

7-1-2018

Offering Preceptor Incentives In Nurse Practitioner Education

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OFFERING PRECEPTOR INCENTIVES IN NURSE PRACTITIONER EDUCATION

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A DISSERTATION

Presented to the Affiliated Faculty of

The College of Graduate and Professional Studies at The University of New England

University of New England

Submitted in Partial Fulfillment of Requirements

For the degree of Doctor of Education

Portland & Biddeford, Maine

May, 2018

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Abstract

Recruitment and retention of clinical preceptors for Nurse Practitioner (NP) students is a challenge for coordinators of NP academic programs. The purpose of this mixed-methods study was to explore what incentives and benefits are offered to clinical preceptors of NP students in accredited NP academic programs across the United States. An online questionnaire was emailed one time to a convenience sample of program coordinators of 333 universities and colleges in the U.S. that offer NP programs. Fifty-four individuals responded (16% response rate) to the survey, and the data were reported quantitatively. Text from additional comments was analyzed and interpreted using a quasi-qualitative method. This study on incentives was framed in the context of theories and literature about motivation. Analysis and interpretation reveal that the many challenges identified included compensation, relationships, and intrinsic factors such as the joy of teaching, and /or the desire and obligation to give back to the profession. Implications for educators include establishing positive relationships with preceptors and leaders in health care organizations, structuring preceptor site visits that support quality teaching/learning environments, and selecting preceptors and students who are a good match. Transformational leaders must meet challenges with innovative actions such as advocating for preceptors' requests for Continuing Education Units (CEUs) and in some cases, legislative support for tax credits. Individuals and organizations who are impacted by the struggle that coordinators of NP programs face in securing and maintaining qualified preceptors and placements should be made

aware of these challenges. The findings from this study contribute to the understanding of what creates incentives for preceptors in NP education and have significance for NP academic programs, and ultimately, for preparing future primary care providers in the U.S.

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ACKNOWLEDGMENTS

I am very thankful to my committee members for their continued support.

To my family and friends, I offer my deepest gratitude for their encouragement on this journey.

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CHAPTER 1

INTRODUCTION

Nurse practitioner education relies on qualified preceptors to teach, guide, and supervise students in the clinical setting. Securing appropriate preceptor relationships is a challenge that calls to question what incentives draw preceptors to participate in preceptor agreements. With a primary-care physician shortage in the United States, an increase of nurse practitioners (NPs) in the primary-care environment can provide greater access to health care (Green, Savin, & Lu, 2013; Fairman, Rowe, Hassmiller, & Shalala, 2011). Preparing additional NPs will contribute to the pool of primary care providers in the U.S. The growth of NP education increases the need for clinical preceptors, resulting in heightened competition among academic institutions that secure clinical preceptors for NP students (Campbell & Hawkins, 2007). Experienced clinician preceptors teach, mentor, and supervise students, usually on a volunteer basis, while conducting their normal employment (Webb, Lopez, & Guarino, 2015). However, recruiting and retaining NPs and medical doctors (MDs) to precept NP students in their clinical setting can be a challenge for academic NP program coordinators or NP students who search for their own preceptor. Some of the barriers faced when trying to find a preceptor include the availability of clinical preceptors, lack of precepting experience, concerns over possible decreased productivity for the provider/preceptor, and scarcity of preceptorship sites (Brooks & Niederhauser, 2010; Cayley, 2011; Logan, Kovacs, & Barry, 2015). Demands in the clinical workplace, due to a greater number of patient encounters and documentation requirements, contribute to less likelihood of providers serving as preceptors (Campbell & Hawkins, 2007, p. 24).

My experience as a coordinator for NP students' preceptored clinical placements was the impetus for researching the topic. This chapter describes the problems that NP academic

programs face when securing appropriate preceptors for NP clinical learning experiences. In addition, theories of motivation for clinicians to function as preceptors are introduced as a conceptual framework. The purpose, research questions, rationale and significance, as well as assumptions and limitations of this study are also addressed. I believe that the findings from this study will contribute to the understanding of what incentives motivate preceptors in NP education and have significance for NP academic programs.

Statement of the Problem

The roots of clinical education, which lie in the apprenticeship model of “see one, do one, teach one” have evolved to expanded competencies and increased requirement of hours for NP education (Gaberson, 2012, p. C11). Enrollments of NP students have grown exponentially, resulting in 373 schools that offered NP programs to 68,671 students from Fall 2014 to Fall 2015 (American Association of Colleges of Nursing [AACN], 2016). The recruitment and retention of clinical preceptors for NP students is an awesome challenge for coordinators of NP academic programs. While preceptors have been called “the cornerstone of clinical education” (Marfell, 2011, p. 6), one NP student struggled for months to find her own preceptor, whom she named a “willing mentor” (Farwell, 2009, p. 198). Limited clinical sites and a limited supply of qualified preceptors result in serious concerns for finding placements for NP students (Drayton-Brooks, Gray, Turner, & Newland, 2017; Webb, Lopez, & Guarino, 2015).

Barriers to precepting NP students are varied, but some include lack of resources of time, space, and support of employers or staff (Roberts, Wheeler, Tyler, & Padden, 2017). The time involved with documentation in the electronic health record (EHR) as well as the decreased productivity related to patient volume and longer days are some reasons that providers give for not precepting (Dallaghan, et al., 2017; Ellis & Alweis, 2015). Although most preceptors report

that they teach in order to promote development of the profession, some mention that lack of compensation is a barrier (Alspach, 2003; Latessa, Colvin, Beaty, Steiner, & Pathman, 2013). Nonetheless, with a need for NP providers to meet health care demands and the necessity for NP students to complete a minimum of 500 clinical practicum hours in their academic programs, the consequence is a very competitive environment for securing appropriate clinical practicum placements.

Purpose of This Study

The purpose of this study was to explore what incentives and benefits are offered to clinical preceptors of NP students in accredited NP academic programs across the United States. Previous studies about incentives have focused largely on perceptions of preceptors and/or NP students, rather than from the perspective of academic programs (Roberts, Wheeler, Tyler, & Padden, 2017; Germano, Schorn, Phillipi, & Schuiling, 2014; Latessa, Colvin, Beaty, Steiner, & Pathman, 2014; Peters, Schnaidt, Zivin, Rifas-Shiman, & Katz, 2009). The results of this study will inform the academic community as well as clinical preceptors of what incentives academic institutions provide to preceptors. The data may assist programs to create optimal recruitment and retention incentives for preceptors in their communities. Knowing what incentives motivate preceptors for NP programs can help address the challenges of securing preceptors and placements. Ultimately, this knowledge can address the shortage of primary care providers in the U.S.

Research Questions

The research questions central to this study were developed from the literature and my experiences as a clinical coordinator for NP placements, and include the following:

Research Question One: What incentives and benefits are currently offered to clinical preceptors of NP students by accredited academic programs in the United States?

Research Question Two: What incentives might motivate providers to precept NP students?

Conceptual Framework

Theoretical concepts about motivation frame this study about what incentives motivate clinicians to precept nurse practitioner students. Herzberg's (1966) intrinsic factors of recognition, responsibility, advancement, and achievement are related to some of the rewards that preceptors experience. On the other hand, extrinsic factors such as salary and work conditions are barriers that preceptors have described (Borkowski, 2016; Wiseman, 2013; Brooks & Niederhauser, 2010).

According to David McClelland, high achievers are satisfied with their success in setting goals for themselves and others and are loyal to the organization. They work best in groups and maintain positive relationships with others (Borkowski, 2016). Preceptors are highly qualified professional clinicians who are actively engaged with school of nursing faculty, sometimes over many semesters (Wiseman, 2013). On the other hand, Pink (2009) believed that some individuals are motivated by purpose and seek to make a contribution to the greater good. They enjoy teaching and believe that precepting is a professional obligation (Hyrkas & Shoemaker 2007; Wiseman, 2013).

Assumptions and Limitations

Assumptions include the concept that preceptors of NP students are motivated to some degree by extrinsic factors such as monetary stipends, continuing education credits, and/or professional recognition. As author of this study, I also assume that NP academic programs attempt to recruit and retain clinical preceptors not only by building relationships with the

preceptors but also by providing extrinsic benefits to the preceptors. In fact, some faculty spend their personal money for gifts for preceptors (Campbell & Hawkins, 2007).

Limitations of this study include the potential participant sample size. The ability to generalize the data of this question to all preceptors of NP students is also limited due to participant sample size. It is also important to note that the participants who answered the question were NP faculty and coordinators.

Researcher Bias

I have recently spent three years coordinating NP clinical practicum placements for a nurse practitioner program at a private university. During this time, there have been increasingly scarce resources to provide monetary incentives to preceptors. There has also been an increased number of preceptors needed, due to an increase in NP student enrollment at the university. Concurrently, the pool of available preceptors has decreased due to a number of clinical practices' restructuring and providers' unwillingness to precept. In addition, expansion of online NP programs and increased numbers of NP students have resulted in greater demand for preceptors. Although NPs practice in a variety of settings, procuring preceptors for primary care has been the focus for me as a coordinator of a Family Nurse Practitioner (FNP) program. These dynamics have inspired me to study national trends in hopes of improving recruitment and retention of preceptors.

Rationale and Significance

This study is significant to academic programs to help gain an understanding of benefits offered to preceptors throughout the United States. This knowledge may assist NP programs to better recruit or retain necessary preceptors. Additionally, by exploring what incentives

encourage the providers to precept, NP programs can possibly cultivate stronger and more enduring relationships with preceptors.

Definition of Terms

Nurse Practitioner. Advanced practice registered nurse who is prepared through advanced graduate education and clinical training to provide a wide range of health care services, including the diagnosis and management of common and complex medical conditions (AACN, 2015).

Clinical Preceptor. A licensed MD or NP who provides clinical oversight and education for the NP student in an applicable patient population focus area such as women's health, pediatrics, gerontology, adult health, in primary care practice or acute care environments.

Practicum. A clinical learning environment in which the NP student is able to assess and treat patients under the supervision and guidance of their preceptor.

Incentive. A tangible stimulus that motivates a clinician to agree to precept NP students. Examples include credit toward recertification, relationships with the faculty and academic institution, remuneration, access to resources, professional affiliations, recognition, and gifts and rewards (Webb, Lopez, & Guarino, 2015).

Conclusion

In chapter one, the problem of recruiting and retaining clinical preceptors for NP students is introduced. Without clinical preceptors, NP students would not be able to complete the required hours that are designed for them to learn the valuable skills and knowledge through patient encounters necessary for clinical practice. This chapter briefly summarized the literature that identified the need for preceptors and theories of motivation as incentives, which ground the research questions.

Chapter two presents an examination of literature related to the roles and need for NPs as primary care providers, NP clinical practicum barriers, and known incentives/benefits offered to preceptors of NP programs. Chapter three discusses the research approach used for the study. The methodology, research design, guiding questions, sample population, data collection, and analysis are explained in detail. The relevance of motivational theories that frame this study is noted. Survey research was selected as the methodology for this study. Like myself, the participant pool was composed of NP faculty and coordinators from accredited NP academic programs in the United States. Rationale for selecting this design, a description of the participants, data collection and analysis methods, the survey questionnaire, and IRB approval are explained.

Chapter four presents the review and analysis of the data gathered through survey research and summarizes the results.

Chapter five presents a conclusion with interpretation of findings, implications, and recommendations for further research and exploration.

CHAPTER 2

LITERATURE REVIEW

The first nurse practitioner (NP) program began at the University of Colorado in 1965 in order to prepare nurses to deliver primary care to children (AANP, 2016; Berg & Roberts, 2012). Since that time, almost 400 NP programs in schools of nursing have enrolled 68,671 students from Fall 2014 to Fall 2015 (AACN, 2016). Currently, there are more than 234,000 NPs practicing in the U.S. (AANP, 2016). More than 97% of NPs hold graduate degrees and care for individuals in settings such as primary care, hospitals, nursing homes, and psychiatric/mental health clinics (AANP, 2016). Nurse practitioners are advanced practice registered nurses (APRN's) who are licensed and credentialed for the purpose of promoting health, preventing disease, and educating and counseling patients about health concerns.

Nurse Practitioner students require clinical practicum externship experiences during their educational program in order to achieve knowledge, skills, and attitudes related to NPs such as diagnosing, treating, and managing patient care (Kleinpell & Hudspeth, 2013). A preceptor is necessary to guide, teach, and assess the NP student during the clinical practicum. This literature review focuses on the roles of the nurse practitioner as well as those of a clinical preceptor, their importance in NP education, and the current benefits and incentives available to preceptors. Sometimes linked in the literature about mentoring, a preceptor fulfills a different role than that of a mentor. Mentoring relationships focus on career and/or psychosocial growth, while a preceptor serves to teach and guide a student for a prescribed time to meet established learning objectives (Harrington, 2011; Barker, 2006).

Sources for this review of the literature were gathered over an eighteen-month period. The majority of sources is from peer-reviewed journals and range over a seventeen-year span. A

database search was conducted using CINAHL, ERIC, PubMed, and Google Scholar. The search was augmented by a general Internet search. Terms entered into the search field included: nursing education, nurse practitioners, preceptors, precepting, benefits, incentives, and motivation.

The purpose of this literature review is to provide an understanding of the roles and responsibilities of NPs and preceptors in NP education, the barriers faced when recruiting and retaining clinical preceptors, and the incentives and benefits provided to preceptors of NP students. The literature review clarifies a) the need for NPs in the United States, b) an overview of NP education, c) the roles and responsibilities of preceptors in NP clinical education, and d) barriers to attaining preceptors in clinical practice environments.

Nurse Practitioners in United States Healthcare

In 2014, the American Association of Nurse Practitioners (AANP) reported that nearly one-fifth of all primary care services in the U.S. are provided by nurse practitioners. Access, quality, and cost effectiveness of health care in the United States are impacted in a positive manner by NPs (AANP, 2016). The demand for increased primary care services is met by NPs' abilities to provide services for wellness and disease prevention, diagnosis and management of many acute illnesses, and management of chronic diseases such as diabetes. Fairman, Rowe, Hassmiller, and Shalala (2011) support the Institute of Medicine (IOM) recommendations that "all health care providers must be permitted to practice to the fullest extent of their knowledge and competence" (p. 193).

For many years, nurse practitioners in the U.S. have dealt with issues regarding licensing and certification, scope of practice, educational preparation, interprofessional collaboration, and reimbursement (Berg & Roberts, 2012). Requirements for educational preparation have evolved

from a certificate to a graduate degree, which is basic preparation for a national certification examination that licenses the NP to practice. Each state's regulatory board defines the scope of practice and sets boundaries for the practitioner (Kleinpell, Hudspeth, Scordo, & Magdic, 2012). All 50 states support prescriptive privileges for NPs, and almost 50% of NPs hold hospital privileges (AANP, 2016). NPs who provide care in hospitals must abide by a credentials review similar to what physicians undergo (Kleinpell et al., 2012).

NPs are advanced practice registered nurses (APRNs) who provide health care to individuals in various settings such as ambulatory outpatient settings, acute care inpatient settings, in the community, in nursing homes, and in patients' homes. They "take health histories and provide complete physical exams; diagnose and treat acute and chronic illnesses; provide immunizations; prescribe and manage medications and other therapies; order and interpret lab tests and x-rays; [and] provide health teaching and supportive counseling" (IOM, 2011, p.26). The role involves complex decision-making, accurate clinical assessments, accurate diagnosis, and appropriate treatment plans of care (Gorton & Hayes, 2014). The range and frequency of skills practiced by NPs depend upon their practice settings and geographic locations, such as rural or urban (Lausten, 2012).

The Need for NPs as Primary-Care Providers

Currently, there is a shortage of primary care physicians in the US (Fodeman & Factor, 2015; Cerball, 2016). Due to population growth, aging, and expansion of insurance, an additional 33,000 primary care physicians will be needed by 2025 (Pettersen et al., 2012). The need for primary-care providers is expected to increase, while at the same time, the numbers of physicians entering primary care and family medicine are decreasing (Keough, Arciero, Connolly, 2015). In an effort to improve quality and access to care, there is an impetus from the Institute of Medicine

(IOM) for the development and autonomy of NPs. The IOM recommends reimbursement rates comparable to primary care physicians for similar services. Yet the largest federal health insurance program, Medicare, reimburses NPs at only 85% of the physician fees for the same services (Poghosyan, Liu, & Norful, 2016). With a primary care physician shortage in the United States, an increase of NPs in the primary-care environment can provide greater access to health care (Green, Savin, & Lu, 2013; Fairman, Rowe, Hassmiller, & Shalala, 2011). NPs fill the gaps with quality health care services where caregivers are scarce, such as rural areas and long term care facilities (Bauer, 2010).

Use of Nurse Practitioners

In order to provide safe, high quality, and cost effective care, the IOM has called for an expansion of the NP role in primary care. This has been echoed by the consumer group the American Association of Retired Persons (AARP), partly due to the satisfaction of care by NPs that patients enjoy (Fairman et al., 2011; Bauer, 2010). Although some physicians, perceiving NPs as a threat to their livelihood, have argued that NP education is not sufficient for them to practice independently, the evidence does not support this side of the debate. NPs are trained to refer patients whose health problems are outside of their scope of practice or understanding (Zand, 2011). Although the NP role is one of an autonomous and independent practitioner, NPs are more likely to practice in collaborative relationships with physicians and other health care professionals (Poghosyan et al., 2017).

Role of Preceptors and Clinical Practicums in NP Education

The role of preceptors for training APRN students cannot be overemphasized. Some programs have had to limit their admissions due to a shortage of preceptors (Wiseman, 2013). Skilled preceptors guide and teach students so they may participate safely in real-world practice

situations (Wiseman, 2013). NP students must complete a minimum requirement of 500 clinical direct patient care hours during their education program (National Task Force on Nurse Practitioner Education, 2012; Fulton, Clark, & Dickinson, 2017). Clinical preceptors provide clinical oversight and education for the NP student, and, ideally, they receive some training in how to perform the role of preceptor (AACN, 2015). Preceptors for NP students can be MDs or NPs who are licensed and practice in the applicable patient population focus area. For example, a family nurse practitioner (FNP) student requires clinical experience in patient population areas of pediatrics, adults, gerontology, and women's health. A student may precept in a family practice clinic that provides care for all of these populations. However, due to preceptor availability, the student may combine the clinical hours in a pediatric clinic, a women's health center, a geriatric practice, and a general practice, rather than conducting each separately. On the other hand, an NP student who is in a program to be a pediatric NP attends clinical practicums in patient care environments that focus on pediatric patients only.

Preparing the NP Student for Clinical Practicums

Prior to clinical practicums, the NP student completes a core foundation in a graduate program that builds upon undergraduate work with requirements of advanced physiology, pharmacology, and health assessment (AACN, 2011). The three main areas of graduate advanced practice nursing core, referred to as "The Three P's," include: (1) advanced health/physical assessment, (2) advanced physiology and pathology, and (3) advanced pharmacology (AACN, 2011, p. 13).

In addition to the required curriculum, many NP students already have years of experience working as a registered nurse (RN) in a clinical environment. Some NP students enter the graduate academic program as licensed and practicing NPs. In the case of these post-masters'

students, after a gap analysis, they take the appropriate didactic and clinical courses to meet the needs of their degree plan. For example, the NP student who completed a women's health NP program and is interested in completing a family nurse practitioner (FNP) program would take the adult, pediatric, and gerontology specific courses, but would not need to repeat the women's health content. Some NP students are enrolled in graduate programs without having prior clinical work experience. Regardless of their entry path into the NP program, the NP students take didactic courses related to their patient specialty areas, such as adult health, women's health, pediatrics, or geriatrics, prior to or concurrent with their clinical practicum. These preparatory core courses in physiology, pharmacology, and health assessment, along with the didactic preparation for patient population specific areas prepare the NP students for their clinical practicum so they can apply their theoretical knowledge in the real world of the patient care environment.

Preceptor Role

Preceptors have an important role assisting the NP student with "bridging the gap" between academia and clinical practice (Gibson & Hauri, 2000, p. 360). The preceptor provides one-on-one clinical education and training to the NP student. In the patient-care setting, the preceptor evaluates a NP student's competencies to assess, diagnose, clinically reason, and practice safely (AACN, 2015). Preceptors balance maintaining a learning environment that is safe while providing patient care (Khidir, Alhammadi, Wagdy, & Mian, 2016). Not only does the preceptor provide instruction in the clinical setting but also directly supervises the student (Johnson, O'Brien, Emerson, & Reed, 2017). As clinical educators they respond to the NP student's needs (Khidir, Alhammadi, Wagdy, & Mian, 2016). There may be variables of the preceptor-student environment that could affect the learning outcomes. These variables include

patient population and acuity, the learner's level on comprehension and competency, and the preceptor's expectations (Wolpaw, Papp, & Bordage, 2009). Ongoing support from the faculty member to the preceptor through site visits and clear communication of expectations promote significant relationships that benefit the preceptor and the student and improve performance (Wiseman, 2013; Brooks & Niederhauser, 2010; Pericak, Graziano, & McNelis, 2017).

Barriers to Attaining Preceptors

Multiple barriers that impact the availability of a practicum experience for the NP student are varied and include limited organizational support, concerns about decreased productivity, lack of confidence in the teaching role, and no compensation (called a "disincentive") for the preceptor's time (Wiseman, 2013, p. 254; Brooks & Niederhauser, 2010). A clinical preceptor without precepting experience may hesitate before agreeing to precept. The preceptor's concern about decreased productivity for the clinic may also prevent one from precepting, leading to a scarcity of preceptorship sites (Brooks & Niederhauser, 2009; Cayley, 2011; Logan, Kovacs, & Barry, 2015). Precepting can be time intensive for the clinician and clinical organization, whether it is a private practice or a large medical facility. Clinical practice as a NP "requires daily complex decision making in a timely manner" (Gorton & Hayes, 2014, p. S26). Some preceptors report an increase in scheduled patient encounters when precepting a NP student (Logan, Kovacs, & Barry, 2015). Other providers have stated that precepting adds a timely burden (Lyon and Peach, 2001; Morgan, Brewer, Buchhalter, Collette, & Parrott, 2018). Precepting is not part of the clinician's job description, and the patient load is not reduced when a preceptor takes on a student. Precepting results in extra work and additional time for documentation, teaching, and preceptee evaluations (Wiseman, 2013). One survey of preceptors

showed that the preceptor spent about two extra hours per day working, even though the number of patients seen did not increase (Marfell, 2011).

An additional reason for difficulty in recruiting and retaining preceptors is a lack of incentives and inadequate compensation (Keough, Arciero, & Connolly, 2015, p. 88). NPs who must meet productivity benchmarks for compensation are challenged by the extra demands of precepting (Webb, Lopez, & Guarino, 2015). Loss of income is one reason that preceptors decline to teach (Amelia, Brown, Resnick, & McArthur, 2001).

Benefits Offered to Preceptors

Some academic institutions offer incentives and benefits to clinical preceptors for precepting NP students. Reported benefits include library access, thank you letters, invitations to lectures and to graduation ceremonies, as well as waived tuition to continuing-education-conferences (Gibson & Hauri, 2000; Campbell & Hawkins, 2007). The thank you letters may be kept in the preceptor's portfolio as documentation when the NP needs to renew their board certification; one hundred and twenty hours of clinical precepting is required for one of the major categories of certification renewal (ANCC, 2016). For faculty who precept, sometimes workload credit has been offered (Gibson & Hauri, 2000). Also, affiliate faculty status has been offered by some institutions. Incentives for precepting include financial compensation, being current with new medications and clinical guidelines, access to continuing education credits and online clinical materials, credit toward recertification, and faculty roles and relationships with academic institutions. More personal incentives include certificates and letters of appreciation, public notices in newsletters, invitations to graduation, and participation on advisory boards as well as complimentary attendance at conferences (Roberts, Wheeler, Tyler, & Padden, 2017; Webb, Lopez, & Guarino, 2015; Sobraliski, & Naegele, 2001).

In 2007, Campbell and Hawkins identified additional benefits provided to preceptors that included:

Certificate of recognition; dinner/luncheon; continuing education talk; library privileges; certification of hours toward recertification; letter of thanks from school; tuition waiver based on hours precepted; gift from student; gift from faculty out of pocket; continuing education vouchers; outstanding preceptor award; invitation to serve on advisory board; thank you note/letter from faculty; faculty appointment with privileges; break on conference registration fee; participate in research projects, faculty provide in-service program to agency; nomination for awards; edit manuscripts; software borrowing privileges; access to museum or sports events; football tickets; letters of reference.

(Campbell & Hawkins, 2007, p. 27)

There have been a variety of benefits offered to preceptors in recent decades. Recently, more current literature identifies that some states are offering tax benefits for preceptors for each student practicum up to ten thousand dollars per year (Jackson, 2017). This type of benefit is systematic and relatively different, which indicates that a current assessment of benefits offered to preceptors could be indicated.

Preceptor Rewards

There are many reasons why clinicians precept. Notwithstanding the perceived barriers and limited incentives, most preceptors choose to precept because they like to teach and want to give back to the profession. Indeed, they view precepting as a “professional duty” (Brooks & Niederhauser, 2010, p. 574.) Reportedly, fostering strong relationships between the academic faculty and the preceptor increased a preceptor’s willingness to precept (Logan, Kovacs, & Barry, 2015; Lyon and Peach, 2001). Preceptors also report a personal satisfaction of precepting

and giving back to the profession (Lyon & Peach, 2001). Committed to the preceptor role, most preceptors report that they enjoy providing clinical experiences to students (Hyrkas & Shoemaker, 2007; Wiseman, 2013). These intrinsic rewards resonate with Pink's notions that individuals are motivated by a sense of purpose, to make a contribution to something greater than themselves (Pink, 2009).

In summary, the literature reveals the multiple roles that Nurse Practitioners perform and the many ways that NPs contribute to healthcare in the United States. The need to educate more NPs who can provide primary and acute care calls for nursing academic programs to secure appropriate clinical practicum placements. Hence, the demand for preceptors is a challenge for coordinators of NP programs, questioning if the incentives that are reported in the literature are helpful. Further exploration of what incentives are offered and what motivates clinicians to be preceptors for NPs is the topic for this study.

Conceptual Framework

This study on incentives is framed in the context of theories and literature about motivation. Motivation is defined as "the conscious or unconscious stimulus, incentive, or motives for action toward a goal resulting from psychological or social factors giving the purpose or direction to behavior" by Borkowski (2016, p. 117). This study seeks to explore what incentives motivate professionals to precept nurse practitioner students.

For years, leaders in organizations have struggled to identify which intrinsic or extrinsic factors might motivate employees to increase productivity or to be more satisfied in their jobs. Frederick Herzberg is best known since the late 1950s for labeling motivators as "satisfiers" with examples of intrinsic factors such as achievement, recognition, responsibility, and advancement. In other words, the work itself is satisfying. On the other hand, job dissatisfaction is related to

hygiene factors such as company and administrative policies, supervision, salary, and work conditions, which can be described as extrinsic factors (Borkowski, 2016, pp. 124–125).

Qualified clinicians who are recognized and admired for their clinical and teaching skills are invited to be preceptors and serve as role models for NP students (Wiseman, 2013; AACN, 2015; Gibson & Hauri, 2000). In fact, there is a relationship between intrinsic factors of achievement, recognition, responsibility, and advancement and those who actually become preceptors of NP students (Hyrkas & Shoemaker, 2007).

In the 1980s, David McClelland classified motivational needs as achievement (the need to succeed), power (the need to influence others), and affiliation (the need for approval). McClelland's research demonstrated that most individuals experience a combination of these needs. High achievers are satisfied with their success in setting goals for themselves and others. Leaders who use their power to influence others reveal loyalty to others and to the organization; while high affiliation individuals work best in groups, maintaining positive relationships with others (Borkowski, 2016). Students and preceptors value the connections and relationships that they establish through the precepting experience (Pericak, Graziano, & McNelis, 2017). Preceptors enjoy benefits that universities offer, such as adjunct faculty positions, advisory board appointments, and access to university libraries and conferences (Marfell, 2011; Wiseman, 2013).

More recent authors have built upon and expanded earlier theories and have begun dialogue about what motivates individuals to behave in the ways they do. For example, Pink describes experimental research on rewards by Harry Harlow and Edward Deci, showing that external (monetary) rewards had a negative effect on motivation (Pink, 2009, p. 9). Pink relates studies that support the notion that individuals are motivated by altruism, or “doing good,” rather

than being paid. He gives the example of the American Red Cross voluntary blood donations to prove his point (p. 47). Pink examines various theories and studies on motivation before he concludes that a significant aspect of motivation for individuals is purpose. He writes, “Humans, by their nature, seek purpose—to make a contribution and to be part of a cause greater and more enduring than themselves” (Pink, 2009, p. 223). Interestingly, a recent survey of preceptors showed that the majority were willing to serve as preceptors. Some of their comments include “it is an expected part of the NP role” and “part of my professional obligation” (Roberts, Wheeler, Tyler, & Padden, 2017, p. 488).

Noticeably, there are similarities among the theories and concepts on motivation as described. Similarly, the literature demonstrates that there are many reasons clinicians choose to serve or not to act as preceptors for NP students. The results of the questionnaire sent to NP coordinators and faculty reveal what incentives are offered as well as what might motivate the preceptors.

Conclusion

NP programs are limited in the number and quality of preceptors and clinical sites (AACN, 2015, Gibson & Hauri, 2000, p.361). The literature indicates a need for NP clinicians in the United States, the barriers to attaining preceptors, challenges preceptors face, and reported benefits and incentives provided to preceptors. In the midst of scarce resources of preceptors and placements, what intrinsic or extrinsic rewards are helpful? Are loyalty and/or giving back to the profession enough of an incentive, or does the barrier of loss of time and income override the willingness to serve? This study seeks to contribute to the knowledge about what incentives that nursing programs have offered to preceptors to secure appropriate clinical placements.

CHAPTER 3

METHODOLOGY

The purpose of this cross-sectional survey mixed-methods approach research study was to explore what incentives and benefits are offered to clinical preceptors of NP students in accredited NP academic programs across the United States. In this chapter, mixed methods research approach as methodology is discussed, along with the rationale for the research approach, the participants involved in the study, and data analysis and interpretation.

Research Approach and Rationale

The study used a questionnaire survey to capture data during a specified time period. The self-report method of gathering data is a strong and direct way to know what people believe (Polit & Beck, 2012). As a method for data collection, surveys are “relatively unobtrusive” (Bloomberg & Volpe, 2016, p. 157). Because survey research yields both quantitative and qualitative data, and to get a whole picture of the study, the appropriate method of analyzing survey data for this study is a mixed methods approach. Merriam and Tisdell (2016, p. 45) refer to Creswell’s definition of mixed methods thus:

[A]n approach to research in the social, behavioral, and health sciences in which the investigator gathers both quantitative (closed-ended) and qualitative (open-ended) data, integrates the two and then draws interpretations based on the combined strengths of both sets of data to understand research problems.

Research Design

A quasi-mixed methods approach was used to analyze the self-reported data and text. The research questions central to this study were developed from my experiences as a clinical coordinator for NP placements and from the literature and include the following:

Research Question One: What incentives and benefits are currently offered to clinical preceptors of NP students by accredited academic programs in the United States?

Research Question Two: What incentives might motivate providers to precept NP students?

This study surveyed a convenience sample of NP clinical coordinators and faculty to explore incentives and benefits that are offered to clinical preceptors of NP students in accredited NP academic programs across the United States. Survey studies “obtain information about the prevalence, distribution, and interrelations of phenomena within a population” (Polit & Beck, 2012, p. 264). An online questionnaire that included a combination of open-ended and closed-ended questions was distributed by email to faculty and coordinators of NP academic nursing programs. The research questions relate to theories of motivation in that incentives and benefits may be perceived as extrinsic or intrinsic, according to Herzberg (Borkowski, 2016). On the other hand, McClelland’s needs of achievement, power, and affiliation may be “enough” to secure NP preceptors (Borkowski, 2016, pp. 131–133). Consistent with the literature, the survey results demonstrated faculty beliefs that individuals seek purpose and hope to contribute to the greater good (Pink, 2009).

Like myself, the participant pool was composed of NP faculty coordinators from accredited NP academic programs in the United States. Rationale for selecting this design, a description of the participants, data collection methods, the survey questionnaire, and IRB approval are addressed.

Research Questions

This study seeks to answer the above stated research questions. The survey questions, developed from a review of the literature as well as from the author’s experience as clinical

coordinator of a FNP program, are identified in Appendix A and were approved by the Institutional Review Board (IRB) of University of New England prior to execution of the study.

Setting

The setting of this study varied, based on the participants' individual locations and academic institutions. For example, the first demographic question on the questionnaire asked the respondent to select the region/location in which their program is located. The second question asked if the program is in a public or private university/college. The questionnaire was distributed via email to the NP coordinator and/or faculty responsible for securing preceptors of 333 CCNE accredited NP programs in the United States. In order to be an accredited NP program, NP students are required to complete a minimum of 500 clinical practicum hours with designated preceptors. Therefore, all accredited NP programs in the U.S. utilize clinical preceptors and were able to contribute information to share if they chose to participate.

Participants and Sampling Procedures

Participants in the study included the NP program director, faculty coordinator, or alternate representative from all of the academic institutions who chose to respond to the questionnaire. Some faculty may also have precepting experience or roles themselves. Upon Institutional Review Board (IRB) approval, the survey was emailed to program director contacts at 333 universities and colleges in the U.S. that offer NP programs. Universities and colleges with accredited NP programs were contacted through the contact information listed on the organization's website. A recruitment message to participate was also posted on the National Organization of Nurse Practitioner Faculties (NONPF) Program Director Special Interest Group (PDSIG) electronic forum.

Data Collection and Analysis

Questionnaires have been used in previous studies about incentives and have focused largely on perceptions of preceptors and/or NP students, rather than from the perspective of academic programs (Roberts, Wheeler, Tyler, & Padden, 2017; Webb, Lopez, & Guarino, 2015; Hyrkas & Shoemaker, 2007; Wiseman, 2013; Kleinpell & Goolsby, 2012). Although some researchers have reported that responses from email questionnaires vary, others have reported that email response rates are about the same as postal mail, particularly when the target population is accustomed to internet and email use, such as academicians (Fowler, 2014). Some of the many advantages to using email surveys include more rapid responses and elimination of mailing and interviewer costs (Frankfort-Nachmias & Nachmias, 2000).

Response Rates

Multiple surveys have been used to collect data about nurse practitioners and preceptors over the past decade. Campbell and Hawkins (2007) surveyed 26 faculty members from 26 different institutions to learn what rewards, if any, are offered to NP preceptors. The survey was conducted by both email and personal contact, and they received 26 out of 28 responses. Goolsby (2011) reported that the American Academy of Nurse Practitioners (AANP) conducted a 2009–2010 survey to gather data on NP practice characteristics. This 76-item anonymous survey was stratified according to the NP practice specialty and was emailed to 25,000 NPs with 13,562 responding (a 56.4% response rate). Wiseman (2013) emailed a one-time online survey to 113 NP preceptors to determine barriers and motivators as well as the need for educational preparation required by preceptors. “A total of 53 preceptors (47%) responded to the online survey” (p. 255). In order to learn what incentives and barriers that preceptors self-identified, Webb, Lopez, and Guarino (2015) administered a web-based survey to over 3,000 NP

preceptors. Only 453 of the 521 returned were complete and analyzed. The most recent surveys (2015 and 2016) asked about benefits, incentives, and barriers for NP preceptors and were reported by Roberts, Wheeler Tyler, and Padden (2017). Email questionnaires were sent to 45,000 NPs who are preceptors, resulting in a 10% response rate. Based upon response rates from similar NP surveys, I initially anticipated a 20% rate. Fifty-four responses were received, resulting in a response rate of 16 percent.

Online Survey

Research participants were provided a link to the one-time online survey for two weeks. A follow up reminder email was sent one week after the initial email. Postal mail surveys take about two months for completion, but internet surveys take a shorter time (Fowler, 2014). Software used to administer the survey and collect data came from QuestionPro Inc. The information entered by the respondents was collated and analyzed. The anonymous questionnaire included both closed-ended and open-ended questions and may be found in Appendix A. The first three closed-ended questions on the questionnaire were demographic; the following 17 questions, which focused on the practicum, preceptor, incentives, and rewards, were closed-ended with some options for elaboration. The final two questions were open-ended and allowed for respondents to self-report any additional information about benefits, precepting, and rewards that they chose. The quantitative data were computed and are reported in chapter four. Text from open-ended questions on the survey was analyzed using thematic categorization to identify themes and patterns that emerged. According to O’Caithain and Thomas (2004), open-ended questions on surveys may be used for corroboration and elaboration. Described as “quasi-qualitative data,” qualitative analysis techniques are used for reporting data (p. 4).

There are potential advantages and disadvantages of administering internet surveys. The primary advantages are cost and time. Computer-assisted survey costs are negligible, compared to postal mail costs. Fowler (2014) reported that mail surveys usually take about two months to complete. On the other hand, email surveys may be almost instantaneous, while still allowing time for thoughtful reflection of responses. Disadvantages include the sample population use of the internet, which is not a concern for NP faculty. The need for a comprehensive email list was addressed by using the directory of faculty from NONPF special interest group. The challenge of enlisting cooperation is difficult to control. As Dillman stated, the use of the delete key makes the decision not to respond a quick one (2007).

Interpretation and Analysis of Text

As a coordinator of NP practicum placements, I understand the setting and approached the text from the emic perspective as described by Miles, Huberman, and Saldana (2014). The purpose of this quasi-qualitative analysis is to make sense of the data and text and to answer the research questions. Analysis should explain what incentives and rewards might motivate preceptors for NP students. Merriam and Tisdell call these answers to the research questions “*categories or themes or findings*” (2016, p. 203).

The first step in constructing categories was to read the text and make notes and comments that are important or related to the study. This process of sorting and interpretation is called coding. Keeping in mind the purpose of the study (to explore what incentives and benefits are offered to clinical preceptors of NP students in accredited NP academic programs across the United States), I looked for patterns of words and ideas that emerged from the text. Thematizing is naming the categories and came from the researcher, the participants, and/or outside sources and continued until I believed that saturation had been achieved (Merriam & Tisdell, 2016).

The text that was generated from question 21: “What would you like as a benefit/incentive? Why do you precept? What are the personal rewards?” provided the beginning of categories related to the conceptual framework and theories on motivation. Respondents to the survey named extrinsic and/or intrinsic rewards, as described by Herzberg (Borkowski, 2016). On the other hand, McClelland’s needs of achievement, power, and affiliation emerged (Borkowski 2016). Some comments reflect Pink’s (2009) conclusions about making contributions to the profession and giving back. More forthcoming connections are reported in chapters four and five.

Validity and Reliability

Trustworthiness in qualitative research can be confirmed through triangulation, which is using multiple sources or methods to examine the data (Merriam & Tisdell, 2016). Although there was only one data collection, this mixed methods study provided both quantitative and quasi-qualitative textual data to complement the findings. My experiences as a placement coordinator of NP practicums are similar to reports from surveys in the literature review. Reliability, also known in qualitative research as “consistency” is associated with possibilities of replication of the study (Merriam & Tisdell, 2016, p. 250). The “additional comments” that respondents provided added to the understanding but were too minimal in depth and breadth to be considered true qualitative research. Knodel and Saengtienchai (1999) referred to their methodology as a “quasi-qualitative” approach, which is appropriate for this study (p. 200). Comments to open-ended questions elaborate and explain findings from closed-ended questions, but they do not have the depth necessary for true qualitative research. O’Cathain and Thomas (2004) relate the importance for the researcher to not ignore the data. They propose: “a strategy

to generate depth and treat the data qualitatively . . . may help researchers to devise a strategy for analysis and publication” (p. 4).

Participants’ Rights

To protect the rights of the research subjects, approval from University of New England’s Institutional Review Board was obtained before the study commenced. An IRB approval helped ensure that the participants were protected from harm (Roberts, 2010). All respondents in the study were invited to participate with an emailed letter that informed them about the purpose of the research, the risks of the study, and the guarantee of confidentiality. Volunteer participation in the online survey demonstrated consent to participate in the study.

Potential Limitations

There are potential limitations to this study. First, this study used a newly developed survey tool, which had not previously been validated for instrument reliability. This study may provide groundwork for possible development of related survey tools in the future. Another potential limitation is error in sampling, particularly, coverage error (Dillman, 2007). When surveying specialized groups, coverage errors may result from the list not being updated or the list not including the individuals who could provide the most accurate information. The return rate could also be a limitation. It is possible that some program directors may be hesitant to provide complete data; however, to lessen this potential limitation the study design ensured anonymity, which should have allowed for a greater disclosure of information from the participants. Another limitation is that the researcher is a novice at data and text analysis.

Conclusion

The research questions are 1) What incentives and benefits are currently offered to clinical preceptors of NP students by accredited academic programs in the United States; and 2) What incentives might motivate providers to precept NP students? An online questionnaire was emailed to program directors of accredited NP programs in schools of nursing. This study about incentives is embedded in a conceptual framework of motivational theories, and the results will inform academic nursing programs what incentives might help secure and maintain NP clinical placements with qualified preceptors.

The data, analysis, and interpretation from the survey are explained in chapter four. The quantitative data are reported and described, and the comments were analyzed and interpreted. Connections with the conceptual framework of motivational theories are clarified. Chapter five concludes the study with implications for practice and recommendations for further research.

CHAPTER 4

RESULTS

The purpose of this study was to explore what incentives and benefits are offered to clinical preceptors of NP students in accredited NP academic programs across the United States. I believed that preceptors of NP students are motivated to some degree by extrinsic factors such as monetary stipends, continuing education credits, and/or professional recognition. In addition, I also assumed that NP academic programs attempt to recruit and retain clinical preceptors not only by building relationships with the preceptors but also by providing extrinsic benefits to the preceptors. Knowing what incentives motivate preceptors for NP programs can help address the challenges of securing preceptors and placements. Ultimately, nurse educators can use this knowledge to address the shortage of primary care providers in the U.S.

Recognizing that securing qualified preceptors for NP programs is a challenge for NP coordinators on a national level, I surveyed NP coordinators of 333 programs. Results from the survey are presented in text, graphs, and tables. Methods of analysis and a summary follow and support the need for investigation into the issue of ways to address the competitive environment of securing appropriate clinical practicum placements for NP students.

Analysis Methods

The questionnaire was emailed to coordinators of NP programs at 333 schools of nursing in the U.S. on April 19, 2018, and 54 responses were received by the end of the day May 3, 2019. The response rate was 16%. The average time to complete the survey was five minutes. The survey was viewed by 121 individuals, started by 68, resulting in a completion rate of 79.4%. A message was posted on the NONPF website message board on April 21. A reminder was emailed one week later, on April 26, which resulted in a few additional responses. As noted

in chapter three, response rates from recent multiple surveys about nurse practitioners and preceptors have resulted in a range of response rates between 10 and 15% (Webb, Lopez, & Guarino, 2015; Raoberts, Wheeler, Tyler, & Padden, 2017). During the two-week period of data collection, many of the individuals in the target sample were attending the National Organization of Nurse Practitioner Faculty (NONPF) annual meeting.

For this mixed methods study, data were analyzed using both quantitative and quasi-qualitative approaches. Responses to questions 1–20 on the survey were obtained through QuestionPro and formatted in a pdf file. Some participants chose to add comments to other questions, and those are reported with the data. Open-ended questions (21–22) were coded according to Merriam and Tisdell’s (2016) goal of analyzing data by identifying findings related to the research questions. See Appendix C for a table that depicts findings, conclusions, and beginning interpretations. As recommended by Bloomberg and Volpe (2016), the quantitative data were summarized first, and then the text was interpreted secondarily (p. 190).

The use of QuestionPro for distributing the survey allowed for collation of the data in a numerical and percentage computation. Most of the closed-ended questions offered multiple choices for responses, consistent with Polit and Beck’s suggestion to offer “three to seven options” (2012, p. 298). Please see Appendix B for raw data, described in text, tables, and graphs.

Following the process of analysis described by Merriam and Tisdell (2016), I began by reading the text and making notes that were relevant to the study. Then, I copied and pasted the original text from the participants’ comments into the “findings” column of the matrix table “If/Then/Therefore/This” (Bloomberg & Volpe, 2016, p. 270). (See Appendix C). This first step of the process of sorting and interpretation is called coding. Keeping in mind the purpose of the

study (to explore what incentives and benefits are offered to clinical preceptors of NP students in accredited NP academic programs across the United States), I looked for patterns of words and ideas that emerged from the text. Aware of my background as a coordinator whose role of securing preceptors and placements for NP students initiated this study, I acknowledge not only an understanding of the concerns, but also my own biases in the process of analysis. I began thematizing, which is naming the categories, and continued until I believed that saturation was achieved (Merriam & Tisdell, 2016). The interpretation of text and data follows.

Presentation of Results

The method of combining quantitative data and interpretive text from the survey provides a broader understanding of the findings. As recommended by Bloomberg and Volpe (2016), the quantitative data were summarized first, and then the text was interpreted. In this case, the additional comments by the respondents added clarity to the answers and immensely expanded on the understanding of incentives for preceptors of NP students.

As stated previously, the raw data from the survey were analyzed and reported through QuestionPro. A narrative of the results and comments follows in order of the questions from the survey, which is titled “Preceptor Incentives in NP Education.”

Question one: What is the region/location of your program?

Table 1

Geographic Demographics

Region	Number of Organizations	Percentage of Participants
Northeast	5	9.26%
Middle States	14	25.93%
Southern States	16	29.63%
North Central	11	20.37%
Northwest	4	7.41%
West	4	7.41%
Total	54	

The northeast included ME, VT, NH, MA, CT and RI. The middle states region included PA, DE, MD, NJ and NY. The southern states included VA, NC, SC, KY, TN, GA, FL, AL, MS, LA and TX. The north central region included OH, WV, MI, IN, WI, IL, MN, IA, MO, ND, NE, KS, OK, WY, CO, AZ and NM. The northwest region included WA, OR, AK, MT, ID, UT and NV. The west was composed of CA and HI.

Question two: Public or Private University/College?

More participants were from public than private institutions. Of the 54 participants 29 schools' (53.7%) participants identified as public and 25 schools' (46.3%) participants identified as private. The 54 schools reported a collective representation of 126 NP programs.

Question three: What NP programs are offered at your university/college?

The various NP programs identified are depicted in Figure one. Most NP programs represented were Family Primary Care (FNP). This is not surprising, in that 60.6% of NPs are Family Nurse Practitioners (American Association of Nurse Practitioners, 2016).

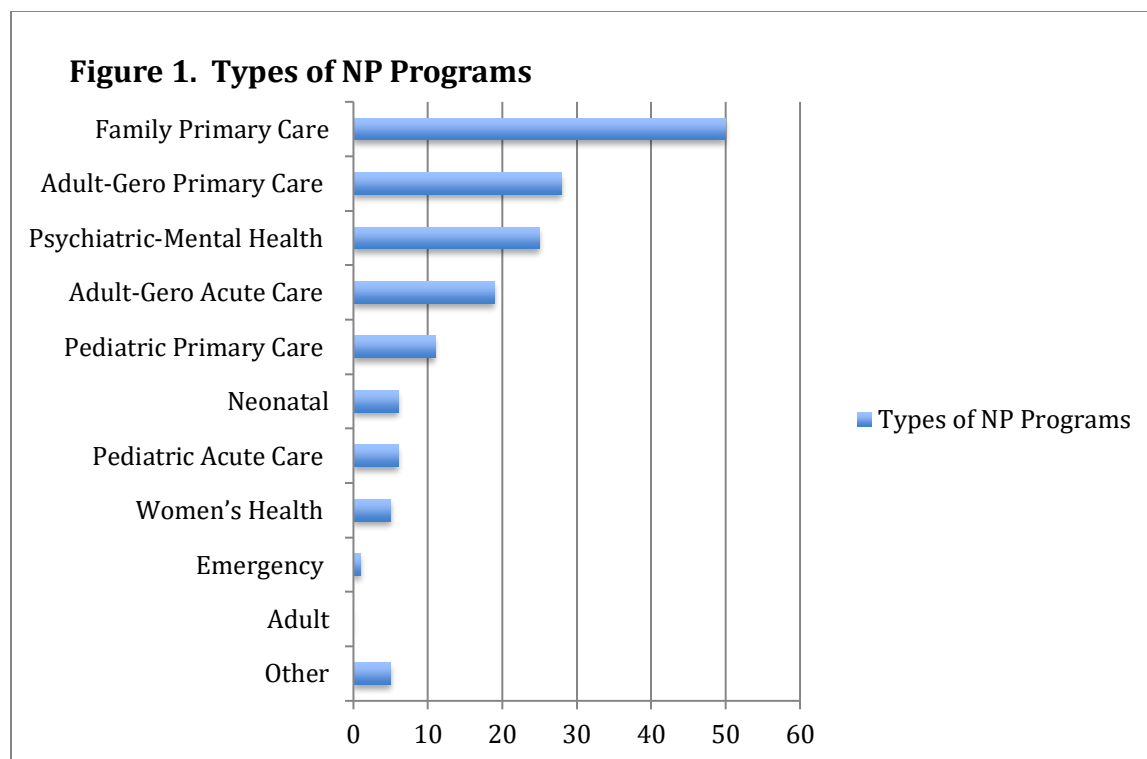


Figure 1. Nurse practitioner programs offered at the participating universities.

The participants who chose the category of “other” provided text including Nurse Educator (N=2); Certified Nurse Midwife (CNM) (N=2); and Certified Registered Nurse Anesthetist (CRNA) (N=1).

Question four: How many clinical practicum hours are required in the NP program? If it varies by program, how many on average?

Table 2

Clinical Practicum Hours

Hours	Number of Participants	Percentage of Participants
<500	0	0%
500-600	17	31.8%
600-700	24	44.44%
700-800	9	16.67%
>800	4	7.41%

Table two depicts the number of clinical practicum hours for NP programs required by each school that participated. The majority of the NP programs require between 500 and 700 clinical precepted hours. NP students must complete a minimum requirement of 500 clinical direct patient care hours during their education program (National Task Force for Nurse Practitioner Education, 2012; Fulton, Clark, & Dickinson, 2017).

Question five: Do your students find their own preceptor or is there a program/ liaison/ coordinator to find clinical preceptor?

The majority of schools reported that an academic coordinator arranges the preceptor assignments for students (57.41% or N=31). The remainder of the schools reported (42.51% or N=23) that students find their own clinical preceptor.

Question six: Do the NP students have previous RN work experience before starting their practicum?

Overwhelmingly, almost all NP students have previous work experience before starting their practicum (94.44% or N=51 vs. 5.56% or N=3).

Question seven: What benefits or incentives are offered to preceptors from your university/college?

The majority of participants reported that adjunct/faculty status and library privileges are the most often offered incentives to preceptors. Few programs offer financial compensation. The responses are illustrated in figure two. Text responses from participants included “CEUs, token gift cards, admission to pharmacology updates free of charge, state offers tax credits, events on campus—dinner/luncheon, preceptor workshop, swag, discounted tuition, and none.”

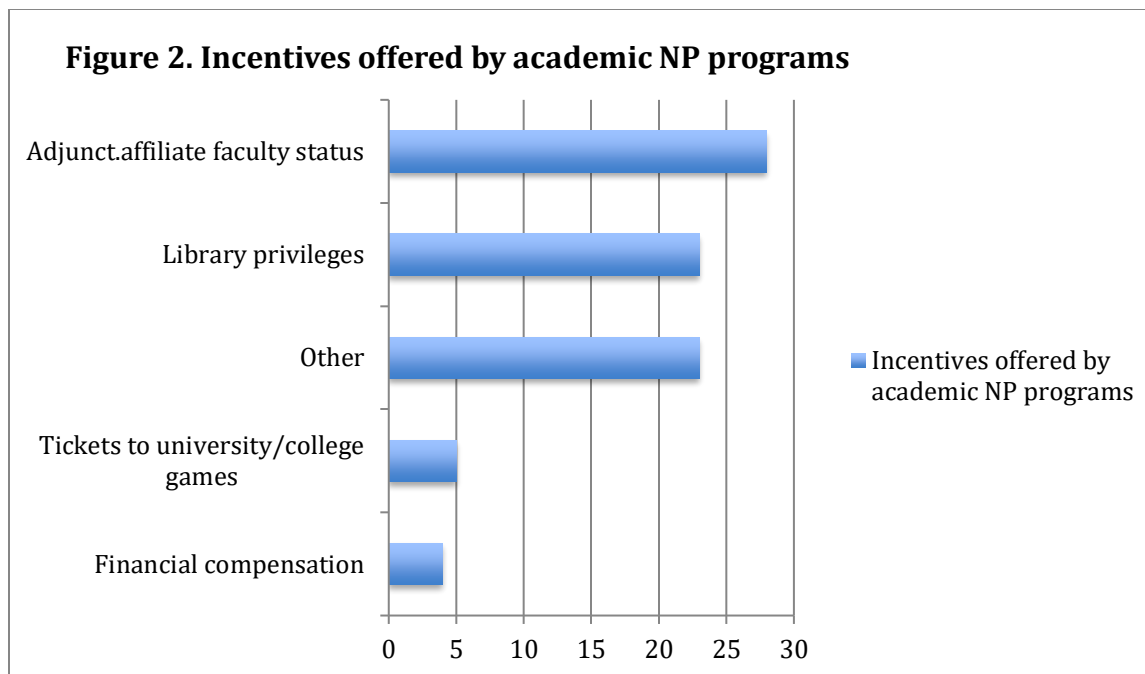


Figure 2. Illustrates the reported incentives offered by academic NP programs

Responses to the question, “What benefits or incentives are offered to preceptors from your university/college?” get to the heart of the matter of this study and tell the current status. Knowing that coordinators have said they would like to offer some sort of pay and that preceptors have expressed an interest in receiving payment, the reality is that less than 5% actually receive some sort of financial compensation. The greatest percentage of responses (33.73% for adjunct/affiliate faculty status and 27.71% for library privileges) indicates that association with the university/college is significant. Not only is affiliation with the university important, but it is also within the control of the institution to offer. Other comments that include events on campus/dinner/luncheon, preceptor workshop, discount on tuition, and CEU’s are ways that NP programs can foster preceptor-university relationships. Academic institutions can go a step further by offering admission to pharmacology updates free of charge and even supporting legislation to provide tax credits or incentives for NP preceptors, following what other respondents said.

Question eight: If financial compensation is offered: How much pay is offered per 100 practicum hours? Add additional comments as significant.

For the participants who responded that they offer financial compensation, the amounts ranged from \$100 to \$500 per 100 precepted hours. One school offered \$500 for 100 precepted hours with an increase per increment of time. Several participants responded “0; N/A; none; or We do not pay preceptors” (N=7). Table 3 displays the responses.

Table 3

Financial Compensation Offered to Preceptors per 100 Practicum Hours

Number	Respondent comment
N=7	No financial compensation
N=1	\$250
N=1	\$200 for 150 hours; \$100 for 75 hours; No compensation for <75 hours
N=1	\$500
N=1	\$500 but increases per time increment

Additional comments on this survey indicate that monetary compensation is illegal in some states. Of the schools that offer financial payment to preceptors, three noted that the expense is included in the student’s tuition and two indicate a resource allocation from the program budget.

Question nine: Do benefits/incentives to preceptors vary upon type of NP program? Please describe if applicable.

The exceeding majority of schools (94%) reported no variability of benefits and incentives offered to preceptors depending on the type of NP program. One participant reported “CNM get small stipend of \$250.”

Question ten: Is precepting part of full time faculty workload?

Most of the responding organizations do not use precepting as part of their faculty workload (86.97% or N=46) whereas 31.21% (N=7) schools do allow precepting to be part of faculty workload.

Question 11: If precepting is part of full time faculty workload, what percentage of credit release per total credit load is allowed?

For faculty who do precept, 88.9% report that their credit release per total credit workload is less than 20%. The remaining participants indicated that 21–40% credit release is allowed for serving as a preceptor.

Question 12: Does your university/college hire adjunct faculty to precept?

The majority of respondents (83.02%) replied that their university/college does not hire adjunct faculty to precept. Only 16.98% responding universities hire adjuncts to precept.

Question 13: If your university/college hires adjunct faculty to precept, for how many practicums per year?

For the programs that hire adjunct faculty to precept, most hire for one to three practicums per year. Four programs (N=4) hire adjunct for one practicum per year and four (N=4) programs hire adjunct to precept two to three practicums per year. Two programs (N=2) hire adjunct to precept four to six practicums per year and one program (N=1) hires adjunct to precept over seven practicums per year.

Question 14: What recognition is provided to the preceptor?

For schools that provide recognition to their preceptors, the most common recognition is a recognition letter or certificate (67.53%). Sometimes a recognition event or a gift at the end of the practicum is provided. Table 4 describes the recognitions that schools provide to preceptors.

Table 4

Recognition Provided to Preceptors

Type of Recognition	Number of Participants
Recognition letter or certificate	52
End of practicum gift	11
Recognition event	9
Recognition on website	2
Other	3

Other comments included: “validation using certification forms (e.g., ANCC), scholarship credits, and adjunct clinical status.” A recognition letter can be used by the preceptor as validation for renewal of certification, which may be a reason that a letter of recognition or certificate that acknowledges the time and effort that preceptors put forth is the most commonly reported manner of recognition.

Question 15: If financial payment is made to the preceptor:

Although most of the respondents (83.8%) indicated that the question was not applicable, 9.68 % responded that the expense is included in the student’s tuition. Resource allocation for preceptor payment is part of the program budget for 6.45% of the respondents.

Question 16: Does your university/college provide free CME/CEU for preceptors?

Thirteen schools (24.53%) indicated that they provide free CME/CEU for preceptors, whereas 75.47% (40 schools) do not provide free CME/CEU for preceptors.

Question 17: If your state requires annual Continuing Education Credits, does precepting count towards this licensing requirement?

Participants whose states require continuing education credits indicated that precepting counts as part of the continuing education licensing requirement (N=21). However, of these state

requirements, 16 participating schools indicated that precepting does not count toward this requirement. About one quarter of the programs provide free CME/CEU credits for preceptors. Although the majority of programs do not provide free CME/CEUs for preceptors, they often provide a letter or certificate for the preceptor to use as a method for renewal of certification.

Question 18: Do you place more than one student with a preceptor at a site at a time for a team teaching approach?

Most programs (72.22%) place only one student with a preceptor at a site at a time; however, 15 respondents (27.78%) selected “yes” that they do place more than one student with a preceptor at a time.

Question 19: Does your NP program(s) have partnerships with regional medical facilities? If so, please describe.

Participants (48.16%) identified relationships with regional medical facilities for precepting partnerships in some way. Participants added comments that clarified their partnerships as follows associated with outpatient clinics, a hospital system, the Veterans Administration, and a county consortium for student placements.” Comments from two participants revealed that although there were plans in place, there were no guarantees of placements. In one case, the medical students filled the primary care spots and NP students lost the priority placements. Respondents stated:

Not formal partnerships but long-standing placements of students; Educational agreements; We are supposed to be a preferred school but medical students from other states and regions get first site placements. We are 4th or 5th on the priority list and fill 84% of the primary care jobs; Outpatient clinics; VA; We are associated with a hospital system; County consortium for student placements; and MOA as clinical partners, but

this doesn't guarantee a placement; and Kind of.

Question 20: Do you precept NP practicum students?

Half of the participants personally precept students and the other half do not.

Question 21: If you precept NP practicum students: What would you like as a benefit/incentive? Why do you precept? What are the personal rewards?

Table five depicts comments from the respondents.

Table 5

Benefits, Incentives and Rewards

Participant	Comment
1	Being the coordinator of the FNP program, I am usually the last resort if no other sites are available.
2	Precept to help advance profession and give back and do not need an incentive
3	CEUs. I precept because it is needed; I enjoy the students; keeps me on my toes. Love of working with students.
4	Health care systems need to recognize providers who precept NP students and allow them to do so, as part of their job. NP students are the next generation of providers, who need to be trained.
5	I would like to be paid. It provides an effective way to give back and perform as a preceptor.
6	Recognition of workload of faculty. Token of appreciation. More CME hours for recert.
7	Tax credit like Georgia
8	CEUs; use of library
9	I have never been paid for precepting. I wouldn't mind being paid. Some other programs in our state reportedly pay \$1500 per student. I would be happy with that.
10	As a faculty member, I would like to be able to offer payment for working with a student. As a practicing NP, it doesn't matter to me to have payment.

- 11 A journal subscription would be great, a letter I could use toward recertification.
- 12 A few dollars an hour would be nice.
- 13 Free CEUs and recognition event
- 14 I precept to give back to education. It is important to foster new NP's. I enjoy teaching.
- 15 As director of the program, I feel it is an extension of my teaching, but I do not get paid as I am an employee of the university. I would like time in workload for precepting.
- 16 Compensation would be wonderful.
- 17 CEUs
- 18 I precept, as I feel it is important to "give back" to the profession and to provide a good clinical rotation.
- 19 Feel it is part of my role. Rewarding to see them grow.
- 20 I would precept my students but my practice time is too limited to make it worthwhile to the students. I serve as a backup source of hours if/when students need to fill time.
- 21 Precept to role model to teach, share, and build great future NPs.
- 22 I do not need a benefit or incentive to precept. I do it because there is a need and because I enjoy doing it.
- 23 To get a feel for graduates who might make good future employees.
- 24 I precept, because how else will we educate the next generation of practitioners?
- 25 I precept due to lack of available preceptors.
- 26 I have never been paid for precepting—do it because students need good preceptors.
- 27 I like to precept students to see that they are doing correct assessments, etc. I think it is important to give back to students since I was a student once.
- 28 I enjoy teaching.
- 29 Feel it is my professional duty.
- 30 Personal reward: student connection.
- 31 Joy, pride, keeps me knowledgeable.
- 32 Students keep me at the top of my game
- 33 I feel excited to have students experience care in an underserved population.

Question 22: Please provide any additional information that you believe would be valuable to this study related to preceptors, practicums in NP education, incentives for preceptors, or challenges in NP practicum placements.

Table six provides additional comments from respondents.

Table 6

Additional Participant Comments

Participant	Comment
1	Difficult to place students due to number of programs in area and high demand for preceptors.
2	We would like to provide free CEU/CME for preceptors. We are also considering an event. While we have a coordinator to assist students with preceptors; we also have students who find their own preceptors.
3	Provide tax incentives for all preceptors. Mandate companies providing preceptors for fee from students ensure preceptors match student needs and course objectives. Educate NP students about how to be good preceptors so they are prepared to “give back” competently when they graduate. Provide something of value to healthcare agencies in trade for precepting—CEs on management practices, help with informatics techniques and management, seminars for interprofessional collaboration.
4	Financial incentives should not be the reason providers agree to precept NP students. Programs for profit organizations like Chamberlain Nursing who pays sites and preceptors for access are destroying the system for public and private nonprofit programs who do not have money to pay preceptors. Nursing needs to set up guidelines for securing and maintaining clinical preceptor availability.
5	Competition for preceptors has gotten tougher over the past 10 years. In addition to competition from local schools, online programs have grown with those students seeking preceptors. We are part of an academic medical center and compete with medical students for physician preceptors.

- 6 Our faculty to student ratio is 1:8 for practicum courses. Preceptors can become affiliate faculty (unpaid), but not all do this.
- 7 It is a national issue that is made worse by programs that can afford to pay preceptors. Many online programs do nothing to fully evaluate the student in a clinical rotation other than a checklist from the preceptor. This is contributing to poor students passing, as preceptors don't want to be the bad guy.
- 8 We try to keep our preceptors happy.
- 9 Tons of challenges in preceptor placements. Paying is not always an option. Recognition by advance practice bodies, incorporating incentives for recertification, free CMEs, preceptor databases, tool for preceptor, and some incentive to the organization are musts.
- 10 Relationships are the key to building preceptor opportunities.
- 11 It is becoming increasingly difficult to find placements for students due to competition from other universities and workload of preceptors. Compensation of free admission to Pharmacology Conference is a nice incentive and our preceptors really appreciate it.
- 12 NYS needs to approve legislative bill that would award tax credit for preceptor.
- 13 Students finding their own preceptors is challenging for them, but allows them to create their own schedule. The compensation for preceptors locally is pretty tough. Schools that compensate preceptors have a competitive edge, making it more difficult for students who come from programs that don't compensate.
- 14 It is my understanding that it is illegal to pay preceptors in my state. I would like to have the results of this study sent to everyone who participated. Thank you.
- 15 Our state (CA) required the program to place students; however, because our students are online it is difficult to have established preceptors in all locations. Functionally, students participate in the process and often locate their own preceptor. The FNP program director handles difficult placements. We are in the process of hiring a clinical placement coordinator.
- 16 States should forbid medical providers from using stipends for precepting to avoid the financial compensation that is current here in CT. In addition, students from schools outside of our state should not be allowed to do clinicals here.

- 17 It is a huge challenge when for-profit programs, PA and MD programs pay preceptors and we can't. It is an unfair playing field. CMS should participate!!!!!!!
- 18 RVU compensation for those dependent on productivity will not lose money and be more willing to teach.
- 19 Securing quality preceptors for our APN program (FNP/AGNP) is an ongoing challenge.
- 20 DIFFICULT to find preceptors for all programs—lots of competition
- 21 It is a challenge to find enough sites for all of our NP students due to the influx of online programs and the competition for clinical placements.
- 22 Securing quality preceptors for our APN program (FNP/AGNP) is an ongoing challenge.

Interpretation of the responses from participants as shown above indicate that the overarching theme of the findings in this study is challenges—a word frequently mentioned by participants. “It is a huge challenge . . .” as they went on to describe issues about compensation, relationships, and the reason that preceptors agree to precept, which is related to intrinsic factors such as the joy of teaching, and/or the desire and obligation to give back to the profession.

The first step of interpretation was reading the text, which included responses from open-ended questions and additional comments provided by the respondents. I sorted the text and made notes, using the recommended guidelines by Bloomberg and Volpe (2016). Direct quotes were sorted into the “Findings” category. The coding process continued by making notes under the headings “Interpretations, Conclusions, and Recommendations.” The example of this process is in Appendix C Thematizing (naming the categories), which came from my own experiences, the words of the participants, and sources from the literature in the process as described by Merriam and Tisdell, until I believed that saturation had been achieved (2016).

Challenges

“Tons of challenges in preceptor placements,” stated one respondent. Obtaining quality preceptors and placements is a national issue that crosses regions and state lines as well as types of universities, either private or public. The competitive environment for preceptors affects all types of NP specialty programs, from FNP to psychiatric-mental health, and from primary care to acute care settings. I believe that these findings point to how prevalent and widespread the problem of securing quality preceptors and placement sites can be for coordinators of NP programs. The results of this survey are consistent with the benefits described in chapter two and reported in the literature (Gibson & Hauri, 2000; Campbell & Hawkins, 2007; Roberts, Wheeler, Tyler, & Padden, 2017; Webb, Lopez, & Guarino, 2015; Sobraliski & Naegele, 2001).

Could these challenges be met by offering compensation? Compensation comes in many forms: monetary, adjunct or affiliate status with the university, or through professional development in the form of Continuing Education Units (CEUs). Would building and maintaining relationships with preceptors, academic institutions, and legislative or regulatory bodies and organizations make a difference in securing preceptors and placement sites? If the situation is so dire, then why do preceptors agree to take on NP students in clinical practicums? Their comments show that they are intrinsically motivated to give back to the profession, invest in the future, and that they love teaching students.

Compensation of Preceptors

Compensation is varied and may be monetary, workload release, tickets to events, journal subscriptions, tax credits, library access, or—most desired—free CEUs. Although there was little to no expectation of financial reimbursement for precepting, a participant stated, “I would like to be paid,” and another wrote, “I would like to be able to offer payment for working with a

student.” On the other hand, there were comments such as, “I have never been paid for precepting—do it because students need good preceptors.” Paying preceptors is illegal in some states, while at the same time, a tax credit for precepting is the norm in other states. The disparity of how preceptors are or are not compensated points to not only the competition for sites among programs but also the sense of unfairness that results among educators.

Monetary compensation. Although the responses, “A few dollars an hour would be nice,” and “Compensation would be wonderful” indicate that many preceptors would like to be paid, most NP coordinators do not pay NP preceptors. Some states offer tax credits, but pay is illegal in some states. Although the competition for qualified preceptors is a national issue, the disparity of compensation differs from state to state, creating an unfair advantage for some programs. Comments from respondents that indicate the sense of unfairness include “It is a huge challenge when for profit programs, PA and MD programs pay preceptors and we can’t. It is an unfair playing field. CMS should participate!!!!!!!!” and “States should forbid medical providers from using stipends for precepting to avoid the financial compensation that is current here in CT. In addition, students from schools outside of our state should not be allowed to do clinicals here.” There are strong opinions of unfairness and frustration, resulting in a sense of powerlessness, as expressed by NP coordinators.

Most NP programs do not expect the coordinators or hire adjunct faculty to precept students. As one respondent said, “Being the coordinator of the FNP program, I am usually the last resort if no other sites are available.” From other comments, I surmise that they are not paid; neither are they compensated by reduced workload. NP coordinators who are themselves NPs usually maintain a clinical practice, but as one coordinator said, “My practice time is too limited to make it worthwhile to the students. I serve as a backup source of hours if/when students need

to fill time.” The expectations for the university/college that offers a NP program are that the coordinators will be able to secure preceptors and placements for the students; however, the reality is that the competitive environment creates a difficult and challenging situation, unrelieved by faculty workload release or extra pay.

Adjunct/affiliate status. About one third of the survey participants responded that the benefits/incentives they receive from the college/university are adjunct/affiliate faculty status. Another third responded “library privileges” to the same question. This sort of recognition is consistent with McClelland’s motivational needs, described in chapter two (Borkowski, 2016). The motivational needs are achievement (the need to succeed), power (the need to influence others), and affiliation (the need for approval). Consistent with the literature, comments indicate that preceptors enjoy benefits that universities offer, such as adjunct faculty positions, advisory board appointments, and access to university libraries and conferences (Marfell, 2011; Wiseman, 2013).

Professional development. Continuing Education Units (CEUs) are the most frequently mentioned desired incentives; yet only one quarter of the participants acknowledged that their college/university provides free CEUs. The fact that NPs must provide evidence of 75 credits in order to renew national certification every five years is an indication of the significance of this incentive; however, AANP requires 100 CEU hours. Precepting a maximum of 125 hours is an option that can be used in place of 25 non-pharmacology CE credits.

About 40% of the states that require continuing education credits count precepting toward the licensing requirement. A survey of NP preceptors by Roberts, Wheeler, Tyler, and Padden (2017) revealed that 28% of the preceptors used documentation of precepting as a method of certification renewal. Most likely, the respondent who stated, “Students keep me at the top of my

game” speaks for other preceptors who recognize the need for staying current with evidence and practice.

At the beginning of the study, I made the assumption that preceptors of NP students are motivated to some degree by extrinsic factors such as monetary stipends, continuing education credits, and/or professional recognition. Although ranked in a study by Roberts, Wheeler, Tyler, and Padden (2017) as being the greatest incentive to precepting, financial compensation was not reported as being the reality. Wiseman (2013) also reported that most of the preceptors surveyed did not receive any “additional pay, time off, reduced workloads” (p. 257). Compensation in varied forms can be an incentive for some preceptors, but it is not always in the form of monetary payment. Preceptors appreciate recognition and acknowledgment of time and effort through affiliation with the academic institution as well as rewards toward professional development.

Relationships

“Relationships are the key to building preceptor opportunities,” affirmed one respondent. “Students finding their own preceptors is challenging for them, but allows them to create their own schedule” was one comment from a respondent. The academic coordinator arranges preceptor assignments in 57.4% of the programs that responded, leaving 42.59% of the programs in which students find their own preceptor. Finding a good match between preceptor and NP student is important; however, of greater importance is that the types of patients at the site are suitable for meeting the course objectives (Brooks & Niederhauser, 2010). In my role as coordinator of a program in Hawaii, location of preceptors was a problem. Sometimes a qualified preceptor and site would be on a different island from where the student lived, presenting a unique challenge for placement. Relationships with individual preceptors, other schools, and

hospitals, as well as with state legislative bodies, make a difference in placements for NP students.

Relationships with Preceptors

The participant who stated, “We try to keep our preceptors happy” spoke for most NP coordinators whose job it is to secure and maintain preceptors and placement sites.

Acknowledgment of the time and efforts that preceptors spend as well as recognition of a job well done help maintain relationships that NP coordinators build over time. Wiseman (2013) reports that “faculty have been remiss in cultivating and maintaining relationships with preceptors” and notes the “importance of faculty support and interaction” (p. 254).

Relationships with Academic Institutions

While some respondents indicated that the NP program planned events and hired a coordinator to help with placements, others commented on the competition with medical students for placements within the institution. In situations where the director or faculty member stepped up to precept, they were not released from workload commitments. Wiseman (2013) emphasized that when preceptors “experience a good working relationship with the school of nursing, they may be more willing to accommodate requests” (p. 257). As a coordinator, I frequently selected NP alumni from the school of nursing to precept current students. Most alumni and development offices maintain a database of alumni contact information. Staying in touch with alumni is helpful in securing preceptors and placements.

Relationships with State Legislatures and Professional Organizations

As a member of the National Organization of Nurse Practitioner Faculties, I realize the importance of support and networking opportunities afforded by the organization. Core competencies identified by NONPF and the American Association of Nurse Practitioners (AANP) set the standards for practice of NPs. Preceptors and NP coordinators work together to encourage students to meet the guidelines established by these professional organizations.

Some of the roles of professional organizations are to inform legislative bodies and advocate for the profession. Although regulation is determined by each state, the Advocacy Center of AANP provides current information about revisions to legislation that affect health care for Americans, particularly regarding NP practice. The comment about “tax incentives” is a wake-up call for NP coordinators to work with their professional organizations as well as with their academic institutions to find a friendly face in their state legislature who will support a bill that might relieve the burden of finding preceptors.

Based on my experience as a coordinator, I understood the importance of building relationships with preceptors in order to secure and maintain qualified preceptors and placements. As a currently practicing FNP in a busy primary care practice, I am acutely aware of the concerns that preceptors describe such as decreased productivity, the burden of time, and increased documentation when taking on a student. The preceptor’s role of maintaining a learning environment that is safe while providing patient care as described by some must be balanced with managing a safe practice for patients (Khidir, Alhammadi, Wagdy, & Mian, 2016; Wiseman, 2013). As reported in the literature, fostering strong relationships between the academic faculty and the preceptor increased a preceptor’s willingness to precept (Logan, Kovacs, & Barry, 2015; Lyon and Peach, 2001). Enduring relationships among professional

practitioners, academic institutions, and influential bodies such as state legislatures and professional organizations are necessary in order to educate future nurse practitioners who can provide healthcare for the U.S. population.

Why Precept? Intrinsic Motivation

“I precept, as I feel it is important to ‘give back’ to the profession and to provide a good clinical rotation,” stated one respondent. Intrinsic motivation was perceived as giving back to the profession, growing the next generation, and the joy of teaching. Borkowski’s (2016) description of Frederick Herzberg’s “satisfiers,” described in chapter two, come to mind. Related to the notion of intrinsic motivation, Hyrkas and Shoemaker (2007) cite intrinsic rewards as teaching opportunities and participation in the growth and development of the novice nurse. Personal rewards include the joy of teaching as well as the desire to give back.

Giving Back to the Profession. “I think it is important to give back to students since I was a student once.” Not only the respondents to this survey, but those on other surveys have stated that they feel obligated to give back to their profession (Roberts, Wheeler, Tyler, & Padden, 2017; Wiseman, 2013; Hyrkas & Shoemaker, 2007). Pink’s (2009) studies resonate with the preceptors’ notions of giving back, as stated by one participant, who said, “I feel it is my professional duty.”

Investing in the Future. “I precept, because how else will we educate the next generation of practitioners?” Nurses, who serve on the front lines of health care delivery, are acutely aware of the need for qualified providers of health care. With the shortage of primary care physicians in the U.S. (Fodeman & Factor, 2015; Cerball, 2016), and the recommendations from the Institute of Medicine (IOM), there needs to be more qualified NPs in practice. An increase of NPs in the primary care environment can provide greater access to health care

(Green, Savin, & Lu, 2013; Fairman, Rowe, Hassmiller, & Shalala, 2011). As one respondent noted, “[I] precept to role model, to teach, share, and build great future NPs.”

The Love of Teaching. “[I] feel it is part of my role. Rewarding to see them grow.” The preceptor guides, directs, and as we have learned, “bridges the gap” between academia and clinical practice (Gibson & Hauri, 2000, p. 360). The preceptor helps students meet their course objectives while at the same time actively practicing as a NP, doing “double duty,” so to speak, while being paid for encounters with patients. The preceptor as teacher provides constructive feedback and encourages the student to reach full potential as a NP (Pericak, Graziano, & McNelis, 2017). Teachers look for the “aha!” moments, or as one respondent commented, “I enjoy teaching.”

For preceptors who love to teach, the challenges seem to be offset by personal rewards of connecting with students. Preceptors report a personal satisfaction of precepting and giving back to the profession (Lyon & Peach, 2001). Committed to the preceptor role, most preceptors say that they enjoy providing clinical experiences to students (Hyrkas & Shoemaker, 2007; Wiseman, 2013). These intrinsic rewards resonate with Pink’s notions that individuals are motivated by a sense of purpose, to make a contribution to something greater than themselves (Pink, 2009). Comments from the participants of this study resonate with Borkowski’s definition of motivation as “the conscious or unconscious stimulus, incentive, or motives for action toward a goal resulting from psychological or social factors giving the purpose or direction to behavior” (2016, p. 117).

Although financial compensation for precepting is rare, several of the participants said that they would like to receive monetary rewards. What is most common and appreciated, however, is recognition with CEUs, the use of the library, a journal subscription, and

acknowledgment that can be used toward recertification. The primary reason that most respondents precept is to “give back to the profession” and to contribute to the future of NP practice. Most faculty preceptors enjoy teaching and are committed to being positive role model practitioners. They note that their personal rewards are being connected with students.

The most frequently expressed comment from NP coordinators is how difficult it is to secure qualified preceptors. Challenges include disparity in compensation, state legislation, and competition for placements among online program students as well as medical students. There is recognition that this is a national issue that is worsening as more programs and more students compete for the same placements.

Conclusion

The purpose of this study was to discover what incentives are offered to clinical preceptors of NP students in accredited NP academic programs across the United States. Nurse practitioner coordinators from 54 programs responded to the survey and provided data that were consistent with the literature. Although financial compensation might be appreciated by many preceptors, in some states, the practice of payment is illegal. In other states, a tax incentive is offered. The most common way of recognizing preceptors’ time and efforts are through CEUs, letters and certificates that can be used for recertification, and some sort of affiliation with the academic institution.

Most responded to the questions about why they precept in terms of giving back to the profession—a professional obligation—as well as the joy of teaching and building relationships with students. The survey respondents provided additional comments that strongly resonate with the stated problem that initiated this study: The recruitment and retention of clinical preceptors for NP students is an awesome challenge for coordinators of NP academic programs.

In the interpretive process, I used Creswell's approach to "gather both quantitative (closed-ended) and qualitative (open-ended) data, integrate the two and then draw interpretations based on the combined strengths of both sets of data to understand research problems" (Merriam & Tisdell, 2016, p. 45). Text from the open-ended questions elaborate on scaled responses and corroborate with them while contributing to the understanding of the study (O'Cathain & Thomas, 2004) and a quasi-qualitative approach was used. Theories on motivation are linked to interpretation of the results to answer the research questions, "What incentives and benefits are currently offered to clinical preceptors of NP students by accredited academic programs in the United States?" and "What incentives might motivate providers to precept NP students?" Implications for practice, as well as recommendations for action and further study are offered.

CHAPTER 5

CONCLUSION

My experience as a coordinator for NP students' preceptored clinical placements was the impetus for researching the topic. On a first-hand basis, I understand that recruitment and retention of clinical preceptors for NP students is an awesome challenge for coordinators of NP academic programs. In my own program, I knew that the limited supply of qualified preceptors and placement sites was a concern not only for me, but also for my colleagues in the rest of the country. It is difficult to meet the requirements for NP students to complete 500 clinical practicum hours in this very competitive environment.

The purpose of this study was to explore what incentives and benefits are offered to clinical preceptors of NP students in accredited NP academic programs across the United States. I believe that the findings from this study will inform the academic community of what incentives academic institutions provide to preceptors and assist programs to create optimal recruitment and retention incentives in their communities.

The research questions central to this study developed from my experiences as a clinical coordinator for NP placements as well as the literature and include the following:

Research Question One: What incentives and benefits are currently offered to clinical preceptors of NP students by accredited academic programs in the United States?

Research Question Two: What incentives might motivate providers to precept NP students?

The questionnaire was composed of 22 questions designed to provide meaningful answers to explore the nature of the research questions. The overarching theme can be summed up with the word "challenges." Subthemes of "compensation, relationships, and intrinsic motivation" emerged from the text and will be discussed in this chapter. In addition, I provide

interpretation of the findings that were reported in chapter four and follow with implications and recommendations.

Interpretation of Findings

The method of combining quantitative data and narrative-interpretive text from the survey provides a broader understanding of the findings. As recommended by Bloomberg and Volpe (2016), the quantitative data were summarized first, and then the text was interpreted. In this case, the additional comments by the respondents added clarity to the answers and immensely expanded on the understanding of incentives for preceptors of NP students.

The overarching theme of the findings in this study is *challenges*—a word frequently mentioned by participants. “It is a huge challenge . . .” as they went on to describe issues about compensation, relationships, and the reason that preceptors agree to precept, which is related to intrinsic factors such as the joy of teaching, and/or the desire and obligation to give back to the profession.

This study on incentives was framed in the context of theories and literature about motivation. Motivation is defined as “the conscious or unconscious stimulus, incentive, or motives for action toward a goal resulting from psychological or social factors giving the purpose or direction to behavior” by Borkowski (2016, p. 117). Respondents of the survey in this study report that they are motivated by intrinsic factors described by Herzberg, by motivational needs described by McClelland, and by the desire to give back, as described by Pink (2009).

Herzberg’s work from the 1950s identified examples of intrinsic factors such as achievement, recognition, responsibility, and advancement as “satisfiers.” In other words, the work itself is satisfying. On the other hand, job dissatisfaction is related to hygiene factors such as company and administrative policies, supervision, salary, and work conditions, which can be

described as extrinsic factors (Borkowski, 2016, pp. 124-125). Respondents who said, “Financial incentives should not be the reason providers agree to precept students” and “I do not need a benefit or incentive to precept. I do it because there is a need and because I enjoy doing it” resonate with Herzberg’s ideas.

David McClelland classified motivational needs as achievement (the need to succeed), power (the need to influence others), and affiliation (the need for approval). McClelland’s research demonstrated that most individuals experience a combination of these needs. High achievers are satisfied with their success in setting goals for themselves and others. Leaders who use their power to influence others reveal loyalty to others and to the organization; while high affiliation individuals work best in groups, maintaining positive relationships with others (Borkowski, 2016). Students and preceptors value the connections and relationships they establish through the precepting experience (Pericak, Graziano, & McNelis, 2017). Preceptors enjoy benefits that universities offer, such as adjunct faculty positions, advisory board appointments, and access to university libraries and conferences (Marfell, 2011; Wiseman, 2013).

Comments such as “relationships are the key to building preceptor opportunities” and “Personal reward; student connection” as well as “Joy, pride, keeps me knowledgeable” are related to motivational needs of achievement, power, and affiliation. Coordinators of NP programs invite qualified clinicians who are recognized and admired for their clinical and teaching skills to be preceptors and serve as role models for NP students (Wiseman, 2013; AACN, 2015; Gibson & Hauri, 2000). There seems to be a relationship between intrinsic factors of achievement, recognition, responsibility, and advancement, and those who actually become preceptors of NP students (Hyrkas & Shoemaker, 2007).

Pink (2009) related studies that support the notion that individuals are motivated by altruism, or “doing good,” rather than being paid. Pink concluded that a significant aspect of motivation for individuals is purpose. He wrote, “Humans, by their nature, seek purpose—to make a contribution and to be part of a cause greater and more enduring than themselves” (Pink, 2009, p. 223). A recent survey of preceptors showed that the majority were willing to serve as preceptors. Some of their comments include “it is an expected part of the NP role” and “part of my professional obligation” (Roberts, Wheeler, Tyler, & Padden, 2017, p. 488). These comments are similar to comments by respondents in this study, who stated, “I precept, as I feel it is important to ‘give back’ to the profession and to provide a good clinical rotation” and “Feel it is my professional duty.”

Similarities exist among the theories and concepts on motivation as described in the literature on NP precepting as well as in the comments from respondents in this study. There are many reasons that clinicians choose to act as preceptors for NP students. This study sheds light on some of the incentives that motivate preceptors.

Limitations

Limitations of this study include the participant sample size. Although the response rate of 16% for this population is along the same lines as response rates for similar groups in the recent literature, it is not as robust as I had hoped for of 20%. Using a convenience sample is a limitation. The timing of the survey coincided with the NONPF annual meeting, which could have resulted in a response that was either more or less robust in that many of the respondents, if attending the convention, were out of town and away from their normal work email routine.

The questionnaire was not a validated tool. I believe there were questions on the tool that did not provide information useful to this study, such as “Question six: Do the students have

previous RN work experience before starting their practicum?” and “Question 18: Do you place more than one student with a preceptor at a time for a team teaching approach?” However, the comments from the respondents could be used in designing another tool for a future study.

Although the ability to generalize the data of this questionnaire to all preceptors of NP students may be limited due to participant sample size, the fact that the results from this survey are consistent with other surveys about preceptor incentives provides some validation (Roberts, Wheeler, Tyler, & Padden, 2017; Webb, Lopez, & Guarino, 2015; Hyrkas & Shoemaker, 2007; Wiseman, 2013; Kleinpell & Goolsby, 2012). Focus groups and/or interviews would have provided greater depth and text for a true qualitative study; however, anonymity would have been sacrificed.

I believe the comments that respondents provided demonstrate evidence of the findings and provided much more in-depth data for interpretation and meaning. Trustworthiness in qualitative research can be confirmed through triangulation, which is using multiple sources or methods to examine the data (Merriam & Tisdell, 2016). Although there was only one data collection, this mixed methods study provided both quantitative and textual data to complement the findings. My experience as a placement coordinator of NP practicums is similar to reports from surveys in the literature review. Reliability, also known in qualitative research as “consistency” is associated with possibilities of replication of the study (Merriam & Tisdell, 2016, p. 250). Transferability, “the understanding and knowledge [that] can be applied in similar contexts and settings” (Bloomberg & Volpe, 2016, p. 47) is certainly possible with the findings in this study.

Surprises

I was surprised that some of the respondents expressed an interest in receiving a copy of the results. This confirms my ideas about how critical the problem is and how invested the coordinators are in placing NP students. It seems that we are all looking for answers. Also surprising is that although free CEUs are most frequently mentioned as a desired incentive, only about a quarter of the colleges/institutions provide them.

Recommendations

Challenges present opportunities for innovative ways of thinking about securing placements and qualified preceptors for NP students. It is time to listen to the voices from NP coordinators and preceptors regarding incentives and what motivates them. I began this study with the assumption that NP academic programs attempt to recruit and retain clinical preceptors not only by building relationships with the preceptors, but also by providing extrinsic benefits to the preceptors. Individual nursing programs will have to decide what kinds of incentives to offer preceptors in order to achieve and maintain a source of valued preceptors for NP clinical education.

Benefits to Stakeholders

Ultimately, the beneficiaries of securing preceptors are the American people who utilize primary care. The use of nurse practitioners can be cost effective as well as more satisfying for patients, while achieving comparable results (Bauer, 2010). With the realization that some programs have had to limit their admissions due to a shortage of preceptors (Wiseman, 2013), access to healthcare services is impacted by not enough NPs, especially in primary care. One recommendation is to continue to work with state regulations to follow the IOM recommendations that NPs be permitted to practice to the fullest extent of their abilities

(Fairman, Rowe, Hassmiller, & Shalala, 2011). One respondent from this survey had these recommendations that can apply to many stakeholders:

Provide tax incentives for all preceptors. Mandate companies providing preceptors for fee from students insure preceptors match student needs and course objectives. Educate NP students about how to be good preceptors so they are prepared to “give back” competently when they graduate. Provide something of value to health care agencies in trade for precepting—CEs on management practices, help with informatics techniques and management, seminars for interprofessional collaboration.

Other stakeholders include the preceptors who mostly volunteer time and great effort to prepare the next generation of nurse practitioners. Students are stakeholders who have committed to an academic program of preparation for practice. Most students assume that once they enroll in a program, the academic institution will provide what they need to be successful. Academic institutions that provide curricular instruction for NP programs are stakeholders in that they have invested in faculty and resources for student success. Lastly, health care organizations that employ nurse practitioners have a stake in the successful clinical training of nurse practitioners.

Individuals and organizations who are impacted by the struggle that coordinators of NP programs face in securing and maintaining qualified preceptors and placements should be made aware of the challenges. There must be dialogue and partnerships at both the local and national levels to focus on innovative ways to meet the demands for more qualified clinical learning opportunities.

For Further Study

This study has verified that securing and maintaining qualified preceptors and placement sites is a national issue that affects all NP academic programs. Results from surveys are only one

way to obtain the information. The questions that were raised lead to more questions that should be addressed through further research and dissemination of findings. As educators, we can best meet the needs of students and preceptors by building relationships and trying new approaches to clinical education. Transformational leadership involves inspiring others to work together for common goals to change practices (Bolman & Deal, 2013).

Next Steps for Researchers

The Graduate Preceptor Survey distributed by Wiseman (2013) is a validated and reliable tool that was last distributed to a small group of preceptors from one school in 2012. Wiseman's study results showed that rather than monetary rewards, genuine forms of appreciation and recognition are expected. A 2016 survey was distributed by Roberts, Wheeler, Tyler, and Padden (2017) to understand the NP-preceptor educational settings. The use of Wiseman's tool, the 2016 survey, and the results of this study could lay the foundation for more exploration.

Focus groups made up of preceptors and NP program coordinators might help identify more innovative ways of enticing and securing NP preceptors. This study, which is different because it surveyed NP program coordinators rather than preceptors, can be a springboard for future research on expectations of NP preceptors. The additional comments that respondents provided are rich with suggestions and explanations that can be delved into with in depth interviews.

Regarding dissemination, several of the survey participants requested that the results of the survey be shared with them. I plan to submit an abstract for presentation at the annual NONPF conference in 2019 and report the results in either a paper or poster presentation. My goal is to attend and present at the April 4–7, 2019 conference in Atlanta.

Implications for Educators

Preceptors tell us that they are motivated by the love of teaching and the connections they make with students. As educators, we should foster and nurture the preceptor-student bonds. The significance of building relationships with individual preceptors, school of nursing faculty, and organizations came through loud and clear in the results. On an individual basis, finding a good match between preceptor and NP student is important; however, of greater importance is that the types of patients at the site are suitable for meeting the course objectives (Brooks & Niederhauser, 2010). Faculty should prepare preceptors for the role by reviewing course objectives and evaluation methods.

Educators must work to build partnerships by initiating advisory boards that include preceptors, program coordinators, NPs, and leaders of healthcare organizations. In dialogue, educators must continue to outline a plan for rewarding preceptors that includes some or all of the following: free CEUs, letter of recognition, library privileges, adjunct faculty status, recognition event, and free admission to conferences. There could be discussions of the planned incentives with the preceptor prior to placement with follow up. Faculty can encourage university or school of nursing administrators to verbalize their support and make the preceptors feel collegial in the process.

Faculty and coordinators should structure faculty-preceptor site visits to meet privately with the preceptor and then with the student to discuss performance and areas needing improvement as well as how patients are selected in relationship to students' objectives (Brooks & Niederhauser, 2010). Face-to-face clinical site visits with faculty, preceptors, and students were preferable to phone calls in a study by Johnson, O'Brien, Emerson, and Reed (2017).

Preceptors are committed to the role of teaching, and most preceptors report that they enjoy providing clinical experiences to students (Hyrkas & Shoemaker, 2007; Wiseman, 2013). Educators should support preceptors who want to teach and provide the kind of support that is needed for them to continue in that role by asking them what they need or want in order to provide quality clinical learning experiences for students.

Implications for Leaders

Transformational leaders meet challenges with innovative actions. Faculty and administrators in academic institutions can take the first steps toward offering admission to pharmacology updates free of charge and even supporting legislation to provide tax credits or incentives for NP preceptors. Faculty and NP coordinators should be change agents by taking the data from this study and similar ones to the college/university administrators, legislative bodies, and professional organizations to facilitate free CEUs as acknowledgment of preceptor time and effort.

There should be recognition of the competitive environment by academic organizations in order to work with coordinators as they build relationships with preceptors and placement sites. Perhaps workload release and/or compensation for NP faculty who would be able and willing to precept students could be packaged in a way to entice faculty to precept. Interprofessional education that includes disciplines such as medicine, social work, dentistry, and pharmacy could dialogue about ways to expand clinical placements and experiences.

Leaders must influence others to become involved in the legislative process at the state level to explore tax credits and tuition discounts. Advocacy groups within professional organizations can provide connections and collaborative networks that increase the number of voices to policy makers. The passion about incentives that was expressed by respondents in this

survey is compelling and shows that there is much work to be done by researchers, educators, and leaders who hope to address the challenges of finding enough qualified preceptors for the number of NP clinical students in the U.S.

Conclusion

The purpose of this study about preceptor incentives in nurse practitioner education was to explore what incentives and benefits are offered to clinical preceptors of NP students in accredited NP academic programs across the United States. The problem of recruitment and retention of clinical preceptors for NP students as an awesome challenge for coordinators of NP academic programs was verified by the results from the survey.

Returning to the Questions

The findings confirm the challenges that I experienced in the role of NP coordinator for an academic program. I have learned that the incentives and benefits currently offered to clinical preceptors of NP students by accredited academic programs in the United States include compensation described as monetary, adjunct/affiliate status, and professional development. Relationships with preceptors, the academic institutions, state legislatures, and professional organizations are important in securing and maintaining preceptors and sites. In addition, I have discovered that the incentives that might motivate providers to precept NP students are related to intrinsic motivation such as the desire to give back to the profession, a wish to invest in the future, and a love of teaching. Perhaps the next question is How do we meet these challenges as we prepare nurse practitioners in the academic setting?

Results of this study will inform the academic community as well as clinical preceptors of what incentives academic institutions provide to preceptors. I hope that the data will assist programs to create optimal recruitment and retention incentives for preceptors in their

communities. The significance of this study to academic programs is an understanding of benefits offered to preceptors throughout the United States. Additionally, by exploring what encourages the providers to precept, NP programs can possibly cultivate stronger and more enduring relationships with preceptors.

Replies to the research questions, “What incentives and benefits are currently offered to clinical preceptors of NP students by accredited academic programs in the United States?” And “What incentives might motivate providers to precept NP students?” are not simple. The respondents told me there are many challenges that include compensation, relationships, and intrinsic factors such as the joy of teaching, and/or the desire and obligation to give back to the profession to consider. At the end of the day, the respondent’s words come back to us: “I precept, because how else will we educate the next generation of practitioners?”

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APPENDIX A

Dear Nurse Educator,

You are invited to participate in a survey about preceptor incentives in Nurse Practitioner (NP) education.

With provider shortages, increased number of students in nurse practitioner programs, and changes in health care reimbursement, nurse educators can face challenges arranging clinical preceptors for nurse practitioner students. This study hopes to address the current incentives offered to clinical preceptors of NP programs across the United States as well as motivational factors related to precepting.

The questionnaire survey will take approximately 5–10 minutes to complete.

Your participation in this study is completely voluntary. There are no foreseeable risks associated with this project. However, if you feel uncomfortable answering any questions, you can withdraw from the survey at any point. Your time and contributions are valued.

Your survey responses will be strictly anonymous and confidential. Data from this research will be reported only in the aggregate.

If you have questions at any time about the survey or the procedures, you may contact:
Pamela Smith, APRN, RNFA-FNP-BC, EdD(c)
psmith12@une.edu

Sincerely,
Pamela Smith, APRN, RNFA, FNP-BC

University of New England EdD Student

Thank you very much for your time and support. Please start with the survey now by clicking on the Continue button below.

Q1 Demographic: What is the region/location of your program

1. North East: ME, VT, NH, MA, CT, RI
2. Middle States: PA, DE, MD, NJ, NY
3. Southern States: VA, NC, SC, KY, TN, GA, FL, AL, MS, LA, TX
4. North Central: OH, WV, MI, IN, WI, IL, MN, IA, MO, ND, SD, NE, KS, OK, WY, CO, AZ, NM,
5. North West: WA, OR, AK, MT, ID, UT, NV
6. West: CA, HI

Q2 Demographic: Public or Private University/College

1. Public
2. Private

Q3 Demographic: What Nurse Practitioner programs are offered at your University/College

1. Family Primary Care (FNP)
2. Adult-Gero Primary Care (AGPCNP)
3. Pediatric Primary Care (PNP-PC)
4. Adult (ANP)
5. Adult-Gero Acute Care (AGACNP)
6. Pediatric Acute Care (PNP-AC)
7. Neonatal (NNP)
8. Psychiatric-Mental Health (PMHNP)
9. Women's Health (WHNP)

10. Emergency (ENP)
11. Other _____

Q4 How many clinical practicum hours are required in the NP program? If it varies by program, how many on average?

1. < 500
2. 500-600
3. 600-700
4. 700-800
5. > 800

Q5 Do your students find their own preceptor or is there a University liaison/coordinator to find clinical preceptor?

1. Students find their own preceptor
2. Academic coordinator arranges preceptor assignment

Q6 Do the NP students have previous RN work experience before starting their practicum?

1. Yes
2. No

Q What benefits or incentives are offered to preceptors from your University/College?

1. Financial compensation
2. Adjunct/affiliate faculty status
3. Library privileges
4. Tickets to university/college games
5. Other

Q8 If financial compensation is offered: How much pay is offered per 100 practicum hours? Add additional comments as significant.

Q9 Do benefits/ incentives to preceptors vary upon type of NP program? Please describe if applicable

1. Yes
2. No

Q10 Is precepting part of full time faculty workload?

1. Yes
2. No

Q11 If precepting is part of full time faculty workload, what percentage of credit release per total credit load is allowed?

1. 1-20%
2. 21-40%
3. 41-60%
4. 61-80%
5. 81-100%

Q12 Does your University/College hire adjunct faculty to precept?

1. Yes
2. No

Q13 If your University/College hires adjunct faculty to precept, if so, for how many practicum per year?

1. 1
2. 2-3
3. 4-6
4. > 7

Q14 What recognition is provided to the preceptors?

1. Recognition letter or certificate
2. Recognition event
3. Recognition on a Website
4. End of practicum gift
5. Other _____

Q15 If financial payment is made to the preceptor:

1. Is this expense included in the student's tuition?
2. Does resource allocation come from the program budget?
3. Is there a grant or scholarship fund that provides for this expense?
4. Do students pay preceptors directly as a student elected option?
5. N/A
6. Other

Q16 Does your University/College provide free CME/CEU for preceptors?

1. Yes
2. No

Q17 If your state requires annual Continuing Education Credits, does precepting count towards this licensing requirement?

1. Yes
2. No
3. N/A

Q18 Do you place more than one student with a preceptor at a site at a time for a team teaching approach?

1. Yes
2. No

Q19 Does your NP program(s) have partnerships with regional medical facilities? If so, please describe

1. Yes
2. No
3. Other _____

Q20 Do you precept NP practicum students?

1. Yes
2. No

Q21 If you precept NP practicum students:

What would you like as a benefit/incentive?

Why do you precept?

What are the personal rewards?

Q22 Please provide any additional information that you believe would be valuable to this study related to preceptors, practicums in NP education, incentives for preceptors, or challenges in NP practicum placements.

The link to this survey can be found at: <http://www.questionpro.com/t/ANbg0ZaHQj>

APPENDIX B

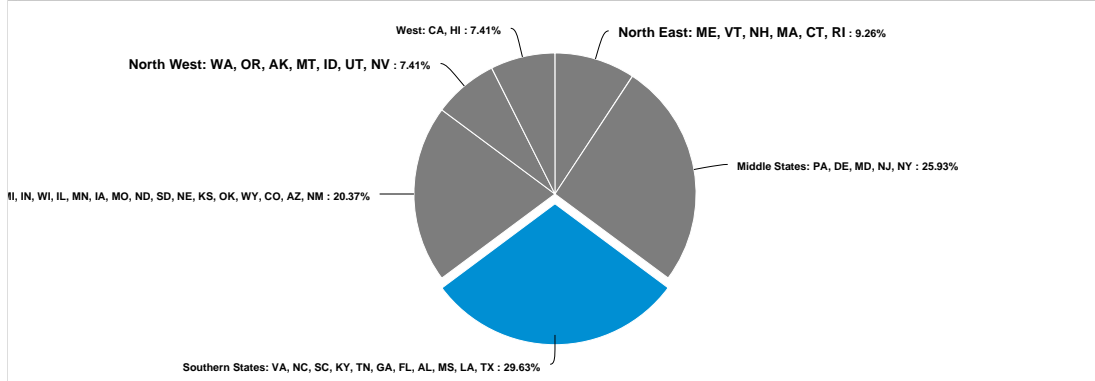
Preceptor Incentives in NP Education - Dashboard

VIEWED 121	STARTED 68	COMPLETED 54	COMPLETION RATE 79.41%	DROP OUTS 14	TIME TO COMPLETE 5 mins
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Response Distribution

Countries	Responses
US	100.00%
Total	100.00%

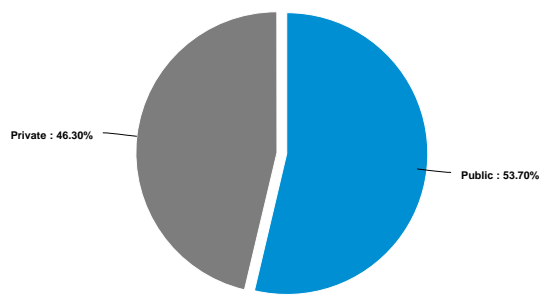
Q1 Demographic: What is the region/ location of your program



Answer	Count	Percent	20%	40%	60%	80%	100%
North East: ME, VT, NH, MA, CT, RI	5	9.26%	<div style="width: 9.26%;"></div>				
Middle States: PA, DE, MD, NJ, NY	14	25.93%	<div style="width: 25.93%;"></div>				
Southern States: VA, NC, SC, KY, TN, GA, FL, AL, MS, LA, TX	16	29.63%	<div style="width: 29.63%;"></div>				
North Central: OH, WV, MI, IN, WI, IL, MN, IA, MO, ND, SD, NE, KS, OK, WY, CO, AZ, NM	11	20.37%	<div style="width: 20.37%;"></div>				
North West: WA, OR, AK, MT, ID, UT, NV	4	7.41%	<div style="width: 7.41%;"></div>				
West: CA, HI	4	7.41%	<div style="width: 7.41%;"></div>				
Total	54	100 %					

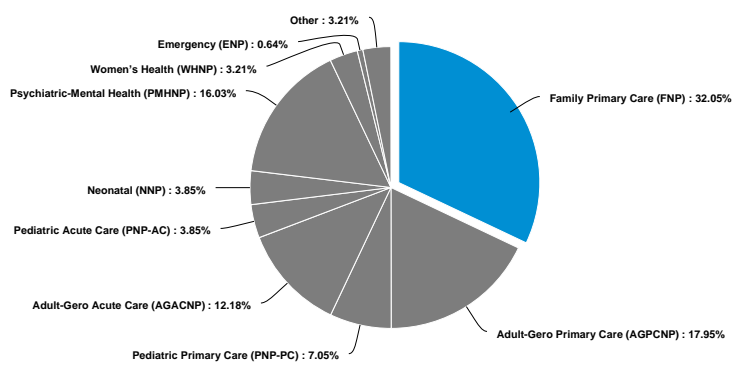
Q2 Demographic: Public or Private University/ College

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Answer	Count	Percent	20%	40%	60%	80%	100%
Public	29	53.7%	<div style="width: 53.7%;"></div>				
Private	25	46.3%	<div style="width: 46.3%;"></div>				
Total	54	100 %					

Q3 Demographic: What Nurse Practitioner programs are offered at your University/ College

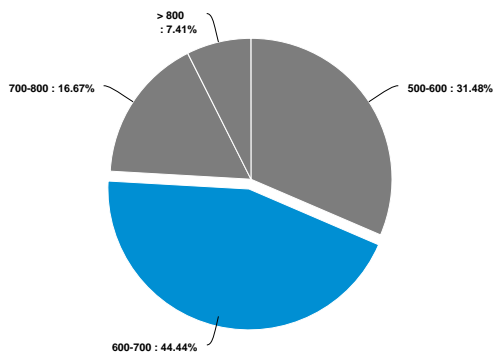


Answer	Count	Percent	20%	40%	60%	80%	100%
Family Primary Care (FNP)	50	32.05%	<div style="width: 32.05%;"></div>				
Adult-Gero Primary Care (AGPCNP)	28	17.95%	<div style="width: 17.95%;"></div>				
Pediatric Primary Care (PNP-PC)	11	7.05%	<div style="width: 7.05%;"></div>				
Adult (ANP)	0	0%					
Adult-Gero Acute Care (AGACNP)	19	12.18%	<div style="width: 12.18%;"></div>				
Pediatric Acute Care (PNP-AC)	6	3.85%	<div style="width: 3.85%;"></div>				
Neonatal (NNP)	6	3.85%	<div style="width: 3.85%;"></div>				
Psychiatric-Mental Health (PMHNP)	25	16.03%	<div style="width: 16.03%;"></div>				
Women's Health (WHNP)	5	3.21%	<div style="width: 3.21%;"></div>				
Emergency (ENP)	1	0.64%	<div style="width: 0.64%;"></div>				
Other	5	3.21%	<div style="width: 3.21%;"></div>				
Total	156	100 %					

Q3 Demographic: What Nurse Practitioner programs are offered at your University/ College - Text Data for Other

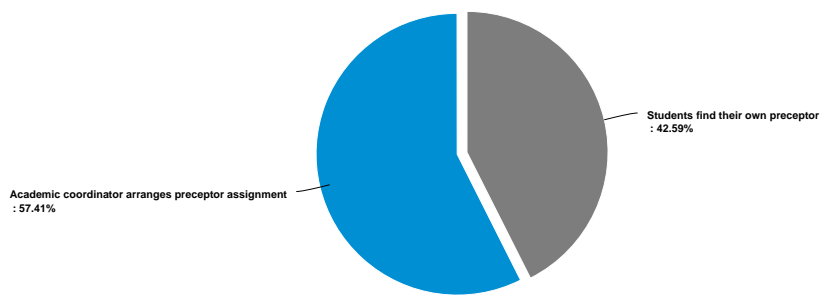
04/28/2018	34941145	Nursing Education
04/20/2018	34715195	CNM
04/20/2018	34710796	NMWP and PMHNP
04/20/2018	34708633	Nurse Educator
04/19/2018	34691652	CRNA

Q4 How many clinical practicum hours are required in the NP program? If it varies by program, how many on average?



Answer	Count	Percent	20%	40%	60%	80%	100%
< 500	0	0%					
500-600	17	31.48%	[Progress bar to 31.48%]				
600-700	24	44.44%	[Progress bar to 44.44%]				
700-800	9	16.67%	[Progress bar to 16.67%]				
> 800	4	7.41%	[Progress bar to 7.41%]				
Total	54	100%					

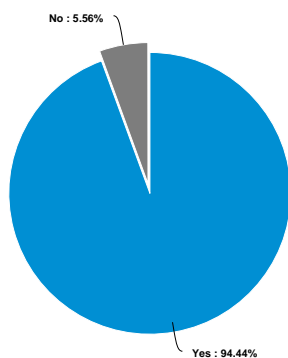
Q5 Do your students find their own preceptor or is there a program liaison/ coordinator to find clinical preceptor?



Answer	Count	Percent	20%	40%	60%	80%	100%
Academic coordinator arranges preceptor assignment	31	57.41%	[Progress bar to 57.41%]				
Students find their own preceptor	23	42.59%	[Progress bar to 42.59%]				

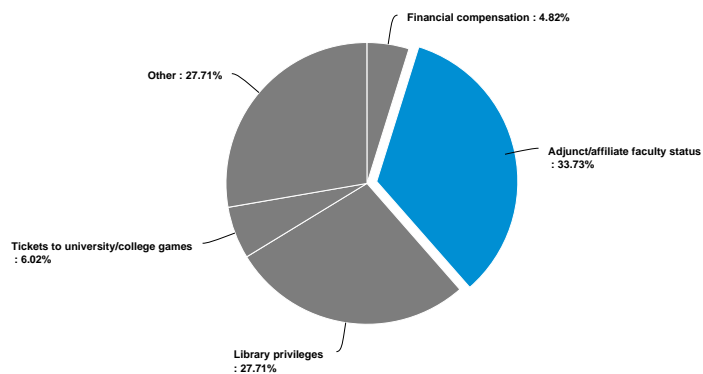
Students find their own preceptor	23	42.59%	
Academic coordinator arranges preceptor assignment	31	57.41%	
Total	54	100 %	

Q6 Do the NP students have previous RN work experience before starting their practicum?



Answer	Count	Percent	20%	40%	60%	80%	100%
Yes	51	94.44%					
No	3	5.56%					
Total	54	100 %					

Q7 What benefits or incentives are offered to preceptors from your University/ College?



Answer	Count	Percent	20%	40%	60%	80%	100%
Financial compensation	4	4.82%					
Adjunct/ affiliate faculty status	28	33.73%					
Library privileges	23	27.71%					
Tickets to university/ college games	5	6.02%					
Other	23	27.71%					
Total	83	100 %					

Q7 What benefits or incentives are offered to preceptors from your University/ College? - Text Data for Other

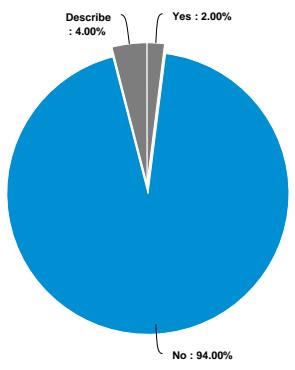
04/27/2018	34936598	None
04/27/2018	34919194	None
04/26/2018	34910477	None
04/26/2018	34910021	Events on Campus - Dinner/ Luncheon
04/26/2018	34909018	none
04/26/2018	34902400	none
04/26/2018	34901676	Preceptor workshop
04/25/2018	34850437	none
04/22/2018	34748643	discount on tuition
04/20/2018	34709922	None
04/20/2018	34709371	discounted tuition
04/20/2018	34708633	CEUs
04/19/2018	34703880	CEU
04/19/2018	34700545	token gift cards
04/19/2018	34695800	None
04/19/2018	34695551	none
04/19/2018	34693546	swag
04/19/2018	34692695	admission to Pharmacology update free of charge-10 CEUs and Pharm hours
04/19/2018	34692288	State offers tax credit
04/19/2018	34692492	none

Q8 If financial compensation is offered: How much pay is offered per 100 practicum hours? Add additional comments as significant.

Q8 If financial compensation is offered: How much pay is offered per 100 practicum hours? Add additional comments as significant.		
05/02/2018	35022215	
04/29/2018	34958703	
04/28/2018	34948833	
04/28/2018	34941145	
04/27/2018	34936598	
04/27/2018	34934090	
04/27/2018	34919194	
04/27/2018	34917236	
04/26/2018	34910477	
04/26/2018	34910021	N/A
04/26/2018	34909018	
04/26/2018	34908647	None
04/26/2018	34902885	
04/26/2018	34902400	
04/26/2018	34901676	Na
04/26/2018	34901367	
04/26/2018	34900999	
04/26/2018	34900895	

04/26/2018	34900614	
04/25/2018	34850437	
04/23/2018	34767678	
04/22/2018	34748643	250
04/22/2018	34748287	\$500
04/21/2018	34733255	
04/20/2018	34715195	
04/20/2018	34715186	200 dollars for 150 hours. 100 dollars for 75 hours. No compensation for < 75 hours
04/20/2018	34710796	\$500 but increases per time increment
04/20/2018	34709922	
04/20/2018	34709899	
04/20/2018	34709468	
04/20/2018	34709371	
04/20/2018	34708633	
04/19/2018	34703880	
04/19/2018	34700545	
04/19/2018	34696286	
04/19/2018	34695800	
04/19/2018	34695551	
04/19/2018	34695618	
04/19/2018	34695216	
04/19/2018	34695172	
04/19/2018	34691918	N/A
04/19/2018	34694418	
04/19/2018	34694144	0
04/19/2018	34693546	we do not pay preceptors
04/19/2018	34693480	
04/19/2018	34693091	
04/19/2018	34692695	
04/19/2018	34692585	
04/19/2018	34692477	
04/19/2018	34692288	
04/19/2018	34692492	
04/19/2018	34691652	
04/19/2018	34691628	
04/15/2018	34570670	N/A

Q9 Do benefits/ incentives to preceptors vary upon type of NP program? Please describe if applicable

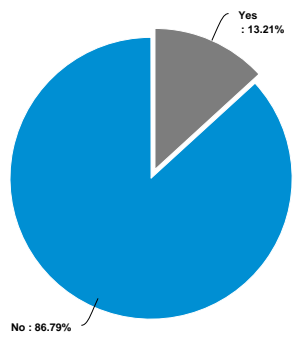


Answer	Count	Percent	20%	40%	60%	80%	100%
Yes	1	2%					
No	47	94%					
Describe	2	4%					
Total	50	100 %					

Q9 Dobenefits/ incentives to preceptors vary upon type of NP program? Please describe if applicable - Text Data for Describe

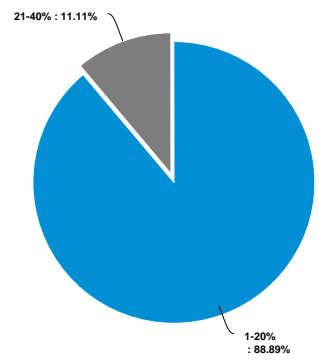
04/26/2018	34910477	None
04/20/2018	34715195	CNM get small stipend of \$250

Q10 Is precepting part of full time faculty workload?



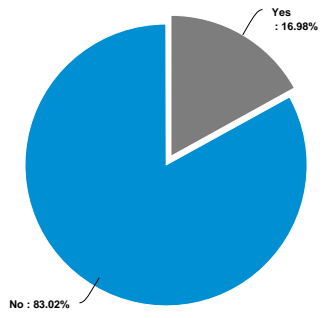
Answer	Count	Percent	20%	40%	60%	80%	100%
Yes	7	13.21%					
No	46	86.79%					
Total	53	100 %					

Q11 If precepting is part of full time faculty workload, what percentage of credit release per total credit load is allowed?



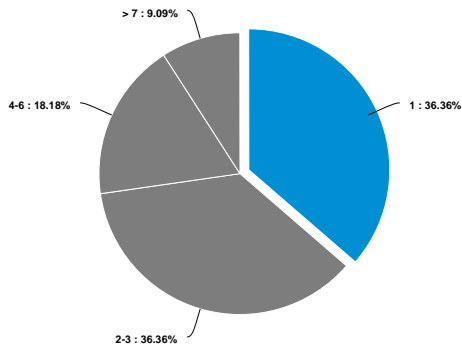
Answer	Count	Percent	20%	40%	60%	80%	100%
1-20%	8	88.89%	<div style="width: 88.89%;"></div>				
21-40%	1	11.11%	<div style="width: 11.11%;"></div>				
41-60%	0	0%	<div style="width: 0%;"></div>				
61-80%	0	0%	<div style="width: 0%;"></div>				
81-100%	0	0%	<div style="width: 0%;"></div>				
Total	9	100 %					

Q12 Does your University/ College hire adjunct faculty to precept?



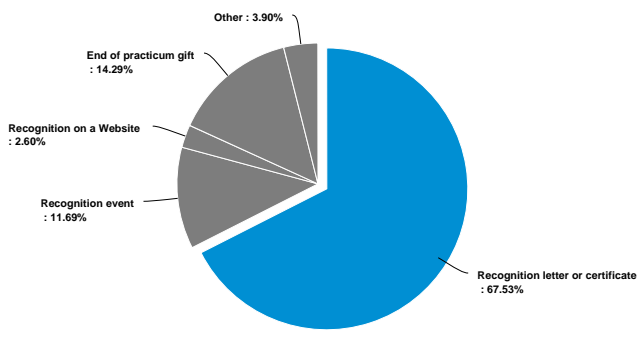
Answer	Count	Percent	20%	40%	60%	80%	100%
Yes	9	16.98%	<div style="width: 16.98%;"></div>				
No	44	83.02%	<div style="width: 83.02%;"></div>				
Total	53	100 %					

Q13 If your University/ College hires adjunct faculty to precept, if so, for how many practicum per year?



Answer	Count	Percent	20%	40%	60%	80%	100%
1	4	36.36%	<div style="width: 36.36%;"></div>				
2-3	4	36.36%	<div style="width: 36.36%;"></div>				
4-6	2	18.18%	<div style="width: 18.18%;"></div>				
> 7	1	9.09%	<div style="width: 9.09%;"></div>				
Total	11	100 %					

Q14 What recognition is provided to the preceptors?

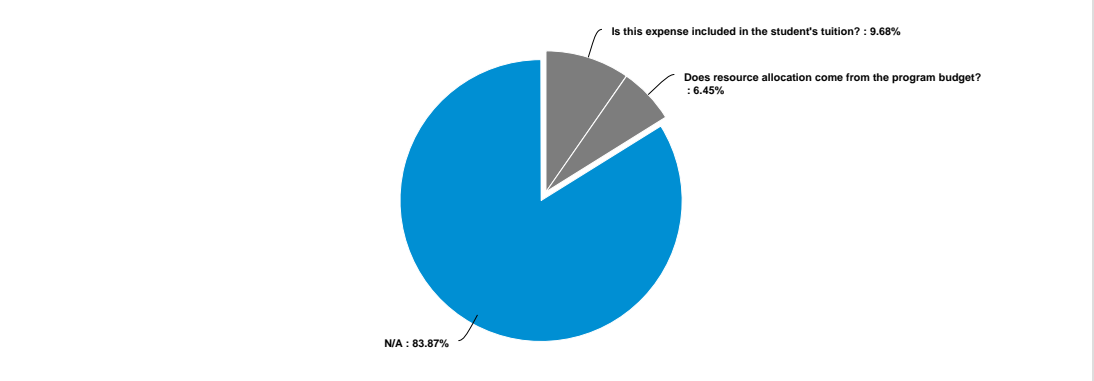


Answer	Count	Percent	20%	40%	60%	80%	100%
Recognition letter or certificate	52	67.53%	<div style="width: 67.53%;"></div>				
Recognition event	9	11.69%	<div style="width: 11.69%;"></div>				
Recognition on a Website	2	2.6%	<div style="width: 2.6%;"></div>				
End of practicum gift	11	14.29%	<div style="width: 14.29%;"></div>				
Other	3	3.9%	<div style="width: 3.9%;"></div>				
Total	77	100 %					

Q14 What recognition is provided to the preceptors? - Text Data for Other

04/ 19/ 2018	34695551	Validation using certification forms (e.g. ANCC)
04/ 19/ 2018	34695216	scholarship credits
04/ 19/ 2018	34691652	Adjunct clinical status

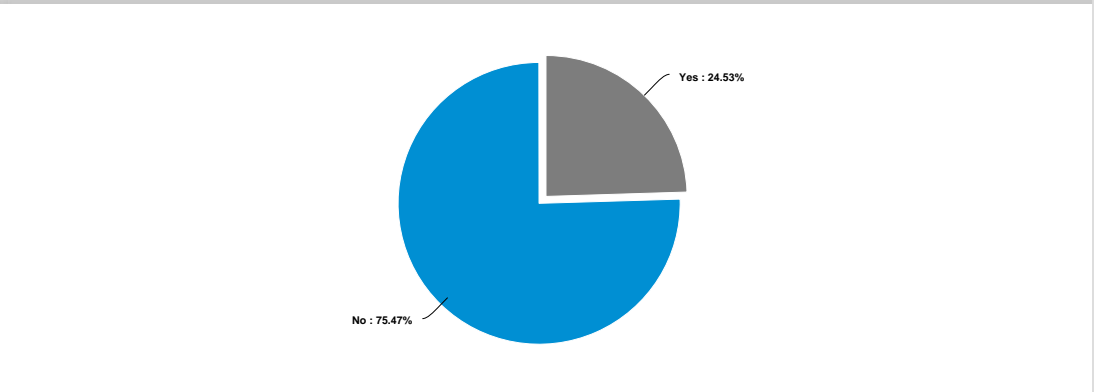
Q15 If financial payment is made to the preceptor:



Answer	Count	Percent	20%	40%	60%	80%	100%
Is this expense included in the student's tuition?	3	9.68%	<div style="width: 9.68%;"></div>				
Does resource allocation come from the program budget?	2	6.45%	<div style="width: 6.45%;"></div>				
Is there a grant or scholarship fund that provides for this expense?	0	0%	<div style="width: 0%;"></div>				
Do students pay preceptors directly as a student elected option?	0	0%	<div style="width: 0%;"></div>				
N/A	26	83.87%	<div style="width: 83.87%;"></div>				
Other	0	0%	<div style="width: 0%;"></div>				
Total	31	100 %					

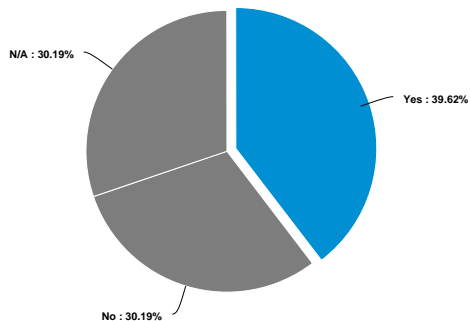
Q15 If financial payment is made to the preceptor: - Text Data for Other

Q16 Does your University/College provide free CME/CEU for preceptors?



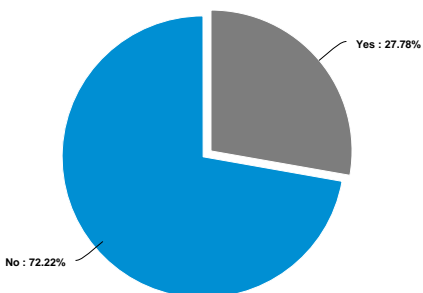
Answer	Count	Percent	20%	40%	60%	80%	100%
Yes	13	24.53%	<div style="width: 24.53%;"></div>				
No	40	75.47%	<div style="width: 75.47%;"></div>				
Total	53	100 %					

Q17 If your state requires annual Continuing Education Credits, does precepting count towards this licensing requirement?



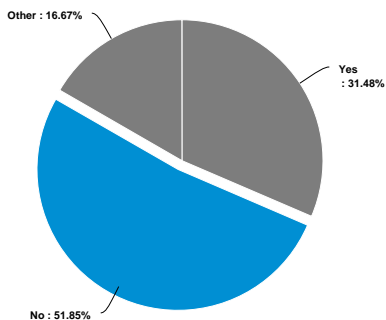
Answer	Count	Percent	20%	40%	60%	80%	100%
Yes	21	39.62%	<div style="width: 39.62%;"></div>				
No	16	30.19%	<div style="width: 30.19%;"></div>				
N/A	16	30.19%	<div style="width: 30.19%;"></div>				
Total	53	100 %					

Q18 Do you place more than one student with a preceptor at a site at a time for a team teaching approach?



Answer	Count	Percent	20%	40%	60%	80%	100%
Yes	15	27.78%	<div style="width: 27.78%;"></div>				
No	39	72.22%	<div style="width: 72.22%;"></div>				
Total	54	100 %					

Q19 Does your NP program(s) have partnerships with regional medical facilities? If so, please describe

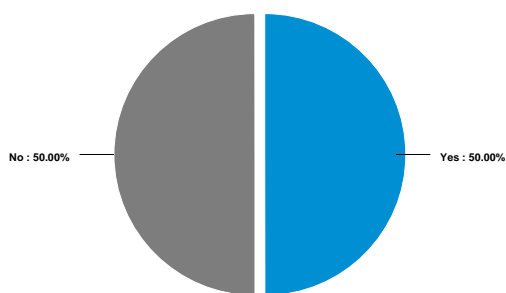


Answer	Count	Percent	20%	40%	60%	80%	100%
Yes	17	31.48%					
No	28	51.85%					
Other	9	16.67%					
Total	54	100 %					


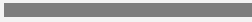
Q19 Does your NP program(s) have partnerships with regional medical facilities? If so, please describe - Text Data for Other

05/02/2018	35022215	kind of
04/28/2018	34941145	not formal partnerships but long-standing placements of students
04/26/2018	34910477	Educational agreements
04/20/2018	34709371	We are suppose to be a preferred school but medical students from other states and regions get first site placements we are 4th or 5th on the priority list and fill 84% of the primary care jobs
04/19/2018	34703880	outpatient clinics
04/19/2018	34693546	VA
04/19/2018	34692695	we are associated with a Hospital system
04/19/2018	34692585	County consortium for student placements
04/19/2018	34691652	MOA as dinical partners, but this doesn't guarentee a placement

Q20 Do you precept NP practicum students?



Answer	Count	Percent	20%	40%	60%	80%	100%
Yes	27	50.00%					
No	27	50.00%					

Yes	27	50%	
No	27	50%	
Total	54	100 %	

Q21 If you precept NP practicum students: What would you like as a benefit/ incentive? Why do you precept? What are the personal rewards?

Q21 If you precept NP practicum students: What would you like as a benefit/ incentive? Why do you precept? What are the personal rewards?		
05/ 02/ 2018	35022215	Being the coordinator of the FNP program I am usually the last resort if no other sites are available.
04/ 29/ 2018	34958703	Precept to help advance profession and give back and do not need an incentive
04/ 28/ 2018	34948833	
04/ 28/ 2018	34941145	CEUs I precept because it is needed; I enjoy the students; keeps me on my toes Love of working with students
04/ 27/ 2018	34936598	Part of my course responsibilities Help insure students receive precepted experiences consistent with our curriculum.
04/ 27/ 2018	34934090	
04/ 27/ 2018	34919194	Health Care Systems need to recognize providers who precept NP students & allow them to do so, as part of their jo. NP students are the next generation of providers, who need to be trained
04/ 27/ 2018	34917236	
04/ 26/ 2018	34910477	
04/ 26/ 2018	34910021	N/ A
04/ 26/ 2018	34909018	
04/ 26/ 2018	34908647	
04/ 26/ 2018	34902885	I would like to be paid, it provides in into effect to give real feedback and perform as a preceptor.
04/ 26/ 2018	34902400	
04/ 26/ 2018	34901676	
04/ 26/ 2018	34901367	
04/ 26/ 2018	34900999	
04/ 26/ 2018	34900895	
04/ 26/ 2018	34900614	
04/ 25/ 2018	34850437	
04/ 23/ 2018	34767678	I precept to give back to education. It is important to foster new NPs. I enjoy teaching.
04/ 22/ 2018	34748643	
04/ 22/ 2018	34748287	Free CEUs and recognition event, feel it is my professional duty
04/ 21/ 2018	34733255	
04/ 20/ 2018	34715195	
04/ 20/ 2018	34715186	
04/ 20/ 2018	34710796	AS director of the P program I feel it is an extension of my teaching but I do not get paid sinc I am an employee of the university. I would time in work load for precepting. The reward are I reel excited to have students experience care in an underserved population.
04/ 20/ 2018	34709922	
04/ 20/ 2018	34709899	
04/ 20/ 2018	34709468	
04/ 20/ 2018	34709371	I precept due to lack of available preceptors. Compensation would be wonderful. feedback from other providers would be RVU allowances for stuent.
04/ 20/ 2018	34708633	CEUs, use of library I precept because how else will we educate the next generation of practitioners Student keep me at the top of my game
04/ 19/ 2018	34703880	NA

04/ 19/ 2018	34700545	I have never been paid for precepting - do it because students need good preceptors. I wouldn't mind being paid. Some other programs in our state reportedly pay \$1500 per student. I would be happy with that.
04/ 19/ 2018	34696286	As a faculty member, I would like to be able to offer payment for working with a student. As a practicing NP it doesn't matter to me to have payment. I like to precept students to see that they are doing correct assessments etc...I think it is important to give back to the students since I was as student once.
04/ 19/ 2018	34695800	
04/ 19/ 2018	34695551	
04/ 19/ 2018	34695618	
04/ 19/ 2018	34695216	a journal subscription would be great. a letter I could use towards recertification.
04/ 19/ 2018	34695172	A few dollars an hour would be nice. I enjoy teaching.
04/ 19/ 2018	34691918	N/A
04/ 19/ 2018	34694418	I would precept my students but my practice time is too limited to make it worthwhile for the students. I serve as a back up source of hours if/ when students need to fill in some time.
04/ 19/ 2018	34694144	Recognition of workload as faculty. Token of appreciation More One hours for recert Precept to role model, teach, share and build great future NPs. Personal reward: mentorship ability and student connection.
04/ 19/ 2018	34693546	no
04/ 19/ 2018	34693480	I do not need a benefit or incentive to precept. I do it because there is a need and because I enjoy doing it. personal rewards - joy, pride, keeps me knowledgeable in the area in which I work
04/ 19/ 2018	34693091	
04/ 19/ 2018	34692695	
04/ 19/ 2018	34692585	
04/ 19/ 2018	34692477	Tax credit like Georgia To get a feel for graduates who might make good future employees
04/ 19/ 2018	34692288	
04/ 19/ 2018	34692492	
04/ 19/ 2018	34691652	I precept as I feel it is important to "give back" to the profession and to provide a good clinical rotation.
04/ 19/ 2018	34691628	Feel it is part of my role. Rewarding to see them grow.
04/ 15/ 2018	34570670	

Q22 Please provide any additional information that you believe would be valuable to this study related to preceptors, practicums in NP education, incentives for preceptors, or challenges in NP practicum placements.

Q22 Please provide any additional information that you believe would be valuable to this study related to preceptors, practicums in NP education, incentives for preceptors, or challenges in NP practicum placements.

05/ 02/ 2018	35022215	
04/ 29/ 2018	34958703	Difficult to place students due to number of programs in area and high demand for preceptors.
04/ 28/ 2018	34948833	We would like to provide free CEU/ CME for preceptors. We are also considering an event. While we have a coordinator to assist students with preceptors, we also have students who find their own preceptors.
04/ 28/ 2018	34941145	
04/ 27/ 2018	34936598	Provide tax incentives for all preceptors. Mandate companies providing preceptors for fee from students insure preceptors match student needs and course objectives. Educate NP students about how to be good preceptors so they are prepared to "give back" competently when they graduate. Provide something of value to healthcare agencies in trade for precepting - CEs on management practices, help with informatics techniques and management, seminars for interprofessional collaboration...
04/ 27/ 2018	34934090	
04/ 27/ 2018	34919194	Financial incentives should not be the reason providers agree to precept NP students. Programs For profit organizations like: Chamberlain Nursing who pays sites & preceptors for access are destroying the system for public & private non profit programs, who do not have money to pay preceptors. Nursing needs to set up guidelines for securing & maintaining clinical preceptor availability
04/ 27/ 2018	34917236	Competition for preceptors has gotten tougher over the past 10 years. In addition to competition from local schools, on-line programs have grown with those students seeking preceptors. We are part of an academic medical center and compete with Medical Students for physician preceptors.

04/26/2018	34910477	
04/26/2018	34910021	Securing quality preceptors for our APN Program (FNP/ AGNP) is an ongoing challenge.
04/26/2018	34909018	
04/26/2018	34908647	
04/26/2018	34902885	
04/26/2018	34902400	
04/26/2018	34901676	
04/26/2018	34901367	
04/26/2018	34900999	
04/26/2018	34900895	DIFFICULT to find preceptors for all programs--lots of competition
04/26/2018	34900614	
04/25/2018	34850437	It is a challenge to find enough sites for all of our NP students due to the influx of online programs and the competition for clinical placements.
04/23/2018	34767678	
04/22/2018	34748643	
04/22/2018	34748287	States should forbid medical providers from taking stipends for precepting to avoid the financial competition that is current here in CT. In addition students from schools outside of our state should not be allowed to do clinical here.
04/21/2018	34733255	
04/20/2018	34715195	It is a huge challenge when for profit programs, PA and MD programs pay preceptors and we can't. It is an unfair playing field. CMS should participate!!!!!!!!!!!!!!!!!!!!
04/20/2018	34715186	
04/20/2018	34710796	
04/20/2018	34709922	
04/20/2018	34709899	
04/20/2018	34709468	
04/20/2018	34709371	RVU compensation for those dependent on productivity will not loose money and be more willing to teach.
04/20/2018	34708633	none
04/19/2018	34703880	
04/19/2018	34700545	Students finding their own preceptors is challenging for them, but allows them to create their own schedule. The competition for preceptors locally is pretty tough. Schools that compensate preceptors have a competitive edge; making it more difficult for students who come from programs that don't compensate.
04/19/2018	34696286	It is my understanding that it illegal to pay preceptors in my state. I would like to have the results of this study sent to everyone who participated. Thank you
04/19/2018	34695800	
04/19/2018	34695551	Our state (CA) required the program to place students; however, because our students are online it is difficult to have established preceptors in all locations. Functionally, students participate in the process and often locate their own preceptor. The FNP program director handles difficult placements. We are in the process of hiring a Clinical Placement Coordinator.
04/19/2018	34695618	
04/19/2018	34695216	
04/19/2018	34695172	
04/19/2018	34691918	N/A
04/19/2018	34694418	Our faculty to student ratio is 1:8 for practicum courses. Preceptors can become affiliate faculty (unpaid) but not all do this.
04/19/2018	34694144	Tons of challenges in preceptor placements. Paying is not always an option. Recognition by advance practice bodies, incorporating incentives for recert, free come, preceptor databases, tool for preceptors and some incentive to the organization are musts.
04/19/2018	34693546	Relationships are the key to building preceptor opportunities
04/19/2018	34693480	

04/ 19/ 2018	34693091	
04/ 19/ 2018	34692695	It is becoming increasingly difficult to find placements for students due to competition from other universities and workload of preceptors. Compensation of free admission to our Pharmacology Conference is a nice incentive and our preceptors really appreciate it.
04/ 19/ 2018	34692585	
04/ 19/ 2018	34692477	NYS needs to approve legislative bill that would award tax credit for preceptinr
04/ 19/ 2018	34692288	
04/ 19/ 2018	34692492	
04/ 19/ 2018	34691652	it is a national issue which is made worse by programs that can afford to pay preceptors. many online programs do nothing to fully evaluate the student in a clinical rotation other than a check list from the preceptor. this is contributing to poor students passing as preceptors don't want to be the bad guy.
04/ 19/ 2018	34691628	
04/ 15/ 2018	34570670	We try to keep our preceptors happy.

APPENDIX C

Findings Through Recommendations (Bloomberg & Volpe, 2016, p. 270)

Findings	Interpretations	Conclusions	Recommendations
Recognition of workload of faculty. Token of appreciation. More CME hours for recert. CEUs; use of library Free CEUs and recognition event	CEUs and recognition by the university are meaningful and appreciated.	Acknowledgment of the time and effort by preceptors is important to them.	Partner with preceptors and plan for recognition events and letters for recertification
Tax credit like Georgia	This can make a difference	The difference in pay is significant in some states/	Lobby for legislative change
A few dollars an hour would be nice. Compensation would be wonderful. I would like to be paid.	Financial compensation is welcome.	The time that preceptors give is validated by monetary compensation.	In states where this is legal as well as possible for the institutions, offer financial compensation.
A journal subscription would be great, a letter I could use toward recertification.	Recognition of the professionalism of the preceptor	Extrinsic rewards are appreciated.	Connect with the professional organization to subscribe to the journal for that NP specialty.
I precept, as I feel it is important to “give back” to the profession and to provide a good clinical rotation.	Professional obligation and desire to give back	Consistent with Pink’s ideas about motivation	Build relationships with preceptors who feel connected with the profession and/or university

Feel it is my professional duty.			
Feel it is part of my role. Rewarding to see them grow.			
Precept to role model to teach, share, and build great future NPs. I do not need a benefit or incentive to precept. I do it because there is a need and because I enjoy doing it.			
To get a feel for graduates who might make good future employees.			
I have never been paid for precepting—do it because students need good preceptors.			
I enjoy teaching.	Like to teach	Educators at heart	Conduct preceptor workshops to encourage and support preceptors who are interested in educating NPs

<p>Personal reward: student connection.</p> <p>Students keep me at the top of my game</p>	<p>These preceptors seem to want positive relationships with students</p>	<p>Consistent with Herzberg's intrinsic factors (achievement, recognition, responsibility and advancement)</p>	<p>Try to match up students with preceptors who will be a "good fit" in terms of interests, abilities, and learning goals</p>
<p>Joy, pride, keeps me knowledgeable.</p>			<p>Build positive relationships with preceptors.</p>
<p>I feel excited to have students experience care in an underserved population.</p>			
<p>It is a national issue that is made worse by programs that can afford to pay preceptors. Many online programs do nothing to fully evaluate the student in a clinical rotation other than a checklist from the preceptor. This is contributing to poor students passing as preceptors don't want to be the bad guy.</p>	<p>The challenge of finding preceptors is widespread.</p>	<p>This is a difficult and challenging issue.</p>	<p>In cases or in states where compensation is not viable, consider other forms of recognition.</p>
<p>Tons of challenges in preceptor placements. Paying is not always an option. Recognition by advance practice bodies,</p>		<p>Consistent with the literature review</p>	<p>Follow the recommendations of this participant</p>

<p>incorporating incentives for recertification, free cme's, preceptor databases, tool for preceptor, and some incentive to the organization are musts.</p>			
<p>We try to keep our preceptors happy.</p> <p>Relationships are the key to building preceptor opportunities.</p>			<p>Relationship building recognition</p>
<p>It is becoming increasingly difficult to find placements for students due to competition from other universities and workload of preceptors.</p> <p>Compensation of free admission to Pharmacology Conference is a nice incentive and our preceptors really appreciate it.</p>	<p>The challenges are immense.</p>		<p>Plan events, awards, and forms of recognition.</p>
<p>Students finding their own preceptors is challenging for them, but allows them to create their own schedule. The compensation for preceptors locally is pretty tough.</p>			

<p>Schools that compensate preceptors have a competitive edge, making it more difficult for students who come from programs that don't compensate.</p>			
<p>NYS needs to approve legislative bill that would award tax credit for preceptor.</p>	<p>Some states allow tax credits, some do not.</p>	<p>There is an unfair advantage in some states.</p>	<p>Lobby legislators to let them know of the situation.</p>
<p>It is my understanding that it is illegal to pay preceptors in my state. I would like to have the results of this study sent to everyone who participated. Thank you.</p>			
<p>Securing quality preceptors for our APN program (FNP/AGNP) is an ongoing challenge.</p> <p>DIFFICULT to find preceptors for all programs—lots of competition</p>	<p>The challenges exist everywhere</p>		

<p>States should forbid medical providers from using stipends for precepting to avoid the financial compensation that is current here in CT. In addition, students from schools outside of our state should not be allowed to do clinicals here.</p> <p>It is a huge challenge when for profit programs, PA and MD programs pay preceptors and we can't. It is an unfair playing field. CMS should participate!!!!!!!!</p>	<p>There is a great deal of competition among nursing/medical sites.</p>		<p>Secure sites and preceptors with MOU's and agreements.</p>
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