

TRAINED NURSE PRECEPTORS' PERCEPTIONS OF A PRECEPTORSHIP TRAINING PROGRAMME OFFERED BY A UNIVERSITY IN THE WESTERN CAPE

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ABSTRACT

The School of Nursing at the University of the Western Cape (UWC) and the Directorate of Nursing Services in the Western Cape Department of Health undertook a collaborative project to strengthen the clinical teaching skills of professional nurses in the province. A preceptorship training programme was developed by the school and professional nurses from public hospitals and higher education institutions attended the training. It was, however, unclear whether they perceived a change in clinical teaching skills following the training. The purpose of this research was to explore the trained nurse preceptors' perceptions of the preceptorship training programme offered by UWC. The objectives were to compile a profile of the participants and to describe their perceived changes in knowledge, skills and attitudes as a result of the training. A qualitative approach was used to carry out an exploratory, descriptive and contextual study. An abstraction tool was used to compile profiles of the participants from records. Purposive sampling was used to select participants from tertiary, regional and district hospitals for three focus group discussions. The data showed that the 80 trained preceptors would be able to precept 1 600 students in the province. Five themes emerged from the qualitative data, relating to the change in knowledge about clinical teaching; change in clinical teaching skills; change in attitude; self-awareness; and training challenges. It is recommended that the preceptorship training programme remains a collaborative project.

Keywords: nurse, preceptors, preceptorship, training programme

INTRODUCTION AND BACKGROUND

The purpose of nurse training in South Africa is to prepare nursing students for their duties as professional nurses. The South African Nursing Council (SANC) is the professional body that regulates nurse training in South Africa (Nursing Act no 33 of 2005). According to the SANC regulations, professional nurses need to demonstrate accountability in professional practice, clinical practice and quality patient care. Amongst the functions related to provision of quality care, the professional nurse is also responsible for the training of learners (students) in the health care system (Jooste, 2010:53). Some of the professional nurses do not hold a nursing education qualification and their teaching role is often limited when students are placed in their units.

In a South African study Mabuda, Potgieter and Alberts (2008:19) described students' experiences related to their clinical placements. The study revealed that students were dissatisfied with the clinical teaching and support at clinical settings. Students stated that learning opportunities were not allocated to them according to their learning needs, and that the relationship between themselves and the staff was perceived to be negative (strained). In another South African study on clinical teaching and learning, students were dissatisfied with the frequency and quality of clinical facilitation (Cassimjee & Bhengu, 2006:47). Carlson, Kotze and Van Rooyen (2005:65) suggest that final-year nursing students experience a range of feelings, such as powerlessness and frustration that lead to a sense of unpreparedness to fulfil their roles as professional nurses.

The need for strengthening the clinical teaching skills of professional nurses was identified by the then Nursing Director in the Western Cape province (Mabuda et al, 2008:19). A collaborative project was initiated by the higher education institution and Nursing Directorate to offer a continuing education (CE) programme targeting professional nurses who deal with student nurses in the service units (Jeggels, Traut & Africa, 2013:1). The programme, 'Preceptorship training for nurses,' was developed by the School of Nursing at the University of the Western Cape (UWC) and piloted in 2010.

A preceptor is defined as 'a competent, confident, and experienced nurse who assists another nurse or nursing student in giving quality nursing care by guiding, directing, or training' (Smith, 2006:9). Preceptors facilitate the development of knowledge, clinical skills and professional attributes in nursing (Smedley, 2008:190). Preceptorship refers to the educational relationship between the preceptor and the student, which is intended to assist the nursing student to adjust to the nursing role (Happel, 2009:375).

Formal preparation is suggested for preceptors, so that they remain committed to the role of preceptor (Kaviani & Stillwell, 2000:218; Hyrkas & Shoemaker, 2007:523). This is particularly pertinent given that professional nurses commonly take on the preceptor role in addition to their daily duties and responsibilities (Smedley & Penney, 2009:31). In the Western Cape the two-week preceptorship programme is aimed at providing

professional nurses in educational departments and those in charge of service units with competencies to facilitate clinical teaching in their units.

The programme has various learning activities designed to assist the participant to attain the learning outcomes. This two-week credit-bearing (eight credits) CE programme's outcomes include, amongst other things: to apply the principles of clinical teaching, learning and assessment within the context of adult education; to demonstrate an understanding of the role of the preceptor in clinical teaching and learning; to effectively manage a preceptor-student encounter in simulated and service learning settings; and to apply relevant knowledge, skills and attributes in the process of clinical teaching and learning.

For the period January 2010–July 2013, 99 professional nurses attended the preceptorship training programme offered by UWC. This study is part of a larger research project aimed at evaluating the preceptorship training programme for nurses. The project used a variety of instruments, among other things, questionnaires, record reviews, focus group discussions (FGDs) and in-depth interviews to collect data from the trained preceptors.

An experimental study to evaluate the effectiveness of a clinical preceptorship programme for registered nurses in Jordan showed a significant improvement in participants' knowledge of clinical teaching. The results indicate a statistically significant difference between the experimental and control groups after implementation of the preceptorship training programme (Al-Hussami, Saleh, Darawad & Alramly, 2011:1).

In an integrative review of literature on preceptorship, Billay and Myrick (2008:265) demonstrate significant implications for nurse training and clinical practice. They reveal a universal trend emphasising the role of preceptorship in preparing students for competent practice.

RESEARCH PROBLEM

It becomes clear that preceptors have an important role to play in clinical teaching and that ideally they need to attend a training programme (Hyrkas & Shoemaker, 2007:521; Yonge, Billay, Myrick & Luhanga, 2007:7; Waldock, 2010:15). There is a need to collect baseline information with regard to the training offered by the UWC, ie to compile a profile of the trained nurse preceptors based at clinical facilities in the Western Cape province. It was also important to establish the perceptions of participants in the training programme. After completing the training programme these trained preceptors go back to their respective clinical facilities. It is, however, unclear whether they perceive a change in their knowledge, skills and attitudes after this training.

A limited number of local research studies relating to this topic have been found. This research generated data about the trained nurse preceptors in the Western Cape. The findings indicated the deployment of trained nurse preceptors across the clinical facilities in the province. This will allow for a projection about the number of novice nurses that these trained preceptors will be able to precept. The findings will also be used to improve the future offerings by UWC by exploring the perceptions of the trained preceptors about the preceptor training programme.

PURPOSE OF THE STUDY

The purpose of this research study was to explore and describe the trained nurse preceptors' perceptions of the preceptorship training programme, offered by UWC. The study had two objectives, namely: to compile a profile of the nurses who participated in the preceptorship training programme offered by UWC; and to describe the trained nurse preceptors' self-perceived change in knowledge, skills and attitudes as a result of the training programme.

Definition of concepts

Clinical facility refers to an environment in which a professional nurse and student are involved in client care and where learning opportunities present themselves (Mochaki, 2001:13).

A preceptor is 'a competent, confident, and experienced nurse who assists another nurse or nursing student in giving quality nursing care by guiding, directing, or training' (Smith, 2006:9).

Preceptorship refers to the teaching-learning relationship between the skilled professional and the student nurse to improve the professional development of the student nurse (Happel, 2009:375).

A student nurse is a person undergoing education or training in basic nursing (Department of Health, 2008).

A training programme is a structured CE offering aimed at improving the clinical teaching expertise of professional nurses in the service setting (Happel, 2009:374).

RESEARCH DESIGN

An exploratory, descriptive, contextual design was used for this study. De Vos, Strydom, Fouché and Delpont (2011:95) refer to exploratory design as that which seeks to find out

what is happening, especially in a little-understood situation (it is not clear whether the trained preceptors perceived a change in their clinical teaching skills). The descriptive design was used to compile a profile of the trained preceptors as well as to provide an account of their perceptions following the training.

Brink, Van der Walt and Van Rensburg (2012:121) suggest that researchers need to know and understand the context in which the research is conducted and present it accurately in their research reports. In this study the context refers to the different levels of health-care facilities where the trained preceptors are based in the Western Cape province.

RESEARCH METHODOLOGY

The methodology for objective 1 involved a document analysis of publicly accessible preceptor training attendance registers. A qualitative approach was identified as the most appropriate for objective 2. This research was used to explore and describe the nurse preceptors' perceived change in knowledge, skills and attitudes as a result of the training programme.

Population

According to Brink et al (2012:131) a population is the entire group of people that meet the criteria of interest to the researcher. In this study the population was considered to be the 80 professional nurses from the Western Cape province who had successfully completed the preceptorship training programme offered by UWC. These professional nurses were working in different units in various clinical settings in the Western Cape over a four-year period.

Sampling

An all-inclusive sample of the attendance registers was used to extract data related to objective 1 of this study. The attendance registers of all the eight preceptorship training offerings were used to access data related to the number of participants, gender and place of work.

Purposive sampling was used for objective 2; this is characterised by selecting individuals who will have knowledge about the phenomenon in question (Brink et al, 2012:141). The researcher consciously looked for those individuals with experience regarding the phenomenon in question – in this case professional nurses who attended the preceptor training programme offered by UWC and who were employed in the role of preceptor. After attaining ethical clearance the researcher contacted the managers of the clinical facilities to request permission to communicate with the trained preceptors.

We telephoned the preceptors to explain the aim of the research and to invite them to participate in the FGD. We also confirmed a time and venue that was suitable to all participants by email. For logistical reasons we arranged the FGDs at the hospitals and invited participants from nearby clinics to attend. Two participants travelled more than 20 minutes to participate in the research and one was willing to participate on her day off. One trained preceptor was unable to participate because she relocated out of the province and another preceptor retired and declined to join the FGD.

Inclusion criteria were that: participants must have successfully completed the preceptor training programme offered by UWC and have worked as a preceptor in the service setting for a minimum period of six months. The settings included tertiary (urban), regional (peri-urban) and district (rural) hospitals.

Ethics and rigour

Permission to conduct the study was obtained from the UWC Research Ethics Committee and the Western Cape Department of Health. Approval was also granted by the chief executive officers of the hospitals concerned. Permission to access the training records was given by the Director of the School of Nursing. Written informed consent was obtained from all of the participants and they also signed the focus group confidentially form. Participants gave permission for the discussion to be audio-recorded. The aim and objectives of the study were explained to them. The information sheet stated that they could withdraw from the study without any negative consequences, that participation was voluntary, and that their identities would not be disclosed in the research reports. The research data were securely stored on a computer and only available to the research team.

According to Brink et al (2012:172) the researcher needs to ensure that the research findings are credible to the people under study as well as the readers. In this study trustworthiness was ensured by applying the strategies of, among other things, credibility (to engage with participants over a prolonged period). Prolonged engagement is the prerequisite for building trust with participants. In this study the researchers participated in the presentation of the course, made telephonic and electronic contact with the participants prior to data collection and spent an average of 90 minutes collecting data. Transferability (to provide a detailed description of the context so that readers can judge whether the research findings are applicable in another context) was ensured by describing the training course as well as the participants who attended the course (De Vos et al, 2005:346). Brink et al (2005:172) suggest that researchers need to leave an audit trail to clarify all of the steps in the data analysis process. The researcher, co-researcher and research assistant cross-examined the processes of data collection and analysis (peer debriefing). This team also attended to conformability by ensuring that

the findings and conclusions were supported by evidence in the data (De Vos et al, 2005:347).

Data collection

An abstraction tool was developed to capture data related to the preparation of preceptors by the School of Nursing. A research assistant and researcher independently extracted baseline data from the attendance registers of the preceptorship training programmes for the period 1 January 2010 to 12 July 2013. Data collected included the number of participants, nationality, workplace, and whether they successfully completed training.

A semi-structured interview schedule was developed with three broad questions to explore perceived changes in knowledge, skills and attitudes of the trained nurse preceptors as a result of the preceptorship training programme. Participants were asked the following: Explain how your knowledge about clinical teaching changed as a result of the preceptorship training programme; describe any changes in your clinical teaching skills as a result of the preceptorship training programme; and describe any change in attitude regarding clinical teaching as a result of the preceptorship training programme.

Three group interviews (FGDs with five members per focus group) were conducted with participants from the different levels of health service provision. The focus group discussions ranged from 60 to 90 minutes in duration. The interviews gave the researcher an opportunity to probe for in-depth information about the responses of participants. The researcher, who has expertise in qualitative research, conducted the FGDs and a research assistant wrote concise notes. Data collection commenced in August 2013 and concluded in September 2013. The FGDs were conducted at a tertiary, (FGD 1) regional (FGD 2) and district (FGD 3) hospital. The FGDs were digitally audio-recorded with the permission of the participants. Data collection continued until the topic was exhausted and saturation of data was attained, meaning that no new information emerged (Brink et al, 2012:144).

Data analysis

For objective 1, the data captured in the abstraction tool were hand tallied by the researcher and research assistant and presented in tables and graphs.

Data collection and analysis happened concurrently for objective 2. The audio-recordings were transcribed verbatim and the transcripts were labelled with numbers (eg FGD 1). The data analysis was done using the content analysis guidelines of De Vos et al (2011:402). The researcher read all of the transcripts, critically evaluated the meaning of the words used by the participants, spelled out the meaning of words/statements,

organised the meanings into clusters of themes, and wrote a detailed description of the data analysis and findings.

Initially codes were formed from the analysis and then grouped to form categories. Categories were subsequently collapsed into themes which indicated the trained nurse preceptors' perceived change in knowledge, skills and attributes as a result of their training.

RESULTS

Objective 1

The data indicate that both national and international professional nurses attended the programme. Ninety-four were from South Africa and five from other countries in Africa, ie Malawi (n=2), Zambia (n=2) and Nigeria (n=1). Eighty seven participants were from the Western Cape province and seven from other provinces in the country. Figure 1 indicates where participants from the Western Cape who attended the training were based.

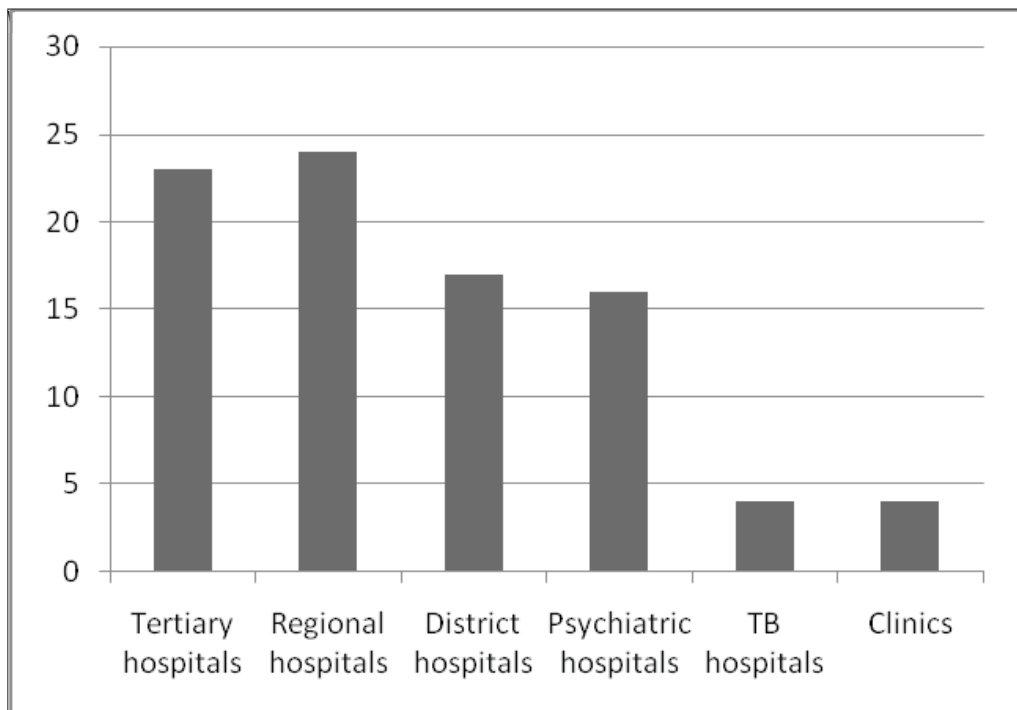


Figure 1: Number of participants based at various facilities in the Western Cape

Ninety-one participants were female and eight were male. Ninety-two of the 99 participants successfully completed the training. Eighty of the 87 participants from the Western Cape province were successful, 5 were unsuccessful in their assessments, and 2 dropped out of the programme citing work pressure as the reason. The unsuccessful participants submitted incomplete portfolios of evidence and/or displayed poor academic writing skills. Only 4 of the 80 trained preceptors in the Western Cape province were based at clinics.

Objective 2

The qualitative findings indicated an overall positive response from participants who attended the preceptorship training programme offered by UWC. Five main themes emerged from the qualitative data analysis, and are aligned with the learning outcomes of the preceptorship training programme. These themes relate to the change in knowledge about clinical teaching, change in clinical teaching skills, change in attitude, self-awareness, and training challenges.

Change in knowledge about clinical teaching

Participants perceived a change in knowledge occurring as a result of the training, and cited an understanding of clinical learning theories and clinical teaching strategies. They also became aware of the importance of creating learning opportunities for students, acknowledging the year-level of the students and giving them appropriate feedback.

Experimental ...ha ...ha... (laughs) ... Experiential learning ... I learned that if I allow students to experience, they remember. The other day a patient collapsed and I had to intubate. The student helps me and remembers the experience. (FGD 2)

I used to spoon-feed. Now I have to ask what they know about the subject. I have to change my approach because I used to giving information. Sometimes the student knows and you repeat the same stuff. (FGD 3)

You have to consider the level of the student, their needs ... maybe a first-year in first week on the ward ...you have to ask them ... and then tell them to do what they are able to do ... and then give them feedback. (FGD 2)

Change in clinical teaching skills

Seeing that most of the participants were experts in their respective fields, they shared their perceptions about their personal clinical teaching skills. They valued some of the

clinical teaching strategies that they were exposed to during the programme. Some became very aware of their own experiences as learners in the programme:

To use group discussions and listen to their views ... ah, I never did that before the course. For me, we learnt from each other in our group, for example ... we all contributed. It is not always that you will find that ... for me it was a learning opportunity and it also helped me ... especially if someone does not want to participate ... that you do not force them but make the process so easy for them to participate. (FGD 1)

The course ... the skills lab method ... inspired me to do video recordings of clinical procedures in the labour ward. Recordings can be made available to students and they can watch it over and over. (FGD 3)

In a medical ward we rush and we have little time to stand still. I now know students learn by observing. (FGD 2)

Change in attitude

The participants referred to a change in attitude as a result of their own experiences during the two-week training programme. They confessed to taking on the role of a student in the course which made them aware of the feelings that their students may experience. Some participants also reflected on their preconceived attitudes towards the student nurses:

I realized ... we are the old generation. However, it is my responsibility to be a role model. It is my responsibility to try and change it. I have the skills and experience and I have to share it with the students otherwise I will go to my grave without sharing. (FGD 2)

To experience the role of the student in the course, I became so nervous. It came as a shock. I now remember to be kinder. The more you build them (students) up, the more you get out of them. I am gentler with the students and that seems to help a bit because sometimes they are just afraid of me as a person for some reason. (FGD 1)

Self-awareness

Many participants realised the value of reflection. One stated that reflection has become a conscious process. They acknowledged the fact that they have to deal with a diverse group of students and need to be able to interact with them. Following their interaction with simulated patients in the course, some participants also involved the patients in the clinical teaching experience.

The importance of reflection, I now reflect myself ... was it sufficient ... how can I do better? It becomes a conscious process ... I tended to focus on something to measure the students ... what my expectations is and what the student is supposed to do. I really ... I had to change that. To hear from the student what their views or understanding of what they're doing ... and from there you can fill the gaps. (FGD 1)

To listen ... really listen, and be more kind. I learned that about myself. I ask the views of the nurse but also ... asking the patient 'Sir, how do you feel ...or ... how did she do that?' Not using the word 'satisfied' because they (patients) will say 'yes.' But rather saying to the patient 'Now it is your time to ask questions.' That is what I have included in my dealing with my students. (FGD 3)

Training challenges

Some of the participants had not studied in years, and experienced difficulties with basic computer skills and compiling evidence of learning. Some participants found the level of engagement with the learning material to be challenging and also struggled with time management. To apply the new information to their specific context was not easy and they acknowledged gaps related to their clinical teaching skills.

IT skills (group laughs) we all struggled, had to help each other with the columns ... to keep up with technology. The high quality of the simulators ... I was also blown away by the wonderful technology available to students. I never thought that students are getting that kind of learning experience in the nursing school. (FGD 2)

Compiling a portfolio, to drive home, attend to the family, sit and write a reflective journal, it's difficult. We did not know that we had to bring (laptops) ... we had one computer for three of us. I borrowed one from my daughter ... I had to write things up and its world cup soccer ... I also wanted to watch ... it was difficult. (FGD 1)

I think the two weeks were very long for us. It was a long time away from home. We had group discussions ... it was difficult for me to get the group discussions together. It was very difficult because we had different levels of people ... and some seemed to be clueless. One had to drive or drag them. It would have been different if they were in the same level. (FGD 3)

DISCUSSION OF RESULTS

The Strategic Plan for Nursing Education, Training and Practice in South Africa (2012/13–2016/17) (SANC, nd) suggests a ratio of 1 preceptor to 20 students (1:20). The research results indicate that the 80 (n=80) trained preceptors are able to service about 1 600 novice nurses in the public sector in the Western Cape province. There

appears to be interest in the training programme from other provinces in South Africa and other countries in Africa.

The training programme resulted in perceptions of positive changes in the knowledge, skills and attitudes of nurse preceptors who attended the training at UWC. A quantitative study conducted in Jordan to evaluate the effectiveness of a preceptorship programme for registered nurses showed a significant improvement in participants' knowledge of clinical teaching (Al-Hussami et al, 2011:1).

Smedley and Fet (2008:185) found that preceptors at a college in Australia were aware of the need for training, because preceptorship required clinical teaching skills that they did not possess. In this study a number of participants stated that prior to the training they had not been aware of the strategies that could be used in clinical teaching. They affirmed that during training they became acquainted with education theories and clinical teaching strategies. They also developed awareness of the need to identify learning opportunities for novice nurses.

Murphy (2008:183) found that a preceptor training programme helped with integration of the professional nursing role, which includes enactment of professional values and relationships. In a review of literature on preceptorship Billay and Myrick (2008:263) identified the following attitudes as beneficial to successful precepting: attentive listening, facilitating learning opportunities and giving constructive feedback. In this study participants affirmed that as a result of the training, they developed active listening skills, incorporated reflection into their practice, identified learning opportunities in the clinical facilities, and realised the importance of giving feedback.

In some of the research studies, cited in an integrative review article, challenges experienced by preceptors are related to lack of time, intergenerational differences and inadequate preparation (Billay & Myrick, 2008:261). In this study time constraints were mentioned. However, the preceptors adapted their clinical teaching strategies to accommodate the novice nurses. The preceptor based in the midwifery unit made video recordings that the student midwives could view at their own pace. Preceptors shared challenges related to interacting with technologically advanced novice nurses. However, they also acknowledged a gap in their own computer and information technology skills. In terms of preparation for the preceptor role, the participants were positive about the level of preparation they had received from the training.

The CE programme providing preceptorship training for nurses also strengthened the collaborative relationship between UWC and the clinical facilities in the Western Cape. According to Happel (2009:375) it is important for all stakeholders to work together when planning and developing a preceptorship training programme for nurses. The need for collaboration is affirmed in a qualitative study done by Sedgewick (2011:281) in a

rural setting. In an integrative review of preceptorship literature a major recommendation was the need for partnerships and collaboration between education and service providers (Billay & Myrick 2008:261).

CONCLUSION

The data show that a large number of preceptors have been trained in the Western Cape province. In total 80 professional nurses successfully completed this credit-bearing CE programme and are able to provide guidance to novice nurses in the province. There were no other publicly accessible statistics available for trained nurse preceptors in other provinces in the country. The training programme offered at UWC resulted in perceived positive changes in knowledge, skills and attitudes of nurse preceptors.

RECOMMENDATIONS

The first recommendation is that all professional nurses who work with students or novice nurses should attend a preceptorship training programme. It is also recommended that professional nurses from primary health-care facilities be specifically recruited to attend the training programme. The statistics show that only four of the professional nurses from this level attended the training programme. It is further recommended that a quantitative study be carried out to evaluate the effectiveness of the training programme by doing a pre-test/post-test study.

LIMITATIONS

This study describes the perceptions of a small number of participants about the preceptorship training programme offered by UWC. These trained preceptors are located at public hospitals in the Western Cape province. These perceptions are therefore context-bound and relate to a specific preceptorship training programme.

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