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## The Lived Experiences of Newly Nurses' Preceptors of Preceptorship: An Interpretative Phenomenological Study

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### ABSTRACT

Newly graduated nurses and those experienced nurses who enter a new workplace need preceptors for being orientation to an unfamiliar work environment. The aim of this study was to explore the lived experiences of newly nurses' preceptors of preceptorship. This study was conducted using an interpretive phenomenological design based on the Heidegger's philosophical thoughts. Participants were consisted of six preceptors of newly nurses working in a teaching hospital in an urban area in the northwest of Iran. They were chosen using a purposive sampling method. In-depth interviews were held from July 2014 to March 2015 and collected data were analysed using the Diekelmann et al.'s method. The data analysis led to the development of two key themes. The first one was 'professional commitment' with the subthemes of 'generous sharing of unique treasure of knowledge and professional experiences', 'internal motivation', and 'beyond preceptorship'. The second theme was 'preceptorship as an opportunity for growth' with the sub-themes of 'preceptor's personal and professional growth', 'mutual learning', 'facilitating the professional growth of newly nurses' and 'holistic benefits'. Having spiritual motivations in the favour of playing the preceptor role and preceptorship as holistic benefits were new findings that were developed in this study. The need for skilful and committed preceptors in nursing education and practice will never ended. Nurse managers are required to support preceptors and motivate them to take the preceptor role in healthcare settings. Also, they need to preserve the connection between newly nurses and preceptors through putting them in the same work shift at the end of the preceptorship programme. There is a need to use the preceptorship programme for developing a positive atmosphere in healthcare settings to increase the overall quality of hospitals.

**Keywords:** preceptorship, lived experiences, preceptor, newly nurses, commitment, professional growth, hermeneutic, interpretive phenomenology.

## INTRODUCTION

Newly graduated nurses face many challenges in transition from the student role to the professional nurse role [1]. In addition, experienced nurses encounter the same issues when enter to a new work place to be oriented to an unfamiliar work environment [2]. It is believed that preceptors have an important role for supporting newly nurses during the transitional period to professional roles [3-8]. Preceptorship and mentorship are used interchangeably in the literature [9; 10], though they have many differences. While role models are used by both of them for supporting professional nurses' growth and advancing the overall quality of the work environment, they have different functions [11]. There is a need to differentiate between the roles of a mentor of that of a preceptor [12]. A mentor is a close, trusted, experienced counselor or guide who engages in a long-term, relationship-oriented, development-driven, and mentoring relationship [13]. A preceptor also is an experienced and knowledgeable staff nurse who is assigned to help a newly nurses during the transition period to the professional role in a given period of time. It aims to make the newly nurse familiar with work routines, policies and principles, and the work place culture as well as provide an appropriate environment for practising nursing intervention in a supervised atmosphere. At the end of the preceptorship programme, newly nurses need to be armed with all competencies required for carrying out safe nursing practice [14]. It is believed that both newly nurses and experienced ones need the supervision of a preceptor to pass the transition period, take professional roles and become able to provide high quality care.

A one to one relationship during the preceptorship programme provides preceptors with the opportunity to encourage and guide newly nurses to cope with new roles and responsibilities, improve their knowledge, and skills and job satisfaction [2]. The results of the study by Jaffari Golestan *et al.* (2008) showed that the preceptorship programme has a positive relationship with the promotion of newly nurses' work competencies [15]. The personal and professional growth of preceptors [16; 17], job retention [18], facilitation of coping with rapid work place changes [19], improvement of quality of care and patient safety [20-22] are some of the advantages of the preceptorship programme.

Preceptorship is a complex and multi-level phenomenon [23]. Omansky (2010) in a study on the nurses' experiences of the preceptorship role found preceptorship as a dynamic and complicated phenomenon that has negative and positive aspects, internal rewards and external demands [24]. Preceptors take a huge amount of responsibility and should be accountable with regard to newly nurses' activities [25]. In the nursing profession, the preceptorship job takes place in the routine hours of patient care [26]. Therefore, a lack of time and heavy workload are the main challenges described by preceptors [24; 27-29].

Preceptorship as an important phenomenon needs to be explored in the nursing profession in order to enhance the nurses' knowledge of preceptors roles. There are a few studies on the lived experiences of preceptorship for newly nurses [16; 17; 30]. Available studies mainly have focused on nursing students [11; 25; 31-35]. According to Omansky (2010), few researchers have explored the experiences of preceptors and the available ones mainly focused on nursing students [24]. It is noted that the experiences of newly nurses' preceptors can be different from those of nursing students' preceptors due to differences in the focus, structure and the level of independence in practice during the preceptorship programme [3]. Moreover, the structure of the preceptorship programme is cultural- and contextual-based [18; 36; 37]. Furthermore, geographical differences influence the experiences of newly nurses' preceptors in the workplace. Therefore, there is a need to conduct studies in Iran to explore cultural and contextual factors influencing this phenomenon.

### **Background in Iran**

There is no official post for preceptors in the Iranian healthcare system [38; 39]. Moreover, the preceptorship programme is not standardized throughout the country and each healthcare system runs it by its own method. Nursing students are the target of most preceptorship programmes held in Iran [32]. Similar to other parts of the world, Iranian nurses need support during transition from the student role to professional role [38]. In this study's research zone, the preceptorship programme aimed to help with the orientation of newly nurses in the workplace. By newly nurses, it meant those nurses who recently were graduated from nursing schools and those experienced nurses who were transferred to new work places such as other nursing wards. A preceptor was an experienced, knowledgeable and skilful nurses who was assigned by the hospital's authorities to help newly nurses' transition to new roles and responsibilities. The criteria for the selection of a staff nurse as a preceptor was his/her knowledge and skills, strong inter-personal communication abilities, and being interested in teaching and learning. The candidates were interviewed by the hospital's nursing office authorities and in case of approval, they were formally

assigned to the job. However, they were not paid for taking this role. The duration of the preceptorship programme was between two and four weeks with the possibility of extension, if required.

## **2. Objectives**

The aim of this study was to explore the lived experiences of newly nurses' preceptors of preceptorship. This article focused on the report of two main themes developed during data analysis as 'professional commitment' and 'preceptorship as an opportunity for growth'.

## **MATERIALS AND METHODS**

### **3.1. Design**

This study was conducted using an interpretive phenomenological design based on the Heidegger's philosophical thoughts. The aim of phenomenological studies are to explore the people's lived experiences of social phenomena [40]. Phenomenology clarify meanings and hermeneutics interprets the discovered meanings [41]. Preceptorship is an important phenomenon from the perspectives of clinical nurses, nurse instructors and researchers. Therefore, hermeneutical phenomenology is an appropriate method for exploring the lived experiences of newly nurses' preceptors of preceptorship.

### **3.2. Participants and setting**

In this study, six nurse preceptors were chosen using a purposive sampling method. They were working as newly nurses' preceptors in a teaching hospital in an urban area in the northwest of Iran. The inclusion criteria for choosing them were: 'having a bachelor's or higher degree in nursing', 'having the experience of participation in the preceptorship programme', and 'being formally assigned as the preceptor of newly nurses by the hospital's nursing office', and 'having the willingness to participate in this study'.

### **3.3. Data collection**

Data was collected from July 2014 to march 2015. The data was collected through holding in-depth face-to-face interviews with the participants. To recruit them, a list containing the names of all preceptors who were involved in the preceptorship programme in the teaching hospital was provided. Next, the nursing office at the hospital was asked to introduce the researcher (ShSh) to probable participants. The participants were contacted and provided with some details regarding the study method's and process. They were invited to participate in this study and determine the convenient time and place for interviews. Except one participant who preferred to be interviewed in a nursing school, the remaining preferred a quiet and private place in the hospital. The interviews were conducted in Farsi and were translated to English for publication purposes. The average length of the interviews was between 22 and 63 minutes. In total, 16 sessions of interviews were held. Each participant was interviewed for two or three times depending on the need for improving the depth of interviews. The interviews were started with one general question and followed with probing ones. The focus of the interviews was: 'What does come to your mind, when you hear the word of 'preceptor'?' Some examples of the probing questions were 'what do you mean by ....?'; and 'will you explain it more?'; and 'will you provide an example?'.

The data collection and analysis were concurrent. Accordingly, each interview was read by the research team members and follow up interviews were conducted with the same person or the next person. The follow up interviews lasted between 8 and 55 minutes and aimed to remove misunderstandings and confirm the perspectives of the preceptors by other participants [42-44]. To ensure of data richness, the interviews were reviewed by the research team members to check the collected data in terms of variations and depth. Since, no new data was collected to add to the variation of findings, the interviews were stopped after 16 sessions.

### **3.4. Ethical considerations**

This research was approved by the local ethics committee affiliated with the medical sciences university, in which the researchers were affiliated with (registration code: 5/46412). The permission to enter the research zone was obtained from the hospital authorities. The participants were informed of ethical principles considered during this study in terms of anonymity, confidentiality of collected data and the right to withdraw from this study at any time without being penalized. Also, the permission to audio-tape the interviews was obtained. The participants also were provided with the details of the study method and process including the possible need for follow up interviews. The fourth researcher who conducted the interviews was working as an educational supervisor in the research zone in the past. Therefore, the impact of such a power imbalance on the quality of data collection was reduced through the

provision of the details of data collection, aim of this study, and ensuring them of the confidentiality of collected data [45]. All collected data was kept with respect to the principle of confidentiality and anonymity by the researcher and only shared with the research team members for research purposes. Anonymity was preserved through using a coding system instead of their names. Also, they also were asked to refrain from naming individuals.

### **3.5. Data analysis**

The interviews were transcribed *verbatim*. The MAXQDA10 software was used to facilitate the management of data. The Diekelmann et al.'s method (1989) of hermeneutic phenomenological analysis was used. To analyse the collected data, the transcriptions were read several times to obtain a sense of whole. Next, interpretive notes on each interview were written. Themes developed during the data analysis were shared with the research team members and were asked to provide feedbacks. Conflicts between the findings and interpretive notes were rectified. Complementary interviews were conducted with the participants, if required. For instance, a research team member developed a theme regarding 'role conflict' that was not agreed by other team members. Therefore, follow up interviews rectified it as follows: 'the preceptor's role was complementary to the nurse's role'. Through comparing and contrasting international literature, texts, commonalities between our findings and those of other studies were explored. The developed themes were compared to explore structural patterns and connect the developed themes together. Lastly, the research team members were provided with a draft containing themes, patterns and a summary of interviews' transcriptions and their feedbacks were incorporated into results.

### **3.6. Rigour**

Prolonged engagement with the data and conducting the interviews by the fourth researcher (ShSh) helped the credibility of this study. The interviews were listened carefully and transcribed *verbatim* by the fourth researcher. The Diekelmann et al.'s method (1989) of hermeneutic phenomenological analysis used in this study is characterised by frequent backward and forward movements between the text, participants and research team members for the exploration of a clear image of the study phenomenon [46]. During member checking, all six participants confirmed that our findings reflected their thoughts and ideas about the study phenomenon. To improve the dependability of the study process, the process of participants' recruitment and data collection and decisions made during the data analysis were recorded and described in details. Moreover, the confirmability of this study was sought through the provision of a detailed account of the steps taken for data analysis and decisions made during it. Also, a detailed description of the preceptorship programme in Iran and demographic characteristics of the participants helped with improving the transferability of our findings.

## **RESULTS**

The participants were female and had a bachelor's degree in nursing. Their age range was between 32 and 46 years old. They had a work experience for 8-18 years and each one supervised about 10 newly nurses during the preceptorship programme.

The data analysis led to the development of two key themes. The first one was 'professional commitment' with the subthemes of 'generous sharing of unique treasure of knowledge and professional experiences', 'internal motivation', and 'beyond preceptorship'. The second theme was 'preceptorship as an opportunity for growth' with the sub-themes of 'preceptor's personal and professional growth', 'mutual learning', 'facilitating the professional growth of newly nurses' and 'holistic benefits'. Having spiritual motivations in the favour of playing the preceptor role and preceptorship as holistic benefits were new findings that were developed in this study.

### **4.1. Professional commitment**

In spite of the challenges that the participants faced in the preceptorship programme, and we had reported in our previous article [47], the participants welcomed their role as preceptors and did their best to serve newly nurses.

#### **4.1.1. Generous sharing of unique treasure of knowledge and professional experiences**

The preceptors liked their role and with generosity were ready to share their knowledge, skills and experiences to newly nurses accumulated during many years of nursing practice. They aimed to help newly nurses reach a better work competency at the end the preceptorship programme. In this respect, they welcomed any sort of effort made to make newly nurses prepared for practice. As preceptors, they had a holistic viewpoint towards their role and believed that newly nurses not only needed to have knowledge and skills, but also should be ethical agents,

communicate properly with healthcare professionals, patients and their family members, and be prepared to prevent abuse committed by colleagues in nursing wards.

*"...newly nurses do not need to study and spend a lot of time to improve their knowledge and skills, because I teach them all those things I have learned during my nursing career. Also, I do not like to conceal my knowledge and skills, but I prefer to convey all I know to others." (P2).*

*"I teach newly nurses all the subtleties of nursing practice that I have learnt so far. It takes me about a few weeks to teach them everything." (P1).*

#### **4.1.2. Internal motivation**

The participants talked about the reasons behind taking the preceptor's role and what encouraged them to continue this career in spite of available challenges. Of the motivation factors described by the participants were the sense of responsibility for others' learning, intellectual investment, philanthropy, human responsibility, legal responsibility, God satisfaction, patient satisfaction, making newly nurses independent as soon as possible to offset the shortage of nurses in clinical settings, improve the quality of nursing care, passion towards the nursing profession and promotion of its position in the healthcare system. One of the preceptors used the word of 'sacred' to describe her role as a preceptor.

*"Preceptorship is like a piggy bank savings. It has implications for the preceptor from spiritual and emotional aspects. The newly nurse's career is influenced by the preceptor. The newly nurse may change his/her own work career in response to my teaching. The main benefit is for the patient who has received the highest quality of care possible by a competent nurse." (P3).*

*"...I am a human being. I believe in philanthropy. I am accountable to both law and sharia. When a newly nurse is assigned to me for supervision and education, I feel accountable to both law and sharia. I do my best to do my duties and satisfy newly nurses as well as God. I teach newly nurses about care in the paediatric ward. I show newly nurses how nursing care can lead to both God and patient's satisfaction. I say to newly nurses that the child thanks the nurse for the insertion of a venous catheter without imposing a lot of pain and suffering to him/her. I feel that I need to teach to newly nurses whatever I know." (P2).*

*"When a newly nurse enters the nursing ward, she/he is expected to be prepared immediately for taking the nurse staff's role and help with reducing other nurses' workload. I help him/her to stand on his/her feet as soon as possible. Therefore, I help newly nurses to do their duties independently even when they have heavy workload." (P5).*

While preceptorship was considered a challenging duty, some nurses believed that taking the role of a preceptor for newly nurses provided them the opportunity to play their role as an educator.

*"As a preceptor I do my best to help with the training of newly nurses. The preceptorship role is intertwined with the educational aspect of a staff nurse's role. Nursing is not confined to practical intervention." (P1).*

The improvement of the quality of nursing services and promotion of nursing position in the healthcare system were motivational factors for taking the role of a preceptor.

*"One of newly nurses did not take care of infection control principles....Perhaps she has not been educated well during the studentship period. I taught her about the relationship between nursing practice and infection control and the patient's health. I noticed that she gradually followed the infection control guidelines. I became very happy that I prevented endangering the safety of care through training this nurse about infection control." (P4).*

#### **4.1.3. Beyond preceptorship**

The participants continued to support newly nurses even after finishing the preceptorship programme. Also, it was found that the preceptors did not confine themselves to the preceptor role, and in many cases played the role of mentors. It was believed that some newly nurses even after the end of the preceptorship programme were unable to take the full role of staff nurses and practice independently. Since preceptors protected patients against any harm done by newly nurses, they had the responsibility to supervise newly nurses in work shifts. Therefore, they frequently checked newly nurses' activities and were prepared to collaborate with them to do sensitive nursing interventions.

*"...even after the end of the preceptorship programme, I should accompany her [the newly nurse] to do nursing practice. I say them they should not be worried, because I accompany them to insert venous catheters and do other invasive procedures. Also, they can ask me any questions they have." (P1).*

They declared that even though the duration of the preceptorship programme was not sufficient to make newly nurses independent in nursing practice, they kept their support umbrella open on newly nurses' heads.

*"I do not leave newly nurses even after that the preceptorship programme is finished. Sometimes she/he is asked to do a nursing intervention that she/he has not been practised it before. I provide her with supervision and support to do the intervention safely." (P5).*

*"...imagine that there are 24 patients in this nursing ward. During division of labour, I take the responsibility of all patients in the ward even those patients that are assigned to newly nurses. I know that newly nurses need my help to take care of medication, practise with equipment and facilities so on." (P2).*

Other participants described the preceptorship programme as the opportunity for holistic education and support to newly nurses. They felt commitment to continue their supportive role to them for some years ahead.

*"... some of the newly nurses who are working with us here for a couple of years need my support and help. I re-check their documentation in the patient's file. Sometimes I invite them to conduct a nursing intervention together." (P6).*

#### **4.2. Preceptorship as an opportunity for growth**

This theme was consisted of four subthemes describing the participants' perspectives of the preceptorship programme for both themselves and newly nurses. It also described the benefits of this programme for patients and their family members.

##### **4.2.1. Preceptor's personal and professional growth**

The participants believed that challenges they faced in the nursing career strengthened their nursing skills. Therefore, they benefited of personal and professional growth. Taking the preceptorship role also led to the development of the preceptors' self-knowledge. The provision of challenging situations to newly nurses was considered a strategy for improving their own professional function. They used words such as concentration, receiving and sending feedback, thinking on their own behaviours, and improving their professional abilities.

*"Through taking the preceptor's role, I get more experienced. My experiences support me in difficult conditions." (P1).*

*"...I teach newly nurses according to the standard procedures of nursing practice, even though I can not follow all the procedures exactly. This situation is some sort of alarm for me that I myself need to practise based on the standards of care taught to newly nurses." (P5).*

*"...during the preceptorship programme I review the guidelines of nursing practice and am reminder that I should not be routinized." (P3).*

##### **4.2.2. Mutual learning**

Mutual learning was mentioned as the reward of the preceptorship programme benefiting both the preceptor and newly nurse. The preceptors obtained an opportunity to study, improve their own knowledge and skills and remain up-to-date. Questions asked by newly nurses motivated the preceptors to search for answer and become self-learning agents.

*"...I need to study and learn to be able to teach newly nurses." (P3).*

*"I am happy for being able to share my knowledge to others. Also, my own experiences are increased. During the programme, I am motivated to improve my knowledge, study more, ask about something that I do know. It does not mean that preceptors always know more than newly nurses. Sometimes they [newly nurses] teach preceptors about new advancements in the field of healthcare." (P1).*

##### **4.2.3. Facilitating the professional growth of newly nurses**

The preceptors' influenced the abilities of newly nurses to practise safely in the healthcare setting and created a feeling of self-satisfaction in them. During the interviews, the metaphors such as a supporter, based-mountain to rely on, endless flames of love, splint for a broken leg, architect, breeder so on was used to describe the significance of the role of preceptors.

*"I believe that a preceptor is a teacher and supporter. Similar to the teacher of a school age child, the preceptor spend time to teach the basic things to the newly nurse..." (P4).*

*"I have got a good feeling when I teach something to someone. Also when I see that the newly nurse practises based on what I have taught him/her, I feel proud of myself. Similar to a mother that teaches her child and observes how the child behaves [laughing]." (P6).*

As the result of satisfaction with their role, they happily participated in the training of newly nurses. The preceptors described themselves as persons who took a person's hand and culminated him/her from personal and professional aspects. They wished that a preceptor in their own past nursing career would help them.

*"The preceptorship is really a required programme for all newly nurses. If someone was to take the preceptor role and would teach us appropriately about 10 years ago, I would experience less stress."* (P3).

#### **4.2.4. Holistic benefits**

The preceptors noted the advantage of the preceptor role for themselves, newly nurses, patients and their family members. Beside newly nurses, during education in the nursing ward, patients and their family members observed the relationship between preceptors and newly nurses and would be benefited. Patients and family members' trust to newly nurses would be increased, because they knew that preceptors as experienced nurses would supervise all interventions done by them.

*"When I teach newly nurses besides the patient's bedside, the patient's companion observes what I teach and try to learn and improve her own knowledge of the patient's health condition. The patient's companion prefers that his/her patient receives care from experienced nurses. When they see that preceptors accompany newly nurses to do invasive interventions, they warmly welcome newly nurses for patient care."* (P6).

*"The first person who benefits preceptorship is the patient. This is true that the preceptor and newly nurse takes the advantage, but the main benefit is for the patient, because of the quality of delivered to him/her."* (P3).

## **DISCUSSION**

The findings of this study showed that the preceptors of newly nurses were committed to their role and considered it an opportunity for their own personal and professional growth. The preceptors were the role models of newly nurses. Having a commitment to the preceptor role can create positive learning experiences and convey the spirit of commitment to nursing professional roles among newly nurses [48].

The preceptors were interested in sharing knowledge and skills to newly nurses. They also felt accountable towards newly nurses. In a study by Hilli *et al.* (2004) Swedish and Finnish preceptors felt a deep commitment towards preceptees and the nursing profession [49]. In addition, according to the Iranian ethical codes (2013), nurses should share their knowledge and skills with their colleagues [50]. Preceptors are chosen using appropriate criteria and are expected to behave according to national ethical principles.

Nurse managers selected the preceptors of this study. The preceptors wished that they would be supervised by preceptors in their own past nursing career. Also, they asked for the revision and improvement of the quality of the preceptorship programme. Preceptors are committed to play their role based on ethical principles [51]. It was found that the preceptors had spiritual, humanistic, and professional motivations for playing their role. Since the preceptors were not paid, it could be concluded that cultural and contextual backgrounds influenced their motivations to take such a challenging role. The participants considered the preceptor role as spiritual piggy bank savings. Such a perspective was stemmed from the Iranian culture, the religious and traditional background that needed further studies.

Our study participants described preceptorship as an undeniable part of nursing practice. They had a positive attitude towards their role and considered it a worthy opportunity for playing the nursing role in clinical settings. Similar to our study findings, Richards and Bowles (2012) in the USA showed that the motivators of preceptor role are commitments to the workplace, being interested in education, appreciation of mutual learning opportunities, having the opportunity to help with the development of newly nurses and the nursing profession in general [30]. The motivation of a preceptor may affect the experiences of newly nurses. It is noted that the preceptor plays the role model for newly nurses. The motivation factors influencing the preceptor role can be considered as selection criteria to choose preceptors.

The participants preserved their contact with and supported newly nurses through taking the mentorship role after that the end of the preceptorship programme. Similarly, the findings of another study in the USA showed that the preceptors of newly nurses considered themselves both preceptors and mentors [30]. A rewarding preceptorship experience may result in the continued informal mentorship of the new nurses by the preceptor, maintaining their support and contributing to the new nurse's long-term professional growth and development [26]. Newly nurses may not achieve the full preparation for taking new roles due to the short duration of the preceptorship programme. Also,

the preceptors were expected to provide routine care to the patients assigned in the daily work shift and at the same time supervise newly nurses. The feeling of commitment towards the preceptorship role motivates preceptors to tolerate heavy workload. It has been shown that the provision of support and reward to preceptors enhance their commitments to their role [23; 52; 53]. Therefore, preceptors need support and reward by nurse managers to improve their efforts and commitments to play their role.

Our participants showed the influence of the preceptor role on their own professional growth as well as the quality of care delivered to patients and their family members. The preceptors reported self-improvement in terms of professional knowledge and skills due to taking the role of preceptor for newly nurses. The results of the study by Chen *et al.* (2011) in Taiwan confirmed our findings [16]. Also, another study by Henderson *et al.* (2006) in the Australiashowed that preceptors believed in the influence of taking the preceptor role on their own personal development [54]. Moreover, Muir *et al.* (2013) in the UK showed that taking the preceptor role improved preceptors' knowledge and educational skills [17].

In this study, the preceptors considered preceptorship as an opportunity for mutual learning. Liu *et al.* (2010) showed that from preceptors' perspectives, the main advantage of their role was learning [51]. Such a perspective can indicate preceptors' interest in learning that can lead to professional development. Also, there is a positive relationship between preceptors' interests in their role and preceptors' experiences of their role [55].

We found that the professional development of newly nurses was important from the preceptors' perspectives. In addition, the participation in newly nurses' growth was considered the important reward of being a preceptor. Such a perspective also influences receptors' function with regard to the effort they make to play their role.

Similarly, the participants of the Richards and Bowels' (2012) study showed that in spite of the importance of external rewards, the observation of newly nurses' professional development was considered the most important reward for preceptors [30].

It was stated that preceptorship had a holistic benefit to newly nurses, preceptors, patients and their family members. Such findings have not been stated by previous studies. It is believed that the highest goal of the preceptorship programme is the improvement of the quality of care and safety of care delivered to patients [20; 22]. In this study, patients and their family members benefited the most. The significance of the preceptorship programme to and its influence on patients and their family members need further studies.

## CONCLUSION

The findings of this study provides international nurse educators and practical nurses with new insights on what factors influence preceptors' perspectives on their role. Such information can be incorporated into the designation of strategies that help with the employment of future preceptors. The need for skilful and committed preceptors will never ended. Nurse managers are required to support preceptors and motivate them to take the preceptor role in healthcare settings. Also, they need to organise nursing practice, conduct an appropriate division of labour, and preserve the connection between newly nurses and preceptors through putting them in the same work shift at the end of the preceptorship programme. There is a need to use the preceptorship program for developing a positive atmosphere in healthcare settings and help with the advancement of the overall quality of hospitals. In this respect, the healthcare system can make most of the available potentials of nurses for promoting the quality of care delivered to patients and their family members.

### Limitations

The perspectives of male preceptors should be explored in order to discover gender-related issues influencing the preceptorship programme. A lack of participation of male preceptors was a main limitation of this study. Also, the data collection only was focused on one healthcare setting. Therefore, future studies are required to be conducted with preceptors from both genders and also in different cultures and contexts for providing a complete picture of this phenomenon.

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### Conflict of interest

The authors have no conflict of interest to declare.



**Contributions**

Study design: SV, LB, ShSh; acquisition of data: ShSh; analysis and interpretation of data: SV, LB, AR, ShSh, AM; drafting of the article: ShSh; critical revision of the manuscript for important intellectual content: ShSh.

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