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EXPLORING PUBLIC HEALTH NURSE PRECEPTORS ' EXPERIENCE OF LEARNING

Karen Margaret Jenkins

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THE UNIVERSITY OF WESTERN ONTARIO
School of Graduate and Postdoctoral Studies
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**EXPLORING PUBLIC HEALTH NURSE PRECEPTORS'
EXPERIENCE OF LEARNING**

(Spine title: Public Health Nurse Preceptors' Experience of Learning)

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by

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Graduate Program in Health Sciences

A thesis submitted in partial fulfillment of the requirements for the degree of
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Health Professional Education

The School of Graduate and Postdoctoral Studies
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London, Ontario, Canada

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School of Graduate and Postdoctoral Studies

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Abstract

Exploring Public Health Nurse Preceptors' Experience of Learning

The preceptorship model is the leading approach to clinical teaching in undergraduate nursing programs. There is a need for community placements however a lack of preceptors. In preceptor-student relationships experienced nurses learn along with the students. This qualitative study utilized hermeneutic phenomenology to answer the questions: How do public health nurse preceptors experience learning within a preceptor-student relationship? What is the meaning of learning for public health nurse preceptors? Seven public health nurse preceptors were recruited from health units in Ontario. Findings from this study reveal the tacit knowledge within experienced nurse preceptors. Preceptors learned from their preceptee, explored similarities and differences and were challenged by uncertainties in their practice. Preceptors experienced tensions between holding on and letting go, between work and home life, and within the 'swamp' of practice. This study reveals the experiential tacit knowledge, practical wisdom, reciprocal learning and professional development of nurses within preceptorships.

Key words: qualitative, hermeneutic, phenomenology, preceptor, student, preceptorship, teaching, learning, clinical placements, public health

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Certificate of Examination	ii
Abstract	iii
Acknowledgements	iv
Table of Contents	v
Introduction	1
○ Research Intentions	5
○ Schön's Reflective Practice	8
○ Reflective Practice as an Epistemology of Practice	8
○ Reflection and Learning	11
○ Writing, Reflection, and Phenomenology	15
○ Reflection and Preceptorship	18
Delving into the Literature—Literature Review	21
The Base of the Sundial—My Methodology	27
○ Constructivism	27
○ Phenomenology	30
○ Hermeneutic Phenomenology	32
○ Participants and Setting	34
○ Trustworthiness of Findings	35
○ Limitations	36
○ Reflexivity	37

Table of Contents (continued)

○ Voices in the Text.....	38
○ <i>Nursing Sundial: A Symbol of Preceptorship</i>	38
○ Honouring Historical and Contemporary Nurse Mentors: Introducing the Preceptor Participants.....	40
○ Data Collection Methods.....	43
○ Data Analysis.....	45
The Wisdom Within—Findings.....	49
○ Exploring Tacit Knowledge.....	49
○ The Mirror Image.....	60
○ Learning from the other.....	61
○ Seeing differently.....	71
○ Seeing similarities.....	80
○ Through the Mirror.....	85
○ Challenged by uncertainty.....	85
○ Seeing self differently.....	89
○ Experiencing Tensions.....	96
○ Holding on/Letting go.....	97
○ Work life/Home life.....	101
○ The ‘swamp’ of professional practice.....	105
Shared Understanding—Discussion.....	120
○ Phenomenology and Reflective Writing.....	120
○ Discourses within Preceptorships.....	121
○ Preceptorship and Reflection—An opportunity for professional development...124	

Appendix

- **Phronesis**.....128
- **Passing on the Wisdom**.....132
- Final Thoughts—Conclusion**.....134
- References**.....137
- Appendix A: Example of a Reflection**.....152
- Appendix B: Guidelines for Preceptor Written or Audio Recorded Reflections**.....154
- Appendix C: Permission Letter from Nancy Schön**155
- Curriculum Vitae**.....157

Introduction

The practice of public health nursing has become increasingly complex. Public health nurses today are expected to be competent in a range of skills and abilities, to be prepared for and respond to new and emerging public health challenges and, to assume multiple roles and responsibilities not the least of which includes the role of preceptor. In May 2009, the *Public Health Nursing Discipline Specific Competencies* (Community Health Nurses of Canada, 2009) were established, outlining the knowledge and skills required of a public health nurse. Within this set of competencies, public health nurses are to be competent leaders who possess the ability to share knowledge, experience and expertise with students. The Canadian Nurses Association (2010) vision for the next decade includes the following statement, "The key to effective nursing education remains nurses teaching nurses. Nurse experts in the field provide clinical support as mentors and preceptors and are important partners in curriculum development" (p. 3).

The preceptorship model has become the leading approach to clinical teaching in undergraduate nursing programs in Canada (Usher, Nolan, Reser, Owens, & Tollefson, 1999). In the literature, there are a number of studies that support the effectiveness of learning through the placement experience and the one-to-one relationship between preceptor and student (Myrick & Yonge, 2003; Nehls, Rather, & Guyette, 1997). In the nursing literature, preceptoring and mentoring appear to be used interchangeably. However, within public health nursing, the term *mentoring* has been taken up to describe "a voluntary, mutually beneficial and long-term relationship where an experienced and knowledgeable leader (mentor) supports the maturation of a less experienced nurse with leadership potential (mentee)" (Caring, connecting, empowering, 2005, p. 9).

A preceptor is defined as, "A registered nurse who assumes the responsibility for role model, teacher counselor, and resource person for a nursing student in the clinical setting" (Barrett & Myrick, 1998, p. 366). For the purposes of this thesis, I will be referring to the definition of preceptor according Barrett and Myrick's (1998) definition above. Preceptorship is defined as, "a model or approach to teaching-learning in the practice or field setting that pairs students or novice nurses with experienced practitioners" (Myrick & Yonge, 2005, p. 3).

As a public health nurse in the role of coordinating student placements, I have experienced an increasing interest from students in public health nursing placements as a result of new and emerging public health issues such as SARS (Severe Acute Respiratory Syndrome), H1N1 and childhood obesity. As well, there have been an increasing number of distance education programs that require nursing students to find placements in their own local communities.

The SARS crisis resulted in a review of the public health human resource capacity. A report entitled *Building the Public Health Workforce for the 21st Century* calls for a ten-year plan to strengthen the workforce that includes attracting highly skilled and motivated people (Public Health Agency of Canada, 2005). As well, there has been a shortage of nurses in Canada (Canadian Nurses Association, 2010) that has resulted in a number of provincial nursing organizations producing preceptorship and mentorship resources for nurses emphasizing the need for increased acknowledgement of this valuable teaching/learning strategy as well as the need for increased resources for nurses in this role.

Barrett, M., & Myrick, M. (1998). *Preceptorship: A guide to the practice of preceptorship*. St. Louis, MO: C.V. Mosby, p. 3.

In 2004, The Canadian Nurses Association (CNA) developed a guide for preceptorship and mentoring entitled *Achieving Excellence in Professional Practice*. In this guide, the CNA discusses its commitment to advancing the learning and professional growth of nurses through preceptorship and mentorship programs and developed a set of preceptor competencies (CNA, 2004, p. 41). In 2004, the Registered Nurses' Association of Ontario (RNAO) developed a *Preceptorship Resource Kit* which is an evidence-based resource to help prepare nurses for the role of preceptor. However, the increased emphasis on preparing nurses to take on the role of preceptor by federal and provincial nursing organizations has not resulted in increased numbers of nurse preceptors. According to Valaitis, Rajsic, Cohen, Leeseberg Stamler, Meagher-Stewart, and Froude (2008) there is a *decreased* supply of preceptors and community clinical placement opportunities.

A report entitled *Public Health Nursing Education at the Baccalaureate Level in Canada Today*, released in November 2006 by the Canadian Association of Schools of Nursing (CASN), highlights the growing number of nursing students who require community placements and the shortage or limited capacity for student placements within public health. The Canadian Association of Schools of Nursing report (CASN, 2006) states the lack of resources and continual restructuring of public health has resulted in a decreased number of public health placements and difficulty recruiting preceptors. Edmond (2001) states that an urgent issue within clinical practice settings is that these clinical agencies cannot guarantee the availability of preceptors. "Preceptors are integral to preparing the next generation of nurses for practice through contributing to the transfer of knowledge to nursing students and novice nurses" (RNAO, 2004, p. 5).

Valaitis et al. (2008) completed an environmental scan and identified internal and external enablers and challenges to preparing the community health workforce and reported a devaluation of the role of preceptor. Nurses in the role of preceptor face a number of stressors (Luhanga, Yonge, & Myrick, 2008; Yonge, Krahn, Trojan, Reid, & Hasse, 2002a). Working with a student requires extra time and is often considered an additional workload (Kenyon & Peckover, 2008; Yonge et al., 2002a). When working with students in the community, preceptors need to re-organize their workday in order to accommodate opportunities that will meet student's learning needs, as well as build in extra time to provide feedback to the students keeping in mind that the client's needs come first (Kenyon & Peckover, 2008).

So it seems we are at a point in time, when there is a need to re-examine the experience of nurse preceptors in order to better understand and support nurses in this role. Edmond (2001) suggests that nursing is in need of a new paradigm for practice education and that health care organizations need to be placing more emphasis on the importance of preceptors and their role as well as increased collaboration between academia and practice.

When one graduates as a nurse and achieves the status of Registered Nurse, there comes an obligation to support the next generation of learners (College of Nurses of Ontario, 2005a). As nurses, we must become lifelong learners in order to remain competent in our practice and to meet annual College of Nurses Quality Assurance requirements. However, the professional and personal growth and learning is often overlooked. Within the role of preceptor, nurses inherently learn. The CNA states, "When experienced nurses—the cornerstone of the profession—act as role models, we

know that they benefit as well as the novices they assist" (CNA, 2004, p. 8). Perhaps a better understanding of the opportunity to learn and grow within preceptorships and a better understanding of the knowledge and expertise public health nurse preceptors possess would contribute to an increased understanding of the value of learning and professional development within preceptorships.

Research Intentions

The purpose of this qualitative hermeneutic phenomenological study is to gain an understanding of how public health nurse preceptors' experience learning within a preceptor-student learning practicum. Phenomenology is concerned with the human experience as it is lived. The task of hermeneutics is to create clearer understanding by bringing to the surface shared understanding (Gadamer, 2004). According to the philosophical hermeneutics of Gadamer, understanding is not a step-by-step procedure where meaning is constructed, but rather a lived human experience (Schwandt, 2007). Within my research, I will utilize an interpretive process to create a more visible understanding of the murky experience of preceptor learning. Through the process of examining written/audio recorded reflections of preceptors I hope to discover unexamined perspectives embedded in the practice of preceptorship that may be common to preceptors yet which have not to date been deeply explored in the literature. In utilizing hermeneutic phenomenology, which is both descriptive and interpretive, my intention is to transform through interpretation (hermeneutics) the multiple constructed meanings and experiences from text into shared understanding (van Manen, 1997). The results will not yield a right or wrong answer, but rather a deeper understanding of the

experience of learning within preceptorships (van Manen, 1997). In the context of the preceptor/student educational placement in public health nursing, my overall research questions are: How do public health nurse preceptors experience learning within a preceptor-student relationship? What is the meaning of learning for public health nurse preceptors?

Public health nursing involves working with individuals, groups, families, and communities to promote health and prevent disease and injuries utilizing health promotion, health education and risk reduction strategies. I have worked with a number of community groups, community agencies as well as pregnant women, new mothers and babies, elementary school children and high school youth. Having worked with many people in the community, I have come to appreciate and value the lessons one can learn from others. Not a day goes by that I do not learn something new, whether it is from a client in the community, a friend or colleague or perhaps my own children. Adults learn through their experiences (Kolb, 1984); however, do we *incorporate* this knowledge, reflect on it and change our thinking, ourselves and/or our practice? Being open to this type of learning has been a slow realization process for me that began when I returned to school to pursue graduate studies. The stories that faculty shared surrounding their experience of discomfort working in organizations governed primarily by technical rationality were extremely moving and resonated with my thinking. Throughout my course work I became interested in reflection as this offered me an opportunity to stop and think about how professionals learn about themselves and their practice through working with others. Reflective practice became a lens through which I began to view my day-to-day work in public health. I realized that my practice was lacking reflection.

Had my practice become comfortable? Yes. Had my practice become routine? Yes.

Did I take the time to stop and think about practice issues? Rarely.

For the past seven years I have worked in the role of student education coordinator at a public health unit. Coordinating student placements involves communicating with students, staff, and faculty. In this capacity, working with students and staff involves understanding both sides of a situation, and with my growing knowledge of reflection, I began to seriously take the time to think through situations, asking myself questions such as, "Why do I feel uncomfortable?" "What assumptions am I making?" I began to take time to reflect: sometimes on the drive home; sometimes in the form of written reflections; and sometimes in dialogue with others, such as students and colleagues. Taking time to listen and engage in dialogue with students revealed a different way of looking at situations. Students' perspectives are perhaps less tainted by the constraints and the organizational structures and policies that bind the experienced professional. I often hear colleagues say, "Students bring a fresh perspective." This triggered me to think about how perhaps we could be capitalizing on students' perspectives and to reflect, and look differently, upon how we, the 'experienced' professional might learn from students. As part of my graduate studies, I developed an interest in reflection and reflective practice, and in particular was drawn to the work of Donald Schön, who wrote the book *The Reflective Practitioner* (1983). Schön's work is seen as foundational in the field of reflective practice. The thinking and reflection of experienced practitioners and the work of Donald Schön will be explored next.

Schön's Reflective Practice

Reflective practice is defined as a professional development strategy designed to enable professionals to change their behaviour, thereby improving the quality of their performance (Osterman & Kottkamp, 1993). Reflective practice is a requirement for Ontario Registered Nurses as a component of the quality assurance program developed by the College of Nurses of Ontario, Canada. This formal process requires nurses to identify their strengths and weaknesses and to create a learning plan that addresses self-identified areas requiring development (College of Nurses of Ontario, 2005b). Despite the popularity of reflective practice within nursing, it has, for the most part, been adopted as a means of evaluating performance for the purpose of meeting regulatory college quality assurance program requirements versus a means to uncover and better understand the knowledge in practice. Kinsella (2009) notes the work of Bengtsson (1995) stating, "Reflection today is on everybody's lips, and this has created the paradoxical situation that 'reflection' is often used in an unreflective manner" (p. 4). Reflective practice offers more than writing journal reflections; it offers a new epistemology of practice that has implications for professional knowledge in health and social sciences (Kinsella, 2009).

Reflective Practice as an Epistemology of Practice

Kinsella (2009) explored philosophical perspectives that inform the epistemology of reflective practice and the work of Donald Schön (1983, 1987) and identified five central epistemological themes that underpin reflective practice: (1) a critique of technical rationality; (2) a constructivist perspective; (3) professional knowledge as artistry; (4) tacit knowledge; and (5) overcoming mind body dualism. Schön's (1983)

critique of technical rationality suggests that technical knowledge is insufficient for negotiating the uncertainties and complexities within professional practice. Schön (1983) suggests that other approaches to knowledge generation in practice are also required and that these are constituted in what he calls an epistemology of practice (Kinsella, 2009). Schön (1983) suggests that reflective practice offers practitioners a means of exploring the complexities of practice.

Reflective practice adopts a constructivist perspective. The constructivist perspective views practitioners as what Goodman (1978) calls “worldmakers”; actively constructing their practice worlds and suggesting that these constructions continually change with new experiences.

Schön (1983) referred to the thinking behind practice as artistry: a form or craft of professional knowing that draws upon experiences in the midst of practice in order to make on-the-spot decisions. This artistry is revealed in practitioners’ ability to differentiate between ‘knowing how’ and ‘knowing that’ in practice and reveals the role that tacit knowledge plays within the “continual interweaving of thinking and doing” in practice that brings mind and body together (p. 12).

Kinsella (2009), referring to Schön (1983), states, “Schön argues for a continuity between thinking and doing, as opposed to viewing the two as dichotomous or dualistic entities” (p. 12). Through an examination of the philosophical underpinnings of reflective practice, Kinsella (2009) identifies central themes that inform an epistemology of reflective practice.

In order to further explore the concept of reflection, it is important to refer to the writings of Donald Schön who first introduced the ideas of *reflection-in-action* and *reflection-on-action*.

Schön (1987) suggests that, in practice, reflection often begins when a routine response produces a surprise, an unexpected outcome, pleasant or unpleasant.

The surprise gets our attention. When intuitive, spontaneous performance yields unexpected results, then we tend not to think about it; however, when it leads to surprise, we may begin a process of reflection. (Kinsella, 2007, p. 108)

Schön (1983) describes reflection as enabling one to uncover knowledge in and on action. Experienced practitioners often adjust their actions in the midst of implementation. Schön (1983) refers to this ability as *reflection-in-action*, or, the ability to “think on your feet” (p. 54). Schön (1983) uses the example of jazz musicians improvising together and how they have a feel for the music allowing them to make on-the-spot adjustments in their playing in order to keep in time with each other. Within public health nursing, an example would be how nurses adjust the depth of a vaccination depending on the muscle mass of the patient.

Reflection-on-action occurs when one reflects retrospectively on a situation or event in practice. Reflection-on-action enables practitioners to think back and re-consider how a skill or an action was performed or re-think skills and actions by asking oneself questions such as, “Why did I do it that way?” “Was there a better way?” (Kinsella, 2000). Reflection-on-action involves drawing on past experiences to make sense of present experiences thus intentionally learning from an experience and creating

new knowledge (Kinsella, 2000). Within practice, there lies potential opportunities for practitioner learning through reflection-in and on-action.

Reflection and Learning

A popular model of adult learning is David Kolb's (1984) experiential learning process. In this process, experience is the basis for learning. Concrete experiences provide the material for reflection and further observation. These reflections and observations are then transformed into a personal theory of the way things work. In this process, one's theory of understanding how the world works offers a basis for making decisions about future actions. New experiences provide concrete material for further reflection and so the cycle continues. Reflection plays a critical role within experiential learning but as well, within learning that transforms practice (Mezirow, 1991).

According to Mezirow, in order to engage in learning that transforms practice, practitioners need to engage in a reflective process that involves actively examining prior learning and assumptions in order to uncover and reveal the potential distortions in these assumptions. Similarly, Bolton (2005) describes how learning involves reflection on previous experiences:

Effective reflective practice encourages the seeking of understanding and interpretation of principles, justifications and meanings (Morrison 1996). It involves interrogating both our *explicit* knowledge, such as known and quantifiable evidence-based knowledge, and *implicit* knowledge—"a collection of information, intuitions and interpretation" (Epstein 1999, p. 834) based on experience and prior knowledge. (p. 8)

When practitioners actively engage in reflective practice there is an opportunity for learning as practitioners examine their experiences and intentionally explore their interpretations of experiences in order to better understand and guide future actions (Mezirow, 1991). Van Manen (1997) suggests that from a phenomenological perspective the concept of experience and reflection requires practitioners to voluntarily choose to be open to viewing experiences as potential opportunities for reflection and learning.

Argyris and Schön (1992) posit that practitioners hold their own theories of practice that include the values and underlying assumptions that inform their practice. These include one's *espoused theories* and *theories-in-use*. Espoused theories are how practitioners describe their behaviour in certain situations. On the other hand, theories-in-use are the actual behaviours revealed in practitioners' actions and may not parallel one's espoused theory (Kinsella, 2001). Schön (1987) used the example of how a company manager's espoused theory is to encourage open communication with staff; however, this same manager's theory-in-use is to withhold and not share information with staff that he feels they may find negative. Reflective practice invites practitioners to examine both their espoused theories and their theories-in-use, recognizing that the locations where gaps exist between the two offer rich opportunities for professional growth and development (Kinsella, 2001).

As practitioners become experienced, they often do not take the time to stop and think about practice and how they might improve. Schön (1983) describes this as "over learning" what we know (p. 60).

As a practitioner experiences many variations of a small number of types of cases, he is able to "practice" his practice. He develops a repertoire of

expectations, images and techniques. He learns what to look for and how to respond to what he finds. As long as his practice is stable, in the sense that it brings him the same types of cases, he becomes less and less subject to surprise. (Schön, 1983, p. 60)

Within expert nursing practice this repertoire of expectations, images and techniques is often tacit (Benner, 2001). Schön (1983) describes how experienced practitioners' knowledge and actions have, at times, become *tacit*. Tacit knowledge is knowledge acquired through experience (Schön, 1983) and is embedded within us (Herbig, Bussing, & Ewert, 2001). Schön (1983, 1987) draws from the work of Michael Polanyi (1966) who wrote *The Tacit Dimension*. In this classic work, Polanyi explored the nature of tacit knowledge which he described as "knowing more than we can tell" (p. 4). Polanyi believed that much knowledge cannot be put into words. Polanyi uses the example of one's ability to recognize a person's face, and how one can have difficulty verbalizing how one recognizes the face, but nonetheless 'knows' the person.

In *The Reflective Practitioner*, Schön (1983) studied how practitioners make subtle adjustments in their practice based on their tacit knowledge. He discovered that through a process of reflection-in-action practitioners drew upon tacit knowledge in order to improve/refine their practice. Schön states, "In his day-to-day practice he makes innumerable judgments of quality for which he cannot state adequate criteria, and he displays skills for which he cannot state the rules and procedures" (p. 50). Similarly, Benner (2001) discovered that expert nurses have difficulty articulating all that they know, as their knowledge is knowledge that has been acquired over time.

Knowledge in practice is what Schön (1987) refers to as *knowing-in-practice*. *Knowing-in-practice* is characterized by common and familiar types of practice situations within communities of practice (Schön, 1987). Schön notes that practitioners reflect on their *knowing-in-practice* which often takes place later, when they think back on an uncertainty or situation that did not go as planned.

Reflective practice enables practitioners to explore areas of practice that have become habitual and to examine aspects of practice that make one wonder or pause.

“Schön (1983, 1987) suggests that, in practice, reflection often begins when a routine response produces a surprise, an unexpected outcome, pleasant or unpleasant. The surprise gets our attention. When intuitive, spontaneous performance yields expected results, then we tend not to think about it; however, when it leads to surprise, we may begin a process of reflection” (Kinsella, 2007, p. 108).

Bolton (2005) describes reflection-on-action as follows:

The reflector attempts to work out what happened, what they thought or felt about it, why, who was involved and when, and what these others might have experienced and thought and felt about it. It is looking at whole scenarios from as many angles as possible: people, relationships, situation, place, timing, chronology, causality, connections, and so on, to make situations and people more comprehensible. This involves reviewing or reliving the experience to bring it into focus. Seemingly innocent details might prove to be key; seemingly vital details may be irrelevant. (p. 9)

Schön (1987) describes areas of practice that create uncertainty or conflict within practice as “indeterminate zones”; they are those areas of practice that cause practitioners

to pause and/or give one the feeling that something is not quite right (Schön, 1987, p. 6). Often these indeterminate zones are areas of practice that fall outside of the realm of clear cut, black and white cases (Kinsella, 2006a). Health professionals have been educated to look to evidence to find answers to practice uncertainties, however, many of these indeterminate zones of practice are “not in the book” (Schön, 1983, p. 16). Kinsella (2007), drawing from the work of Schön, discusses the link between professional experience and reflection. Competent practitioners have experiential knowledge that informs their practice, but they are often caught in a gap between the lived experience of practice and the limitations of evidence to support practice (Kinsella, 2007). Schön (1983) emphasizes the importance of practitioner experience and proposes that practitioners are themselves researchers of their own practice who are in a unique position to choose solutions best suited to the situation.

Writing, Reflection, and Phenomenology

Within phenomenological work, writing, research and reflection are closely linked (van Manen, 1997). According to van Manen (1977), “It is the task of hermeneutics or phenomenology to make visible the meaning structures embedded in the life worlds which belong to the human expressions under study. For this task, interpretive devices are needed to tease out the hidden meanings” (p. 215). There is a relationship between phenomenological reflection and the writing process (van Manen, 1997). Writing enables individuals to transfer internal thoughts to external fixed thoughts on paper thus creating a distance between one’s everyday way of seeing the world and allowing one to become, through written reflection, more aware of their subjective way

of seeing things (van Manen, 1997). Writing provides individuals with distance from the contextual realities that often, perhaps subtly, influence one's way of being. Cixous (1994) states, "It [writing] can propel the subject beyond the self-interests of the ego, towards others" (p. 95).

Writing teaches individuals what they know, what they don't know and how to come to know through "a dialectical process of constructing a text" (van Manen, 1997, p.127). "Writing intellectualizes" (van Manen, 1997, p. 128). The understanding gained from writing allows individuals to deeply engage with their world and their experiences allowing them to better understand. Cixous (1994) describes this concept of writing to better understand as, "I do not write to write, I write to read better" (p. 98). The very process of writing compels one to slow down and become more aware of what one is thinking about and writing about. Writing makes our thoughts real. Writing allows the invisible to become visible thus enabling one to see and discover the meaning of experiences (van Manen, 1997).

Reflective writing is a record of aspects of practice that includes thoughts and feelings as well as "deliberative thought and analysis related to practice" (Bolton, 2005, p. 164). Reflective writing is an effective tool to foster learning (Paterson, 1995); a tool to facilitate researcher reflexivity (Finlay, 2002); and a professional development strategy (Bolton, 2010).

Gillie Bolton (2010) posits a model of personal and professional development called "Through the mirror writing" (p. xxi). Bolton states, "This model is so called because writers are taken right through the mirror's glass and silvering to a reflective world where nothing can be taken for granted: everyday actions, events and assumptions

about other people take on a radically different significance" (p. xxi). Similarly, Taylor and White (2000) state:

What this "touchy-feely" kind of writing can achieve is to place the practitioner centre-stage. It is what they were thinking and feeling which is of primary interest, chiefly because one of the major premises of this kind of work is that, by critically evaluating one's practice, better practice will emerge. (p. 196)

Bolton (2010) suggests that within reflective practice writing there are three foundational elements: *Certain uncertainty*, *serious playfulness*, and *unquestioning questioning* (p. 33). Bolton describes certain uncertainty as the familiarity health professionals experience within a world that offers them structure and guidelines. Feeling uncertain is uncomfortable. Health professionals are trained to write clearly and with certainty. Reflective writing and writing with emotion may reveal that what was once clear about practice has become unclear. To begin to doubt one's practice and question what has always been 'the way' may reveal confusion and skepticism. Bolton encourages writers to develop a confidence in the excitement of discovery and to respond to uncertain experiences by turning them around and writing about the opportunity for discovery and creativity within uncertainty. Taylor and White (2000) acknowledge that reflective practice produces uncertainties and suggest that it is far simpler to deal with 'real issues' versus attempting to apply scientific, technical evidence to the uncertain issues within practice.

Serious playfulness: This is an attitude one adopts while writing; a sense of adventure or discovery in writing. Bolton (2010) encourages writers to experiment with thoughts and words and delve into the self and question one's practice, motives and

assumptions. Bolton states, "The letting go of our everyday assumptions about who we are enables us to be open to discovery of other possible selves" (p. 39). This may lead to self-discovery that may not be at all playful, but an opportunity for professional growth and development.

Unquestioning questioning: Is when "we accept, unquestioningly, the questioning spirit" (Bolton, 2010, p. 34). This is a willingness to be comfortable with not knowing and questioning assumptions and beliefs. To engage in the process of seeing through the looking glass, writers need to believe in the process of writing and suspend their judgments, assumptions, doubts and negative thoughts. Reflective writing can effectively uncover the meaning within practitioner's experiences. Writing about experiences can reveal the meaning of experiences by enabling practitioners to find their own voice (Richardson, 2004); temporarily distancing themselves from their world to reflect on actions and thoughts, and become more consciously engaged with their world of experiences.

Reflection and Preceptorship

Reflection is central to teaching and learning within preceptor-student relationships. According to Schön (1983), learning in practice is triggered by situations in practice where one questions what normally is taken for granted. At times, these situations are brought to one's attention by a colleague, manager or a student posing a question (Jarvis, 1992). Reflection and learning has been incorporated within nursing literature and preceptorships as a means to enhance students' ability to develop critical thinking skills (Williams, 2001) and as a communication tool between students, faculty,

and preceptors (Öhring & Hallberg, 2000c). Moon and López Boullón (1997) have noted that educators see the importance of fostering reflective practice in students but that they do not articulate the importance of reflection as a part of their own practice. In a systematic review of reflection and reflective practice in literature surrounding health professional education, Mann, Gordon, and MacLeod (2009) explored whether reflection was demonstrated in professional practice. They discovered eight studies that explored reflective practice; six were in medicine and two in nursing. Within one of the two nursing studies, it was found that nurses reflected individually and as a group. In the other nursing study, Teekman (2000) suggested that nurses reflected individually. Interestingly, Teekman reported that nurses often engaged in reflective thinking to make sense of situations but were less apt to engage in critical, deeper reflection. Despite the fact that we know that reflection improves competence (Mann, Gordon & MacLeod, 2009) and despite the growing interest in reflection in academia, this interest has not been readily taken up and transferred to the day-to-day practice of health professionals. There were no studies that examined nurse preceptors, learning, and reflection.

Benner (2001) suggests that nurses, even at the expert level, can benefit from written reflections as a means to keep track of “paradigm cases” in practice (p. 181). Benner further suggests that examination and documentation of these situations can lead to a positive change in practice and provide an enriched understanding of expertise. Preceptors are teachers and are motivated by a caring interest in the learning and development of the next generation of nurses. Reflective practice underpins the practice of preceptorships as preceptors must *feelingly know* what the appropriate action or response is within ever changing circumstances (van Manen, 1995, p. 33). According to

van Manen teaching involves an intentionality or a constant being in tune with what is appropriate and most beneficial for the student within the situation at hand. The active practice of preceptoring requires nurses to be reflecting-in-action as well as reflecting-on-action in order to respond to student's questions and to student learning situations.

Williams (2001) states, "The epistemology of professional practice is changing. The literature clearly supports the idea that competent professional nurses should engage in reflective and critically reflective practice" (p. 33).

In this section I have explored the concepts of reflection, reflective practice as an epistemology of practice, reflection and learning, writing and phenomenology. I have begun to delve into reflective practice and nurse preceptor practice; however, I will delve further into reflective practice and preceptor practice in the chapter entitled "Through the Looking Glass—My Findings." As well, I have introduced my research intentions, and in the next chapter I will explore the literature surrounding preceptors, learning, and phenomenology.

Delving Into the Literature—Literature Review

I utilized a number of databases to search the literature including the Cumulative Index to Nursing and Allied Health (CINAHL), EMBASE, ERIC Plus Text, Medline and Scopus. The search terms I used included *preceptorship, preceptor, student, mentorship, expert, clinical placements, learning, reflection, reflective practice, hermeneutics, and phenomenology*.

Much of the literature surrounding preceptorships describes roles and responsibilities of preceptors such as teaching and sharing clinical expertise, providing orientation and support (Bain, 1996; Kaviani & Stillwell, 2000), facilitating skill development, role modeling, counseling, assessing, coaching, guiding, and supporting growth and development of new nurses (Henderson, Fox, & Malko-Nyhan, 2006; Billay & Yonge, 2004). As well, there are a number of studies that examine preceptors' perceptions of benefits, rewards and demands of the preceptor role (Dibert & Goldenberg, 1995; Kenyon & Peckover, 2008; Yonge et al., 2002a). There were also studies that examined students' experience and nurses' experience of preceptorships utilizing phenomenology (Allrich, 2001; Nehls, Rather, & Guyette, 1997; Öhrling & Hallberg, 2000a, 2000b, 2000c). A study by Yonge, Hagler, Cox, and Drefs (2008) examined the needs and expectations of nurse preceptors and issues associated with the preceptorship experience. The authors surveyed 86 nurse preceptors representing both acute care hospital nurses and community nurses. Community nurses were not broken down into public health versus home health. Findings illuminated that nurses saw preceptoring as an opportunity to improve their teaching skills and enjoyed the personal fulfillment they experienced with each student success. There were, however, no studies

that explored the preceptors' own experience of learning within the context of public health. This study was encouraging to find because the findings suggested that nurses perhaps learned and developed their teaching skills, although it did not explore the concept of preceptor learning at a deeper level.

A few other studies touched on the experience of preceptor learning. One study by Spouse (2001) utilized a constructivist/naturalistic approach drawing on ethnography and phenomenology to explore eight nursing students' experiences in a supervisory relationship in a hospital setting in the United Kingdom. Spouse utilized a multi-method approach (interviews, audio recordings, document analysis, and artwork) to investigate how students acquired their professional knowledge. The discussion highlighted a common example of how a mentor/preceptor sees herself in the traditional role as teacher, and the student in the role of learner, where the preceptor as teacher deposits her knowledge into the student's head, similar to Paulo Freire's (2005) banking concept of education. This particular preceptor had not discovered the importance of not only sharing her knowledge but also her "craft (phronesis) knowledge" (Spouse, 2001, p. 519). Spouse also addressed the importance of preceptors learning to articulate their craft knowledge. Through dialogue and discussion with students, preceptor/mentors articulated their tacit knowledge by describing their thinking out loud. I found this study relevant to my research as the authors have highlighted how engaging in dialogue with students uncovers preceptors' tacit knowledge and, in my thinking, when nurses are forced to explain their thinking to a student, they may begin to question why they do things a certain way and begin a process of reflection. The concept of tacit knowledge will be discussed further in the Findings chapter of this research thesis.

LeGris and Côté (1997) described the process of developing and implementing a collaborative model of clinical preceptorship on a psychiatric unit at a community hospital in Ontario. The authors shared the lessons learned as well as the student and preceptor feedback on the placement experience. Preceptors shared that, as a result of being a preceptor, they experienced an increase in knowledge of theory and recent research and often felt the need to review the literature. These study results demonstrate how, at times, student questions surrounding practice result in the need for experienced nurses to refresh their learning or to look to the literature to find answers to these questions.

Jung and Tryssenaar (1998) conducted an interpretive study of 13 occupational therapy preceptors in both hospital and community settings, utilizing preceptor journals in order to explore the lived experience of clinical preceptors. The findings illustrated eight themes: anticipating, worrying, preparing, giving, balancing, rewarding, feedback, and terminating. Under the theme of "rewarding," preceptors reported that students challenged them to question their practice and gave them a different view of their practice. According to Jung and Tryssenaar, "Many identified the placement as an opportunity to analyze their own practice critically. The student and preceptor in essence became learning partners" (p. 41). This study offers another perspective on preceptor learning that relates to this research thesis, namely, that students may bring new perspectives and/or new and different views to the practice setting.

Nehls, Rather, and Guyette (1997) used a phenomenological methodology in a study exploring the lived experience of students, preceptors, and faculty in order to reveal the utility of the preceptor model of clinical instruction. Interviews were conducted with

10 undergraduate nursing students, 11 nurse preceptors, and 10 faculty. The common theme identified was *learning nursing thinking*. The preceptors in this study were concerned with how the practice of teaching was experienced by students and the need to balance the students' need to learn nursing skills with the need to learn underlying thought processes. In this study, the preceptors learned through experience and taught the students caring nursing practices based on their experiential knowledge. However, this study, and the previous study by LeGris and Côté (1997), addressed preceptor learning only briefly, not in great depth.

In 2004, Matsumura, Clark Callister, Palmer, Harmer Cox, and Larsen implemented a 54-item survey of 165 hospital-based nurses in the United States in order to answer the question, "What are the perceived benefits and challenges to staff nurses of working in clinical agencies with nursing students?" This study was a replication of a study published in 2001 by Grindel and Associates.

Both quantitative and qualitative data were analyzed from the Matsumura et al. survey (2004). Interestingly, the findings demonstrated that nurses were ambivalent about working with students. Nurses identified on the survey that "students allow opportunities for mentoring" as the highest ranked item (p. 298). Further down on the list, ranked 14th and 15th, nurses identified that "students stimulated staff intellectually" and "exposed staff to different perspectives" (p. 298). Within the qualitative findings, Matsumura et al. further elaborated on the opportunity for staff growth and observed that having students working beside staff on the clinical unit was helpful for nurses' professional growth. For example, one nurse said that students provide "a good challenge for nurses to verbalize the protocols of care," and another stated, "The positive

energy and vision of students make a difference” (p. 300). This study touches on the beneficial aspects of learning for nurses, however, it was interesting to note that the contributions related to nurses’ learning and professional growth were ranked 14th and 15th, which to me demonstrates that the potential benefit of learning for nurse preceptors is not at the forefront of nurses’ minds.

Kerstin Öhrling and Ingalill Hallberg conducted a number of phenomenological research studies to examine the lived experience of students and of preceptors (Öhrling & Hallberg, 2000a, 2000b, 2000c, 2001). Öhrling & Hallberg (2000a) utilized a phenomenological approach in order to illuminate the lived experience of the process of preceptoring and the meaning of preceptorship. Utilizing narrative interviews, 17 nurses from two hospitals in Sweden were asked to describe their experience of being a preceptor for a student nurse. The analysis revealed two main themes: (1) Including the student in the preceptor’s daily work, and (2) Increasing awareness of the preceptor’s own process of learning. Six sub-themes were also uncovered: (1) Being responsible for nursing care and creating space for learning, (2) Developing trust in the student, (3) Being near the student, (4) Relating to previous learning situations, (5) Increasing self-reflection, (6) Wanting the students to become competent nurses (Öhrling & Hallberg, 2000a). The fifth sub-theme was of particular interest. Within this sub-theme, preceptors offered narratives about their own learning experiences and stated that “being forced to think more before explaining to the students, at the same time as this demand created new insights into the preceptors’ own performance and was experienced positively” (p. 235). Preceptors discovered that, for them, a significant aspect of being a preceptor was the increased self-reflection and self-awareness of their practice. Preceptors questioned why

they did things a certain way and whether this was the right way. "This increased self-reflection, thinking on and analyzing the best way to do things, also created an increased need for the preceptors to go to the literature and read and find answers" (Öhrling & Hallberg, 2000a, p. 235). Öhrling and Hallberg (2000a) note that through the process of preceptoring nurses increased self-reflection, which resulted in a better understanding of themselves and their practice. They state, "Understanding lends support to the conclusion that preceptorship increases the preceptors' own knowledge and functions as a sort of quality assurance" (p. 237). Further, this increased understanding created new insights as well as reinforced the nurses' competence. Öhrling and Hallberg (2000a) recommend further studies to understand the experience of increased self-reflection and the development of knowledge in the context of nursing practice. The study findings of Öhrling and Hallberg support my research intention of exploring the experience of preceptor learning and offer support for the notion that reflection enables preceptors to learn from students and from the process of preceptoring. The Öhrling and Hallberg (2000a) study demonstrate that preceptor learning does occur in the preceptor-student relationship, although the meaning and understanding of the experience of learning has yet to be uncovered. In the next chapter I will describe my methodology and the influence that phenomenology has had on my thinking about preceptor learning and this research thesis.

The Base of the Sundial—My Methodology

This chapter begins by describing my research paradigm; constructivism, followed by an exploration of phenomenology and hermeneutic phenomenology. I then describe my participants and setting, trustworthiness of the findings, limitations, reflexivity, and voices in the text. I will then describe a symbol of preceptorship that resonates for me and my research thesis, a sculpture by Nancy Schön entitled *Nursing Sundial*. Lastly, I will introduce the public health nurse preceptor participants in this study by honouring historical and contemporary nurse mentors, and then describe my data collection methods and explain how the data were analyzed.

Constructivism

Based on a constructivist paradigm, my view is that knowledge (understanding how public health nurse preceptors experience learning) will be created with the nurse preceptors and myself through written and audio recorded reflections. The findings that are described later in this research thesis represent multiple perspectives of how preceptors learn. Constructivism is a research paradigm that denies the existence of an objective reality and asserts that there exist instead multiple realities or social constructions. Within constructivism,

multiple, intangible mental constructions, socially and experientially based, local and specific in nature (although elements are often shared among many individuals and even across cultures), and dependent for their form and content on the individual persons or groups holding the constructions. (Guba & Lincoln, 2004, p. 26)

According to a constructivist perspective, individuals continually test and modify their knowledge based on their experiences (Schwandt, 2000). Schwandt states, "We do not construct our interpretations in isolation but against a backdrop of shared understandings, practices, language, and so forth" (p. 197). Meaning is not a fixed entity that can be discovered but rather can only be explored through engagement with the world. Therefore, the meanings preceptors make of their experiences are their own individual constructions as a result of their engagement with their world (Crotty, 2003). Similarly, as a researcher, my interpretations and meanings are also constructions based on my experiences and my interpretation of the preceptors' and my own reflections.

In order to explore the meaning of preceptor learning, as a researcher I became engaged with the world of the preceptors' written/audio recorded reflections and my own written reflections. The ontological assumption of this research thesis is to aim to uncover multiple constructions of the preceptors' reality of their experience of learning. I have not attempted to describe an exact nurse preceptor experience of learning but rather attempted to uncover multiple interpretations and perhaps reveal some understanding of learning for preceptors within a preceptor-student relationship.

"Objectivity and subjectivity are not mutually exclusive categories" (van Manen, 1997, p. 20). A pivotal concept of phenomenology is *intentionality*, which is the "inseparable connectedness of the human being to the world" (van Manen, 1997, p. 181). Intentionality is the view that individuals are first and foremost engaged beings in their natural and social worlds (Caelli, 2000) and therefore all intentional experiences of consciousness have meaning (Sadala & Adorno, 2002). Through preceptors and my engagement with and interaction with our worlds, various meanings will be discovered.

McConnell-Henry, Chapman, and Francis (2009) describe Heidegger's work and have "postulated that there is no such thing as interpretive research, free of the judgment or influence of the researcher" (p. 9).

According to van Manen (1997), objectivity means the researcher seeks to describe and interpret the experience while at the same time taking a subjective approach in order to be perceptive and insightful to understand the depth of the experience.

Harding (1991) coined the term *strong objectivity* to describe the need for researchers to embrace the relationship between subject and object. Harding states,

The requirements for achieving strong objectivity permit one to abandon notions of perfect, mirrorlike representations of the world, the self as a defended fortress, and the "truly scientific" as disinterested with regard to morals and politics, yet still apply rational standards to sorting less from more partial and distorted belief. (p. 159)

As a researcher, I attempt to adopt a "vigilant subjectivity" in order to understand the depth and richness of the experience (DeLuca, 2000, p. 49). DeLuca adopted the term *vigilant subjectivity* to describe the role of the researcher in phenomenology as one where the researcher sees the reciprocity between subject and object and remains consciously aware of this relationship. Adopting this thinking, as a researcher, I challenged myself throughout the research process to "make strange what is familiar" by acknowledging both the preceptor's and my own subjectivity in the text (Harding, 1991, p. 150). I attempted to adopt a vigilant subjectivity in order to engage with the text and the world of the preceptors while keeping the phenomena, the experience of learning, in the forefront of my mind (Greatrex-White, 2007).

Phenomenology

Phenomenology is the study of the lived experience (van Manen, 1997). According to Caelli (2000), there are 18 different forms of phenomenology. Within nursing, various forms of phenomenology have been taken up in the work of nursing scholars, including Husserl, Heidegger, Gadamer, Merleau-Ponty, van Manen, Crotty, and Paley (Caelli, 2000). A number of nursing scholars have taken up the work of Crotty (1996); however, my research thesis is based on the work of Max van Manen (1997), who builds on the work of Edmund Husserl, Martin Heidegger, Hans Georg Gadamer, and Maurice Merleau-Ponty.

Phenomenology is both a philosophy and a research method (Dowling, 2005). Phenomenology is described by van Manen (1997) as “zu den Sachen,” which means “to the things themselves”, and “let’s get down to what matters” (p. 31). The origins of phenomenology can be traced back to the 18th century when phenomenology arose as a philosophy that challenged the dominant views surrounding the origin of truth (Dowling, 2005). Edmund Husserl (1859–1938), often referred to as “the father of phenomenology,” developed transcendental phenomenology (McConnell-Henry, Chapman & Francis, 2009, p. 8). Husserl’s (1970) phenomenology was directed towards gaining *understanding* of human lived experiences through description (Dowling, 2005). Husserl (1970) first presented the idea of the *lived experience*. Husserl contended that one can only come to understand the lived experience by suspending one’s judgment about the existence of the world (McConnell-Henry, Chapman & Francis, 2009), and that through phenomenological reduction the essence of the phenomena will be revealed (Dowling, 2005).

Martin Heidegger (1889–1976) proposed the lived experience as an interpretive process and first embraced the concept of *hermeneutics* or interpretation as a means of phenomenological analysis in order to discover the meaning of being in the world (Dowling, 2005). Heidegger proposed hermeneutic phenomenology because he was interested in interpretation, versus Husserl's descriptive phenomenology (McConnell-Henry, Chapman & Francis, 2009). Heidegger argued that understanding is a fundamental basis of one's being in the world and proposed that the process of coming to understanding is a circular process that he called *the hermeneutic circle*.

Hans-Georg Gadamer (1900–2002) further developed Heidegger's work and argued that understanding evolves from a *dialogical* process between the researcher, the interpretation of the researcher, and the phenomena being researched (Dowling, 2005). Gadamer proposed that understanding emerges from the personal involvement of the researcher in the interpretive process and that this process is reciprocal and dialogic.

Maurice Merleau-Ponty's (1908–1961) philosophy was a phenomenology of *perception* (Thomas, 2005) based on the work of Husserl and Heidegger. Thomas (2005), interpreting the work of Merleau-Ponty, stated, "All knowledge takes place within the horizons opened up by perception, and all meaning occurs through perception" (p. 69). Merleau-Ponty proposed the concept of *intentionality* and *embodiment* as a means of relating to the world and to the relationship between the body, personal experience, and the world.

Hermeneutic Phenomenology

Hermeneutic phenomenology is a research method that utilizes interpretation as a means to describe or reveal understanding and meaning of a lived experience phenomenon (van Manen, 1997). “The object of phenomenological research is to ‘borrow’ other people’s experiences. We gather other people’s experiences because they allow us, in a vicarious sort of way, to become more experienced ourselves” (van Manen, 2000, p. 1).

Hermeneutics is the theory and practice of interpretation, and therefore hermeneutic phenomenology is concerned with interpretation and uncovering in order to discover the meaning of experiences (McConnell-Henry, Chapman & Francis, 2009). Hermeneutics seeks understanding rather than explanation (Kinsella, 2006b). Heidegger (1962) discussed interpretation as not the acquiring of information but “rather [as] the working-out of possibilities projected in understanding” (p. 189). The research questions I have posed may stimulate further questions or perhaps reveal one interpretation of possible understandings of nurse preceptors’ experience of learning. Thus, in this research thesis I do not attempt to describe one exact experience of learning, but rather aim to interpret the preceptors’ written reflections, as well as my written reflections, in order to come to a better understanding of the possibilities and understandings being revealed (Heidegger, 1962).

The methodological structure of my research process takes into account the following suggestions by van Manen (1997) for producing a lived experience description: “Turning to the nature of the lived experience”; “Investigating experience as it is lived”; “Reflecting on essential themes”; “Writing and rewriting in order to thoughtfully let that

which is being talked about [written about] be seen”; “Maintaining a strong relation to the question and the phenomenon”; and, “Balancing the research context by considering parts and whole” (p. 31-33).

The circular process of coming to understanding is depicted by Gadamer (2004) as constantly moving from looking at the whole and then at the parts, and then back to the whole, in order to gain understanding. The hermeneutic circle is further described as a reflexive process involving a dialectic movement between the words and stories of the participants and the phenomena (Wilding & Whiteford, 2005). Heidegger’s (1962) notion of hermeneutic understanding is not the ability to re-experience another’s experience but rather the ability to grasp one’s own possibilities for being in the world in certain ways. As a researcher, my experiences have an influence on how I interpret the preceptors’ reflections, and their experiences (social, historical, and political backgrounds) will have influenced how they wrote about, recorded, and interpreted their experiences. I engaged in a reflexive hermeneutic conversation (a question and answer) with the written/recorded reflections in order to interpret and discover an understanding of meaning. Together, these interpretations fused to form my *horizon of understanding* (Gadamer, 2004).

The profession of nursing is described as a caring profession that embraces attentiveness to others and client-centred practice. Hermeneutic phenomenology fits with the practice of nursing preceptorship because it is concerned with the lifeworld, human concerns, habits, skills, practices, and experiential learning that support the nature of caring for human beings embedded in the practice of nursing (Benner, 1994). Within the book *Writing in the Dark* (van Manen, 2002), there are examples of phenomenological

reflections of common experiences, uncommon experiences, novel experiences, and so on. I was particularly interested in a chapter that described "Variable experiences: Understanding difference in sameness" (van Manen, 2002, p. 85). Van Manen states, "Phenomenology tries to distinguish what is unique" (p. 85). The phenomena of teaching and learning are common experiences within preceptorships; however, I am interested in uncovering the deeper, perhaps taken-for-granted meanings of how preceptors learn within the common experience of being a nurse preceptor.

Participants and Setting

I selected eleven Ontario public health units as sites for this research because of their proximity and because most universities in this area had established 12-week final consolidation preceptored placements for fourth year nursing students. To be eligible for inclusion in my study, participants had to be public health nurses working for a public health unit who were assigned to be a preceptor providing a 12-week consolidated placement for a fourth- or final-year nursing student. Criteria for exclusion were public health nurses who were providing a placement for a nursing student not in their final year and/or not in a 12-week consolidated placement. I sent an email to a contact person at the health units, who then distributed the email to public health nurses. If interested, the public health nurse emailed me directly. Seven public health nurse preceptors volunteered to participate in this study. All seven participants were female and had worked in public health from 5 years to 22 years. All seven remained in the study for its entirety; however, one joined the study approximately one month into the data collection period. Thomas and Pollio (2002) suggest that an appropriate sample size in a

phenomenological study ranges from 6 to 12. My study took place from January to April 2009, during a 12-week full-time preceptor-student placement.

I asked participants to sign an informed consent at the inception of the research study and had the option to withdraw from the study at any time. Participants were informed of the researcher's position as a public health nurse and student education coordinator at a public health unit. In order to protect the identity of the participants, students, and others, pseudonyms were used throughout the written text. Copies of the written/transcribed reflections were made in order to manipulate the study parts while also referring to the whole (van Manen, 1997). All information was locked in a filing cabinet at the Middlesex-London Health Unit where I am employed. In accordance with documentation and confidentiality policies and procedures of the Middlesex-London Health Unit, these data will be secured for a period of 10 years and then destroyed in a confidential manner. The proposed study was submitted and approved by the University of Western Ontario's Office of Research Ethics.

Trustworthiness of Findings

To ensure quality, I remained close to the text but at the same time moved away from the text by reflecting, contemplating, and writing analytic memos in order to uncover or reveal a deeper understanding of the experience of learning. I gave participants an opportunity to review the written and/or transcribed reflections and to make changes or strike anything that they did not wish included. I sent participants a summary of the themes and findings in order to find out if the themes and findings resonated with their experience; if the findings and themes made sense or if they were

unclear. Of the seven participants, five of the seven reported that the findings resonated for them. One participant stated, "I thought your themes were very well chosen and resonated extremely well for me. It was like reflecting on the preceptor experience all over again, but this time with evidence to back up the reflective process." Of the remaining two, one had retired and I was unable to locate her contact information due to privacy legislation. The other participant did send me her feedback, indicating that the themes did not resonate for her. This preceptor stated that she didn't feel "a strong connection" to the themes and found "it interesting to read how many of us [preceptors] have similarities . . . but that the differences between us was something I didn't anticipate." This same preceptor also articulated that "it's the rare student that can point something out that is unique or different within an unfamiliar public health niche [*sic*"]". These different ways of experiencing learning within preceptorships will be discussed further in the Discussion chapter.

Limitations

My experience and relationship with public health nurse preceptors may have affected preceptors' candidness with their reflections and may have inhibited some public health nurses from participating. Requiring full-time public health nurses to write or audio record reflections added to their already busy workload, which may have been an inhibitor to participation.

Greatrex-White (2007) explored the experience of nursing students who studied abroad, utilizing written journals, and discovered that the research participants had more control over the data collection than did the researcher, because the participants chose

what experiences to share and write about in their journals. The same could be true for this research study.

Not all preceptors wrote the same amount. Some contributed weekly and some bi-weekly and one contributed once but reflected on a number of experiences of learning that had occurred throughout the study period in one submission. The differences in the number, length, and depth of reflections are manifested in the Findings chapter, as you will hear from some preceptors more than others.

Reflexivity

As a novice researcher, my interpretation of participants' stories and experiences was mediated and influenced by my own experience as a public health nurse and of being a nurse preceptor in the past, as well as by my social, historical, and political lenses. I endeavoured to be reflexively aware of my own experiences and to identify my biases and pre-understandings by keeping my own reflective journal throughout the research process. I recorded my pre-understandings and assumptions, not to forget them but rather to expose, acknowledge, and continually examine them throughout the research process (van Manen, 1997). Van Manen (1997) believes that as phenomenological researchers "it is better to make explicit our understandings, beliefs, biases, assumptions, presuppositions, and theories" (p. 47). Gadamer (2004) posits that we cannot separate ourselves from the meaning of the text.

I did not encounter any ethical considerations during this research study.

However, I was aware that there might be possible effects on the participants such that they may have felt discomfort, anxiety, guilt, or self-doubt, as well as new levels of

awareness, deep learning, and self-understanding (van Manen, 1997), and I was prepared to be available to answer questions and discuss concerns.

Figure 1

Voices in the text

In the Findings chapter of this research thesis, I engage with multiple voices in order to consider what the lived experience of learning is within preceptorships. These voices include my voice as a past public health nurse preceptor, my journal reactions to the preceptor reflections, and my current voice as a researcher and an education coordinator. The multiple voices also include those of the seven public health nurse preceptors who participated in this study. The student nurses working with the public health nurse preceptors will be referred to as 'preceptees.'

Nursing Sundial: A Symbol of Preceptorship

In May 2009, I had the opportunity to meet Nancy Schön (wife of the late Donald Schön), at a conference entitled Engaging Reflection in Health Professional Education and Practice, in London, Ontario. Nancy is an accomplished artist and is well known for her public art bronze sculptures. Nancy has created a sculpture called *Nursing Sundial* to honour the alumnae nurses of the Massachusetts General Hospital in Boston and the nursing profession (see Figure 1).

In my interpretation, the *Nursing Sundial* sculpture represents the education of nursing students. She is a nurse lamp, signifying Florence Nightingale and her education is the beginning of the nursing professional journey. The coordinates in the sundial is

This sculpture sits outside the Massachusetts General Hospital in Boston, Massachusetts.

Figure 1



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The *Nursing Sundial* is a symbol that resonates with my interests and my research study, because it depicts the timelessness of the nursing profession and the 24 hours a day, 7 days a week that many nurses spend caring for others (Schön, 2009). Nancy Schön describes the nurses in the sundial as representative of past, present, and future nurses. Nancy Schön chose to use Greek goddesses to represent the three nurses because she saw nurses as women who uphold many of the Greek goddesses' archetypal qualities, such as wisdom, strength, and beauty. For myself, I see the nurses in the sundial representing nurse preceptors who pass on their knowledge and wisdom to new nurses. These historical figures are inspirational for all nurses because they have contributed to paving the way for nurses today.

In my interpretation, the first and smallest nurse represents the education of nursing students. She carries a lamp, signifying Florence Nightingale, and that education is the beginning of the nursing professional journey. The second nurse in the sundial is

holding a book, representing nursing knowledge and the passing on of nursing knowledge to future generations of nurses. Nancy Schön depicted the third nurse carrying a globe, indicating the multicultural nature of nursing; however, I imagine the third nurse could also be seen as the experienced competent professional, signifying the passing on of nursing wisdom as a lifelong career commitment. I view the *Nursing Sundial* as a symbol representing the growth of knowledge and learning within nursing, this learning being ongoing, timeless, and never-ending.

Honouring Historical and Contemporary Nurse Mentors: Introducing the Preceptor Participants

In order to help you, the reader, follow the stories of each preceptor, I have provided a brief description below of each preceptor in my research study and randomly assigned one woman's name—each one representing a famous nurse or other public health care figure—to each preceptor participant. The proposed pseudonyms were shared with the individual preceptors, who expressed no objections to the pseudonyms assigned them. I chose famous historical figures to use as pseudonyms for participants in this study because these women were dedicated leaders and advocates whose desire was to make a difference in their worlds. These women possessed qualities such as caring, compassion, and wisdom. Similarly, nurses today pride themselves on these same qualities. The seven public health nurse preceptors who participated in this study have worked as nurses in public health for a varying number of years, and work on different teams or specialized areas within public health.

Preceptor 1—Florence works in community sexual health. Her role involves individual and group education regarding prevention of Sexually Transmitted Infections (STI) and promotion of healthy relationships, healthy sexuality and family planning.

Florence Nightingale (1820–1910) is a true nursing legend whose work had an impact on health care reform. Florence is a true inspiration for nurses as an advocate for the advancement of nurses and women (Famous Nurses, 2010).

Preceptor 2—Mary works in the area of communicable diseases. Her work involves phone counselling regarding symptoms and treatment; tracking disease patterns; and community education on how to prevent the spread of infectious diseases.

Mary Breckinridge (1881–1965) was known for the implementation of a rural health care model called the Frontier Nursing Service, which made health care services available to under-serviced rural populations (Nurseblogger, 2009).

Preceptor 3—Elizabeth works in the community making home visits to new mothers and babies. She educates and supports these women in newborn care and infant feeding.

Elizabeth Grace Neill (1846–1926) was a journalist and social reformer, as well as a nurse, who devoted her life to advocating for the poor and women's rights (Famous Nurses, 2010).

Preceptor 4—Jeanne works in the area of chronic disease and injury prevention. Her work focuses on substance abuse.

Jeanne Mance (1606–1673) founded the Hôtel-Dieu Hospital in Montreal, Quebec. Jeanne was declared a National Historic Person of Canada by Canada's Historic Sites and Monument Board (Munroe, 2004).

Preceptor 5—Emily is a nurse who works in a number of high schools in the community. Her role is to offer one-to-one health education/counselling to students as well as to provide classroom education regarding a number of youth issues, such as smoking, pregnancy, birth control, disease prevention, eating disorders, etc.

Emily Howard Stowe (1831–1903) was an advocate of women's rights. At the time, there were no Canadian educational institutions that allowed women to enter the field of medicine, so Emily travelled to the United States to receive her medical degree. In 1868 she became the first female physician in Canada (Munroe, 2004).

Preceptor 6—Anne works in the community making visits to new mothers and babies in their homes. She provides education regarding newborn care and infant feeding as well as support and education to new mothers. Anne also teaches prenatal education classes to expectant couples.

Anne Augusta Stowe-Gullen (1857–1943) was the daughter of Emily Stowe and the first Canadian woman to receive a medical degree in Canada, in 1883 (Munroe, 2004).

Preceptor 7—Nellie works in the area of chronic diseases and injury prevention. The focus of her work is to develop population health strategies and media campaigns to educate the public about the prevention of chronic diseases and injuries.

Nellie McClung (1873–1951) was one of the most important leaders of Canada's first feminist movement. Nellie is famous for her role in the *Persons Case*, which saw Canadian women declared persons in 1929. Nellie McClung was not a nurse, but she advocated for women's rights, mother's allowance, public health nursing, free medical and dental care for children, and birth control (Centre for Canadian Studies, 2001).

Data Collection Methods

In order to discover the nature of how preceptors experience learning, I asked participants to write or audio record reflections and email them to me on a weekly basis. Of the seven preceptors, six chose to write the reflections. The seventh preceptor chose to audio record her reflections. She submitted the digital recorder to me twice during the study period, once near the midway point of the study and again at the end of the data collection period, so that her audio recordings could be transcribed into written text for analysis and saved with the other participants' data. I transcribed these recordings, excluding pauses and intonations so that the transcription format was consistent with that of the other participant reflections (Crabtree & Miller, 1999).

I encouraged preceptors to write or audio record experiences of learning and to include pre-reflections of the experiences, along with their feelings, moods, and emotions, and to write and/or record the situation as it occurred to them (van Manen, 1997). In order to assist preceptors to write about or record meaningful experiences of learning, I met with or spoke on the phone with each participant individually, to explain the nature of the study, what they were required to do, and what was meant by reflection and reflective writing or audio recording. I asked preceptors to reflect on incidents through which they felt they had learned something either about themselves or about their practice. Benner (2001) states that "expert clinicians can benefit from systematically recording and describing critical incidents from their practice that illustrate expertise or a breakdown in performance" (p. 35). Benner further describes critical incidents as situations that are "particularly demanding," or that "capture the quintessence of what nursing is all about" (p. 300). I gave the nurse preceptors an example of a written lived

experience of a preceptor (Appendix A), along with guidelines on how to write or audio record reflectively (Appendix B), based on the work of Benner (2001), Bolton (2010), Boud (2001), Moon (2006), Paterson (1995), Richardson (2004), Runciman (1991), and van Manen (2002).

I chose to use reflective writing and reflective audio recording because reflection involves reviewing and reliving the experience from many different angles in order to bring the experience into focus (Bolton, 2010) and because knowledge is constructed, at least in part, through a process of reflection (Kinsella, 2006a).

Within phenomenological work, writing, research, and reflection are closely linked (van Manen, 1997). There is a relationship between phenomenological reflection and the writing process (van Manen, 1997). Writing enables us to transfer internal thoughts to external fixed thoughts on paper, thus creating a distance between our everyday ways of seeing our world allowing us to become, through written reflection, more aware of our subjective way of seeing things (van Manen, 1997). Writing provides us with distance from the contextual realities that often, perhaps subtly, influence our way of being. Writing teaches us what we know, what we don't know, and how to come to know, through "a dialectical process of constructing a text" (van Manen, 1997, p.127). The understanding we gain from writing allows us to engage more deeply with our world and our experiences. Fox (1995) describes the process of writing as follows: "When I begin a story at my desk, the window to my back, the path is not there. As I start to walk, I make the path" (p. 59). This thinking implies that the path to the truth will be discovered through writing. Cixous (1994) suggests that writing allows the writer to go beyond the boundaries and get closer to understanding and truth, which somewhat

parallels the views within phenomenology. "If the description is phenomenologically powerful, then it acquires a certain transparency, so to speak; it permits us to 'see' the deeper significance, or meaning structures, of the lived experience it describes" (van Manen, 1997, p. 122).

It was important to me to offer my participants the choice to write or audio record reflections recognizing that audio recording might be easier and less time consuming. I was cognizant as a practitioner working in public health, that nurse preceptors may feel overwhelmed by being required to write reflections on top of their already busy workload, and that some may find writing difficult (van Manen, 1997).

Data Analysis

As a novice researcher, I spent many hours attempting to discover what the experience of learning was for public health nurse preceptors. I began analysis of the data (preceptor-written reflections), by adopting "a naïve enquirer's" perspective and allowed the preceptor reflections to "speak for themselves" (Wilding & Whiteford, 2005, p. 100). Initially, I utilized a detailed reading approach to continually re-read the texts, looking at sentences or sentence clusters, asking myself, "What does this sentence or sentence cluster reveal about the phenomenon or experience being described?" (van Manen, 1997, p. 93). This process allowed me to study parts while still referring to the original whole in order to uncover themes and thematic statements. I looked for themes using a variety of strategies, however, I discovered what van Manen (1997) meant when he stated that "writing is our method" (p. 124). Van Manen posits that "hermeneutic phenomenological research is fundamentally a writing activity" (p. 7). Within my

writing and analysis, I read and re-read the preceptor reflections, searching for their interpretations of the meaning of their experience, searching between the written texts for what it might mean to learn within preceptorships. However, it wasn't until I began to write that I discovered what I understood to be the thematic meanings reflected in the written preceptor reflections. Many times throughout the analysis I began writing and reflecting on the preceptors' written reflections, and as I wrote I discovered new understandings of that which I had read, which at times was different from what I had planned on writing. Van Manen (1997) states:

Writing distances us from the lived experience but by doing so it allows us to discover the existential structures of experience. Writing creates a distance between ourselves and the world whereby the subjectivities of daily experience become the object of our reflective awareness. (p. 127)

Once I uncovered themes, I attempted to represent the essential themes in phenomenologically sensitive paragraphs or meaningful units (van Manen, 1997). I then utilized my advisors as my interpretive group in order to generate deeper insights and understandings of the themes and to maintain rigour of the phenomenological methods (van Manen, 1997; Thomas & Pollio, 2002).

Throughout the research process I utilized phenomenological reduction to remain attentive in order to discover the meanings of learning for the public health nurse preceptors. Phenomenological reduction is not just a research method but is also an attitude that a researcher must adopt in order to constantly question and examine meaning and understanding (van Manen, 2000). I utilized a hermeneutic circular interpretive process consistent with a constructivist paradigm (Guba & Lincoln, 2004), to analyze and

interpret the texts. Plager (1994) describes the forward arc of the hermeneutic circle as representing the researcher's perspective, while the reverse arc of the circle uncovers an evaluation of this interpretation. Throughout the analysis and interpretive process I continually examined and re-examined the preceptors' reflections and my own reflective journal, keeping a number of questions in mind, such as, "What is the meaning of learning for preceptors?" "What do the nurse preceptor reflections say about their experience of learning?" Asking these questions helped me to focus and uncover possibilities (return arc of the circle) along with understanding (forward arc of the circle) (Plager, 1994). I have attempted to reveal a deeper understanding of learning within preceptorships; however, this is my interpretation and you, the reader, may see other meanings that I could not see.

I discovered that asking participants to submit written/audio recorded reflections was interpreted differently by each preceptor participant. Five of the seven preceptors emailed me written reflections regularly. Four wrote freely and included lengthy reflections, including their thoughts and feelings. The preceptor who audio recorded also spoke freely in her audio recordings. Of the two other participants, one joined the study late and submitted one longer submission that included a number of reflections, and the other preceptor submitted three written reflections that were brief (three to four sentences each). According to Moon (2000), reflection is interpreted differently by different people and the ability to write reflectively does not come easily to everyone. The reflections of Florence, Mary, Anne, Jeanne, and Emily were more elaborate and occurred at a deeper level than those of Elizabeth and Nellie and therefore their voices are more frequently represented in the findings.

The Wisdom Within—Findings

The following thematic structures were what I discovered through the process of analysis described in the previous chapter. These themes and sub-themes resonated with my experience and vision of learning within preceptorships, and with what I was hearing from participants: “Exploring tacit knowledge”; “The mirror image”; “Through the mirror” and “Experiencing tensions”. Under the theme, “The mirror image”, the following sub-themes emerged “Learning from the other”; “Seeing differently”; and, “Seeing similarities.” Under the theme, “Through the mirror”, the following sub-themes emerged, “Challenged by uncertainty”; and, “Seeing self differently.” Under the theme, “Experiencing tensions”, the following sub themes emerged, “Holding on/letting go”; “Work life/home life”; and, “The ‘swamp’ of professional practice.”

As mentioned earlier, the findings revealed in this study are presented in the form of multiple voices representing the lived experience of public health nurse preceptor learning within preceptorships.

Exploring Tacit Knowledge

Exploring tacit knowledge has been taken up by a number of authors in the health disciplines such as Benner (2001), Hayes Fleming (1994), and Schön (1983, 1987). Tacit knowledge is knowledge we acquire through experience (Schön, 1983) and it is embedded within us (Herbig, Bussing, & Ewert, 2001). Hayes Fleming (1994) describes tacit knowledge as “all the underlying principles, assumptions, values, rules-of-thumb, and ‘gut’ feelings about what we are doing, and why we are doing that” (p. 29).

The epistemology of nursing and the tacit knowledge that nurses possess occur within the clinical and practice sites (Williams, 2001). A number of nursing studies discuss the tacit knowledge embedded within nursing practice. Benner (2001) describes the challenge of providing explicit examples of expert performance when most of expert knowledge is a result of a comprehensive understanding and assessment of a total clinical situation that is often tacit and difficult for experts to articulate. Carr (2005) also addresses the challenge of articulating the complexity of nursing practice. Carr states, "Making what is generally implicit more explicit is not a 'one-stop' process. The level of understanding is not collected, but generated and it is a time consuming and iterative process" (p. 336). Carr (2005) suggests there are limited opportunities within nursing practice for nurses to explore and make sense of their experiences and further suggests that hermeneutic phenomenology offers nurses a way to begin to know and explore some of the complexities of nursing practice that would include nurses themselves in the exploration of their own practice. Within nursing preceptorships, Öhrling and Hallberg (2001), posit, "The process of preceptoring appears to constitute both conscious and unconscious pedagogical thinking" (p. 539).

In the preceptor reflection below, Emily reveals how difficult it is to describe in words how it is she knows what she knows. In this reflection, Emily makes her tacit knowledge known by describing how she explained her thinking to her preceptee. Emily is working with her preceptee in a high school and is reflecting on a situation where she was counselling a high school student while her preceptee was observing her.

I really had to sort of explain why I did a particular counseling session the way that I did it. That was interesting for me. The [high school] student is

... functioning at a lower level so I had to adapt how I even talk about everything. My language had to be lower and more succinct and simpler and even more basic. My preceptee and I talked about how that is a struggle at times. I have been doing this for awhile and she [the preceptee] said, "Yeah I could see that it was something that you were working at."

In this situation, Emily could be seen to be experiencing a disruption in her usual manner of practice. In response, Emily was required to reflect-in-action and adjusted her language, perhaps drawing on her tacit knowledge in order to meet the needs of the high school student. Through the preceptee's questions to Emily about her practice, Emily seems to have been confronted with the need to examine her tacit knowledge and explain to her preceptee various ways of counselling and the nonverbal cues to which nurses need are attuned in order to be sensitive to clients' needs. It appears that Emily's "knowing in practice" was challenged and demonstrates how experienced practitioners utilize tacit knowledge (Schön, 1983, p. 61). Emily demonstrates her use of tacit knowledge to solve this problem. The uncertainty Emily seems to have experienced along with the preceptee's questioning enabled Emily to reflect on prior understandings, which may have been implicit in her behaviour (Schön, 1983). Schön revealed that when practitioners experience a surprise in their practice, they tend to reflect on their embedded prior understandings and then carry out their own experimentation with the situation in order to come to a new understanding and an improvement in practice. As Emily reflects on her tacit knowledge of counselling she may decide in the future to attempt a different educational approach with students. Emily's reflection provided her and her student with an opportunity to critically examine communication with clients in practice. Benner

(2001) suggests that documentation of critical incidents can foster insights and new knowledge about expert nursing practice that could be utilized when teaching novice nurses and students. Hayes Fleming (1994) discovered that learning from students is not always about learning something new, but rather about learning through the process of explicitly describing one's tacit knowledge.

In the next reflection, I recall my own experience as a student nurse: how I experienced my preceptor's tacit knowledge and how I learned with experience to attune to client's nonverbal communication.

In my own experience as a student nurse I can vividly remember my first experience counseling a high school student with my preceptor. The high school student who came to see us was fidgety and avoided eye contact. I knew something was bothering her but proceeded with my standard list of assessment questions. When I was done, I looked to my preceptor who, in a calm soothing voice, said to the high school student, "Do you think you might be pregnant?" The high school student then opened up and said, "Yes I think I am pregnant and I don't know what to do". I talked with my preceptor after about how she knew and she told me she just knew there was something more. As I became more experienced myself, I learned that it is often what is not said and the individual's body language that experienced nurses learn to pick up on.

As health professionals become experienced practitioners, practice has, at times, become habitual and they often do not take the time to stop and think about how they know what they know and how they might improve (Bolton, 2010). In this next reflection, Florence reflects on her struggle to articulate her tacit nursing knowledge

within the formalized language utilized by the university in the context of completing her preceptee's midterm evaluation.

Did midterm this week—brought me back to my days as a student. Still having trouble deciphering what they want! The language is quite convoluted and I ended up having to look up words. I spoke with my preceptee and told her that I did provide specific incidences and told her that “I don't want you to fail because of my feedback” (a little melodramatic perhaps!). As a student I didn't really grasp the idea of what evidence was in terms of evaluation. My thought was if I put in a catheter, that obviously I had sterile technique and had established a therapeutic relationship and did health teaching about it. I didn't see how the small parts didn't really show. The reality is that I may not have done all the bits and pieces and the instructor couldn't assume. I remember being particularly frustrated about this as every time I submitted my clinical indicators and how I met them they were always returned with “so what did you do to meet this indicator?” Now as a preceptor, I am better able to see the specifics. The irony is that public health is really big picture thinking and now I am not so good at that but significantly better at recognizing details.

In the above reflection, Florence recalls her own struggle as a student to understand the language and the detailed specific requirements of the academic institution. As she dialogues in her reflection, she comes to the realization that through her experience in practice she has become an expert in recognizing details, but she questions her ability to see the big picture. Mezirow (1991) states, “Learning is a dialectical process of interpretation in which we interact with objects and events, guided

by an old set of expectations” (p. 11). Through this dialectical process of reflection Florence makes an interesting statement about the tacit knowledge of experienced practitioners.

Florence later reflects ...

Upon close reflection, by helping my student to set her goals, you realize that you are actually very good at what you do. We tend to focus on what we miss or screw up and ignore the vast majority of what we do well.

Florence has identified areas of strength in her practice that may have previously been tacit, as well as recognized an area of weakness that she may be more cognizant of in the future. Florence highlights an interesting issue surrounding professional practice and that is the tendency to focus on the negative aspects of practice. In my journal, I explore this issue further.

It is interesting that Florence had made the comment about how professional nurses focus on the negative aspects of their practice. However, if we only focused on the positive we might never improve. As Schön describes, becoming complacent and confident in ourselves often leads to errors or missed opportunities to improve. Kinsella (2007) interprets the work of Argyris and Schön (1992) and describes how, “In their view, each practitioner develops a theory of practice, whether he or she is aware of it or not” (p. 397) and our tacit knowledge is made up of knowledge that we can articulate and knowledge that is tacit. Kinsella (2007) reveals that our theories-in-use, “...contain assumptions about the self, others and the environment that constitute a microcosm of everyday life” (p. 398). In other words, professionals rely on their own

interpretation of the world consciously and unconsciously whether this is an accurate view of the world or not. Tacit knowledge is developed from our experiences including our social, cultural, professional and personal worlds which may bias us to think that the way we think is the right way.

In this next reflection, Florence demonstrates an ability to step back and reflect on her tacit knowledge about the audiences/clients she works with. Florence's description of the "Having a Baby Day" event demonstrates that she has most likely participated in this event with high school students a number of times before and has accumulated tacit knowledge that becomes more explicit through her engagement with her preceptee.

Florence notes . . .

This week we had "Having a Baby Day". This is an opportunity for high school students to come to St. Joes for a day of learning. The sessions include post-partum education (done by Health Unit staff), education about the Neonatal Intensive Care Unit (NICU) (done by St Joes staff), a tour of the third floor including ante-natal, delivery and post-partum, session about sexual assault and domestic violence as well as a session on relationships/safer sex. Approximately 100 students from several schools attend. We have an opening session about preconception with all the students and then they are divided into groups that rotate through the various sessions. The student was thrilled with the opportunity to join a group and see the whole thing. She stated that she wished it had been done for nurses since she hadn't been able to do a placement in labour/delivery. It was interesting to compare her learning to that of the high school students. She looked at it as an opportunity and wanted to make the most out of it. For the high

school students on this day it seemed to be a way to get out of school. It is easier to engage the student and find out what she learned and the value of the day. It is not so easy with the high school students. The student also identified some issues that she had with the other students—she couldn't believe the chatter, which to her showed an apparent lack of respect from the students. Her ability to relate to people who did not share a similar need to maximize the opportunity for learning is just developing. It was nice to see that this was an area that I could help her with.

Florence appears to be relying on her tacit knowledge and her previous experience demonstrated by her lack of surprise over the difficulty engaging the high school students in the topic. Edmond (2001), drawing on the work of Benner and Wrubel (1989), states, "Nursing is situational and much of the knowledge needed to practice effectively is situated in practice itself" (p. 253). Through the student's surprised reaction, Florence seems to see the teaching opportunity and perhaps becomes aware of her tacit knowledge, that is, that she has a willingness to try to understand the situation through the eyes of her clients and a tolerance for different perspectives. This type of understanding and tacit knowledge in practice is gained through experience (Benner, 2001). In the next reflection, I reflect on my past experience of being a beginner nurse working in public health and how I struggled.

Working with high school students can be really challenging. I can recall teaching grade nine students about birth control. I was a nervous wreck partly because I had never taught grade nine students before and partly because of the sensitivity of the content. Rather than take the approach of a didactic lecture, I

decided I would be more comfortable just being me and present the information as if I was hanging out with a bunch of girlfriends. During the class, I shared a story from when I was in high school. One of my best friends became pregnant and had to have an abortion and I talked about how traumatizing the experience was. I wanted the girls to relate to me. I knew this was important because I had never had someone talk to me about birth control and relationships because I was brought up in a strict catholic home where sex and birth control were not discussed. I vowed never to be that way with my children and used this experiential knowledge with the high school students without really thinking about why I chose this approach.

In my reflection, it seems that the knowledge gained through my past lived experience had become tacit and how I chose to relate to the high school students was based on experiences from my past. Similarly, in the next reflection Anne seems to be exploring her tacit knowledge regarding showing appreciation. In everyday work, our practice has become, at times, routine and we may forget to acknowledge and praise the people we work with. Anne's tacit experience and empathy for her preceptee, although not articulated in her written reflection, may perhaps be based on her own experience of being a student.

Being a preceptor has its challenges at times but, upon reflection, really is an honor. Preceptees are very vulnerable to all whom they work with. They have to acknowledge their mistakes in front of many. This isn't easy for them but more seasoned professionals realize that this is a good skill and their practice will thank them for that. I think it is so important to celebrate their successes with

them. I always try to provide tons of positive feedback but sometimes you just need to do something else. The other day I bought my preceptee a coffee and she seemed so appreciative. I don't know . . . maybe she just wanted a coffee and was grateful to save herself the \$1.50; or maybe she saw this as a token of my appreciation of her—that I saw her as a worthy team member, that she did something “really well.”

In the above reflection, Anne does not articulate how she acquired this knowledge and understanding of how it feels to be a preceptee. Perhaps Anne's tacit knowledge is based on her own experience of being a student and/or her experience of precepting students. Similarly, Öhrling and Hallberg (2000a) discovered “preceptors' memories of their own vulnerability during their education create an understanding of these feelings among current students” (p. 236).

In the above reflection, perhaps Anne did not realize how much it would mean to her preceptee if she bought her a coffee until after the fact when her preceptee was extremely appreciative. Mezirow (1991) states, “We unintentionally and unreflectively learn to reinforce responses because they have significance and meaning for us” (p. 13). Anne's preceptee's gratefulness may have triggered Anne's reflection on the importance of giving feedback and showing appreciation even in small ways and of making students feel like members of the workplace team. “Learning involves using thought processes to make or revise an interpretation in a new context, applying the knowledge resulting from prior thought and/or prior tacit learning to construe meaning in a new encounter” (Mezirow, 1991, p. 13).

Through the simple act of buying her preceptee a coffee, Anne reflects on her tacit knowledge regarding the vulnerability of students. Anne recalls, perhaps from her own experience in the past, how challenging it is to acknowledge one's mistakes in front of many. Anne demonstrates what Polkinghorne (2004), drawing on Aristotle, describes as "phronetic deliberation" (p. 116). Phronesis is a kind of knowledge, a kind of reasoning in practice where one deliberates about making good, ethical, moral choices in practice that produce good actions (Polkinghorne, 2004).

Through what might be thought of as phronetic deliberation, Anne contemplates the reality of the preceptee world and chooses to celebrate student successes and to consider the experience of preceptoring to be an honour, thus making her tacit knowledge explicit.

I note in my journal . . .

As professionals in practice we often forget what it feels like to be a student and how uncomfortable and nervous they feel because they are outsiders wanting to fit in. Every move they make is being evaluated and documented contributing to whether or not they will pass or fail their placement. The following quote resonates with this thinking, "Students are like diamonds, it is only after a tremendous amount of pressure that they attain their true brilliance" (source unknown).

Within this study, the preceptors' stories seem to reveal tacit knowledge regarding their preceptees' feelings of vulnerability. In Anne's reflection above, a learning opportunity occurred for Anne when she purchased a coffee for her preceptee. Her preceptee was extremely appreciative that Anne bought her a coffee, which triggered

Anne to reflect and reminded Anne about the importance of seeing positives and celebrating successes with students.

Schön (1987) states, "It is sometimes possible, by observing and reflecting on our actions, to make a description of the tacit knowing implicit in them" (p. 25). A number of preceptors in this study revealed their tacit knowing, which was sometimes triggered by a critical incident (Anne's purchasing a coffee for her preceptee) and at other times revealed through reflecting on themselves or their preceptee. Many of the preceptors also appear to reveal a knowing in their actions that they could not easily articulate, as with Emily who had difficulty explaining her thinking to her student after the counselling session. Argyris and Schön (1992) state that "we know more than we can tell and more than our behaviour consistently shows" (p. 10).

One can see how learning and reflection were intricately linked throughout the preceptors' reflections. Through a process of reflection, many of the preceptors in this study examined their tacit knowledge, opening up opportunities for learning and perhaps for transformation and change.

The Mirror Image

Gillie Bolton (2010) interprets Alice in Wonderland's trip through the mirror as follows:

Alice did not stop to study her reflection before she went through the looking glass. Had she done so her reflection would merely have been a back-to-front image of her accustomed self. Having crawled right through the glass she

encountered a world where everything "was as different as possible" (Carroll, 1865, 1954, p. 122). (p. 66)

The metaphor of a mirror reflection resonates with my understanding of preceptors' experience of learning. Through the process of reflection on experiences with others, many of the preceptors explored aspects of themselves and their practice. At times, some preceptors reflected back to their own experiences as students or on previous experiences of preceptoring students. At other times, some preceptors saw themselves through the eyes of their preceptees, sometimes seeing themselves or their practice differently, sometimes seeing new ideas and new perspectives, thus opening up opportunities for personal and professional growth. Under the mirror image I will explore the following sub-themes: "Learning from the other"; "Through the mirror."

Under the theme "Learning from the other," the following sub-themes emerged for me: "Seeing differently"; "Seeing similarities." Under the theme "Through the mirror," the following sub-themes emerged: "Challenged by uncertainty"; "Seeing self differently."

Learning from the other.

Schön (1983) suggests that experienced professionals' practice becomes, at times, routine, and that important details may be overlooked. Schön states,

As a practitioner experiences many variations of a small number of types of cases, he is able to "practice" his practice. He develops a repertoire of expectations, images, and techniques. He learns what to look for and how to respond to what

he finds. As long as his practice is stable, in the sense that it brings him the same types of cases, he becomes less and less subject to surprise. (p. 60)

Schön describes this as “over-learning” what we know and “the practitioner may miss important opportunities to think about what he is doing” (p. 61). In this research, a number of preceptors shared stories of learning new ways of seeing and doing by observing their preceptees and by taking time to reflect. The following reflection from Jeanne is an example of how Jeanne learned a new approach from her preceptee.

Today when I came into work at 9:15 am, there on my desk was her work (she couldn't stay the rest of the day). It turns out she not only designed a substance abuse website, but she redesigned the health unit's entire healthy living section based on a critical assessment she did of all Ontario websites. She has engaged our web visitors with titles such as, “Crash Course on Alcohol and Drugs”—A creative play on words for impaired driving. “Tips for Hosting”—Another play on words as people leave tips when they are served alcohol. “Test Your Knowledge”—An interactive invitation. She stated that using the terminology ‘substance abuse’ is very much ‘health unit’ terminology. So she is suggesting that we identify our title as “Alcohol & Drug Abuse”. She has also introduced an alcohol and drug poll that I think is great called, “Drink of the Week Poll” or “Drug of the Week Poll”. These polls give people a chance to place their answer and then factual info pops up regardless of their choice of answer. She has inspired me to build our substance abuse prevention website.

In the above reflection, Jeanne's preceptee seems to have provided Jeanne with new innovative ideas surrounding her work and inspired her to take action and revise a

website. Similarly, in the next reflection Elizabeth also describes learning from her preceptee as her preceptee taught her some new technical skills.

This was a very positive experience for me in that I learned some new skills. New nurses have a tremendous advantage in their technological skills. I think this will be a valuable contribution as we make changes in our practice to incorporate new technology.

Many of the preceptors commented on the skills, new knowledge, and new perspectives introduced by preceptees. In the next reflection I reflect back on my own experience of being a preceptor and describe how I gained a new way of seeing when I worked with a group of nursing students.

Thinking back to my own experience of being a preceptor, I recall working with a group of four nursing students who were with me for one term. At the time, I was coordinating Prenatal Health Fairs, which are large "one stop shop" events for pregnant families to attend. The fairs included educational displays as well as business and community service displays. We were evaluating the effectiveness of Prenatal Health Fairs, however I also wanted to evaluate the content of the 13 educational displays we had developed on various topics such as Nutrition in Pregnancy, Exercise in Pregnancy, Pre-term Labour etc. I wanted the student group to collect feedback on the educational displays and make recommendations regarding revisions to these displays. The students consulted with me along the way and attended the fairs to collect feedback from participants and others. At the end of their placement they presented me with a report including all of the feedback they had gathered and their recommendations. To my surprise, their

recommendations included updating the content of the displays along with changing the format of the fair. I had not asked them to provide feedback on the format of the event. I had asked them to provide feedback on the displays. They recommended we set up the fair so that we had different sections with similar topic displays grouped together. For example, a section of displays focused on labour and delivery, another section focused on baby care. I was surprised. Partly because this was not the feedback I had asked for but also because I liked the idea and why hadn't I thought of this! Brookfield (1995) states, "One of the hardest things teachers have to learn is that the sincerity of their intentions does not guarantee the purity of their practice" (p. 1).

Kolb (1984) believed that in order to acquire new knowledge, skills, and attitudes, learners need to be able to "reflect on and observe their experiences from many perspectives" (p. 30). In the above reflection, the nursing students enabled me to view my practice from their perspective, providing me with a new idea about how to organize the fairs. I was surprised by the students' work, which triggered me to question why I had dictated to the students what they needed to do. In my experience, some students require more direction, but this group of students taught me to be encouraging and open to creative ideas.

I further ruminate . . .

Is there a gap between preceptor/practitioner knowledge and student knowledge?

The nursing literature often describes the gap between theory and practice.

Perhaps we should look at a reverse perspective of this gap, whereby experienced nurses may be lacking some of the up-to-date theoretical knowledge. As well,

what I like to think of as, perspective knowledge. At times we become so entrenched in our own view of our work, that we cannot see the forest through the trees and even though we encourage students to share their perspectives, are we really listening? According to Öhrling and Hallberg (2000a), being a preceptor means becoming more aware of ourselves through the development of a horizon of understanding between the student's views and our own views. Being open to the student's perspective provides us with new knowledge, perspective knowledge, that enables experienced practitioners to see their world from a new and different perspective thus changing the way we think and perhaps transforming one's practice.

Being open to new ideas is exemplified in Florence's next reflection. Florence describes how she learned from her preceptee. Public health functions as a resource for the community but also as a resource for health professionals and health professional students and, therefore, quite often, nursing students who are on placements with other community agencies contact public health units for educational information and resources. In the situation below, Florence had been contacted by third-year nursing students, who were looking for sexual health information and resources.

My preceptee collected information and made a list of things she thought they should know. It was interesting to find out her perspective—the questions that she had for them were different from mine. She was in the unique position of having recently done the project and could look at it from that perspective as well as from a public health perspective. I am going to try to keep that in mind when helping students in the future—I need to find out the purpose of the activity to

better meet their needs. I really enjoyed her perspectives and the [nursing] students we helped did as well (they told me later that they had done really well on their project!).

In the above reflection, Florence shares how her perspective regarding how to assist nursing students seeking information changed as a result of engagement with a fresh perspective and new insights from her student. Öhrling and Hallberg (2000a) found that preceptorships were positive experiences for nurses when nurses learned new skills or knowledge from the student. In a number of instances in this study, it appeared that when the preceptor was open to seeing her preceptee's perspective, she was open to learning. According to Kolb (1984), experiential learning involves being fully and actively open to new experiences.

In this next journal excerpt, I examine some of my pre-understandings as a researcher, as well as my thinking surrounding the preceptor reflections.

I wonder about learning in preceptor practice . . .

When I first began pursuing the idea of examining the experience of learning for preceptors, I envisioned that preceptors would reflect about how students taught them new skills, new theories, and perhaps new approaches to practice.

However, being aware of my own learning from past preceptorships, I realized that much of this learning is about learning about ourselves. In public health, nurses often work independently out in the community which means they work alone, without a partner or colleague to engage in dialogue with about clients after home visits or to discuss community/school meetings. As a result of working independently, public health nurses have learned to rely on their experiential

knowledge. Having a student with them out in the community provides public health nurses with an opportunity to reflect/engage in dialogue with another and to gain new perspectives. Preceptors in this study did not write about the need to refer to literature to find solutions or to refresh their knowledge. In other studies (Legris and Côté, 1997; Öhring and Hallberg, 2000a), preceptors did refer to the literature to find answers however, these studies did not examine or report on whether or not the preceptors found solutions within the literature.

Öhring and Hallberg (2000a) found that opportunities for dialogue and questions asked within preceptorships contributed to the learning for both students and preceptors.

Öhring and Hallberg (2000a) found that as preceptors got to know the students by answering their questions and through discussions, they became aware of the gap between their knowledge and their preceptees' knowledge. Öhring and Hallberg stated, "Many preceptors asked for the students' views on the quality of nursing care and proposed that the students should openly express any criticism they might have" (p. 235).

In this next reflection, Florence writes about how beneficial it was to engage in dialogue with her preceptee and to share how they had grown from the preceptorship experience, each learning from the other.

It was great to talk to her in a broad general way. I was worried that I hadn't met her needs and she more than met mine! As we were completing the final evaluation I saw my student in a new way, the results of the experience clearly demonstrated growth for this student and a transition from student to independent practitioner. A really neat moment for me to experience.

In their study, Öhrling and Hallberg (2000a) noted that “by valuing dialogue with the students the preceptors acquired an insight into the students’ knowledge” (p. 234).

Further, the opportunity to engage in dialogue with the preceptor was considered extremely important and valuable to students (Öhrling & Hallberg, 2000c).

Through reflection, many of the preceptors were able to identify the learning opportunities within preceptorships. Jarvis (1992) states that reflective practice may begin at a point where the taken-for-granted is questioned so that a potential learning situation is generated. In the next reflection, Florence writes about her experience with a preceptor that caused her to reflect on her taken-for-granted assumptions. Her preceptee questioned why public health professionals think every program is valuable to the public, which triggered Florence to pause, reflect, and think.

We can convince ourselves of the need! We feel we are doing a great job in reaching hard to reach populations effectively and efficiently—the student shared her views and they did not really seem to be the same as ours. Why do we think that everything is valuable? We look at presentations, health fairs, as this may be the time that we make a huge difference and that’s not going to happen. The student didn’t feel that it was a worthwhile use of time/energy. Maybe instead of asking how valuable something is, we need to ask the question “What’s the worst that could happen if we didn’t attend”? I may try this approach in the future to see if it helps bring any more clarity.

Jarvis (1992) states that reflective learning can be either confirmative or transformative. “It becomes transformative when assumptions are found to be distorting, inauthentic, or otherwise unjustified” (p. 111). Florence’s preceptee seems to have

enabled Florence to see public health nursing practice as perhaps unjustified. Florence's student created an indeterminate zone for Florence as she began to question why public health practitioners think that every public health program is valuable. Florence contemplates further as she wonders if public health strategies such as providing health education via health fairs and presentations make a difference. Florence seems to be questioning the values and beliefs she has held about public health practice. Florence contemplates further and asks the question, "What would happen if we didn't attend?" In other words, Florence seems to be questioning whether the public would be less healthy if public health nurses didn't offer health fairs and educational presentations.

By engaging in dialogue with her preceptee, and by being open to her preceptee's way of thinking, Florence learns from the other and questions an assumption that perhaps some public health nurses make: "Why do we think everything we do is valuable?" Florence endeavours to ask this question of herself and perhaps of others in the future, which seems to demonstrate a transformation of her personal knowledge based on this experience. Brookfield (1995) states, "We learn that students perceive the same actions and experience the same activities in vastly different ways" (p. 92). Schön (1983) notes that when practice has become routine and habitual, practitioners "may miss important opportunities to think" about why they do the things the way they do. Florence's preceptee provided Florence with an opportunity to learn from the other and to see her practice differently. I reflect below on my experience of returning to school and how it has helped me to question my habitual ways of thinking and has transformed my thinking about my day-to-day practice.

I can recall a feeling I experienced as a student. The desire to feel confident! I yearned for the day when I would feel confident in my practice, when every day wasn't fraught with anxiety and worry over my lack of ability, skills and knowledge. I yearned for the day when I would feel like I knew what I was doing. Of course, I can't recall an exact day when I felt 100% confident but eventually I did get there. Interestingly, after 16 years in practice I have come to the realization that being 100% confident and knowledgeable isn't a level or state I want to remain at. It is in this state that I have become relaxed and habitual in my practice. When I returned to graduate studies I realized it is uncomfortable to challenge myself and to ask myself questions about why I do things a certain way because sometimes I don't like the answer or it is just easier to keep doing things the same way. However, I discovered that taking time to stop and think was exactly what I was missing in my day-to-day practice and I learned to treasure the discoveries I made about myself (not always nice discoveries), but discoveries nonetheless where I could begin to learn and change. As experienced nurses, it is easy to fall into the trap of comfortable, confidence in practice and I challenge nurses today to dwell in the discomfort surrounding practice. This, to me, is truly reflection.

Perry (2008) describes the process where the teacher becomes the learner and the learner the teacher as *transpersonal learning*. Perry suggests that transpersonal learning is similar to transpersonal caring, whereby both individuals are *co-participants* and learning is continuous and mutually beneficial for both teacher and learner.

The reports of preceptors in this study suggest that learning from the other was one way in which the preceptors learned and developed as professionals.

Seeing differently.

According to Brookfield (1995), seeing ourselves through the eyes of another enables us to become aware of our assumptions and beliefs, which can lead to a process of learning and change. "Otherness is differentness, a negation that implies 'being different to', and this is something we share with every living thing" (Myhrvold, 2006, p. 126).

The image of the other, the student, is like a mirror reflecting the self. Bolton (2010) posits that seeing through the looking glass shows us aspects of ourselves that we do not normally examine. In this study, preceptors sometimes reported similarities, and sometimes differences, between themselves and their preceptees, and at times they compared their preceptees to themselves and their own experience, their own way of learning, and, their own way of seeing the world.

Öhrling and Hallberg (2000a) describe a link between preceptors' own past experience of being a nursing student and how they mentor students. A number of preceptors reflected on their past experience as students and on how these experiences informed their own practices. In the reflection below, Jeanne thinks back to her experience as a student.

I go out of my way to be a strong positive mentor as I believe I did not have great mentoring on a regular basis when I was a student. Sure there were positive ones, and one in particular I recall, but most of them were so-so. I feel my

student's anxiety and fear when I first meet them, and I take that into consideration as I take the lead in building our relationship.

Jeanne describes how her experience as a student was not positive and recognizes the anxiety and fear students possess when they first begin a clinical placement. These memories have stayed with her and help her to think differently and be a positive mentor to students.

Similarly, Florence reflects back to her beginning days as a new nurse and reveals how this experience has impacted how she regards nursing students today.

We discussed information received from nurses during various clinical placements and the conversation led to disempowerment and nurses "eating their young". It made me reflect on when I was a beginner nurse and when I changed jobs and became a beginner again doing nursing in a different way. I remember being in second year and thinking that I had made a huge mistake in choosing nursing—that I should have chosen to be a teacher instead. Not being a risk taker and recognizing that changing mid-stream would add to the expenses, I continued on in nursing. The reason I felt I should not be a nurse, is that I did not function well in a general hospital. Almost all my clinical experiences were in that setting as opposed to teaching opportunities. I did not see how I could reconcile my desire to teach with being a nurse since I didn't see it done. BScN students were often made fun of by nursing staff for their lack of skills compared to college educated nurses. The reality was that those nurses who went to college could do a lot more on the floors than we could. That experience significantly impacted me in terms of relating to students. When I find myself saying things like "after

graduation nurses need to work for several years before getting their masters" I stop and think am I encouraging or discouraging?

In the above reflection, Florence appears to illuminate an assumption she is making about students (i.e., that new nurses need to work for a few years and get experience before returning to school). According to Brookfield (1995), "Assumptions are the taken-for-granted beliefs about the world and our place within it that seem so obvious to us as not to need stating explicitly" (p. 2). Many of the preceptors made assumptions about students, as exemplified in Florence's previous reflection. Brookfield (1995) suggests that in order to grow and learn as a professional, one must engage in reflective practice and continually attempt to see things from a number of different viewpoints. In the above reflection, perhaps Florence is examining her assumptions and she begins an active enquiry: "Am I encouraging or discouraging?" Through reflection and by revisiting her own past experience, Florence seems to critically examine her thinking recalling how she was made to feel as a new nurse. Through this exploration of her past experience, Florence examines her current way of thinking, allowing her to perhaps see differently and thus opening up an opportunity for change.

Many of the public health nurse preceptors, I found reflected on their past experiences of working with students to make sense of their present experiences as preceptors. Similar findings were revealed in the phenomenological study by Öhrling and Hallberg (2000a). Drawing on the work of Merleau-Ponty (1962/1996), Öhrling and Hallberg (2000a) state,

The preceptors' original past experiences can also be seen as "the horizons" within which knowledge takes its place (Merleau-Ponty, 1996, p. 207) and is

opened up by perception. From this horizon the preceptors increased their view of the student and in turn their insight into themselves. (p. 232)

Mary reflects below, comparing her current preceptee to past students.

While checking some independently performed duties (by my preceptee), I have noticed some errors. This is a very complicated program and this is to be expected (people who have been here for a year still have to ask for assistance with my program) but I can't help but worry about whether or not I should be checking everything that she does (over protective preceptor overreaction) and can't help comparing her to past students. The checking everything is not possible or reasonable so reviewing the error corrections with her seems best. Comparing her to other students is unfair in hindsight as I am remembering them at their best.

Mary is consciously aware that she is comparing her preceptee to previous preceptees and seems to be seeing herself differently. Mary seems to become aware of her practice of checking and comparing her preceptee's independently performed duties to how previous preceptees performed these same duties. Myrick and Tamlyn (2007) state, "Students possess unique individual histories and experiences that we, as teachers, need to honor within the context of the educational process" (p. 302). In other words, when working with students it may be important to understand who they are as individuals who have a past, present, and future perspective that both teachers and preceptors need to recognize and value. Mary perhaps recognizes that she may be comparing her preceptee's level of skill to that of past preceptees who were at the end of their placement and "at their best." Through writing this reflection, Mary examines her

practice and sees differently as she appears to realize she is implicitly judging her preceptee unfairly, and in so doing increases her horizon of understanding of herself. Mary demonstrates an increased self-awareness, which, through the process of reflecting on her own performance of “checking” her preceptee’s work, helped Mary to see her practice differently.

It is interesting to note that many of the preceptors recalled their past experiences of being a preceptor or of being preceptored. For some, these were vivid memories that helped them to see themselves differently. These memories of learning perhaps offer insight into how positive and negative preceptorships have a lasting impact on nurses. The preceptors’ recollection of their own past experiences in light of current experiences with their preceptees sometimes fostered a change in perspective.

Carlson (1997), in his popular book *Don't Sweat the Small Stuff . . . and It's All Small Stuff*, encourages individuals to “read articles and books with entirely different points of view from your own and try to learn something” (p. 149). Carlson suggests we become close-minded when we surround ourselves with like-minded people and only read literature and books that have similar opinions to our own. Carlson encourages his readers to “expand your minds and open your hearts” to other points of view (p. 150). Along this line of thinking, preceptors were challenged by working with preceptees whose thinking was different from their own, which at times resulted in the preceptors rethinking their own points of view and coming to see the world differently.

Many of the preceptors became engaged with the student by getting to know the student in a deeper sense. Freire (2005) offers some insights into the giving and receiving through dialogue that characterizes such a reciprocal relationship.

Through dialogue, the teacher-of-the-students and the students-of-the-teacher cease to exist and a new term emerges: teacher-student with students-teachers.

The teacher is no longer merely the-one-who-teaches, but one who is himself taught in dialogue with the students, who in turn while being taught also teach.

They become jointly responsible for a process in which all grow. (p. 80)

In the next reflection, Florence expresses vulnerability and a sense of worry about a learning opportunity she has planned for her preceptee, and anticipates what her preceptee's response will be.

Florence reveals her learning . . .

I feel like my clinical skills shine in family planning [clinic]. It's funny but in some ways it was almost personal—I felt very vulnerable. I wanted her to be able to see the value of slow paced and therapeutic interventions [in the clinic]. I need to be able to help her to see that and recognize that it is still a good learning opportunity as well. I thought that because she was self-motivated and driven that the slow organized path would not appeal to her. It was great that she did come to clinic because I learned even more about her. She already did value the same things and she was able to see the learning. I learned that I shouldn't assume and that I really should learn to relax!

Florence's reflection is an example of how reflection and learning are not always immediate and may occur later, taking place hours, days, weeks, or months later (Schön, 1983). Through her written reflection, Florence reflects-on-action by examining her assumptions, "if she liked family planning then she liked me." Florence seems to see herself differently and critically examines her assumptions. Bolton (2010) states, "The

way to find out about ourselves is through forgetting ourselves. It is letting go of everyday assumptions about who we are, in order to be open to discovery of other possible selves" (p. 34). Florence appears to demonstrate an ability to "let go of her assumptions" and realizes her preceptee may have appeared to be different from Florence but in fact had similar desires and values.

Exploring assumptions is a crucial step in the process of reflection and learning (Brookfield, 1995). Mezirow (1991) suggests that when practitioners discover that the reasons for their habits in practice are based on inaccurate assumptions, transformative learning can occur. In the next reflection, Mary appears to examine her assumptions regarding her initial meeting with her preceptee.

Upon meeting my preceptee, I noted that she is quite stylish, paying close attention to clothes, makeup, hair, etc. . . . I think that it takes up too much of my day, already, just to look "normal". In some of my past experiences with students, a lot of attention to style has interfered with attention to work. Therefore, a small niggling alarm bell started ringing in my head to watch for this. It would be completely unfair to start judging this person based on her appearance but I am supposed to free flow here so am. I do want to qualify the above by stating that I have had students who have looked good and worked very hard so was not convinced either way based solely on her appearance. She contacted me prior to the placement to get advanced info, came in to collect it prior to Christmas and on both occasions, was open, friendly and keen to learn. This, I am pleased to report had a greater (and more positive) influence on my forming opinion of her. In writing this, I am glad to observe that although

threatened by someone who is better looking, younger, healthier and less-menopausal than I am, I don't apparently hold this against them.

The above reflection is an excellent example of how practitioners reflect-in-action about their relationships and differences with others by having a reflective conversation with themselves (or others) in order to explore their thinking and find new meaning (Schön, 1987). Through a reflective conversation with her written journal, Mary seems to see herself differently by working through her thinking.

Bolton (2010) sees reflective practice as a means to “lay open to question” one’s thinking and actions (p. 34). In the reflection below, Nellie compares herself to her preceptee and reflects on the differences she sees.

I'm surprised at projects he is working on—they seem very open-ended and free wheeling, much different than my nursing student days.

Nellie’s reflection depicts surprise at her preceptee’s openness towards project work and her insight that nursing students today are “much different” from when she was a nursing student. Nellie’s surprise “lays open to question” her thinking and actions, as Nellie may perhaps be seeing her way of thinking as different from her preceptee’s and her experience of being a student as different from students’ today.

In the next reflection Florence writes about how different her preceptee is from her and through reflection she appears to work through these differences.

She is so keen to move forward but it is interesting to see the things she views as hindrances (I don't think she sees barriers to learning!). We spoke about how she was perceived by others in the past and used the word assertive but said how she didn't like that description as she perceived it to be a more negative word. She

does not want people to think of her as pushy or aggressive. As I was listening to her, I was thinking how I would love to have that attribute! Sometimes I think that personality attributes are like hair—If you have curly hair you want straight and if you have straight, you want curly—you want whatever it is you don't have and don't see the value in what you've got. Having a student so different in personality from me who is able to talk as honestly as she does really helps me put things in perspective and I find that I can see wisdom in myself—I must be getting old! What a wonderful opportunity this is!

Within this reflection, Florence comes to new insights through a comparison between her preceptee's assertive personality and her own perhaps less assertive personality. Florence begins to engage in an internal dialogue about the human desire to be like others, and comes to the realization that it is important to accept who we are as individuals. Gardiner's (1999) writing on the work of Mikhail Bakhtin describes this internal dialogue as *dialogism*. Dialogism provides us with a means of interpreting ourselves through the other, whether through words or text (Gardiner, 1999). In the above reflection, Florence dialogues with herself through her written text to interpret her feelings of discomfort and to discover her inner wisdom.

Below, Florence again reflects on differences between herself and her preceptee in ways that depict the notion of the mirror image as she considers her current practice and compares herself to her preceptee.

This student is a real crackerjack! She is confident and offers suggestions and looks for ways to participate. She orchestrates her own learning! I wonder if I still do that. Her style is very different from mine and I wonder if I am the

appropriate preceptor for her? I find the skills I have are best suited to students who are less sure of themselves and need more support—kind of a nurturer. This student obviously doesn't need that. I haven't precepted a student with this style of learning. I'll have to really be aware of ways to challenge her in order for her to thrive. This should be interesting!

Bolton (2010) suggests practitioners need to embrace situations of uncertainty as opportunities to learn. Interestingly, through a process of reflection, Florence reveals a willingness to move forward and to see the situation as a way to challenge herself. Mezirow (1991) suggests that being open to these aspects of uncertainty and focusing close attention on why we are uncomfortable enables us to gain insight into the self and how others see us, opening up an opportunity for transformative learning.

Seeing similarities.

Within nursing, Myrick and Tamlyn (2007) describe working with students as an enlightening experience, where teachers of students reflect on their own views and come to see their student not in their own terms but in the student's terms. In this study, participants spent time observing their preceptees and reflecting on their observations. Preceptors were afforded the opportunity to step back from practice and to see similarities between themselves and their preceptees. At times this reinforced their practice and at other times it was transformative.

In the next reflection Anne compares herself as a student to her preceptee.

In terms of her eagerness and confidence I thought back to my own consolidating experience. Were there times when I shared what I was thinking or tried to

answer questions of a patient based on my knowledge? Did my preceptor/teacher think I was being a "know it all?" Both academically and personally I was always encouraged to share my eagerness and willingness to learn. "That's how you get jobs." "Always show that you are eager to learn and jump at the chance to see/try new things." This is what I grew up with. Maybe that's what my preceptee grew up with too. I did not have the heart to come right out and say that she needed to keep her thoughts to herself but I suggested that she be ok with observing the first few weeks.

In the above reflection, Anne notices similarities between her preceptee and herself as a student and reflects that her preceptee's behaviour is perhaps a result of her upbringing. Anne realizes that eagerness to learn could possibly be misinterpreted or judged as being a "know it all." Through reflection, Anne contemplates the issue and examines her assumptions, which provides her with the insight to encourage her preceptee to observe for a few weeks.

In the next reflection, Florence experiences a *through the looking glass* perspective about herself in which she lays open to question her practice as she watches her student present.

I was able to watch my student present solo for the first time. It was really interesting to watch. She is very competent. She was full of passion and fire! I wonder if I am still so passionate? Afterwards we discussed this and she said that she was afraid that she may have been so passionate that she may have almost been lecturing or telling them what to do. As I am writing this I recognize that I have been guilty of this as well.

Florence sees the similarity between herself and her preceptee and experiences an uncertainty about herself, which triggers her to reflect on her teaching skills. Florence wonders if she implicitly lectures. Later, when asked for clarification about this reflection, Florence explained that what triggered her to reflect was that her preceptee questioned *herself* about her own teaching style. This triggered Florence to reflect on her own teaching style and come to the realization that she often lectured. This created an indeterminate zone of practice for Florence (Schön, 1983, p. 6). Florence had to stop and think, reflecting on her own teaching style, and realized that she herself was “guilty” of lecturing versus informing when she teaches. Up until that point, Florence’s teaching style had perhaps become tacit. Her student triggered a moment of uncertainty for Florence, requiring her to reflect and re-examine her practice.

In the above reflection, Florence seemed to see herself through a mirror reflection of her preceptee. Florence seemed to see herself in her preceptee as she observed her preceptee’s “passion and fire.” When asked for clarification later, Florence explained that she feels she still has the passion and fire for her work and that she felt this particular experience with her preceptee was a positive reinforcement. This example demonstrates how learning through preceptees can sometimes help reinforce preceptors’ practices, and is consistent with the thinking of Myrick and Tamlyn (2007) described earlier.

Brookfield (1995) states, “Seeing ourselves through students’ eyes is one of the most consistently surprising elements in any teacher’s career. Each time we do this, we learn something” (p. 33). For preceptors, seeing themselves through their preceptees offered opportunities to examine embedded practice and provided them with an opportunity to stop and reflect; this was sometimes affirming and other times transformative.

Interestingly, in Florence's reflection above, there is a sense of discomfort as Florence compares herself to her preceptee. According to Bolton (2010), one often experiences a sense of discomfort when one begins to see oneself differently. The concept of preceptors seeing themselves differently is explored further in an upcoming section.

Travelling through the mirror and allowing oneself to look at oneself differently can be unsettling (Bolton, 2010). Bolton posits,

Courageously adventuring through the glass, rather than merely gazing on its surface, is personally demanding. It enables practitioners to view their practice with unprecedented width. It can offer insight into the motives, thoughts, and feelings of others, and suggest a range of possible actions never before envisaged. This is likely to change practice, and the relationship of the practitioner to their practice, dynamically: a politically and socially unsettling process. (p. 74)

In addition to reflecting on their past experiences of being a student, preceptors compared their current preceptees to students they had precepted in the past. The following reflection from Jeanne is an example of how preceptors compared their preceptees to previous students.

She [the preceptee] reminds me of one of my best students from the past. . . . she was quiet too, highly intelligent, motivated, friendly, and very professional. I prefer quiet, friendly students, as I am a quiet and friendly person too.

Jeanne's reflection demonstrates how, at times, reflection reinforces practitioners' "knowing-in-action" (Schön, 1983, p. 50). However, Bolton (2010) encourages professionals to challenge themselves by choosing to work with others who are different

from themselves. In the following journal excerpt, I share my reflections regarding nurse preceptors' desire to work with someone like themselves.

I often hear preceptors say, "I hope I get a good one" meaning I hope I get a good student this time. What makes a good student? I prefer to work with students that are keen and enthusiastic, have good communications skills; students who learn new skills quickly, ask pertinent questions and follow instructions. I prefer to work with students who I am compatible with; students who think like I do and have similar interests. When students possess similar qualities to myself, it makes my role as preceptor easier. When students think like I do, then I can anticipate their questions and the areas they will struggle with and I understand their teaching/learning style. According to Johns and Hardy (2005), "most nurses, like people everywhere, are creatures of habit. They cling to the known and familiar because it is comfortable to do. It is also a fact that people generally learn through experience—so what worked last time is used again" (p. 85).

In my research, many of the preceptors utilized their past experiences with students as a benchmark to work from, which seemed to help them see differently. Jeanne and I prefer to work with students similar to us. Perhaps Jeanne and I are uncomfortable with being challenged by working with students who think differently from us. Bolton (2005) suggests we are "anchored to our own perspectives" and encourages professionals to "problematise" ourselves, our assumptions and our practice (p. 38).

Through the Mirror

For some of the preceptors in this study, being a preceptor created an opportunity for them to *venture through the looking glass* and explore what they may not have otherwise seen.

Challenged by uncertainty.

Preceptors were challenged by uncertainties about themselves and their preceptor practice. Experiencing uncertainty is similar to what Schön (1987) describes as *indeterminate zones of practice* (p. 6). According to Schön (1987), indeterminate zones of practice are situations in practice that are unclear and not easily resolved.

Along with uncertainty, there was at times a sense of worry for some preceptors when they reflected on these uncertainties. Van Manen (2002) explored the human experience of caring and describes the worry that is experienced as a result of caring for others as *care-as-worry*. Care-as-worry is a “worrying mindfulness,” a “preoccupation” (p. 265). It seems that a sense of caring is linked with a sense of worry, because nurses care and worry about patients. Similarly, preceptors cared and worried about their preceptees.

In the next reflection Mary experiences care-as-worry as she examines her uncertainty and questions herself and her preceptor skills.

Just a bit of preceptor angst. Now firmly in the last few weeks of being a preceptor, I am questioning myself about how I have done? Have I really paid enough attention to what my preceptee has been doing? Have I opened up enough opportunities with other members of the team or other departments in the

health unit? Have I given her feedback on what she needs to focus on and improve with enough time to accomplish this before the final evaluation is done? Why am I asking myself so many questions? I have done this several times before!

It seems Mary is worried that she hasn't paid enough attention to her preceptee and wonders if she has provided enough learning opportunities to meet her preceptee's learning needs. Mary's questioning of herself is described by Schön (1983) as the ability of professionals to be cognizant of their actions and the implications of these actions, which often requires professionals to "reflect anew" on what they know (p. 295). In the reflection above, Mary's *care-as-worry* proves to be a useful form of worry that enables Mary to examine her practice and, in this case, proves to be reaffirming for Mary as she resolves her practice dilemma.

Mary further notes . . .

Met with my preceptee to review original goals, midterm review. Sought input from co-workers who have worked alongside her. Reviewed positive and negative feedback. Nothing crucial and all well received. Angst gone!

In the following preceptor reflection, Anne also experiences uncertainty in her practice. Anne is concerned about her preceptee's inability to grasp the work and is worried that she is not helping but rather hindering her preceptee. Anne begins to question her thinking and her teaching strategies as she attempts to figure out how to proceed with her preceptee.

To me it seems as if she just "doesn't get it." But maybe, she does get it and maybe she is just a different thinker than I am. I'm confused because in my mind

I think that my role is to role model, provide her feedback and offer support. Am I doing the opposite though? Maybe to her I'm being domineering. Maybe I'm encouraging her to write down the goals I think she needs to achieve. A clinical advisor has not contacted me. The resources are wonderful. I've done this 4 times before (been a preceptor). Yet right now, I feel exhausted, have popped 2 Advil to fight a day long headache and can't help but feel that I am totally doing some disservice to this young woman. Oh well . . . we're both off tomorrow. We'll both have a chance to get away and come back refreshed on Monday.

In this reflection, Anne reveals uncertainty about her preceptor skills as she seems to struggle to understand what her preceptee is thinking—"Maybe to her I'm domineering"—and seems to struggle with the differences between her preceptee and herself: "Maybe she is just a different thinker." Anne indicates that this confusion and frustration with her preceptee is leaving her feeling exhausted. Through the process of questioning herself, Anne appears to reflect on her actions in order to better understand. During this reflection, Anne does not come to a place of understanding, however, she does seem to decide on action. Anne makes the decision to create some time and space between herself and her preceptee. Mezirow (1991) states, "Gaining new perspectives on our practice and questioning assumptions that we did not even realize we had are always emotional experiences" (p. 39).

Similar to Anne, I recall experiencing uncertainty about my competence and feeling unsure how to find challenging learning experiences for my preceptee. I think back and reflect on a challenging situation I once experienced as a preceptor.

One of my most memorable experiences as a preceptor was when I was a fairly new public health nurse working on a team that home visited families. My preceptee was very keen and enthusiastic, however I was bit intimidated at first because she was very knowledgeable about a number of cultural groups in our community; I was not. I had mainly worked with white middle-class families and wasn't sure I was going to be able to find experiences to meet her area of interest. However, rather than actively trying to find culturally challenging experiences for her I decided to let the experience unfold. As we got to know one another, my preceptee shared articles with me and talked about her experiences working with various cultures. Her husband was from Ghana, Africa and she talked about his culture and the people of Ghana and it became clear to me that her understanding of her husband's culture had made her more sensitive to working with all cultures. I did not feel I provided my preceptee with much guidance, however we both learned from each other. Interestingly, in this placement, this preceptee ended up working with a number of diverse families such as single parent families and teenage mothers which proved to be a diverse and challenging experience.

In the above reflection, I experienced uncertainty when I realized I was lacking experience working with people from a variety of cultures and was uncertain how to proceed with this student who was more knowledgeable than I was regarding cultural diversity. I paused to reflect and to examine my thinking which opened up a space to grapple with uncertainty and enabled me to learn. In this situation of uncertainty I relied on my tacit knowledge; sometimes the best action is to take no action.

Exploring uncertainty is an important component of reflection. Feeling uncertain and questioning oneself and one's thinking was common within many preceptor reflections, which exemplifies the importance of recognizing the value of learning through reflection (Bolton, 2010; Brookfield, 1995; Schön, 1983, 1987).

Seeing self differently.

Preceptors, at times, saw themselves differently through the looking glass.

Preceptors reflected from outside themselves and gained a deeper understanding of themselves and their practice from being in the role of a preceptor. In this next reflection, having time to observe her preceptee enhanced Emily's understanding of her role as a public health nurse working in schools and her understanding of "what it takes" to work in the school environment.

I realize that as a public health nurse particularly in the setting I'm in that we need to have to be able to speak up when we have ideas, and to sometimes direct a meeting the way we want it to go or even direct a counseling session in a certain direction. This is not the case with my preceptee. It's likely that as you mature you develop these skills. But I'm not sure if a person who doesn't have certain skills can function that well in the number of settings we encounter, the number of different school environments. You have to put yourself out there to get things done to have people want to come to you, to want to access your service or refer their students to you. You have to work on your relationships with the schools. I have learned that about myself. It's something I have in my personality, meaning I am friendly and engaging. These personality traits are

necessary to develop relationships in school settings where you're a visitor not really a member of staff, an adjunct to their work in schools. I think I'm seeing that my preceptee doesn't have these traits that it's partly personality, partly age and level of maturity. So that's an epiphany for me.

Emily described an "epiphany" as she observed her preceptee in the role that was normally her own. Emily reflected on "what it takes" to be a school public health nurse and seems to believe that possessing certain personality traits is important for school nursing. Emily wonders if with experience and maturity her preceptee will develop these traits. Emily seems to value life experience and confidence as important attributes of a school nurse. According to Benner (2001), experience does not necessarily equate with number of years in practice, however, "experience is a requisite for expertise" (p. 3). Benner (2001) suggested that expertise develops as a result of refinement of knowledge and skills and involves lived experience in practice.

Reading Emily's reflection reminded me of an experience I had as a new public health nurse.

I can vividly recall my experience of being a fairly new nurse working in an elementary school. I was asked by the grade 5 teacher to help teach puberty to his class. I was nervous because other nurses had warned me that kids sometimes act silly and ask inappropriate questions and I wasn't sure how I was going to handle those questions. I knew the content well and the class went well until the time came for questions and one boy asked, "How do you get AIDS?" I had no idea how to answer the question because I had no idea if kids in grade 5 had learned about sexual intercourse and drugs and needles. I looked to the teacher

for help and he rescued me. Now, years later, having had two children myself and having had the lived experience of parenting I understand how to handle difficult questions because developmentally I know that a simple answer, such as AIDS is acquired through blood or body fluids was probably all that was required for a boy in grade 5. Becoming confident in our role as nurses is often as a result of work experience but also life experience and this learning from both life and work experience never ends.

In this next preceptor reflection, Anne reflects on an experience where she received a compliment from her manager. Anne describes her difficulty seeing herself differently and doesn't see the positives in herself until she reflects.

My manager must see something I don't see. Upon a lot of reflection I realized that maybe some of the skills I was exhibiting were a direct result of acting as a preceptor. After all, I am responsible for using critical thinking skills, acting as a role model, providing constructive feedback. I've been faced with difficult situations and dealing with conflict. I've always enjoyed the opportunity to be a preceptor and have learned so much about myself and my profession as a result.

Anne reflects on how she has advanced professionally perhaps as a result of being a preceptor. Paton and Binding (2009) state, "Through the process of assessing, watching, guiding, prompting, and evaluating student competence, preceptors acquire knowledge, experience, and wisdom" (p. 115). In the reflection below, Elizabeth sees her preceptee differently, "in a new way," as she observes her preceptee's development of competence.

Another AHA moment came as we were completing the final evaluation. I saw my student in a new way, the results of the experience clearly demonstrated growth

for this student and a transition from student to independent practitioner. A really neat moment for me to experience.

According to Brookfield (1995), each time we see ourselves differently, we learn something. In the reflection below, I share how I recently saw myself differently.

Recently I became aware that I was judging a student who had not even begun her placement yet. I had read a number of journal articles that documented "red flags" or warning signs of potential challenging students. Some of these early warning signs included: Student does not ask questions, student seems unenthusiastic about their learning experience and student is unable to articulate what they want to learn from the placement. I was interviewing a student on the phone about her placement and was observing these exact signs. The student was unenthusiastic about her placement, claiming that working in public health was not her first choice, she didn't return my emails and she did not ask any questions. I called the preceptor to let her know that I wasn't sure about this student's desire to be working in a public health placement. However, my intuition was telling me I didn't even know this student and was judging her based on a few phone conversations. I followed my intuition and suggested the preceptor meet with the student face-to-face. The student's interview with her preceptor went really well and the placement ended up being a success. This is an example of how evidence-based findings are only one source of knowledge and professionals need to take into account other evidence which includes their experiential knowledge and their practical wisdom (Schön, 1983; Kinsella, 2006a).

My reflection above portrays one of “the messy” situations in practice that are not easily resolved by best practice guidelines or theory (Kinsella, 2006a, p. 38). Through reflection, I saw my practice differently as I examined my “espoused theory” (this student is not going to be a good fit for public health because she is not demonstrating *appropriate* behaviours) and explored my deeper “theory-in-use” (this student may possess excellent public health nursing qualities and I cannot judge her from a few phone calls and emails) (Schön, 1987, pp. 6–7). According to Öhring & Hallberg (2000a), making moral judgments is an essential skill of preceptor practice.

Exploring moral issues, examining assumptions, and questioning one’s thinking are referred to by Bolton (2005) as *reflexivity*. Reflexivity is “being able to stay with personal uncertainty, critically informed curiosity as to how others perceive things as well as how I do, and flexibility to consider changing deeply held ways of being” (p. 10). Many of the preceptors demonstrated reflexivity by critically examining their thinking and by becoming aware of their assumptions, thus seeing themselves differently. At times, some preceptors became aware that they may have been judging their preceptee, and this awareness seemed to help them perhaps change their thinking and actions.

The preceptor experience was rewarding, and at times exhausting. In the next reflection, Emily’s preceptee helps Emily see her practice and herself differently. Emily realizes how exhausted she is and how stressful her work as a public health nurse can be.

I have noticed my preceptee has been noticing things about both of us. There have been some really serious incidents we have been working on this week. My preceptee realized how difficult they were, how stressful they were and I found it reassuring that my preceptee feels the same way I do. She said she realizes why I

always look so tired when I'm finished the day. She said, you feel sort of "sucked dry" from dealing with the stressful situations that we are dealing with.

For Emily, seeing herself differently, through the eyes of her preceptee, seemed to be affirming, and it offered Emily a reversibility of perspectives. Gardiner (1999), explored Bakhtin's (1990) thinking regarding tropes of perception and describes seeing ourselves through the other as a unique opportunity. Gardiner (1999) states,

The other can visualize and apprehend things that we are manifestly unable to. Hence, the other has a 'surplus of seeing' with regard to ourselves, and vice versa, thereby facilitating what Merleau-Ponty (1968) has called the 'reversibility of perspectives'. (p. 60)

Emily's preceptee may have helped her gain a reverse perspective and to see the reality of practice, which at times is exhausting and stressful.

Similarly, as a parent I often gain perspective and see myself differently through the other, that is, through the eyes of my children. I consider my role as a parent in the following:

As a parent, I often gain perspective through my children's views of the world. In my family, my husband and I encourage open communication; however, what my children have to say isn't always what I want to hear. I was baking cookies the other day with my 14 year old daughter and we were talking about her upcoming exams and I was explaining to her that she needed to set aside time to study and to not allow other things to distract her such as friends and the computer. She responded, "Well how come you are baking cookies instead of working on your thesis." Touché!

Many of the preceptors frequently learned about themselves, their preceptee, and their practice in ways that helped them see differently, through the other—their preceptee. In this next reflection, Florence sees qualities in herself reflected back through her observation of her preceptee. Gardiner (1999), drawing on the work of Bakhtin (1990), posits that we require “an external perspective in order to supplement our own blinkered and constricted standpoint” (p. 60).

Florence reflects on difference . . .

It was interesting to me to find out that the things that she [the preceptee] feels are not strengths for her, I would identify as positives. It is almost as though we value what others have but not what we have. It was an interesting discussion with both her and I leaving with a better understanding of ourselves and how others perceive us.

Meaningful learning for some preceptors was frequently exhibited through their ability to see themselves differently through the eyes of the preceptee (the other); a mirror image. Gardiner (1999) examined the work of the philosopher Mikhail Bakhtin, who suggests there is a metaphorical relationship between seeing and otherness. Bakhtin (1990) suggests that we see the world through our own subjective lens and in order to truly understand and transform ourselves, “one must look at oneself through the eyes of another” (p. 15). This thinking resonates with the descriptions shared by a number of preceptors in this study. Examples of transformative learning, of seeing the self and the student differently, were often reported when preceptors compared and contrasted themselves to their preceptees, a mirror image. Bolton (2010) notes, “Going *through-the-*

mirror, rather than staring at the self reflected back to front in the glass, really can effect significant change and development” (p. 253).

Experiencing Tensions

According to Kolb (1984), “Learning by its very nature [is] a tension and conflict-filled process” (p. 30). However, Kinsella (2006a) suggests that tensions in practice create spaces for learning. Indeed, “much of practice takes place in what he [Schön] calls the *indeterminate zones of practice*” (Kinsella, 2007, p. 401). Further, Kinsella (2007) notes,

The majority of the complexities and problems of practice tend to fall outside of the realms of technical knowledge, of clear black and white cases. For instance, Schön quotes a physician who suggests that only about 15 percent of clinical problems are based on evidence alone, while the other 85 percent are not in the book (Schön, 1987, p. 16). (p. 402)

Based on this thinking, practitioners must tackle numerous problems in their day-to-day work where clear and concise solutions are not readily available. The preceptors in this study illuminate a number of tensions in practice where solutions are not black and white and that result in a need to rely on experiential knowledge and knowing-in-practice. Preceptors described a number of tensions within their reflections, such as the tension between holding on/letting go; the tension between work/life balance; and the tensions within the ‘swamp’ of professional practice.

Holding on/Letting go.

Van Manen (1997) wrote, "Life is full of contradictions, which means that it is full of tensions among contrasting principles" (p. 61). Van Manen (1997) observed that within the act of teaching others, experiencing tensions leads to the need for reflection. One predominant tension revealed by a number of preceptors involved decision-making surrounding whether or not the preceptee was ready to practice independently.

In the reflection below, Emily writes about her feelings of discomfort as she grapples with whether she feels comfortable with letting her preceptee practice independently.

I'm not sure I am totally comfortable yet having my preceptee counsel on her own. It is so intense with many of my [high school] students and I have a lot of connection with my students. Maybe it's partly my issue. The relationships I have developed with my students have taken me a long time to establish so I am a little bit reluctant to hand over the counseling of my students solely to my preceptee. I will have to see how I feel in a few weeks. I think maybe I will do a bit of co-counseling with my preceptee and see what happens.

Emily acknowledges her protectiveness of her clients, referring to them as "my students." Öhring and Hallberg (2000a) observed, "When precepting nursing students, the preceptors always have one more 'other,' namely the patient, to be responsible for" (p. 237). Emily is experiencing a tension between the need to ensure her preceptee is ready to counsel independently (holding on), along with the need to let her be independent (letting go). Öhring and Hallberg (2000a) discovered a similar tension in their study of nurse preceptors, describing it as a "variation between nearness and

distance in the relations with the student” (p. 230). Öhrling and Hallberg discovered that the preceptor’s need for control decreased as they gained trust in the student. Within Emily’s reflection, the issue of trust is not directly articulated, although Emily’s desire to co-counsel with her preceptee perhaps reflects Emily’s need to develop trust in her preceptee. In a study by Modic and Schoessler (2008), they examined how recently graduated nursing students viewed excellence in preceptor practice. Their findings suggested that students prefer preceptors who “let me practice independently which builds confidence while checking in on me frequently which keeps me safe” (p. 33).

Öhrling and Hallberg (2000a) and Modic and Schoessler (2008) provide the perspectives of both preceptors and students. Perhaps the bridge to understanding and the key to alleviating the tension between holding on/letting go is for preceptors and preceptees to engage in open communication and to create time and space to make these preceptor/perceptee decisions together (Öhrling & Hallberg, 2000a).

Van Manen (1997) notes that tensions in everyday life “lie at the root of many of our pressures, problems, conflicts and uncertainties . . .” (p. 61). In order to make sense of these tensions, many of the preceptors often relied on their experiential and/or tacit knowledge. Interestingly, Emily’s decision to co-counsel and observe for a few more weeks is similar to what Modic and Schoessler (2008) describe as “scaffold learning” (p. 33). Scaffold learning is a progressive approach to acquiring a new skill whereby the preceptor first explains the skill, perhaps using a simulated approach, before the student finally performs the skill independently in a real situation with the preceptor standing by for guidance. “As the individual gains confidence in performing the skill, the scaffolds

are removed” (Modic & Schoessler, 2008, p. 33). Emily’s use of scaffold learning is perhaps based on her experiential knowledge of how she learned the skill of counselling.

In the next reflection, Emily’s tension is resolved as her decision to wait a few weeks has proven to be a good decision.

Another few weeks have passed and my student is able to go off and really do most things on her own. Things went really well this week, with only a little guidance from me. It just goes to show, you really need to let the preceptee just try things.

Interestingly, in the next reflection, Elizabeth experiences a reverse of the holding on/letting go tension.

Questioning myself. Were my expectations as an experienced nurse realistic for a fourth year student? I think I initially felt she should have been able to practice more independently earlier in the experience. I refined my expectations to a more realistic level and this realization assisted me in shaping her experience.

Below, Elizabeth later reflects on her learning surrounding expectations of nursing students and how this experience has perhaps transformed her thinking surrounding her expectations.

As I now reflect on my expectations for how I see a 4th year nursing student, I see realistically their ability to function as an individual practitioner is just beginning.

This next reflection exemplifies a tension between holding on/letting go as Florence feels she may have let go too much.

I feel like I have abandoned my preceptee. She is off doing activities with other members of the team and I often don't know what is going on. She is self-motivated and can find her own work but sometimes I feel that I am letting her down. Again this reflects on the differences in our learning styles and personality. As a student, I didn't move until someone told me to, she is comfortable in leading the way. I need to find a way to meet both our needs—I need to feel connected to her without holding her back.

Florence identifies a tension surrounding the need to “feel connected” to her preceptee (holding on), but allowing her preceptee to gain independence (letting go). In this reflection Florence appears to recognize that she needs to adapt her practice/her way of thinking in order to meet both her needs and her preceptee's needs.

Reading Florence's reflection reminded me of an experience I had teaching my son how to ride a bike.

My son Adam is an active child and was so eager to learn to ride a bike. At first, I had him ride his bike with training wheels, however as he became more confident and steady, I knew it was time to take the training wheels off. After the training wheels were off I ran along beside him and held on to the bike seat the first few times, but I could feel and see that he was balanced. I disliked the idea of my little 4 year old falling off of his bike and hurting himself, but I knew he was ready. It was really hard to let go of the seat and let him ride alone, but I knew I had to let him go.

Mary describes a similar tension below between the need to let go and have confidence in her preceptee.

In the end, I realized that I am not in control (and that's hard for a control freak). I can't control my work environment nor can I make my student be exactly who I would like her to be in terms of a nursing professional. What I can control is my actions and my thoughts. I need to role model for her the skills I hope that she will achieve. I need to demonstrate the confidence that I have in her because if I don't have confidence in her there is a good chance that no one else will either, including herself.

Through grappling with this tension, Mary appears to demonstrate a self-inquiry that perhaps makes her more consciously aware of her thoughts and actions.

Van Manen (1997) suggests that the dual role of actively guiding and letting students find their way poses an ongoing challenge. He suggests that mentors/teachers need to be sensitive to the needs of the student and utilize reflection to help guide one's actions. Van Manen states, "Life is complex, never perfect and living requires compromise with pragmatism" (p. 64).

Work life/Home life.

The nature of the work of public health nursing allows one to 'do work' when not at work. For example, many nurses work in the community making home visits and working in elementary or secondary schools. As well, many of the program areas in public health relate to families and healthy living, such as parenting and prenatal programs, tobacco cessation, active living, and healthy eating, to name a few. Many of the public health nurse preceptors frequently reported a tension that arose from the blurring of the line between work life and home life. They reported concern about

work/life imbalance at times, yet at other times indicated that this blurring of lines allowed them to be more knowledgeable in practice. Bolton (2010) states, “All aspects of ourselves are interrelated; practice is not undertaken with one part, and personal life another. They might be linked, moreover, by surprising seeming factors” (p. 70).

In the reflection below, Florence reflects on how the work of public health nursing follows her. Even when Florence isn’t at work, she is thinking of her work.

You can’t leave public health nursing at work. It follows you everywhere. I went to Shoppers for shampoo on my lunch but while I was there went down the family planning aisle to see what was new with condoms, lube, contraception stuff. I was there for 10-15 minutes! I think we should teach better work/life balance.

There should still be a focus on work ethic but within limits. I am certainly the least qualified person to teach this skill but I’d be the first person to sign up for it!

I’ll have to ponder how to communicate this to students—as soon as I learn how to communicate it to ME!

Florence appears to have become more aware of the tension surrounding work/life balance; however, she recognizes the importance of teaching students about work/life balance. This is perhaps one example of the “clinical know-how” that expert nurse preceptors possess (Benner, 2001, p. 4), as well as an example of how a tension can be viewed as an opportunity for preceptor learning.

Benner (2001) describes how the clinical know-how of expert nurses is based on personal practical experience and theoretical knowledge. In the next reflection, Emily explores the clinical know-how involved within the practice of public health nursing.

I was observing my preceptee teaching a class today and realized how much skill teaching really involves and how much you pull in from all your years of experience. I really noticed how my 25 years of nursing informs my teaching. I never noticed this before because I just do it all the time and don't really think about it. I also realized a part of my experience is my experience of having had children. The parenting skills I have learned cross over with my teaching skills so as a parent I give positive feedback to my children and knowing how to give positive feedback crosses over into my teaching. This was kind of a neat thing I realized.

Through observing her preceptee, Emily exemplifies the tacit knowledge in her practice and seems to unearth this tacit knowledge. Emily reflects on her clinical know-how and perhaps realizes that her teaching skills are based on years of experience as a nurse and as a parent.

Similarly, in the next reflection Florence writes about how her years of experience and years of marriage have afforded her with clinical know-how and enabled her to maintain balance.

I feel passionate when I think I can make a difference and I think that in order to do your job well, passion needs to be part of it. I am skipping all over the place now as I am thinking it is like a marriage, you need to maintain the passion but not be overwhelming, it needs to be balanced. It takes a lot of years to accomplish this in a marriage and maybe it takes as long on the job. Sexual health is my world so my focus this week on marriage and family reflects this!

Both Florence and Emily appear thoughtful surrounding their years of experience and about how the lessons learned from private life may translate into professional life. Van Manen (1997) describes thoughtfulness as being mindful and in tune with finding meaning: “thoughtful action; action full of thought and thought full of action” (p. 159). In the previous two reflections, Emily and Florence were thoughtfully aware of how their lived experiences have shaped their practice.

In the next reflection, Anne draws from her experiential knowledge of parenting and compares her feelings of pride in her preceptee’s accomplishment to the pride she experiences as a parent.

I have a set of two year old toddlers at home and needless to say they can really be trying at times. But you know nothing is more fulfilling then seeing them work at something and then one day “just get it”. Some days, it just seems as if they fight everything you say or do but then one day say “Thanks Mommy”, or “ I love you” on their own without being prompted. It’s sad to see them grow up but it makes you feel honored that you have played a part in the development of the person who they are and who they are becoming. This is how I’m feeling in this role as a preceptor. Seeing this growth and forcing myself to concentrate on the positives really heightens the experience for me.

Anne’s lived experience as a parent has helped her to be more knowledgeable about her preceptor practice. Through this reflection, Anne demonstrates a thoughtfulness towards her role as a preceptor.

The experience of learning for many of the preceptors was intertwined with their thinking about other responsibilities in their life, such as other work responsibilities or

home and family responsibilities. The multiple demands of overlapping responsibilities created a tension for preceptors. In order to work through these tensions, preceptors reflected to find similarities and differences between their current experience and past experiences. Mezirow (1991) describes problem solving in learning as follows: "As we attempt to solve a problem, furthermore, we reflect to find similarities and difference between what we are currently experiencing and prior learning" (p. 104). Within the reflections, many of the preceptors became consciously aware of their home life and work life and how these areas influence and significantly contribute to their learning and professional practice.

The 'swamp' of professional practice.

The reality of professional practice is that it is often laden with uncertainties, tensions and conflicts. Donald Schön (1983) is well known for the following quote regarding the reality of professional practice.

In the varied topography of professional practice, there is a high, hard ground where practitioners can make effective use of research-based theory and technique, and there is a swampy lowland where situations are confusing 'messes' incapable of technical solution." (p. 42)

The lived experience of learning for many of the preceptors in this study often involved situations in the swampy lowlands of practice where preceptors grappled with uncertainties that were complicated, value-laden, emotional, political, and, at times, what many considered to be "unprofessional" dilemmas. Myrick et al. (2006) describe how, within health professional education, conflicts in practice are often silenced, yet learning

to navigate the swampy areas of practice is an important part of learning and becoming a health professional.

Within preceptorships, preceptors are expected to be positive role models, share knowledge, teach new skills, and provide guidance and support (Cummins, 2009). The preceptorship experience is considered to be one of the most effective methods of providing nursing students with the skills and knowledge that are required for practice (Myrick & Yonge, 2005; Öhrling & Hallberg, 2000b). However, the experience is also a stressful one for both students and preceptors (Yonge, Myrick, & Haase, 2002). A number of preceptors experience a tension because of the increased workload and increased responsibility of supervising a student (Yonge, Myrick, & Haase, 2002).

In the reflection below, Emily discusses the time extra time involved with being a preceptor and how it has affected her work.

The other thing is the amount of time it takes away from my own practice to have a student. I didn't really think, "oh I'm sorry I've done this". It's not that so much as realizing that being a public health nurse means you are alone a lot in your practice, I'd say 80–90% of the time I'm alone and having someone with me 24/7 is unusual. I realized that the time I have alone I get a lot of work done but when I have a student with me I don't have that time so I have gotten behind in my own work.

A number of studies have highlighted the extra time and demands involved in precepting (Yonge, Krahn, Trojan, Reid, & Haase, 2002a; Öhrling & Hallberg, 2000a). This is a concern noted by Emily above with respect to her own practice and how she has gotten behind in her work. In a study by Leners, Sitzman, and Hessler (2006), they

suggest there is a “misconception that nurses precepting students have an ‘easy’ workload due to ‘help’ from students” (p. 13). These authors further state that being a preceptor is actually twice the workload.

Similarly, Elizabeth reflects on the challenge of being an effective preceptor when her workload did not decrease when she volunteered to be a preceptor.

My workload did not change which I think was a challenge for me at times. I felt overwhelmed at times as I tried to meet the demands of my own workload in addition to assist in providing this student experience. I know that my student saw me as always busy. Which I hope was not a negative influence. I think it would have been a much less hectic experience if my workload on the team was reduced to accommodate the time for a student.

Elizabeth seems to be concerned that her preceptee may have gained a negative impression of her, which is reflective of the swamp of practice. It is interesting that preceptors frequently try to protect students from seeing the swamp or the negative side of practice. There are very few studies that explore the very real realities (or what Schön [1983, 1987] referred to as the swampy lowlands) of practice and how students perceive this reality. Myrick et al. (2006) state that practitioners believe that “the educational experience should be non-eventual or non-messy at best” (p. 4).

The issue of preceptor workload is one of the “messy” issues of preceptor practice. Despite the growing amount of literature surrounding preceptor workload (Valaitis et al., 2008; Yonge et al., 2002a), a number of the preceptors in this study identified that their workload did not decrease as a result of taking on the preceptor role. The issue seems to be an area of practice that is often overlooked. Öhrling and Hallberg

(2000a) examined the lived experience of preceptors and recommended that “the time needed for preceptorship may have to be included in the nurse’s workload in a more direct way, and special attention has to be paid to the nurse’s time for preceptorship during extreme workload situations and when students are less experienced” (p. 238).

In my role as a student placement coordinator it is my responsibility to provide support and guidance to preceptors when students are struggling. I reflect below on one of those situations.

I recall a student who was quite unique. Sophie was an RN who had returned to get her degree. Sophie was a mature student and had a number of years of experience in acute care, however, Sophie was having a lot of difficulty grasping the work of public health. In particular, she was extremely uncomfortable with counseling clients on the phone and in the area she was working in, this was a major part of the work. The faculty advisor, preceptor and I met a number of times and decided the preceptor needed to document daily records to keep track of Sophie’s progress. As well, the preceptor and faculty advisor worked with Sophie to re-design her learning objectives and develop a specific plan that clearly outlined what Sophie needed to accomplish in order to be successful. I recall talking to the preceptor on my own about this situation and she shared with me that she felt it was partly her fault that Sophie wasn’t doing well and therefore had put in a lot of extra time and effort to help Sophie. The preceptor also felt extra pressure to help Sophie succeed because Sophie was already an RN, and how can you fail someone who is already an RN? The preceptor also felt overwhelmed by the extra documentation that was required of her as a result of

Sophie's difficulty. I encouraged her to talk to her manager about decreasing her workload. However, the preceptor was concerned that her co-workers were also extremely busy and she didn't want to dump on them.

The above reflection highlights a tension in practice where the answer is not black and white. The preceptor in the above reflection has taken on more than she bargained for. Her workload had increased as a result and yet she hesitated to ask for help because she did not want to burden her colleagues. Through this experience I learned that preceptors need to be supported in their practice and they need to be encouraged to negotiate their workload with their colleagues prior to the preceptorship. When things go awry, the extra work needs to be acknowledged and discussed openly with managers and colleagues. In public health nursing preceptorships, things do not always go as planned. In the next reflection, Anne discusses her need to ensure preceptees understand the unpredictability of public health nursing practice.

We had a few chats over the course of her first two weeks. First and foremost, I acknowledged that our first week was not as planned or expected. But you know what I realized? This is public health. This is how it is. It doesn't matter what you have in your day planner—things might look very different at the end of the day. You never know what kind of phone calls you will receive or who will want you to come for a visit. You never know if a colleague is absent and if you need to help with their workload. Instead of "defending" the public health environment, I realized that it was a great way to illustrate to my student the skill that she would walk away with—flexibility.

Anne reflects on the messiness within public health practice and perhaps gains insight into the importance of *flexibility* in public health nursing. Kenyon and Peckover (2008) have noted the need for flexibility in the work of community home visiting and suggest that needing to be flexible is further complicated by juggling the needs of a student.

Similarly, I reflect on my life as a parent and the need for flexibility. *As a parent, I feel the biggest lesson I have learned is the art of flexibility. As a parent I have learned that being flexible means that family dinners on Sundays may be cancelled because my daughter has to dance late; it means I may not get to the gym because my son needs help with his math homework; it means the laundry doesn't get done because my husband has to go out of town so I need to pick up and drive my son to hockey; it means not making casseroles (my favourite) because no one else in the family likes them; it means cancelling the dinner out with girlfriends because my daughter has come down with a fever; it means only mailing out half of the Christmas cards because I never got around to writing the other half.*

Both Anne and I explored the tension created by the unpredictability of life and of public health nursing practice. Anne highlighted an important reality of nursing practice that may not be understood by students until they have had an opportunity to live the experience within the field. According to Carr (2005), utilizing phenomenology and the lived experience uncovers “a dimension of knowing nursing—an awareness of life without thinking about it—of which we have very limited understanding” (p. 336).

Uncovering the experience of preceptor learning has perhaps revealed that learning can emerge from areas of practice that are indeterminate, messy, and troubling.

The next reflection explores another area within the swamp of practice and that is how nurses treat one another and nursing students. Florence writes about how students help her.

The longer that I am in nursing, the more jaded I get with things and often don't appreciate the value of looking at respect and communication. Sometimes these skills are viewed as a given when in fact they are not. I remember as a new grad at my first full-time job being full of ideas and energy and being shot down with every idea. I vowed never to do that to students or staff—there are ways to share what has happened before without breaking people's spirit and drive. Students help me to practice that skill and to help me see the value in the little things.

Florence's reflection reveals a practice tension: that experienced practitioners can take it for granted that they have perfected the basic skills of communication and respect and that practitioners sometimes view these skills as "a given when in fact they are not." Florence's knowing-in-practice seems to have enabled her to learn to think differently and to have given her valuable insight; students remind us of the importance of basic skills, such as respect and communication, and of valuing the little things.

The next few reflections illuminate how working in teams can, at times, represent the swamp of professional practice.

I probably should have had a discussion with my student about teams and the dynamics. I know that she has seen our team at its best and at its worst. We are not always the most high functioning of teams! But I am not sure that I was able

to communicate, that even when we weren't great we were still a team—kind of like a family where things don't always go smoothly but in the end family prevails.

Florence realizes through reflection-on-action that perhaps she should have talked to her preceptee about the complexity of team dynamics. Florence's honesty about her team is refreshing as she acknowledges the highs and lows of working on a team, using the metaphor of a family. According to Myrick and Yonge (2005), "Preceptors play a pivotal role in influencing the nature of the practice setting and the degree to which preceptees feel supported in their learning and whether they are subsequently enabled to think critically" (p. 18). This was likely a valuable learning experience for Florence's preceptee to have witnessed how an established team actually functions, both the good and the bad, and for Florence to demonstrate a positive attitude, despite challenging events.

Similarly, in the next reflection, Mary discusses her team "troubles" and sums up the experience as being a worthwhile learning opportunity for her student. Having a student observe oneself in practice may create a heightened awareness of one's professional behaviour (Myrick & Yonge, 2005). This heightened awareness is evident in Mary's self-reflection.

I was initially pleased that she would see a team work through some long standing and very typical team troubles but then I became afraid due to what she was witnessing. Emotions have run very high and people haven't always been able to maintain an air of professionalism. I have tried to be a voice of reason (and having a student observe my every move has helped to keep me anchored),

but of course have my own agenda based on past griefs. It is hard to balance things when directly concerned yourself. I hope that I have been a good role model (others told me I did not raise my voice even once) and have tried to review what has gone on from an objective point of view, with team building in mind, with my preceptee. She was brought into it by some other team members when asked how she saw things as an outside observer. I believe that she has come out unscathed and a little wiser from this experience. She talks about it openly with me and is continuing to work alongside all of us.

Mary's reflection demonstrates the importance of reflection-on-action as a means to uncover assumptions regarding students and practice. Mary seems to be "afraid" of what her student is learning about the reality of practice, however, similar to Florence in the previous reflection, Mary plays a pivotal role in helping her student to learn from this situation by debriefing with her student after and by providing space for her preceptee to engage in dialogue (Öhrling & Hallberg, 2000a). It is interesting that a number of preceptors wanted to protect preceptees from witnessing the realities of practice.

Kinsella (2006a) states, "There are important and often untold stories that arise from what Schön (1983, 1987) calls the 'swamp'; the messy, low ground of practice" (p. 38).

Bolton (2010) argues that these are the stories that need to be told.

In the next reflection, Anne shares her experience of how she dealt with her preceptee's observing some swampy areas of practice.

The last couple of weeks have been pretty "politically charged" in our work environment. There has been a lot of discussion behind the scenes between staff members and some feelings of hostility have even erupted. These events have led

to some conversations with my preceptee. In one sense it is good for her to observe these situations because she'll probably encounter similar problems wherever she works. On the other hand, I feel bad that she has seen some behaviours that tend to corrupt the workplace and the power struggles that present themselves. Unfortunately I tend to be in the middle of this mess so she has seen me make the classic mistake of not always acting professionally.

Anne appears to view the experience as a good learning opportunity for her preceptee but also seems to experience feeling "bad" as a result of her preceptee observing some 'real' emotions and behaviours. Anne experiences a tension and expresses concern that her preceptee has observed some "unprofessional" behaviours.

In the next reflection, Anne again expresses concern that her preceptee has observed some negative and tense situations.

In my preceptor experiences I have tried to be a good role model to my students. I have always hoped that I present the positives about being a nurse since there is so much negativity surrounding the profession lately. I'm pretty disappointed in myself that I have not been a good role model, at times, over this past week. I spoke with my preceptee about the situation in our setting. I made her aware of things that I may have said/done that should have been different. We spoke at length about dealing with conflict, difficult personalities, and establishing and maintaining trust within the workplace. I hope that sharing my personal reflection with her has identified that personal and professional growth happens continuously. I hope that I have taught her that she can have some control over her work environment based on her attitudes and actions. Even if her workplace

is surrounded with people who are dissatisfied with their work or their life or try to intimidate others, she can gain personal satisfaction by removing herself from the situation and not let herself get pulled into the "murky waters". I reminded her that a stressful and non-supportive work environment can be cyclical in nature and therefore be transferred to patients and even her family/friends.

Anne expresses disappointment with herself for exposing her preceptee to the negativity that is often a regular part of practice. Myrick et al. (2006) explored conflicts within preceptorships and suggest that "as educators, we must acknowledge that all is not as we have come to idealize it. As professionals, we are at times predisposed, if unwittingly, to believe that the educational experience should be non-eventual or non-messy at best" (p. 3). The preceptors' concern for their preceptees is frequently played out as a need to protect them from the messy realities of practice.

I ponder Anne's reflection . . .

It is interesting to note Anne's use of the term, "classic mistake" when she referred to her seemingly unprofessional behaviour. Why does Anne feel her very real and human behaviour is a classic mistake? Why do preceptors feel they need to protect students from seeing the realities of practice? Perhaps by observing the realities of practice, students may reflect themselves and engage in dialogue with fellow student colleagues and feel better prepared for those realities.

Protecting students from exposure to the swampy lowlands of practice may contribute to why they experience reality shock as they enter practice.

Benner (2001) suggests,

There has been a devaluing and ignoring of the knowledge embodied in the skilled performance of the expert nurse clinician. Yet, if that knowledge is taken seriously, then the understanding of “reality shock” changes. Reality shock is defined as that uncomfortable process of gaining experiential learning that cannot be conveyed by formal models, formal theories, or forecasts about what a situation will be like. (p. 194)

Benner (2001) identifies a tension between theoretical knowledge and the reality of nursing practice and suggests that experienced nurses need to record situations in practice where they are uncertain or that illustrate their expert knowledge. Thus, reflective practice offers a means to capture the “uniqueness and richness of the knowledge embedded in expert clinical practice” (p. 2).

Within Schön’s (1987) framework of reflection-in-action, he describes how in practice situations, when practitioners experience an indeterminate zone of practice, they begin a process of reflection whereby they rethink the “rules, facts, theories, and operations” that have normally guided their practice (p. 35). Below, I reflect on a tension in practice when I struggled with an indeterminate zone of practice.

Recently I was faced with a challenging situation regarding a student placement. The student was registered in a health sciences degree program and wanted to learn about health promotion, so had contacted me requesting a work placement where she could help with a health promotion project. What was different about this request was that her placement was not officially a part of a course or a part of her program. I had found a nurse preceptor who was interested in providing the student with this work placement. However, I was then contacted by a nurse

representing the nursing union who felt that if our health unit provided this student with a work placement it would be taking away from the work of a nurse. I was not sure who was right or who was wrong so in order to resolve this dilemma in my mind I needed to stop and think. The criteria for student placements in our health unit is not set in stone as we believe that each student request should be considered on an individual basis. The only criteria I follow is that students need to be registered in a program in a post-secondary educational institution. So yes, she fit the criteria. However, the difference with this student was that her placement was voluntary and not a part of a course. Would she be helping a nurse complete work she may not have gotten to? Yes. Would we provide her with a good learning experience? Most likely, yes. Would she be taking away from the work of a nurse? According to the union, yes, because by allowing someone who is less qualified than an RN to do an RN's job, this sends a message to management that says the organization can use non nurse professionals to do nurse's work, thus eroding the role of the nurse. This was the real issue. Do I agree? No, as there is no shortage of work for public health nurses and I believe we need to be confident in the knowledge and skills that we possess as nurses and value collaboration with other disciplines. The assumption is that if a health sciences student is allowed to work on a health promotion project, with a nurse preceptor, management will make the quantum leap and begin to hire other health professionals to work in health promotion, replacing nursing jobs.

In the above reflection, encountering this tension triggered a process of reflection-in-action where I questioned the views of the union representative within the organization where I am employed. In this reflection I utilized critical reflection to explore the bureaucratic structures that pervade professional practice. "Critical Reflection is one particular aspect of the larger process of reflection" (Brookfield, 1995, p. 2). According to Brookfield, critical reflection involves examining the power that is embedded in the educational process and one's educational relationships and also involves examining one's assumptions about others' assumptions about practice.

According to Kinsella (2007), reflective practice offers health professionals "the comfort of dealing with what practitioners regard as the 'real issues', as well as the 'subjective elements' of practice" (p. 104). Preceptors' reflections from the swamp illuminate stories that are often untold and reveal tensions within the lived experience of learning for preceptors. However, these tensions in practice are not always negative and frequently lead to new learning.

When recorded and documented, such stories have the potential to contribute to the professional knowledge important for professional practice. Benner's work (2001) has been seminal in bringing to the forefront the experiential knowledge of experienced practitioners. Benner suggests that the way forward for nurses is to document paradigm cases in practice (indeterminate zones of practice) and share these cases along with practice stories.

In this section, my findings have summarized a number of themes that reveal how the public health nurse preceptor participants experienced learning within preceptorship. Often, preceptor learning was discovered through teaching and reflecting on and writing

about day-to-day experiences in practice. At times, preceptors began to see themselves and/or their practice differently. At other times they reflected on similarities between themselves and their preceptees, which they found reinforcing for their practice and at other times initiated the need to pause and re-think their practice. Preceptors also learned by exploring their tacit knowledge and experienced tensions within their preceptor practice that were sometimes triggered by situations within the swamp of professional practice. In the next discussion chapter, I will deal with how my discoveries relate to the wider field of practice.

Shared Understanding—Discussion

In this research, I have ventured through the looking glass in order to gain an understanding of how public health nurse preceptors experience learning within a preceptor-student learning program. In my experience utilizing hermeneutic phenomenology, my aim was to discover how preceptors experience learning within a preceptor-student relationship and the meaning of this learning for public health nurse preceptors. I began my research with some preconceived notions of how preceptors learn, and then was pleasantly surprised by the interesting twists and turns of my research journey. In this discussion chapter, I will share my understandings, which I have summarized under the following headings: “Phenomenology and reflective writing”; “Discourses within preceptorships”; “Preceptorship and reflection—An opportunity for professional development”; “Phronesis”; and “Passing on the wisdom within.” I hope that my understandings resonate with you.

Phenomenology and Reflective Writing

Van Manen (1997) states, “Writing is our method” (p. 124). Reflective journals as a means of data collection have been utilized in a number of studies (Greatrex-White, 2007; Jung & Tryssenaar, 1998) involving preceptors and students in order to understand the lived experience of students; however, few studies have utilized written reflections as a form of data collection for preceptors or mentors working with students. The use of phenomenology as a methodology associated with reflective writing/audio recording as a data collection method enabled a quixotic flow to this research, revealing the richness of discovery that illuminates from within the preceptors’ written and/or audio recorded

reflections. The public health nurse preceptors' ability to write reflectively may have been enhanced by the guidance they were given prior to the inception of this study in the form of a written explanation of how to write reflectively, along with an example of a written preceptor reflection. It would be interesting to explore whether or not the guidance the preceptors received beforehand influenced their understanding of reflective writing. Regardless, the benefit of taking time to write and reflect was noted by a number of preceptors in this research.

Reflecting at a deeper, perhaps more critical level enabled some of the preceptors to examine their theories-in-use and may have been further enhanced by the act of writing or recording reflections. Reflective writing offered a way of seeing for nurse preceptors that helped them become learners of their own practice and enabled me, as the researcher, to interpret and experience their world in combination with my own world. One preceptor stated, "Participating in the study and writing reflections has been the most growing experience I have had in public health." The use of reflective writing as a method of data collection offered a balanced partnership between the hermeneutic, interpretive world of phenomenology and the scientific world of research (Greatrex-White, 2008).

Discourses within Preceptorships

Within a number of preceptor reflections there seemed to be an underlying concern that providing a good learning experience meant not exposing students to the conflicts and the sometimes unprofessional behaviour of experienced nurses in practice. In this study nurse preceptors' reflections about experiences of learning were often triggered by tensions within the swamp of professional practice. Some of these swampy

issues involved the unprofessional behaviour of colleagues and conflicts within teams that are very real aspects of practice. Some of the preceptors felt badly for exposing students to these situations and worried that they weren't always the best role models. Perhaps seeing these real dimensions of practice and being exposed to the tensions in practice were important learning opportunities for students. For preceptors, reflecting on the 'swampy' issues did appear to result in new understanding and, at times, in new learning.

An interesting observation was one preceptor's tendency to write factual reflections that often reported on the student's performance versus the preceptor's experience of learning. This preceptor wrote factually, which may suggest that reflective writing is easier for some, or possibly reflects the factual style of documentation that nurses have been trained to adopt as part of the dominant medical model. Black and Plowright (2010) posit that the writing style health professionals have learned from their science-related training makes it difficult for them to write freely with emotion. For some nurses, this style of writing may have become tacit in nature based on their undergraduate educational requirements to write in a scientific manner.

An initial draft of the findings was shared with all of the preceptor participants (except one who had since retired) and therefore six of the seven participants were able to review the findings. Five of the preceptors agreed that the themes resonated for them. However, one preceptor (the same preceptor from the above example) indicated that the theme of "seeing differently" resonated for her. This preceptor indicated that, for her, seeing differently and learning often resulted from interactions with her coworkers, supervisors, and community partners, but that "it is the rare student that can point

something out that is unique or different within an unfamiliar public health niche.” The sub-theme of “seeing differently” may not have resonated with this preceptor perhaps because the concept of learning from a student did not make sense in terms of the traditional model of preceptorship, where the pervading hegemony is that nurses teach students rather than that students teach nurses (Spouse, 2001). The hegemonies within practice are the habits that are accepted without question and often described as “the way we are used to doing things” (Boler & Zembylas, 2003, p. 128).

The hegemony of teaching within nursing preceptorships often resembles the banking concept of education described by Paulo Freire (2005), where “the scope of action allowed to the students extends only as far as receiving, filing, and storing deposits” (p. 72). This preceptor’s inability to see differently is perhaps reflective of how prevalent this discourse is. According to Greatrex-White (2007), “Very often we are unaware of the deeply embedded processes and practices that shape our being in the world: we pay more attention to the obvious surface discourses that pervade life” (p. 141).

This preceptor also commented on the indeterminate zones of practice and evidence-based practice: “For my work it must be evidence based and it must be recent, relevant and valid.” She further stated, “I personally have to make a strong effort to create routines that help my practice. My work includes routinely looking for the latest research, interpreting the results, implementing into a program or document and as a result I seldom feel I have overlooked something.” This preceptor’s comments reflect the current epistemology of nursing practice, which is based on judgment based actions that are evidence-based (Williams, 2001). However, Schön (1983) suggests that it is within

routine practice that practitioners miss out on important opportunities to learn. In addition, “Mezirow (1991) argues that a professional practice comprised largely of routine and habitual action is nonreflective” (p. 30).

According to Schön (1983), answers to some of the complex issues of practice are not often found “in the book”, leaving practitioners without solutions to practice dilemmas. Reflective practice offers nurses another form of evidence, and that is evidence based on their experiential knowledge. This is not to suggest that experiential knowledge is the only form of evidence, but that perhaps it should be considered as another source of equally valuable evidence within evidence-based practice. Hyde (2009) states,

The artistic dimension of learning by those at the coalface of healthcare needs to be nurtured, valued and made visible if the standard of practice is really to be “best practice” in its broad sense. The personal-practical knowledge acquired through reflective learning that mediates healthcare delivery and that cannot be pinned down completely in protocols and procedures needs to be captured and developed. (p. 119)

Preceptorship and Reflection—An opportunity for professional development

Paulo Freire (2005) wrote, “Education must begin with the solution of the teacher-student contradiction, by reconciling the poles of contradictions so that both are simultaneously teachers *and* students” (p. 72). It was evident in this research that many of the preceptors were open to learning from the students and open to reflection. At times, the learning for the preceptors involved learning new skills, but more often it

involved learning about themselves and their practice through reflecting on their interactions with their preceptees. Öhrling and Hallberg (2000c) posit that taking time to reflect on situations “facilitates the transformation of knowledge that is experienced situationally to general knowledge” (p. 35). For preceptors in this study, a deeper understanding of themselves and their practice was gained through reflection on indeterminate zones of practice and situations with their preceptees that triggered them to stop and wonder.

Many of the preceptors indicated that they had grown and developed as professionals as a result of being preceptors. Being a preceptor bestowed upon these public health nurses a sense of pride and a feeling of competence because they viewed their preceptees’ successes as a reflection of their own competence. Preceptors also experienced personal and professional growth through discussions with their preceptees about practice and professional issues. As one preceptor stated, “I was constantly reflecting on my own practice. It provided me with a unique opportunity for my own personal and professional growth.”

In Dewey’s (1933) words: “Experience plus reflection equals learning”. For participants in this study learning and reflection were revealed to be inherent in the role of precepting. Through reflection and the lived experience of precepting, many of the preceptors saw themselves differently and at times gained an increased understanding, as well as an appreciation, of their role. Public health nurses actively engaged in reflection-in-action and reflection-on-action in order to respond to preceptee questions and preceptee learning situations. Public health nurse preceptors reflected on their own experiences as nurses, as students themselves and on their own personal life experiences

to make sense of situations. At times, these reflections were surface reflections that reinforced practice or increased awareness, but at other times they resulted in a deeper self-awareness that seemed to be transformative and may have triggered a thought process that could be reflected on again in a future similar situation. Schön (1987) suggests that within a reflective learning experience it is always more difficult to articulate what one has learned and not learned because "the experience of the practicum can take root in the subsoil of the mind, in Dewey's phrase, assuming ever-new meanings in the course of a person's further development" (p. 168).

Being a preceptor removes practitioners from the everydayness of practice, enabling nurses to consider a number of variables that may influence and contribute to their practice. These variables included the contextual variables surrounding the situations in practice, including one's own interpersonal influences and one's own personal and professional experiences. In order to make competent practice decisions within the current climate of performance management and the required ability to measure up to and meet professional competencies, reflective practice bestows nurses with the ability to consider the multiple variables, including their own thinking and experiences that influence situations in practice.

Reflective practice is more than just an annual written reflection to meet professional college requirements. Reflective practice is a way of being, a way of practice where nurses adopt the ability to *be* reflective. It is taking the time to think about and unpack the rationale for why we do things the way we do them. When did we learn it this way? Why do we do it this way? Is this the only way? Is there a better way? Reflective practice is about learning anew. It is interesting to note that writing reflections

and learning to reflect is an important component of nursing undergraduate education, but that as practicing nurses we rarely take (or have) the time to reflect, let alone to write a reflection. In my research, the richness of self-discovery that was revealed in the nurse preceptors' written/audio recorded reflections offers nurses in practice a new yet familiar approach to further develop the self, both as a professional and as a person. Perhaps there is a need for increased interest in developing supportive practice models that facilitate reflective practice for front-line health care professionals. According to Hughes (2009), "Reflective practice is more than a process for capturing professional knowledge, it is also about learning and change" (p. 451).

Reflective writing enabled preceptors to examine their thinking and reflect on their actions. As well, preceptors demonstrated *anticipatory* reflection.

Anticipatory reflection is a type of reflection that occurs prior to action in professional practice (Kinsella, 2001), "Anticipatory reflection enables practitioners to deliberate about possible alternatives, decide on courses of action, plan the kinds of things we need to do, and anticipate the experiences we and others may have as a result of expected events or of our planned actions" (van Manen, 1991, p. 101). Many of the preceptors engaged in anticipatory reflection without thinking about it and utilized anticipatory reflection to consider how they were going to help their preceptee see the uniqueness of public health nursing or how they were going to address the different learning style of their preceptee. Often, it seemed that anticipatory reflection assisted preceptors to work through some of their uncertainties in order to prepare strategies to best meet their preceptees' learning needs. The use of anticipatory reflection has not been well documented in the literature and would be an interesting area for future study.

I suggest that there is much that can be done to benefit nursing practice by encouraging organizations to build in time for nurses and students to reflect together and to acknowledge and tap into the invaluable wisdom within experienced nurse preceptors. According to Schön (1983), when practitioners reflect-in-action and reflect-on-action they become a researcher of their own practice.

Phronesis

Throughout my graduate studies, I became enlightened by many new and intriguing concepts surrounding health professional education. I was particularly struck by the concept of *phronesis*, which in a word or two means *practical wisdom*. Flyvbjerg (2001) describes phronesis as follows:

Phronesis is that intellectual activity most relevant to praxis. It focuses on what is variable, on that which cannot be encapsulated by universal rules, on specific cases. Phronesis requires an interaction between the general and the concrete; it requires consideration, judgment, and choice. More than anything else, phronesis requires *experience*. (p. 57)

The concept of phronesis provided me with the language to describe that which I felt experienced nurses possess in practice. In this study, experienced public health nurse preceptors' practical wisdom or phronesis was revealed in and intertwined with the thinking in their reflections. Kinsella (2011) states, "Phronesis emphasizes reflection (both deliberative and that revealed through action) as a means to inform wise action, to assist one to navigate the variable contexts of practice, and as directed toward the ends of practical wisdom" (p. 1).

In this study, preceptors often reflected-on-action, and through the process of writing adopted a thoughtfulness and moral consciousness about themselves and their practice, demonstrating what Sellman (2009) refers to as *professional phronesis*: “The wisdom to recognize salient moral features in practice and to respond appropriately to those morally salient features in a manner that demonstrates respect for those in receipt of care” (p. 85). Many of the preceptors reflected on moral issues surrounding their practice and their preceptees, demonstrating their professional phronesis by genuinely caring about their preceptees and by wanting to ensure the best learning experience for them. Kinsella (2010) states, “The practitioner oriented toward phronesis is aware of and concerned with not only his or her own interpretations in practice but also the dialogic possibilities implicit in the recognition of the interpretations of clients, co-workers, and others” (p. 15).

As well, a number of preceptors revealed their professional phronesis through an examination of their values, assumptions, and actions. Preceptors adopted a “moral consciousness” surrounding their preceptor practice in order to constantly act in a manner that demonstrated a positive nursing role model for preceptees (van Manen, 1995, p. 41). Phronesis and moral consciousness are intellectual virtues and are at the heart of nursing, where human beings are always involved (Flaming, 2001).

Flyvbjerg (2001) calls for a reform in social science that incorporates phronesis as a central concept. Flyvbjerg suggests, “By probing the past as well as the present, by looking at values as much as at facts—or at values as facts—such a social science is able to make connections that are not obvious, and to ask difficult questions” (p. 64). This study unearthed some of the values and judgments of public health nurse preceptors that

are often under the surface and tacit in nature. Many of the preceptors, through dialogue with themselves or with their preceptees, asked themselves difficult questions such as "Why do we do it this way?" uncovering the everyday inner meaning and values underlying practice. Freire (2005) describes that at the heart of praxis (reflection and action) is dialogue. In this research, the dialogue that occurred within preceptor reflections enabled learning that is reminiscent of practical wisdom (phronesis).

It is interesting to note that when faced with challenging situations many preceptors reflected back on their own experiences and seemed to rely on their experiential knowledge versus going to the Internet or the literature. Perhaps preceptors' reliance on their experiential knowledge reveals a lack of evidence surrounding the seemingly unique and complex decisions regarding preceptorships, or the lack of time within the work day to seek out evidence to support day-to-day practice decisions. Regardless, preceptor's reliance on experiential knowledge highlights the importance of acknowledging this form of knowledge as a valuable source of evidence to guide practice decisions, practice guidelines, and policy development. Flaming (2001) states, "Using phronesis, rather than using 'research-based practice' as the guiding light for nursing, actually broadens practice" (p. 254). Yet, isn't the wisdom within experienced nurses research-based? Where did this experiential knowledge come from in the first place? I posit that the experiential knowledge of nurses *is* based on evidence and that theory, however, has been learned (perhaps many years ago) and incorporated into their practice repertoire. This experiential knowledge has become so refined and tacit in nature that perhaps nurses have forgotten that the skills or practice knowledge they possess was originally based on evidence and/or theory. For example, let's look at Emily's reflection

earlier when she was counselling the teenager in a high school. Emily knew to adapt her language in order to be understood by the teenager, though Emily had difficulty recollecting where this *know-how* came from. What I am proposing is that Emily's know-how was most likely based on theories of communication she had learned back in her undergraduate nursing communication course. More often than not, experienced nurses may not be able to recollect where their nursing know-how in practice originated, however embedded in nurses' skillful practice, is most likely the text book evidence to support practice.

As nurses begin to acknowledge their experiential knowledge, or their knowing-in-practice, nurses are able to see that they do have knowledge that is based on theory; their ways of knowing or praxis are one and the same, but buried so deeply they are not consciously aware that their knowledge is based on learned theory. However, this experiential knowledge or phronesis is not something we talk about in practice. Instead, as nurses we tend to minimize or discount our experiential knowledge. Sellman (2009) suggests that there is a wealth of unarticulated practice wisdom in nursing that is, often unarticulated and rarely (if ever) does it appear on any formal measurement of what it is that practitioners do. Thus, it does not contribute to league tables, performance indicators or mechanistic forms of evaluation: hence, it fails to register on the Richter scale of practice. (p. 89)

Over the past few years, in my experience working in public health, there has been an increasing emphasis on evidenced-based practice; however, much to my dismay, I have seen nurses actually discount their own experiences as not "real" evidence. Perhaps we need to begin to shift our thinking towards acknowledging experienced

practitioners' practical wisdom as a vital source of evidence within evidence-based practice models.

Passing on the Wisdom

This research enabled experienced preceptors to document nursing preceptor professional craft knowledge. By documenting nursing professional craft knowledge, Benner (2001) suggests, future nurses, nursing students, and the profession of nursing would all benefit. Myrick, Yonge, and Billay (2010) explored the process that nurtures practical wisdom in the preceptorship experience and how practical wisdom is manifested in the preceptor student relationship. These authors suggest that the practical wisdom of experienced preceptors is manifested through their engagement in authentic nursing practice. When students observe their preceptor teaching, caring, and interacting with clients and others, "students witnessed practical wisdom firsthand" (Myrick, Yonge & Billay, 2010, p. 85).

Sharing stories from practice enabled nurse preceptors to realize their wisdom and also gave them a sense that they were not alone in their thinking and practice. According to Brookfield (1995), sharing stories helps us to discover that our "personal struggles are not so different from those experienced by others" and what we thought were "idiosyncratic failings or inadequacies come to be seen as common experiences" (p. 149). After reviewing the findings from this study, a number of the preceptors reported how affirming it was to read about how other preceptors' experiences and feelings were similar to their own. One preceptor emailed me after reading the findings from this study; the subject line of the email was "Reflections from the trenches."

In reading this, I found myself nodding in agreement and finding wonderful encouragement and support. With every new preceptee, I question my ability to teach and mentor. In this paper I found others who were feeling the same way. It was reassuring. Participating in this research study was fulfilling and affirming and I am honored that I was able to do it.

It seems, for some preceptors, reflecting on their learning experiences was reassuring and reaffirming. Preceptorships offered nurses the opportunity to give back to the nursing profession by passing on their experiential knowledge and wisdom but as well to reflect on and gain knowledge and wisdom from their preceptees. Benner (2001) suggests, "A wealth of untapped knowledge is embedded in the practices and the "know-how" of expert nurse clinicians, but this knowledge will not expand or fully develop unless nurses systematically record what they learn from their own experience" (p. 11). This study demonstrates that writing reflections is one method that can be used to denote the "wealth of untapped knowledge" that Benner is referring to, so that the expert knowledge within experienced nurses can be captured and utilized to mentor and educate future nurses.

Final Thoughts—Conclusion

My research thesis highlights the complexity that is inherent in the lived experience of learning within preceptor practice. Public health nurses grappled with navigating their preceptees through the path of practice realities, providing guidance and support, attempting to steer their preceptees away from the controversial situations while constantly adjusting and reflecting on their decisions, their thinking, and their emotions in order to ensure their preceptees had an optimal learning experience.

The public health nurse preceptors in my study exhibited the desire to teach and pass on their wisdom. In this study, the ability to see the wisdom within oneself and within the student was brought to light through an openness to reflection, self-exploration, and learning. Reflective practice unlocked the door for nurse preceptors, enabling them to be open to learning. Jean Watson (2005) suggests that the next step for nursing practice is to “shift one’s lens from the outside to inside,” enabling nurses to seek out the wisdom within (p. ix).

This research thesis has enabled me and, I hope, you, the reader, to be able to see more clearly the new knowledge, understanding, and wisdom that is available within day-to-day practice. As well, my research has re-affirmed for me the value of written reflections and reflective practice for public health nurses, enabling them “the opportunity to step back from habitual practice and act from a place of greater understanding” (Binding, Morck, & Moules, 2010, p. 591). When nurses challenge themselves by reflecting on their thinking and by reflecting on their pedagogy, they begin to create a teaching-learning relationship that enables them to become cognizant of their assumptions and motivations.

Preceptor preparation would benefit from a better understanding of preceptor craft knowledge and practical wisdom, but perhaps the time has come as well to re-think how nursing has structured the preceptor-student relationship from a learning relationship that is a one-way teacher-learner relationship to one that embraces a reciprocal learning relationship. Perhaps we need to begin to look differently at the common practices within preceptorships in order to see the refreshing, innovative approaches and ideas that students bring to the practice setting. According to Freire (2005), "The teacher is no longer merely the-one-who-teaches, but one who is himself taught in dialogue with the students, who in turn while being taught also teach. They become jointly responsible for a process in which all grow" (p. 80).

In a sense, precepting students creates an opportunity to reflect on our own inadequacies and imperfections as well as on our insights and wisdom. As one reflects on the meaning inherent in Nancy Schön's *Nursing Sundial*, we can see the history within nursing and the value nurses place on learning and knowledge, that is received from nurses in the past and that comes from future generations of nurses. The *Nursing Sundial* represents the timelessness of the nursing profession. Learning in nursing is timeless and never ends. There is value and new insight to be gained when nurses tell their stories "from the trenches," their lived experiences, enabling nurses to pass on their wisdom.

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Appendix A

Example of a Reflection

Lately I have been wondering whether or not I should have taken on this preceptor role. Some days I am overtired and I just can't seem to find the motivation to be organizing myself, my work, my family *and* a student. On my way out the door with my kids this morning, my son told me that he forgot to do his math home work, so on the way to school in the car I helped him work through the math problems as I drove. After dropping him off at school as I drove to work, I realized I had not even looked at my notes for the grade 4 class nutrition presentation I was to do that morning with Emily (my student). I arrived at the school late and felt like a schmuck as I rushed in to find Emily sitting at my chair reading patiently. I apologized for being late and began to ask Emily what she had planned for her part of the presentation. Emily stated, "Well, if you don't mind, and if you're okay with this, I kind of developed a game I thought we could play with the class, rather than standing up and lecturing about the four food groups. But if you don't like it and would rather stick with our original plan, I'm fine with that. Whatever you want, you know best." It struck me right then and there that Emily was apologizing for being creative and enthusiastic and was treading carefully not wanting to undermine my authority as her preceptor. I realized that my frustration and stress may be coming through in my attitude towards my work and if Emily was sensing my tension perhaps other colleagues were and maybe even my clients. What else had I said to Emily over the past few weeks that has made her feel this way? I felt guilty about making Emily feel that she had to protect my ego as her "preceptor". I always swore I would never become "one of those nurses". After our class presentation (which was awesome),

I told Emily how I was feeling and thanked her for making me realize how I needed to take a good look at my stress and how it was affecting how I treated others.

- 1. Write a paragraph describing how you felt when you first met Emily.
- 2. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.
- 3. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.
- 4. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.
- 5. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.
- 6. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.
- 7. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.
- 8. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.

- 9. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.
- 10. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.
- 11. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.
- 12. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.
- 13. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.
- 14. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.
- 15. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.
- 16. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.
- 17. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.
- 18. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.
- 19. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.
- 20. Write a paragraph describing how you felt when you learned that you were going to be a preceptor.

Appendix B

Guidelines for Preceptor Written or Audio Recorded Reflections

- Write or record the incidents that caused you to pause and think.
 - Write or record any and all “aha” moments.
 - Write about or record situations where you learned something from the student.
 - Write or record incidents where you learned something – something about yourself as a practitioner or perhaps something you learned about yourself personally.
 - Write or record extraordinary incidents.
 - Write or record incidents that you think captures the quintessence of what being a preceptor is all about.
 - Write or record the situations that went unusually well and the ones that did not go as planned.
 - Write or record the situations where the students asked you why you did something a certain way.
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- Do not try to be in control and organized with your writing or recording– write or record freely.
 - Write or record your thoughts, feelings before, during or after the experience.
 - Write or record with as much detail as possible; Pay attention to your five senses, what you saw, what you heard, what you smelled, what people said, the discomforts, the elation’s and the tone of voice, the body language, the facial expressions.
 - If you can’t find the right words, borrow the words from a novel, a poem or a song; feel free to write or record using metaphors.
 - Try to find the right place to write or record that will help you focus and reflect; somewhere quiet or perhaps somewhere noisy.
 - Write or talk about a memory that was aroused within you as a result of the experience.
 - Try to write or record the incidents as soon after an experience as you feel is appropriate, but not too soon. Give yourself time to reflect.
 - Make yourself something to sip on like tea or coffee.
 - Have something to nibble on like nuts or chocolate.
 - Try not to judge your writing or recording.
 - Try not to listen to your doubts and negative thoughts.
 - Write or record whatever is in your head, uncensored.
 - Allow your writing or recording to flow and try not to worry about spelling or grammar.
 - You cannot write or say the wrong thing.
 - Whatever you decide to write about or record will be just fine!

Appendix C

Permission Letter from Nancy Schön

October 27, 2010

To whom it may concern:

Karen Jenkins has my permission to utilize the image of the nursing sundial and the corresponding information regarding the sundial that is available on my website www.schon.com within her thesis and with presentations associated with her thesis, *Exploring Public Health Nurse Preceptors' Experience of Learning*.

Yours truly,

Nancy Schön

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