Preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role

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Preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role
The purpose of this descriptive correlational study was to examine the relationships among preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role A convenience sample of 59 nurse preceptors in a 400-bed urban teaching hospital participated by completing a four-part questionnaire the Preceptor's Perception of Benefits and Rewards Scale, the Preceptor's Perception of Support Scale, the Commitment to the Preceptor Role Scale, and a demographic questionnaire Kanter's (1977) model 'Structural Determinants of Behaviour in Organizations' provided the conceptual framework for the study Three study correlations reached statistical significance, suggesting that commitment to the preceptor role is positively associated with (a) preceptors' perception of benefits and rewards, (b) preceptors' perception of support, and (c) the number of preceptor experiences The results have implications for nursing administrators and nursing educators to ensure that adequate benefits, rewards and supports are available to preceptors Recommendations for developing more effective preceptor programmes are proposed

INTRODUCTION

Preceptorship programmes are widely used for socialization of nursing students and newly hired nurses (Shamian & Inhaber 1985) Preceptors engage in this activity primarily to share knowledge, facilitate integration of newly hired staff, and obtain recognition and job satisfaction (Shamian & Inhaber 1985, Young *et al* 1989) Unfortunately, there has been very little research to support these claims

The creation and maintenance of a preceptor programme involves institutional expenditure of considerable fiscal and human resources Such an investment could be lost if administrators fail to support preceptors after they are in the role

More important is the effect on these nurses once engaged in the programme Preceptors are highly qualified and valued staff who take on the role of preceptor in addition to their nursing responsibilities The risk of 'burnout' exists if they are repeatedly asked to assume additional obligations without appropriate rewards and support (Turnbull 1983) The purpose of this study was to examine the relationships among preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role

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REVIEW OF THE LITERATURE

Benefits and rewards

Turnbull (1983) posited that reward mechanisms are integral to the success of preceptor programmes Both intrinsic and extrinsic rewards have been documented (Shamian & Inhaber 1985) The most frequently cited benefits are the opportunity to teach and influence practice, increase own knowledge base, stimulate own thinking, and individualize orientation to meet preceptees' learning needs (Bizek & Oermann 1990)

Shogan *et al* (1985) surveyed preceptors ($n=76$) involved in an orientation programme and found that they broadened their knowledge base and clinical skills, increased their personal and professional growth and job satisfaction In contrast, Bizek & Oermann (1990) studied critical care nurse preceptors ($n=73$) and determined that there was little or no job satisfaction from the preceptor role Alspach's (1989a,b) investigations of critical care nurse preceptors ($n=351$) yielded somewhat similar results Although respondents 'liked best' time spent teaching, helping new staff, sharing knowledge and performing as a role model, they 'disliked most' the lack of time, workload relief and incentives Extrinsic rewards or incentives such as pay differential or educational advantages were desired benefits

Several investigators have described other preceptor rewards These include preceptor luncheons (Hitchings 1989), journal subscriptions, the opportunity to attend conferences or tuition waivers, and letters of commendation (Begle & Willis 1984) However, there has been little or no research to substantiate the effectiveness of these rewards

Support

Support for preceptors in the form of preparation for the role has been identified as essential to the success of preceptor programmes (Fehm 1990) Important components of preceptor training include teaching/learning strategies, principles of adult education, communication skills, values and role clarification, conflict resolution, assessment of individual learning needs and evaluation of novice performance (de Blois 1991, Westra & Graziano 1992) Giles & Moran (1989) concluded that training and experience as a preceptor enhanced preceptors' comfort and perceived skills

Young *et al* (1989) identified problems associated with the preceptor role such as lack of flexibility in the orientation programme to meet individual learning needs, lack of support from non-preceptor colleagues, insufficient time to spend with preceptees and schedule changes They suggested developing clearly identified roles and responsibilities, clinical objectives, and providing ongoing support and guidance to overcome these problems Alcock *et al* (1988) proposed support mechanisms in the form of training for the role, schedule and assignment adjustments during precepting, and opportunities for preceptors to meet with nurse managers in order to share experiences and concerns

In summary, reports published in the literature mention positive aspects of the preceptor role to be associated with personal and professional growth and job enrichment Negative aspects relate more to a lack of administrative support, workload adjustment and financial recompense for the additional responsibilities However, since many of these investigations involved small convenience samples and untested survey tools, the results should be viewed with caution

CONCEPTUAL FRAMEWORK

Kanter's (1977) model 'Structural Determinants of Behaviour in Organizations' provided the conceptual framework for the study According to Kanter, structure of opportunity and power are the underpinnings of an integrated structural model of human behaviour in organizations Opportunity refers to the provision of advancement possibilities, the chance to increase competencies and skills, as well as rewards and recognition of skills Power is the access to support, information and supplies, along with the ability to mobilize these resources to meet organizational goals Kanter predicted that individuals who perceive themselves as having access to opportunity and power are likely to be committed to organizational goals, which in turn positively affects the individual's work effectiveness (Kanter 1977, Chandler 1991)

Using Kanter's (1977) theory, one might predict that if preceptors had access to power (support, information, resources, ability to mobilize) and opportunity (possibility of advancement, chance to increase competence and skills, rewards and recognition of skills), they would respond with increased commitment to the preceptor role On the other hand, if preceptors perceived that nursing management or faculty would not 'back up' their decisions, or if they lacked sufficient resources such as time and/or training to perform adequately, they would be less motivated to remain in the role Further, if the rewards attributed to the role were not forthcoming, preceptors' commitment to the role would diminish Thus, the effectiveness of preceptor programmes would be compromised

For the purposes of this investigation the term 'support' was substituted for 'power' The Preceptor's Perception of Support (PPS) Scale was modified to reflect Kanter's (1977) concept of power which includes support, information, resources and ability to mobilize

Definitions

In this study, benefits and rewards were defined as positive outcomes associated with a service These were measured by the Preceptor's Perception of Benefits and Rewards (PPBR) Scale Support referred to the conditions which enable the performance of a function, and this was measured by the Preceptor's Perception of Support Scale described below Commitment implied a combination of attitudes which reflect dedication to a role This was measured by the Commitment to the Preceptor Role Scale (Mowday *et al* 1979, revised by the investigator in 1993)

Research questions

Four research questions were investigated

1 What is the relationship between the preceptor's perception of benefits and rewards associated with the preceptor role and the preceptor's commitment to the role?
2 What is the relationship between the preceptor's perception of support for the preceptor role and the preceptor's commitment to the role?
3 What is the relationship between the preceptor's years of nursing experience and the preceptor's (a) perception of benefits and rewards associated with the preceptor role, (b) perception of support for the preceptor role, and (c) commitment to the role?
4 What is the relationship between the number of times the preceptor has acted as a preceptor and the preceptor's (a) perception of benefits and rewards associated with the preceptor role, (b) perception of support for the preceptor role, and (c) commitment to the role?

METHOD

After receiving approval from the institutional and agency review committees, 116 preceptors in a 400-bed urban teaching hospital located in south-western Ontario were invited to participate A preceptor programme was employed in this hospital as a component of orientation for newly hired staff nurses, and for nursing students during the clinical practicum of the final year of their education programme Preceptors were assured that their replies were anonymous and confidential, were to be used for research purposes only, and that return of the completed questionnaires implied their consent

Design

A descriptive, correlational design was employed A pilot study was conducted to assess the feasibility of the project and to test the instrument A sample size of 84 was calculated as adequate to detect significant differences (Cohen 1988)

Sample

A sample of 59 preceptors was used Approximately 90% had attended a preceptor training programme within the last 10 years Demographic characteristics of the sample are displayed in Table 1

Instruments

A four-part questionnaire was used to collect the data Preceptor's Perception of Benefits and Rewards (PPBR) Scale, Preceptor's Perception of Support (PPS) Scale, Commitment to the Preceptor Role (CPR) Scale (Mowday *et al* 1979, Dibert 1993), and a demographic information section Sample items for each of Parts 1, 2 and 3 are given in the Appendix The questionnaire was pilot-tested with 10 staff nurse preceptors from the intensive care unit selected by the investigator These nurses did not participate in the investigation Minor modifications were made to the questionnaire

The PPBR Scale was developed by the researcher to measure preceptors' perceptions of opportunities associated with the preceptor role The instrument comprised 14 items rated on a 6-point Likert-type scale [1 (strongly disagree) to 6 (strongly agree)], and was developed using guidelines from the preceptor programme in place in the study setting, and from benefits and rewards suggested in the literature These benefits and rewards included the opportunity to (a) teach new staff and nursing students (Alspach 1989a,b, Bizek & Oermann 1990), (b) assist new staff and nursing students to integrate into the unit (Alspach 1989a,b), (c) increase professional knowledge base (Alspach 1989a,b, Bizek & Oermann 1990), (d) keep current (Shogan *et al* 1985), (e) influence change (Bizek & Oermann 1990), (f) gain personal satisfaction (Gardiner & Martin 1985a,b), (g) be recognized as a role model (Gardiner & Martin 1985a,b), (h) share knowledge (Alspach 1989a,b), (i) contribute to the profession (Mooney *et al* 1988), (j) increase involvement in the organization (Mooney *et al* 1988), (k) improve organizational skills (Taylor & Zabawski 1982), and (l) improve chance for advancement within the organization (Mooney *et al* 1988)

The researcher-developed PPS comprised 17-items that were rated on a 6-point scale to measure preceptors' perceptions of support for the preceptor role Factors which had been identified as contributing to the support of preceptor programmes and on which the items were based included the following (a) adequate training (Alspach 1989a,b, Bizek & Oermann 1990), (b) workload (Alspach 1989a,b), (c) adequate supply of preceptors (Young *et al* 1989), (d) clearly defined role expectations of nursing staff and management (Alspach 1989a,b) and (e) opportunity to engage in problem-solving discussions (Gardiner & Martin 1985a,b, Alcock *et al* 1988)

The 10-item CPR Scale was adapted from the

Table 1 Demographic characteristics of sample

Variable	Frequency *n*	%	Range	*M*	SD
Education					
College diploma	26	44 8			
Bachelor's degree	28	48 3			
Other	4	6 9			
Age					
20–29	20	33 9			
30–39	21	35 6			
≥40	18	30 5			
Years of nursing experience			3 5–28	12 3	±7 02
Years as a preceptor			1–8	3 9	±2 13
Types of preceptor experiences with					
Newly hired nurses and nursing students	34	57 6			
Newly hired nurses	20	33 8			
Nursing students	5	8 5			
Number of preceptor experiences with					
Newly hired nurses and nursing students			1–21	4 8	±3 58
Newly hired nurses			1–15	4 1	±2 84
Nursing students			1–6	1 9	±1 23

M, mean, SD, standard deviation

Organizational Commitment Questionnaire (OCQ) developed by Mowday *et al* (1979) The OCQ consists of 15 items rated on a 7-point scale [1 (strongly disagree) to 7 (strongly agree)] Cronbach alpha coefficients ranging from 0 86 to 0 92 have been obtained with the OCQ (McCloskey & McCain 1987, McCloskey 1990) The OCQ was modified by the investigator to a 6-point CPR Scale (Dibert 1993) to measure commitment to the preceptor role by substituting the terms 'preceptor programme' or 'preceptor' for 'organization' Five items were deleted from the OCQ as they could not be reworded to fit the preceptor perspective

RESULTS

Data were analysed using the Statistical Package for Social Sciences (SPSS-PC) program Descriptive statistics were used to analyse the data collected from the demographic questionnaire, and inferential statistics were used to analyse the remaining data The level of significance selected for data analysis was 0 05 (2-tailed significance)

Research question 1

The relationship between the preceptors' perceptions of benefits and rewards associated with the preceptor role and their commitment to the role was determined by using Pearson product-moment correlation coefficient, *r* Correlations between the scores for the two scales (PPBR and CPR) showed that the more the preceptors perceived there were benefits and rewards associated with the preceptor role the more they were committed to the role ($n=52$, $r=0\ 6347$, $P=0\ 000$)

Research question 2

The relationship between the preceptors' perception of support for the preceptor role and their commitment to the role was also determined by using Pearson product-moment correlation coefficient, *r* Correlations between the score for the two scales (PPS and CPR) produced significant positive relationships, for both newly hired nurses and nursing students, and commitment to the role A positive relationship was found when preceptors' perception of support for precepting newly hired nurses was analysed separately from perceived support for precepting nursing students These significant correlations suggested that preceptors' perceptions of support for the role were positively related to their commitment to the role Table 2 summarizes these findings

Research question 3

Spearman rank-order correlation coefficients (rho) were calculated between the preceptor's years of nursing experience and the scores for the PPBR, PPS and CPR scales None of the correlations reached statistical significance, implying that years of nursing experience were not related to preceptors' perceptions of benefits and rewards, supports, nor commitment to the role

Table 2 Correlations between preceptor's perceptions of support and commitment to the preceptor role

Perception of support scores	*n*	*r*	*P*
Newly hired nurses and nursing students	30	0 4644	0 010
Newly hired nurses	44	0 4598	0 002
Nursing students	36	0 4439	0 007

n, number of subjects, *r*, Pearson's coefficient, *P*, level of significance

Research question 4

Spearman rank-order correlation coefficients (rho) were further calculated between the number of times the preceptor had acted as a preceptor and the scores for the PPBR, PPS and CPR scales No relationships were found between the number of preceptor experiences and the preceptors' perception of benefits and rewards, nor the preceptors' perceptions of support for the role However, significant positive relationships were found between the total number of times as a preceptor, the number of times precepting newly hired nurses, and preceptors' commitment to the preceptor role The correlation between commitment to the role and the number of preceptor experiences with nursing students approached significance These findings, summarized in Table 3, suggest that the frequency of preceptor experiences was positively related to commitment to the role

t-Tests were used to determine if there were significant differences between educational preparation and scores of the PPBR Scale ($n=52$, $t=-0\ 88$, $P=0\ 380$), the PPS Scale ($n=21$, $t=1\ 84$, $P=0\ 077$) and the CPR Scale ($n=50$, $t=-0\ 09$, $P=0\ 928$) The differences were not significant Using Pearson r coefficients, there were no significant correlations found between age of the subjects ($n=30$) and the scores of the PPBR Scale ($r=-0\ 204$, $P=0\ 280$), PPS Scale ($r=0\ 061$, $P=0\ 747$) and CPR Scale ($r=-0\ 252$, $P=0\ 178$)

Table 3 Correlations between frequency of preceptor experiences and commitment to the preceptor role

Frequency of experiences	*n*	rho	*P*
Number of times as preceptor	24	0 4761	0 019
Number of times precepting newly hired nurses	20	0 6359	0 003
Number of times precepting a nursing student	25	0 3804	0 061

n, number of subjects, rho, Spearman rank-order correlation coefficient, *P*, level of significance

Additional findings

Reliability analyses of the three scales (PPBR, PPS, CPR) yielded respectable alpha coefficients 0 91, 0 86 and 0 87 respectively Scores for the PPBR Scale ranged from 1 93 to 5 76 ($M=4\ 55$, SD$=\pm 0\ 76$) Subjects responded that they acted as preceptors because of the opportunity to assist new staff nurses and nursing students to integrate into the unit, to teach, to improve teaching skills, share their knowledge, gain personal satisfaction, and increase their professional knowledge base Least important were the opportunity to improve chances of promotion and influence change on the unit Highest rank-ordered mean scores for benefit and reward items are presented in Table 4

Subjects acknowledged that their co-workers were supportive of the preceptor programme, but they believed the nursing staff did not understand the goals of the preceptorship They also considered themselves to be adequately prepared for the preceptor role, and had clearly defined goals However, they felt that they had functioned as preceptors too often Table 5 summarizes the highest rank-ordered mean scores for support items

DISCUSSION

The findings of this study indicate that preceptors are likely to be committed to the preceptor role when there are worthwhile benefits, rewards and supports Despite increasing numbers of precepting experiences, preceptors

Table 4 Highest rank-ordered mean scores for preceptor's perception of benefits and rewards

Item	*M*	SD
Assist new staff nurses and nursing students to integrate into the nursing unit	5 30	0 99
Teach new nurses and nursing students	5 12	1 05
Improve my teaching skills	5 04	1 01
Share my knowledge with new nurses and nursing students	5 02	0 89
Gain personal satisfaction from the role	4 93	1 21
Increase my own professional knowledge base	4 74	1 21
Keep current and remain stimulated in my profession	4 74	1 29
Contribute to my profession	4 63	1 04
Learn from new nurses and nursing students	4 58	1 03
Be recognized as a role model	4 58	1 11
Increase my involvement in the organization with this hospital	4 16	1 02
Improve my organizational skills	4 12	0 92
Influence change on my nursing unit	3 79	1 24
Improve my chances for promotion/advancement within this organization	3 12	1 29

$n=57$, M=mean (mean range=1–6), SD, standard deviation

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Table 5 Highest rank-ordered mean scores for preceptor's perception of support

Item	*M*	SD
My co-workers on the nursing unit are supportive of the preceptor programme	4 55	0 95
I feel I function as a preceptor too often	4 51	1 1
I feel I have had adequate preparation for my role as preceptor	4 47	1 01
My goals as a preceptor are clearly defined	4 25	0 98
I feel the nursing coordinators and nursing managers are committed to the success of the preceptor programme	4 2	1 12
My workload is appropriate when I function as a preceptor	4 13	1 27
Nursing coordinators are available to help me develop in my role as a preceptor	3 96	1 28
The nursing staff do not understand the goals of the preceptor programme	3 92	1 03
I do not have sufficient time to provide patient care while I function as a preceptor	3 67	1 2
There are adequate opportunities for me to share information with other preceptors	3 36	1 18
Nursing educators are available to help me develop in my role as a preceptor	3 35	1 39

$n=55$, *M*, mean (mean range = 1–6), SD, standard deviation

remained committed to the role This was surprising in view of concern expressed in the literature regarding 'burnout' associated with the frequency of preceptor occasions (Turnbull 1983) A possible explanation might be the experience gained in the role, which afforded preceptors more opportunity to realize benefits, rewards and support, thus reinforcing their commitment Applying Kanter's (1977) theory, one might predict that preceptors would be committed to the role as long as they perceived there were associated benefits and support

Benefits and rewards were meaningful as expressed by the preceptors They indicated that the most compelling reasons for becoming preceptors were the opportunity to assist preceptees to integrate into the nursing unit, to teach, to improve their teaching skills, share knowledge, and gain personal satisfaction from precepting These values should be acknowledged and nurtured so that preceptors will continue to invest in the role They are the benefits and rewards most highly regarded by preceptors and which apparently commit them to the role

The fact that preceptors felt the nursing staff did not understand the goals of the programme, and that nurse administrators and faculty were not highly committed to the programme, indicates the need for more administrative intervention Meetings should be arranged at which discussion of such issues and concerns could take place As well, preceptor programme goals, and roles and responsibilities of preceptors, non-preceptors, administrators and faculty should be communicated Fehm (1990) and Young *et al* (1989) emphasize that role clarity is vital to the success of preceptor programmes

Support from nursing coordinators with preceptor development was an important finding, as was the need for assistance in identifying preceptee problems Evaluating preceptee performance is critical to the preceptor role, yet most preceptors have had little or no experience with this process Westra & Graziano (1992) identified that evaluating novice performance is a significant preceptor learning need Evaluation theory and methods, therefore, should be incorporated in preceptor training programmes

RECOMMENDATIONS

Although there appears to be sufficient evidence to demonstrate that preceptors' perceptions of benefits, rewards and support are related to commitment to the role, further exploration of this relationship is warranted to confirm the findings In addition, replication of this study is prudent using a larger sample size and different settings, with valid and reliable instruments, in order to increase generalizability Further research is also necessary to determine what forms of benefits and rewards, apart from those identified in this investigation and from the literature could be more meaningfully incorporated into preceptorship programmes Moreover, strategies to promote preceptors' access to benefits and rewards should be implemented As well, studies to determine the continuing education needs of preceptors are in order Such research may help nurse administrators and educators manage preceptor programmes more efficiently and effectively

Examination of the components of Kanter's (1977) model 'Structural Theory of Organizational Behaviour' should also be considered, in particular, the structure of opportunity, power and commitment as they pertain to preceptors This model has not been previously used in the context of preceptorship and the assumptions should be validated with further study

CONCLUSION

Since the investment of time, money and human resources is considerable when establishing a preceptor programme, it is important that administrators and educators determine what benefits, supports and rewards are necessary to sustain preceptors in their role Preceptors are being called upon frequently to integrate and socialize nursing students and newly hired nurses, and in an era of uncertain employment conditions in health care it is imperative that preceptors are recognized for their contributions Support, rewards and benefits are crucial to commitment to the preceptor role

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APPENDIX PRECEPTOR QUESTIONNAIRE

Part I Preceptor's Perception of Benefits and Rewards Scale

Please consider each statement with reference to your experience as a preceptor

Using the scale below, please circle the number which best describes your response to the statement

1	2	3	4	5	6
Strongly disagree	Moderately disagree	Disagree	Agree	Moderately agree	Strongly agree

I am a preceptor because as a preceptor I have the opportunity to

1	Teach new staff nurses and nursing students	1	2	3	4	5	6
2	Assist new staff nurses and nursing students to integrate into the nursing unit	1	2	3	4	5	6
3	Increase my own knowledge base	1	2	3	4	5	6

Part II Preceptor's Perception of Support Scale

1	I feel I have had adequate preparation for my role as a preceptor	1	2	3	4	5	6
2	My goals as a preceptor are clearly defined	1	2	3	4	5	6
3	The nursing staff do not understand the goals of the preceptor programme	1	2	3	4	5	6
4	My co-workers on the nursing unit are supportive of the preceptor programme	1	2	3	4	5	6
5	My workload is appropriate when I function as a preceptor	1	2	3	4	5	6

Part III Commitment to the Preceptor Role Scale*

1	I am willing to put in a great deal of effort beyond what is normally expected in order to help the preceptee be successful	1	2	3	4	5	6
2	I am enthusiastic about the preceptor programme when I talk to my nursing colleagues	1	2	3	4	5	6

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3 I feel very little loyalty to the preceptor programme	1	2	3	4	5	6
4 I find that my values and the values of the preceptor programme are very similar	1	2	3	4	5	6

* Adapted from the Organizational Commitment Questionnaire developed by Mowday *et al* (1979)

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