks to increase her learning. All the other nurses completed the residency program in 22 weeks. All participants were perinatal nurses. All participants were women. The ages of these nurses ranged from early twenties to early fifties.

Four nurses transferred from other nursing units to perinatal nursing. One nurse transferred from the emergency department to labor and delivery. One nurse transferred from a perinatal antepartum-only unit to a labor and delivery/high-risk pregnancy unit. The third nurse came from a medical-surgical nursing unit to labor and delivery. The fourth transferring nurse was on the hospital's intravenous team and transferred to labor

and delivery. At the time of nurse residency, 18 participants were labor and delivery/high-risk pregnancy unit nurses and two were mother infant unit nurses.

Data Collection

After Institutional Review Board approval (number 02-19-18-0592728) was obtained, I sent recruitment flyers to educators of a hospital's labor and delivery and maternal infant units. The educators shared the flyers with nurses who fit the criteria to participate in the study. Participants could call my phone number on the flyer to express their interest. Once the participant was known to fit the participant criteria, the participant and I scheduled a time and place to conduct the interview. Data collection started on April 12, 2018 and ended on April 25, 2018. Twenty nurse residents were interviewed. The interviews were held in private, quiet places where audiotaping could occur. Several interviews were held in quiet education rooms and others were held in a quiet, park area where no one could hear the conversation. Each participant was interviewed one time. I read through the initial interview script introducing the study to the participant. Consents were given. Each participant was given time to read through the consent and ask questions. The interviews were audiotaped after each nurse read, agreed to, and signed the consent to participate. The pseudo name card and the tape recorder were placed on a table between me and the participant to reduce the potential that either I or the participant would use the actual name during the interview. The interviews took on average thirty minutes to conduct. I had a legal pad for each interview and took field notes of any behaviors or things the participants said that I needed to remember to explore. I labeled each page of the field note with the participant's pseudo name to organize the data. After

all the interview questions were asked, the exit script was read to the nurse. The nurse was informed how to get information about the completed study if she desired by calling my phone number to request the findings and results. Each nurse was given a $5.00 Starbucks gift card and signed a form to signify receipt of the gift for participating in the study.

Data Analysis

Each audiotaped interview was downloaded electronically to a computer. The electronic versions of the interviews were sent to Rev.com for transcription. Once the transcripts were returned, I reread each document word-for-word while listening to the audiotape for accuracy. For any portions of the transcripts that were inaudible to the transcriptionist, I added the correct words to the document in a different font color if the words were clear and audible to me. All 20 of the transcribed interviews were added to NVivo version 11 as Microsoft Word documents. I also created a computer word document in which the responses were organized under the individual research question. This organization of the data helped me to see each question with the twenty responses for similarities. Coding was done on the computer while reviewing responses by highlighting the text. Each similar concept was highlighted in the same color. During coding, I returned to the audiotaped version of the interviews several times to ensure the tone of the conversation was clear, accurate, and matched what the word document seemed to convey. Some participants used exact phrases and words when answering the interview questions. Some nurses had similar thoughts they shared when answering the

interview questions. These similarities became the emerging themes. These themes were added to NVivo as nodes.

Evidence of Trustworthiness

Credibility

I expected to take more field notes during the interview. The interview questions were mostly asked in order except when a participant answered questions before the later questions were asked. I still asked each interview questions for consistency of the interview process. Most of the participants answered the questions by repeating and expounding on their prior answers. However, when the question sparked a new thought and the participants would further clarify using new examples or answers. The field notes helped me keep track of what questions needed to be explored.

Transferability

Perinatal units consist of similar nursing departments. A labor and delivery unit is usually connected with a mother baby unit. Hospitals that provide for women's services and have a perinatal nurse residency may be able to apply the findings of this study to their nurse residency program. Transferability may be increased with the same structure of labor and delivery unit connection to a mother baby unit. Only one hospital was involved in this study. The other hospital to be included in this study had significant constraints and suggestions for changing the study design. For this reason, that hospital was not included for potential participation. As data was collected from a single hospital's nurse residency program, the transferability of the findings could be decreased.

Dependability

The interviews were similar in the length of time as the practice test carried out on a non-nurse resident. This pilot test suggested that the dependability of the study was consistent. The participants did not need any of the questions to be clarified. Some participants found they needed to think deeper and asked for time to think about a full answer to some of the questions. Each question provoked the type of response sought to answer the research questions.

Confirmability

The transcripts were reviewed for clarity at several stages. Once the interviews were transcribed, they were reviewed to assure the text and audiotape were exact matches. As I read and reread the interviews, I checked each word document to see that answers to each question made sense and were not displaced to another question. At the coding stage, I rechecked the word documents and some of the audiotaped interviews to confirm themes. Finally, each transcript and coding scheme was peer reviewed by a doctorally-prepared nurse with experience with qualitative analysis. This doctorally-prepared nurse has experience with qualitative analysis and carried out a research study about newly employed graduate nurses. This peer agreed with both my analysis of the data and the themes that emerged.

Study Results

The research questions were as follows:

Q1: What are the clinical experiences new perinatal nurses describe as helping them learn and develop confidence during their preceptorship?

Q2: How do new perinatal nurses describe their thinking in the reflective observation stage of Kolb's model?

Several themes emerged as the perinatal nurses reflected on their experiences and described topics that increased their learning and confidence. These themes were to break larger tasks into smaller steps, offer encouragement, provide written instructions, push me a little, practice with drills and quizzes, show me then let me do it, and debrief after the day. The study results to follow will be organized according to the research questions then arranged by each of the six specific interview questions.

Experiences to Learn and Develop Confidence

Break larger tasks into smaller steps. Each nurse highlighted one or more large tasks that a preceptor separated into smaller tasks to help them learn and gain confidence. This theme was mentioned 29 times by thirteen of the participants. The new nurses preferred to have large nursing skill broken down into divided completion steps. The process of observing a task being done, then doing the task with supervision, and finally being able to do the task without the preceptor present was preferable to these nurses during nurse residency. The nurses stated the separation of nursing care into small steps allowed them to learn the rationales behind each small step. One nurse spoke of the process of learning to complete a newborn assessment as "do a fake baby" then "do a real baby." Another nurse reflected on how she felt about how her learning evolved over the residency, stating she would "think of it (each individual task) as a step back then but now it (the task) is just a part of the process." This reflection validated that this nurse was

task-oriented at the beginning but increased her grasp of the larger nursing process at the end of the residency.

Offer encouragement. Encouragement from the preceptor to gain confidence was a common theme from all 20 nurse residents. The term "encouragement" was used 24 times in the interviews. One nurse said if her preceptor thought she could complete a task and encouraged her, she felt confident to complete the task. Many nurses expressed that they were not talked down to or yelled at by their preceptors. These nurse residents mentioned that respectful encouragement helped them learn the task without fear. Many of these newer nurses also stated they would teach new nurse residents with the same encouraging behaviors they learned from their preceptors if they someday precept new nurses.

Provide written instructions. Eighteen participants found that written lists of unit processes helped them learn the facility's methods and aid their confidence. One stated "there are so many things to remember and so many different steps." Many of the nurses stated their preceptor gave a manual that listed the steps for the many situations. These situations could be steps to follow to admit a patient or the many tasks to do for delivery and charting. Nurses mentioned phrases such as "basic steps that you need to write down" as "something that really helped me" and "I am very step oriented." Many nurses kept this workbook and still found it important, though stating not having to rely on the documents as much as when in residency. One nurse described how she felt sad to lose her written manual but empowered and more confident when she was able to

successfully practice and remember how to take care of her patient without refer to her written instructions.

Push me a little. As expected, most of the new nurses reported feeling unconfident at the beginning of their residency program. Seven nurses mentioned their preceptors "gently pushed" and "pushed me to step out of my comfort zone." These nurse residents expressed gladness that the preceptor pushed them to provide care as a primary nurse with the perinatal team. A nurse resident said "it was exactly what I needed, that push." One nurse discussed that once her preceptor felt confident in her skill, she then felt confident as well. The nurses recognized that being timid was a part of the process and wanted to be coaxed. One participant said "the biggest thing was just pushing me to do it myself. I needed her to push me like that and I wanted her to push me. Pushing me to do more was what helped me."

Descriptions of Thinking in the Reflective Observation Stage

Practice with drills and quizzes. Ten of the nurses shared that the more they practiced by participating in preceptor drills and quizzes, the more confident they felt when providing nursing care alone. This practice took the form of actual patient care and simulations. The nurses described reflections about their interactions with patients and other staff. One participant stated "everyone was always drilling and helpful." A nurse mentioned her preceptor would "quiz me on stuff we talked about yesterday." Each nurse felt these quizzes and drills gave them confidence. One nurse stated her preceptor gave her instructions of what may happen before she started her care for her patient. She stated her preceptor would quiz her in her role as the primary nurse and then as an assisting

nurse to the primary nurse. Other nurses stated only through repetition did they feel confident to practice in the many scenarios they encountered. Another nurse stated her preceptor "would drill me on medicines, on protocols (and) on signs that you look for." The nurses felt they could spend time reflecting on the answers from the drills and quizzes to provide care to patients.

Show me then let me do it. All 20 of the nurse residents wanted to have an example of nursing skills and patient engagement to follow. This theme was described 39 times by the nurses. Participants verbalized statements about preceptor teaching such as "let me show you how to do it then let's do it together" and "the most important thing they (the preceptor) did is they showed me how to do it, and taught me how to do it properly." The written instructions were one aspect of their learning. However, the perinatal nurse residents wanted their preceptor to show them, talk through the steps, then allow them to do the skill. Some felt timid at first and only wanted to watch. These new nurse residents wanted real-time feedback and tips for perfecting technique after the fact. Several times, the participants stated they did not want the preceptor to hover. The hovering behavior made them nervous and decreased their confidence to complete the skills. More than one participant reflected on the respectful teaching their preceptor showed. Many reflected on the experiences watching to learn, doing the task, and then reflecting on both to lead to more confidence.

Debrief after the day. A common theme revolved around debriefing after the shift. Fifteen perinatal residents benefitted from preceptor sharing the strengths and opportunities of the shift. Nurses also shared feelings of confidence when they heard

preceptors recount the activities of the day that went well. One nurse stated “right after each shift when we debriefed, she would ask me what went wrong, what I think I did good, and then she would give me feedback.” Preceptees mentioned learning came from the preceptor’s explanation of what could be better during the next shift together. Two nurses reflected on the debriefs to learn rationales. One nurse mentioned “So hearing what she (the preceptor) would tell the patients and then kind of debriefing about it together. That's how I learn the why.” Another nurse told of her experience, saying it was “very helpful to have that like a debriefing I guess. It helped me to remember all the steps that need to be taken to achieve the goal of delivery.” Two nurses felt debriefs were missing from their residency. One stated she had to wait until her supervisor completed her review in order to know whether or not she was performing well. This nurse mentioned her confidence was increased with this information. The same nurse did not feel her confidence was assured to her until this meeting. The nurse who left the perinatal field felt it would have been beneficial to participate in debriefs to articulate what was lacking in knowledge.

Interview Questions

Tell me about your preceptorship. This first interview question revealed themes that would also emerge with later, more detailed questions. Even without knowing subsequent interview questions, the nurses discussed experiences at the beginning of the interview that related to the themes that later emerged. When asked to express anything about preceptorship, the nurses wanted to start the interview talking about behaviors that the preceptor would need to adopt to help them learn and become confident. These

behaviors included finding out the preceptee's learning style and getting to know the strengths and weaknesses of the nurse residents. Ten participants mentioned "style" of preceptor teaching and "style" of nurse resident learning. Two participants talked about the similarity of preceptor and nurse resident style stating "style of operation matched my style of operation." Another felt her preceptor's "style would work really well with mine." Yet another participant stated the preceptor "learned how my learning process was." Some participants gained confidence in how the preceptor taught because the preceptor "learned about how I learned." The nurses felt the preceptors would be able to personalize learning by matching teaching styles to the nurse resident's style of learning. Most of the residents wanted the preceptors to teach using the new nurse's learning style, although, the residents sometimes emulated the preceptor's style of interacting with patients. Most of the nurse residents wanted to learn with a hands-on approach. Several nurses wanted to watch an experienced nurse care for a patient. After seeing what to do, the nurses could emulate the care and repeat the process many times to learn. Two nurses had to explain to their preceptors to allow for experiences to practice skills. These nurse residents felt the preceptors were telling what to do but not allowing them to actually practice what was taught. Once the nurse residents had conversations with their preceptors, the preceptors realized that keeping the nurse residents from practicing skills became barriers to learning. The new nurses felt if the preceptor could discover their learning style before the residency, the teaching and learning would be ideal.

You have described several things about your preceptorship, (including some things that helped you become more comfortable in your practice), Confidence is

one of the areas that I am interested in. Tell me about how your level of confidence changed (increased or decreased) during your preceptorship. This second interview question encouraged the nurse residents to delve deeper into the topic of confidence. Preceptor's validation of preceptee's skills gave the new nurses confidence. The nurse said that feedback, given when able to watch an experience then imitate the experience also resulted in gaining confidence. Repetition of a lesson and encouragement from the preceptor and other staff were finding that were common themes.

The preceptor is an important person in a preceptorship. Tell me how your preceptor worked with you to develop your confidence. This interview question was followed by three subquestions. The question and each of the subquestions ask the participants to reveal particular information about their preceptor and how the preceptors' traits and training helped or hindered their confidence. This question was answered with the same themes discussed. However, the nurses also answered this question giving personal qualities that formed the background of the preceptee and preceptor relationship. Seven participants stated there was "trust" and a "therapeutic relationship." All 20 nurse residents stated they felt comfortable asking questions. The new nurses referred to these positive associations enhancing confidence.

Think about the teaching tips your preceptor gave to you. What teaching tips increased your confidence? This subquestion revealed some inventive ways the preceptors taught certain skills. Some tips from the preceptors centered around showing the new nurse how to interact with patients or determine the nuances of quick labors. The new nurses wanted to be shown how to perform as a perinatal nurse. The nurse residents

wanted to emulate behaviors. The theme of "show me" was revealed in the nurse residents' comments several times. Interestingly, eighteen of the participants could not remember any particular tips. Only two participants mentioned specific tips. One nurse told of her preceptor's use of different sized rubber bands to learn cervical exams. This nurse kept the bands attached to her badge so she could refer to the bands as validation of correct size. Another nurse spoke about her preceptor's lesson of an easy way to place a patient in thromboembolic stockings. This instruction was to place a bag on the patient's foot, add the stocking over the bag, work the stocking up the patient's leg, then easily remove the bag. This nurse said "that (tip) has probably saved me 30 minutes of sweating."

Think about your preceptor's teaching style. What about that style gave you confidence? This subquestion, once again, revealed the theme of "show me how you do." In addition to written instructions being helpful to increase confidence, the participants described supportive teaching styles as "nice," "respectful," and "not condescending."

Now think about your preceptor's personality. What about that personality gave you confidence? The was the last subquestion for interview question number three. The residents identified certain preceptor traits and personalities important to increase confidence. The personality of the preceptor had a strong effect on the perinatal nurse residents. Twelve nurses relayed that having a friendly and patient preceptor were ideal. One of the nurses described her preceptor's personality as being "rewarding," "kind," "sweet," and "never negative" as giving confidence. The nurses wanted the preceptor to be encouraging, approachable, and easy to talk to. A few nurses spoke of feeling

intimidated to ask questions until they learned the preceptor's personality. After they learned the preceptor wanted to help, it became more comfortable to ask questions. Some of the nurses encountered people on the perinatal unit who were not approachable. These nurses avoided the unapproachable people even to ask questions about nursing care, plans of care, or just to help.

If you were a preceptor, what things would you do to give a new perinatal nurse resident confidence in their skills or knowledge? All 20 nurse residents had suggestions for how to make new perinatal nurses confident when asked this interview question. Two nurses stated their preceptors were so effective in teaching, they themselves would repeat the behaviors of their preceptors. The nurses spoke of assessing new nurse knowledge and teaching according to their nurse resident's needs. Once again, the topic was raised not to hover but show the new nurse the skill and allow for practice of the skill until the nurse became confident. These nurses supported remaining positive with all aspects of teaching the new nurse resident. Encouraging questions and communicating effectively were also some suggestions to give confidence. Three nurses mentioned the written instructions received from their preceptors would also be given to their future nurse preceptees. Three nurses relayed there is confidence in following the written steps the experienced nurse taught them and felt the same would give confidence to someone else.

Where did you learn these things? When asking this subquestion, only two of the participants said that behaviors to help a new nurse become confident were learned from watching the preceptors. Seven of the nurses gave answers that alluded to ideas that

each individual new nurse wanted for themselves. The answers included “offer assurance” and “give a negative with a positive” not answering where the behavior was learned but answering the behavior that was wanted.

Talk me through how these things give confidence. This subquestion attempts to reveal how the nurses describe their thinking to gain confidence. Similar to the previous question, the participants spoke of specific behaviors. Four nurses did talk about experiences revealing the common themes of encouragement and gaining confidence through learning skills with small steps. Twelve nurses gave the confidence-building behaviors of preceptors who exhibited positive, upbeat attitudes, and knowing the preceptor “believes in me.”

When you were working with your preceptor and thinking about the experiences you were having, describe what you were thinking as they were happening. Tell me some details of what you thought about the experience and how you learned from the experience. This fifth interview question also addresses descriptions of thinking during experiences. Five of the participants had difficulty putting their answers into words and had to think for brief moments how to answer this question. These five nurses had to pause to think of how learning occurred. After some thought, fifteen nurse residents gave similar statements about learning rationales, emulating the preceptor, and dividing large tasks into smaller steps.

In every setting, there are barriers to developing confidence. Thinking about your preceptorship, what people, places, or things created barriers to developing your confidence? This final interview question unearthed a few surprising themes. The

perinatal nurse residents indicated that people were the main sources of barriers to developing confidence. Eighteen of the new nurses had negative interactions with providers. Of the twenty interviews, the nurses mentioned the doctors having negative attitudes or interactions with providers 20 times. Staff members were also identified with sixteen mentions of having a negative impact on confidence. The culture of negative coworkers who seem unapproachable for questions was a disappointing emerging theme. The incivility of providers and other staff is a subtheme that permeated through the responses of the participants. Two of the participants felt the busy pace of labor and delivery units were barriers as the pace did not allow them to focus on learning the skills and processes.

Relationship of Findings to Kolb's Theory

Kolb's experiential learning theory rests on the foundation of four stages (Kolb, 1984). The four stages are concrete experience, active experimentation, abstract conceptualization, and reflective observation (Kolb, 1984). During the concrete experience stage, the participants in this study described joining preceptors to become immersed in the real-time care of a patient. One perinatal nurse said "she would always include me in everything, so I wasn't an outsider. We were really a team." The experiences gave these new perinatal nurses the instances to see perinatal nursing skills and steps in action. The active experimentation stage of Kolb's theory equated to the perinatal nurse resident's ability to see how other experienced nurses act during patient care and emulate that nursing care from prior learnings. A nurse described an episode of following her preceptor saying "I followed her around and I was able to see how she did

her day, because I rounded with her." The abstract conceptualization stage was highlighted as the nurse residents described a path to relate what interventions were done in nursing care to what was needed regarding nursing skills. The nurses reflected during debriefs to think deeply about nursing interventions carried out and patient outcomes. One perinatal nurse told her preceptor "You have more experience than me. Why do you think this? Then seeing how your actions affect it, and then what happens afterwards." With the help of the preceptor, the nurse resident gained confidence of what was needed to refine skills for subsequent patient encounters with similar episodes. This action of debriefing and provoking thought in the perinatal nurse resident describes Kolb's reflective observation stage that was of specific interest for this study. The nurse residents stressed the reflections increased their confidence.

Summary

To summarize, the nurses described the important clinical experiences that helped them gain confidence. The nurses, as residents, described their thinking as visualizing the nursing skills and translating the nursing skills into steps to follow, then carrying out the nursing interventions when understanding rationales of the steps. This systematic though increased nursing confidence while caring for the perinatal patient. The residents were able to observe the experience, think out the steps of what occurred, add their knowledge of pathophysiology and rationales, and translate the learning into patient care.

The next chapter will include the findings, conclusions, and recommendations for this project.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative, descriptive study was to describe the experiences of perinatal nurse residents during a preceptorship. The perinatal nurses were interviewed keeping in mind that a narrative analysis approach would allow the participant to tell stories about his or her experiences (Creswell, 2009). These stories were analyzed to discover similarities and differences in the preceptorship. The study was conducted to look for similarities that could form the basis for creating a more standardized perinatal nurse residency. The findings of this study revealed concepts to increase the confidence of perinatal nurse residents. The nurse residents shared their need for their preceptors to teach smaller steps to learn how to carry out large tasks and to give some kind of written instructions to follow. The residents sought encouragement from preceptors and a gentle push to advance skills and learning. The new perinatal nurses also wanted to be drilled, quizzed, and debriefed after the day's shift. Findings also included decreased confidence for these nurses during some interactions with uncivil providers and staff.

Interpretation of Findings

This study upholds prior literature findings that preceptorships are needed and purposeful. Each participant in this study discussed occurrences that were necessary to increasing confidence. The participants found their experiences to be purposeful in adding to the attainment of knowledge, skills, and confidence. This study also confirmed what previous research writings suggested about the structure of preceptorships. The themes of this study found that preceptorship structure and quality were significant to

perinatal nurses. The nurses of this study found preceptorship structure to be critical to increasing confidence. This study extends the knowledge of the discipline regarding incivility in the perinatal nursing area by highlighting the existence of incivility on this perinatal unit. More research is needed to explore perinatal nurse's experiences regarding incivility.

The findings of this study support Kolb's experiential learning theory (Kolb, 1084). The nurses' descriptions of experiences follow the circular path of Kolb's stages in the theory. Kolb describes learning as a process. This study supported Kolb's processes and found that several processes led the nurse residents to learn. The nurses took in the information, interpreted the information, transforming the experiences to learn. This study about perinatal nurse confidence was specifically interested in how the nurses' experiences relate to Kolb's reflective observation stage. The perinatal nurses residents used debriefing opportunities to reflect and transform the experiences for knowledge and confidence.

There is a paucity literature about perinatal nurse residencies and research examining strategies to build confidence in perinatal nurses. This study adds to the beginnings of knowledge of confidence for the perinatal nursing discipline. Perinatal nurse residencies vary in approach and length. Al Dossary, Kitsantas, and Maddox (2014) suggested standardization of residencies. Continued research of perinatal nursing preceptorships may highlight similar themes to standardize the components and content of orientation.

Kelly and McAallister (2013) highlighted peer support and a supportive learning culture to build up the new nurse. The nurse residents in this study mentioned instances occurrences of support from colleagues that enhanced confidence and incivility that diminished confidence. The findings that preceptor support led to the nurse resident's increased confidence confirms what Kelly and McAllister (2013) emphasized.

Limitations of the Study

One limitation of the study is that the research was carried out with perinatal nurse residents from one hospital. Expanding the study to other area hospitals can add to the transferability. The participation of other hospitals of different size and numbers of nurse resident cohorts could add interesting data. Other hospitals may have a different style of preceptorships. This study was completed in a suburban hospital. City or rural hospitals may address perinatal nursing preceptorships in a different manner. Teaching hospitals tend to have a combination of attending and resident providers. The structure of nursing preceptorships may also be different for a teaching hospital since the providers are also learning how to provide care. Completing this study in these other hospitals may reveal different themes. Each preceptor and perinatal nurse preceptee had unique personalities. This limitation cannot be controlled for any study of this sort. It is hoped that preceptors will have patient, encouraging personalities that the participants of this study asked for. The participants in this study were willing to learn from preceptors. Nurse residents who have personalities that prefer to rely on learning without a preceptor may generate other findings. This study had a requirement of eighteen week or more length of preceptorship. Perinatal preceptorships with longer or shorter lengths of

completion may also reveal other themes. The findings from this study may provide guidance for standardizing the structure, content, and length of perinatal nurse resident programs.

Recommendations

Further research is needed in other local hospitals and hospitals in other areas of the United States to add to the transferability of this findings. Facilities that educate perinatal nurse residents may find the data useful to restructure preceptorships. One perinatal nurse in this study stated she wished her preceptorship had shorter times between recent lecture topics and clinical care. Recommendations include studying preceptorships that employ this structure. Lecture and clinicals may be better taught in tandem (Bandiera, Boucher, Neville, Kuper, & Hodges, 2013). Research could also structure a study with this type of learning for part of the participants and a different structure to determine which structure gives more confidence.

Nurse educators may also utilize the findings to guide preceptors that will teach the new nurses. The educators who have influence in the choice of preceptors may want to use the findings of this research. Leaders have a duty to choose appropriate preceptors (Sarcona, Burrowes, & Fornari, 2015). These educators may desire to use that influence to seek preceptors with the personalities and teaching styles that inspired confidence in the participants of this study. Some educators also participate by teaching nurse residents and remain close to the process of the preceptorship. Suggestions for further research include interviewing educators about the traits prior preceptors utilized to increase

confidence in preceptees. Studying the methods and structure of teaching of perinatal educators can add useful data.

Preceptors who may be searching for innovative ways to add to nurse confidence may use this study's suggestions. This study revealed several themes perinatal nurse residents felt would help create and increase confidence. Preceptee can give their perceptions for what preceptorships need (Kelly & McAllister, 2013). Recommendations for practice include applying the nurse residents' confidence-building suggestions. Allowing preceptors to review these themes and give thoughts for or against these themes would be interesting to study. Some preceptors may change their style of teaching based on this study. Interviews with the preceptors who adjust their teaching could relay information about confidence in nurse residents prior to and after the teaching adjustment.

For facilities that have a different make-up of women's services, such as a single unit that does all stages of labor delivery recovery, and postpartum, these units may have to precept differently. In addition, facilities may also have different preceptors for each segment of the unit, such as a perinatal operating room nurse who is only assigned to the operating room. Some students want one preceptor, others like to have multiple preceptors (Jansson & Ene, 2016). This allows the nurse to specialize in that area. Further research of such units may suggest other recommendations. Expanding this research study to include the perinatal units in other states and countries will add to the transferability of the findings. Each separate theme might also be studied to explore a possible connection to confidence.

Longer or shorter perinatal preceptorships may also need further study. Having a shorter or longer amount of time to learn how to be a perinatal nurse might affect confidence. Shorter preceptorships could combine processes. Longer preceptorships could offer more time in each section of the perinatal unit. Literature suggests that more clinical time may allow the nurses to complete orientation sooner (Rivera, Shedenhelm, & Gibbs, 2015). I recommend studying both time frames to see the relationship to confidence.

Recommendations also include incorporating creative preceptor teaching tips. Innovative teaching tips became important learning tools for the study participants to add to the perinatal nurse confidence. Recommendations also include carrying out additional research to add more inventive teaching tips from preceptors. Preceptors need to be flexible with their teaching approaches (Velo & Smedley, 2014). Making use of several tips for the same learning experience may further expand the new nurse's confidence. The repetitive use of these creative tips may also shorten the time to mastery of a skill.

Further research from the preceptor's point of view about new perinatal nurses is also needed. Preceptors have views of how preceptorships could be made better (Madhavanpraphakaran, Shukri, & Balachandran, 2014). Experienced preceptors could have valuable insights to share about confidence. First-time preceptor may also be an interesting group to provide information about perinatal nurse preceptorships and confidence. Newer preceptors who have recently been a perinatal nurse resident may teach similarly or differently to how they were taught. Further study into these preceptor groups is also needed.

The participants of this study included nurses transferring units and newly graduated nurses. The recent nurse graduates did not have experiences from which to relate to. The transferring nurses came from other units and each had some type of orientation on a previous unit. Each nursing group would have different prior experiences. Both nursing groups need support during preceptorship (McNamara, Lavigne, & Martin, 2016). The prior experiences may affect confidence. Further research of each group, studied in isolation, could yield additional themes.

The barrier of work place incivility was a surprise finding of this research. The culture of units that have uncivil staff do nothing to encourage and support the new nurses (Werry, 2016). Recommendations for further research include exploring the workplace incivility of perinatal nursing units. Lateral violence and the incivility of providers need further study to explore why the actions of lateral violence occur and what would halt uncivil behaviors.

Implications

Different societal levels can benefit from positive social change. Populations, organizations, families, and individuals have the potential to be affected by this study. The study will create positive social change for the new perinatal nurse, their preceptors, facilities where perinatal nurses work, and most importantly for the families served by the perinatal nursing community.

Most of the perinatal nurses in this study felt supported by their preceptors, thus answering the call of the Institute of Medicine to support new nurses (Institute of Medicine, 2010). The new nurses felt uncomfortable at the beginning of their nurse

residency period. As discussed earlier, nurses who are stressed may seek other opportunities to decrease the stress. One nurse said of her preceptor, “she did not make me feel stressed. That really helped me.” Furthermore, as the nurses progressed in the preceptorship, support from the preceptors was shown in additional ways. The new nurses felt as the preceptors would answer any of their questions in order to learn. The new nurses felt supported by the unit team. Although, in some circumstances, there were incidents of incivility that decreased confidence. Fifteen of the participants of this study mentioned their positive preceptorship experiences. The other five did not mention a negative experience, but mentioned how the experience could have been more refined.

Preceptors can also experience social change by changing their teaching methods to positively affect the confidence of the new nurses. The implications of this study suggest that certain methods preceptors use will help increase perinatal nurses’ confidence. The themes discussed in this study may help preceptors refine their teaching. The tips that preceptors use to teach nursing skills can be beneficial to other preceptors. Many times, preceptors are searching for alternative ways to teach. This study also implies that the preceptees want to learn in specific ways. Different learning styles may require different ways to teach (Battersby, 2017). Alternative teaching styles can be utilized if there is a broad cache of teaching tips from which the preceptor can draw upon. This study lists a few teaching tips. For example, tips to teach cervical exams and ways to easily put on a patient’s thromboembolic hose.

There is a potential impact for social change at the organizational level. Organizations may benefit by retaining confident nurses who feel able to provide safe

care. Simpson, Lyndon, Wilson, and Ruhl (2012) correlated perceptions of ability to care to retention. Decreasing the perinatal nurses' stress could affect retention. Mentors, assigned after a preceptorship, may be able to continue support the new nurses for up to one year (Shinners, Africa, & Hawkes, 2016). Organizations may use the results of this study to assign mentors after preceptorships who can also continue supporting the nurses with personalities, traits, and nursing tips outlined by this study. Today, organizations are being asked to meet certain patient satisfaction metrics in order to be compensated by insurance payers. New nurses who are confident with their patient care skills and plan to stay in the perinatal nursing field may help the patients achieve this satisfaction.

Lastly, nursing skill can affect the safe care of mothers and babies. Families will be impacted by encountering confident nursing teams with exemplary nursing skills. Patients rely on the nurses' skill and confidence to provide safe, respectful care to the family. The safe care impacts the rates of maternal morbidity and mortality. Moms need to be safely cared for during and after pregnancy. This study provides information to impact new perinatal nurses' ability to give that safe care.

Recommendations for practice include changes in preceptorships at the preceptor, educator, and facility levels. Each organization should conduct a needs assessment to discover if curriculums contain confidence-building elements. A quality improvement initiative may need to be undertaken to improve preceptorships. The nurses in this study spoke of the confidence gained based on the consistency of teaching and organization of the preceptorship. This study sought to find out what peceptees had to say about their experiences. Educators may want to structure preceptorships to include many of the ideas

discussed by the new nurses in this study. Preceptors should be educated about the methods and experiences that increase and decrease confidence in new perinatal residents. I recommend preceptors attend classes to learn how to incorporate these suggestions in the facility's preceptorship.

Conclusions

In conclusion, it is known that perinatal nursing preceptorships are necessary for teaching new nurses in this vital nursing discipline. The new nurses benefit from preceptors and facilities that accept the responsibility to value strong preceptorships. The preceptorship is not only about the preceptor and the preceptee. Preceptorships can increase or decrease the confidence of new nurses. The structure and components of preceptorships matter. Preceptors should be chosen for traits and personalities to increase new nurse confidence. New nurses are usually eager to learn and have an impact on the mothers and babies in their care. A confident, competent nurse can safely carry out nursing interventions. Confidence can add to a nurse's sense of accomplishment if the act is teaching nurses or being taught by nurses. Preceptorship programs that are structured using this study's themes can help the new nurse positively impact the families that seek care.

References

Agee, J., (2009). Developing qualitative research questions: a reflective process. *International Journal of Qualitative Studies in Education, 22*:4, 431-447. doi: 10.1080/09518390902736512

AL-Dossary, R., Kitsantas, P., & Maddox, P. (2014). The impact of residency programs on new nurse graduates' clinical decision-making and leadership skills: A systematic review. *Nurse Education Today*, *34*(6), 1024-1028. doi:10.1016/j.nedt.2013.10.006

AWHONN. (2017). About us. Retrieved from https://www.awhonn.org/?AboutUs

Bandiera, G., Boucher, A., Neville, A., Kuper, A., & Hodges, B. (2013). Integration and timing of basic and clinical sciences education. *Medical Teacher, 35*(5), 381-387. doi:10.3109/0142159X.2013.769674

Battersby, L. (2017). Education strategies that best engage Generation Y students. *Canadian Journal of Dental Hygiene, 51(*3), 118-125.

Benner, P. (1984). *From novice to expert.* Menlo Park, CA: Addison-Wesley Publishing.

Bergin, M. (2011). NVivo 8 and consistency in data analysis: reflecting on the use of a qualitative data analysis program. *Nurse Researcher*, *18*(3), 6-12.

Billay, D., & Myrick, F. (2008). Preceptorship: an integrative review of the literature. *Nurse Education in Practice*, *8*(4), 258-266.

Bond, A., Eshah, N., Bani-Khaled, M., Hamad, A., Habashneh, S., Kataua', H., & ... Maabreh, R. (2011). Who uses nursing theory? A univariate descriptive analysis of five years' research articles. *Scandinavian Journal of Caring Sciences*, *25*(2),

404-409. doi:10.1111/j.1471-6712.2010.00835.x

Bradbury-Jones, C., Taylor, J., & Herber, O. (2014). How theory is used and articulated in qualitative research: Development of a new typology. *Social Science & Medicine*, *120,* 135-141. doi:10.1016/j.socscimed.2014.09.014

Cappel, C., Hoak, P., & Karo, P. (2013). Nurse residency programs: What nurses need to know. *Pennsylvania Nurse*, *68*(4), 22-28.

Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The use of triangulation in qualitative research. *Oncology Nursing Forum*, 41(5), 545-547. doi:10.1188/14.ONF.545-547

Castillo, M. (2013). At issue: Online education and the new community college student. *Community College Enterprise, 19*(2), 35-46.

Clerkship. (n.d.) Medical Dictionary. (2009). Retrieved from http://medical-dictionary.thefreedictionary.com/clerkship

Cochran, C. (2017). Effectiveness and best practice of nurse residency programs: A literature review. *MEDSURG Nursing, 26*(1), 53-63.

Confidence. (n.d.). Dictionary.com Unabridged. Retrieved from http://www.dictionary.com/browse/confidence

Creswell, J. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (Laureate Education, Inc., custom ed.). Thousand Oaks, CA: Sage Publications.

Crimlisk, J. T. (2017). Nurse residency program designed for a large cohort of new graduate nurses: Implementation and outcomes. *MEDSURG Nursing, 26*(2), 83-104.

Dahlke, S., O'Connor, M., Hannesson, T., & Cheetham, K. (2016). Understanding clinical nursing education: An exploratory study. *Nurse Education in Practice*, 17145-152. doi:10.1016/j.nepr.2015.12.004

Dyess, S., & Sherman, R. (2009). The first year of practice: new graduate nurses' transition and learning needs. *Journal of Continuing Education in Nursing, 40*(9), 403-410. doi:10.3928/00220124-20090824-03

Ellis, T. J., & Levy, Y. (2009). Towards a guide for novice researchers on research methodology: Review and proposed methods. *Issues in Informing Science & Information Technology*, 6323-337.

Fellowship. (n.d.) Mosby's Medical Dictionary, 8th edition. (2009). Retrieved from http://medical-dictionary.thefreedictionary.com/fellowship

Garrison, F. W. (2017). Working smarter: Building a better nurse residency program. *Nursing Management, 48*(3), 50-54. doi:10.1097/01.NUMA.0000512898.76048.0b

Henderson, A., Ossenberg, C., & Tyler, S. (2015). 'What matters to graduates': An evaluation of a structured clinical support program for newly graduated nurses. *Nurse Education in Practice, 15*(3), 225-231. doi:10.1016/j.nepr.2015.01.009

Ingwerson, J. (2014). Tailoring the approach to precepting - student nurse vs. new hire. *Oregon State Board of Nursing Sentinel, 33*(2), 11-13.

Institute of Medicine (IOM). (2010). *The future of nursing: Leading change, advancing health* [Consensus report]. Washington, DC: National Academies Press.

Internship. (n.d.) Random House Kernerman Webster's College Dictionary. (2010). Retrieved from http://www.thefreedictionary.com/internship

Jacob, S., & Furgerson, S. (2012). Writing interview protocols and conducting interviews: Tips for students new to the field of qualitative research. *Qualitative Report*, *17*(42). Retrieved from https://nsuworks.nova.edu/tqr/vol17/iss42/3

Jakubik, L., Weese, M., Eliades, A., & Huth, J., (2017). Leadership series: 'How to' for mentoring. Mentoring in the career continuum of a nurse: Clarifying purpose and timing. *Pediatric Nursing, 43*(3), 149-152.

Jansson, I., & Ene, K. (2016). Nursing students' evaluation of quality indicators during learning in clinical practice. *Nurse Education in Practice, 20,* 17-22. doi:10.1016/j.nepr.2016.06.002

Kang, C., Chiu, H., Lin, Y., & Chang, W. (2016). Development of a situational initiation training program for preceptors to retain new graduate nurses: Process and initial outcomes. *Nurse Education Today*, 3775-82. doi:10.1016/j.nedt.2015.11.022

Kallio, H., Pietilä, A., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing, 72*(12), 2954-2965. doi:10.1111/jan.13031

Kelly J, Mcallister M. (2013). Lessons students and new graduates could teach: A phenomenological study that reveals insights on the essence of building a

supportive learning culture through preceptorship. *Contemporary Nurse: A Journal for The Australian Nursing Profession 44*(2), 170-177.

Kolb, A. Y. & Kolb, D. A. (2013). The Kolb learning style inventory 4.0: A comprehensive guide to the theory, psychometrics, research on validity and educational applications. Boston, MA: Hay Resources Direct. Retrieved from www.haygroup.com/leadershipandtalentondemand

Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs, NJ: Prentice-Hall.

Lasater, K., Nielsen, A. E., Stock, M., & Ostrogorsky, T. L. (2015). Evaluating the clinical judgment of newly hired staff nurses. *Journal of Continuing Education in Nursing, 46*(12), 563-571. doi:10.3928/00220124-20151112-09

Lewis, S., & McGowan, B. (2015). Newly qualified nurses' experiences of a preceptorship. *British Journal of Nursing*, *24*(1), 40-43. doi:10.12968/bjon.2015.24.1.40

Madhavanpraphakaran, G., Shukri, R., & Balachandran, S. (2014). Preceptors' perceptions of clinical nursing education. *The Journal of Continuing Education in Nursing, 45*(1), 28-34.

Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies. *Qualitative Health Research*, *26*(13), 1753-1760.doi:10.1177/1049732315617444

Mann-Salinas, E., Hayes, E., Robbins, J., Sabido, J., Feider, L., Allen, D., & Yoder, L. (2014). A systematic review of the literature to support an evidence-based

Precepting Program. *Burns (03054179), 40*(3), 374-387. doi:10.1016/j.burns.2013.11.008

McNamara, A., LaVigne, R., & Martin, B. (2016). Transitioning nurses: How do we know they know? *Nurse Leader, 14*(5), 339-342. doi:10.1016/j.mnl.2016.07.007

Mason, M. (2010). Qualitative social sample size and saturation in PhD studies using qualitative interviews. *Forum: Qualitative Social Research*, *11*(3), 1–13.

Matthews, J. H. (2012). Role of professional organizations in advocating for the nursing profession. *Online Journal of Issues in Nursing*, *17*(1), 1. doi:10.3912/OJIN.Vol17No01Man03

Mellor, P., & Greenhill, J. (2014). A patient safety focused registered nurse transition to practice program. *Contemporary Nurse: A Journal for the Australian Nursing Profession,47*(1-2), 51-60. doi:10.1080/10376178.2014.11081906

Meyer, S. & Ward, P. (2014). 'How to' use social theory within and throughout qualitative research in healthcare contexts. *Sociology Compass, 8*: 525–539. doi: 10.1111/soc4.12155

Miles, M. B., Huberman, A. M. & Saldana, J. (2014). *Qualitative data analysis: A Methods sourcebook* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Missen, K., McKenna, L., & Beauchamp, A. (2014). Satisfaction of newly graduated nurses enrolled in transition-to-practice programmes in their first year of employment: a systematic review. *Journal of Advanced Nursing, 70*(11), 2419-2433. doi:10.1111/jan.12464

Modic, M., & Harris, R. (2007). Masterful precepting: using the BECOME method to

enhance clinical teaching. *Journal for Nurses in Staff Development*, *23*(1), 1-11.

Morton, C. H. (2014). The problem of increasing maternal morbidity: Integrating normality and risk in maternity care in the United States. *Birth: Issues in Perinatal Care, 41*(2), 119-121. doi:10.1111/birt.12117

Nielsen, A., Lasater, K., & Stock, M. (2016). A framework to support preceptors' evaluation and development of new nurses' clinical judgment. *Nurse Education in Practice*, *19*84-90. doi:10.1016/j.nepr.2016.03.012

Nursing Education. (2014). *JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing*, *43*(1), 130-131. doi:10.1111/1552-6909.12277

Omer, T. A., Suliman, W. A., & Moola, S. (2016). Roles and responsibilities of nurse preceptors: Perception of preceptors and preceptees. *Nurse Education in Practice, 16*(1), 54-59. doi:10.1016/j.nepr.2015.07.005

Ortiz, J. (2016). New graduate nurses' experiences about lack of professional confidence. *Nurse Education in Practice*, 1919-24. doi:10.1016/j.nepr.2016.04.001

Panzavecchia, L., & Pearce, R. (2014). Are preceptors adequately prepared for their role in supporting newly qualified staff? *Nurse Education Today, 34*(7), 1119-1124. doi:10.1016/j.nedt.2014.03.001

Pfaff, K. A., Baxter, P. E., Ploeg, J., & Jack, S. M. (2014). A mixed methods exploration of the team and organizational factors that may predict new graduate nurse engagement in collaborative practice. *Journal of Interprofessional Care, 28*(2), 142-148. doi:10.3109/13561820.2013.851072

Preceptorship. (n.d.) *The American Heritage® Medical Dictionary*. (2007). Retrieved

from http://medical-dictionary.thefreedictionary.com/preceptorship

Rieger, K., & Chernomas, W. (2013). Arts-based learning: Analysis of the concept for nursing education. *International Journal of Nursing Education Scholarship, 10*(1), 1-10. doi:10.1515/ijnes-2012-0034

Rivera, E., Shedenhelm, H., & Gibbs, A. (2015). Improving Orientation Outcomes. *Journal for Nurses in Professional Development, 31*(5), 258-263. doi:10.1097/NND.0000000000000170

Rush, K., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2013). Best practices of formal new graduate nurse transition programs: An integrative review. *International Journal of Nursing Studies*, *50*(3), 345-356. doi:10.1016/j.ijnurstu.2012.06.009

Sarcona, A., Burrowes, J., & Fornari, A. (2015). Characteristics of an effective preceptor: dietetics education as a paradigm. *Journal of Allied Health, 44*(4), 229-235.

Schroyer, C. C., Zellers, R., & Abraham, S. (2016). Increasing registered nurse retention using mentors in critical care services. *Health Care Manager, 35*(3), 251-265. doi:10.1097/HCM.0000000000000118

Schuelke, S., & Barnason, S. (2017). Interventions used by nurse preceptors to develop critical thinking of new graduate nurses. *Journal for Nurses in Professional Development, 33*(1), E1-E7. doi:10.1097/NND.0000000000000318

Shinners, J., Africa, L., & Hawkes, B. (2016). Debriefing as a supportive component for registered nurses in transition. *Journal for Nurses in Professional Development, 32*(4), 212-218. doi:10.1097/NND.0000000000000273

Shinnick, M., & Woo, M. (2015). Learning style impact on knowledge gains in human patient simulation. *Nurse Education Today*, 35(1), 63-67. doi:10.1016/j.nedt.2014.05.013

Simpson, K., Lyndon, A., Wilson, J., & Ruhl, C. (2012). Nurses' perceptions of critical issues requiring consideration in the development of guidelines for professional registered nurse staffing for perinatal units. *JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing*, *41*(4), 474-482. doi:10.1111/j.1552-6909.2012.01383.x

Sorrentino, P. (2013). Preceptor: Blueprint for successful orientation outcomes. *JEN: Journal of Emergency Nursing, 39*(5), e83-90. doi:10.1016/j.jen.2012.05.029

Tracey, J., & McGowan, I. (2015). Preceptors' views on their role in supporting newly qualified nurses. *British Journal of Nursing, 24*(20), 998-1001. doi:10.12968/bjon.2015.24.20.998

Topaz, M. (2013). Invited Editorial: The hitchhiker's guide to nursing informatics theory: using the data-knowledge-information-wisdom framework to guide informatics research. *Online Journal of Nursing Informatics (OJNI), 17* (3). Available at http://ojni.org/issues/?p=2852

Tsai, Y., Lee-Hsieh, J., Turton, M., Li, S., Tseng, H., Lin, H., & Lin, H. (2014). Nurse preceptor training needs assessment: Views of preceptors and new graduate nurses. *Journal of Continuing Education in Nursing, 45*(11), 497-505. doi:10.3928/00220124-20141023-01

Turrentine, F., Rose, K., Hanks, J., Lorntz, B., Owen, J., Brashers, V., & Ramsdale, E.

(2016). Interprofessional training enhances collaboration between nursing and medical students: A pilot study. *Nurse Education Today*, 4033-38. doi:10.1016/j.nedt.2016.01.024

Valizadeh, S., Borimnejad, L., Rahmani, A., Gholizadeh, L., & Shahbazi, S. (2016). Challenges of the preceptors working with new nurses: A phenomenological research study. *Nurse Education Today*, 4492-97. doi:10.1016/j.nedt.2016.05.021

Velo, K., & Smedley, A. (2014). Using reflection to enhance the teaching and learning of midwifery students. *British Journal of Midwifery, 22*(2), 129-133.

Watson, J., Macdonald, G., & Brown, D. (2013). Clinical supervision for novice millennial nurses in the perinatal setting: The need for generational sensitivity. *Open Journal of Nursing, 3*(5), 373-378 6p. doi:10.4236/ojn.2013.35050

Weitzel, K. W., Walters, E. A., & Taylor, J. (2012). Teaching clinical problem solving: A preceptor's guide. *American Journal of Health-System Pharmacy*, *69*(18), 1588-1599. doi:10.2146/ajhp110521

Werry, J. (2016). Informal debriefing: Underutilization in critical care settings. *Canadian Journal of Critical Care Nursing, 27*(4), 22-26.

Whiffin, C., Bailey, C., Ellis-Hill, C., & Jarrett, N. (2014). Challenges and solutions during analysis in a longitudinal narrative case study. *Nurse Researcher*, *21*(4), 20-26 7p. doi:10.7748/nr2014.03.21.4.20.e1238

White, K. (2009). Self-confidence: A concept analysis. *Nursing Forum, 44*(2), 103-114. doi:10.1111/j.1744-6198.2009.00133.x

Witt, J., Colbert, S., & Kelly, P. (2013). Training clinicians to be preceptors: An

application of Kolb's theory. *Journal for Nurse Practitioners, 9*(3), 172-176. doi:10.1016/j.nurpra.2012.07.031

Yonge, O., Myrick, F., Billay, D., & Luhanga, F. (2007). Preceptorship and mentorship: not merely a matter of semantics. *International Journal of Nursing Education Scholarship*, *4*(1), 1-13.

Appendix A: Interview Protocol

The interview protocol that follows will be considered for the qualitative narrative analysis study.

Institution: Walden University

Interviewees: Perinatal nurse residents having completed a residency program within the last 12 months.

Interviewer: Veritta Henderson

Supplies: tape recorder, pens, pseudo-name cards, self-addressed stamped envelopes and inserts for the participants to fill out and send their email address if they wish to have results of the study emailed to them, notebook for field notes, $5 Starbucks gift cards, several consent forms, several extra batteries, several extra SD cards for tape recorder

START WITH THE PARTICIPANTS HERE

Introductions: Thank you for meeting me today. My name is Veritta Henderson. I am conducting this research for my PhD Dissertation work. I appreciate that you are considering participating in my study.

Beginning Script: The purpose of my project will be to describe the experiences of the perinatal nurse resident during preceptorship. New nurses encounter clinical experiences and process these encounters by transferring the experience into knowledge.

I am specifically interested in how your residency experiences and teaching strategies used by your preceptor helped or hindered your confidence to practice in the perinatal setting. This study will explore the processes that you describe that you received related to your preceptor's teaching methods, and how you acquired knowledge, skills,

and attitudes from your clinical experiences during the residency.

The information gained from this study will be used to help future perinatal nurse residencies be more standardized to improve the nurse residents' learning and enable them to provide better care to the moms and babies we care for.

Confidential Reminder: I will remind you that all we discuss here today will be confidential. Your real name will not be used. You have the option to participate or not to participate and you will not be penalized for doing either. I will give you an index card that has a pseudo-name that I will call you during your interview. If you choose to participate, you will answer to that pseudo-name. I will be the only one who will know your real name. When these audiotapes are transcribed, the transcriptionist will only hear this pseudo-name. You will have full confidentiality.

My contact information, phone number, and email address are on the forms you will sign as your consent to participate and you may contact me at any time for more information or questions.

Collect Consent from the Participants: The research study requires me to give you the opportunity to read and sign a consent form. Please read it and ask any and all questions you have. We will not start until you feel perfectly comfortable participating. I will give you a copy if you decide to consent and participate.

Allow the participants time to read the consent and ask questions.

Collect Signatures.

Give the interviewee a copy of the consent form to keep.

Interview questions:

Place the pseudo-name card on the table between the two of us.

Take out the interview question page.

Test the tape recorder to be sure it is working.

This is the interview of ___(pseudo-name)___ on ___(date)___.

Audiotape record and interview each participant.

Write field notes.

Post Interview Observations and Notes:

This concludes the interview session. Thank you again for participating. Would you like information about the results of the study?

If they say yes—Fill in this card with your email address. Send it back to me in this self-addressed, stamped envelope. I will only use your email address to send you the results of the study.

If they say no—Ok, thank you for your time.

For all: Here is your gift card for participating. You must sign signifying your receipt for the gift card.

Give them the card and form to sign.

Have a great day! Thanks again.

END WITH THE PARTICIPANTS HERE

Post Interview Process:

Read over my field notes for readability. Make any additional notes that I need to add.

Download the interview to my computer. Rearrange the supplies for the next interview.