

Quality Advancement in Nursing Education - Avancées en formation infirmière

Volume 3 | Issue 2

Article 7

October 2017

Implementation of Preceptorship in Ghana: “Marriage between school and clinical settings”

Mary Asor Asirifi

University of Alberta, Faculty of Nursing, asirifi@ualberta.ca

Judith E. Mill Professor Emeritus

University of Alberta, Faculty of Nursing, judy.mill@ualberta.ca

Florence Myrick Professor Emeritus

University of Alberta, Faculty of Nursing, flo.myrick@ualberta.ca

George Richardson Associate Professor

University of Alberta, Faculty of Education, george.richardson@ualberta.ca

Follow this and additional works at: <https://qane-afi.casn.ca/journal>

Part of the [Other Nursing Commons](#)

Recommended Citation

Asirifi, Mary Asor; Mill, Judith E. Professor Emeritus; Myrick, Florence Professor Emeritus; and Richardson, George Associate Professor (2017) "Implementation of Preceptorship in Ghana: “Marriage between school and clinical settings”," *Quality Advancement in Nursing Education - Avancées en formation infirmière*: Vol. 3: Iss. 2, Article 7.

DOI: <https://doi.org/10.17483/2368-6669.1118>

This International Perspective is brought to you for free and open access by Quality Advancement in Nursing Education - Avancées en formation infirmière. It has been accepted for inclusion in Quality Advancement in Nursing Education - Avancées en formation infirmière by an authorized editor of Quality Advancement in Nursing Education - Avancées en formation infirmière.

Implementation of Preceptorship in Ghana: “Marriage between school and clinical settings”

Cover Page Footnote

I would like to acknowledge my co- authors for the tremendous contributions they made toward the success of paper. Dr. Judy Mill has been very helpful and guided the research process to ensure that my thesis was completed successfully. Dr. Florence Myrick shared her extensive knowledge of preceptorship throughout the research process. Dr. George Richardson shared his time and knowledge of ethnography to ensure the success of the research. J'aimerais remercier mes coauteurs pour leur importante contribution à cet article. Dre Judy Mill a notamment été d'une grande aide, ayant orienté le processus de recherche pour assurer que ma thèse se termine avec succès. Quant à Dre Florence Myrick, elle a partagé avec moi ses connaissances approfondies sur le préceptorat tout au long du processus de recherche.

Introduction

It has long been recognized that clinical teaching enhances the connection between theory and practice. Indeed, one of the leading clinical teaching approaches in contemporary nursing practice that serves to strengthen this connection has been found to be preceptorship (Hilli & Melender, 2015; Myrick & Yonge, 2005). The concept of preceptorship refers to a short-term relationship between a nursing student and an experienced nurse. Preceptors facilitate the development of knowledge, clinical skills, confidence, competence, and professional attitudes in nursing through guidance, supervision, and role modeling (Leishenring, 2016; Smedley, 2008).

In order to provide effective clinical teaching and learning in Ghana, preceptorship was introduced into nursing education with preceptors prepared to provide the primary source of clinical teaching at the clinical settings in Ghana (Asirifi, Mill, Myrick, & Richardson, 2013). Subsequently, Ghanaian nurse educators began to collaborate with preceptors to supervise students in the clinical practice setting. Nurse educators in the Ghanaian context are referred to as nurse tutors and teach in diploma nursing schools. Preceptorship in Ghana, however, continues to be confronted with challenges such as ineffective communication between nursing educational institutions and preceptors. In 2009, a research study was designed to explore the implementation of preceptorship in the Ghanaian context. Findings related to the experience of students, preceptors, and nurse educators during preceptorship have been published elsewhere (Asirifi et al., 2013). In this paper, a description and analysis of the findings of the study related to the roles of students, preceptors, and nurse educators are presented. Also, the challenges that were found to affect the roles of students, preceptors, and nurse educators in Ghana are highlighted. Awareness of the challenges is important in order to emphasize strategies to increase collaboration between educational institutions in Ghana and elsewhere as related to the implementation of preceptorship.

Background

The role of a preceptor is to teach, facilitate, guide, role model, and evaluate throughout the preceptorship experience. A preceptor serves as a teacher by providing student feedback about progress in meeting learning goals and encouraging preceptees to think critically using the preceptees' learning objectives as a guide to the teaching and learning process (Myrick & Yonge, 2005; Schuelke & Barnason, 2017). Preceptors serve as role models by being knowledgeable in their area of practice and demonstrating respect toward students, colleagues, and clients. Optimally, preceptors need to possess attitudes such as the willingness to serve as a preceptor and the ability to adapt to new situations (Cloete & Jeggels, 2014). Preceptors in Ghana are encouraged to liaise with the educational institutions to increase the effectiveness of clinical supervision of students (Asirifi et al., 2013). Ghanaian nurses are considered preceptors based on their expertise in nursing practice or the educational preparation they have received on preceptorship. In an ideal preceptorship model, the preceptor/student ratio is 1:1; however, preceptors in Ghana supervise more than five students while at the same time carrying their full patient workload (Asirifi et al., 2013; Asirifi et al., 2017).

In a study by Smedley (2008), a group of registered nurses was interviewed to explore the lived experience of learning to be a preceptor. The author reported that preceptors identified being conscious of different learning styles and promoting a clinical environment conducive to teaching and learning as critical aspects of their roles. In another study, Fox, Henderson, and Malko-Nyhan (2006) compared preceptors' and preceptees' perceptions about the effectiveness

of the preceptor's role at two points during the preceptorship in Australia. The first period of assessment followed two to three months of preceptorship, and the second period occurred following six to nine months of preceptorship. The preceptors reported that after the first three months they were unable to fulfill their roles. Following six to nine months of preceptorship, both preceptors and preceptees acknowledged that they were able to fulfill their roles. The longer period of the preceptorship experience resulted in improvement in the knowledge and skills of the preceptees (Fox et al., 2006).

It is an expectation that nursing students demonstrate commitment in the preceptorship experience by adhering to ethical standards of practice, interacting with members of the health care team, displaying knowledge about the scope of practice, showing readiness to learn, and reflecting prudent judgment in clinical decision-making (Asirifi et al., 2013; Carlson, 2012; Lakshmi, 2016; Raines, 2012; Yonge & Myrick, 2005). Da Silva and colleagues (2008) note that those who engage in preceptorship coexist with people in the clinical environment. Intrinsic to this perspective is the notion that students interact with preceptors and others as they engage in the teaching and learning process. Through this interaction, they form personal perceptions concerning their learning throughout the preceptorship experience (Carlson, 2012; Raines, 2012; Yonge & Myrick, 2005).

Clinical environments conducive for clinical teaching and learning promote safe practice and include students in the activities of the units (Henderson, Cooke, Creedy, & Walter, 2012). Appropriate support systems to help students adapt comfortably to the clinical environment are important for effective learning (Nabolsi, Zumot, Wardam, & Abu-Moghli, 2012). According to Myrick and Yonge (2004), the relationship between the student and the preceptor is pivotal to the enhancement of the student's critical thinking. The authors suggest that critical thinking can be fostered through a respectful relationship between preceptor and student, staff acceptance, role modeling, facilitating, guiding, prioritization, and questioning the student's knowledge base.

The role of nurse educators in preceptorship includes serving as a resource to preceptors and students, paying regular visits to the clinical site during the preceptorship experience, and ensuring that the goals and expectations of the preceptorship experience are achieved (Dahlke, O'Connor, Hannesson, & Cheetham, 2016; Horton, DePaoli, Hertach, & Bower, 2012; Myrick & Yonge, 2005). In addition, nurse educators evaluate student performance based on the input they receive from preceptors. Billings and Halstead argue that "although the faculty member has ultimate responsibility for the course and students' learning outcomes, the student and preceptor are empowered to conduct evaluations of the students' clinical performance and learning outcomes" (2005, p. 293). Dyson (2000) conducted a descriptive study in New Zealand to explore the role of the lecturer within a school of nursing. The researcher reported that the educational orientation of the lecturer was important for effective preceptorship to occur. Furthermore, the author reported that tension existed between the world of academia and clinical practice.

Although the literature review identified several key attributes of members of the preceptor triad, it was evident that there is limited research about preceptorship from the perspectives of the triad in Ghana. In the current study, the roles of Ghanaian nursing students, preceptors, and nurse educators in the preceptorship were examined. The research question that guided the study is "what roles are required within the preceptorship experience in Ghana to achieve the intended learning outcomes?"

Method

Study Design

A focused ethnographic approach (Morse & Richards, 2007) was the methodology used for the study. Focused ethnography is an appropriate methodology to explore smaller groups or sub-cultural units such as hospitals, universities, nursing homes, and prisons. In this study, focused ethnography was deemed appropriate to explore the roles of preceptors, nursing students, and nurse educators as they engage in preceptorship in Ghana. Eligible participants were

- student nurses who were registered in the final year of a diploma in nursing program;
- preceptors who had precepted undergraduate nursing students in the final year of their program; and
- faculty members who had previously engaged in a preceptorship program.

All participants were able to read and write English and participated voluntarily in the study.

Sample

Purposive sampling was used to recruit a sample of 26 participants including nurse educators, nursing students, and preceptors from a regional hospital and a diploma-level nursing educational institution in a small city in Ghana. Eight nurse educators and nine nursing students participated from the educational institution and nine preceptors participated from the regional hospital. The researcher contacted participants by phone to explain the process, time, and venue for the interview.

Data Collection

The first author conducted semi-structured interviews once with each participant. The researcher asked open-ended questions such as: “Describe what the preceptorship experience is like for you?” and “Tell me about your role in the preceptorship program?” In this paper, we focus on the roles of participants and the challenges related to the process of the implementation of preceptorship. The researcher ensured that participants were afforded the opportunity to express their views with minimal interruption. The time frame for each interview was determined by the intensity and the length of the story participants wanted to share. The interviews were conducted in English and ranged from 30 minutes to two hours. Interviews were tape-recorded, and audio-tape recordings were transcribed verbatim by the researcher. Data were stored in electronic folders that were created, password protected, and labeled appropriately for easy identification by the researcher. The first author recorded reflective notes prior to and following the interview to capture non-verbal communication and personal perspectives about the interview. Field notes were prepared following each interview and included questions to ask subsequent participants. Non-verbal communication was noted during all of the interviews. All the participants were relaxed and comfortable throughout the interviews and no mannerisms or questionable behaviours were observed. The research team included a graduate student (first author) and three experienced faculty members (including the second and third authors).

Ethical Considerations

The proposal was submitted to and approved by the ethical review board at a large university in Western Canada, and the Health Research Ethics Board affiliated with the University of Ghana. Written informed consent was obtained from all participants prior to the interview. To ensure anonymity during the dissemination of findings, participants were assigned

pseudonyms; preceptors were identified as Rose, Radna, Rachel, Ranita, Rebecca, Regina, Rene, Rita, and Rainbow; student nurses were identified as Thelma, Tutuwa, Tracy, Tara, Tamara, Tanya, Theresa, Tahira, and Tasmine; and nurse educators were identified as Elise, Ebony, Edwina, Effe, Edna, Eric, Ellen, and Edlyn.

Data Analyses

Data gathering and analysis were carried out simultaneously. Data were analyzed using thematic analysis (Polit & Beck, 2006). The research team reviewed the transcribed interviews to identify key concepts which were described by codes developed by the researchers. Codes with similar meaning were collated to form themes. Similar themes were grouped together and labeled to form categories. The themes and categories emerging from the data were re-examined by the authors throughout the study. The NVivo 8 computer software program was used to support data management. The first author entered the categories, themes, and codes into the NVivo program. Text excerpts from the interviews were attached to the appropriate themes and categories in the NVivo program for easy identification of participants in relation to the themes developed.

Rigour

The researchers considered the concepts of auditability, credibility, and fittingness (Houghton, Casey, Shaw, & Murphy, 2013) to enhance the rigour of the study. Auditability is ensured when the researcher provides a detailed account of decisions taken at each level of the study so that another researcher can follow and understand the research process. In order to ensure auditability in this study, the researcher described, explained, and justified decisions taken throughout the research process in the field notes. To ensure credibility, triangulation in data collection methods was used to determine the congruence among the different sources of data (Houghton et al., 2013). Triangulation of participants' perspectives about preceptorship was elicited from nursing students, preceptors, and nurse educators. A study achieves fittingness when the findings of the study are applicable to a context outside or within the study situation (Houghton et al., 2013). To ensure fittingness, the first author shared the findings with stakeholders in other nursing programs in Ghana to determine their applicability.

Results

All of the student participants were in their final year of the nursing program and their ages ranged from 20–23 years. The preceptors were all registered nurses with ages ranging from 33–64 years. The nurse educators' ages ranged from 34–64 years. All of the nurse educators and the preceptors had more than three years' clinical teaching experience. Five preceptors verbalized that they had no formal preparation in preceptorship. These preceptors were chosen to teach by virtue of their rich experience in nursing practice. The preceptors in this study were precepting more than one nursing student simultaneously.

The nursing students, preceptors, and nurse educators were the key members involved in the implementation process of preceptorship in Ghana. One preceptor recommended that “preceptorship must be a marriage between the schools and the clinical settings so that all the key members involved in preceptorship would support each other in clinical teaching and learning” [Rana]. In addition to describing their roles, participants described the state of the implementation of preceptorship in nursing education in Ghana.

Key Members' Roles in the Implementation Process

The participants described the roles of preceptors in nursing education in Ghana as role models, evaluators of students' clinical performances and liaison between the nursing schools and clinical settings. The roles of the nurse educators included provision of support to students and preceptors. The roles of the nursing students included asking questions and demonstrating readiness to learn.

Preceptors' role: "I use myself as a role model". Several of the participants identified teaching, role modeling, evaluating students' performance, and liaising between the school and the clinical setting as the primary roles of preceptors. Eric, a nurse educator, described the role of the preceptor as "a professional nurse who has been prepared with the requisite skills to teach nurses, especially student nurses in the clinical setting." One student asserted that "a preceptor is a person who directs, teaches, and supervises students' activities in the ward" [Tanya]. The participants indicated that preceptors must be good role models. For example, Rose stated that "a preceptor must be able to teach by example." Another preceptor, Radna, stated: "As a preceptor, I use myself as a role model. I make sure I dress in the prescribed uniform and work according to the policies and procedures of the hospital, and I advise the students to do the same."

Preceptors assisted students to develop both personally and professionally. Edna suggested that

A good preceptor would not let her students be stagnant. She gets closer to identify the students' strengths and weaknesses and assists the students to select career paths by identifying the areas in nursing practice that they can perform best.

Several of the participants indicated that preceptors monitored students' performances in the clinical settings. Ebony shared that "feedback is sent to the schools by the preceptors for the nurse educators to know whether what was taught in the classroom was done correctly in the clinical settings." A few of the participants indicated that preceptors discussed student learning expectations during the teaching and learning interaction in the clinical settings.

Nurse educators' roles: "They teach and correct our mistakes". Most of the participants indicated that nurse educators evaluated students' performances and provided support and feedback to students and preceptors. They provided support through follow-up in the clinical settings to supervise the teaching and learning activities of preceptors and students. One of the students stated that follow-up visits by nurse educators supported her learning: "When the nurse educators come around [clinical visits] they observe what we do in the ward. So, when we go back to school they teach and correct our mistakes based on what they observed" [Thelma].

Another participant believed that nurse educators served as a support for the preceptor: "When the preceptor encounters a problem in a particular area, the nurse educator steps in to assist or encourages the preceptor to attend refresher courses to update her knowledge" [Ellen].

Most of the participants indicated that the nurse educators had to obtain feedback from the students about their practice in the clinical settings. One of the students suggested that nurse educators must communicate students' feedback to preceptors: "When we report to our tutors about what happens during our clinical practice, they should make sure to contact the preceptors and talk about it" [Tara]. However, one of the preceptors stated that "I have not had any feedback from the school before" [Rainbow].

Students' roles: "Show readiness to learn". Most of the participants suggested that students must ask questions, open up, and be ready to learn. Tracy described her experience with preceptorship: "If a nursing procedure is being done and it is not understood, I ask questions for clarification. I have to be observant and inquisitive to learn." Tanya believed that students must observe preceptors in order to learn: "It is assumed that the preceptor is the head of the preceptorship team and very knowledgeable in nursing practices; therefore, students have to listen to and obey the preceptors." One student described her role in the preceptorship process: "I think we are supposed to introduce ourselves to the preceptors, go to them for assistance, ask questions and be under their supervision" [Thelma]. A preceptor suggested strategies for students to learn effectively in the clinical settings: "If you want to learn just open up and then show readiness to learn. Follow the preceptor as she performs the nursing procedure" [Rachel]. A few of the participants indicated that some of the students were very passionate about work so after the teaching session they remained behind and asked the preceptors to take them through another procedure. Tutuwa had observed a keen interest in learning among students: "Despite the length of time that students spend in the ward, sometimes they devote their time and stay in the ward to practice." Also, the participants believed that students must respect the preceptors and the clinical staff members because a respectful clinical environment promotes comfortable and effective clinical teaching and learning.

Challenges in Implementing Preceptorship in Ghana

Inadequate preceptor support, lack of equipment for clinical teaching and learning, and discrepancies during the process of evaluating students' performances were challenges to the implementation of preceptorship in Ghana.

Inadequate preceptor support: "There is a lack of incentives to motivate preceptors". Most of participants indicated that the primary motivation for being preceptors in Ghana was the personal desire to teach students.

Intrinsic motivation is more of one's interest and willingness to teach. However, the nursing schools motivated preceptors to teach by involving the preceptors in practical exams where they serve as invigilators and examiners and [are] given incentives in the form of money [Edwina].

Some of the preceptors, on the other hand, argued that they were not given sufficient incentives to inspire them to work effectively: "The lack of incentives does not motivate preceptors to teach. If the preceptors were remunerated, it would motivate them to stay longer in the ward to teach students" [Rebecca]. Similarly, Regina stated: "There was nothing like monetary incentives for preceptors; encouragement from the nurse manager was the only external support they had." A nurse educator believed that in addition to monetary incentives, preceptors could be given current information on clinical teaching to enhance their teaching effectiveness: "Money is not the only thing that could be used to support preceptors. Preceptors could be sponsored to attend workshops, provided with current journals or handouts to upgrade their knowledge in effective clinical teaching and learning" [Ebony].

One of the preceptors suggested: "We need to be given in-service training, enough equipment to work with, enough time and more preceptors so that we would be able to teach students well" [Regina]. Most of the nurse educators and preceptors pointed out that the main support preceptors received was verbal encouragement from senior nurses.

Lack of equipment: “I learned how to improvise”. Several of the participants expressed concern about the lack of equipment to teach students in the clinical settings. Participants indicated that nurses improvised because the clinical settings did not have adequate supplies to work with. It was difficult, therefore, to teach students how to perform nursing procedures correctly. Tara stated that: “I learned how to improvise when the equipment is not available to practice with.” One of the preceptors shared her experience teaching students with limited equipment:

The students are willing to work but because of inadequate equipment in the wards it is difficult for them to practice well. The water is always not flowing. So, we are not able to demonstrate decontamination properly for students to see [Radna].

Similarly, Ellen shared her experience working with inadequate equipment: “The health care management does not provide the necessary equipment for proper nursing practice. So, we tell the students that they should always remember how to perform nursing procedures correctly so that they would not forget.”

Most of the participants suggested that the government should supply the needed equipment in the clinical settings to enable students to learn the right procedures.

Discrepancies during evaluation process: “I had to take it [evaluation] like that”. Participants indicated that nurse educators, charge nurses, and preceptors participated in the evaluation of students’ clinical performance. Nursing schools provided each student with a student clinical evaluation report and a clinical schedule book to take to the clinical settings. The evaluations of student performance were completed at the termination of the clinical placement. One of the preceptors described the evaluation process:

Each of the students reports to the wards with an evaluation form or clinical schedule book. Students are taught and evaluated with respect to the areas they needed to cover in the book. The evaluation forms guide us on how to grade our students [Rainbow].

The students practiced in more than one ward during their clinical placement. A preceptor explained that student performance was evaluated in each of the wards that the student practiced: “We evaluate the students’ performances before they leave to another ward. At the end of their practice, we use the data from each ward to evaluate their overall performance. And then we send the evaluation forms to the school” [Rose].

Elise shared that “when we received the reports we analyzed them and determined where they [students] needed to catch up and where the clinical supervision needed to be reinforced.” However, one of the nurse educators highlighted a concern that preceptors’ verbal reports sometimes conflicted with the written report submitted to the schools. She noted that “the preceptors complain about the students but this was not reflected in the evaluation reports. They [preceptors] did not want to be branded as bad people” [Edna]. She acknowledged that “there is the need to review the evaluation forms with the preceptors to know what we expect from them” [Edna].

Tanya, a student nurse, expressed concern about an evaluation she had received from a clinical setting: “Sometimes, the [charge] nurses who evaluated us had not even worked with us before.” Tasmine was also not pleased with her evaluation because she felt she was inadequately involved in the evaluation process:

I was not always satisfied with it [evaluation] but I had to take it like that. When we asked questions about the evaluation, they [preceptors] told us that as students we were not perfect in performing the nursing procedures yet.

The preceptors, on the other hand, indicated that they usually discussed the evaluation with the students. Rene stated: “We discussed with the students how we evaluated their performances. We gave them the chance to think about it [evaluation] and see whether we were hard on them or not.” The preceptors believed that the students were evaluated fairly according to the student performances in the clinical settings.

In summary, the preceptors’ roles included teaching, guiding student learning, being a role model, and evaluating students’ performance. Students were expected to ask questions and reflect a readiness to learn. The role of the nurse educators involved the supervision and provision of feedback to both students and preceptors. Participants indicated that the main support preceptors received was verbal encouragement from the senior nurses. Dissatisfaction with the evaluation process and lack of equipment in the clinical settings were challenges for teaching and learning.

Discussion

In this study, participants identified the roles of preceptors as teachers, guides, and evaluators of student nurse performances in clinical settings. These roles were similar to those described by Myrick and Yonge (2005) and Blum (2009), who specifically indicated that preceptors’ roles include being student advocates, guides, resource persons, and student evaluators. Preceptors in Ghana, however, require additional support in the form of in-service preparation, material resources, and assistance from staff to perform their roles effectively. This finding is consistent with Hautala, Saylor, and O’Leary-Kelly’s (2007) recommendation to review adult education principles with preceptors and ensure recognition from managers and co-workers to facilitate the role of the preceptor. This recommendation is congruent with Frenk and colleagues’ (2010) recommendation that health education reform is required in all countries to address the health care needs of the populace. The authors argue that health profession education in all countries is out-dated and does not address the health care needs of the society they serve. The authors argue that the educational reforms could be achieved through collaboration and partnership among national and international health care institutions. This would enable global sharing of educational information, instructional resources, and strategies to prepare health care professional to work as members of locally responsive and globally connected teams.

The findings in this study revealed that Ghanaian preceptors’ primary support for their role is derived from verbal encouragement from the senior nurses. This finding is similar to Biggs and Schriener’s (2010) argument that when peers and employers recognize the role that preceptors play in the success of clinical teaching and learning, it serves as a great motivation for preceptors. Furthermore, participants indicated that preceptors were intrinsically motivated to teach students, implying that the preceptors had a personal commitment to teaching students. Biggs and Schriener (2010) argue that “extrinsic rewards such as differential in pay, educational offerings, dinners, subscriptions to journals, tuition reimbursement, and options to attend various conferences” (p. 318) are also important for the success of the preceptor experience. Similarly, Hyrkäs and Shoemaker (2007) reported that preceptors who received rewards and benefits were committed to their roles. Preceptors in Ghana might be more committed to their roles if they

received additional extrinsic rewards in the form of sponsored educational preparation, monetary incentives, or recognition from colleagues.

Most of the participants indicated that there was inadequate equipment in the clinical settings to successfully implement preceptorship. One of the preceptors related that students felt frustrated when they practiced with limited equipment in the clinical setting. When students practice in the clinical setting with inadequate equipment their learning expectations are often not met and they may develop negative feelings and frustrations (Emanuel & Pryce-Miller, 2013; Mabuda, 2008). In order to meet the learning needs of nursing students in Ghana, it is important that hospital management provide the necessary equipment for clinical teaching. Additionally, stakeholders in nursing education must provide adequate equipment in the school clinical laboratories for students to develop nursing skills before their clinical placement. These measures will serve to enhance the ability of students to practice competently and confidently. Considering the various challenges, the implementation of preceptorship to facilitate clinical teaching in Ghana is a significant achievement.

The role of students in the implementation of preceptorship in Ghana was perceived to primarily involve asking questions and displaying an interest to learn or being ready to learn. One of the preceptors indicated that a passion to learn was demonstrated by remaining longer in the clinical setting to practice. Inherent in this finding is that students who practice continuously gain competence in performing nursing skills. This observation was similar to findings from a study of students' experiences achieving competencies in midwifery (Licquirish & Seibold, 2007). The authors indicated that hands-on practice was helpful to the Australian midwifery students' learning experience.

Most of the preceptors indicated that students were involved in the evaluation process and were allowed some time to think about how they were evaluated. A few students, on the other hand, felt they were inadequately involved in the evaluation process because they were unable to question their feedback. Preceptors were guided in their evaluation of students by the students' learning objectives. These roles were similar to Myrick and Yonge's (2005) description of the roles of preceptors in evaluating students' performance. They posit that fairness in the evaluation process, involving preceptees in the evaluation process, using preceptees learning objectives when evaluating preceptees' performance and promoting self-evaluation were key elements of the evaluation process. For effective implementation of preceptorship in Ghana, the evaluation process must involve the key members of the preceptorship triad and occur at both the mid- and end-point of the clinical experience. Such a process would enable all key members to monitor progress of their clinical teaching activities. In order to achieve the teaching and learning goals during the preceptorship experience, there must be clear understanding of the responsibilities and expectations of participants from both the practice and educational settings (Oosterbroek, Yonge, & Myrick, 2017).

The role of the nurse educators was to provide feedback and supervision to the students and preceptors. Myrick and Yonge (2005) suggest that role modeling and being available and accessible to student and preceptors during preceptorship are also important roles for faculty and nurse educators. The nurse educators indicated that the preceptors' evaluation did not always accurately reflect the verbal concerns they expressed about students. Subsequently, the nurse educators recommended that they need to review the evaluation forms with the preceptors for effective student evaluation. Also, this suggestion implies that preceptors need ongoing updates and support from the nurse educators regarding the expected roles of preceptors in evaluating

student performances (Seldomridge & Walsh 2006; Wang, Ang, Fell, & Gan, 2014). Although the nurse educators assume ultimate responsibility for the evaluation and grading of preceptee performance, both the students and the preceptors must be empowered to carry out the evaluation of the clinical teaching and learning outcomes (Billings & Halstead, 2005; Omer, Suliman, & Moola, 2016; Raines, 2012).

One potential limitation of the study was the insider and outsider tension related to the position of the researcher (first author). The researcher in this study was a nurse educator in one of the nursing training schools in Ghana as well as a student at a university in Canada. The first author has previous nursing experience in Ghana, and this position makes the first author an insider. On the other hand, as a student of a Canadian university, the first author is seen as a member of the nursing school where the research was conducted. In this case, the first author is seen as an outsider. Also, the first author possesses international nursing experience. Kerstetter (2012) explained that the researcher in such situations may find it difficult to separate her personal experiences from those of the research participants. The first author therefore noted and put aside preconceived assumptions about clinical teaching in Ghana and Canada as much as was possible to ensure that the previous experiences of clinical teaching in Ghana and Canada did not influence the decisions participants made to enhance the clinical teaching and learning in nursing education in Ghana.

Conclusion

Preceptorship enhances the process of connecting theory to practice. In Ghana, preceptorship is one of the clinical teaching approaches used in nursing education. In order to identify the elements required within the Ghanaian preceptorship experience to achieve the intended learning outcomes, the roles of preceptors, nursing students, and nurse educators involved in preceptorship were examined. It is noteworthy that the roles of each member of the preceptorship team in Ghana were similar to those roles that have been described in the literature. Inadequate preceptor support, lack of equipment in clinical settings, and discrepancies during the evaluation process, however, were challenging for the effective implementation of preceptorship in Ghana.

One of the participants indicated metaphorically that there should be a marriage between the schools and the clinical settings to ensure effective implementation of preceptorship in Ghana. In the Ghanaian context, marriage is believed to be between the couple as well as the families of both members of the couple. Marriage unites the couples and their families together. This ensures that various types of support, including psychological, financial, and emotional, are available for the couple. In the same vein, implementation of preceptorship that promotes a “marriage” between nursing schools and academic institutions will not only facilitate teamwork among faculty, preceptors, and students, but it will also contribute to the success and effectiveness of preceptorship in Ghana. Notwithstanding the abovementioned challenges, the fact that preceptorship is being implemented in a low-resource setting is a major accomplishment. The findings from the study provide important insights about the context in which preceptorship in Ghana takes place, which will, in turn, facilitate a more effective implementation of the preceptorship model.

The following recommendations would contribute to improvement in the preceptorship approach to nursing education in Ghana:

- a) Strong preceptor support such as sponsored intensive educational preparation (workshops, seminars, and conferences) and incentives (verbal encouragement from management and colleagues and monetary incentives) to motivate the preceptors to teach effectively
- b) Provision of adequate clinical teaching and learning equipment in the clinical settings
- c) The involvement of preceptors, nurse educators and students in the evaluation of student performances

In addition, it is important for clinical evaluation (both formative and summative evaluation) to occur twice during the clinical practice. For instance, the first clinical evaluation could be carried out at the mid-stage of the clinical practice and final evaluation could be completed at the end of the clinical practice. This process could serve to enhance transparency and satisfaction in the evaluation process for students, preceptors and faculty. The findings from this study will increase understanding of how to successfully implement preceptorship in Ghana as well as contribute to the preparation of competent professional nurses who can provide quality and safe nursing care to address the health care needs of Ghanaians. Future research on faculty and nurse educator support for preceptorship is required to further increase our understanding of the context of preceptorship in Ghana.

References

- Asirifi, M., Mill, J., Myrick, F., & Richardson, G. (2013). Preceptorship in the Ghanaian context: “Coaching for a winning team”. *Journal of Nursing Education and Practice*, 3(12), 168–176. <https://doi.org/10.5430/jnep.v3n12p168>
- Asirifi, M., Ogilvie, L., Barton, S., Aniteye, P., Stobart, K., Bilash ... Kwashie, A. (2017). Assessing Challenges of Clinical Education in a Baccalaureate Nursing Program in Ghana. *Journal of Nursing Education and Practice*. 7(10), 109–118. <https://doi.org/10.5430/jnep.v7n10p109>
- Billing, D. M., & Halstead, J. A. (2005). *Teaching in Nursing: A Guide for Faculty*. (2nd ed.). St. Louis, MO: Saunders.
- Biggs, L., & Schriener, L. C. (2010). Recognition and Support for Today’s Preceptor. *The Journal of Continuing Education in Nursing*, 41(7), 317–322. <https://doi.org/10.3928/00220124-20100401-05>
- Blum, C. A. (2009). Development of a clinical preceptor model. *Nurse Educator*, 34(1), 29–33. <https://doi.org/10.1097/01.nne.0000343394.73329.1d>
- Carlson, E. (2012). Precepting and symbolic interactionism – a theoretical look at preceptorship during clinical practice. *Journal of Advanced Nursing*. 69(2), 457–464. <https://doi.org/10.1111/j.1365-2648.2012.06047.x>
- Cloete, I. S., & Jeggels, J. (2014). Exploring nurse preceptors’ perceptions of benefits and support of and commitment to the preceptor role in the Western Cape Province. *Curationis*. 37(1), 1–7. <https://doi.org/10.4102/curationis.v37i1.1281>
- Dahlke, S., O’Connor, M., Hannesson, T., & Cheetham, K. (2016). Understanding Clinical education: an exploratory study. *Nurse Education in Practice*. 17, 145–152. <https://doi.org/10.1016/j.nepr.2015.12.004>
- Da Silva, G. T. R., Espósito, V. H. C., & Nunes, D. M. (2008). Preceptorship: An analysis within the phenomenological perspective. *Acta Paulista De Enfermagem*, 21(3), 460–465. <https://doi.org/10.1590/s0103-21002008000300013>
- Dyson, L. (2000). The role of the lecturer in the preceptor model of clinical teaching. *Nursing Praxis in New Zealand*, 16(3), 16–24.
- Emanuel, V., & Pryce-Miller, M. (2013). Creating supportive environments for students. *Nursing Times*. 109(37), 18–20.
- Fox, R., Henderson, A., & Malko-Nyhan, K. (2006). A comparison of preceptor and preceptees perceptions of how the preceptors’ role is operationalized. *Journal of Clinical Nursing*, 15, 361–364. <https://doi.org/10.1111/j.1365-2702.2006.01329.x>
- Frenk, J., Chen, L., Zulfiqar, A., Bhutta, J. C., Nigel, C., Timothy ... Huda, Z. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet*, 376(9756), 1923–1958. [https://doi.org/10.1016/s0140-6736\(10\)61854-5](https://doi.org/10.1016/s0140-6736(10)61854-5)

- Hautala, T. K., Saylor, R. C., & O'Leary-Kelly, C. (2007). Nurses Perceptions of Stress and Support in the Preceptor Role. *Journal for Nurses in Staff Development*, 23(2), 64–70. <https://doi.org/10.1097/01.nnd.0000266611.78315.08>
- Henderson, A., Cooke, M., Creedy, D. K., & Walter, R. (2012). Nursing students' perceptions of learning in practice environments: a review. *Nurse Education Today*. 32(3), 299-302. <https://doi.org/10.1016/j.nedt.2011.03.010>
- Hilli, Y., & Melender, H (2015). Developing preceptorship through action research: part 2. *Scandinavian Journal of Caring Sciences*. 29(3), 478–485. <https://doi.org/10.1111/scs.12216>
- Horton, C. D., DePaoli, S., Hertach, M., & Bower, M. (2012). Enhancing the effectiveness of nurse preceptors. *Journal for Nurses in Professional Development*, 28(4), E1–E7. <https://doi.org/10.1097/nnd.0b013e31825dfb90>
- Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigour in qualitative case-study research. *Nurse Research*. 20(4), 12–17. <https://doi.org/10.7748/nr2013.03.20.4.12.e326>
- Hyrkäs, K., & Shoemaker, M. (2007). Changes in the preceptor role: re-visiting preceptors perceptions of benefits, rewards, support and commitment to the role. *Journal of Advanced Nursing*, 60(5), 513–524. <https://doi.org/10.1111/j.1365-2648.2007.04441.x>
- Kerstetter, K. (2012). Insider, outsider, or somewhere in between: the impact of researchers' identities on the community-based research process. *Journal of Rural Social Sciences*, 27(2), 99–117.
- Lakshmi, R. (2016). Clinical Experiences of Nursing Students at a Selected Institute of Health Sciences in Botswana. *Health Sciences Journal*. 10(6), 471. <https://doi.org/10.21767/1791-809x.1000471>
- Leishenring, A. (2016). Reeling in knowledge and skills: The benefits of preceptorship in school health nursing. *British Journal of School Nursing*. 11(8), 391–395. <https://doi.org/10.12968/bjsn.2016.11.8.391>
- Licqurish, S., & Seibold, C. (2008). Bachelor of midwifery students' experiences of achieving competencies: The role of the midwife preceptor. *Midwifery*, 24(4), 480–489. <https://doi.org/10.1016/j.midw.2007.05.001>
- Mabuda, B. T. (2008). Student nurses' experiences during clinical practice in the Limpopo Province. *Curationis*, 31(1), 19–27. <https://doi.org/10.4102/curationis.v31i1.901>
- Morse, J. M., & Richards, L. (2007). *Readme First for a User's Guide in Qualitative Methods*. (2nd ed.). Thousand Oaks, CA: Sage Publication.
- Myrick, F., & Yonge, O. (2004). Enhancing critical thinking in the preceptorship experience in nursing education. *Journal of Advanced Nursing*, 45(14), 371–380. <https://doi.org/10.1046/j.1365-2648.2003.02920.x>
- Myrick, F., & Yonge, O. (2005). *Nursing Preceptorship: Connecting Practice and Education*. Philadelphia, PA: Lippincott Williams Company.

- Nabolsi, M., Zumot, A., Wardam, L., & Abu-Moghli, F. (2012). The Experience of Jordanian Nursing Students in their Clinical Practice. *Procedia - Social and Behavioral Sciences*, 46 (2012), 5849–5857. <https://doi.org/10.1016/j.sbspro.2012.06.527>
- Oosterbroek, T. A., Yonge, O., & Myrick, F. (2017). Rural Nursing Preceptorship: An Integrative Review. *Online Journal of Rural Nursing & Health Care*. 17(1), 23–51. <https://doi.org/10.14574/ojrnhc.v17i1.430>
- Omer, T. A., Suliman, W. A., & Moola, S. (2016). Roles and responsibilities of nurse preceptors: Perception of preceptors and preceptees. *Nurse Education in Practice*.16(1), 54–59. <https://doi.org/10.1016/j.nepr.2015.07.005>
- Polit, D. F., & Beck, C. T. (2006). *Essentials of Nursing Research: Methods, Appraisals, and Utilization*. (6th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Raines, D. A. (2012). Nurse Preceptors' Views of Precepting Undergraduate Nursing Students. *Nursing Education Perspectives*. 33(2), 76–79. <https://doi.org/10.5480/1536-5026-33.2.76>
- Seldomridge, A. L., & Walsh, C. (2006). Evaluating student performance in undergraduate Preceptorships. *Journal of Nursing Education*, 45(5), 169–176.
- Schuelke, S., & Barnason, S. (2017). Interventions Used by Nurse Preceptors to Develop Critical Thinking of New Graduate Nurses. *Journal for Nurses in Professional Development*. 33(1), E1–E7. <https://doi.org/10.1097/nnd.0000000000000318>
- Smedley, A. M. (2008). Becoming and being a preceptor: A phenomenological study. *Journal of Continuing Education in Nursing*, 39(4), 185–191. <https://doi.org/10.3928/00220124-20080401-08>
- Wang, X. B., Ang, E., Fell, S., & Gan, S. (2014). Preceptors' perceptions on benefits, rewards, supports and commitment to the preceptor role: a correlation quantitative research. *International Journal of Evidence-Based Healthcare*, 12(3), 195. <https://doi.org/10.1097/01.xeb.0000455193.17046.ec>