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Factors Influencing Nursing Preceptors' Role in Saudi Arabia: A Mixed Methods Study

Submitted by

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Publication and presentations from this thesis

o **Publication**

➢ Al Harbi, A, Donnelly, F, Page, T, Edwards, S & Davies, E 2021, 'Factors that influence the preceptor role: a comparative study of Saudi and expatriate nurses', *International Journal of Nursing Education Scholarship*, vol. 18, no. 1, pp. . Appendix (1). Publisher permission to include the publication in this thesis, Appendix (2).

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➢ Factors influencing preceptors' roles in KSA: final outcomes (a mixed methods study), The Knowledge we Share: 2022, Adelaide Nursing School.

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Abstract

The global shortage of nurses is a significant issue of concern. There is a need to increase the number of registered nurses to cover this shortage and maintain the quality of care and safety required to deal with unexpected crises. Clinical education equips nursing students to integrate theory into real-world practice. Registered nurses, who act as preceptors, play a vital role through formal assessment and feedback in teaching novice nurses how to provide safe, high-quality patient care.

The increase in nursing students enrolled in nursing colleges places more responsibility on preceptors as they train a new generation of nurses alongside their daily roles in the hospital. There is limited research on preceptorship in Saudi Arabia, especially in relation to its multicultural workforce. Because of staff shortages in Saudi Arabia, nurses are often recruited from other countries; thus, expatriate nurses play a significant role in the education of Saudi nursing students.

The value of preceptorship in terms of preparing nurses in the clinical practice environment should not be underestimated. Preceptorship provides important opportunities for novice nurses to be prepared for the nursing profession by developing their confidence and competence. Despite its importance, there is a lack of detail and insight into the way Saudi and expatriate preceptors undertake the critical role of preceptorship.

This aim of this study was to investigate factors influencing preceptors' experiences in performing their role of training intern nurses in the Saudi Arabian context. An explanatory sequential mixed methods design was conducted, consisting of three phases. In Phase 1, a quantitative study of 285 preceptors identified their backgrounds and perceptions, and investigated the factors influencing their role. The findings indicated that most preceptors were not formally prepared for their role. Organisational factors negatively affected preceptors regardless of their nationality, and cultural factors significantly hindered the expatriate preceptor role. In Phase 2, a qualitative study was conducted to obtain an in-depth understanding of preceptors' lived experiences through semi-structured interviews with eight participants. The interviews were analysed using Interpretive Phenomenological Analysis framework. Three superordinate categories with nine subordinate themes described the participants' journeys from uncertainty to satisfaction as well as the challenges and obstacles they experienced.

After the data from the two phases were separately collected, analysed and reported, the findings were integrated in Phase 3 to understand the complete picture and achieve the aim of employing a mixed methods approach. Joint display and contiguous integration methods were employed to bring the data together, and the results of the integration revealed two main categories of factors influencing preceptors in Saudi Arabia. The first was organisational factors, which covered several issues related to a lack of clarity in the preceptors' responsibilities, inadequate preparation, excessive workload, lack of appreciation and lack of communication. The second, individual factors, included concerns related to precepting across cultures, interns who are uninterested in learning and preceptors maintaining their own motivation.

The key results from this project provide evidence that will inform nursing education leaders specifically in Saudi Arabia to consider these factors and incorporate them to develop well-structured guidelines and policy imperatives that will ensure the sustainability of the preceptor role. The study offers insights for an international readership that may inform the development of cultural training content in curricula, to prepare preceptors to competently teach new nurses from a variety of nationalities, ethnicities and backgrounds. Investment in preparing preceptors could help ensure that the new generation of nurses cultivates the knowledge, skills and confidence needed to retain them in the profession. This may further ease the staff shortages that threaten the provision of safe and quality care to patients.

Thesis Declaration

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint award of this degree. The author acknowledges that copyright of published works contained within the thesis resides with the copyright holder(s) of those works. I give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library Search and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.

Aishah Al Harbi

Aishah

June 2023

Dedication

I dedicate this thesis to my beloved Mum, Hamidah and Dad, Shaher, who supported

my dream to study and encouraged me to reach this point. Thank you for your love,

prayers, encouragement and support on my educational journey since I earned my

bachelor's degree. I hope this makes you proud of me.

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Abbreviations

BSN   Bachelor of Science in Nursing

CALD   Culturally and linguistically diverse

CEFR   Common European Framework of Reference for Languages

CI   Confidence interval

CINAHL   Cumulative Index to Nursing and Allied Health Literature

Covid-19   Coronavirus disease

CPEET   Clinical Preceptor Experience Evaluation Tool

CVI   Content Validity Index

ERIC   Educational Resources Information Centre

HREC   Human Research Ethics Committee

ICLM   Integrated clinical learning model

ICN   International Council of Nurses

I-CVI   Item-Content Validity Index

IPA   Interpretive Phenomenological Analysis

IQR   Interquartile range

IRB   Institutional Review Board

MMAT   Mixed Methods Appraisal Tool

MOE   Ministry of Education

MOH   Ministry of Health

MSN	Master of Science in Nursing
PCCM	Purnell's Cultural Competence Model
PIS	Participant Information Sheet
RN	Registered nurse
S-CVI	Scale-Content Validity Index
SD	Standard deviation
UAE	United Arab Emirates
UK	United Kingdom
USA	United States of America
WHO	World Health Organization

Chapter One: Introduction and background

1.1 Introduction

Registered nurses (RNs) play a critical role in preventing disease, providing care and responding to emergencies; however, the world faces a nursing shortage (World Health Organization 2022). According to the WHO, 'nurses and midwives represent more than 50% of the total shortage of health workers' (World Health Organisation 2022, p.1). Before the coronavirus disease (Covid-19) pandemic, the global nursing shortage was projected to be 5.8 million nurses, with 89% of this shortfall present in low- to lower-middle-income countries (World Health Organisation 2020, 2021). Since the pandemic, the International Council of Nurses (ICN) has urgently called for nurses to be retained in the profession, as it is expected that 13 million more nurses will be needed by 2030 (Buchan, Catton & Shaffer 2022a). WHO claims that 9 million nurses will be needed by 2030 (World Health Organisation 2022). Despite these conflicting projections of the number of nurses needed to provide care, the profession clearly faces challenges that require investment in support, education and training to mitigate and resolve the current and anticipated workforce shortage.

The nursing shortage results from numerous factors including an aging nursing workforce and ongoing staff turnover (Perkins 2021). Perkins (2021) predicted that one-third of nurses may retire within the next 10–15 years, whereas the ICN claimed that one in six nurses will retire in this timeframe; according to the latter estimate, 4.7 million nurses will be needed to address the shortage caused by aging alone (Buchan, Catton & Shaffer 2022b). The turnover rate among new nursing graduates, resulting from poor working conditions and poor transition support, has also contributed to the nursing shortage (Perkins 2021).

The pandemic has highlighted the vital role of nurses in delivering health services across the primary and tertiary sectors. The pandemic has also contributed significantly to the worsening global shortage of nursing staff, whose numbers must increase to address this unexpected crisis and provide safe patient care. According to the ICN, some countries have reported that 20% of their nurses have left the profession and the number of nurses intending to do so has also increased (International Council of Nurses 2021). This increase in attrition is likely due to the emotional burden experienced by nurses during the pandemic, which brought significant adverse psychological effects including stress, depression and anxiety (Aggar et al. 2021; Al Maqbali & Al Khadhuri 2021). Recent studies have indeed found that Covid-19 is an indicator of intention to leave the profession (Falatah 2021; Nashwan et al. 2021). Inadequate staffing will negatively affect the quality and safety of patient care.

Correspondingly, because of the current shortage of staff, nursing is expected to be the fastest growing profession by 2029 (Perkins 2021). The WHO reports that the current number of graduate nurses is too low to meet healthcare needs, and suggests increasing their number by 8% each year just to cover the global shortage (World Health Organisation 2021). Saudi Arabia, which has historically struggled with a shortage of nursing staff, aims to fill approximately 100,000 nursing positions by 2030 (AL-Dossary 2018). As the Saudi population continues to grow at a rate of 2.52% annually, the country will face a demand for nurses by 2030 (Alsufyani et al. 2020). This expected surge of new nurses will require measures to be taken to educate, train and support novice nurses to retain them in the profession; thus, the role of the preceptor is vital.

Preceptorship is considered an effective model in clinical nursing education (Madhavanpraphakaran, Shukri & Balachandran 2013). Nurse preceptors play a unique and essential role in student nurses' clinical education, and preceptorship models of education are common in clinical settings with undergraduate nursing students (Billay & Myrick 2008; Quek & Shorey 2018). Clinical experience is a vital element of nursing education, as it allows students to apply their classroom training to real-world, complex clinical environments and patients (Chicca 2020; Donnelly & Wiechula 2012; Ebu Enyan, Boso & Amoo 2021; Madhavanpraphakaran, Shukri & Balachandran 2013). Successful transition of nursing students to become professionals requires preparation through internships. Most importantly, the role of preceptors during this transition provides students adequate support to practice nursing care securely and effectively (Mårtensson et al. 2016).

Despite the importance of preceptors in guiding novice nurses, little evidence exists on the status of nursing preceptors, particularly in Saudi Arabia and more generally in diverse cultural settings. The Kingdom of Saudi Arabia is moving to empower the nursing profession by increasing the number of Saudi national nursing staff and reducing its reliance on expatriate nurses. In line with this, the aim of this explanatory mixed methods project was to investigate factors influencing the nurse preceptors experience in performing their role, thereby adding depth to understanding of the preceptor experience in Saudi Arabia.

1.2 Background

Preceptors play a unique and essential role in guiding nursing students in their clinical education and are usually RNs, capable and competent in nursing skills, knowledge and teaching (Bott, Mohide & Lawlor 2011). In the nursing and educational literature, the terms

mentor and preceptor are often used interchangeably for those who guide students, new graduate nurses and new employees. However, the preceptor's role and relationship with students differs from that of the mentor. The preceptor is primarily concerned with guiding novice nurses to gain confidence and skills within a short period of time, whereas mentoring is often characterised by a long-term relationship that transcends the workplace to include personal aspects and is intended for professional development (Armitage & Burnard 1991). The term 'preceptor' is used throughout this thesis and refers to the formal role assumed by RNs as they guide intern nurses throughout their internship year.

In the nursing profession, the role of the preceptor was created in response to the 'reality shock' experienced by nursing graduates (Chickerel & Lutz 1981). Reality shock was identified by Kramer (1974), who described it as the result of transitioning from an academic environment to the real-world, clinical environment. This phenomenon is also known as transition shock (Duchscher 2009). This period is considered the most stressful and frustrating time for graduates, with experiences of transition influencing their decision to stay in, or abandon the profession (Tsai et al. 2014).

The available academic literature makes clear the value and benefit of preceptors in helping graduate nurses to adapt to new environments through supported socialisation and the fostering of confidence, competence and capability (Muir et al. 2013). Preceptors also contribute to reduced turnover rates, as shown in a review that found an association between the preceptorship experience and a decreased turnover rate among newly graduated RNs (Arbabi, Johnson & Forgrave 2018).

The use of preceptors has been extended to undergraduate nursing education (Omansky 2010), with preceptors assisting and supporting nursing students as they transition into being qualified nurses (Whitehead et al. 2016). The present project focused on preceptors working with intern nurses/students in their final year of clinical practice in a nursing education programme in Saudi Arabia. The preceptor responsibilities include instructing novice nurses, providing them the information needed to build their skills and knowledge, facilitating the learning process, serving as a role model and helping novice nurses to connect theory to real practice (Omansky 2010; Omer, Suliman & Moola 2016). Preceptors in Saudi Arabia are also responsible for evaluating novice nurses to ensure that they meet the expected level of competence at the end of their preceptorship period (Omer, Suliman & Moola 2016).

The extant literature describes the benefits of pairing students with preceptors who help them become socialised into the nursing culture and environment (Jonsson, Stavreski & Muhonen 2021; Ward & McComb 2017), and foster critical thinking and clinical expertise (Myrick, Yonge & Billay 2010). Preceptorship is considered an effective model in clinical education as it assists nursing students in acquiring confidence and competence as they transition to the professional role (Billay & Myrick 2008; Madhavanpraphakaran, Shukri & Balachandran 2013). Despite the positive impacts of preceptors, several studies have highlighted the many challenges facing them, which include role ambiguity (Omansky 2010), excessive workload, inadequate preparation and poor support (Madhavanpraphakaran, Shukri & Balachandran 2013; Smith & Sweet 2019). These factors may affect the quality of the preceptorship and ultimately the readiness of graduates to transition into a staff role in Saudi Arabia. Among the factors influencing the preceptor role, the shortage of local nursing staff has led to the recruitment of expatriate nurses from different cultural backgrounds, which may further influence the experiences of new nurses in diverse ways.

Expatriate nurses often experience cultural and language challenges in the country in which they are employed. The word expatriate 'comes from the Latin word *expatriātus*, where "ex" means "out of", and "patriā" means "fatherland" (Przytuła 2015 p. 94). Thus, an expatriate can be defined as 'someone who does not live in their own country' (Cambridge Dictionary 2023, p. 1). In an ICN report, Buchan and Catton (2020) noted that 550,000 expatriate trained nurses were working in countries including Australia (53,000), the United States of America (USA; 197,000) and the United Kingdom (UK; 100,000). However, the ICN found that the highest reliance on expatriate nurses was in Gulf countries (97%), and the second highest in New Zealand (26%). Studies have shown that expatriate nurses often face challenges with communication barriers (Balante, Broek & White 2021; Kishi et al. 2014) and adapting to new cultures (Balante, Broek & White 2021).

In Saudi Arabia, expatriate nurses are often relied on to provide direct clinical care, as many Saudi national staff prefer to leave clinically focused work and take on administration roles (Abo-Zanda 2011). A recent study indicated that there had been an increase in the percentage of Saudi nurses intending to leave the nursing profession in the near future, further compounding this issue of reliance on expatriate nurses (Alboliteeh, Magarey & Wiechula 2017b); hence expatriate nurses will likely continue to be a substantial component of the healthcare system. With expatriate staff in Saudi Arabia being recruited from as many as 40 countries and from a range of Islamic and non-Islamic backgrounds (Aboul-Enein 2002), the challenges of language and culture are significant.

Despite the relatively high number of expatriate nurses, the current literature only broadly addresses their experiences, and very few studies have described their experience as preceptors in clinical practice. A recent review by Quek and Shorey (2018) recommended that the experience of being a preceptor from a different culture and ethnicity needs further

investigation. This call for further study, coupled with the anticipated growth in nursing graduates who will be transitioning into the workforce, motivated the current research project, which sought to identify the factors influencing the preceptor role in Saudi Arabia.

1.2.1 Culture and precepting

Culture is reflected in the language, religion, beliefs and behaviours of a group; it influences the way groups of people think, interact and communicate (Purnell & Fenkl 2021). The diversity of linguistic and cultural backgrounds of staff in the clinical environment may pose challenges for preceptors and intern nurses, particularly in countries such as Saudi Arabia, where 61% of the work force is expatriate (Ministry of Health 2018).

Although the topic of cultural differences in the experiences of clinical supervisors of international students has been explored in the academic literature (Abu-Arab & Parry 2015; Newton, Pront & Giles 2016; Strom et al. 2023), there is a dearth of research regarding the experiences of expatriate nurses teaching native students. What is known is that language barriers faced by nursing students who are studying abroad are considerably more difficult when they are unable to use their first language during clinical training (Newton, Pront & Giles 2018). International students facing language barriers have experienced a lack of confidence when asking for clarification or when needing to 'speak up'. These communication barriers have influenced relationship building capacity and could pose a safety risk for students and patients (Newton, Pront & Giles 2018).

The diversity of expatriate preceptors, especially in their culture and language, may present more challenges in monocultural countries such as Saudi Arabia, where citizens share the same

cultural norms that typically differ from those of expatriate nurses. It is crucial that preceptors develop awareness of the diverse culture, beliefs and opinions of preceptees through being open to learn (Johnston & Mohide 2009). This may enhance communication during the preceptorship training, leading to increased preceptee engagement in the learning environment. Poor engagement with cultural diversity can lead to misunderstandings in verbal and nonverbal communication that may negatively affect an intern's experiences (Johnston & Mohide 2009).

1.3 Kingdom of Saudi Arabia: The context

To understand the context in which nurses perform the role of preceptor it is important to establish the social and cultural context within which healthcare is provided. Saudi Arabia is located at the intersection of international trade routes in the south-west of Asia, connecting three continents: Asia, Africa and Europe. It has a total land area of 2,215,000 square kilometres (Saudi Arabia's National Unified Platform 2022), occupying most of the Arabian Peninsula, with a total population of 34.1 million as of mid-2021 (General Authority for Statistics 2022). The country is divided into thirteen provinces. In addition, Saudi Arabia is the birthplace of Islam and home to the two Holy Mosques in Makkah and Madinah; this makes Saudi Arabi a unique place to all Muslims around the world (Zuhur 2011). Also, Non-Muslims are not allowed to enter the border of the holy places in Makkah and Madinah.

Saudi Arabian culture is shaped by Islamic heritage, Bedouin traditions and the country's history as an ancient trade centre (Zuhur 2011). Generosity and hospitality are two of the most valued virtues in the Arabian culture (Zuhur 2011). The conservative culture of Saudi Arabia has been defined as a 'unique blend of Arabic tribal traditions and customs and the Islamic worldview, which shapes the mindset and behaviour of the Saudi people' (Almutairi &

McCarthy 2012, p. 3). Islam is the only religion practised by nationals in the country and shapes the culture, economy, politics and daily social life of the population in Saudi Arabia (Zuhur 2011). The country follows the Islamic principles founded in the holy Quran book and the noble prophet Hadith (Zuhur 2011). Islamic principles relate to the culture (everyday life), behaviour and food of its people (Zuhur 2011). For example, according to Islamic principles, drinking alcohol and eating pork are prohibited; consequently, pork and alcohol are not allowed to be imported into the country (Zuhur 2011). Although Arabic is the official language of Saudi Arabia, some disciplines of education such as the health sciences are taught in English hence people speak English.

Further, the country's governance is based on the holy book, Quran and the teachings (Sunnah) and sayings (Hadith) of the holy Prophet Mohammed (peace and blessing be upon him) (Zuhur 2011). There is confusion between cultural customs and Islamic principles. Thus, religious leaders influence the norms of Saudi Arabian culture via their interpretation of the Quran and Hadith in different ways that affect the participation of women in society (Baki 2004). For example, until 2018, women were not allowed to drive or travel without a guardian because Islam holds women in such high esteem that they need to be protected always by men of their nuclear family (Zuhur 2011). However, in Saudi females now have the right to drive and travel without a guardian (Saleh & Malibari 2021). This applies to female expatriate workers as well. Saudi Arabia has been moving forwards to improve women's rights and empower them to play an influential role in various disciplines and professions as well as in society (Alharbi 2022).

Gender separation in all sectors including education is a common practice in Saudi Arabia from ancient times (Al-Saggaf & Williamson 2004; Baki 2004; Zuhur 2011). However, the recent

introduction of Vision 2030 (see section 1.4) has led to redefining of the Saudi culture, allowing for changes such as gender mixing in all professions (Alharbi 2022)—, but not at educational levels. Thus, education is still delivered in separate schools for males and females from fourth grade in primary school until university (Barry 2019). Anecdotally, nurses usually have limited interaction with the opposite gender during their studies but can engage with the opposite sex at profession levels. In the clinical context, female nurses provide care for both male and female patients but male nurses provide care only for male patients—a convention that has not changed since the introduction of Vision 2030. Hospital facilities themselves, including emergency and surgical wards, retain separate dedicated units for males and females.

1.3.1 Overview of the nursing profession in Saudi Arabia

The nursing profession in Saudi Arabia was described by Tumulty in 2001 as being in the infant stage and expected to grow. In the view of the candidate, nursing has progressed with the support of the Saudi government via its introduction of Vision 2030 and Saudisation (see section 1.4). Social media has also greatly enhanced and encouraged enrolment in nursing schools, as have the government scholarships introduced in 2005 (Ministry of Education 2020).

This section provides an overview of the nursing profession in Saudi Arabia. It starts by describing the development of nursing education and then discusses factors that contribute to the nursing shortage in Saudi Arabia, after which it proposes solutions to address this shortage.

1.3.1.1 The development of nursing education in Saudi Arabia

The history of nursing education in Saudi Arabia has played a major role in the shortage of local nurses. According to a review conducted by Aljohani (2020) the historical development of nursing education in Saudi Arabia can be classified into four phases. **The first phase** commenced in 1948 with the Arabian American Oil Company taking the initiative to establish the first nursing school in Saudi Arabia (Aljohani 2020). A total of 256 Saudi and USA male nurses were trained to meet the company's needs (Aljohani 2020). Other published papers state that the first nursing health institute was established in 1958 (for males) in a collaboration between the MOE and the WHO (Aboshaiqah 2016; Almalki, FitzGerald & Clark 2011; Tumulty 2001). According to Aljohani (2020) the **second phase** of nursing education in Saudi Arabia occurred in the period 1958–75, when the first nursing health institute programme opened for male nurses in a collaboration between the WHO and the MOH, and 15 nurses graduated by completing a 1-year course (Aljohani 2020). The requirement to enter was having completed 6 years of elementary school education. Then, in 1961, a health institute nursing schools was opened for females in each of Riyadh and Jeddah with 2-year programmes. After that, the requirement for admission to the health institute programme was graduating from elementary school.

The third phase occurred during 1976–90, when the MOH worked to improve nursing education and established nursing colleges that required students to have graduated from high school. Graduate nurses received a diploma degree. The first Bachelor of Science (BSN) in Nursing was launched at King Saud University in 1976 (Aljohani 2020; Almalki, FitzGerald & Clark 2011; Tumulty 2001), followed by the BSN established in Jeddah in 1977 and the enrolment of six Saudi females in Dammam King Faisal University in 1987. The requirement for admission to university is 12 years of elementary and secondary education. In 1990, there

were 17 health institute courses, in addition to the universities, and the MOH extended the programme to 3 years. In addition, two universities that launched in Jeddah and Riyadh targeted females. **The fourth phase**, named the 'corrected phase', ran from 2004 to 2020, when the nursing programme expanded and was opened up to male nurses, having previously admitted only females (Aljohani 2020). Prior to 2005, no tertiary-level nursing degrees accepted male students, despite males being the first to enrol in the Saudi nursing profession. Nursing education continues to expand, and according to Aljohani (2020), there are now 39 BSN programmes in Saudi Arabia. The government plays a vital role in enhancing nursing education and the nursing profession, and increasing the national workforce. Scholarships are provided by the MOE, MOH and other organisations that send Saudi nurses abroad for their education to improve and lead the nursing profession in Saudi Arabia.

1.3.1.2 The Bachelor of Science in Nursing degree in Saudi Arabia

Typically, the BSN degree in Saudi Arabia is a 5-year programme made of up 4 years of theory with practical teaching sessions undertaken at a university and a 1-year internship, during which preceptorship training takes place (Aboshaiqah & Qasim 2018). The internship programme is an integral part of the nursing education programme in Saudi Arabia. It has an important impact on the intern's decision about which area they want to work in (Andargeery 2019) and may also influence whether they decide to remain in the nursing profession. Anecdotally, the responsibility for organising the training of intern nurses rests with the university and hospitals are responsible for the day-to-day issues faced by nursing interns during their training. Nursing interns are rotated through medical department specialties, surgical specialties, intensive care units and emergency departments (Aboshaiqah & Qasim 2018). Students cannot complete their graduation process or apply for registration to obtain a nursing licence until they have satisfactorily completed this compulsory year (Aboshaiqah &

Qasim 2018). During internship, preceptorship is used as the primary strategy for teaching and learning to facilitate the transition of nurses in their final year of becoming RNs, equipping them with confidence and competence (Aboshaiqah & Qasim 2018). Anecdotally, evaluations of competence forms provided by nursing schools need to be completed by hospital preceptors; these evaluations are then reviewed by nursing schools to track the progress of each nursing intern.

Nursing interns are evaluated by preceptors and cannot be signed off from each department until they satisfactorily pass an evaluation of competence. If they do not pass competency checks, they must repeat their rotation in that unit until they meet the required standard. At the end of the year, nursing interns receive a completion certificate for their internship from the nursing school, which allows them to complete their graduation process. Given that assessment of competence is a requirement for intern nurses, this emphasises the importance of the preceptor role.

In reviewing the relevant body of academic nursing and education literature (see Chapter two), no research was identified that had focused on the preparation of preceptors or how they perform their roles in Saudi Arabia. Although the nursing programme in Saudi Arabia relies heavily on preceptorship in the final year, there is insufficient information about the preceptorship process for nursing students and on the attributes of preceptors. For the purposes of this study, the term nursing student or nursing intern refers to an undergraduate nursing student in their fifth year, which is when preceptorship occurs.

Nursing students and newly graduated nurses in Saudi Arabia have reported challenges in the clinical environment including unwelcoming behaviour from nursing staff, communication barriers and inadequate preparation for being a preceptor themselves (Albloushi et al. 2019; Alboliteeh, Magarey & Wiechula 2017a; Alhosis & Alharbi 2019). These issues have been identified as negatively impacting on nursing students' feelings of belongingness in the clinical environment (Albloushi et al. 2019; Alhosis & Alharbi 2019; Al-Momani 2017). However, only one study focused on the nature of preceptorship from the preceptor perspective concerning the preceptee (newly hired staff) in Saudi Arabia (Bukhari 2011). The study was limited to a case study in a single hospital and highlighted inconsistencies in the meaning of preceptorship and the lack of preceptor support and recognition. Saudi Arabia has suffered from a critical nursing shortage because of socio-cultural factors and the negative public image of nursing (AL-Dossary 2018), as described below.

1.3.1.3 Factors contribute to the nursing shortage in Saudi Arabia

Several factors have contributed to the shortage of national staff in Saudi Arabia and increased the demand for expatriate nurses; they include the poor cultural and social image of the nursing profession (Aboshaiqah 2016; Alghamdi et al. 2019). Because of these factors, Saudi Arabia has experienced limited attraction of its citizens to undergraduate nursing programmes and there are high staff turnover rates for those who do graduate (Aboshaiqah 2016; Almalki, FitzGerald & Clark 2011). According to the MOH (2018), the entire nursing staff consists of 184,565, of which only 38.8% are Saudi nationals.

A negative image of the nursing profession is considered the primary reason that Saudi nationals do not choose to become nurses, contributing to the nursing staff shortage in Saudi

Arabia (AL-Dossary 2018). Recent research conducted a cross-sectional study of 502 participants to examine community perceptions of nursing in Saudi Arabia (Elmorshedy et al. 2020). The results indicated that both male and female participants (71.5%) considered nursing a low-status profession and indicated shame when considering having a nurse in their family. Several social barriers were reported to have influenced their desire to become a nurse, including the negative impact of the nursing profession on their lives (64.5%), the need to work in mixed environments (35.9%) and the delay in a woman marrying (20.3%). Families' disagreement with their children's choice of nursing as a career has also contributed to the shortage of nurses. Because of the negative perception of nursing, families discourage their children from pursuing this profession (Ahmed Mahran 2012). According to Lamadah and Sayed (2014), some females drop out of nursing after marrying or because of family decisions. Thus, the poor public image of nursing as a career influences young people's decision to enter the profession and is deeply rooted in culture.

Therefore, one of the steps being taken to improve the perception and image of nursing in Saudi Arabia is to use the media to encourage high school students to consider nursing as a career (AL-Dossary 2018). Social media has started to have a positive influence on society's perception of nursing. A recent qualitative study in Saudi Arabia with sixteen undergraduate students examined the influence of using social media platforms on their professional identity (Alharbi, Kuhn & Morphet 2020). The results indicated that using social media increased students' understanding of nursing, as well as their ability to recognise their professional identity (Alharbi, Kuhn & Morphet 2020), in addition to increasing society's awareness of nursing.

Poor working conditions have also contributed to the shortage of nursing staff in Saudi Arabia, as have long working hours, a heavy workload (Aboshaiqah 2016) and low recognition of their

job (Alghamdi et al. 2019). Alboliteeh, Magarey and Wiechula (2017b) found that these factors meant that new nursing graduates are more likely to leave the profession. Therefore, it is recommended that nursing leaders pay attention to enhancing the working environment and removing obstacles to attract and retain national staff in the profession (Aboshaiqah 2016; Almalki, FitzGerald & Clark 2011). Addressing the factors that contribute to the shortage of nurses could help increase the national workforce to meet the growing demand for nurses.

1.4 Solutions to address the shortage of national nursing staff

The Saudi government has been working for many years towards developing strategies to address health workforce shortages. Two that are relevant to this project are 'Saudisation' and Vision 2030 as shown in Figure 1.

Figure 1: Solutions for addressing the nursing shortage in Saudi Arabia

1.4.1 Saudisation

Saudisation aims to replace the bulk of expatriate workers in Saudi Arabia with national workers, including in the nursing profession (Aboshaiqah 2016). The Saudisation policy was introduced in the wake of the Gulf War (1991), when there were too few Saudi nurses and the

country greatly depended on expatriate nurses who left and went back to their home countries during the Gulf War (AlYami & Watson 2014). Tumulty (2001) described the resulting critical shortage as a 'crisis'. The Ministry of Labour was ordered in 1991 by royal decree to replace the expatriate workforce with a national workforce comprised of qualified Saudi nursing staff. This solution not only empowers the healthcare system but should help improve the quality of care given to Saudi patients, as staff come from the same culture and speak Arabic (Aboshaiqah 2016).

1.4.2 Saudi Vision 2030

Vision 2030 was initiated in 2016 by Crown Prince Mohammed bin Salman and has been making a noticeable contribution to education, technology, entertainment and the economy (Alsufyani et al. 2020). One of the main elements of the vision relates to the health sector and is named 'health is caring' (AL-Dossary 2018). Under this health element, Saudi Arabia aspires to increase the number of healthcare facilities in the country and improve the quality of care provided to Saudi citizens at primary, secondary and tertiary levels (Saudi Vision 2030 2022).

Another aim of Vision 2030 is to meet the demand for national employees by achieving Saudisation, which aims to increase the number of Saudi nursing staff across the country (AL-Dossary 2018). This initiative will ultimately reduce reliance on expatriate nurses, helping minimise the challenges faced in providing culturally sensitive care and facilitating patient–nurse communication (Aboshaiqah 2016). Increasing the number of nursing graduates who are supervised by effective preceptors during the transition phase in their final year could lead to their retention, cover the shortage of nursing staff and ultimately improve the quality of patient care.

1.5 Problem statement

Internationally, preceptorship is recognised as an important aspect of assisting a nurse's transition from student to licensed healthcare professional (Walker & Norris 2020). Preparation and practice gaps are evident. Inadequate preparation of novice nurses leads to increased turnover among new nurses and has a negative influence on patient safety and quality of care (Hickerson, Taylor & Terhaar 2016). The internship year—which is the final clinical practice year in the undergraduate curriculum in Saudi Arabia—is important, as it is intended to prepare students for professional life, easing the transition from student to graduate nurse. Preceptors assigned to intern nurses help them connect theory with practice; narrow the gap between what they learn in the classroom and the real-life nursing work environment; and enhance their skills, confidence and competence (Aboshaiqah & Qasim 2018). Notably, aside from the benefits of the training, positive preceptor experiences influence the decision of students to stay in the profession (Hilli et al. 2014). A systematic review of preceptorship programmes in the UK found them effective at retaining and recruiting new graduate nurses to an organisation (Whitehead et al. 2013). The preceptor's role is complex and stressful as they are responsible for preparing future nurses Carlson, Pilhammar and Wann-Hansson (2010). The complexity may increase if preceptors from different cultural backgrounds are guiding local novice nurses in a monocultural environment. Experiences of preceptors in western countries have been studied. However, these studies relating to Asian environments and different cultural backgrounds and ethnicities are limited (Quek and Shorey, 2018). Although studies have revealed challenges with the transition of intern nurses to clinical practice such as inappropriate treatment, language barriers and leaving interns dissatisfied (Al-Momani 2017; Alhosis & Alharbi 2019; Najjar & Rawas 2018), studies on the roles and challenges of preceptors has not received much attention in Saudi Arabia. To achieve Vision 2030 which involves recruiting more nurses, there has increased demand for qualified preceptors to guide and teach the new

generation of nurses in the clinical environment in Saudi Arabia. It is thus important to identify factors influencing the experience of preceptors in performing their role in Saudi Arabia, which tends to be staffed by expatriate nurses from a range of cultural backgrounds that differ from the indigenous population. By identifying these factors, solutions and interventions may be developed to address the issue of retaining national staff in the profession. If junior local nursing staff are retained, they could provide the high-quality care that protects patient safety as they are familiar with culturally centred patient care.

1.5.1 Research question

The overarching research question being addressed in this project is: 'What factors influence the experiences of nursing preceptors in performing their role of training intern nurses in the Saudi Arabian context?'.

1.6 Aims of the project

The aims of this project were to investigate factors influencing the experience of preceptors in performing their role of training intern nurses in the Saudi Arabian context. To that end, a sequential explanatory mixed methods study was conducted. The study consisted of three phases, which are explained in section 1.8. This study provides information that will help policymakers to consider the preceptor role and enhance the experiences of preceptors, and thus achieve positive outcomes in terms of educating intern nurses and retaining them in the profession.

1.7 Theoretical framework

This project was informed by two theoretical frameworks: Benner's Novice to Expert theory and Purnell's Cultural Competence Model (PCCM). These are described below.

1.7.1 Benner's Novice to Expert Theory

This study was informed by Benner's (1982) Novice to Expert theory, which draws on Dreyfus's Model of Skill Acquisition. Benner used Dreyfus's model to understand how skills are acquired and applied in clinical nursing practice. In other words, Benner's interest was in how learning takes place among nurses. The theory illustrates the progress of the skill acquisition process and the development of inexperienced staff to experienced nurses. In addition, it describes the characteristics of each level of the theory and the learning and teaching that match with each level. The theory consists of five stages: novice, advanced beginners, competent, proficient and expert (Benner, 1982). According to Benner (1982), novice nurses are new to the precepting role and its responsibilities and have no experience regarding the situations they may face. The second stage is an advanced beginner who displays marginally acceptable performance and has adequately coped with real situations, thus allowing them to use prior experience when practising. Advanced beginners need support in setting priorities and distinguishing levels of importance. The third stage is competent nurses who have been working for 2–3 years in the profession, and may lack flexibility and speed but are confident and efficient; however, they may not be qualified for a preceptorship role. The fourth stage is proficient nurses whose previous experiences enhance their decision making. The fifth stage is an expert nurse who has deep knowledge and good grasp of every situation, and is more flexible, two important attributes of a preceptor.

Benner's theory has been used widely in nursing, including in studies of preceptorship such as that by Lethale, Makhado and Koen (2019), as well as to assess preceptors' proficiency based on their confidence (Danyan 2016), and teaching facilitation using simulation methods (Thomas & Kellgren 2017). Moreover, the theory has been used to establish mentoring programmes, increase staff retention, help leaders' development and teach new staff (Davis & Maisano 2016).

The preceptor plays a crucial role in equipping nursing students with the skills to move from novice to more advanced levels according to Benner's theory (1982). This theory was selected here to provide a framework for considering the preceptors' performance level of expertise progression. It was applied in Phase 1 of this project to assess the level of preceptors' expertise. Participants were asked to assess their level of performance as preceptors from novice to expert, with each level defined to assist the preceptors in selecting the level that best reflected their expertise.

Benner's theory provided a useful lens to develop an overview of how cultural and organisational factors influenced the progression of preceptors' performance from novice to expert. Benner's theory describes the characteristics of each level of skill acquisition, which preceptors can use to identify the level that nursing students need to achieve by the end of their clinical practice. Benner's theory may help nurse leaders and educators to construct an awareness of preceptors' skills according to their experience as preceptors.

Although Benner's theory has been widely used in nursing practice, the fifth stage of expert has been criticised. It has been argued that the nature of expert practice is not clear and requires

further explanation (Lyneham, Parkinson & Denholm 2008). The findings of this project included how the preceptors began their role as a novice without preparation and then continued to progress until they achieved a satisfactory level when they had acquired the skills required to perform their role as preceptor. Although numerous factors influenced their role, they gained expertise from their previous experiences and were able to learn as they progressed; improving their performance.

1.7.2 Purnell's Cultural Competence Model

The PCCM was developed by Purnell in 1990 as a model to inform and assist in organising cultural competence (Purnell 2005). Purnell developed the model when he was teaching undergraduate students, realising that both staff and students require a framework to learn about their own needs and the cultural needs of patients and their families. The model has a holistic perspective and encourages the use of enquiry and questions to better understand different cultures and disciplines. Purnell emphasised that healthcare providers must respect, be aware of and integrate with patients; have cultural awareness and cultural sensitivity; and have at least some level of cultural competence (Purnell 2005). Cultural awareness refers to 'the objective material culture, and has more to do with an appreciation of the external signs of diversity, such as arts, music, dress, and physical characteristics' (Purnell 2005), whereas cultural sensitivity refers to 'personal attitudes and not saying things that might be offensive to someone from a cultural or ethnic background different from the healthcare providers' (Purnell 2005, p. 8).

Cultural competence is a *conscious* process and not a goal. Healthcare providers who have this competence are fully aware of their own existence, feelings, thoughts and environment and do not allow these elements to impact in any way on those to whom they are providing care

(Purnell & Fenkl 2021). According to Purnell (2005, p. 9), individuals move through four stages of cultural competence: 1) 'unconscious incompetence' (being not aware that they need knowledge about other cultures); 2) 'conscious incompetence' (being aware that they do not have knowledge about other cultures); 3) 'conscious competence' (becoming knowledgeable about the client's culture, verifying any generalisations about the culture and providing interventions that are culturally appropriate); and 4) 'unconscious competence' (automatically providing culturally appropriate care to clients from different cultures). Culture is 'largely unconscious and has a powerful influence on health and illness' (Purnell 2005, p. 8). This study presumes that culture has a similarly powerful effect on education and on the ability of a preceptor to be an effective support to novice nurses.

The primary and secondary characteristics of culture influence people's views of the world and the extent to which they relate to, and form part of, their cultural group of origin. Purnell (2005) stated that the primary characteristics of diversity cannot be altered, and include nationality, race, colour, gender, age and religious association. Secondary characteristics of diversity include socioeconomic status, how long the individual has been away from their country of origin, education, occupation, military status, urban or rural residence, marital status, parental status, physical characteristics, and sexual orientation. In terms of the characteristics of diversity, the PCCM (Figure 2) has several circles that demonstrate various relationships. The outer circle represents global society and the first circle represents the community; with the family and the individual being represented by the inner two circles. The circle's interior is divided into 12 pie-shaped pieces that portray cultural domains and their concepts. The centre of the circle is dark and represents unknown experiences and phenomena.

Figure 2: Purnell's Cultural Competence Model

1.7.2.1 The assumptions and purpose of Purnell's Cultural Competence Model

The PCCM helps healthcare providers learn about ideas and cultural characteristics and to identify circumstances that influence an individual's cultural identity (Purnell 2005). It has been used in nursing education (Purnell 2002). The model is based on several major assumptions (Purnell 2002 p. 139; 2005 p. 12):

- 'One culture is not better than another culture; they are just different.

- Differences exist within, between, and among cultures.

- Each individual has the right to be respected for his or her uniqueness and cultural heritage.

- Culture has a powerful influence on one's interpretation of and responses to health care.

- All health care professions need similar information about cultural diversity'.

1.7.2.2 Application of Purnell's Cultural Competence Model in this project

The PCCM can be applied to nursing education, particularly this study as it takes cultural competence into account. The model encourages the researcher to consider both the multidimensional nature of culture and the role of the preceptor and is especially appropriate to help situate the context of expatriate nurses teaching in Saudi Arabia. The model encourages healthcare providers to learn about diverse backgrounds and cultural characteristics and to identify circumstances that influence a person's cultural competence (Purnell 2005). This project focused on the perceptions and factors influencing the preceptor role, including cultural factors.

The model contains 12 domains that interact to understand complex healthcare practice. It functions as a guide to assess cultural needs and to ensure individualised care (Sasnett, Royal & Ross 2010). For the purposes of this study, two specific domains were selected from the 12 in the PCCM: 'communication' and 'workforce issues'. These two domains are directly connected to the direct role of the preceptor and the organisational culture in which they work, and encourage consideration of any cultural problems that may exist in the preceptor workforce. Purnell's model has been used in studies of nursing, including those aiming to

improve the cultural sensitivity of care providers in obstetric and gynaecological practice (Barrios 2022). In Saudi Arabia, it has been used to investigate the problems faced by nurses working in a multicultural environment, and possible solutions (Turki 2018). Also, it has been used to educate physicians to develop their cultural sensitivity (Boatwright 2021).

The PCCM was used in the current study to inform the development of a cultural subscale in the survey design and identify whether the preceptor role is affected by cultural concerns.

1.8 Study phases

The project was conducted in three phases and adopted a mixed methods design for exploring and addressing the overarching aim. The following is an overview of each of the project phases.

1.8.1 Phase 1: Quantitative study

In Phase 1, a cross-sectional comparative survey was undertaken. The aim of this phase was to identify similarities and differences between expatriate nurses and Saudi nursing staff in terms of their perceptions of precepting nursing students.

1.8.2 Phase 2: Qualitative study

In Phase 2, qualitative data were collected via semi-structured interviews with preceptors, and data were analysed in accordance with the Interpretive Phenomenological Analysis (IPA) framework. The aim of this phase was to explore the lived experiences of the preceptors in performing their role. The interview guide was developed and based on the results of Phase 1.

1.8.3 Phase 3: Integration

In Phase 3, contiguous narrative and joint display integration were used to incorporate the results of Phases 1 and 2. The aim of this phase was to highlight factors influencing preceptors' experience in performing their role, and to generate recommendations that facilitate improvements for the preceptor when performing their role.

1.9 Project's significance

The past two to three decades have seen rapid changes and major adjustments in the healthcare system of Saudi Arabia because of economic and population growth. Consequently, Saudi Arabia has aimed to strengthen the national nurse workforce through increasing interest in nursing programmes and expanding the number of education providers in Saudi Arabia. A larger number of nursing students will be required to complete their clinical training under the preceptorship of staff nurses. This project examines factors influencing preceptors' experiences in performing their role of training intern nurses in Saudi Arabia. The study represents the first attempt to compare Saudi and expatriate preceptors by understanding the factors influencing their precepting role. This project adds to the body of knowledge by providing an overview of preceptorship in Saudi Arabia and its associated challenges. It is anticipated that this research will fill a gap in the literature regarding expatriate perspectives, as little is known about expatriate nurses' experiences of precepting local nursing students.

As this project presents evidence pertaining to various factors influencing preceptors' experiences, it provides relevant information to leaders in health organisations and educational institutions that can contribute to the shaping of policy preceptorship models. For example, the

development and delivery of preceptor training programmes to equip preceptors with the required knowledge and skills to effectively supervise intern nurses in the Saudi Arabian context is an unmet need, where a deep understanding of contributing factors will be required for programme success. This project is particularly valuable as it provides information about the gap in cultural training of expatriate preceptors that needs to be considered in the training of preceptors.

The outcome of this project and the recommendations made can be used to address preceptors' needs and contribute to the structural support required to enhance their experience, which will influence intern experiences and patient care. Insights from this project may contribute to enhancing the Saudi Arabian clinical practice experience for preceptors and intern students, which may increase intern nurse retention rates by enhancing the transition experience. Ultimately, it is hoped that this will help to address the nursing shortage that has been so problematic in Saudi Arabia.

1.10 Definition of terms

Definitions for commonly used terms in this thesis have been sought from the academic literature, with the adopted definitions presented below. Other definitions relevant to the Saudi context are also provided.

Preceptorship: 'A preceptorship is an individualized teaching/learning method. Each student is assigned to a particular preceptor … so he or she can experience day-to-day practice with a

role model and resource person immediately available within the clinical sett' (Chickerella & Lutz 1981, p. 107).

Preceptors: 'RN assigned to provide guidance to the undergraduate nursing student during the clinical learning experience' (McClure & Black 2013, p. 336).

Role: 'The preceptor role is to guide student nurses from the theory of nursing to the application of nursing theory, functioning as a role model, teaching clinical skills and clinical thinking' (Omansky 2010, p. 698). Preceptors play multiple roles, including educating, role modelling, protecting and evaluating (Omer, Suliman & Moola 2016; Shinners & Franqueiro 2015).

Internship year: This is the final (fifth) year in the BSN nursing programme in Saudi Arabia. By the fourth year of the programme, nursing students have completed all the theoretical classroom work. Nursing interns/students must complete and pass the fifth (internship) year in clinical practice to achieve their licence and registration.

Intern nurses/intern students: Final-year nursing students who spend a year in training under the supervision of preceptors to prepare them for the transition to being professional nurses.

1.11 Thesis structure

This thesis is comprised of eight chapters. **Chapter one** provides an overview of the Saudi Arabian context in which this study was conducted; the research questions addressed in the two

approaches to the mixed methods study, which are quantitative and qualitative; and the research aims and significance of the thesis project.

Chapter two presents a detailed review of recent literature to identify what is known about preceptorship for undergraduate nursing students and identifies the gap that this thesis aimed to close.

Chapter three details the methodology of mixed methods, quantitative and qualitative studies, as well as the process followed to develop one of the tools addressing the cultural/organisational factors specific to the Saudi Arabia context. In addition, the recruitment, data collection and analysis processes are discussed and justified. Mixed methods integration was also discussed.

Chapter four presents the results of the quantitative study, divided into three sections. The first concerns the participants' backgrounds; the second compares Saudi and expatriate nurses in their responses to the Clinical Preceptor Experience Evaluation Tool (CPEET) tool; and the final section describes the cultural organisation survey developed to answer one of the research questions.

Chapter five presents the findings of the IPA of the lived experiences of the preceptors with intern nurses. The participants had the opportunity to share their experiences in depth. Three main superordinates resulted from the interview: the commencement of the role, practising the role and reflection on the role.

Chapter six details the integration of the qualitative and quantitative results—which is the main cornerstone of a mixed methods study—to develop new insights and provide a holistic understanding of the preceptor experience. Contiguous narrative and joint display methods for integration at the interpretation level were used to integrate the results from Phase 1 (survey) and Phase 2 (interviews), which resulted in two main categories: organisational and individual factors.

Chapter seven discusses findings from the integration of the results of the first two phases and addresses the study aim. The chapter is structured according to the factors influencing the preceptor role in Saudi Arabia, divided into two categories: organisational and individual factors. Each factor is discussed individually in light of previous studies.

Chapter eight provides a conclusion to this study drawing on a discussion of the findings. The study strengths and limitations are outlined to help the reader gain an overall sense of this project. Recommendations are made for education providers and policymakers, and for future research.

1.12 Conclusion

Preceptors play an important role in guiding novice nurses in clinical practice. This chapter has presented background information about the cultural context and history of nursing in Saudi Arabia to situate the reader and provide context for the research. The research problem, aim and methods were outlined. The thesis structure was presented to provide a sense of the overall

structure and content of each chapter. The next chapter provides a review of the academic literature that describes what is already known about the nursing preceptorship role.

Chapter Two: Literature review

2.1 Introduction

In Chapter 1, the overarching research project was introduced. The aim of the project was to investigate factors influencing the experiences of preceptors who train intern nurses in Saudi Arabia. In this chapter, the literature that relates to the preceptor role for undergraduate nursing students is reviewed and critically evaluated. Published research focuses on the role of nursing preceptors in the Saudi Arabian context is limited. Therefore, to provide a foundation for the project, a narrative review was conducted to capture literature from across the globe. A narrative review is a form of literature review that aims to provide broad context for the reader (Schneider et al. 2013). To improve the quality of a narrative review, Ferrari (2015) suggested the use of a systematic review methodology that identifies inclusion and exclusion criteria, while concentrating on a well-defined set of studies that are relevant to the aims of the project. Based on this suggestion, the chapter begins by describing the search strategy process. This is followed by a description of relevant studies in this review. Subsequently, the findings from the narrative review of the recent literature focusing on the nursing preceptorship role and factors that influence and shape the role globally are discussed. Finally, the review narrows to focus on identifying the gap in the literature that this research project addressed.

2.2 Search strategy

To identify articles relevant to the aim of this project, a search strategy was developed in collaboration with an academic librarian. As detailed in Figure 3, the process consisted of three steps: searching, screening and data extraction. A preliminary search of the literature was undertaken at the commencement of this project in 2019. Despite a wide search in the subject

area, the results revealed a paucity of research focusing on the experiences of nursing preceptors in Saudi Arabia. Therefore, the review of the literature was broadened further by using the search terms listed in Appendix 3. The subject of preceptorship across many disciplines has been extensively described and discussed in the literature; however, this review was limited to articles reporting on preceptors' experiences with undergraduate nursing students.
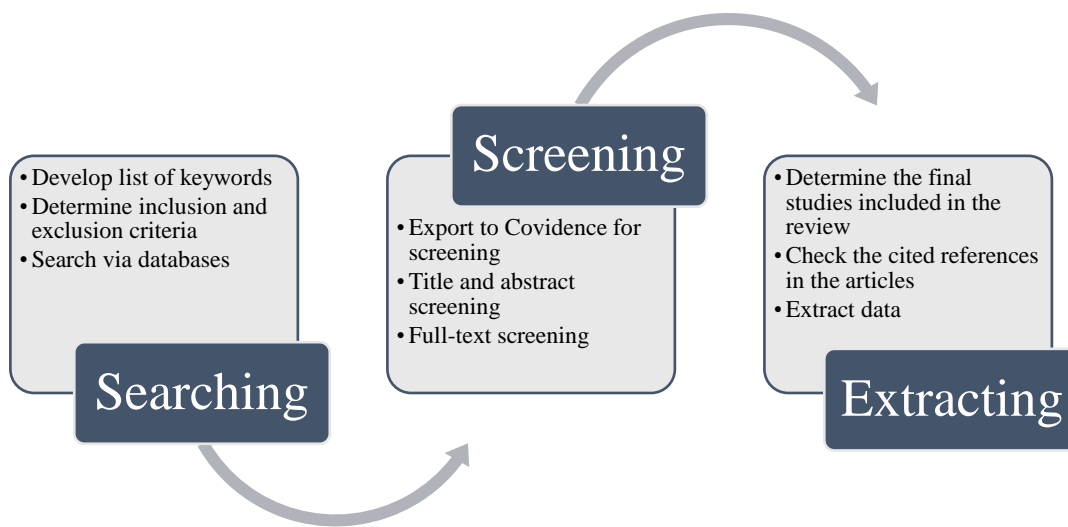
Figure 3: Process of conducting the narrative literature review

Searches were conducted using the following databases relevant to the nursing, midwifery and health education literature: Cumulative Index to Nursing and Allied Health Literature (CINAHL); Scopus; Educational Resources Information Centre (ERIC); Ovid Embark; Embase; and PsycInfo. Using the developed list of keywords and the Boolean operators AND, OR and BUT, the databases were searched for articles relevant to the preceptor role and factors influencing the role of preceptors working with undergraduate nursing students. Article titles, abstracts and keywords were included in the search.

The inclusion and exclusion criteria are presented in Table 1. To be eligible for inclusion, studies needed to focus on preceptorship, not other professional relationships such as mentorship, which is defined as a less formal relationship that does not have the same specific outcome requirements and timeframes as preceptorship. Studies also needed to focus on undergraduate nursing students, document original research and be published between 2010 and 2022 in English or Arabic to be updated with the current studies. Exclusion criteria included review articles, discussion papers, dissertations, studies focusing on graduate nurses or newly hired staff, studies focusing on the perception or preparation of preceptors in general (such as their perception in training courses) and studies published before 2010 or after 2022.

Table 1: Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Focus on preceptorship	Focus on mentorship or other clinical supervision model
Focus on preceptors working with undergraduate nursing students	Focus on other preceptees, such as new graduates or newly hired staff
Focus on preceptors' experiences with the precepting role	Focus on the preceptor's perception of preparation/training courses
Published between 2010 and 2022	Published before 2010 or after 2022
Published in the nursing field	Published in other fields
Published in a peer-reviewed journal	Not peer-reviewed
Primary research with any research design (quantitative, qualitative or mixed methods)	Reviews, discussion papers or dissertations

2.3 Results

The database search results identified a total of 1,646 articles as described in Figure 4. To manage the large number of bibliographic records, the Covidence platform was used for screening: 713 duplicate studies were removed, and after titles and abstracts were screened for relevance, 822 articles were removed. After screening was complete, the full texts of 111 articles were examined to determine their eligibility for inclusion in this review. Of these, 72

articles were excluded because the study focused on new graduate nurses, students' experiences only or preceptors' experiences attending preparation courses. An additional six articles were identified for inclusion by reviewing the reference lists of included articles. Thus, a total of 45 studies were included in this review.
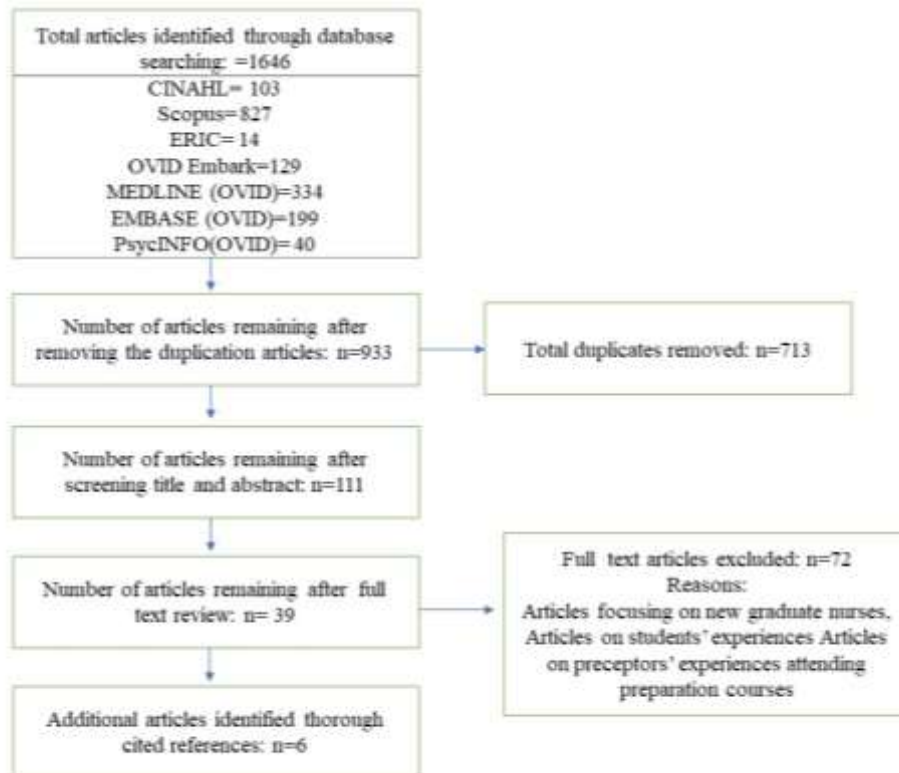
Figure 4: Flowchart for search strategy

The data from each article were extracted and are summarised in Table 2. The data collected include each article's authors, year of publication and country, study aim, study design, participants, data collection and analysis methods, and main findings. Data from the included articles were categorised by relevant theme, and the results are reported in this narrative review.

2.3.1 Description of the extracted literature

The studies in this review include 29 qualitative studies, ten quantitative studies, three mixed methods studies and three quantitative studies incorporating open-ended/qualitative questions. Most of the studies were conducted in Western countries, including ten in Canada, seven in Australia, five in Ireland, four in Sweden, three in the USA, two in New Zealand, two in Spain and one in Norway and one that was conducted across Sweden and Finland. In Africa, two studies were conducted in Ghana, two in South Africa and one in Malawi. In Asia, two studies were conducted in Singapore, one in Oman, one in China and one in Saudi Arabia.

The studies had various aims relating to preceptors' experiences when precepting undergraduate nursing students, with most studies conducted in general clinical departments and few in a mental health setting, public health setting, prison, paediatric care or high-acuity environment. Some studies focused on the experience of preceptors in assessing students and precepting international students. One focused on generational differences between preceptors and students and one investigated the experiences of preceptors working with students with learning difficulties.

After extracting the data to the table, the similarities and differences in the key findings were identified and grouped to develop headings important to the study aim. This narrative literature review provides a critique of the included studies, with content organised under five headings based on the findings of the literature review process. The five headings focused on the preceptor role, experience of being a preceptor, university role in preceptorship, relationship between students and preceptors, and benefits and rewards for preceptors. These headings were

established to provide a foundation for the present study and to organise the literature. The five

headings are discussed separately following the table.

Table 2: Summary of literature findings

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
Anderson, Moxham & Broadbent 2020 Australia	*To explore RNs' perceptions of supporting nursing students in the clinical placement*	Grounded theory	15 RN preceptors	Semi-structured interviews	Four major themes were identified but the paper discussed only one theme: 'added extra'. Participants believed their work to supervise nursing students and provide them with learning opportunities was an 'added extra' Preceptors reported needing extra time, which could be achieved by cutting their workload, to support students' learning as students needed time to practice their skills, complete the tasks and process detailed information. Preceptors sought recognition for the student support they offered in the form of extra time and understanding (certification, feeling appreciated and acknowledged) rather than money or gifts.
Boardman, Lawrence & Polacsek 2018 Australia	*To understand preceptors' experiences and satisfaction with a mental health integrated clinical learning model (ICLM)*	Inductive qualitative study	13 participants recruited by purposive sampling	Focus groups	One of the themes that emerged when investigating preceptors' experiences of working with undergraduates—despite their perceptions of using the ICLM—was that preceptors reported students were ill prepared. They suggested that students could be better prepared, and their knowledge and confidence enhanced, by visiting the site before commencing their clinical placement in mental health. Students must understand preceptors' responsibilities. Students must have clear learning objectives. Need support from the university.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
Broadbent et al. 2014 Australia	*To determine what RNs fulfilling the preceptor role require to assist them in supporting undergraduate student learning in the clinical environment*	Quantitative and qualitative survey	34 preceptors recruited by purposive sampling	Survey developed by the authors consisted of four sections/4-point Likert scale	2.4% felt their role contributed to their experience of personal and professional development. 64.7% agreed the role was explained to them and the students' expectations were also explained, while 55.9% were not provided with resources. **Qualitative results: negative** Role confusion/lack of time. Lack of communication between the university and preceptors created difficulties. **Qualitative results: positive** Helping students to learn had personal and professional benefits for the preceptors as 'students bring fresh eyes'. Preceptors shared that they felt positive when students were motivated and both understood and prepared for their role. Preceptors expressed their need for weekly contact with the university through phone calls.
Burke et al. 2016 Ireland	*To explore Irish preceptors' use of a competence assessment tool with pre-graduate nurses*	Mixed methods	17 preceptors for the focus group and 843 participants for the survey From general and psychiatry in a local catchment area	Focused groups for the qualitative study and survey for the quantitative study	Both the quantitative and qualitative results demonstrated that preceptors faced challenges in conducting the assessment. They reported challenges regarding the complexity of the language (hard to interpret, overlapping and repetitive). The assessment was long and its language was inaccessible, making the assessment time consuming. Busy work environment and limited time.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
Carlson, Pilhammar & Wann-Hansson 2010 Sweden	*To describe under what conditions precepting takes place in a clinical context from the perspective of precepting nurses*	Qualitative study Ethnography	Purposive sampling preceptors with undergraduate students 13 for observation in cardiac and surgical units 16 participants for focus group	Observation for 120 hr Each focus groups lasted 72 min	Preceptors' priority remained patient care and precepting was added to their primary responsibility. Felt inadequate and stressed because of the time shortage. Cooperation with preceptors' colleagues to help them use the available learning opportunities for students. Some departments assigned fewer patients to preceptors, resulting in more enjoyable experiences for preceptors and students. Relationship between preceptors and students was important as independent work could be assigned to competent students but limited opportunities were available for students with limited knowledge and experience. Preceptors' role benefit: professional development (nursing competence and clinical skills) Feedback from students was considered a supportive factor for preceptors to develop.
Cassidy et al. 2012 Ireland	*To explore preceptors' views and experiences using competency-based approach in assigning undergraduate nursing students*	Mixed methods	16 preceptors for the qualitative study and 837 for the quantitative study From general, mental health and intellectual disability who had completed a	2 semi-structured focus groups and survey Thematic analysis	The preceptors had a positive experience of assessing the students, and precepting students overall, as they gained satisfaction from seeing students succeed and update their knowledge. Preceptors valued the importance of building a rapport with students to facilitate their learning and fostering a healthy environment for them to learn in; however, the disadvantages associated with doing so were the time demands.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
			preceptorship training programme and undertaken competency assessment with students		A heavy workload and staff shortages challenged their time management when precepting and assessing students.

The difficulty in measuring some skills such as therapeutic skills, along with language issues with the assessment documentation, led the author to recommend using a workable assessment tool that matches the working environment. |
| Chang et al.
2013
Canada | *To examine preceptors' experiences and perceptions of the role, including benefits, rewards and challenges experienced in a paediatric acute care setting* | Descriptive quantitative survey and semi-structured qualitative interviews | 266 preceptors recruited by convenience sampling | Survey consisted of 4 parts that addressed preceptors' support, commitment, benefits and rewards, adapted from Dibert & Goldenberg (1995) | Preceptors rated their overall perception of their role as positive, as it prepared them for leadership.

In response to the open-ended question, preceptors expressed that the greatest challenge in terms of their role was workload and that they enjoyed being preceptors. They needed support in reducing the workload and continuing education in teaching concepts.

Younger and less-experienced preceptors stated the need for more support from educators, more resources and development training programmes, while older and more experienced preceptors stated the need for recognition.

Older preceptors enjoyed building relationships, and recognition for their role was the greatest benefit, while younger preceptors cited pride and development in terms of their experience as teachers. |
| Cloete & Jeggels
2014
South Africa | *To explore nurse preceptors' perceptions of benefits, support and commitment to the preceptor role* | Quantitative study

Descriptive correlation study | 41 preceptors

Convenience sample | Survey consisted of 4 parts that addressed preceptors' support, commitment, benefit and | No significant relationship was found between preceptors receiving support and their commitment to their role. Preceptors in this study showed commitment to their role and gained personal satisfaction. |

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
				rewards, adapted from Dibert & Goldenberg (1995) Content and face validity checked Descriptive and inferential analysis SPSS	They received support from their managers and colleagues, as well as sufficient training.
de Fulvio, Stichler & Gallo 2015 USA	*To explore characteristics and perceptions of clinical nurses who precept nursing students*	Qualitative design	32 preceptors	5 focus groups Constant comparative content analysis	Preceptors experienced a lack of preparation for their teaching roles, combined with stress and nervousness. Preceptors also reported conflict in terms of their experience of desiring to teach students while at the same time feeling frustration, stress and negative emotions towards managers who never considered their workload. Their primary responsibilities were patient care and keeping patients safe, and they saw precepting students as secondary. Preceptors expressed their need for support from managers in terms of preparing them for teaching and acknowledging their contribution.
Dev et al. 2020 Singapore	*To explore the perceptions of academic educators and preceptors on their collaborations in a transition-to-practice programme for nursing students*	Qualitative study Descriptive exploratory design	12 preceptors and 13 academic educators Purposive sampling	Semi-structured, face-to-face individual interviews Thematic data analysis	Preceptors expressed that they lacked training, as they were not able to attend the training sessions conducted by academic institutions, and the courses held in hospitals did not equip them with specific training for teaching students. Academics pointed to preceptors' lack of understanding of their expectations regarding the objectives, as they focused on holistic patient care instead of building their skills.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
					There was a lack of guidelines about the students' learning needs, teaching and practice.
					There was a lack of familiarity with academic curricula, and academic educators also lacked familiarity with hospital structures.
					There was disagreement among academic educators about how preceptors evaluated students' performance. Academic educators cited how preceptors used their own grade criteria, while preceptors felt that they objectively evaluated students because they knew how to teach and were involved with students. Preceptors also felt that the assessment should not be changed.
					There was a lack of direct communication between preceptors and academic educators.
DeWolfe, Laschinger & Perkin 2010 Canada	*To present the consensus of opinions reached by preceptors and their agencies about the issues that are key to the recruitment, support and retention of preceptors*	Descriptive study Delphi process	Preceptors working with senior nursing students ($N = 172$) 14 for focus group	Questionnaires developed by authors from literature review consisted of 90 items categorised into 5 categories and ranked on 5-point Likert scale Pilot and face validity checked 2 rounds of questions and focus group	In the first round, the respondents consisted of 102 preceptors, and in the second round, the respondents were 75 preceptors. Benefits: Although preceptors did not achieve agreement on some parts, they did agree that precepting students helped keep them updated, and they felt personal satisfaction in contributing to future professionals by equipping students with the required skills. Preceptors did not reach agreement on whether students helped them with their work, as they said it depended on the course objectives and their responsibilities. Effective preceptors: Preceptors agreed that to be effective in teaching students, they needed to understand the ways in which they could help students develop, understand the learning needs,

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
					objectives and evaluation methods, and understand how to use the assessment forms provided by the university so that they could make fair decisions about students' performance. They needed to understand the principles for adult learning and how to interact with students. Orientation information: Preceptors agreed on the importance of receiving adequate information about students, the role of the university and their responsibilities, and they preferred communication via email instead of small discussion or using printed materials. Preceptors did not achieve agreement on the importance of mandatory or voluntary attendance of training sessions; however, they agreed that these should be mandatory for first-time preceptors. Communication with the university: Preceptors did not reach agreement on the best way to communicate with the university. However, there was moderate agreement on using email instead of unscheduled visits. Challenges: Agreement was achieved, as the workload was the greatest challenge, while less important challenges including cultural differences, communication and working-style differences. Tangible rewards: Less agreement was achieved by preceptors on the importance of rewards; however, preceptors appreciated feedback from students and their professional development

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
Ebu Enyan et al. 2021 Ghana	*To assess preceptors' knowledge and perceived motivators and inhibitors to precept students*	Descriptive cross-sectional study	442 nurses and midwives with experience in precepting students	Questionnaire developed by the authors based on the literature Face validity with 2 experts, pilot study with 30 preceptors and reliability checked	91.9% had not attended a preparation course; however, the results showed they had strong knowledge about preceptorship. 88.2% intended to precept students in the future with the aims of developing students' skills, meeting their learning needs, building healthy relationships with students, and boosting their experience and professional recognition despite the challenges that they faced, which included a lack of preparation. Preceptors need support: 95.0% need training; 76.2% need support from senior preceptors on how to manage the role; and 23.8% need a promotion. A positive association was found between the intention to continue precepting and professional recognition. They had a lack of support from the faculty and managers, as well as a lack of resources and training. They agreed that providing patient care was part of their responsibility in the role (but to do so, they needed the time to manage the additional burden, or else they would be overwhelmed). The university and hospital should collaborate closely and build a healthy relationship to support preceptors.
Ebu Enyan, Boso & Amoo 2021	*To explore the lived experiences of preceptors of student nurses and the challenges confronting*	Descriptive phenomenology study	22 preceptors with experience with nursing students recruited via	Semi-structured individual interviews Thematic analysis	Factors that motivated them within the role: they felt excited about and satisfied with the role as it gave them opportunities to update their knowledge, study, teach, build relationships with students and boost students' professional

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
Ghana	*the preceptorship role in low–middle-income countries*		purposive sampling		recognition and acknowledgement, which are more important than monetary reward. Student factors that influenced their role: students were not interested, did not follow instructions and were unwilling to learn. Institutional factors: lack of logistical support in the form of resources and training, lack of collaboration between preceptors and the university, and lack of renumeration. Preceptor factors: high workload, burnout, time constraints and lack of staff interest in offering help. Suggestions for improving the preceptorship: financial rewards, adequate preparation, regular meetings with stakeholders and improved communication between preceptors and the university.
Foley, Myrick & Yonge 2012 Canada	*To develop an understanding of how generational differences influence the formation of the preceptor–student relationship and the overall success of the experience*	Phenomenological study guided by Van Manen's analysis methods	7 preceptors and 7 students recruited via purposive sample	Unstructured interviews Thematic analysis	Three themes emerged; however, the authors present only one theme in detail, focusing on the feeling of being challenged. Preceptors expressed that there was a lack of commitment and disinterest in the nursing profession. Awareness should be raised regarding different generations and diversity in preceptorship to maintain respect in the preceptor–preceptee relationship. There should be education on these issues in the preparatory programme for preceptors and students.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
					Nursing faculty have the responsibility to educate students to promote relationships.
Hallin & Danielson 2010 Sweden	*To describe preceptor perception of nursing students' preparation.* *To investigate the relationship between preceptors personal/clinical characteristics and their perceptions of students' preparation.*	Quantitative cross-sectional study	196 preceptors with experience with nursing students	Questionnaire developed by the authors consisted of 83 items with a 5-point Likert scale Face, content and pilot test were conducted to check the validity and reliability	Response rate: 72.5% ($n = 142$). The findings led to the conclusion that preceptors had positive perceptions of students' preparation. Preceptors perceived that students took responsibility for their learning, comprehended the learning outcomes and tried to find appropriate clinical situations from which they could learn. A positive association was found between preceptors' interest in guiding students and their positive perception of students' preparation.
Haitana & Bland 2011 New Zealand	*To explore the experience of preceptors with students*	Qualitative descriptive study	5 preceptors recruited via purposive sampling	Face-face semi-structured interviews Step-by-step analysis process following	Feedback from students helped to build the preceptor–student relationship. Spending only a limited time with students affected preceptors' ability to build a trusting relationship where they could give the students useful learning opportunities and autonomy while still protecting patient care. This, in turn, affected how they could evaluate students, which reduced preceptors' satisfaction and led both students and preceptors to feel frustrated. Influential factors included experience and limited time to spend with students.
Hari, Geraghty & Kumar 2021 Australia	*To identify clinical supervisors' perspectives of the factors influencing the learning of culturally and linguistically*	Descriptive qualitative study	6 clinical educators & 3 preceptors recruited via purposive sampling	Semi-structured interviews Thematic analysis	Three main themes emerged from the analysis: Communication difficulties because of language barriers (unfamiliarity with accents, slang, medical terminology and local dialects) negatively influenced teaching and learning. Several of the difficulties associated with CALD

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
	diverse (CALD) nursing students during clinical placements and how these impact supervision				student supervision (e.g. difficulties identifying learning needs, failure to implement early interventions and failure to expose students to interesting cases) were caused by inadequate English language proficiency. They experienced difficulties in terms of adaptation to Australian culture, organisations and clinical environments. Supervisors did not understand the culture of the international students, who faced challenges that influenced their learning, such as providing care to the opposite gender.
Hilli et al. 2014 Finland and Sweden	*To gain a deeper understanding of the perceived experience of the preceptorship used to support students*	Qualitative study Hermeneutic study	31 participants	Thematic narrative interviews Analysis using hermeneutic approach	Building caring, welcoming and supportive relationships with students is the cornerstone to making students feel safe and as though they can work in a supportive and safe learning environment; this leads to a positive experience for both preceptors and students. Preceptors pointed out that some of the learning outcomes were challenging to achieve, suggesting that attention is needed from the faculty to prepare and clarify the intended outcomes for students. The authors recommended that faculty members should be present to help narrow the gap between theory and practice. Some preceptors reported a lack of pedagogical skills, which they needed support from the faculty and organisations to improve.
Hjalmhult, Haaland & Litland 2013	*To present a grounded theory of the role of*	Qualitative study Grounded theory	24 preceptors	20 semi-structured interviews One focus group	Preceptors' role satisfaction depended on their self-efficacy, confidence and relationships with students.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
Norway	*public health nurses as student preceptors*			Classic grounded theory to analyse the data	Preceptors felt 'obligated' to carry on in the role because of a lack of recognition from the university, managers and colleagues.
					Preceptors felt their role was an invisible part of their work schedule, considered an additional responsibility that they should balance with their others despite a lack of time; resulting in failure to excel on all fronts, which led them to feel guilty in regard to patients and students.
					'Reluctant performance' was another theme revealed by preceptors' descriptions of the stressful working environment, lack of preparation for the preceptor role, and limited working hours they could commit to it. Nonetheless, they pointed out that they did perform well in their duties.
					Optimistic performance: despite the challenges preceptors faced, they reported that they enjoyed their role and felt satisfied with it, as well as proud to be a preceptor.
					Ambivalent performance: the preceptors felt burdened by their extra responsibility and in need of a day off, and that they deserved a monetary reward for the extra time they spent at work, along with recognition for the extra work they carried out.
					Having good relationships minimised the pressure they felt they were under because of their workload.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
					Preceptors reported feeling guilty about the inadequate time they dedicated to the role. They also described having a fear of failure.
Kalischuk, Vandenberg & Awosoga 2013 Canada	*To examine preceptors' perspectives regarding benefits, rewords, support, challenges and commitment in relation to the preceptor role in a baccalaureate nursing programme*	Quantitative study Descriptive/correlation study	331 preceptors working with students recruited via purposive sampling	Questionnaire developed by the researchers Questionnaire consisted of 6 parts measuring rewords and support; and open-ended questions	128 preceptors completed the survey (39.0%). Preceptors enjoyed watching students develop as RNs and future professionals; they reported that students were often appreciative, and noted that they learned from their interactions with students. Challenges Despite the challenges, they felt positive and committed to their role. 61.7% felt that the workload was appropriate. 82.5% felt prepared, 84.3% felt their goals were clearly defined and 56.5% felt their unit manager supported them. There was a weak but not significant positive correlation relationship found between the study variables. An open-ended question revealed that precepting unmotivated/uninterested students who did not meet their expectations challenged preceptors when they attempted to assess them and give feedback as the students were not greatly inspired to take the initiative and did not demonstrate learning responsibility. Workload second challenges The preceptors reported unclear expectations/goals/objectives associated with teaching students.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
					Support
					The preceptors reported needing direction from educators regarding students' learning needs, and they suggested that educators should attend the preparation workshop.
					The preceptors also advocated for a reduced workload.
					In addition, they sought greater direct contact with the faculty and support from co-workers.
					85.2% expressed a preference for non-material rewards, and 31.3% said they would like a certificate. They need professional development.
Kennedy & Chesser-Smyth 2017 Ireland	*To explored preceptors' lived experiences in the assessment of nursing students whose competence was in question*	Phenomenology study as described by Van Manen	9 preceptors recruited via purposive sampling	Semi-structured interviews Content analysis	Preceptors expressed that their decision process was influenced by their roles and responsibilities, staff shortages and busy work environments. This meant that there was a lack of time to support underperforming students, which resulted in preceptors failing these students unfairly.
					A major concern was associated with preceptors first using their judgment when they worked with students for the first time and then using the form to validate their decision.
					The decision process was associated with preceptors' self-doubts and emotional troubles, which negatively influenced their relationships with students.
					Their lack of competence and confidence in making the decision to fail students created an emotional dilemma, as they felt stressed and burdened.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
					Courses need to be provided that focus on preceptors' accountability and confidence in making decisions.
L'Ecuyer 2019 USA	*To investigate of the perceptions of staff nurse preceptors towards the clinical education of students and new graduates with learning difficulties, and their willingness to serve as a preceptor for them*	Quantitative exploratory study	Online survey sent to 3,603 preceptors	Online survey developed by the authors to address the study aims, consisting of 23 items and open-ended questions Content validity and reliability were checked	166 respondents, with a 4.6% response rate. The majority of preceptors were not prepared to train students with learning disabilities, and most expressed the need for education courses. Although preceptors did not feel confident in supporting preceptees with learning disabilities, their perceptions of working with students with learning disabilities were positive.
Lethale, Makhado & Koen 2019 South Africa	*To identify factors influencing preceptorship in undergraduate nursing from the perspective of preceptors/ preceptees and managers*	Quantitative study with cross-sectional design	9 preceptors	Survey developed by the authors, included open-ended and closed questions 5-point Likert scale: Face and content validity Pilot test Descriptive analysis SPSS	Findings from the preceptor perspective: Positive factors were that expectations had been discussed with them, they had adequate knowledge, their interpersonal skills were good, and they could meet students' learning needs. Negative factors were that they had limited time to commit to the role, some uninterested students and students with a general lack of knowledge and expertise.
Lienert-Brown et al. 2018 New Zealand	*To explore mental health nurses' views and experiences of working with undergraduate nursing students and*	Descriptive exploratory study	500 preceptors in a convenience sample	Online questionnaire Descriptive and inferential analysis	There was a 16.0% ($n = 89$) response rate. 84.0% reported they felt prepared and had adequate knowledge of students' needs.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
	determine what factors influence this experience			to test significance of associations	90.0% reported that students showed initiative and interest and took responsibility for their learning. They received sufficient support from education providers, managers and their colleagues They had positive perceptions about their role as enabling them to help students, keeping them updated and being a rewarding and enjoyable experience. A significant positive association was found between preceptors' training, their knowledge of what was required from them, and their confidence when working with students ($p = 0.003$). Negative aspects were that they felt under pressure and stressed by the workload.
Liu et al. 2010 China	*To explore the lived experiences of clinical preceptors*	Qualitative Descriptive phenomenology	20 preceptors Snowballing sampling	Semi-structured interviews	Preceptors saw themselves as a role model, mother and mirror for students. Teaching is learning for preceptors (learning from students such as how to use computers, enhance their communication, searching for information, improving their solving of clinical problems). Experienced bittersweet moments ('sweet experiences') despite feeling positive, satisfied, gaining respect, improving their teaching and communication skills and knowledge; they felt a 'bitter' experience because there was lack of support from organisations when dealing with troublesome students.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
					Unable to do what do they want: workload, lack of teaching skills, feeling unconfident, lack of clear guidance from nursing faculty led to stress. Preceptors expressed that they saw themselves as a role model for students and a mothers.
Luhanga, Dickieson & Mossey 2010 Canada	*To explore and describe preceptor role support and development in the context of a rural and northern mid-sized Canadian community*	Qualitative descriptive study	22 preceptors working with undergraduate students	Semi-structured interviews Content analysis	Preceptors reported that they need more clarification about the communication between them and the university. They need face-to-face and individualised or workshop communication and clarification of the expectations of preceptors, students and faculty. Preceptors expressed that success of students was fundamental for their role, and their role is complex because they need to develop students' confidence, competence, skills and critical thinking. Also, as evaluating students is one of their responsibilities they expressed their need for a more friendly assessment tool to prepare them in how to assess students to ensure their competence and continuity in their role, and advocate for students to protect them and ensure their safety in the complex healthcare environment. Majority asked for clarification of their role expectation, and guidance and support with evaluating. Most expressed that they had no formal education preparation. Preceptors suggested a variety of topics to include in their preparation programme. Motivator: contribution to the nursing profession by educating novice nurses; updating their

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
					knowledge; rewarding when working with motivated students.
Mårtensson et al. 2013 Sweden	*To investigate structural conditions and professional aspects of potential importance to nurses' perceptions of their performance as preceptors working with nursing students*	Quantitative cross-sectional study	Convenience sampling 243 preceptors	Survey developed by authors Descriptive and correlational analysis	Preceptors felt positive about their role if they prepared for it; received positive feedback about their performance and support from unit managers; and prepared a plan for student educational needs. Positive correlation between the ability of preceptors to give students the opportunity to reflect on their nursing actions and preceptors having support that included work relief and allocated time and support from colleagues. Positive correlation between the preparation of preceptors in planning for the students' education needs beforehand, or while working with students, and their ability to ask theoretical questions.
Madhavanpraphakaran, Shukri & Balachandran 2013 Oman	*Preceptors' perceptions of teaching and learning for final-year nursing students*	Descriptive exploratory quantitative and qualitative survey	76 preceptors	Survey developed by authors (consisted of 30 items) with a 5-point Likert scale Descriptive analysis used to analyse the survey data using SPSS For the seven open-ended questions; the authors mentioned themes that were identified	Preceptors had positive perceptions of students' professional behaviour and communication. Feedback 70.0% had greater commitment to patient care than preceptorship. 71.0% found time constraints to be a major issue. 68.4% need a more formal workshop run by the college. Rewards 60.0% preferred a credential-like certificate and 32.5% preferred a monetary reward.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
					Factors that were facilitated: there was good communication between students and preceptors, with adequate time to communicate Themes from the three open-ended questions: Need protected time (busy ward, high workload, staff shortage); because of a lack of this, they were not satisfied with the teaching role. Lack of motivation, interest and commitment from students.
McCarthy & Murphy 2010 Ireland	*To explore preceptors' experiences in precepting nursing students*	Mixed methods descriptive study	970 preceptors asked to complete the survey	Survey developed by the researchers consisted of 24 items Reliability and content validity checked; pilot study conducted Descriptive analysis using SPSS Content analysis for qualitative data	The finding response rate was 49.0% ($n = 470$). 53.0% had 2 days of preceptorship training; 39.0% had 4 hours of preceptorship training. Preceptors pointed out that it was difficult to allocate quality time to guide students because of staff shortages, a high workload, staff absences and a lack of resources. This situation left preceptors feeling guilty, frustrated, and stress. Preceptors were not as confident within their role as they felt they needed to be, reporting that their preparation was not sufficient, with a half-day workshop being too brief to give them the confidence they desired in their role. They also noted an outstanding need for regular updates about BSN courses. Preceptors indicated that they received limited support from managers and suggested that they needed protected time and recognition from their managers, along with feedback about their role so they could improve.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
					Most preceptors enjoyed and felt satisfied with their role.
Mhango, Baluwa & Chirwa 2021 Malawi	*To explore the challenges for preceptors of undergraduate nursing students in Malawi*	Exploratory–descriptive qualitative study	12 preceptors recruited via purposive sampling	Face-to-face, semi-structured interviews Thematic analysis	Preceptors perceived their role as time consuming (alongside their other responsibilities/multiple roles), which hampered their interaction with students and left them dissatisfied. They reported a lack of support from faculty members with the supervision and assessment of students (lack of follow-up, faculty members not recognising preceptors, and all responsibilities left to preceptors). They also noted a lack of support from their peers with their wider work as their peers were not formally briefed and thus reacted negatively when preceptors asked for help. Further, they reported a shortage of preceptors. Recommendation: the university should commit financial resources to train preceptors and provide scholarships for RNs. Staff nurses should be enrolled and trained to be preceptors.
Needham & van de Mortel 2020 Australia	*To investigate preceptors' perceptions of supporting nursing students undertaking clinical placements in Prison health services*	Qualitative descriptive study	6 of 20 preceptors 2 individual interviews 4 via focus group	Focus group and individual interviews Thematic analysis	Preceptors reported a lack of preparation to support and train students, a lack of role clarity, and a need for greater guidance and information about what students were intended to learn. They also reported a lack of student preparation. Preceptors experienced challenges relating to the uniqueness of the experience of precepting students.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
					Regarding management issues, preceptors felt the workload and staff shortages influenced their role.
					Students' confidence, initiative to learn and English language skills influenced their engagement. Some students showed a lack of initiative and interest, which affected preceptors' engagement with their learning. Preceptors described how they had used to prompt students to promote their interest, but had given up because of their work demands.
					Preceptors acknowledged that among the benefits of being a preceptor was that it enhances their professional knowledge and skills.
					Preceptors described supporting students by providing them with learning opportunities and using a variety of teaching methods, as well as offering feedback.
Nugent et al. 2020 Ireland	*To gain a better understanding of preceptors' decision-making processes when nursing student competence is below the required standards, and the perceived barriers and enablers supporting them in this*	Descriptive quantitative study	Convenience sample of 1,530 preceptors invited to participate	Questionnaire measuring the role of preceptors, issues influencing their decisions to fail students and 3 open-ended questions. SPSS and descriptive analysis were used, with content analysis of the open-ended question	The response rate was 365 (23.9%). Most preceptors (91.5%) indicated that they enjoyed being preceptors and wanted to be preceptors (70.7%). 91.2% agreed that their professional responsibility was to ensure that students meet the required competences and fit into practice, even though they experienced time challenges. 83.0% of preceptors indicated their need to attend training courses that focused on giving feedback for students.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
					The lack of support from management was a barrier, preventing them from making decisions on failing students (50.1%).
					The enablers: the greatest enabler was when students' underperformance was accompanied by supporting evidence from their previous competence assessments (44.0%). If students showed interest and were willing to learn, preceptors were less likely to fail them (30.1%).
O'Brien et al. 2014 Australia	*To investigate preceptors' perceptions about their experience of precepting undergraduate nurses*	Cross-sectional study	Convenience sampling of 1,500 preceptors	Survey rated the participants' perceptions including 39 items on 7-point Likert scale regarding their role, challenges, satisfaction education and experiences (CPEET) Descriptive analysis using SPSS and post hoc analysis	The response rate was 22.5% ($n = 337$), and 36.0% of participants felt prepared for their role. Preceptors reported a lack of satisfaction with difficult or unmotivated preceptees with whom they considered their efforts to be time consuming. It was also noted that precepting with any student required that they make time in their daily routine. Preceptors (61.0%) with access to university facilitators to support students on the ward were significantly more satisfied than those who did not.
Omer, Suliman & Moola 2016 Saudi Arabia	*To compare perceptions of roles and responsibilities as held by nurse preceptors* v. *their preceptees*	Descriptive comparative study	62 preceptors & 87 preceptees recruited via convenience sample	Self-administered questionnaire developed by the researchers using Boyer's 43 items rated on 4-point Likert scale	There was agreement from both groups about the importance of the preceptors' responsibilities as educators, facilitators, evaluators and protectors. Preceptors ranked the importance of being protectors as highest and being evaluators as lowest.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
				Construct and content validity tests

Descriptive and inferential statistics test | There were some differences within each group regarding the roles of preceptors as educators and facilitators. |
| Ong et al.

2021

Singapore | *To understand primary healthcare nurse preceptors' experiences of precepting junior nurses* | Descriptive qualitative study | 14 preceptors recruited using purposive sampling | Semi-structured, face-to-face interviews

Thematic analysis | Organisational challenges including a lack of time and high workload influenced the quality of guiding students, along with a lack of recognition (preceptors received a token of appreciation on Teachers' Day but also wished for a monetary reward).

Preceptors saw themselves as vessels of knowledge.

The reward from this experience was building a therapeutic relationship. |
| Smit & Tremethick

2014

Spain | *To describe the experience of Honduran preceptors working with USA students in international placement* | Qualitative descriptive study | Purposive sampling recruited 3 preceptors and 8 students | Focus group and NVivo used to analyse the data | Preceptors identified that they needed more time with students. Facing language challenges. |
| Smith & Sweet

2019

Australia | *To explore novice preceptors' experiences in precepting undergraduate nurses in a high-acuity hospital environment* | Interpretive qualitative study | 12 novice nurses with less than 3 years' experience recruited using purposive sampling | 2 focus group/semi-structured interviews

Thematic analysis | Preceptors had a positive perception of their function as supporting 'self-development as a nurse' and gained a sense of worth and satisfaction when helping students.

They were confident in their abilities (as a preceptor and a competent nurse) and appreciated the opportunity to develop their supervision skills and their knowledge as they learned from students. |

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
					However, they were expected to assume the role without adequate preparation, and with a lack of support and feedback on their performance.
					Challenges concerning students' and preceptors' relationships contributed to certain students lacking motivation.
					Language barriers (some students had limited English).
					Students' lack of knowledge and awareness about patients' deterioration led to concerns around patients safety.
					Preceptors were overwhelmed, and struggled to manage both precepting and providing care in the context.
					Time management issues (students lost out on opportunities to learn as they slowed the workflow) caused preceptors to feel frustrated
					Preceptors felt physically and mentally drained as they were still novice nurses themselves.
					In a high acuity area, they cannot leave the PT with the student when they need to seek support from an expert member of staff.
					limited scope of practice.
Paton 2010 Canada	*To highlight the professional practice knowledge of nurse preceptors*	Descriptive survey and interpretive qualitative study	770 preceptors for Phase 1 3–5 participants for focus group	5 individual interviews and 15 focus groups	Preceptors expressed their ability to adapt to a new student with their needs, engaging them with practice by sharing knowledge and giving them opportunities to reflect.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
					Ideal best practice for preceptors was to be an ideal role model, which involved holistic care and teaching beyond the task.
					Creating a culture of respect by helping students to respect patient and their family and think beyond the condition of the patient.
					Preceptors expressed that they need autonomy when assessing students because faculty members passed students.
					Acting like 'a mother duck' to provide protection, clear guideline and being at the 'student's elbow'.
					Preceptors need physical and psychological support.
Pere, Manankil-Rankin & Zarins 2022 Canada	*To describe and interpret the experiences of preceptor' in supporting nursing students in a one-to-one model across all semesters of the nursing programme*	Qualitative study Interpretive descriptive design	Purposeful sampling 9 preceptors	Semi-structured, face-to-face interviews Thematic analysis	Preceptors expressed their need for preparation and their lack of understanding of pedagogical approaches. Need more support and guidance from faculty members. Needs: Lack of time, prioritisation of patient care, fast pace of healthcare environment (lost teaching opportunities), resulting in conflict. Benefits: Enhancing and updating skills and knowledge; growth from experience. Rewards: Seeing students' growth and progress, sharing knowledge.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
					Professional growth: accountability of their practice helped them to reflect on themselves and seek resources to update their knowledge and satisfaction.
Raines 2012 USA	*To understand preceptors' perceptions of working with undergraduate students*	Qualitative study	37 preceptors	Semi-structured interviews	Lack of understanding of the expectations and perceptions towards teaching students Preceptors' experiences depend on the student's preparedness, motivation and interest to learn; preceptors enjoy precepting with prepared and interest students but this is more challenging for students that do not meet these criteria. Need acknowledgement for effort from administrators and faculty members for their extra effort. Need the faculty to be available; faculty deal with preceptors as *invisible* (need help with teaching as preceptors struggle with teaching and caring for patients at the same time). They were paid for precepting new staff but not for precepting undergraduate students; however, they were personally motivated and wanted to teach students.
Rodriguez-Garcia et al. 2018 Spain	*To explore the reflective dialogues and reflective processes that occur between preceptors and nursing students and to examine how preceptors make use of their expert knowledge to enhance students' experiential*	Qualitative study Ethnography	15 preceptors	Focus group 70 hr of observation 2 individual interviews Constant comparative method	Preceptors valued the experience as a RN as it helped them to teach students how to apply procedures and develop critical thinking. Comparing past and present experiences helped them to identify students' needs. Preceptors must master the ability to challenge students by questioning them.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
	learning during clinical placements				
Wu et al. 2016 Singapore	*To explore preceptors' competence in using an assessment tool*	Qualitative exploratory study	17 preceptors recruited using purposive sampling	3 focus groups/semi-structured interviews Thematic analysis	Less experienced preceptors experienced challenges with using the tool. Despite preceptors using a variety of methods to teach and assess students, they were challenged by their dual role (with patient care) and as a result often felt stressed. However, preceptors also reported positive experiences such as receiving good feedback from students and supervisors. They had positive perceptions of their role as it afforded them the opportunity to be recognised by managers, which kept them motivated and gave them teaching experience. Preceptors indicated that they were well supported by the hospital, but some indicated that closer collaboration was required between the hospital and university (with the latter providing preparation for preceptors). Although preceptors attended a 2-day preceptor preparation course, they indicated that it took time to develop their teaching style and they felt they were under a lot of pressure and expected to make a great effort to update their knowledge as the course focused on how to guide new staff rather than students. Preceptors pointed out the need to develop a platform for them to use to share their experiences with other preceptors and benefit from their knowledge in return.

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
Yonge et al. 2013 Canada	*To capture the experience of preceptorship in a rural setting, via photographic narrative*	Qualitative study Photovoice methodology	8 participants: 4 preceptors and 4 students	Photovoice 818 photographs taken Photo, audio recording and transcripts; 9 discussions with researchers analysed by using NVivo3 Thematic analysis	Despite the challenges facing both preceptors and students working in a rural area, preceptors expressed their awareness of being role models and their desire to help and support students during their clinical training. Growing together was indicated as a benefit of preceptorship, not only for students but also for preceptors. Their success in teaching students was based on a relationship between preceptors and students that was characterised by caring and trust.
Yonge, Myrick & Ferguson 2011 Canada	*Preceptors' perceptions of evaluating nursing students in a rural area*	Grounded theory	26 preceptors	Face-to-face interviews	Unclear learning goal and objectives. The assessment tool was wordy, unclear and lack of guidelines on how to use it.
Zwedberg et al. 2020 Sweden	*To explore midwife preceptors' experiences of supervising midwifery students in three obstetric units*	Qualitative study Inductive exploratory study	17 preceptors recruited using purposive sampling	Semi-structured interviews Thematic analysis	Preceptors expressed that the most rewarding aspect of their role was seeing 'students grow'. Preceptors pointed out the importance of relationships for improving students' confidence and independence. They described supporting students by respecting them, giving them opportunities to learn, including them in the team and establishing good communication. The self-efficacy of the preceptors depended on their ability and confidence to master their profession of midwifery and help students to grow, and was related to their years of experience as a RN. A midwife needs considerable experience to have the confidence

Author, year & country(ies)	Study aim	Methodology	Participants and their numbers	Data collection and analysis methods	Findings
					to become a preceptor; otherwise, they may find the role especially challenging. A challenge preceptors reported was that they did not have time for reflection sessions with students because they were working in a stressful environment and had other duties to fulfil. They suggested that they need support from management, along with an understanding of how to teach students and give feedback, if they are to provide high-quality preceptorships.

2.4 The role of the preceptor

Various descriptions of the role of the preceptor were explored across the literature. These were largely described from the perspective of preceptors and highlighted the crucial role played by preceptors in the nursing profession. Two studies explored the perceptions of the role from both the preceptor and preceptee points of view. First, a comparative study was conducted by Omer, Suliman and Moola (2016), who investigated the variation in opinion between 62 preceptors and 87 students regarding the roles and responsibilities of preceptors in Saudi Arabia. The study found that there was agreement between the groups about the importance of preceptors' responsibilities as educators, facilitators, evaluators and protectors. However, preceptors ranked protecting patients from error and ensuring preceptees' safe delivery of services as being of highest importance; moreover, they ranked the roles of educators and evaluators as being of lowest importance. Omer, Suliman and Moola (2016) recommended that the preceptor's roles and responsibilities should be clear and meet the expectations of both preceptors and preceptees. The research was conducted in a single organisation with a small sample size and was the first study carried out in the Saudi Arabian context in relation to the preceptor role. The authors neither included the preceptors' cultural backgrounds nor assessed the roles of different nationalities in the perceptions of roles and responsibilities.

The second study was conducted in South Africa and identified factors influencing the effectiveness of undergraduate preceptorship from the perspectives of preceptors, unit managers and nursing students (Lethale, Makhado & Koen 2019). The results showed that having adequate knowledge to help students achieve their learning objectives and understanding, as well as discussing the expectations of students, improved the effectiveness of preceptorship for students and were necessary for a positive relationship between preceptors

and preceptees (Lethale, Makhado & Koen 2019). Highlighted in the study was the need for preceptors to understand their role and responsibilities in terms of what is expected of them in training students towards achieving their learning outcomes.

The literature suggests that to be effective, preceptors need to understand the ways in which they can help students develop—including their learning needs and objectives—as well as evaluation methods and how to use assessment forms provided by universities so they can make objective decisions about students' performance (DeWolfe, Laschinger & Perkin 2010; Ebu Enyan, Boso & Amoo 2021). Further, preceptors need to understand the principles of adult learning and how to interact with students (DeWolfe, Laschinger & Perkin 2010). Mårtensson et al. (2013) showed that the preceptors in their study felt positive about their role if they were prepared, received positive feedback about their performance, and had a plan for addressing students' educational needs. The focus on the perception of preceptors' performance when working with nursing students was studied using correlation tests, and the results indicated a positive correlation between preceptors having support such as work relief, allocated time and support from colleagues, and their ability to provide students with opportunities to reflect on their learning (Mårtensson et al. 2013). A positive correlation ($p = 0.001$) was also found between the preparation of preceptors in terms of planning for students' education needs with students themselves (Mårtensson et al. 2013). Midwifery preceptors ($n = 17$) shared their experiences in semi-structured interviews, emphasising the value of their years of experience and the importance of self-efficacy, believing this depends on ability and confidence in mastering the profession of midwifery to help students grow (Zwedberg et al. 2020). Notably, the study showed that a midwife requires considerable practical experience to be expert and gain the confidence to become a preceptor; otherwise, they may find the role especially challenging (Zwedberg et al. 2020).

The setting of the hospital and/or facility was also found to influence the preceptorship role. A qualitative descriptive study conducted in a rural community in Canada revealed that preceptors saw their role as complex, requiring them to develop students' confidence, competence and skills as well as critical thinking and evaluating abilities in a rural environment (Luhanga, Dickieson & Mossey 2010). In another rural setting, preceptors expressed their awareness of being role models and their desire to help and support students during their clinical training while working towards achieving success, despite challenges faced by both preceptors and students (Yonge et al. 2013).

According to preceptors, the success of students is a fundamental goal for their preceptorship role (Luhanga, Dickieson & Mossey 2010). Preceptors support students by providing them with learning opportunities and using a variety of teaching methods, as well as offering feedback (Needham & van de Mortel 2020). For instance, in a descriptive qualitative study conducted by Ong et al. (2021), the teaching role of preceptors was one of the themes that emerged. Ong et al. (2021) stated that the nurse preceptors in their study ($n = 14$) saw themselves as a 'vessel for transferring knowledge' and used a variety of pedagogical methods (such as case studies and simulations) to teach preceptees. A recent ethnographic study also found that preceptors used various teaching strategies linking theory to practice and helped students imagine how a procedure should be applied (Rodriguez-Garcia et al. 2018). These preceptors used examples from everyday life to help students understand how a particular procedure could be performed. The authors suggested that preceptors must become experts to challenge students by questioning them, with the aim of developing their critical thinking, which will help students cultivate the skills they require (Rodriguez-Garcia et al. 2018). This suggests that a period of development such as that suggested by Benner is an important component of becoming an expert and then an expert preceptor.

As well as providing teaching and learning opportunities, preceptors have been found to act as role models, and described as taking on the role of a mother for nursing students (Liu et al. 2010). This was observed in a descriptive qualitative study involving 15 focus groups and 5 individual interviews. Preceptors described acting as role models by providing holistic care, teaching beyond the task, and creating a culture of respect to help students respect patients and their families and think beyond the condition of patients. Preceptors were described as 'acting like a mother duck' to provide protection by clarifying guidelines and being at the 'students' elbow' (Paton 2010). In that study, preceptors expressed their ability to adapt to new students with their varying needs, engaging them in practice by sharing knowledge and giving them opportunities to reflect (Paton 2010). Paton's study did not clearly define its aim, nor present the results of its first phase, but the author reported a response rate of 46% from a survey distributed to 770 preceptors in that phase.

2.5 Experience of being a preceptor

The literature provides evidence that preceptors have a broad range of experiences while working in this role and that these are often described and explored as either positive or negative experiences. In this section of the review, these experiences, and what influences them, are broadly explored.

In a descriptive correlation study conducted in Canada by Kalischuk, Vandenberg and Awosoga (2013), preceptors described feeling positive about and committed to their role. Specifically, around 62% felt their workload was appropriate, 82% felt prepared, 84% felt their goals were clearly defined, and 56% felt their unit manager supported them in their preceptorship role for nursing students. There was a weak but not significant positive

correlation relationship found between the study variables. However, in an open-ended question in the study survey, workload was identified as a challenge, which was not consistent with the percentages reported above. The small sample size reduces generalisation as the response rate was only 39% (28 of 331) (Kalischuk, Vandenberg & Awosoga 2013).

Studies have reported negative experiences linked to preceptor training. A mixed methods study conducted by McCarthy and Murphy (2010) in Ireland explored the perceptions of preceptors in precepting nursing students. The study found that preceptors were not confident within their role, as 53% reported that they were insufficiently prepared after attending 2 days of training. Also, participants (39%) who took part in a half-day workshop complained that it was too brief to equip them with the knowledge, skills and confidence they desired to have in their role. In a similar study by Wu et al. (2016), although preceptors attended a 2-day preceptor preparation course, preceptors indicated that 'it took time' to develop their teaching style. Additionally, preceptors mentioned they were under stress teaching students while also expected to make a substantial effort to update their knowledge, as the course focused on how to guide new staff rather than students. This was revealed in an exploratory study involving 17 preceptors conducted to explore preceptors' experiences and skills in assessing nursing students. Importantly, preceptors in this study suggested the need to develop a platform for them to share their experiences with other preceptors and benefit from others' knowledge in return (Wu et al. 2016).

Multiple studies have confirmed that support from institutional management, including regular training and feedback, might result in higher-quality preceptorship (Ebu Enyan et al. 2021; Pere, Manankil-Rankin & Zarins 2022; Zwedberg et al. 2020). Luhanga, Dickieson and

Mossey (2010) claimed that providing adequate preparation and training to preceptors is crucial for a successful preceptorship experience. According to Benner, nursing skills are mainly developed through experience and education over time. A cross-sectional study conducted in Ghana to assess 442 preceptors' perceptions of the motivators and inhibitors for precepting nursing students revealed that 92% had not attended a preparation course; however, they had strong knowledge about preceptorship. Despite the challenges, which included a lack of preparation, 88% of preceptors intended to precept students in the future with the aim of developing students' skills, meeting their learning needs, building healthy relationships with students, and boosting their own experience and professional recognition. Notably, 95% of preceptors agreed that they needed training while 76% indicated that they needed support from senior preceptors on how to manage the role.

Precepting has been identified as becoming more challenging when students have learning disabilities. A survey conducted to assess the willingness of preceptors to educate preceptees with learning difficulties showed that preceptors did not feel confident in supporting preceptees with learning disabilities although their perceptions of working with students with learning disabilities were positive (L'Ecuyer 2019). The majority of preceptor participants were not prepared, nor trained, to support students with learning disabilities and expressed the need for education courses. This survey was sent to 3,603 preceptors in the USA but had only 166 respondents, with a 4.6% response rate, limiting the generalisability of the results. Another study (descriptive qualitative) with six preceptor participants investigated the experience of preceptors in supporting undergraduate nursing students in an Australian prison. The results from this study also confirmed that preceptors felt they lacked preparation to support and train students, had a lack of role clarity, and had a need for greater guidance and information about what students were required to learn in this context (Needham & van de Mortel 2020).

A significant positive association was observed in one study between preceptors' experiences of training, their knowledge of what was required from them, and their skills in preparing an education plan for students (Lienert-Brown et al. 2018). Having undergone preceptor training was correlated with the preceptors' confidence and feelings of appreciation when working with students. This descriptive exploratory study was conducted in New Zealand to understand preceptors' perceptions about working with undergraduate nursing students and the factors influencing their experience. The results showed that 84% felt they had adequate knowledge of the nursing programme to work with students. Nevertheless, participants stated that pressure and stress caused by workload were major negative factors influencing their experience. The study was conducted in a mental health service with a smaller sample size than expected ($n = 89$) because of the low response rate (16% of 500), which may reduce the generalisation of the findings to other contexts (Lienert-Brown et al. 2018).

Although most preceptors enjoyed and felt satisfied with their role, they also had difficulties and challenges allocating quality time to guide students due to reported staff shortages, high workloads, staff absences and a lack of resources (McCarthy & Murphy 2010). This situation left preceptors feeling guilty, stressed and frustrated. Preceptors indicated that they received limited support from managers and suggested that they needed allocated time and recognition from their managers, along with feedback about their role for improvement (McCarthy & Murphy 2010).

A common challenge in preceptorship is that preceptors lack adequate time for reflection sessions with students when working in a stressful environment with numerous duties including priority to patient care (Zwedberg et al. 2020). Specifically, Madhavanpraphakaran, Shukri and

Balachandran (2013) found that 70% of participants placed a priority on patient care than the preceptorship role, 71% found time constraints to be a major issue, and 68.4% required a more formal workshop run by the college. A descriptive qualitative study further affirmed that lack of time, prioritising patient care and the fast pace of the healthcare environment led to lost teaching opportunities, resulting in conflict during preceptorship (Pere, Manankil-Rankin & Zarins 2022). That study was conducted to explore nine preceptors' experiences using a preceptorship model across all semesters in Canada (Pere, Manankil-Rankin & Zarins 2022). Preceptors believed that their role was in addition to their workload of patient care; hence they needed extra time to enable them to provide the learning opportunities and detailed theoretical knowledge for students to practice their skills. Benner's theory of the classification of skills acquisition is helpful to situate preceptors' negative experiences, which could be due to lack of competence and proficiency in skills (Benner 1982). This was revealed in a grounded theory study by Anderson, Moxham and Broadbent (2020) in Australia. In this study, the authors conducted semi-structured interviews with 15 preceptors to explore their experiences supporting nursing students. Although the researchers did not provide information on the research design used to analyse the data, or adequate information on the point at which they arrived at theoretical saturation, their findings were consistent with other recent literature.

In another study with similar conclusions, preceptors described feeling the preceptor role was 'invisible' in their daily work schedule; hence, they perceived it as an additional responsibility (Hjalmhult, Haaland & Litland 2013). They struggled to maintain balance between their daily defined tasks and their preceptor role because of insufficient time, resulting in the failure to excel in all facets of their job while experiencing guilt regarding both patients and students (Hjalmhult, Haaland & Litland 2013). This was revealed in another grounded theory study, which included public health nurses ($n = 24$) who were preceptors in Norway. Notably, 'reluctant performance' was another theme revealed by preceptors' descriptions to describe

their stressful working environment, lack of preparation for the preceptor role, and limited working hours they could commit to the role. Nonetheless, they admitted that they did perform well in their duties (Hjalmhult, Haaland & Litland 2013). These findings were consistent with those of a qualitative study conducted in the USA with 32 preceptors, although the authors did not specify the qualitative design of their study (de Fulvio, Stichler & Gallo 2015). In addition, preceptors have been found to perceive their role as time consuming alongside their other responsibilities/multiple roles, thus hampering their interaction with students and leaving them dissatisfied (Mhango, Baluwa & Chirwa 2021). This was revealed in a descriptive qualitative study conducted to explore preceptors' challenges with undergraduate students in Malawi (Mhango, Baluwa & Chirwa 2021). Notably, the non-preceptor nurses were not supportive and reacted negatively when preceptors asked for help as they had not been formally informed about the role of preceptors (Mhango, Baluwa & Chirwa 2021). While preceptors in the study by Carlson, Pilhammar and Wann-Hansson (2010) acknowledged that the preceptor role had been added to their primary nursing role, they found that working collaboratively with their colleagues to maximise learning opportunities for students was a strategy that was beneficial to them during times of high workload. In addition, preceptors were assigned fewer patients, which made the experience more enjoyable for them during times of high workload. Preceptors in Cloete and Jeggels's (2014) study showed commitment to their role and gained personal satisfaction as a result of receiving support from managers and colleagues as well as satisfactory training.

Studies have shown that the level of preceptors' experience influences their role. According to Benner's theory of moving from novice to expert, nurses attain competence after 2–3 years in their role as they strive to achieve long-term goals. This can be applied to nurse preceptors, who have the ability to adjust to everyday nursing challenges and achieve greater competence,

and consciously analyse any situations critically (Benner 1982). In addition to mentioning workload, younger and less-experienced preceptors in the Chang et al. (2013) study stated the need for more support from educators, more resources and development training programmes, while older and more experienced preceptors stated the need for recognition. In another study, novice preceptors felt positive and confident in their abilities (as preceptor and competent nurse); however, they were overwhelmed and struggled to manage both precepting and providing care in the context. This was revealed in an interpretive qualitative study conducted in Australia, which explored the experiences of 12 novice preceptors working in high-acuity environments with undergraduate students, using two focus groups (Smith & Sweet 2019). Time management issues, expressed in statements like '*students lost out on opportunities to learn as they slowed the workflow'* caused novice preceptors to feel frustrated in a high-acuity area; additionally, they could not leave the patients with the students when they needed to seek support from an expert staff member. Thus, these new preceptors felt physically and mentally drained combining both roles as a novice in their own roles as nurse and preceptor. Benner stated that 'Novices and advanced beginners can take in little of the situation—it is too new, too strange' (1982, p. 404). The limitations of the Smith and Sweet (2019) study include that the data were collected from only one institution, a high-acuity environment in Australia and that the authors acknowledged that they knew the participants, which potentially influenced discussions.

A phenomenological descriptive study conducted by Liu et al. (2010) summarised the experiences of preceptors in China. In this study, preceptors expressed their experience in a theme identified as 'bittersweet moments'. Thus, despite their feeling positive, satisfied, respected and improving their teaching and communication skills, and knowledge—that is, having 'sweet experiences'—they also felt 'bitter' because they experienced a lack of support

from their organisations in dealing with troublesome students. Further, they indicated that they were 'Unable to do what do they want' because of their workload, lack of teaching skills, not feeling confident and the lack of clear guidance from nursing faculty, leading to stress. The authors used a snowball sample without specifying why they chose this method of sampling. In addition, they used content analysis, which is not part of phenomenological analysis, and provided neither detailed information nor even a reference to justify their analysis methods. Overall, this did not appear appropriate for a phenomenological study (Liu et al. 2010). Consequently, these negative experiences influenced the role of preceptors in assessing and evaluating students.

2.5.1 Experiences of assessing and evaluating students

Assessment and evaluation are core components of the preceptor's role in establishing students' preparedness to deliver safe care. Numerous studies have focused on preceptors' experiences in assessing and evaluating nursing students. Most preceptors have reported challenges using various competency assessment tools designed by universities because the language is not 'friendly' and substantial time is required to completely comprehend these tools, making them difficult to use correctly (Burke et al. 2016; Luhanga, Dickieson & Mossey 2010; Yonge, Myrick & Ferguson 2011). This was reported in two parallel studies: a mixed methods study conducted in Ireland by Burke et al. (2016), and a quantitative and qualitative methods study conducted in Canada (Luhanga, Dickieson & Mossey 2010). Although both studies obtained similar findings about student assessment and evaluation, the sample size for the former was smaller and its authors did not mention the exact types of mixed methods used. The complexity of measuring some skills, such as therapeutic skills, and language issues in the assessment documentation were also mentioned by Cassidy et al. (2012). This led the authors to recommend using a workable assessment tool that matches the working environment. In this

study, where 16 preceptors were interviewed individually as a focus group, the preceptors expressed positive views; however, their role in assessing students was said to be challenging given their heavy workloads resulting from staff shortages, which added to their stress (Cassidy et al. 2012). Although the authors intended to incorporate quantitative and qualitative methods in this study, only the qualitative study was reported. The study was conducted in a single region in a mental health setting in Ireland, which may limit generalisability of its findings. In another study, a lack of preceptor preparation regarding how to use an assessment tool was reported (Wu et al. 2016); novice preceptors experienced more challenges with using the tool than did experienced ones. Wu et al. (2016) also mentioned that despite preceptors using a variety of methods to teach and assess students, they were challenged by their dual roles (with patient care) and thus often felt stressed.

In addition to the study mentioned above, a cross-sectional study was conducted to assess preceptors in Ireland. The majority (91.5%) indicated that they enjoyed being preceptors and wanted to be preceptors (70.7%), and 91.2% agreed that it was their professional responsibility to ensure that students met the required competencies despite experiencing time challenges (Nugent et al. 2020). However, 83% of the preceptors indicated their need to attend training courses that focused on providing feedback to students. The lack of support from management was also a barrier, preventing preceptors from making decisions on failing students (50.1%). The greatest enabler for failing students was when students' underperformance was accompanied by supporting evidence from their previous competence assessments (44%). However, 'if students showed interest and were willing to learn, preceptors were less likely to fail them' (30.1%; Nugent et al. 2020, p. 4). The response rate for that study was 24% ($n = 365$; Nugent et al. 2020). Similarly, Smith and Sweet (2019) found that providing feedback for

students was a difficulty faced by preceptors, who sometimes required support from senior staff to deliver assessments and constructive feedback to students.

A phenomenological study was conducted in Ireland to explore the lived experiences of nine preceptors when assessing nursing students (Kennedy & Chesser-Smyth 2017). The decision assessment process was associated with preceptors' self-doubt and emotional troubles, which negatively influenced their relationships with students. The preceptors reported that their lack of competence and confidence in making the decision to fail students created an emotional dilemma, as preceptors felt stressed and burdened. The preceptors also expressed that their decision processes were influenced by their roles and responsibilities, staff shortages and busy work environments. Thus, there was a lack of time to support underperforming students, which resulted in preceptors failing these students unfairly. The authors suggested that courses should be provided that focused on preceptors' accountability and confidence in making decisions (Kennedy & Chesser-Smyth 2017). However, the authors used content analysis, which did not appear to match the design of the study, as this type of analysis is more descriptive than interpretive. Another study mentioned that preceptors valued autonomy when assessing students, as other faculty members may pass students that are not ready (Paton 2010). There may be a need to clarify the role of the university as discussed next.

2.6 University role in preceptorship

To assist students with accomplishing their learning objectives, holistic and effective collaboration is essential between the three stakeholders involved in training: preceptors, educational institutions and healthcare agencies (Ebu Enyan, Boso & Amoo 2021). Ebu Enyan et al. (2021) suggested that nursing faculty members need to establish a healthy relationship

with preceptors to clarify the learning needs of students. Preceptors in one study agreed on the importance of receiving adequate information about students, the role of the university and their own responsibilities; they also preferred to communicate via email for minor discussions or by using printed materials (DeWolfe, Laschinger & Perkin 2010). In another study, lack of communication between the university and preceptors created difficulties in preceptorship (Broadbent et al. 2014). Thus, preceptors expressed the need to contact the university via weekly phone calls while students were being precepted, and that university staff need to be more available in this process (Broadbent et al. 2014). Another study with similar findings suggested that preceptors need face-to-face and individual or workshop communication to clarify the expectations of preceptors, students and faculty (Luhanga, Dickieson & Mossey 2010). In another study, preceptors felt they were treated as though they were 'invisible' by the faculty while serving in their combined role of preceptors and caring for patients (Raines 2012). Further, in a descriptive phenomenological study conducted in Ghana, one of the themes that emerged, 'improving preceptorship', was that preceptors shared responsibilities for the enhancement of the preceptorship for students through collaboration with educational institutions, establishing regular meetings and thus contributing to students' preparation (Ebu Enyan, Boso & Amoo 2021). However, the authors did not provide adequate evidence (quotations) in the findings that reflected the lived experience of the preceptors.

Preceptors have also reported needing direction from relevant university educators regarding students' learning needs, suggesting that educators should attend the related preparation workshop (Kalischuk, Vandenberg & Awosoga 2013). In another study, preceptors pointed out that some of the learning outcomes were challenging to achieve, suggesting that attention is needed from faculty to prepare and clarify the intended outcomes for students. The authors recommended that faculty members should be present during preceptorship to help reduce the

gap between theory and practice (Hilli et al. 2014). Also, effective collaboration between preceptors and universities has been shown to contribute to preceptor satisfaction (O'Brien et al. 2014). The latter was a descriptive, cross-sectional study conducted in nine Australian hospitals involving 337 preceptors to evaluate their roles in teaching undergraduate students. The study found differences in satisfaction levels between preceptors with and without access to university facilitators. Notably, those who had access were significantly more motivated regarding their role ($p = 0.00002$; O'Brien et al. 2014).

In Wu et al.'s (2016) study, preceptors indicated that they were well supported by the hospital, but some indicated that closer collaboration was required between the hospital and university, with the latter providing preparation for preceptors. The authors recommended collaboration to establish educational programmes that included pedagogical content (Wu et al. 2016). To understand the expectations for preceptors and faculty educators about their role, a descriptive qualitative study aimed to describe the collaboration between 12 preceptors and 13 educators in Singapore (Dev et al. 2020). Aside from the limitations associated with direct communication between the university and preceptors, the findings identified that preceptors had a lack of knowledge on curricula and objectives. Thus, the preceptors expressed that they were not able to attend the training sessions conducted by academic institutions because of their workload; and the courses held in the hospitals did not equip them with specific training for teaching students. The academics pointed to the preceptors' lack of understanding of their expectations regarding the objectives, as the latter focused on holistic patient care instead of building students' skills. Overall, there was a lack of guidelines about students' learning needs, teaching and practice. The academic educators reported a lack of information about healthcare policies, which indicated a gap in knowledge regarding each other's practice (Dev et al. 2020). The academic educators noted contradictions in the assessments by preceptors as they

evaluated students using their own grading criteria, which were different from those provided by the institution. According to the preceptors, they objectively evaluated students because they knew how to teach and were involved with students. The preceptors also felt that the assessment should involve academic educators to ensure evaluation quality (Dev et al. 2020). However, the study was conducted at one university, involved participants from different cultures including those from India, Malaysia and the Philippines, and did not highlight any cultural differences regarding their preceptorship experiences. Notably, one of the assumptions of the Purnell framework is that 'Differences exist within, between, and among cultures' (Purnell & Fenkl 2021, p. 20). Therefore, investigating cultural differences in preceptorship is crucial as studies have found that differences in culture influence the experience of preceptors and students. This is further discussed in section 2.7.

2.6.1 University role in preparing students for preceptorship

Preceptors have reported a lack of satisfaction with difficult or unmotivated students with whom they considered their efforts to be time consuming (O'Brien et al. 2014). Students' lack of readiness, disrespectful behaviour and disobedience regarding instructions were reported by preceptors in Ghana (Ebu Enyan et al. 2021b). Similar incidences were reported in a descriptive study with a quantitative aspect that focused on perceptions of 76 preceptors in Oman educating final-year nursing students (Madhavanpraphakaran, Shukri & Balachandran 2013). Although most of the preceptors had positive perceptions of students' professional behaviour and communication skills with patients, they highlighted challenges in their role with students in terms of students' lack of commitment, motivation and direct patient care. Preceptors reported that the advantages of preceptorship were ambiguous for students (Madhavanpraphakaran, Shukri & Balachandran 2013). The analysis process used for the open-ended question responses was unclear (Madhavanpraphakaran, Shukri & Balachandran 2013). Although all

the preceptors were English speakers, some of the nurses may have been expatriates working in Oman; however, the study did not focus on cultural differences between the local students and expatriate preceptors.

A qualitative study was conducted with thirteen preceptors in two focus group discussions to explore their experience in guiding students in mental health. The results revealed that students were not fully prepared for the training as they did not have a clear understanding of the objectives and their learning needs, making the preceptors' work challenging (Boardman, Lawrence & Polacsek 2018). Preceptors suggested that students should be better prepared, and their knowledge and confidence could be enhanced by visiting the site before commencing their clinical placement in mental health. This finding is consistent with that of Needham and van de Mortel (2020), who described that preceptors had encouraged students to increase their interest, but had given up because of their work demands. The authors suggested that preceptors need support from the university, and that students must understand preceptors' responsibilities and have clear learning objectives.

In a study by Kalischuk, Vandenberg and Awosoga (2013) it was observed that nursing faculty spent little time with students, suggesting that there is a need to increase direct contact with nursing faculty to help preceptors with assessment and orientation of nursing students. In another study, preceptors reported a lack of support from faculty members in the supervision and assessment of students because the faculty did not follow up on progress or recognise preceptors, leaving all responsibilities to preceptors (Mhango, Baluwa & Chirwa 2021). Mhango, Baluwa and Chirwa (2021) suggested that nursing universities should take part in

providing financial resources to prepare nursing staff for the precepting role and provide scholarship for RNs.

Responses to an open-ended question in Kalischuk, Vandenberg and Awosoga's (2013) survey revealed that precepting unmotivated/uninterested students who did not meet the preceptors' expectations was challenging when preceptors attempted to give their assessment and feedback because the students were not greatly inspired to take the initiative and did not demonstrate responsibility for learning. The disinterest and general lack of knowledge and expertise of students negatively influenced the preceptors in the study by Lethale, Makhado and Koen (2019).

However, preceptors' interest in guiding students was found in one study to be positively associated with their perceptions of students' preparation, which related to the students' level of knowledge and willingness to learn (Hallin & Danielson 2010). That cross-sectional study investigated the perception of students' preparation in Sweden in a survey sent to 196 preceptors, with a 72.5% response rate ($n = 142$). The results showed that preceptors had positive perceptions of students' preparation and perceived that student took responsibility for their learning, comprehended the learning outcomes and made an effort to find appropriate clinical situations in which they could learn (Hallin & Danielson 2010). However, the study was conducted in only one hospital, and the authors did not indicate the sample type. This finding is similar to that of Lienert-Brown et al.'s (2018) study where 90% of preceptors reported that students showed motivation and initiative, and took responsibility for their learning. Notably, preceptors in both studies had received support from education providers (Broadbent et al. 2014; Lienert-Brown et al. 2018). Such support may not only benefit

preceptors but motivate students as well. Preceptors in the reviewed studies shared that they felt positive when students were motivated and understood and prepared for their role, which ultimately contributed to preceptors' satisfaction of their role.

2.7 Relationship between preceptors and students

Preceptors have emphasised the importance of the relationship between themselves and students to perform their role effectively. In Cassidy et al. (2012), preceptors expressed that they needed to build relationships with students to foster the learning of the latter by creating a healthy learning environment. Similarly, preceptors have pointed out the importance of positive working relationships in improving students' confidence and independence through preceptors respecting them, giving them opportunities to learn, including them in the working team and establishing good communication (Zwedberg et al. 2020). A narrative qualitative study with a total of four preceptors revealed that success in teaching students was based on a relationship characterised by care and trust between preceptors and students (Yonge et al. 2013). Similarly in a hermeneutic study conducted with 31 preceptors in Finland and Sweden, one of the main themes stressed the importance of building caring, welcoming and supportive relationships with students. This is the cornerstone of making students feel they can work in a supportive and safe learning environment, which results in a positive experience for both preceptors and students. Having good relationships minimised the pressure preceptors felt due to their workload (Hjalmhult, Haaland & Litland 2013).

A descriptive qualitative study conducted in New Zealand explored the experiences of five preceptors working with undergraduate students. The key findings were the importance of building relationship between preceptors and students, as trust enabled the preceptors to assess

whether students could safely and autonomously deliver care to patients (Haitana & Bland 2011). The study also found that assigning students to the same preceptor throughout their training period was essential for building a trusting relationship that helped preceptors evaluate students and give them the autonomy to conduct patient care (Haitana & Bland 2011). However, spending limited time with preceptors and then changing preceptors created frustration for both preceptors and students, as the latter were required to repeat the demonstration of basic skills with their new preceptors regardless of whether they had already developed the relevant competencies. While the study focused on the relationship between preceptors and students, this aim was not reflected in the title or findings. Also, the study was conducted with only five preceptors from a small hospital in New Zealand (Haitana & Bland 2011).

Other studies, however, have shown that the relationship between preceptors and students is influenced by various factors. In Smith and Sweet (2019), preceptors shared concerns regarding barriers influencing the student–preceptor relationship, such as a lack of motivation when students did not listen to their instructions, language barriers with international students, and students' lack of knowledge and awareness about patients' deterioration, which led to concerns about patient safety. A qualitative study involving preceptors was conducted in Singapore and identified factors influencing the relationship between students and preceptors, including different personalities, student attitudes and knowledge deficits (Ong et al. 2021). However, regardless of the factors influencing the relationship, preceptors appreciated their experience of building rapport and relationships and adopting strategies to enhance the effectiveness of those relationships (Ong et al. 2021). The authors did not provide a rich description of how the above factors influenced the relationship, nor did they provide an example of the preceptor experience.

Preceptors can be paired with preceptees from different generations who have different worldviews, which may also affect the relationship between students and preceptors. In a phenomenological study in Canada conducted to understand generational differences between students and preceptors, seven preceptors shared that students exhibited a lack of commitment to and interest in work (Foley, Myrick & Yonge 2012). The authors suggested that awareness should be raised regarding different generations and diversity in preceptorship to maintain respect in the preceptor–preceptee relationship. There should be education on these issues in the preparatory programme for preceptors and students, and nursing faculty have the responsibility to educate students to promote relationships (Foley, Myrick & Yonge 2012).

Preceptors have identified problems with language barriers; for example, in a study in Honduras, the students did not speak Spanish and some of the preceptors did not speak English (Smit & Tremethick 2014). This qualitative descriptive study was conducted to identify barriers and rewards for Honduran preceptors in precepting students from the USA; as well the students' perspectives (Smit & Tremethick 2014). Three preceptors were individually interviewed, and a focus group with eight USA students was conducted after the students had completed their training. The USA students confirmed that communication and learning outcomes were hampered because of language differences. Although an interpreter was present to help the students communicate more smoothly, there were limitations with using medical terminology (Smit & Tremethick 2014). The authors did not highlight the study's limitations. Another descriptive qualitative study was conducted to identify clinical supervisors' perceptions of supervising culturally diverse nursing students with three preceptors and six clinical educators in Australia (Hari, Geraghty & Kumar 2021). Communication difficulties caused by language barriers, such as the use of slang, a lack of understanding of medical terminology and Australian dialects were found to negatively influence teaching and learning.

The preceptors expressed that several of the difficulties associated with student supervision, which included challenges such as recognising learning needs, the inability to employ early interventions and students not being exposed to interesting cases, were caused by inadequate English language proficiency (Hari, Geraghty & Kumar 2021). Moreover, the preceptors noticed that students experienced difficulties in terms of adaptation to Australian culture, organisations and clinical environments; additionally, supervisors did not understand the cultures of international students and the students faced challenges that influenced their learning, such as providing care to the opposite gender being problematic for religious reasons. Hari, Geraghty and Kumar (2021) suggested preparing preceptors to develop their cross-cultural competence, including how to teach and assess practice to manage the challenges facing them when supervising international students. According to Purnell (2005), 'to be effective, health care must reflect the unique understanding of the values, beliefs, attitudes, lifeways, and worldviews of diverse populations and individual acculturation patterns' (p. 20). Conversely, DeWolfe, Laschinger and Perkin (2010) found that workload was the greatest challenge, while less important challenges included cultural differences, communication and working-style differences.

2.8 Benefits and rewards for preceptors

Despite studies showing that preceptors experience challenges in their role, preceptorship does contribute to preceptors' personal and professional development. Preceptors also learn from students, and the precepting role may help them become more competent and expert preceptors. Specifically, this prepares preceptors for a leadership role (Chang et al. 2013), and preceptors in Liu et al.'s (2010) study said that 'teaching is learning' for them. These experiences helped them enhance their communication, gather information, and improve their problem solving and computer skills. In another study, preceptors indicated 'growing together' as a benefit of

preceptorship (Yonge et al. 2013). Preceptors have also reported positive perceptions, finding it to be an enjoyable experience that allowed them to learn from students and kept them updated (Lienert-Brown et al. 2018; Needham & van de Mortel 2020; Pere, Manankil-Rankin & Zarins 2022). In a study conducted in Canada 82.4 % ($n = 34$) of preceptors felt that the role contributed to their personal and professional development. They shared that their role's contribution to the nursing profession was in educating novice nurses (Broadbent et al. 2014).

Chang et al.'s (2013) study found that the difference in perceptions of preceptors was due to their age and experience regarding benefits and rewards. All preceptors enjoyed building relationships but for older preceptors, recognition for their role was the greatest benefit, while younger preceptors cited pride and development in terms of their experience as teachers. In the study of Smith and Sweet (2019), novice nurses working as preceptors acknowledged that the role contributed to their '*self-development as a nurse*', strengthened their supervision skills and ingrained a sense of worth and satisfaction.

Preceptors have been found to experience internal motivation and rewards when seeing students' grow, progress and share their knowledge, professional growth and accountability. This helped the preceptors reflect and motivated them to look for resources to update their knowledge and satisfaction (Pere, Manankil-Rankin & Zarins 2022). In one study, a positive association was found between the intention to continue precepting and professional recognition (Ebu Enyan et al. 2021). In another, preceptors had positive perceptions of their role as it afforded them the opportunity to be recognised by managers, which kept them motivated while broadening their teaching experience (Wu et al. 2016). Luhanga, Dickieson and Mossey (2010) confirmed that preceptors feel rewarded when they work with motivated

students and Cassidy et al. (2012) confirmed that they feel satisfied and rewarded when they see students develop professionally. Facilitating students' learning in clinical practice helps them grow by increasing their ability to acquire the skills necessary to be independent and confident in performing their tasks (Zwedberg et al. 2020). In one study, preceptors enjoyed watching students develop as RNs and future professionals; they reported that students were often appreciative and they learned from their interactions with students (Kalischuk, Vandenberg & Awosoga 2013).

However, studies have emphasised the preceptor's need for recognition. In Hjalmhult, Haaland and Litland (2013) preceptors felt 'obligated' to perform their role despite a lack of recognition from the university, managers and colleagues. Moreover, preceptors felt burdened by their extra responsibility when requesting a day off, and they thought they deserved a monetary reward and recognition for the extra time they spent at work and for the extra work they carried out (Hjalmhult, Haaland & Litland 2013). Preceptors with personal motivation and who wanted to teach students in the USA reported that administrators and faculty members should acknowledge their efforts in performing extra work: they received payment for precepting new staff but not for precepting undergraduate students (Raines 2012). Although Raines's study used a qualitative approach, the exact design and sampling methods were not indicated, although Raines's study used van Manen to analyse the data, which is consist with phenomenology. The findings are consistent with those of another study in which preceptors sought recognition for the student support they offered through rewards, appreciation, certification and acknowledgement, rather than money or gifts (Anderson, Moxham & Broadbent 2020). In contrast, some preceptors in a Singapore study reported that they had received a token of appreciation from their organisation on Teachers' Day; however, they also wished to receive a monetary reward, despite acknowledging the internal reward of building

therapeutic relationships (Ong et al. 2021). In Madhavanpraphakaran, Shukri and Balachandran's (2013) study, 60% of participants preferred a credential-like certificate, while 32% preferred a monetary reward. In Kalischuk, Vandenberg and Awosoga's (2013) study, 85.2% of participants expressed a preference for non-material rewards, and 31.3% said they would like a certificate and required professional development. Moreover, in DeWolfe, Laschinger and Perkin's (2010) study, preceptors differed in their opinions on the importance of rewards, although they appreciated feedback from students and the role's contribution to their professional development. They also confirmed that precepting students helped keep them updated and that they felt personal satisfaction in helping future professionals by equipping students with the required skills. Similarly, preceptors expressed satisfaction and excitement with the role as it gave them opportunities to update their knowledge, study, teach, build relationships with students and boost students' professional recognition and acknowledgement, which were more important than any monetary reward (Ebu Enyan, Boso & Amoo 2021).

2.9 Identifying a gap in the literature

Overall, the existing literature widely supports the value of effective preceptorship for guiding nursing students in clinical practice. A wide body of literature examines the experiences of preceptors, the challenges they face, their roles and responsibilities, and possible ways of supporting them. The studies indicate that preceptors face obstacles that may hinder the effectiveness and efficiency of their role. Notably, most of these studies were conducted in Western countries, with a paucity of research conducted in Asian countries, particularly Middle Eastern countries such as Saudi Arabia. Indeed, preceptors in many nations describe unique and various preceptorship experiences. In addition, it was noted that little attention was given to the experiences of expatriate nurses who moved to work in a country that was different than their own and then took on the role of precepting novice nurses. Hence, it is useful to investigate

factors influencing the preceptor role when preceptors are from different cultural backgrounds to preceptees; and how culture might influence the role.

The paucity of research regarding the preceptor' experience in Saudi Arabia meant there was a need to conduct this study. Despite the country's monocultural environment, there is considerable cultural diversity in clinical practice, as the healthcare system is currently largely staffed by expatriate nurses who take on the role of guiding students in clinical practice. Based on the literature review findings, the candidate developed an organisational and cultural factor survey, given the scant research attention given to the effect on the preceptor role of mismatched cultural backgrounds between preceptors and preceptees.

2.10 Conclusion

This chapter comprehensively discussed studies related to the role of preceptors in guiding undergraduate students. Five headings were generated from the included studies: the preceptor role, the experience of being a preceptor, the university role in preceptorship, the relationship between preceptors and students; and benefits and rewards for preceptors. It was evident that there is a lack of literature regarding preceptorship in Saudi Arabia and that few studies have focused on the cultural area in the preceptorship field. Therefore, it is important to examine the role of expatriate nurses as preceptors to uncover influential factors that may not be highlighted in the literature.

Chapter Three: Methodology and methods

3.1 Introduction

In response to a nursing shortage, Saudi Arabia aims to increase the number of national healthcare staff by increasing the number of nurses recruited into the profession. Preceptors play an important role in guiding nursing students in clinical practice and precepting offers benefits that include retaining nurses, reducing turnover rates among new graduates and enhancing nurses' confidence and competence (Muir et al. 2013; Whitehead et al. 2013). The literature review in chapter two revealed a paucity of studies investigating preceptors' experiences in Saudi Arabia and factors influencing their performance. To address this research gap, this project investigated preceptors' perceptions of their role and identified factors that may affect that perception. A mixed methods design was adopted combining quantitative and qualitative approaches to data collection and analysis into one study, to provide a holistic picture of the preceptors' experiences with intern nurses.

This chapter consists of four main sections. The first explains and justifies the mixed methods design. The second describes Phase 1 (the quantitative study), including the process of developing the data collection survey instrument and ensuring its validity and reliability. That section also describes the study population, sampling and ethical considerations and approval. The third section introduces Phase 2 (the qualitative study), explaining its use of IPA and describing the data collection and analysis process. The fourth section addresses Phase 3 (the integration of the Phase 1 and 2 results) by explaining the methods used to synthesise the results and draw overall conclusions in regard to the aim of this research project.

3.2 Section one: Mixed method design

Mixed methods research has grown significantly in popularity over the past decade (Bryman 2016; Creswell 2014; Creswell & Clark 2018). A mixed methods design was selected to investigate and explore the study phenomenon, which focused on factors influencing nurse preceptors' experiences while precepting intern nurses in Saudi Arabia. Mixed methods research projects are defined as a type of research that combines qualitative and quantitative elements to overcome the limitations of using a single design that may not provide sufficient information (Creswell 2014; Creswell & Clark 2018). According to Creswell (2014, p. 177), the advantage of using mixed methods is that it helps to 'completely understand the research problem' based on various dimensions; in contrast, a single research design may be inadequate to understand the problem's complexity. For example, investigating a research problem through a quantitative lens alone may provide a general understanding of the variables through the use of a large sample, but may be limited in its ability to capture the depth of the context and the participants' voices, which are revealed through a qualitative approach (Creswell 2014). The mixed methods approach implemented in this project obtained evidence from different data sources to understand and answer the project's question: 'What factors influence the experiences of nursing preceptors in performing their role in the Saudi Arabian context?'.

Mixed methods are preferred in the health and social sciences because of the limitations of using quantitative and qualitative methods separately (Ivankova, Creswell & Stick 2016) and the ability of mixed methods to address complex social science and health questions (Draucker et al. 2020). A mixed methods approach is appropriate for this project; a single paradigm would likely be less informative given the complexity and interactive nature of researching education, nursing and culture in combination. The complexity of factors likely to be influencing

preceptorship in Saudi Arabia presented opportunities for exploring the issue in an innovative manner, drawing on the strengths of both qualitative and quantitative methodologies.

The mixed methods approach is considered innovative as quantitative and qualitative data collection and analysis address different questions, both connected to the phenomenon under study (Plano & Beck 2017). Qualitative research is used to address research questions related to participants' experiences, the formulation of theory and how or why a phenomenon or situation occurs, while quantitative research is used to explore generalisability and causality (Grove, Burns & Gray 2012). Although both approaches have unique advantages, most researchers are educated to adhere to one and pass this on to their students and mentees (Simonovich 2017). By using two different approaches in one study (mixed methods), the methods may complement each other and one approach may help inform the other approaches. This approach was used in this study to obtain richer and breadth information on the precepting interns in Saudi Arabia than can be obtained using a single approach. Another advantage of mixed methods research is that it allows the researcher to approach research questions using different methods, which facilitates 'triangulation' of data (Bryman 2016). Through this triangulation, the validity of the data can be assessed. Mixed methods also allow the results from one phase to be explained and nuanced by the results gathered from other phases.

Despite the advantages of using a mixed methods design, there are some challenges that the researcher needs to acknowledge and be aware of when using this approach. These considerations include having adequate time to collect data in two phases and the resources for data collection; aspects of management and analysis; and the researcher's skills in using both quantitative and qualitative methods (Halcomb & Andrew 2009). The candidate was aware and

mindful of these challenges and this project was supported by a supervision team with the knowledge and skills to guide the candidate to conduct this mixed methods study. Time and resources were available and manageable during the processes of data collection and analysis.

Sample size differences are another issue that should be considered when combining quantitative and qualitative approaches and integrating the data (Castro et al. 2010; Creswell 2014). The qualitative approach is characterised by the exploration of unique experiences of individuals in nature and is focused on a small sample size to allow an in-depth analysis and collection of rich data to understand the phenomenon under investigation (Castro et al. 2010). Sample size differences between quantitative and qualitative approaches may not be a major issue if the purpose of result integration and synthesis of the results from two approaches is to gain the most insightful picture of the phenomenon. This study applied an explanatory sequential mixed methods design that aimed to provide an in-depth understanding of the survey results; thus, the small sample size in the qualitative phase may not be an issue.

3.2.1 Research Paradigm

Research paradigms help to shape the approach for addressing research questions in a scientific, structured and transparent manner, and guide the direction of inquiry. Scholars use research paradigms to make informed decisions (Whitehead 2013). The choice of paradigm depends on the nature of the research questions and the purpose of the study (Whitehead 2013). The pragmatism paradigm is suitable for this project as it promotes flexibility and practicality, giving scholars the ability to answer the research questions by using different assumptions in a single study. The pragmatism paradigm 'is typically associated with mixed methods research' (Creswell & Clark 2011, p. 41). According to Creswell (2014, p. 39), pragmatism in mixed

methods 'opens the door for multiple methods, different worldviews, and different assumptions, as well as different forms of data gathering and analysis'.

The purpose of adopting pragmatism to address this study's central research question is to value both subjective and objective methods of gathering knowledge. The pragmatic approach is effective in mixed methods research because it provides a comprehensive understanding of complex human experiences (Halcomb & Hickman, 2015). However, the argument against use of pragmatics is that qualitative and quantitative approaches have different assumptions, which may produce different, possibly contradictory types of knowledge (Creswell & Clark 2011). Tashakkori and Teddlie (2003) stated that pragmatism focuses on answering the research question, not the data collection methods or the philosophy of these methods. Pragmatism is pluralistic and oriented towards 'what works' (Creswell & Clark 2011, p. 41)

The aim of this project was to investigate factors influencing the experience of preceptor in performing their role of training intern nurses by combining quantitative and qualitative approaches through the lens of pragmatism. This paradigm allows the researcher to investigate a phenomenon in a comprehensive way. In this case, pragmatism was helpful given the context and complexity of the preceptor role in Saudi Arabia's multicultural nursing workforce. By using different methods to generate knowledge, and integrating the quantitative and qualitative results, this project's epistemological assumption can provide evidence to make practical suggestions concerning preceptorship.

3.2.2 Principles of mixed methods design

Mixed methods research is based on four key principles that should be considered in the selection of an appropriate design (Creswell & Clark 2011). These principles relate to timing, priority, the level of interaction between the quantitative and qualitative data and the mixing or integration process.

3.2.2.1 Timing

Consideration of the timing of the data collection in quantitative and qualitative approaches is important for the researcher. Mixed methods data collection can be conducted in a sequential, concurrent or multiphase manner (Creswell & Clark 2011). In the sequential design, data are collected in two phases. In other words, the data from one approach (qualitative or quantitative) are collected first and then analysed; this is followed by data collection using the other approach. When implementing a concurrent design, data collection with both approaches occurs in a single phase (Creswell & Clark 2011). Multiphase combination timing occurs when the researcher uses sequential or concurrent data collection at different points of the multiphase study. In this study, sequential timing was implemented; survey data from the quantitative phase were collected and analysed first because of the paucity of research examining Saudi and expatriate preceptors in Saudi Arabia. This approach helped to provide a platform of background information about preceptors' demographic backgrounds, such as their experiences and whether or not they were prepared for their role. Also, two sets of surveys were used to compare Saudi and expatriate preceptors' perceptions about preceptorship and factors that may influence the role. Following analysis of the survey data, qualitative data were gathered to obtain a deeper understanding of the quantitative results and the lived experience of the preceptor role.

3.2.2.2 Priorities for mixed methods

A researcher needs to consider the priorities or weighting given to quantitative and qualitative data when a mixed methods approach is implemented to determine which type of data should be prioritised to achieve the aims of the study (Creswell & Clark 2011). The weighting in mixed methods can be either equal or unequally proportioned based on each method's priority and contribution (Creswell & Clark 2011). As this research used explanatory sequential design and proceeded via a quantitative phase followed by a qualitative phase, both approaches made an equal contribution and were equally important for the findings of this mixed methods project, as they were seen to complement each other.

3.2.2.3 Determining the level of interaction

The level of interaction in mixed methods refers to the extent to which the quantitative and qualitative approaches 'are kept independent or interact with each other' (Creswell & Clark 2011, p. 64). The first aspect is *independence* where qualitative and quantitative data are collected and analysed separately (Creswell & Clark 2011). The mixture of both approaches occurs at the final stage, which consists of interpretative integration enabling research conclusions to be drawn.

The second aspect is the *interaction* between the quantitative and qualitative approaches, which can occur at different points in the research process (Creswell & Clark 2011). In this study, this interaction occurred at several points, as explained in section 3.4.1.

3.2.2.4 Data mixing

Data mixing refers to the combining or integrating of the two datasets (Creswell & Clark 2011). In this study, this principle relates to integrating the data from Phases 1 and 2. The integration process and how it was applied in this project followed the guidelines provided by Fetters, Curry and Creswell (2013), as explained in detail in section 3.4.1.

3.3 Types of mixed methods

Mixed methods research design types are categorised into three primary designs (convergent parallel, exploratory sequential and explanatory sequential) and three advanced mixed methods (transformative; multiphase and embedded; Creswell 2014). The first type of the primary mixed methods design is a convergent parallel mixed methods design also known as a concurrent design. In this mixed method, qualitative and quantitative data collection and analysis occurs in the same timeframe (Creswell 2009, 2014; Creswell & Clark 2011, 2018). The results from both are then integrated to arrive at the synthesised findings. The second type of the primary mixed methods is an exploratory sequential design, which is useful when the researcher intends to develop an instrument or intervention, and usually being with the qualitative phase (Creswell 2009, 2014; Creswell & Clark 2011, 2018). The results from the qualitative analysis are then used to build the quantitative data collection phase (Creswell & Clark 2011, 2018). The third type of the primary mixed methods is explanatory sequential design, data collection starts with the quantitative approach and analysis results used to inform data collection in the second, qualitative, phase (Creswell 2009, 2014; Creswell & Clark 2011, 2018). The qualitative phase helps in providing a further explanation of the quantitative results. In this study, an explanatory sequential mixed methods design was adopted for the reasons explained in the next section.

3.3.1 Explanatory sequential design

An explanatory sequential study starts with quantitative data collection and analysis, which is followed by qualitative data collection and analysis, as shown in Figure 5. According to Creswell (2018), the advantage of this design is that it is the most 'straightforward'; it is characterised by two types of data collection conducted in different phases with different times between the two phases. A recent review of 34 mixed methods studies in nursing found that the explanatory sequential design was the most commonly used to obtain a deep understanding of the topic under investigation (Irvine et al. 2020).

The rationale for using the explanatory sequential design in the current study was the paucity of information found about preceptor nurses in their role with intern nurses in Saudi Arabia in a preliminary search of the literature. A quantitative approach can capture a broad scope of contextual data to serve as foundational information for further studies. With little other available data relating to this topic in Saudi Arabia, the quantitative data from Phase 1were used to guide the approach and scope of the qualitative study in Phase 2. After the quantitative findings were analysed, in-depth interviews were conducted to qualitatively explore preceptors' experiences, feelings and perspectives in more detail.
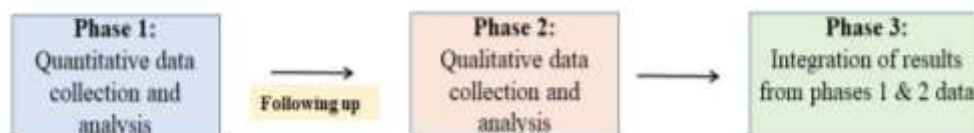
Figure 5: Explanatory sequential mixed methods design

3.4 Integration in mixed methods

In the context of mixed methods research, integration is defined as the process of bringing the findings from quantitative and qualitative studies together to draw inferences from these two phases of the study (Creswell & Clark 2011). The value of mixed methods studies centres on the conclusions drawn from the entire study rather than the individual approaches (Creswell & Clark 2011). Plano Clark (2019 p. 108) referred to this as 'a conversation between (or interrelating of)' the two approaches, namely the quantitative and qualitative approaches in a mixed methods study. The integration was described by Fetters and Freshwater (2015, p. 116) using a quantitative formula: '1+1= 3, which means quantitative + qualitative = more than the individual components'.

Integration is not about joining the separate results from the quantitative and qualitative phases, but rather connecting the key messages of what the researcher learns and identifies from analysis of different datasets. In mixed methods, the integration of findings is what distinguishes it from other approaches where data from qualitative and quantitative studies are collected and analysed separately (Halcomb 2019). Thus, in mixed methods, the integration of data collected from qualitative and quantitative methods is fundamental to the analysis and outcome, whereas in a multi-method approach, data are analysed and reported separately (Halcomb 2019).

Although integration in mixed methods is a unique aspect of this approach, there is debate around the clarity of the integration process. Plano Clark (2019) shared her experience using mixed methods working with scholars across disciplines, and acknowledged the challenges of achieving integration to draw meaningful conclusions from a study; she found that true

integration rarely occurred. Guetterman, Fetters and Creswell (2015) stated that data integration from both approaches is not well defined, and that researchers may simply present the data from both phases separately.

Integration can also be hindered because there is a dearth of literature on the practice of how to apply integration and define its implementation in mixed methods research (Plano Clark 2019). Irvine et al. (2020) found poor recognition of integration in a review of 34 articles in nursing studies that claimed to use mixed methods: eight of the 34 presented integration with providing information about how the integration was achieved. Most studies reported quantitative and qualitative results separately and failed to provide information about integrating the data. To achieve the aims of the mixed methods approach, which provides a comprehensive understanding of phenomena, it is suggested that the researcher describes the process of integration in detail (Draucker et al. 2020).

Creswell (2014) explained how integration can be achieved from the beginning of the design selection of the mixed methods and encouraged researchers to think about the purpose of integration. The inference can occur at different points in the mixed methods design. Fetters, Curry and Creswell (2013) outlined principles and practices for how to achieve integration in mixed methods research. The authors classified the integration typology into three levels: design, method and interpretive levels. Fetters, Curry and Creswell (2013) provided a clear guide and description of the components at the level of interpretation and reporting; it is not generally acknowledged in mixed methods papers how the results can be integrated and interpreted to obtain new insights. The following section discusses the integration typology and how integration has occurred in this project.

3.4.1 Integration types and its implementation in this project

In this project, principles and practices as outlined by Fetters, Curry and Creswell (2013) were followed to provide a clear description about the integration process used. Figure 6 illustrates how quantitative and qualitative data were integrated at various levels: at the design level, during the methods design and at the interpretation and reporting level.

Integration at the design level

Using explanatory sequential mixed methods

(Conceptual design of the study)

Integration at the methods level

Building an interview guide for Phase 2

Integration at the interpretation level

Contiguous narrative & joint display integration of results from Phases 1 & 2
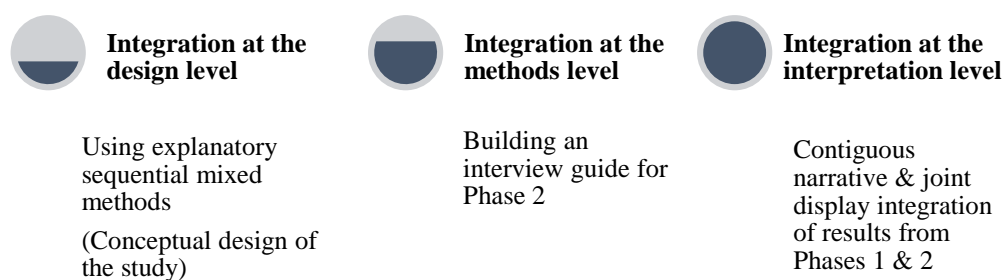
Figure 6: The application of integration types in this project

3.4.1.1 Integration at the design level

As previously discussed, types of mixed methods can be divided into three primary and three advanced mixed methods designs. This research utilised explanatory sequential mixed methods as its primary design. The first phase informs the second phase following quantitative data analysis, to help address issues any concerns that may require in-depth explanation from the individuals. Therefore, these mixed methods are integrated and connected because the sequence of data collection and of the second phase depends on the first phase.

3.4.1.2 Integration at the methods level

Integration at the methods level involves data collection and analysis. Fetters, Curry and Creswell (2013) classified integration at the methods level into four types as shown in Table 3:

Table 3: Integration at the methods level

1.	Connecting	This method of integration can be achieved when the data from Phase 1 are linked to those from another through a sample frame.
2.	Building	This method of integration occurs when the data collection for the second phase is informed and guided by the findings of the first phase.
3.	Merging	This method of integration can be achieved when the researcher combines Phase 1 and Phase 2 data for analysis and comparison.
4.	Embedding	'Data collection and analysis link at multiple points'.

According to Fetters, Curry and Creswell (2013, p. 2140).

3.4.1.2.1 Application of integration at the methods level in this study

Integration in an explanatory sequential study occurs at the intermediate stage when developing the interview protocol and selecting the target participants (Ivankova, Creswell & Stick 2016). In this study, integration was implemented at the methods level, as the second phase (qualitative study) built on the results of the first (quantitative study). The interview guide was developed from the survey results in Phase 1, to facilitate a more in-depth exploration of preceptors' lived experiences. Interviewing the preceptors provided the opportunity for the candidate to appreciate their feelings, needs and challenges in more detail.

Integration at the methods level in an explanatory sequential design can also be achieved by connecting sampling criteria. For example, the first approach in the explanatory sequential study compared Saudi and expatriate nurses in regard to their perceptions of, and factors influencing, their role as preceptors. The findings from Phase 1 of this study required

explanation to understand in depth factors influencing both groups. Therefore, the decision was made to interview both groups in Phase 2 of the mixed methods study to expand the understanding of their lived experiences of being preceptors for intern nurses.

3.4.1.3 Integration at the interpretation level

Integration at the interpretation level is the final proposed classification (Fetters, Curry & Creswell 2013). It is classified into three types in terms of how to achieve integration at the final stage of joining the findings of the mixed methods phases to address the explanatory mixed methods aim, as shown in Table 4.

Table 4: Integration at the interpretation level

1.	Joint display	Presenting the findings using graphs, figures, tables or charts to draw conclusions and obtain new insights
2.	Narrative integration	The findings of both phases are combined to form the final summary of the whole study; findings can be of three types:
▪	Contiguous narrative approach	• presented separately
▪	Wave approach	• presented together, theme by theme
▪	Multi-stage approach	• presented separately and published
3.	Transformative data	When one type of data transforms to another type of data—for example, qualitative to quantitative—integration occurs with the remaining findings

According to Fetters, Curry and Creswell (2013, p. 2140).

3.4.1.3.1 Application of integration at the interpretation level in this study

In this study, the final analysis integrating the results from the two phases to generate conclusions on the factors influencing the preceptor role was categorised as Phase 3. Section Four in this chapter discusses the methods used to synthesise the findings from Phases 1 and 2, and the results are presented in Chapter six.

3.5 Study setting

This study was conducted at five public hospitals in the Makkah region of western Saudi Arabia. Makkah is known as the holiest city in Islam, and around two million Hajj pilgrims visit each year to worship (General Authority for Statistics 2019). The total bed capacity of the hospitals is around 1,900. The five hospitals are managed by the MOH and are where intern nurses typically complete their training. Four of the five are located inside the holy city, and the fifth is beyond its borders. The selection of just one city was made for practical reasons and as a result of geographical limitations; it would not have been feasible to travel across Saudi Arabia because of limited resources and time, and the impact of the Covid-19 pandemic.

3.6 Section two: Phase 1 Quantitative Study

3.6.1 Introduction

Despite the wealth of literature on preceptorship outside Saudi Arabia, there is a need to study preceptors in Saudi Arabian context due to limited knowledge of their role. Phase 1 commenced with a quantitative study as the foundation, in which general data on the preceptors' backgrounds, preparation level, perceptions of their role and factors influencing them were gathered. Quantitative research seeks to provide objective measurement of phenomena using numerical data analysis (Creswell 2009). The survey design in this research aimed to gather data on the respondents' opinions, beliefs and trends in regard to specific phenomena (Creswell 2003, 2009) and to enable a comparison of the sample's feelings, information and preferences. A cross-sectional comparative survey was used to identify similarities and differences between the expatriate nurses and Saudi nursing staff regarding their experiences of precepting nursing students, and to identify factors influencing their precepting role. The data were collected at a

single time point using a self-administered survey instrument. Such a survey design is preferable, as it effectively and efficiently collects data from a high representative sample of the population and provides a useful description of phenomena of interest in a short period of time (Ponto 2015).

3.6.2 Data collection instrument

A self-administered paper survey was used to gather data from participants (Appendix 4). The candidate used a combination of a previously validated and reliable tool, the CPEET, to evaluate preceptor experiences, and a series of questions developed by the research team that further illustrated and addressed the aims of this study. Permission to use the CPEET was sought from and provided by its author (Appendix 5). The language of communication and documentation in the healthcare system in Saudi Arabia is English, as the majority of healthcare workers in Saudi Arabia are expatriates; thus paper surveys were distributed in English. The survey was comprised of three sections.

3.6.2.1 Survey section One: Demographic information

The first part of the survey gathered general demographic information about the respondents, including their demographic characteristics, education history, work history and current practices for the recruitment and education of preceptors. This background information about participants assisted in interpreting and understanding the results. A closed-question format was used to gather this background information; closed questions include yes/no and multiple-choice questions. The researcher added an 'Other' option to the closed questions that allowed participants to provide a response that did not match any of the options provided.

The Saudi Arabian healthcare system is largely staffed by expatriate nurses, so it was essential to have contextual information about their Arabic language abilities. The Common European Framework of Reference for Languages (CEFR) was utilised in this study to collect demographic information and help expatriate nurses assess their language skills (Council of Europe 2001). The CEFR is a valuable tool for assessing, and teaching international language abilities. It has been translated to enable assessment of proficiency in six languages including English and Arabic. The framework relates to six levels of language user: Basic (A1 and A2), Independent (B1 and B2) and Proficient (C1 and C2). The survey included a full description of each level to assist the expatriate preceptors in determining the level of their ability to speak the Arabic language according to the CEFR.

Further, Benner's Novice to Expert theory was used to help understand and contextualise the level of expertise of the preceptors. To assist respondents in selecting the appropriate answer that reflected their performance, each of Benner's levels were defined.

3.6.2.2 Survey section two: Clinical Preceptor Experience Evaluation Tool

The second part of the survey consisted of the CPEET, a previously validated survey tool developed by O'Brien et al. (2014) that has been used and validated in several cross-cultural contexts. The tool is comprised of 39 items relating to preceptors' opinions in four domains: the preceptor role (items 1–17), challenges (items 18–24), education (items 25–30) and satisfaction (items 31–39). The tool developer's description of what each domain measures can be found in Appendix 6. The CPEET uses a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The tool author used Cronbach's alpha to test the reliability of

each domain in the CPEET, with a score of 0.96 for the role domain; 0.82 for challenges; 0.79 for experience and education; and 0.93 for the satisfaction domain (O'Brien et al. 2014).

This study's target group was preceptors of intern nurses, but some of the items in the tool use the term 'nursing student'. In the literature on internship in the Saudi Arabian context, researchers use the terms 'intern nurse', 'nursing intern' and 'intern nursing student' (Aboshaiqah & Qasim 2018; Najjar & Rawas 2018). To maintain the validity of the survey, terms were not modified in the tool, but the candidate explained them to the target group both verbally and in the Participant Information Sheet (PIS). The first question of the survey asked respondents whether they served as a preceptor to intern nurses; if they answered yes, they were eligible to complete the survey.

Several measures were taken to ensure the survey's suitability for use in the Saudi Arabian context. In the process of checking face and content validity, the CPEET was included in a pilot test (as described in section 3.6.2.4.3) to allow the reviewers to evaluate the developed survey's suitability in the Saudi Arabian context. This enabled expert reviewers to have a complete understanding of the existing tool, and confirmed that the new tool reflected the questions in the original tool and measured what it was supposed to measure.

3.6.2.3 Survey section three: Organisational and cultural scale

The third section of the survey was developed by the research team to further address the study aims by identifying the factors influencing nurse preceptors in Saudi Arabia. Following evaluation of the CPEET, which considers preceptors' perceptions of their role, it was deemed necessary to develop a tool (inspired by the literature) with items not included in the CPEET,

to consider such as the preceptors' preparation, the availability of guidelines and their collaboration with the nursing college. Saudi Arabia has expatriate nurses whose diverse cultural backgrounds differ from those of Saudi Arabian people. The literature explores patients' and expatriate nurses' experiences but does not consider the preceptor role in the context of an indigenous population with unique cultural aspects. The Part Three scale was developed to consider organisational and cultural factors in Saudi Arabia. This aspect of survey development involved three steps as shown in Figure 7, which included items development, validation process and a pilot test. Eight months were spent developing the survey before distribution to the target participants; this time and effort was needed to examine the preceptor role in Saudi Arabia, as preceptors play a vital part in facilitating interns' transition from theory to clinical practice, and no research has examined their role.

3.6.2.4 The Process of Developing the Survey

Developing the survey involved three steps, as depicted in Figure 7 and explained in detail below.

The diagram shows three connected boxes with dark header labels:

- **Organisational and cultural development**
  - Develop the survey items from the current literature
  - Draft multiple times with research supervisors

- **Validation process**
  - Face & CVI applied
  - Round 1: 9 experts
  - Round 2: 3 experts

- **Pilot study**
  - 10 participants volunteered for the pilot test
  - No changes recommended by participants

CVI = Content Validity Index

Figure 7: Survey development process

3.6.2.4.1 Organisational and Cultural Development

The **organisational factors** included items obtained from the literature review, such as the systematic, and integrative reviews about the preceptorship (Omansky 2010; Ward & McComb 2017). The **cultural factor** items in the survey were constructed based on the literature and selected domains from the Purnell's Model (Purnell 2005). Purnell's Model as described in Chapter one (section 1.7.2, relate to cultural factors such as religion, gender and communication and were used as the cultural factor scale. Participants were asked to respond to 18 statements on a Likert scale with answers ranging from 1 (strongly disagree) to 7 (strongly agree). The Likert scale is the most common method of measuring respondents' opinions, enabling them to show their level of agreement with particular statements or items (Polit & Beck 2017). The items include both positive and negative statements to ensure that participants have read the survey, and to reduce the possibility of bias (Fink 2017).

3.6.2.4.2 Validation process

Establishing validity is a critical step in obtaining a high-quality measure and enhancing an instrument (Polit, Beck & Owen 2007). Validity can be tested using several measures including content, criterion, predictive and construct (DeVon et al. 2007; Fink 2017). Measures of face and content validity were selected in the current research because they are the most appropriate with respect to the time required to conduct the project. In this study, assessment of the survey's face and content validity proceeded by asking an expert panel of experienced academic educators to review the survey (Polit, Beck & Owen 2007). This subjective assessment aimed to verify that each item in the instrument was relevant to the study's purpose, and to determine if any unclear items needed to be altered or removed.

Face validity refers to the extent to which a tool measures the 'construct of interest' on the face of it (DeVon et al. 2007, p. 157). The candidate first consulted colleagues from Saudi Arabia who were PhD candidates and had experience in nursing education about the content of the survey. The survey was also discussed with a statistician to ensure that the results could be analysed to achieve the research goal. No suggestions were made to change the survey structure.

The Content Validity Index (CVI) is used to provide and quantify the content validity of multi-item scales (Polit, Beck & Owen 2007). Content validity aim to determine if each item is relevant to a specific domain and if the items cover the areas under study. The CVI was used to determine the content validity of the individual items (Item-CVI [I-CVI]) and the scale as whole (Scale-CVI [S-CVI]), according to Lynne (1986). S-CVI defines content validity as content relevance and representativeness of the items in the study instrument (Lynne 1986).

As outlined by Lynne (1986, p. 384), expert reviewers were asked to rate each item on a 4-point Likert scale, where '1 = not relevant, 2 = unable to assess relevance without revision, 3 = relevant but needs minor revisions and 4 = very relevant'. The reviewers were nursing academics with experience in preceptorship, survey development and quantitative studies. The reviewers were asked to consider all survey items and rate 1) their clarity and 2) to what extent they covered the concepts being measured. Reviewers had the option to provide comments and suggestions to improve the scale content and clarity. Polit, Beck and Owen (2007) recommended that between 8 and 12 experts conduct the content validity as any disagreement at this stage will help avoid inflated estimations of validity when experts endorse their reviews. An email was sent to nine expert reviewers with instructions on how to complete the face and content validity process (Appendix 7). Seven of the experts completed the survey by rating each item according to the instructions. The remaining two reviewers provided overall feedback on the third section (organisational and cultural factors scale) to enhance clarity.

The I-CVI values were computed using Excel by dividing the number of reviewers who rated the item content valid (3 or 4) by the overall number of reviewers. The recommended proportion for each item's content to be considered valid is 0.78 or higher when the number of experts is three or more (Polit, Beck & Owen 2007). Proportions less than 0.78 need to be revised or deleted according to expert feedback. Appendix 8 presents the results of the first round of CVI calculation. All items except items number four, seven and 15 scored between 1 and 0.85, demonstrating content validity. Following expert feedback and suggestions, two items were deleted because they were deemed not relevant; the third item was modified according to the recommendations of expert reviewers, and one additional item was added according to their feedback. The amended tool was then discussed by the supervision team to ensure satisfactory quality of the survey. Polit, Beck and Owen (2007) recommended

conducting a second round of research with a panel of three to five reviewers to check content validity ratings. Accordingly, the candidate sent the revised survey to three other experts to check whether they had comments or feedback on the revised instrument. Minor feedback was provided on language issues, and this was addressed.

At the end of this process, the CVI of the entire scale (S-CVI) was calculated by summing the proportions of the I-CVIs, divided by the number of items. Polit, Beck and Owen (2007) recommended an average S-CVI of 0.80 or higher; thus, the average S-CVI of 0.86 for the survey in this study indicated that its content was valid. Scale reliability was tested and is described with the quantitative results presented in Chapter five, section 4.5.1.

3.6.2.4.3 Pilot study

The aim of the small-scale pilot test in this study was to test the scale developed by the candidate, the logic of the study questions, the time taken to complete the survey, and the respondents' opinion about its length (Johanson & Brooks 2009). The sample size for a pilot test depends on its purpose. Hertzog (2008) suggested that if a pilot study aims to only test survey wording and clarity of instructions, ten to fifteen participants or fewer is sufficient. After ethics approval was obtained, a pilot study was carried out on a small sample that included ten expatriate and Saudi nurses, to ensure that the questionnaire was both appropriate and understandable. No changes were recommended by the pilot respondents.

3.6.3 Population and sampling

The population of this study was Saudi and expatriate nurses who had acted as preceptors for intern nurses in their final year in a Makkah hospital. The purpose of this study was to explore and compare the perceptions of expatriate and Saudi nurses in precepting final-year nurses. Sampling is defined as the selection process that represents the entire population (Polit & Beck 2017). Sampling design is divided into two types: probability sampling involves sample selection via random methods; and non-probability is the opposite (Polit & Beck 2017). In this study, convenience sampling—a form of non-probability sampling—was used to obtain data from the accessible population. The inclusion criteria were Saudi and expatriate RNs who had taken part in precepting nursing interns, regardless of the length of their experience. Expatriate and Saudi nurses who had not taken part in precepting students were excluded.

3.6.4 Recruitment process

The candidate visited the selected hospitals in person, meeting with research coordinators to introduce the research and provide a full explanation regarding the study aims and the process for conducting the study, to facilitate the process of data collection. The research coordinators sent emails to local nursing directors asking them to support the research project. The candidate then met with nursing directors, who emailed all the nursing departments to inform staff about the study. Meetings with nursing directors were followed by meetings with nursing administrators during visits to each department to organise project information sessions. A schedule for delivering the research information to potential study participants was organised with the head nurse of each department, who identified the most suitable time and date for the sessions. An invitation flyer was posted on the noticeboard in each department through which intern nurses usually rotate (Appendix 9). This helped share information about the project and provided an opportunity for nursing staff working on different shifts to see the invitation. Face-

to-face communication was then conducted during an information session to introduce the study to the preceptors of each department, which gave staff a chance to ask questions. The candidate distributed the PIS during the information session and provided time for questions at the end of each session (Appendix 10). A sealed collection box was provided in a convenient and centralised location at the nursing station. The surveys and PIS were left at the nursing station beside the collection box. This box was locked and had a slot through which completed questionnaires could be deposited but not removed. The boxes were checked regularly, and surveys were collected from each department 1 week after the relevant information session. A follow-up briefing was implemented to maximise the potential for a good response rate.

3.6.5 Pre-analysis phase

Survey respondents who did not meet the inclusion criteria of having acted as a preceptor for intern nurses were excluded. All collected surveys were checked for missing data. Data were entered into SPSS by the candidate, and each participant had a unique identification number. All variables were named using abbreviations; with each survey question having a single variable. In some cases, participants were requested to provide additional information, such as 'other please specify' or 'no please specify'. Each answer in the survey was coded and prepared for data entry. After data entry was complete, data analysis was conducted using SPSS software Version 26.0. (Armonk, NY: IBM Corp).

3.6.6 Data analysis

Before conducting the analysis, the statistician was consulted regarding the total number of the respondents comprising the Saudi (84) and the expatriate preceptors (201). According to the statistician, there would be no problem with conducting the relevant analysis as planned to

achieve the research aim. Descriptive statistics were performed for participant characteristics by nationality (Saudi/expatriate). Descriptive statistics were used to summarise the participants' characteristics and other elements of the data (Denise & Beck 2017). Statistics included frequency and percentage for categorical variables, and median and interquartile range (IQR) for continuous variables. Multivariable linear regression was then utilised to test for any significant differences between the two nationality groups in CPEET, organisational and cultural factors, adjusting for the following predictors: age, experience as nurse, preceptor experience level, education level, completion of preceptor programme, and gender and frequency of precepting students. Assumptions of linear regression were evaluated using a scatter plot to test for homoscedasticity (homogeneity of variance) and a histogram to check the normal distribution of the residuals. The results are presented as mean differences, 95% confidence intervals (CI), adjusted R-squared, chi-square statistic, degrees of freedom (df), global p values, F and model p values. A p value of <0.05 was considered significant.

3.6.7 Ethical considerations

Ethics approval was obtained from the Human Research Ethics Committee (HREC) at the University of Adelaide (Approval number: H-2019-231) and the Institutional Review Board (IRB; Approval number: H-02-K-076-1119-222) in Saudi Arabia to conduct this study (Appendix 11 & 12). Confidentiality and privacy of participants were protected throughout the research. All research data collection documents and surveys were securely locked in the candidate's office. Only the candidate and research supervisors had access to this. All data analysis was saved on the candidate's password-protected computer at the University of Adelaide, to which only the candidate has access. Participants were not identified when reporting results because no names or any other personally identifying information were

collected from those completing the survey. A PIS was distributed to each potential participant, and extras were located beside the data collection boxes to facilitate participation of nurses who were on alternative shifts and not able to attend the information session. The PIS included information about the project and the candidate's contact details for further inquiry. The submission of completed responses was taken as an indication of consent. All participants had the freedom to participate, withdraw or not participate. No risk was identified in this project for participants other than inconvenience in terms of filling in a survey.

3.7 Section three: Phase 2 Qualitative Study

3.7.1 Introduction

To explore the lived experience of nurse preceptors in Saudi Arabia and obtain and in-depth understanding of factors influencing their experiences of their role, a qualitative approach was used. This approach was chosen as suitable to provide rich data from the participants' perspectives in order to explore a phenomenon or human behaviour (Isaacs 2014; Streubert & Carpenter 2011). The chosen approach helped to explore and understand the participants' viewpoints and to generate comprehensive data elaborating on the meaning of their experiences in real environments.

Interpretive phenomenological analysis (IPA) was used to build a greater understanding of the preceptors' lived experiences in Saudi Arabia. IPA has roots in phenomenology, which aims to understand the essence of a phenomenon based on the belief that reality is grounded in individual lived experience. IPA encourages researchers and participants to engage in a

conversation that enables the construction of meaning around a particular lived experience—in this case preceptors in Saudi Arabia—to better understand factors influencing their journey.

3.7.2 Interpretive Phenomenological Analysis

IPA was developed by Smith, Flowers and Larkin (2009) and is a form of phenomenology inspired by Martin Heidegger. It was used to guide the structure of this phase of the research. Although IPA was developed and introduced initially in the field of psychology, it is being advanced as a suitable methodology in nursing and midwifery research (Roberts 2013), education (Noon 2018; Saddler & Sundin 2019; Tamachi et al. 2018) and physiotherapy (Cassidy et al. 2011). IPA aims to 'capture particular experiences as experienced for particular people' (Smith, Flowers & Larkin 2009, p. 16). Using IPA in this study permitted the candidate to explore and interpret to find meaning of the preceptors' experiences with intern nurses. Smith, Flowers and Larkin (2009) also provided a comprehensive, flexible and well-structured guide to help researchers conduct IPA and thus enhance their ability to interpret and make sense of research participants' experiences. The guide also gives novice researchers the confidence that they are adhering to the principles of IPA to achieve rigorous findings. IPA researchers are especially interested in what happens when the everyday flow of lived experience takes on a particular significance for people' (Smith, Flowers & Larkin 2009, p. 1). The approach thus emphasises the importance of each participant's account to gain a rich and in-depth understanding of their experience. The IPA researcher seeks to understand the meaning of the experience for the participants. IPA is underpinned and shaped by three theoretical perspectives: phenomenology, hermeneutics and ideography, as explained below (Smith, Flowers & Larkin 2009).

Phenomenology is philosophically concerned with the experience of the individual. Interpretive phenomenology was developed by Heidegger, who introduced the concept of being-in-the-world, to understand how human beings exist and are involved with the world (Manen 1990). Heidegger (1962, p. 61) described that 'the meaning of phenomenological description as a method lies in interpretation'. Heidegger emphasised the need to not only describe a phenomenon or an experience, but to understand and interpret it to discover the meaning. Interpretive phenomenology is distinguished from other forms of phenomenology such as descriptive phenomenology, where researchers essentially bracket or set aside all their pre-understandings, preconceptions and prejudgments (Dowling & Cooney 2012). Heidegger took an alternative perspective to that of his mentor Husserl (descriptive phenomenology) who argued that bracketing one's experiences to focus on a pure description of something was the goal of phenomenology. Heidegger's perspective was that such bracketing was not possible, and that being-in-the-world and aware of one's background and influences was the first step to interpretation of phenomena.

Hermeneutics is the theory of interpretation that provides for the hermeneutic circle where a dynamic relationship exists between the part and the whole; to understand the part, you need to look to the whole and to understand the whole, you look to the part (Smith, Flowers & Larkin 2009, p. 28). Further, the experience cannot be extracted from the heads of participants but requires engagement with the process of interpretation and making sense of the participants' experiences (Smith 2011). The IPA approach encouraged the candidate to play an active role in being immersed in the analysis, as they tried to attach meaning to the experiences of preceptors in this study. Indeed, IPA has been described as 'a double hermeneutic because the participant first tries to make meaning of their experience, and then the researcher tries to make sense of the participant's meaning' (Jonathan & Osborn 2008; Smith, Flowers & Larkin 2009,

p. 3). IPA thus facilitates the interpretation of meaning from each participant's descriptions to unhide the phenomenon and not just present words as they were shared.

Ideography is the third theory that influences IPA with its aim of understanding the particular experience of each individual participant (Smith, Flowers & Larkin 2009). The idiographic elements of the current study are evident in three stages. First, recruitment was focused on participants who had specific experiences of being preceptors, and a small sample was used to examine individual experiences carefully. Second, the analysis phase focused on a deep detailed exploration of each case (Smith, Flowers & Larkin 2009), and third, extracts from transcripts were used to illuminate the participants' particular experiences during writing up. Smith (2011) recommended that if the total number of participants was four to eight, each theme should be supported by presenting quotations from at least half of the participants.

3.7.3 Sampling

Purposive sampling was utilised in this qualitative phase. Purposive sampling is a form of non-probability sampling that depends on the pre-selected characteristics of potential participants (Creswell 2013). This is used to provide rich and in-depth information about the target group to achieve the research aim.

3.7.4 Sample size

Eight participants shared their personal experiences of precepting nursing interns in this study. IPA commitment to a large sample has been noted to be more problematic than a smaller sample size (Smith, Flowers and Larkin 2009). It may however take a longer time to complete

IPA studies because of IPA's commitment to the ideographic approach, which entails the detailed analysis of each case.

3.7.5 Recruitment

In Phase 1 (the quantitative study) an email address was provided on in a separate paper attached to the survey, inviting expressions of interest from participants that might be interested in being part of Phase 2 (the qualitative study). The candidate received no emails from Phase 1 participants regarding Phase 2 involvement. Initial contact was made with nursing administrators and educators in the five organisations to express the intention to collect data for a qualitative study by conducting interviews; explain the study to them; and ask for their help in identifying staff that may wish to participate in the interviews. They were sent a flyer to distribute to potential participants (all staff who had acted as a preceptor) who could then make a choice to contact the researcher if they wished to share their experiences (Appendix 13). The PIS specific to Phase 2 contained project information and researcher contact details for further inquiry (Appendix 14).

3.7.6 Data collection

In-depth, individual, semi-structured interviews were conducted to explore the experiences of preceptor nurses. The final interview questions were developed after analysis of the surveys in Phase 1, which had provided an understanding and interpretation of the quantitative data findings and is in keeping with a mixed methods approach (Appendix 15). The interview questions used as a guide assisted the candidate to focus on the aims of the study (Smith, Flowers & Larkin 2009). The use of semi-structured interviews encouraged the candidate to ask the preceptors relevant questions to gain a deeper understanding of their lived experiences.

In addition, this enabled the candidate to hear the participants' voices and prompt questions in response to the conversation.

Due to the circumstances of Covid-19 and implications on the travel restrictions hampering the conduct of interviews, the plan for data collection for the qualitative part of the study changed from face-to-face interviews to online interviews. Online, individual interviews were conducted by using the Zoom platform. The key advantages of Zoom include its simplicity, user friendliness and cost-and-time effectiveness (Archibald et al. 2019). However, the candidate experienced challenges during data collection with some participants, mainly because of poor audio quality arising from poor internet service at these participants' locations. Each interview was transcribed verbatim, and then reviewed against the audio recording by the candidate. The candidate followed up with participants to clarify unclear statements and double-check that the transcript had captured what the relevant participant intended to say. The candidate also sent each participant the transcript of their interview to review and check for needed changes or amendments.

Another drawback of the online interview is that it limits real interaction between the participant and researcher, including that it does not enable observation of the participant's body language. However, IPA focuses mainly on the content of the interview with each participant and the researcher trying to interpret the participant's experiences from what they shared during the interview. Active listening by the candidate focused on the participants' voices to detect their emotions and any hesitation. Although the Zoom platform includes video and audio recording, the interviews were conducted using only audio recording. This was done to remove any concerns among participants about being video recorded if they participated.

3.7.6.1 Interview procedure

Before conducting actual interviews with the study participants, the candidate conducted two mock interviews to obtain feedback on interview technique and confirm the comprehensibility of the language used in interview questions. Mock interviews with peers and volunteers facilitate practising of active listening and clarifies language to be used in the interview questions (McGrath, Palmgren & Liljedahl 2019).

The candidate asked the participants to provide times that were convenient for them and checked if they were familiar with using the Zoom application. Before conducting the interviews, the candidate engaged with each participant in a more social conversation about the research project and other topics such as the pandemic situation and studying in Australia, to build rapport and help them feel comfortable when sharing their lived experiences. At the time of the interviews, before starting the audio recording, the candidate explained the interview process to double-check whether the potential participants understood the information provided. A separate recording device was deployed as a backup in case any internet issues occurred during the interview. The interviews were audio-recorded after the participants gave their signed consent. The duration of each interview was dependent on the participants' responses and their cooperation in describing their experiences when supervising Saudi students. The duration of interviews was 30–55 minutes.

The interviews were conducted in Arabic or English, depending on the participant's preference to ensure fluid communication; however, the participants who preferred Arabic sometimes used English to describe medical terminology. Although the Phase 1 (quantitative study)

surveys distributed to the preceptors had used English—the language of communication and documentation in the healthcare system in Saudi Arabia—the candidate was able to accommodate the wishes of any participants in this phase if they chose Arabic. This was to encourage the participants to express themselves in their language of choice without limitations. Notably, moving between languages did not substantially change the meaning or intent of the questions. The translation process used in the cross-data collection explained in detail in Section 3.7.6.2.

Following the interviews, the researcher sent the audio recordings to a professional bilingual licensed transcription service to ensure accuracy of the verbatim transcripts. Following completion of transcription, the candidate reviewed each participant's transcribed data by listening to the interview and comparing it with the transcription to confirm the validity. No data were lost. The transcribed data were then sent to the participants for their confirmation. Five transcripts were translated from Arabic into English by a professional bilingual translator.

3.7.6.2 Translation process

Clarifying and describing the translation process is crucial for maintaining the rigour and transparency of a qualitative study and ensuring that the intended meaning of the participants' comments has not changed. However, it has been noted that the literature pays scarce attention to details about cross-language data collection, analysis and reporting of qualitative findings because most authors do not describe the translation process, which may influence data quality and rigour (McKenna 2022). Abfalter, Mueller-Seeger and Raich (2020, p. 471) provided a framework to guide the researcher in deciding on a translation process, by asking the following questions:

- WHY? The reason for translating.

- WHEN? The time for translating.

- WHAT? The data or content for translating.

- WHO? The person(s) translating.

- HOW? The mode of translating.

- WHERE? The location for translating.

- BY WHAT MEANS? The means and tools for translating.

These above questions were considered when reporting the translation process in this thesis to maintain the rigour and transparency of the data. The questions overlapped with each other. Because the candidate needed guidance and support from the research supervision panel (whose native language was English) to increase their skills and confidence in conducting the analysis, the five Arabic interviews were translated into English before commencing data analysis. This English translation also helped ensure the rigour of the data analysis and avoid any unconscious bias and assumptions that may influence the data findings when the candidate's supervisors checked the work.

In some studies, the researchers analysed the data in the source language and then translated the findings and participant quotations into English (Alboliteeh, Magarey & Wiechula 2017a). Santos, Black and Sandelowski (2015) investigated the influence of the timing of translation from Portuguese to English in their qualitative study: before data analysis; or at a later stage when reporting the findings (which means the data analysis was conducted in the source language). On the basis of their findings, they recommended that translation be completed at

the earlier stage to allow researchers who do not understand Portuguese to gain access to the data. In the current study, a professional bilingual translator translated the Arabic transcripts into English to maintain the intended meaning. The translator was qualified in linguistics and had experience translating qualitative data. In addition, they were from the same culture as the participants.

After the translation was conducted, the candidate (who is fluent in both languages) carefully compared both the Arabic and English transcripts side by side to ensure that the intended meaning had not changed. Although the translation was costly and time consuming, it was worth ensuring that the participants' intended meanings had not been lost. An example of a phenomenology study in which data collection was conducted in Arabic and then data were translated to English before analysis is that of Alharbi, M, McKenna and Whittall (2019). In the current study, participants were informed in the PIS that the interviews would be transcribed and translated by professional transcribers and professional bilingual translators.

3.7.7 IPA analysis framework

The IPA framework consists of guidelines that include six steps to complete the data analysis, as described by Smith, Flowers and Larkin (2009). Table 5 outlines the six steps and describes how they were applied during the analysis process in this study. Microsoft Word was used to analyse the data.

Table 5: IPA analysis steps and application

IPA analysis steps	How the steps were applied during data analysis
1. Reading and re-reading	In this step, the researcher is required to immerse themselves in the data and become intimately familiar with each participant's transcript through reading and re-reading. Each close reading can generate new insights. The candidate listened to each participant's audio recording while reading the transcript.
2. Initial (exploratory) noting	In this stage, notes were made to summarise, paraphrase and record comments to observe connections, similarities and differences throughout the transcripts. Exploratory comment notes were written and divided into three types: **descriptive analysis**, which 'focused on describing the content of what the participant has said', **linguistic analysis**, which 'focused upon exploring the specific use of language by the participants', and **conceptual analysis**, which 'focused on engaging at a more interrogative and conceptual level'(Smith, Flowers & Larkin 2009, p. 84).
3. Developing emergent themes	This stage transforms initial notes into themes. The candidate read all the notes and comments for each transcript and began to note emerging themes. The candidate focused on the quality of what the participants said, capturing themes that had a slightly higher level of complexity and were theoretically connected but still grounded in the specifics of the participants' descriptions.
4. Searching for connections across emergent themes	This stage connects and clusters the themes. The candidate listed all emergent themes and worked to make connections among them. The order of the initial list was based on the timing of when the themes appeared in the transcripts. The connections among and clustering of the themes became more analytical and theoretical and was based on similarities among the participants. To ensure that the themes were consistent with the participants' experiences, direct statements or quotes were extracted for each theme.
5. Moving to the next case	Stages 1–4 were repeated for each case in the study to enable each to demonstrate its themes and valuable experience.
6. Looking for patterns across cases	In the final stage, connections were sought across the eight participants, and the themes and subthemes that developed from each interview were tabulated to arrive at the overall results. The themes and subthemes for each participant were reviewed, and patterns identified by grouping the themes together. The final superordinate and subordinate themes are presented in Chapter five (Figure 10) to represent the participants as a whole.

3.7.8 Ethical considerations

Approval to conduct Phase 2 was obtained from the HREC of the University of Adelaide (Approval Number: H-2019-231), and the IRB (Approval Number: H-02-K-076-1119-222) in Saudi Arabia, and both ethics applications were updated regarding the changes made to convert the data collection method from face-to-face interviews to online interview (Appendix 16 & 12). The participants signed and returned consent forms before the interviews were conducted (Appendix 17). Interviews were recorded using the online application Zoom. Zoom provides a satisfactory way to protect and secure participant privacy and confidentiality, and the candidate used passcodes set for the individual meeting feature before conducting the interview. The candidate monitored the interview throughout to ensure only the candidate and participant were in the 'room'. All the recording files were deleted from the Zoom application and saved on the candidate's password-protected computer at the University of Adelaide.

All the research data collection documents, including the informed consent forms and interview transcripts, were kept securely locked in the candidate's office. Only the candidate and the supervisors had access to them. Participants were not identified when reporting the results. Pseudonyms were used in all phases of interviewing, transcription and in presenting quotations in the results section.

The researcher anticipated the only risk for participants of this phase of the study to be inconvenient timing, fatigue or possibly discomfort in sharing experiences when conducting the interviews. Also, the participants understood that they had the right to stop the interview or decline to answer any of the research questions at any time if they wished.

3.7.9 Assessing the quality of the results

Smith, Flowers and Larkin (2009) recommended the using principles outlined by Yardley (2000) as a guideline to check the quality of the qualitative approach used in a study. Yardley presented four principles to assess the quality of qualitative research, discussed below.

3.7.9.1 Sensitivity to context

Sensitivity to context should be established from the early stages when conducting the research process, which can be achieved in several ways during data collection and analysis (Smith, Flowers & Larkin 2009). Sensitivity to context during data collection was demonstrated in this study through the interview interactions between the candidate and participants. For example, during the interviews, the candidate demonstrated close awareness through empathy and engagement, asked open-ended, promoting questions, and gave participants time to share their experiences, to obtain valuable data. Also, sensitivity to context was applied during the data analysis and writing up of the findings by the candidate becoming immersed in the data and attempting to make sense of the preceptors' experiences to gain insight into their journeys. Using the participants' own words to support the study's findings was also carefully considered by choosing quotations that best support the interpretations.

3.7.9.2 Commitment and rigour

A considerable personal commitment was necessary during this study, as evident from the beginning of the project through reading the literature and conducting Phase 1 surveys, the results of which helped in the development of the semi-structured interview guide. Commitment was also shown by conducting in-depth interviews and the care taken when analysing the data (Smith, Flowers & Larkin 2009; Yardley 2000). An interview was conducted

with each preceptor, and a long period of time was dedicated during the analysis process to examine each case carefully.

To maintain rigour, inclusion and exclusion criteria appropriate to address a specific research question should be chosen (Yardley 2000). Maintaining interview quality and ensuring analysis can be conducted systematically and in an interpretive way beyond the description to clearly inform the reader of the study's conclusions will also help maintain research rigour. The application of rigour in this research was demonstrated through the use of purposive sampling, in-depth interviews and the analytical shift from descriptive to interpretive. Moreover, the candidate involved the supervisors from the beginning when conducting the IPA and during the analysis to ensure the rigour and credibility of the findings.

3.7.9.3 Transparency and coherence

Transparency in research refers to a clear description of the research process (Smith, Flowers & Larkin 2009). The construction of the interview guide, participant selection and analysis process are described in detail in the thesis to demonstrate transparency in this research. In addition, the reflexibility and role of the researcher are described in section 3.7.10, and the transcript extracts used to capture the participants' voices and support each theme are presented to maintain transparency.

Coherence refers to the reader being able to easily and comprehensively judge a qualitative study (Yardley 2000). To facilitate this, it is recommended that the analysis undergoes multiple drafts to 'put oneself in the shoes of the reader' (Smith, Flowers & Larkin 2009, p. 182). Hence

the data were coded and recoded, and the findings drafted a number of times with supervisors, to achieve coherence.

3.7.9.4 Impact and importance

The principle of impact and importance reflects the validity of IPA findings and focuses on whether or not the study's methods have been fairly articulated, and that the information presented is essential, engaging and useful (Smith, Flowers & Larkin 2009). The reader will ultimately decide the study's significance and whether the content is interesting and valuable (Smith, Flowers & Larkin 2009). This project is important and will have impact because it addresses for the first time the experience of expatriate nurses precepting local nursing students and, in particular, explores the experience of preceptors in Saudi Arabia. This will add to knowledge in the field and will help to address the needs of preceptors in Saudi Arabia and contribute to developing solutions to issues that negatively influence preceptors' experiences by informing policymakers and education providers. Consequently, this study will enhance the experience of intern nurses in clinical practice, which could influence their decision to stay in the profession. It is hoped that this research will enlighten the researcher community to continue investigating this area.

3.7.10 Reflexivity

Reflexivity is defined as a process where the researcher reflects critically on themselves (Bradbury-Jones, 2007). In qualitative research, the reader would like to know more than the name and professional affiliations of the researcher. This is because an objective tool is absent and the researcher is considered a subjective tool for qualitative research (Dodgson 2019). Therefore, it is essential to clearly define the personal, professional and social background of

the researcher to help ensure the credibility and transparency of the study findings and identify any influences on the study process.

I am a Saudi female with experience as a nurse intern. During my internship, I engaged with both Saudi and expatriate preceptors. Although I faced some challenges, the overall experience acquired was dependent on the preceptors. I believe the importance of the preceptor role is in teaching the novice intern the necessary skills to confidently provide patient care. I have always had an interest in preceptorship: my master's project focused on communication between intern nurses and expatriate nurses, I found that the available literature focused only on the intern experience in clinical practice, with a dearth of papers concentrating on the preceptor experience in precepting intern nurses. Interns experience challenges during their internship and the literature focuses only on their voices without considering those of preceptors. In developing the current study, I have drawn on the challenges faced by interns and my passion for exploring preceptors' perceptions and experience in their roles.

Although I have never been a preceptor, I have always been curious about what occurs behind the scenes for nursing preceptors, as well as the essence of their experience—how they see their role as preceptors. As a researcher, my role is to understand and capture the lived experience of the participants despite the fact that I have not been in the preceptor role. As IPA is characterised by the double hermeneutic, the participants' role is to make sense of their experiences and the researcher's role is to engage with the data by questioning and analysing to place themselves in the participants' shoes and make sense of other experiences.

It has been argued that conducting qualitative research on a topic with which the researcher is not familiar could be challenging in terms of constructing questions that target the participants' experiences (Berger 2013). However, this is not the case in this project because the candidate used a mixed explanatory sequential method, reading through the literature and developing the first, quantitative phase, of the study. The results helped the candidate develop the research questions relevant to preceptors' experiences and conduct in-depth interviews.

Carry out this research opened my eyes to different aspects of the preceptorship experience, as it is not easy to be assigned the care of up to five patients while teaching novice students to deliver safe care to patients. I fully appreciate the preceptors who allowed me to enter their world and listen to their voices. They shared with me their different perceptions, challenges, feelings, needs and passions for helping a new generation to become skilled nurses. It was an honour and privilege for me to interview these heroes dealing with the pandemic who gave their time and effort, even though they had a sense of being undervalued and inadequately supported.

3.8 Section four: Integration at the interpretation level (Phase 3)

3.8.1 Integration strategies

The application of integration strategies, which included contiguous narrative and joint displays, allowed the comparison and description of the results from Phases 1 and 2. The advantage of integration is that it strengthens the rigour of research by facilitating a form of data triangulation, as defined by Tashakkori and Newman (2010). An evaluation of the coherence between the numerical (Phase 1) and textual data (Phase 2)—which refers to the 'assessment of fit' of integration defined by Fetters, Curry and Creswell (2013)—can have

three main outcomes: confirmation, expansion and discordance. Confirmation means that the data from the different datasets confirm and agreed with each other (Fetters, Curry & Creswell 2013). Expansion provides in-depth insights and a complementary understanding of phenomena, and discordance/contradiction denotes disagreement between the results of the two approaches (Fetters, Curry & Creswell 2013). In the case of divergence in results, strategies introduced to address contradictions include finding possible interpretations, reanalysing the data, collecting additional data and using a different framework (Fetters, Curry & Creswell 2013).

3.8.1.1 Contiguous narrative integration

Contiguous narrative integration at the interpretation level is one approach to integration identified by Fetters et al. (2013). The contiguous narrative strategy is characterised by presenting quantitative and qualitative findings separately in different sections, and then integrating the findings by incorporating both approaches, which results in a final single section (Fetters, Curry & Creswell 2013).

3.8.1.2 Joint display integration

Joint display of findings is widely used as a method for integrating data from different phases (Guetterman, Fetters & Creswell 2015). In joint display, figures and tables are used to represent the findings from quantitative and qualitative phases to provide a complete understanding of study phenomena (Fetters, Curry & Creswell 2013). Joint displays provide a framework and structure for effectively representing complex results, and enabling insights and inferences to be drawn (Guetterman, Fàbregues & Sakakibara 2021). In this chapter a decision has been made to use *side by side* joint display. This form of joint display is characterised by presentation

of quantitative results with connected qualitative subordinate themes in a table to easily communicate the integration results to readers. The characteristics of joint display as used in nursing in particular include a clear title, illustration of the data from two phases and clarification of the fit of the data to make the necessary interpretations (Younas, Pedersen & Durante 2020). Key findings comparing the results from Phases 1 and 2 are presented in tables in Chapter Six.

3.9 Evaluating the quality of the project

Evaluating the rigour of a mixed methods approach, which consists of both quantitative and qualitative approaches is critical to ensure that the methods used can provide valuable and relevant outcomes that can be implemented in clinical nursing practice (Halcomb 2019). The Mixed Methods Appraisal Tool (MMAT) was used to evaluate the rigour and quality of this project. The tool was developed in 2006 by Pluye et al. (2009) and updated in 2018 by Hong et al. (2018) based on researchers' feedback from literature reviews and a Delphi study by experts from various countries. Critical appraisal is important for carefully assessing the quality of this project and identifying gaps that may influence its validity. The tool was used for a systematic review of mixed methods, including quantitative and qualitative approaches.

This project consisted of three phases: a quantitative study (Phase 1); a qualitative study (Phase 2); and integration of the mixed methods (Phase 3). To be able to evaluate this project, one of the questions related to whether 'each component involved in the mixed methods adhered to the quality criteria'. Based on the response to this item, the candidate evaluated Phases 1 and 2 separately using the descriptive checklist for Phase 1 and the phenomenological checklist for Phase 2. Finally, after critically evaluating the two approaches separately, the candidate used

the mixed methods checklist, and all three checklists in MMAT. The MMAT developers provided a clear description of how to use the tool, including the requirement that two reviewers conduct the evaluation. Therefore, the candidate and the main research supervisor assessed this project. The response options for the MMAT assessment criteria are 'yes', 'no' and 'cannot tell'.

Regarding the outcomes of Phases 1 and 2, all the criteria in the MMAT checklist were met, meaning that the study was assessed as rigorous. Further, the outcomes of the mixed methods approach were assessed against all criteria to ensure that the project met rigorous standards and that its outcomes would benefit the Saudi context (Appendix 18). Having an independent evaluator, however, may reduce the bias associated with the involvement of the candidate and supervisor in this project.

3.10 Conclusion

This project aimed to investigate factors influencing preceptors in performing their role. This chapter consists of four sections. First, the selection of a mixed methods research design was discussed. Detailed information was provided about the principles of selection of mixed methods to guide this study and types of mixed methods research. Further, the choice of an explanatory mixed methods design was justified, and the challenges of conducting mixed methods study were outlined. A description of mixed methods integration was provided.

Detailed descriptions of the recruitment, data collection and analysis processes were provided in section two, which included Phase 1 (quantitative study), and in section three, which included Phase 2 (qualitative study). Ethics approval was obtained, and the ethical procedures

implemented to protect and respect participants' autonomy and confidentiality were discussed for Phases 1 and 2. Section four described the methods used to integrate the results from Phases 1 and 2 to draw inferences for this project.

The next chapter presents the findings of the surveys to compare Saudi and expatriate nurses' perceptions of their roles and the factors influencing these.

Chapter Four: Phase 1—Results from the quantitative study

4.1 Introduction

The quantitative study used to investigate similarities and differences between expatriate and Saudi nursing staff concerning their perceptions and the factors that had influenced their precepting of intern nurses. A self-administered survey was distributed to a sample of preceptors across five hospitals located in western Saudi Arabia.

Responses to the broad survey questions presented below were subjected to descriptive analysis, after which multivariate linear regression was utilised to test for any significant difference between the two groups—expatriate and Saudi nursing staff.

1. Are there differences in the perceptions of Saudi nurses compared with expatriate nurses concerning the following:

- the preceptor role

- challenges to preceptorship

- preceptor satisfaction

- preceptor experience and education?

2. Do organisational factors influence Saudi and expatriate nursing staff when precepting nursing students?

3. Do cultural factors influence Saudi and expatriate nursing staff when precepting nursing students?

4.2 Response rate

A total of 356 surveys were distributed, with a response rate of 86% (306/356). Of these 306, 21 were excluded as 15 did not meet the inclusion criteria, and six had missing data, leaving 285 eligible for analysis. The number of Saudi preceptors in this study was 84 (29%), whereas the number of expatriate preceptors was 201 (71%).

4.3 Survey section one: Demographic characteristics

Section one of the survey gathered demographic information about the respondents, which included gender, age, nationality, religion, education history, work history and current practices for the recruitment and education of preceptors.

4.3.1 Gender and age

The majority of both Saudi and expatriate respondents were female (78.6% and 99.5%, respectively). The median age was 30 years (range 28–34) for the Saudi preceptors and 32 years (range 29–37) for the expatriate preceptors, as shown in Table 6.

4.3.2 Nationality and religion

The expatriate preceptors were from seven countries, with the majority from the Philippines (48.3%) and India (37.3%). As seen in Table 6, most preceptors—both Saudi and expatriate—were of the Muslim religion (100% and 89.6% respectively)

Table 6: Demographic characteristics of the participants

Variable	Saudi preceptors (N = 84)	Expatriate preceptors (N = 201)	All preceptors (N = 285)
Gender			
Female	66 (78.6%)	200 (99.5%)	266 (93.3%)
Male	18 (21.4%)	1 (0.5%)	19 (6.7%)
Age in years: median (IQR)	30 (28, 34)	32 (29, 37)	31 (29, 35)
Nationality			
Indian	NA	75 (37.3%)	NA
Filipino		97 (48.3%)	
Egyptian		5 (2.5%)	
Sudani		4 (2%)	
Indonesian		3 (1.5%)	
Pakistani		16 (8%)	
Malaysian		1 (0.5%)	
Religion			
Muslim	84 (100%)	180 (89.6%)	264 (92.6%)
Other	NA		
1.Christian		11 (5.6%)	11 (5.6%)
2.Hindu		4 (2%)	4 (2%)
3.Catholic		3 (1.5%)	3 (1.5%)
Prefer not to answer		3 (1.5%)	3 (1.5%)

Data are presented as frequencies (%); NA, not applicable.

4.3.3 Education history

Saudi and expatriate preceptors were asked to state their education level and their first language. Table 7 highlights that the highest education level for both the Saudi and expatriate preceptors was a BSN (63.1% and 83.1%, respectively), followed by a diploma (29.8% and 12.9%, respectively). Only 2.8% of both participant groups held a Master of Science in Nursing (MSN). Preceptors were also asked to state the country in which they had obtained their highest qualification and all indicated that it was their country of nationality.

The participants were asked if Arabic (which is the native language of Saudi Arabia) was their first language. Table 7 shows that 100% of the Saudi preceptors spoke Arabic as their first language, whereas only nine (4.5%) expatriate preceptors—those from a Middle Eastern country—spoke Arabic as their first language.

Table 7: Education and language information

Education level	Saudi preceptors ($N = 84$) N (%)	Expatriate preceptors ($N = 201$) N (%)	Total preceptors ($N = 285$) N (%)
Diploma	25 (29.8%)	26 (12.9%)	51 (17.9%)
Postgraduate diploma	3 (3.6%)	3 (1.5%)	6 (2.1%)
BSN	53 (63.1%)	167 (83.1%)	220 (77.2%)
MSN	3 (3.6%)	5 (2.5%)	8 (2.8%)
Arabic is first language			
Yes	84 (100%)	9 (4.5%)	93 (32.6%)
No	NA	192 (95.5%)	192 (67.4%)

Data are presented as frequency (N) (%); NA, not applicable

Expatriate preceptors were asked if they could speak Arabic. The results showed that only 177 of 192 (92.1%) were able to speak any level of Arabic. The expatriate nurses who spoke Arabic

as a 'second language' were asked to rate their Arabic-speaking proficiency. Of these 177 expatriate preceptors, 34% assessed themselves at beginner level for speaking Arabic. Equal numbers considered their Arabic elementary (25%) and intermediate (25%), and fewer described themselves as upper intermediate, advanced or proficient in Arabic speaking (16% combined) as shown in Figure 8.
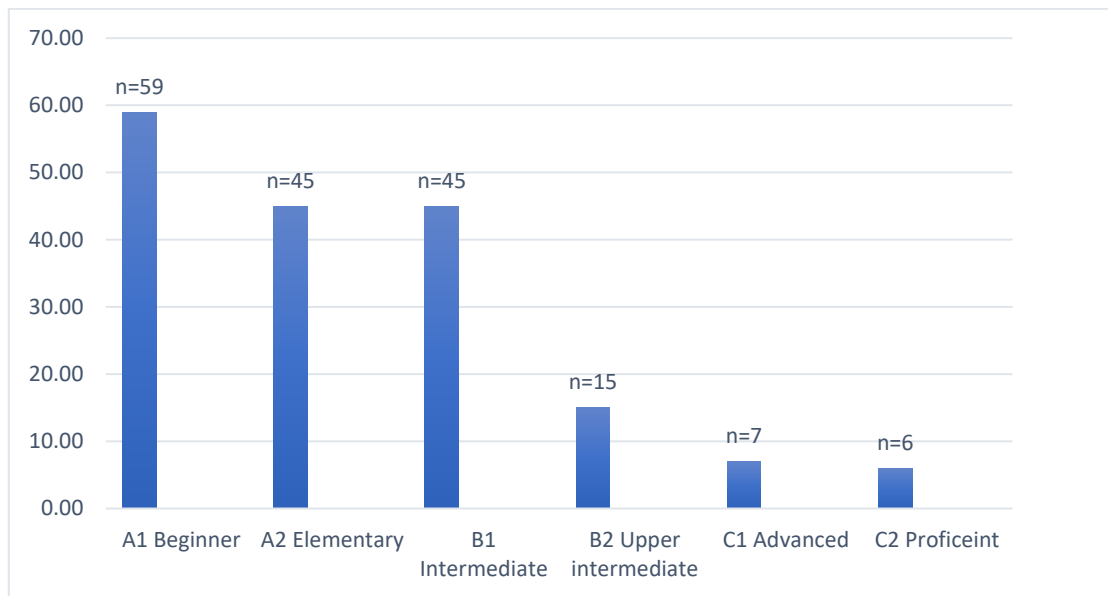
Figure 8: Expatriate preceptors' Arabic-speaking proficiency level

4.3.4 Work history

The median number of years of experience working as a nurse was 7 (range 5–10) for the Saudi preceptors and 9 (range 6–13) for the expatriate preceptors. The expatriates had been working in Saudi Arabia for a median time of 6 years (range 4–10), as seen in Table 8. Expatriate nurses were asked if they had received any cultural training to work in Saudi Arabia and 75 (37.7%) stated they had completed a cultural training programme.

Table 8: Work experience history

Working experience	Saudi preceptors (*N* = 84) Median (range) in years	Expatriate preceptors (*N* = 201) Median (range) in years
All nurses	7 (5–10)	9 (6–13)
Expatriate nurses working experience in Saudi Arabia	N/A	6 (4–10)
Expatriate nurses working in other countries	N/A	0 (0–2)

4.3.5 Recruitment and preparation of preceptors

Preceptors were asked to identify if they had volunteered to act as preceptors or had been assigned the role as part of their employment. Most preceptors—82.1% of Saudis (*n* = 69) and 88.6% of expatriates (*n* = 178)—indicated that they had been assigned the role. Several expatriate nurses (*n* = 6, 3%), selected 'other' but did not specify how they were selected.

Preceptors were also asked if they had attended any form of preceptorship training. Of the 105 respondents who stated they had attended a preceptorship preparation programme, 40 (47.6%) were Saudi and 65 (32.3%) were expatriates. Participants were asked how often they served as preceptors, with half of both participant groups responding that this was either several times per week (51.2%); or once per week (28.1 %).

4.3.6 Mode of delivery

The 105 (36.8%) respondents who had attended a preceptorship programme were asked to provide more information about the content and delivery mode of the programme, with multiple options being available (Table 9). Lectures and workshops were the most frequently used methods in the training for preceptors (90.5% and 62.9%, respectively).

The course content mainly focused on preceptor role responsibilities (94.3%), teaching (84.8%) and evaluation (59.4%); with less than 20% focusing on cultural competence.

Table 9: The mode of delivery and training content of preceptor training sessions

Training delivery method	N (105)	Percentage %
Lecture	95	90.5%
Online	9	8.6%
Workshop	66	62.9%
Other	12	11.5%
Training content		
Role responsibilities	99	94.3%
Teaching	90	84.8%
Constructive feedback	61	58.1%
Evaluation	63	59.4%
Cultural competence	20	19%
Other	29	27.9%

Preceptors were asked to rate their level of experience as a preceptor (Figure 9). Most Saudi preceptors considered themselves competent (36.9%), or an advanced beginner (23.8%). Most expatriate preceptors also considered themselves either competent or advanced beginners (35.8%, 35.3%, respectively). Less than 15% of either group considered themselves highly proficient or expert.

	Novice	Advanced beginner	Competent	Proficient	Expert
Saudi preceptors (N=84)	11.90%	23.80%	36.90%	14.30%	13.10%
Expatriate preceptors (N=201)	14.40%	35.30%	35.80%	9.50%	5.50%
All preceptors (N=285)	13.70%	31.90%	35.80%	10.90%	7.70%
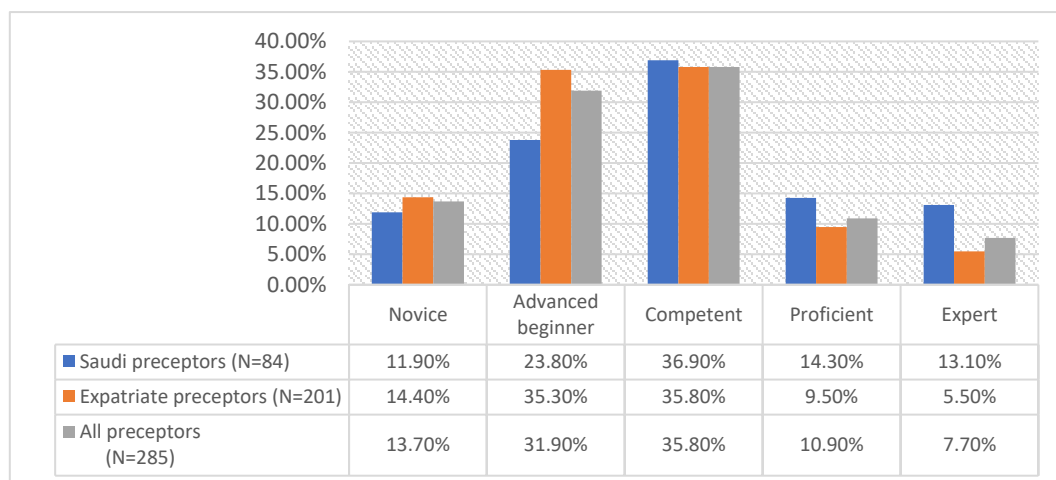
Figure 9: Distribution of preceptors' level of experience

4.4 Survey section two: Clinical Preceptor Experience Evaluation Tool results

The CPEET was utilised to investigate differences between the Saudi and expatriate preceptors' perceptions about their role as preceptors. Four domains—role, challenges, experience and education, and satisfaction—were assessed using 39 items. The CPEET was scored from 1 to 7 representing disagreement to agreement respectively, with the highest score indicating a positive perception (agreement) of the items included in each domain. The mean and standard deviation (SD) were used for each item in the four CPEET domains as illustrated in Tables 10–13.

4.4.1 Role domain

The *role domain* items related to how the preceptors viewed their role and responsibilities when guiding students, which were rated positively by all participants with an overall mean of 5.99 (SD = 0.613). Expatriate nurses scored the role domain with a mean 6.08 (SD = 0.581), which was higher than the mean Saudi preceptor score of 5.76 (SD = 0.632).

Table 10: Mean and SD for the CPEET role domain

Item	Saudi preceptors mean (SD)	Expatriate preceptors mean (SD)	All preceptors mean (SD)
1. Clinical preceptors are a professional confidante to students.	6.05 (.890)	6.11 (0.876)	6.09 (0.879)
2. Clinical preceptors are a support person for students during their clinical placement.	6.04 (1.023)	6.25 (0.742)	6.19 (0.839)
3. Clinical preceptors are a professional friend to students.	5.29 (1.304)	5.61(1.228)	5.52 (1.258)
4. Clinical preceptors are a positive role model.	6.21 (0.906)	6.26 (0.725)	6.25 (0.781)

Item	Saudi preceptors mean (SD)	Expatriate preceptors mean (SD)	All preceptors mean (SD)
5. Clinical preceptors facilitate active learning experiences for the student.	5.67 (0.974)	6.11 (0.756)	5.98 (0.849)
6. Clinical preceptors promote students' active participation in patient care.	5.70 (1.138)	6.19 (0.839)	6.05 (0.961)
7. Clinical preceptors provide clinical practice supervision for the students.	5.88 (0.937)	6.20 (0.814)	6.11 (0.863)
8. Clinical preceptors provide constructive feedback to the student.	5.60 (0.995)	6.07 (0.828)	5.93 (0.905)
9. Clinical preceptors encourage students to apply theory to the clinical situation.	5.67 (0.855)	6.07 (0.824)	5.95 (0.853)
10. Clinical preceptors facilitate students to make the links between theory and clinical practice.	5.67 (0.987)	5.99 (0.794)	5.89 (0.866)
11. Clinical preceptors facilitate students to analyse clinical problems.	5.58 (0.960)	6.03 (0.761)	5.90 (0.848)
12. Clinical preceptors facilitate students to critically reflect upon clinical problems.	5.50 (0.951)	5.90 (0.777)	5.78 (0.850)
13. Clinical preceptors model multidisciplinary teamwork for the students.	5.39 (0.994)	5.92 (0.932)	5.76 (0.978))
14. Clinical preceptors support students by being available to answer questions.	5.89 (0.892))	6.10 (0.714)	6.04 (0.775)
15. Clinical preceptors facilitate students' learning by using case studies and care plans.	5.77 (0.896)	6.01 (0.903)	5.94 (0.906)
16. Clinical preceptors treat students with respect.	6.13 (.833)	6.34 (.668)	6.28 (.726)
17. Clinical preceptors treat students fairly.	6.02 (1.130)	6.34 (.667)	6.25 (.841)
Total mean (SD) scores	**5.76 (0.632)**	**6.08 (0.581)**	**5.99 (0.613)**

4.4.2 Challenges domain

The challenges domain related to the specific challenges the preceptors faced when mentoring students. The *challenges domain* items used double negatives to ensure that participants were paying attention to details in the statements, and all negative item scores were reversed. Expatriate preceptors scored the domain higher 4.40 (SD = 0.406) than did Saudi preceptors

4.21 (SD = 0.340). These scores indicate that all preceptors felt challenged by time in terms of taking care of their patients and precepting intern students.

Three items from the challenges domain in particular were rated negatively by both the expatriate and Saudi preceptors. Item 19, 'Personality clashes will not negatively affect my attitude towards a student', scored 2.39 (SD = 1.172) and 2.24 (SD = 1.321) from the Saudi and expatriate preceptors, respectively. Item 22, 'Being 'a preceptor will not take my time away from providing direct patient care', scored 2.70 (SD = 1.421) and 2.73 (SD = 1.539) from the Saudi and expatriate preceptors, respectively; and item 23, 'Being a preceptor is not time consuming' scored 2.69 (SD = 1.431) and 3.23 (SD = 1.723) from the Saudi and expatriate preceptors, respectively.

Table 11: Mean and SD for the CPEET challenges domain

Item	Saudi preceptors mean (SD)	Expatriate preceptors mean (SD)	All preceptors mean (SD)
18. It is acceptable for students to clarify with the preceptor when there is a difference in practice.	5.73 (1.057)	6.11 (0.841)	6.00 (0.925)
*19. Personality clashes will not negatively affect my attitude towards a student.	2.39 (1.172)	2.24 (1.321)	2.29 (1.279)
20. Though I am very busy, I am willing to be a preceptor.	5.04 (1.476)	5.33 (1.405)	5.25 (1.430)
21. I am motivated to precept students.	5.68 (1.214)	5.74 (1.061)	5.72 (1.106)
*22. Being a preceptor will not take my time away from providing direct patient care.	2.70 (1.421)	2.73 (1.539)	2.72 (1.502)
*23. Being a preceptor is not time consuming.	2.69 (1.431)	3.23 (1.723)	3.07 (1.659)
24. I am willing to make time to support unmotivated students.	5.26 (1.363)	5.44 (1.370)	5.39(1.368)
Total mean (SD) scores	**4.21 (0.340)**	**4.40 (0.406)**	**4.34 (0.397)**

*Scores reversed

4.4.3 Experience and education domain

The *experience and education domain* examined preceptor experiences in the role and how they benefitted from the role professionally. It was rated positively by all participants with a mean of 5.82 (SD = 0.722). Expatriate preceptors scored the domain higher (5.94, SD = 0.677) than did Saudi preceptors (5.55, SD = 0.759). However, both expatriate and Saudi preceptors strongly agreed that 'Being a preceptor challenges my work attitudes', with a mean for Saudi preceptors of 5.51 (SD = 1.177) and for expatriate preceptors, 5.91 (SD = 0.976).

Table 12: Mean and SD for the CPEET experience and education domain

Item	Saudi preceptors mean (SD)	Expatriate preceptors mean (SD)	All preceptors mean (SD)
25. Clinical preceptors clarify the role of preceptor with colleagues on a regular basis to ensure the needs of the students are met.	5.56 (0.841)	5.97 (0.868)	5.85 (0.879)
26. Being a preceptor, I need to know what the expected level of skill competence should be for a student's scope of practice.	5.75 (.955)	6.12 (0.678)	6.01 (0.787)
27. I read updated texts and journals regularly.	5.25 (1.171)	5.48 (1.059)	5.41 (1.096)
28. Being a preceptor facilitates professional reflection on my own role as a nurse.	5.52 (1.058)	6.00 (0.797)	5.86 (0.906)
29. Being a preceptor challenges my work attitudes.	5.51 (1.177)	5.91 (0.976)	5.79 (1.053)
30. Being a preceptor helps to expand my nursing knowledge.	5.76 (0.830)	6.17 (0.813)	6.05 (0.838)
Total mean (SD) scores	**5.55 (0.759)**	**5.94 (0.677)**	**5.82 (0.722)**

4.4.4 Satisfaction domain

The *satisfaction domain* examined the preceptors' perceptions about their satisfaction in this role as well as the support they received. The results indicated that all participants were satisfied with their role (mean = 5.81; SD = 0.841). Like previous domains, expatriate preceptors scored

the items higher than did Saudi preceptors: 5.88 (SD = 0.789) and 5.66 (SD = 0.941), respectively.

Table 13: Mean and SD for the CPEET satisfaction domain

Item	Saudi preceptors mean (SD)	Expatriate preceptors mean (SD)	All preceptors mean (SD)
31. Being a preceptor is meaningful.	5.73(1.216)	5.96 (.937)	5.89 (1.031)
32. Being a preceptor is satisfying.	5.79 (1.173)	5.91 (.976)	5.87 (1.037)
33. The role of preceptor is professionally rewarding.	5.55 (1.196)	5.90 (1.002)	5.79 (1.073)
34. The preceptor role is an incentive to teach.	5.67 (1.090)	5.82 (1.040)	5.77 (1.055)
35. I enjoy the student/preceptor interaction.	5.70 (1.073)	5.87 (.870)	5.82 (.935)
36. Being a clinical preceptor is an incentive for my own professional development.	5.54 (1.187)	5.86 (.970)	5.76 (1.047)
37. I enjoy facilitating novice nurses to develop as professionals.	5.80 (1.117)	5.93 (.857)	5.89 (.941)
38. The clinical preceptor experience breaks the monotony of daily nursing practice.	5.39 (1.280)	5.64 (1.176)	5.56 (1.210)
39. It is stimulating to work with enthusiastic nursing students.	5.81 (0.885)	6.04 (0.814)	5.98 (.841)
Total mean (SD) scores	**5.66 (0.941)**	**5.88 (0.789)**	**5.81 (0.841)**

4.4.5 Differences between Saudi and expatriate preceptors for CPEET

As indicated in Table 14, there was a statistically significant difference (p < 0.001) between the Saudi and expatriate preceptors in their total mean score for all four of the CPEET domains combined. Saudi preceptors had a lower mean score than expatriates for the *role domain*, by −0.29 units (β = −0.29, 95% CI: −0.47, −0.12, comparison *p* < 0.001); the *challenges domain*, by −0.25 units (β = −0.25, 95% CI: −0.36, −0.13, comparison *p* < 0.001); the *experience and education domain*, by −0.44 units (β = −0.44, 95% CI: 0.64, −0.23, comparison *p* < 0.001); and

the *satisfaction domain*, by −0.26 units (β = −0.26, 95% CI: −0.50, −0.017, comparison *p* = 0.045).

Statistical differences were found between CPEET scores given by preceptors who had not received training and those who had, with a 0.20 lower mean score for the *experience and education domain* for those who had not undertaken a training programme (β = −0.20, 95% CI: -0.37, −0.20, comparison *p* = 0.023) and a 0.22 lower score for the *satisfaction domain* (β = −0.22, 95% CI: −0.43, −0.17, comparison *p* = 0.034). There were no statistical differences in the *role* or *challenges* domains between preceptors who had trained and those who had not trained (*p* > 0.05). There were also statically significant differences between the preceptor' experience level and the four CPEET domains, as shown in Table 14. For the *role domain*, the novice preceptors had a lower mean score than did advanced beginner, competent, proficient and expert preceptors (*p* = 0.034). There were no statistically significant differences associated with organisational factors and the participant's age, experience in years, gender, religion or frequency of precepting intern nurses.

Table 14: Multivariable linear regression results for CPEET domains

Outcome	Predictor	Comparison	Estimate (95% CI)	Global *p* value
Role domain	Nationality group	Saudi *v*. expatriate	−0.29 (−0.47, −0.12)	0.001
Challenges domain	Nationality group	Saudi *v*. expatriate	−0.25 (−0.36, −0.13)	< 0.001*
Experience and education domain	Nationality group	Saudi *v*. expatriate	−0.44 (−0.64, −0.23)	< 0.001*
Satisfaction domain	Nationality group	Saudi *v*. expatriate	−0.26 (−0.50, −0.017)	0.045
Experience and education domain	Completed preceptor	No *v*. yes	−0.20 (−0.37, 0.20)	0.023

Outcome	Predictor	Comparison	Estimate (95% CI)	Global *p* value
	preparation programme			
Satisfaction domain	Completed preceptor PP	No *v.* yes	−0.22 (−0.43, −0.17)	0.034
Role domain	Preceptor level	Novice *v.* expert	−0.23 (−0.46, −0.01)	0.034
		Advanced beginner *v.* expert	−0.3 (−0.5, −0.6)	
		Competent *v.* expert	−0.3 (−0.6, −0.01)	
		Proficient *v.* expert	−0.4 (−0.7, −0.01)	

4.5 Survey section three: Organisational and cultural results

The organisational and cultural section of the survey consisted of 17 items using a seven-point Likert scale (strongly disagree (1) to strongly agree (7)) to detect if cultural or organisational factors influenced the Saudi and expatriate preceptors' role. An open-ended question was also included in the survey section to allow participants to provide details and mention any other factors not covered in the survey.

4.5.1 Reliability test

Cronbach's alpha was used to analyse the internal consistency of the developed survey as described in Chapter three section 3.6.2.2. Cronbach's alpha is the most widely utilised measure for Likert-scale questions; it ranges from 0 to 1 and aims to compare each item with other items (Schneider et al. 2013). Polit and Beck (2017) noted that high values of Cronbach's alpha imply a scale has internal consistency between items. The Cronbach's alpha values shown in Table 15 indicate high internal consistency for the organisational factor, which consisted of 11 items (α = 0.766) and the cultural factor, which consisted of six items (α =

0.881). DeVillis (2003) recommended that the value of Cronbach's alpha should be α = 0.7 or higher for satisfactory internal consistency.

Table 15: Reliability results

	Number of items	Cronbach's alpha
Organisational factor	11	0.766
Cultural factor	6	0.881

4.5.2 Cultural and organisational factors results

The total mean score for the 11 items in the organisational component was lower for the Saudi preceptors (3.98, SD = 0.799) than for the expatriate preceptors (4.17, SD = 0.862), indicating that organisational factors had a slightly more negative influenced on the Saudi preceptors (Table 16).

Table 16: Mean and SD for organisational factors

Item	Saudi preceptors mean (SD)	Expatriate preceptors mean (SD)	All preceptors mean (SD)
*1. Lack of preceptorship guidelines makes my job harder.	3.31 (1.439)	2.96 (1.506)	3.06 (1.493)
2. My workplace provides clear guidelines for preceptorship.	4.29 (1.444)	4.65 (1.503)	4.54 (1.493)
3. My workplace clarifies the preceptor role and responsibilities.	4.70 (1.369)	5.03 (1.334)	4.93 (1.350)
4. My workplace adequately prepared me to be a preceptor.	4.30 (1.479)	4.51 (1.610)	4.45 (1.573)
*5. My workplace did not provide me with the essential teaching skills needed to be an effective preceptor.	3.74 (1.272)	3.44 (1.539)	3.53 (1.469)
*6. I lack support from my administrators in my preceptor role.	3.27 (1.484)	3.66 (1.548)	3.54 (1.537)
*7. I lack support from my colleagues in my preceptor role.	3.83 (1.612)	4.30 (1.6)	4.16 (1.626)
8. My workplace provides adequate resources, such as training and support, for preceptors.	3.87 (1.3874)	4.30 (1.616)	4.16 (1.580)
9. My workplace adequately trained me to act as a preceptor for intern nurses from cultures different than my own	3.58 (1.507)	3.96 (1.764)	3.85 (1.698)

Item	Saudi preceptors mean (SD)	Expatriate preceptors mean (SD)	All preceptors mean (SD)
10. Local nursing colleges collaborate with my workplace to support my preceptor role for intern nurses.	3.80 (1.900)	3.90 (1.783)	3.87 (1.816)
11. The additional workload such as paperwork, impacts on my role as a preceptor.	5.18 (1.381)	5.26 (1.328)	5.24 (1.342)
Total mean (SD) scores	**3.98 (0.799)**	**4.17 (0.862)**	**4.12 (0.847)**

*Scores reversed

The highest mean for the six items in the cultural component for the expatriate preceptors (4.54, SD = 1.380) indicated that cultural factors negatively influenced their role more so than they did for the Saudi preceptors (3.49; SD = 1.202). The highest scores were noticed for 'Language barriers between me and the intern nurses impact on my role as a preceptor' (mean 5.35, SD = 1.587); 'Cultural differences between me and the intern nurse' impact on my role as a preceptor' (mean 5.09, SD = 1.580)', 'Educational differences between me and the intern nurses impact on my role as a preceptor (mean 4.49, SD = 1.727)' and 'The presence of family and carers impacts on my role as a preceptor' (mean 4.50, SD = 1.761),, as shown in Table 17.

Table 17: Mean and SD for cultural factors

Item	Saudi preceptors mean (SD)	Expatriate preceptors mean (SD)	All preceptors mean (SD)
12. Cultural differences between me and the intern nurses impact on my role as a preceptor.	3.57 (1.717)	5.09 (1.580)	4.65 (1.761)
13. Religious differences between me and the intern nurses impact on my role as a preceptor.	2.68 (1.637)	3.94 (1.777)	3.57 (1.827)
14. Language barriers between me and the intern nurses impact on my role as a preceptor.	3.25 (1.685)	5.35 (1.587)	4.73 (1.877)
15. Gender differences between me and the intern nurses impact on my role as a preceptor.	3.90 (1.669)	3.87 (1.789)	3.88 (1.758)
16. Educational differences between me and the intern nurses impact on my role as a preceptor.	3.63 (1.566)	4.49 (1.727)	4.24 (1.724)

Item	Saudi preceptors mean (SD)	Expatriate preceptors mean (SD)	All preceptors mean (SD)
17. The presence of family and carers impacts on my role as a preceptor.	3.90 (1.662)	4.50 (1.761)	4.33 (1.751)
Total mean (SD) scores	**3.49 (1.202)**	**4.54 (1.380)**	**4.23 (1.412)**

4.5.3 Differences between the Saudi and expatriate preceptor scores for organisational and cultural factors

As shown in Table 18, statistically significant differences were found between the Saudi and expatriate preceptors in terms of their total scores for organisational factors, adjusting for preceptor level and completion of training programme ($p = 0.002$). The Saudi preceptors had −0.38-unit lower mean score, which indicates they disagreed more strongly with the organisational questions than did the expatriate preceptors (estimate = −0.38, 95% CI: −0.62, −0.13, comparison $p = 0.002$).

There was a significant difference in the effect of organisational factors between preceptors who had attended a preceptor preparation programme and those who had not, adjusting for preceptor' experince level and nationality group ($p = 0.002$). Preceptors who had not completed a preceptorship programme had a mean score −0.33 lower than that for preceptors who had completed such a programme (estimate = −0.33, 95% CI: −0.53, −0.15, $p = 0.002$), which indicated the preceptors who had completed a preceptorship programme were less influenced by organisational factors than were preceptors who had not.

There were also significant differences concerning preceptor' experience level and organisational factors, adjusting for completion of training programme and nationality group

($p < 0.001$). Novice preceptors had a mean score −0.75 lower than that for expert nurses, which indicates that they were negatively influenced by organisational factors ($\beta = -0.75$, 95% CI: −1.2, −0.3, comparison $p = 0.001$). Further, significant differences were found between advanced beginner and expert ($\beta = -0.76$, 95% CI: −1.2, −0.4, $p = 0.001$), competent and expert ($\beta = -0.4$, 95% CI: -0.9, −0.004, $p = 0.048$) and proficient and expert ($\beta = -0.6$, 95% CI: −1.0, −0.1, $p = 0.011$) preceptors. This indicates that the expert preceptors were more influenced by organisational factors than were other levels of preceptor' experience. There were no statistically significant differences associated with organisational factors, or a participant's age, experience in years, gender, religion or frequency of precepting intern nurses.

Table 18: Multivariable linear regression results for organisational factors

Outcome	Predictor	Comparison	Estimate (95% CI)	Global p value
Organisational factors	Nationality group	Saudi *v.* expatriate	−0.38 (−0.62, −0.13)	0.002
	Completed preceptor training programme	No *v.* yes	−0.33 (−0.53, −0.15)	0.002
	Preceptor experience level	Novice *v.* expert	−0.75 (−1.2,−0.3)	<0.001
		Advanced beginner *v.* expert	−0.76 (−1.2,−0.4)	0.001
		Competent *v.* expert	−0.4 (−0.9,−0.004)	0.048
		Proficient *v.* expert	−0.6 (−1.0,−0.1)	0.011

4.5.3.1 Cultural factors

Statistically significant differences were found between the Saudi and expatriate preceptors in terms of the total scores for cultural factors, adjusting for level of education ($p < 0.001$).

Table 19 shows that the Saudi preceptors had a mean cultural factor total score that was −1.12 unit lower than that of the expatriate preceptors (β = −1.12, 95% CI: −1.5, −0.7, $p < 0.001$). This indicates that cultural factors had a greater influence on the expatriate preceptor role when precepting intern nurses. Further, those preceptors with a diploma were more influenced by cultural factors than were preceptors with a postgraduate degree, BSN or MSN, as shown in Table 19 ($p = 0.004$).

There were no statistically significant differences associated with cultural factors and participant gender, religion, age, years of work experience, frequency of precepting intern nurses or preceptor level.

Table 19: Multivariable linear regression results for the cultural factors

Outcome	Predictor	Comparison	Estimate (95% CI)	Global p value
Cultural factors	Nationality group	Saudi *v.* expatriate	−1.12 (−1.5, −0.7)	<0.001
	Level of education	Diploma *v.* postgraduate diploma	1.2 (0.1, 2.3)	0.004
		Diploma *v.* BSN	0.68 (0.25, 1.11)	
		Diploma *v.* MSN	1.2 (0.3, 2.3)	

The open-ended question asked the participants if there were any other factors influencing their preceptor role. The response rate for this question was 8.4% ($n = 24$) and one answer was excluded because it was difficult to read the handwriting of the participant. Because of the low response rate, the decision was made to not analyse these data. Regarding integration results, no new data were provided in these responses (see Appendix 19).

4.6 Conclusion

The analysis in this chapter revealed differenced in the perceptions of Saudi and expatriate nurses regarding their role as preceptors. The role perceptions of novice preceptors and those who had not completed preparation programmes were more negative than those of competent preceptors or those who had completed training. Organisational factors had a greater influence on Saudi preceptors than on expatriate nurses. Cultural factors more negatively influenced the expatriate preceptors' role than they did Saudi preceptors. Organisations should be supporting the role of preceptors by preparing programmes that address their needs, and should include the views of nursing colleges.

The next chapter presents the results from interviews with eight preceptors to elicit in-depth information about their lived experience.

Chapter Five: Phase 2—Findings from the qualitative study

5.1 Introduction

The survey results from the Phase 1 quantitative study informed Phase 2 of the mixed methods research, a qualitative study. It was essential to further explore the lived experience of the preceptors to provide insight into the quantitative findings and obtain rich, in-depth information by giving participants the opportunity to share their diverse lived personal experiences and emotions in their own words. This qualitative research study aimed to understand and explore the lived experience of preceptors of intern nurses in Saudi Arabia. To address this aim, interpretive phenomenological analysis was used to answer the following research question: 'What is the lived experience of preceptors in precepting intern nurses?'.

Data were collected from eight participants using a semi-structured interview approach. The transcripts were analysed and interpreted by the researcher based on the six IPA steps outlined by Smith et al. (2009). Three superordinate themes from nine subordinate themes were identified after analysing interview data.

This chapter begins with an overview of the participants' professional and cultural backgrounds. Following this, themes are described and illustrated with participant quotations. Pseudonyms have been used to present participants' demographic data and quotations to protect their privacy.

5.2 Participants' backgrounds

Eight RNs with experience of precepting intern nurses participated in this study. Seven were female and one was male, and they were aged between 25–38 years. As detailed in Table 20, participants came from several countries: Saudi Arabia, the Philippines, India and Egypt. Participants' clinical experience ranged from 1 to 14 years and their years of experience as preceptors ranged from 5 months to 10 years. All participants held a minimum of a bachelor degree in nursing with two also holding a higher qualification. The participants' experiences and opportunities varied depending on their workplace.

Table 20: Participants' profiles

Participant	Gender	Age	Nationality	Qualification	Years of experience as RN	Years of experience as a preceptor
Reem	F	25	Saudi	BSN	1	5 months
Amal	F	28	Saudi	BSN	4	2
Afnan	F	32	Egyptian	BSN	9	3
Hibah	F	34	Indian	MSN	10	3
Farah	F	31	Saudi	BSN	8	5
Ameen	M	38	Saudi	BSN	14	5
Sarah	F	37	Indian	MSN	14	8
Mary	F	33	Filipino	BSN	11	10

Abbreviations: F = female; M = male; BSN = Bachelor of Science in Nursing; MSN = Master of Science in Nursing.

5.3 Superordinate themes

Three superordinate and nine subordinate themes were identified when analysing transcripts from the semi-structured interviews, as detailed in Figure 10. These are arranged to describe the journey that preceptors take as they commence, practise and reflect on the role of preceptor. The first superordinate theme relates to when the preceptor commences their role. This

superordinate has two subordinate themes: role uncertainty and lack of preparation. The second superordinate theme concerns the preceptor practising their role and the challenges they face. This superordinate has four subordinate themes: lived experience of precepting, cultural challenges, role workload and lack of recognition. The third superordinate theme is the preceptor's reflection on their journey, which includes three subordinate themes: personal and professional growth, satisfaction with interns' achievements and preceptors' needs.
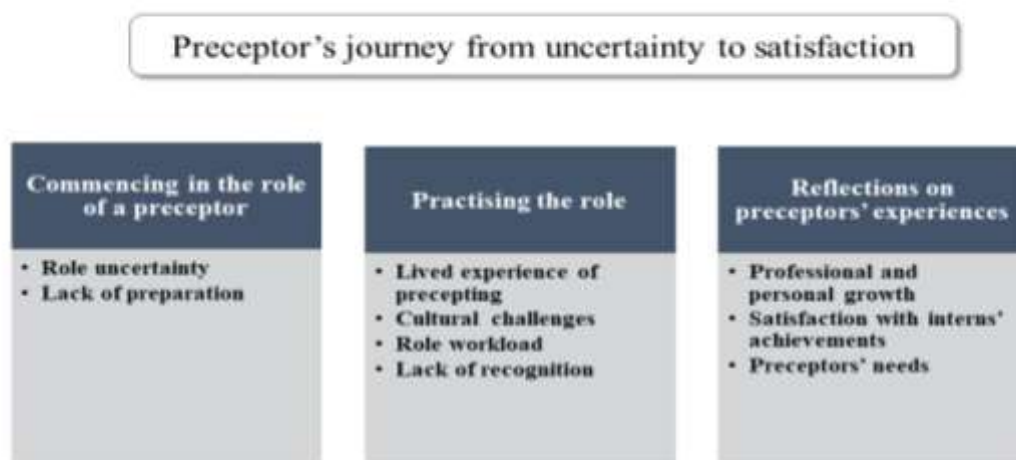
Figure 7: Superordinate and subordinate themes

5.3.1 Commencing in the role of a preceptor

'Commencing in the role of a preceptor' is the first superordinate theme. The preceptors described their experiences of starting in this role including the obstacles they faced and the feelings associated with being a novice preceptor. This superordinate theme consists of two subordinate themes. The first concerns the uncertainty that preceptors feel as they begin their journey in this role, facing difficulties because of a lack of clarity, experience and guidelines. The second subordinate theme relates to the preceptors' lack of preparation when commencing in this role. They shared their feelings and some described how they taught themselves the

skills and knowledge needed to perform their role. These two themes capture the elements described by participants that contributed to their feelings of uncertainty in the role of a preceptor in Saudi Arabia's health system.

5.3.1.1 Role uncertainty

Participants recalled starting their journey with uncertainty and related this emotional burden to the role's lack of clarity, the absence of guidelines and poor communication with the relevant nursing college. Uncertainty about the role was described by most of the participants, and was especially felt at commencement of the role. When the preceptors started on their journeys, a perceived lack of clarity was one of the main contributors to their feelings of uncertainty. Reem saw herself as a *'newborn',* a first-time preceptor, indicating her perception of being a novice who lacked experience. Her use of the term *newborn* likely underscores her sense of being lost, perhaps helpless and unable to perform the role when she began it:

> *My work experience as a preceptor newborn is 4 or 5 months … I never imagined I would be a preceptor in less than a year; of course I had some experience* [as a RN] *but still not enough experience to become a preceptor. (Reem, PP. 1-12)*

Ambiguity concerning the preceptor role when she commenced in the job was also reported by Mary. She had not understood how to operate in the role and uncertainty led to an increase in her emotional burden:

> *Being a preceptor in the first stage when I did not understand how to be a preceptor; I just felt that it was a burden. (Mary, P. 1)*

Moreover, written guidelines on which participants could rely to understand their roles and responsibilities were reported to be absent. Ameen felt that his journey was difficult at the beginning because of the lack of clarity regarding what and how to teach. An absence of guidelines in Ameen's hospital and his lack of understanding of the requirements for his role created uncertainty:

> *At the beginning, it was a very difficult stage. There were no clear and quick guidelines … A lot of things were not clear to us* [preceptors]. *(Ameen, PP. 1-6)*

Reem also reported a lack of understanding of her role, as there were no guidelines describing it. Further, no one explained the expectations and how she could perform the role of preceptor. She instead relied on her own instincts:

> *I keep doing things on my own. No one has taught me that … there is no role description related to the preceptor. (Reem, P. 12)*

The previous participant, Reem, shared that she had agreed to take on the precepting role without clarifying the requirements of the position. Farah also shared her experience of asking for documents to help her understand the requirements and overcome the uncertainty of the role. The educator's response in this case suggested that the hospital was unprepared to formalise the preceptorship training:

> *Actually, I remember one time I asked the educator whether we had something official, some official papers or things like that; she was an* [educator's nationality] *and her name was* [X]. *She said, 'Do not try to open locked doors'. (Farah, P. 14)*

These 'locked doors' reflect a lack of clarity among hospital and university administrators regarding the requirements of the preceptor role, as experienced by preceptors.

Amal also acknowledged the lack of written guidelines but stated that she had received a verbal explanation of the role by the educator. Amal indicated that it was the role of clinical instructors and educators to explain the preceptor role and give feedback to improve her performance:

> *We don't have any written guidelines. But they* [clinical instructors and educators] *guide us and give us feedback for our work. (Hibah, P. 11)*

The nursing colleges perform all the logistic processes for sending the interns to hospitals and monitors intern training. Some participants mentioned the lack of cooperation with the nursing college and that they expected the college to clarify and communicate their roles as preceptors, inferring a feeling of uncertainty among the preceptors.

Ameen expressed frustration about the absence of nursing college staff, who did not have time to sit with preceptors and interns. Ameen began to describe what he expected from the nursing college in supporting both preceptors and interns in their clinical experiences. Ameen felt that the lack of communication indicated a lack of duty of care from the nursing college:

> *There is no cooperation between us. They* [nursing college staff] *only come to identify the students with the things required from them, but nothing else ... I think that they should sit with the preceptors and speak with them about the things that may affect the intern nurses. (Ameen, PP. 10-11)*

Reem also expressed frustration with the nursing college staff, as they had no form of contact/communication with the preceptor after sending the interns; it seemed preceptors were ignored and had to do their job alone:

There is no cooperation between us [preceptor and nursing college staff]*, and ... we do*

not see them [nursing college staff] *... they* [the nursing college staff] *do not ask the*

preceptors about the interns. (Reem, PP. 12-13)

5.3.1.2 Lack of preparation

Being assigned as a preceptor without preparation for the role was a common experience. In describing these experiences, preceptors noted that they were expected to have the skills to create an effective learning environment for interns, facilitate their training and make their overall experience of working as an intern positive. Several participants remarked that their lack of preparation for the role resulted from an absence of educational training, or an inadequacy of educational training:

> *We* [preceptors] *don't have a workshop to improve us as preceptors, or to teach us how*
>
> *to work better and be good trainers and so on. (Afnan, P. 3)*

Lack of preparation was a source of emotional distress, as experienced by Farah. Farah described as difficult the challenges she experienced as a novice preceptor. She expressed several negative emotions, such as worry and fear of being in the responsible position of teaching the intern:

> *At first, frankly, I felt afraid. When you see that people are counting on you, you feel*
>
> *worried, especially when you are afraid to teach them in the wrong way. So, you are*
>
> *afraid to teach a nurse a certain method in case she is not supposed to follow this*
>
> *method. (Farah, P. 5)*

Like Farah, Reem felt the responsibility and pressure of teaching interns and described her 'great responsibility' should the interns do something wrong that reflected poor practice, as she would be responsible for that:

> *It's a great responsibility. If I teach her something wrong, she will never be a good nurse, and I will be responsible for that. So, it's important to teach them accurately. (Reem, P. 2)*

In addition to identifying a lack of preparation for his preceptor role, Ameen stated that the hospital organisation had not prepared a library or room in which he could search for information and read about the preceptorship. Ameen described some frustration at the lack of teaching resources, such as a library and computer to help him:

> *Honestly, there were no resources available in our hospital. There wasn't even a library in our hospital … no private office or a private computer, no resources at all. There wasn't even someone who had started this position before me and had good experience. (Ameen, P. 2)*

Some preceptors mentioned that there had been workshops in the past; however, they had not attended any since being assigned to their role. As Hibah indicated:

> *They said earlier … there was* [a preceptor training course], *but now this is my fourth year and I haven't taken a preceptor course, but there is in plan to soon offer the preceptor course again. (Hibah, P. 10)*

Moreover, Mary and Amal indicated that educational training in the hospital was general, for all nurses, and that the limited number of workshops that might be suitable for the preceptor to attend were scheduled at unpredictable times:

> *In general, there are more educational activities but when you say specific for preceptors, this it is very rare ... rare. Not much, not much. It will happen suddenly. (Mary, P. 18)*

> *Some courses are inside the hospital, but not teaching and preceptorship; these courses are not held inside the hospital. (Amal, P. 9)*

In reflection on Afnan's experience as a new staff member, she said she used the same approach her preceptor had used when guiding her and other interns, which could indicate that she had learned a practical approach from her preceptor:

> *I do what my preceptor was doing with me when I was new; when I became a preceptor, I started to teach and train the new staff in the same way. (Afnan, P. 3)*

Some participants had taken the initiative to independently increase their knowledge and develop their skills as preceptors. Mary decided to overcome the feeling of uncertainty about her role by being independent and taking the lead towards self-directed learning and being confident:

> *My experience, I developed myself, and I developed myself at the bedside. I also gained confidence with the skills that should help in critical areas. (Mary, P. 18)*

Farah similarly said:

>*I need to have more knowledge to be able to teach them* [interns] *anything ... So, I develop myself for the benefit of interns. (Farah, P. 15)*

Further, the difficulties that Ameen faced helped him identify gaps in his skills as a preceptor, and these obstacles motivated him to take ownership and initiative in his learning. He assessed what he needed to learn and invested in his learning by attending courses outside the hospital, which he paid for to develop his skills as a preceptor:

>*In the beginning, it was very difficult. I had to resort to self-education; you have to depend on yourself in order to achieve success ... I had to take training courses outside the hospital at my personal expense, as they were not subsidised. I took many courses in which I learned important skills. (Ameen, P. 1)*

Amal had also sought opportunities to attend courses outside the hospital to become familiar with the preceptor role and overcome her uncertainty. She had the self-awareness and desire to extend her skills by seeking to attend courses outside the hospital that could help her in the role:

>*I went last year for a preceptorship course outside my hospital. If there is any course, any time, I can go. I have requested to attend more teaching* [classes] *or courses* [outside the hospital]. *(Amal, P. 9)*

The experiences of Amal and Ameen in looking for courses outside their organisation indicate they were aware of their limitations and found solutions to overcome the challenges and the difficulties they had faced at the beginning of their role. This also implies a commitment to the role and the quality of service they wanted to be able to deliver.

In contrast, Reem stated that her hospital was running workshops for preceptors every 2 weeks. She felt grateful to attend these to resolve her doubts and clarify her role:

They started to do this 2 months ago ... that's why I'm excited to attend the preceptor workshop. I want to know [about her precepting role] *and realise what I have to do and what I have to get. Because sometimes I feel that I am doing more than what is required from me. (Reem, P. 3)*

In summary, it has been identified that preceptors felt uncertain about their role and found it difficult at first. They experienced negative feelings such as stress, worry and lack of confidence because of the lack of clarity about, and preparation for their role. Participants felt there had been too little contribution from the nursing college in assisting them to train the interns. Where there was an absence of organisational delivery of preceptorship training, some participants demonstrated initiative by searching for courses that met their needs for understanding the role of preceptors and how to assume this role. In the next superordinate theme, participants describe their experiences of practising the role of precepting the interns.

5.3.2 Practising the Role

In this second superordinate theme, preceptors shared how they precepted interns, how they engaged and guided them, and what challenges hindered them as preceptors. This superordinate theme consists of four subordinate themes. In the first subordinate theme, the preceptors shared their lived experiences of precepting and how they supported and welcomed the interns to the environment. The second subordinate theme focuses on the preceptors' challenges while practising their role, specifically those related to cultural challenges. Role workload is the third subordinate theme, describing how the preceptors faced obstacles to balancing their time

between taking care of their patients and guiding the interns. Lack of recognition is the fourth subordinate theme, which describes how preceptors felt upset because they were working diligently but the hospital administrators and nursing college staff did not appreciate their efforts. The next section presents the four subordinate themes based on the preceptors' experiences.

5.3.2.1. Lived experience of precepting

In this subordinate theme, preceptors shared their lived experiences, including preparing interns to feel comfortable in their new learning environment and building rapport and trusting relationships. Participants reflected on their own experiences as students or newcomers in a new environment, which they used to understand the interns' feelings and needs. The preceptors shared that they began by welcoming the interns and providing emotional support to help them feel accepted in the department. For instance, Farah emphasised that it was essential to put herself in the shoes of her interns to understand the anxiety they felt as they considered becoming senior interns. Farah showed her empathy by sharing her previous experience as an intern before providing emotional support to her interns:

> *You* [the preceptor] *should make the interns feel that they are in the right place. You should make the intern feel that you understand her feelings because you have been through the same experience ... they* [the interns] *feel that the place is strange to them ... they are afraid to deal with the patient. So ... make her* [intern] *feel that she is strong enough to be in this place. (Farah, P. 6)*

Like Farah, Afnan, an expatriate nurse, began by reflecting on how she felt as a new staff member. She drew on her emotions and her need for support, reassurance, respect and

encouragement to help her feel confident and enjoy the work. Thus, although her own preceptors had not met her emotional needs, Afnan had positive empathic insights as a newcomer, because her experience had driven her desire to provide a more supportive environment for interns:

> *I have always had this image in my mind. I remember the first day I came to the hospital. I was just a new staff. I remember how afraid I was. I needed people to be kind to me, to support me and to boost my self-confidence … When I see newcomers, I remember myself when I was like them … You have to provide psychological support. (Afnan, PP. 2-9)*

Sarah saw being friendly as the appropriate approach to building a collaborative relationship between preceptor and intern, and to help the intern feel accepted in the clinical practice:

> *I am always friendly … I like to be friendly to them* [the interns] *first. Because when you are friendly, they will approach you very easily. But if you are not friendly, it will be very difficult to make them work. (Sarah, P. 3).*

Ameen fostered for the interns a sense of belonging and felt that caring about the interns' emotions helped him deliver information, provide feedback and enable the intern to accept Ameen as a preceptor:

> *I always try to break the barrier between me and them or between them and the place in order to make them accept everything later on. (Ameen, P. 3)*

After welcoming the interns to the clinical environment and assessing them, almost all participants noticed they were working with two types of intern: those who were interested in learning and those who were not. This led preceptors to consider different management plans for interns about managing interns. Preceptors expressed a variety of views concerning interns' learning performance. Hibah stated that in her 3 years of experience as a preceptor, the majority of her interns had been interested in learning:

> *I have had good experiences with the interns. They really show interest in learning. Ninety per cent of them show willingness to learn. (Hibah, P. 4)*

In contrast, Afnan stated that half of the interns she had encountered had no interest in learning, while the other half demonstrated initiative and internal motivation to learn, which supported Afnan's commitment to her interns:

> *Some of them are very good, active, and love to listen and work with their hands. They stand beside or behind me all the time, wherever I go. They offer help and ask me, 'How can we help you? How can we do so-and-so?' Some people love to learn ... But frankly, over 50% of them do not like to exert any effort to learn. (Afnan, P. 7)*

Sarah believed that interns could learn quickly and easily if they showed a desire to apply what they learned, and shared feelings of frustration about some interns' lack of initiative and interest in the learning process:

> *We have to tell them, 'Do this. Do that.' Sometimes it's happening like this, but if they become interested it's really they can learn and they can also practice ... Also, some don't have any interest ... They come for nothing. (Sarah, PP. 3-6)*

Farah felt that interns lacked a complete understanding of the reason for the internship and the preceptor assignment. This frustrated Farah, and she used the word '*useless*'. She felt sad when good nursing interns who were passionate about learning left the unit. This is a good indication that interns' passion and attitudes towards learning might positively influence the relationship between preceptor and intern:

> *Some people have the ability to learn easily, but some people do not. Some of them come to you just to complete an internship … with some interns, you feel so sad that they are leaving the unit … They perform the work excellently, working and helping well. On the other hand, there are other interns who are useless. (Farah, PP. 2-16)*

Mary questioned why an intern would enter the profession if they were not interested in nursing. Mary described feelings of pity as she strived to improve her interns' modes of learning, teaching them how to be independent and self-directed learners, as they were adult learners and needed to know how to acquire information:

> *Sometimes, I feel that I pity them. If they don't have the interest, what are they doing in the profession? What I'm teaching them is an attitude concerning how to learn and how to improve. (Mary, P. 13)*

Mary suggested the need to inform the interns of the importance of the internship, to help them understand what was required of them and recognise that they were not students anymore:

> *They [interns] are not ready yet to submit themselves to people. It should be taught to them from the beginning before going to bedsides—that the internship will change their way of thinking about their profession. So, this is the starting point of building their seriousness at the bedside. (Mary, P. 14)*

Reem felt satisfaction in her role when teaching interns who were interested to learn and enthusiastic when considering the time and effort she had invested in her interns:

> *When they are willing to learn, cooperate, and have a spirit of initiative, this encourages me and makes it easy for me. It makes me feel happy with my experience as a preceptor. (Reem, P. 2)*

The participants shared how they guided and taught interns after welcoming and supporting them. Mary reflected on her own experience as a student, which allowed her to understand the essential learning needs of the interns and feel confident about it:

> *I start teaching with them; it is like feeling how I was myself when I was a student. (Mary, P. 1)*

Mary also noted that interns preferred to learn by applying skills instead of other ways of teaching:

> *Most of the students love learning by doing everything. But still, this should go hand in hand with rationalising what we are doing … so they do not miss very important points while doing this. (Mary, P. 5)*

Sarah assessed that her interns were more theoretical, so she focused on helping them to apply what they had already learned to feel confident about undertaking the procedures:

> *They* [interns] *are theoretical more than practical, so we* [preceptors] *help them and teach them how to do certain things … because maybe they just have learned about*

these procedures, but they are not familiar with how to do them … making them be

confident to do things. (Sarah, P. 1)

Hibah concluded that her role in teaching interns depended on their needs:

It is up to me how I teach. (Hibah, P. 12)

5.3.2.2. Cultural challenges

Language barriers were an issue that the preceptors described as having confronted while practising their role. Arabic is the native language in Saudi Arabia, but English is the language of communication and documentation in the Saudi healthcare system, as the system relies on foreign nationals, including nurses, to provide healthcare to patients. Pairing an intern with an expatriate preceptor was more challenging for the expatriate nurses than for the Saudi preceptors, as this relationship required communication between the preceptor and the intern. The challenge resulting from language differences was more marked for the expatriate preceptors whose first language was their native tongue and second language was English; they did not speak Arabic.

Mary came from the Philippines. She expressed that she had not attended any cultural orientation about the Saudi culture in Saudi Arabia. Mary shared that she had familiarised herself with this new culture in the absence of a cultural orientation programme. Observing, listening to and communicating with local people helped her in her role as a preceptor:

I have never attended any cultural lectures. This was missed by the organisation. Maybe

they missed teaching expatriates on this point … We just adapt by learning about their

ways, by socialising with them ... by listening to them ... by interacting and understanding their ways. (Mary, P. 9)

Mary continued to share her experiences of using Arabic to instruct her interns. She made an effort by using some words when communicating with interns and by helping them apply their learning to clinical practice:

*The only difference [*between Mary's culture and Saudi cultures] *is how they* [Saudi people] *deal with the language barrier ... I try to use Arabic ... because of my experience here, I have learned some words. I'm trying to correct this* [her pronunciation] *to make the words easier to understand. (Mary, PP. 6-11)*

Hibah stated that although she had come from Pakistan and had not received any cultural orientation about Saudi culture, she found no differences between the two cultures, as they shared the same religion. She further noted that language differences were a significant challenge in her role, influencing how she delivered information and avoided misunderstandings:

I didn't undertake any cultural programmes ... My cultural background is not very different. Though I'm from a different country, the culture of the Muslim community there is almost the same ... I did not find it difficult to adapt to the cultural background of the students or intern nurses. I found difficulty with the language because ... they don't know much about the medical terms or some English terms, and I didn't know Arabic words. (Hibah, P. 11)

Hibah felt that she could fluently explain concepts in Arabic; however, she also described using an English-to-Arabic translator (a phone application) to find words to help her deliver information:

> *I'm fluent in teaching. In terms of teaching, I learned things so that when I teach, if I feel they don't understand I use the Arabic translation of words I'm teaching them.* I use *Arabic translations when I feel they don't understand what I'm teaching them. (Hibah, P. 12)*

Sarah stated that she had limited fluency in spoken Arabic. She was greatly challenged in her role: instructing in English took time from her already-heavy schedule and impaired her interns' comprehension. This influenced the effectiveness of communication and was a source of frustration for both Sarah and her interns:

> *I can understand a little Arabic … We cannot explain very well in Arabic. We have to explain in English … Sometimes some words in English cannot be understood by them* [interns]. *So, it takes more time for them to understand, and it takes time for me to explain it to them. (Sarah, PP. 3-4)*

Although Afnan was from Egypt, and Arabic was her first language, she was more comfortable teaching in English. She felt that explaining the required information in Arabic to her interns was holding her back, indicating that this required a time investment from her. Translation proved problematic for preceptors, as translations could have various meanings. Afnan felt tired of the requirement to instruct in Arabic, which demanded effort in terms of translating the content. Thus, having to explain herself in two languages (English and Arabic) made Afnan feel more tired. She also thought this obstructed her in both her daily activities and career:

Here the culture is tiring. This issue is holding me back ... there are some things that I cannot translate into Arabic. I do not know how to say it to them, but some of them could understand me clearly, ... when we speak with them in English, they respond, speak, and understand English very well, whereas some do not understand anything at all. (Afnan, P. 11)

In Saudi Arabia, nursing theory is taught in English. Saudi preceptors shared their experiences of instructing intern nurses in English as they cannot explain all the medical terms in Arabic. However, the language differences did not impact the Saudi preceptors as much as expatriate preceptors because Arabic is their native language. Farah was from Saudi Arabia and stated that she used Arabic to teach interns in their own language. She used English when describing equipment and using other terms that could not be translated into Arabic. She noted that doing so had not hindered communication or her teaching role:

I cannot teach them everything in Arabic ... I can't tell them about the central tube in Arabic ... If I want to explain a procedure to them, ... I explain it in Arabic. But only the definitions are in English. I provide the terms in English, but I explain it [the procedure] *in Arabic. (Farah, P. 23)*

Amal shared similar views, noting that interns faced challenges posed by language barriers. Her observation may have extended to preceptors' attempts to equip interns with skills and knowledge. Amal suggested that interns needed support, so should be paired with preceptors who spoke their language:

I'm Arabic, but some interns face difficulties because everything is in English. They need more support in English ... they cannot understand everything in English; they need Arabic speakers (Amal, P. 5)

Ameen also shared that he used English in describing the theory and Arabic to teach interns the procedures:

In theory we [preceptors] *are using the English language. As for the practical application, as our normal environment in treatment, we use a mix of Arabic and English. (Ameen, P. 12)*

5.3.2.3 Role workload

The preceptors accepted their role as an extra job on top of providing care to patients. Most of the participants experienced work overload, attempting to balance their role as preceptors while caring for patients. In this subordinate theme, staff shortages are highlighted as a particular cause of increased workloads. Preceptors described feeling increased pressure and stress relating to the requirement to balance their primary role as nurses with their precepting work.

Work overload resulting from staffing shortages was believed to affect the quality of the interning experience, as well as preceptors' satisfaction in their roles. Ameen stated that the increased workload involved in fulfilling two roles had put pressure on him, negatively affecting his ability to instruct his interns. Thus, intern nurses need preceptors that are approachable who could facilitate their learning by explaining things in detail:

We have a shortage, or sometimes we have much pressure at work, whether the overload on you as a preceptor or on the area in which you are working in general, so that all people are busy. You cannot teach them [intern nurses] *everything; you cannot spend much time with them. (Ameen, P. 8)*

Sarah stated that the difficulties she faced with regard to work overload further increased when confronted with understaffing. Sarah expressed feeling overwhelmed by her workload, although she was committed to her role by virtue of her loyalty and her understanding of what the nursing profession required:

when I have a very high work overload, it's very difficult for me to be a preceptor. Then, when there is staff lacking in the department, they overload the nurse; at those times it's very difficult. (Sarah, P. 8)

Farah expressed feeling negative emotions caused by the great demands of her work. Work-related stress reduced her commitment to her precepting role. She was able to speak with her head nurse to have her intern assigned to another preceptor:

We [preceptors] *feel that this is an overload for us* [preceptors]. *We get upset. There are many days on which I feel so stressed and upset, so sometimes I go to the head nurse and tell her to send them to another preceptor until I am free. (Farah, P. 20)*

Similarly, Mary felt an emotional burden because of the extra work, which she felt conflicted with her primary role as nurse:

It was a burden to teach someone because I was already overloaded with work and

responsibilities and I got a student to teach. It delayed my work. (Mary, P. 2)

Reem described that her many responsibilities to not only provide care and teaching but also serve in an administrative position increased her work-related pressure. These challenges hindered her ability to fulfil her role. Reem felt stress in the face of her many responsibilities:

I have to be in charge because the [head] nurse might have a meeting, or other work,

so I am the nurse in charge and the preceptor at the same time. Besides that, I have

patients to take care of; so these are the most relevant obstacles. (Reem, P. 5)

The participants described encountering difficulties in fulfilling their various roles. However, some of the preceptors sought support from their colleagues and heads of department. Some had learned how to manage their time while dealing with their increased workload.

Sarah described receiving support from her colleagues. She explained that, at first, she had refused to be a preceptor, because of the increased workload involved. She then insisted on becoming a preceptor because the heavy workload would help her to learn and to improve her ability to manage her time:

Sometimes, when the workload is greater and when I cannot finish within my duty

hours, I feel like what is this? I'm working so extra burden … But I work because I love

my profession and I feel nursing is a noble profession. (Sarah, P. 10)

Similar to Sarah, Afnan believed that her role as a preceptor was an extra job for her. However, she became better able to manage and balance her responsibility to provide instructions to interns:

so, it is considered an extra job for the preceptor, but in spite of this, I can manage, thank God. (Afnan, P. 7)

Reem stated that the high patient-to-nurse ratio increased her workload when coupled with being a preceptor. However, she appreciated the support she had received from the head nurse when she asked to look after only one patient while precepting interns:

I am responsible for more than one patient, then I have an extra job, which is to teach intern nurses. So, when I have intern nurses to teach, I ask the head nurse to let me take care of one patient only … so that I can focus on the intern nurses. (Reem, P. 5)

Reem also mentioned the support she received from her colleagues, who helped her care for her patients when she felt overloaded with work. This support included time for her to invest in precepting her intern nurses. She further described the effort required for teaching, but was confident in her ability to appropriately manage this effort:

I get support from the department and the nurses, starting with the staff, who assist me when they know that I have a lot of work, which constitutes a hindrance to me … so that I can have the ability and the time to teach them [intern nurses]. *(Reem, P. 7)*

5.3.2.4 Lack of recognition

Preceptors claimed that there was a lack of support in educating and preparing them for their role. They also felt stresses and struggles before they had become familiar with the role and knew how to be a good preceptor. Despite all the effort and initiative that preceptors applied in preparing graduate nurses, they reported feeling underappreciated. The preceptors reported negative feelings such as being upset, and uninspired.

Farah emphasised being undervalued and unappreciated for doing an extra job as a preceptor, without acknowledgement from the administrators. She described herself as 'a piece of decor' when performing all her work without recognition, to express how hard and distressing this was for her:

> *It bothered me, and I felt that I was like a piece of decor, as though I was her* [the educator] *assistant without any benefit. Do you understand me? There is nothing official that proves I have done this work; only me and her who know it, although many people know this but nothing official says it. (Farah, P. 15)*

Reem showed a significant commitment to her preceptor role in giving her time and effort in guiding interns. However, she shared that despite all this effort, there was no appreciation or even the words 'thank you' coming from the administration or university:

> *It's a very bad feeling ... very upsetting. You tell yourself, it's not fair, because I spend a lot of time and exert a lot of effort in teaching them ... then no one appreciates our efforts; even the nursing office, they do not give us a thank you. (Reem, P. 13)*

Farah and Ameen described similar feelings. Despite the internal motivation expressed by Farah about the benefit of her role in making her confident and knowledgeable, she felt upset that here efforts were not acknowledged, such as by an official certificate demonstrating her experience or validation of her experience as a preceptor:

> *We do not get any bonuses, and no one comes to encourage me … or appreciate what I am doing. But I benefit from that on my own; I am learning new things, nothing other than that. (Farah, P. 15)*

Similarly, Ameen said:

> *There is no reward at all; we* [preceptors] *just do the role and do our best. Some of us* [preceptors] *love this field and love to work and give our best efforts. However, there are no rewards at all. (Ameen, P. 8)*

Afnan confirmed that there was no external motivation for her work as a preceptor:

> *We do not get any reward, no certificate of appreciation, no certification of preceptorship, nothing at all. (Afnan, P. 12)*

However, Sarah, Hibah and Reem received support and encouragement in different ways. Despite the lack of rewards, Sarah mentioned the role of nursing administrators in encouraging their role:

> *I don't think they* [nursing administration] *give any rewards, but sometimes they* [nursing administration] *come and encourage us. (Sarah, P. 10)*

Hibah expressed that she received encouragement from administrators about her work and felt appreciated when the students were satisfied and gave feedback about which she felt glad:

> *I'm doing great and I forward my plan to them, and they approve it, and they are happy with the plan ... So, personally, I have had positive feedback ... We* [preceptors] *feel glad when appreciated. (Hibah, P. 16)*

During the monthly evaluation of her performance as a RN, Reem was awarded points by the head of her department for acting in the preceptor role:

> *There are 50 points in the evaluation, so she* [department head] *evaluates everything about me as a preceptor. Sometimes, she gives me three bonus points in the monthly evaluation. (Reem, P. 8)*

The nursing college collaborated with the hospitals to send interns to be trained under the supervision of preceptors. Reem clarified that they were unrecognised not only by the hospitals but also by the nursing college that sends interns for 1 year of training, who did not appreciate the efforts that the preceptors made to support the interns in their practice:

> *All the appreciation and thanks from* [the nursing college] *is directed to the nursing office, who are generally responsible for them* [the interns]*, whereas in fact, we are the ones who really work hard for them. We are the ones who teach them; we keep them focused and correct them all the time. (Reem, P. 12)*

Reem indicated how she worked hard to prepare the intern and smooth their transition. She was frustrated about the ignorance about her role among nursing college staff.

In summary, this theme reflects that the preceptors practised their role by being empathetic when engaging with interns, creating a positive learning environment for them and helping them benefit from the experience. Preceptors encountered barriers that somewhat influenced their role and felt frustrated about these. These barriers included cultural challenges and workload. Participants felt undervalued despite their efforts and the pressure they felt to do the job; however, the internal motivation of preceptors encouraged them to perform their duties. In the next superordinate theme, the preceptors reflected on their journey by sharing their feelings about their experiences despite the challenges they faced. They also voiced a need for help in performing their duties.

5.3.3 Reflections on preceptors' Experiences

In this superordinate theme, participants' reflections about their experiences in precepting intern nurses are explored. It was found that the preceptors appreciated their experience, as it nurtured their professional and personal growth, making up the first subordinate theme. Personal and professional growth appears to have deepened their knowledge, confidence and positive feeling about their role. The second subordinate theme focuses on the preceptors' satisfaction with interns' achievements, which reflects the preceptors' skills in guiding the interns' positive performance. The third subordinate theme concerns preceptors' needs, reflecting that although the preceptors felt positive and satisfied about their role, they wanted an improved experience.

5.3.3.1 Professional and personal growth

Preceptors expressed appreciation for the opportunity to ease interns' transition and equip them with the skills and knowledge required for their role. The preceptors mentioned how the interns

had contributed to their own professional growth and learning. Precepting interns kept them up to date with recent changes and developments in evidence-based healthcare practice. For example, when the interns asked questions or needed more clarification, preceptors might need to read more to find information and answer the interns' questions.

Mary, in practice for 10 years, noticed that being with the intern was an opportunity to update her knowledge, as the intern came to clinical practice with more recent education that they should now learn how to apply in real life:

> *My experience as a preceptor was indeed quite good because when you are always with the student, you are ... refreshing your knowledge and even getting new ideas. (Mary, P. 3)*

Farah had similar views to Mary, expressing a desire to develop her knowledge; she saw the role as an opportunity to stimulate and expand her knowledge:

> *What really makes me accept this role is because it gives me more knowledge ... I benefit from this first and foremost. (Farah, P. 15)*

Sarah expressed a similar view, stating that her role as a preceptor went beyond teaching the intern and required her to keep up to date on advances in nursing:

> *It's not only teaching the preceptee, but it also helps us to refresh our knowledge. (Sarah, P. 1)*

Amal found her journey interesting. She felt that being a preceptor made her curious, as she often needed to search for information that she could share with the intern. Amal also acknowledged that being a preceptor was valuable and added to her nursing experience because it developed her ability to find solutions to any difficulties she faced:

This is a chance for me to learn more and this is very interesting for me ... this adds to my experience. Every time I feel that there's something difficult, I try to gain more knowledge so that I can solve it. (Amal, P. 1)

Preceptors reflected on how the experience boosted their self-confidence: facing challenges at the beginning of their journey could be a positive way for them to feel confident in their precepting role. After struggling to undertake the role of a preceptor at the beginning of her journey, Farah showed an appreciation for her experiences as they contributed to her confidence as an experienced and capable preceptor:

I was afraid, but little by little, I started to feel confident and there was no difficulty, the fear had gone, I wasn't afraid to deal with them [interns] *anymore. (Farah, P. 14)*

Afnan felt proud of her experience, stating that it helped shape her role, improved her self-confidence and brought her increased job satisfaction:

I strongly feel that it gives me more self-confidence. When I see myself as a preceptor, I feel motivated in the place; this makes me feel proud of myself. (Afnan, P. 12)

Reem described a very positive feeling from being a preceptor for a nurse intern. She shared her experience of being a preceptor for the first time with an expatriate nurse, which presented

many obstacles. Reem reflected on her experience as having learned from the most difficult experiences, which had become a pathway to her fulfilment:

As a preceptor for the intern, it was a wonderful experience because I already had a previous background, as I started with the difficult ones who were the new staff, whose language was not like my own and their experience was different from my experience, so working with the intern nurses was very easy for me. (Reem, P. 4)

5.3.3.2 Satisfaction with interns' achievements

The preceptors discussed a feeling of satisfaction when they could see that their work had a positive impact on an intern's clinical skills and performance. Some of the participants expressed positive feelings when they saw interns performing well. Reem shared that she felt a sense of pride when the doctors complimented their intern's work as competent and confident. Reem felt that an intern's performance reflected on her teaching and guidance, and the time that she spent with that intern:

The first time I felt that [positive feeling about her role as preceptor] *was when I was attending a procedure as a preceptor and the intern nurse was attending with me, and the specialist thought that she was one of our staff; she had almost completed her last month in paediatrics, so the specialist asked, 'Who is she working with?'. This was a great feeling for me ... I felt good about that. (Reem, P. 5)*

Mary felt rewarded for her efforts as a preceptor when intern nurses acquired new skills and were able to appropriately apply what they had learned:

If you see a student you have taught demonstrate things to you, then you feel it is quite rewarding. (Mary, P. 3)

Amal also felt positive about her role, and expressed pride when she saw that an intern assigned to her was joining them as a member of staff; when the intern showed an understanding of their duties, she felt that the time and effort spent with them was worthwhile:

I am happy with the intern, and I feel so happy especially ... when they return to us to spend a new year with us, I feel that my effort with them was beneficial ... You [preceptors] *are saving time, not wasting it. (Amal, PP. 1-7)*

Ameen expressed pleasure in his role. He was pleased when he saw his intern become a staff member and receive good feedback, including being energetic and passionate about being a nurse. Ameen felt that he had helped build a good role model for the next generation of nurses:

One of the most positive things is when you build a new generation in the proper way ... when you see them very enthusiastic about what we do, you feel that you want to build a good model. (Ameen, P. 10)

Mary similarly stated:

When I realised the outcome of teaching the students; that it will ease their transition when they join us, I started to teach the students in the best way I can. (Mary, P. 1)

5.3.3.3 Preceptors' needs

Regardless of the preceptors' experiences, which included both difficulties associated with the added responsibility and the positive aspects of being a preceptor, they also voiced certain needs that they hoped would be addressed by their respective organisations, such as clear guidelines, regular workshops and decreased workload.

Despite the satisfaction that Ameen felt with his role as a preceptor, he could not hide his frustration. He reflected on the obstacles that preceptors had long faced and gave the example that those at his hospital had no place to teach and sit with interns. He described how such obstacles influenced the satisfaction of the preceptors:

> [One] *always tries to find a way to make things right, but if these obstacles lasted for a long time, such as there being no place available in the area; of course this will affect the preceptor, especially in his willingness to teach and give knowledge to interns. When you give only 40%, you will not be able to produce better results; you will not be satisfied with yourself. The intern nurse himself, and even the nursing staff, will not be satisfied with this, and it will affect them. (Ameen, P. 9)*

Regardless of the preceptors' experiences in their role, they still needed clear and formal guidelines to define their role. Hibah expressed that:

> *I just feel like if there is a written guideline… (P. 16)*

Reem explained that her responsibilities needed to be clarified for her:

> *I wanted to know and realise what I have to do and what I have to get. Because sometimes I feel that I am doing more than what is required from me. (Reem, P. 8)*

Hibah also expressed the need to regulate and formalise the role of preceptor by clarifying the responsibilities:

> *I see personally if there is a preceptor course or if policies on what exactly it seems to be or the time we have with intern nurses, it would be better, that's all. (Hibah, P. 7)*

Several participants mentioned their need for training to fulfil their role and gain the skills they needed to overcome any challenges they might face. Amal suggested that course content should be based on preceptors' needs and skill deficits, such as how to communicate and build a relationship with different personalities, and the appropriate way to assess those who show a lack of interest in learning:

> *Sometimes, we* [preceptors] *need to learn about how you will deal with a person who doesn't like to learn ... How to deal with different personalities. Sometimes, I have faced a difficulty in assessment. How can I do an assessment if they* [the intern] *are not interested? (Amal, P. 17)*

Mary, with ten years of experience as a preceptor, suggested that the establishment of a preparation course for preceptors would help current preceptors in their role and in recruiting qualified nurses to be preceptors who were prepared for the needs of the job:

> *I think there must be a preceptorship programme to teach qualified preceptors or identify staff who can teach, and build their skills and knowledge. (Mary, P. 20)*

Moreover, Afnan said,

> *There should be a regular workshop for preceptors in order to develop their skills and knowledge ... I need a good workshop. (Afnan, P. 16)*

The participants shared challenges they had faced during their journey and how they needed to be rewarded for their role in helping an intern acquire the required skills and knowledge to graduate as a nurse. Afnan emphasised that preceptors should be rewarded for their role in addition to their usual patient care. Afnan seemed to feel that her requests or wishes were ignored, and she expressed that the real reward came from God and helping others to learn:

All good preceptors have to be rewarded. We [preceptors] *work too hard. Preceptorship is not an easy job; you are supposed to train new staff to be able to deal with patients in the right way ... God will reward us in the end. (Afnan, PP. 13-17)*

Ameen confirmed that rewarding preceptors was essential as they were working extra hours to prepare for the role:

Honestly, yes [we need rewards] *because the preceptor is always trying to develop his skills even after his working hours ... arranges and prepares what he is going to do the next day. (Ameen, P. 8)*

Some of the participants reflected on the role of the nursing college before sending students to fulfil their internship. Preceptors needed the support from the nursing college staff before and during the year-long intern programme. Mary viewed the importance of preparing the intern before they started this experience. This, she believed, could save the preceptor time and help the intern understand their role more comprehensively to be ready for practice, easing the preceptor role and reducing the effort required by the preceptor to guide the intern:

It should be always explained to them [intern nurses] *and let them understand the heaviness or the importance of why they should allow themselves to be taught and should be ready to learn. It should be told to them that the learning will come not only from the preceptor, but should come from themselves. (Mary, P. 14)*

Ameen suggested that nursing college staff play an important role in preceptorship, as they can empower preceptors by teaching them and providing them with all the materials and courses

that help them to perform their role, which could reduce uncertainty. The nursing college can take the initiative and opportunity to appreciate preceptors, without whom their interns cannot complete the internship:

> *They* [nursing college] *should do many important things. First, they can provide us* [preceptors] *with materials ready to be explained. Second, they can provide us with courses, as a kind of cooperation between us. The third thing is that if a reward does not come through the ministry, it can come through the college. (Ameen, P. 11)*

In this theme, preceptors reflected on their journeys and expressed what being a preceptor meant to them and how they had benefitted despite the challenges they faced at the beginning and while performing their role. They expressed their appreciation of the experience of precepting in their professional and personal growth, and their positive feelings and satisfaction when they saw that their work had paid off with interns, when they became competent in certain skills. Further, preceptors wanted the organisation and nursing college to provide them with the required resources to help motivate them to perform the role and ensure the success of the preceptorship programme.

5.4 Conclusion

The findings from the preceptors' interviews about their lived experiences fell into three superordinate themes and nine subordinate themes. The analysis of the preceptors' lived experiences revealed how the preceptors commenced and practised the role, indicating that they felt unprepared for their role, and encountered challenges such as communication barriers and the role's workload. They also felt undervalued by the hospital administrators and nursing college despite having taken on the additional role of precepting the interns.

Despite the challenges they faced, the preceptors felt satisfaction about the benefits they had received from the role and its positive outcome when they saw their interns performing well. The preceptors expressed their need to overcome the challenges they faced and t enhance the effectiveness of their role.

Chapter Six: Phase 3—Data integration results

6.1 Introduction

Preceptors play an important role in teaching nursing students in clinical practice (Bott, Mohide & Lawlor 2011; Madhavanpraphakaran, Shukri & Balachandran 2013). The aim of this study was to identify factors influencing RNs experiences when precepting intern nurses. An explanatory sequential mixed methods approach was used to achieve the study's aim, and consisted of two distinct phases of data collection and analysis as shown in Figure 11.
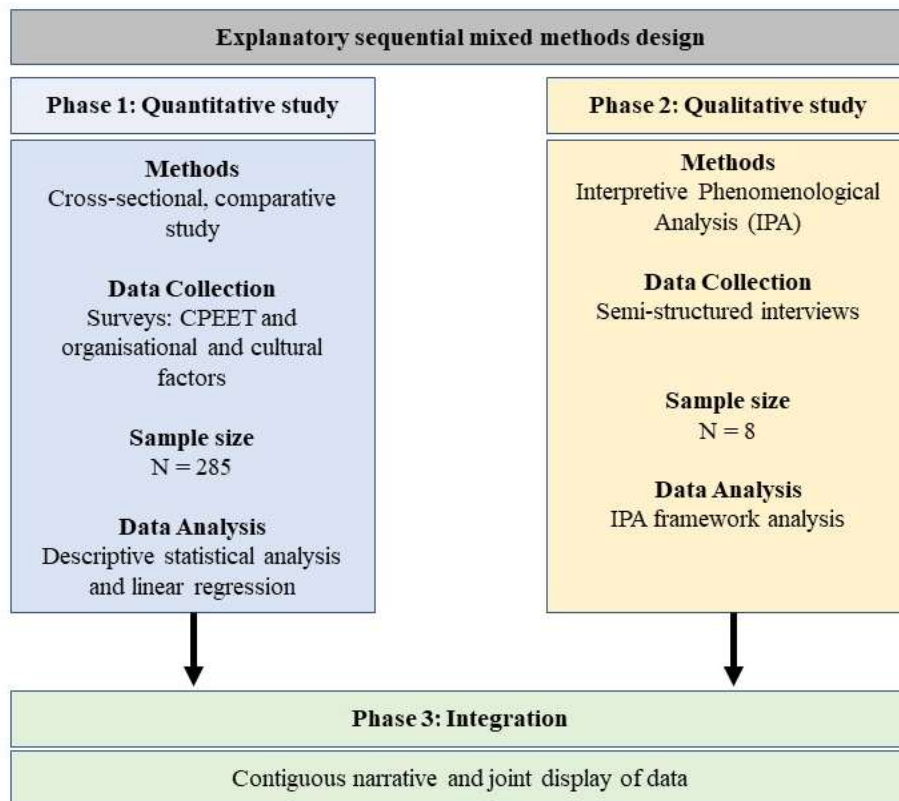
Figure 8: Study design: Explanatory sequential mixed methods

Phase 1 was a quantitative study conducted using a survey consisting of two validated surveys. Data from completed surveys were used to compare Saudi and expatriate preceptors' perceptions regarding their role in precepting intern nurses, and to identify factors influencing them. The results from Phase 1 are detailed in Chapter four. After analysis of Phase 1 data was complete, the findings were used to influence the development of an interview guide for the qualitative phase of the study. Interviews were conducted in Phase 2 to obtain rich and in-depth data on the preceptors' lived experiences with precepting intern nurses. Findings from Phase 2 are detailed in Chapter five. In Phase 3 of this project, the quantitative (Phase 1) and qualitative data (Phase 2) are formally integrated to draw inferences from the respective findings and address the aims of the project.

Integration of findings is an important element of mixed methods research, and in this project was guided by the framework proposed by Fetters, Curry and Creswell (2013). Contiguous narrative and joint display integration at the interpretation level are approaches to integration identified as the most appropriate for the research question, aims and data of this study (Fetters et al. 2013). In this chapter, the integration results are explained in detail, and key findings comparing the results from Phases 1 and 2 presented in Tables 21 and 22 to demonstrates the fit of data and the final integrated result themes. The factors influencing preceptors' roles, including organisational and individual factors, are identified and explored.

6.2 Factors influencing preceptors' experiences in performing their role

When analysing the findings from Phases 1 and 2, it was apparent that factors influencing the preceptor role could be divided into two categories: organisational and individual factors.

These factors are outlined in Figure 12. Organisational factors included poorly defined preceptorship guidelines; limited educational resources to support preceptorship development; high workloads; lack of appreciation; and lack of communication. Individual factors were related to the preceptors themselves: the challenge of precepting across different cultures; precepting unmotivated intern nurses; and preceptors maintaining their own motivation.
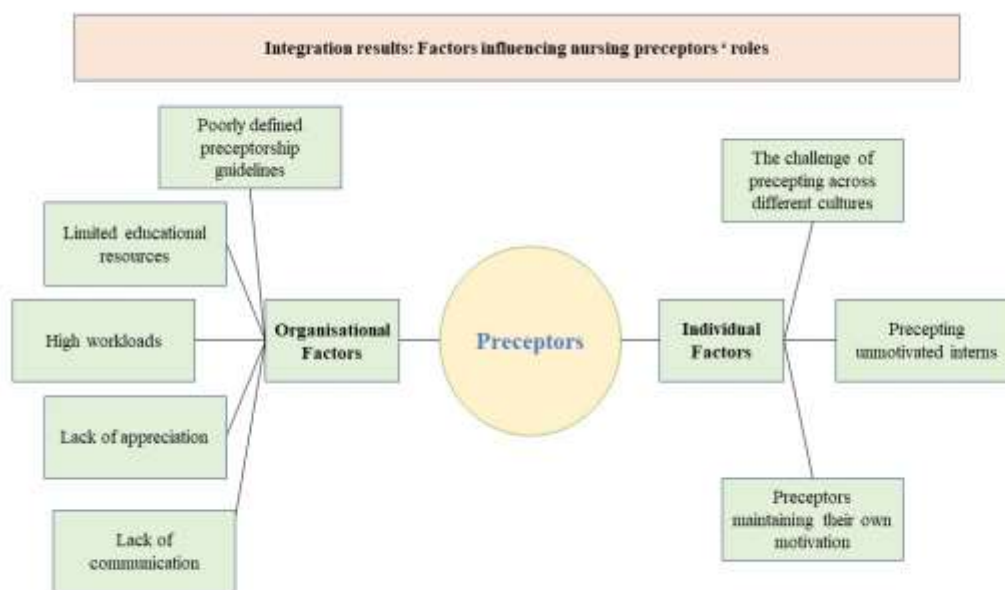
Figure 9: Integration themes: Factors influencing the preceptor role

6.2.1 Organisational factors

Organisational factors impacting preceptorship were evident in the data from Phases 1 and 2 and are presented here as six distinct integrated findings. This section describes the findings by providing evidence from both approaches supporting each factor.

Table 21: Organisational factors—joint display presenting the findings from an explanatory sequential design incorporating the results from Phases 1 and 2

Quantitative results mean (SD) (Phase 1)	Qualitative finding/ subordinate theme (Phase 2)	Fit of data integration	Integration results for factors influencing preceptor role
The low mean score of 4.54 (1.493) indicated disagreement with the statement that workplace clarifies preceptor's role and responsibilities.	5.3.11. Role uncertainty	Confirmation and expansion	Poorly defined preceptorship guidelines
Only 36.8% of participants felt prepared. A low mean score indicated that preceptors' workplaces did not provide adequate training courses 4.16 (1.580).	5.3.1.2 Lack of preparation	Confirmation and expansion	Limited educational resources
Lack of preparation significantly influenced preceptor satisfaction ($p = 0.034$).	5.3.3.1 Professional and personal growth 5.3.3.2 Satisfaction with intern achievement	Disagreement Discordance	
A high score of 5.24 (1.342) meant that preceptors agreed with the statement that workload impacted their duties.	5.3.2.3 Role workload	Confirmation and expansion	High workload
A low score of 3.54 (1.537) indicated that preceptors had support from administrators.	5.3.2.4 Lack of recognition		Lack of appreciation
A low score of 3.87 (1.816) indicated disagreement with the statement that there was collaboration between preceptors and the nursing college.	5.3.2.1 Lived experience of precepting	Confirmation and expansion	Lack of communication

6.2.1.1 Poorly defined preceptorship guidelines

The first integrated factor that was explored relates to poorly defined guidelines. As detailed in Table 21, survey respondents indicated that they needed to better understand the expectations of their role and that preceptors' workplaces did not provide clear guidelines.

During the interviews, participants confirmed that they had entered the preceptor role without guidelines, and described how role ambiguity influenced their emotions and made their jobs difficult and stressful, as the following quotation demonstrates:

At the beginning, it was a very difficult stage. There were no clear and quick guidelines … A lot of things were not clear to us [preceptors]. *(Ameen, PP. 1-6)*

Being a preceptor in the first stage when I did not understand how to be a preceptor; I just felt that it was a burden. (Mary, P. 1)

One of the participants shared the moment when she asked for official guidelines to explain the requirements of her role. The response of the educator in the nursing office indicated that administrators were conscious of the organisational gap regarding the availability of policies and guidelines regulating the preceptor role:

She said, 'Do not try to open locked doors. (Farah, P. 14)

6.2.1.2 Limited educational resources

Responses to the survey in Phase 1 showed that only 36.8% of preceptors felt prepared for their role. Results also indicated that the organisation did not provide adequate resources such as training courses. The participant interviews supported the findings of Phase 1, with evidence provided that preceptors' work environments were not effectively or practically prepared to support them, and that there was a lack of guidance from experienced preceptors:

Honestly, there were no resources available in our hospital. There wasn't even a library in our hospital … no private office or a private computer, no resources at all. There wasn't even someone who had started this position before me and had good experience. (Ameen, P. 2)

Interview participants shared that the lack of preparation affected their emotions when they commenced their role. The preceptors felt that lack of knowledge and low confidence were particularly challenging, and resulted in a fear of practising in the role:

> *At first, frankly, I felt afraid. When you see that people are counting on you, you feel worried, especially when you are afraid to teach them in the wrong way. So, you are afraid to teach a nurse a certain method in case she is not supposed to follow this method. (Farah, P. 5)*

The interviews expanded and provided a deeper and more complete picture of how the preceptors overcame feelings of inadequacy and uncertainty. This was largely accomplished by preceptors taking the initiative and relying on their own strengths and previous experiences to perform their role. Novice preceptors financed and attended courses outside their organisations, which they believed helped them acquire the necessary skills to overcome perceived weaknesses, as shared below:

> *My experience, I developed myself, and I developed myself at the bedside. I also gained confidence with the skills that should help in critical areas. (Mary, P. 18)*

> *In the beginning, it was very difficult. I had to resort to self-education; you have to depend on yourself in order to achieve success ... I had to take training courses outside the hospital at my personal expense, as they were not subsidised. I took many courses in which I learned important skills. (Ameen, P. 1)*

Participants perceived that the lack of educational resources and formal preparation affected not only their emotions, but also their level of personal and professional satisfaction. Findings from the inferential statistical analysis (linear regression) conducted in Phase 1 demonstrated

that a lack of preparation was a factor affecting preceptors' satisfaction. This finding suggested that preceptors who did not attend preparation courses were less satisfied with their role than were those who attended.

Discordance between the Phase 1 and 2 results specific to preparation and satisfaction with the preceptor role is evident here, with the results from interviews somewhat contradicting the quantitative findings. Lack of preparation was seen to negatively influence the level of satisfaction experienced by preceptors in Phase 1, whereas the preceptors interviewed in Phase 2 felt they had arrived at a place where they felt satisfied with their preceptorship role. It may be that those preceptors who felt satisfied with their role underwent an adaptation process whereby they initially felt unprepared, uncertain, afraid and lacked confidence, but ultimately felt satisfied, proud and intrinsically rewarded by their personal and professional growth. The time preceptors spent adjusting to their roles, even though most were not initially prepared, was described as challenging. According to the participants, they experienced satisfaction in different ways, such as through the cultivation of their own personal and professional growth and through the expansion of their knowledge, as demonstrated by Mary's and Afnan's reflections:

> My experience as a preceptor was indeed quite good because when you are always with the student, you are … refreshing your knowledge and even getting new ideas. (Mary, P. 3)

> I strongly feel that it gives me more self-confidence. When I see myself as a preceptor, I feel motivated in the place; this makes me feel proud of myself. (Afnan, P. 12)

6.2.1.3 High workloads

Preceptors felt challenged because their workload required them to perform their precepting function on top of their clinical load. Regarding the organisational factor integration results, Table 21 shows that in Phase 1 the workload negatively influenced the preceptor role, which was confirmed by the in-depth interview results.

Most preceptors acknowledged that the extra responsibilities were a source of stress as they typically prioritised their patients' care over teaching intern nurses because of time constraints. The work environment issues that contribute to preceptors' workload-related stress may also have influenced their mental health. For example, one of the participants described the emotional distress caused by her extra work:

> *We* [preceptors] *feel that this is an overload for us* [preceptors]. *We get upset. There are many days on which I feel so stressed and upset, so sometimes I go to the head nurse and tell her to send them to another preceptor until I am free. (Farah, P. 20)*

The issue of workload was further explained, and the preceptors identified that staff shortages and the busyness of the clinical area contributed to workload pressures as Sarah shared:

> *when I have a very high work overload, it's very difficult for me to be a preceptor. Then, when there is staff lacking in the department, they overload the nurse; at those times it's very difficult. (Sarah, P. 8)*

Extra work was not only related to being a preceptor and patient carer; some participants had administrative work that further burdened them with time constraints. Preceptors should be

able to create a positive learning environment that gives intern nurses the opportunity to develop their skills and ensure that they receive adequate support:

> *I have to be in charge because the* [head] *nurse might have a meeting, or other work, so I am the nurse in charge and the preceptor at the same time. Besides that, I have patients to take care of; so these are the most relevant obstacles. (Reem, P. 5)*

6.2.1.4 Lack of appreciation

As shown in Table 21, the Phase 1 preceptors indicated that they had support from their administrators. However, analysis of the interviews showed that a lack of recognition of the preceptor role in the organisation was a theme that emerged when the participants shared their experiences. Conducting interviews provided insight into the preceptors' complex feelings towards the responsibilities they carried out without appropriate support from administrators in terms of rewards and appreciation for their effort and time. Unsurprisingly after all the challenges the preceptors faced in performing the role, they felt that they lacked support and were unappreciated by the organisation:

> *It's a very bad feeling ... very upsetting. You tell yourself, it's not fair, because I spend a lot of time and exert a lot of effort in teaching them ... then no one appreciates our efforts; even the nursing office, they do not give us a thank you. (Reem, P. 13)*

Farah described herself as *a piece of décor (Farah, P. 15)*

6.2.1.5 Lack of communication

A lack of communication between preceptors and nursing college staff was identified as a challenge. Nursing colleges play an important role in training intern nurses under the

supervision of preceptors. The nursing college must clarify the responsibilities of preceptors and regularly visit preceptors to identify barriers that could affect the experiences of both preceptors and intern nurses.

These results were confirmed by interview findings, as preceptors acknowledged that the lack of communication between preceptors and nursing college staff was an issue. The nursing college staff played an important role in training intern nurses, and needed to have regular conversations with preceptors to identify any issues that could reduce the efficiency of training:

> *There is no cooperation between us. They* [nursing college staff] *only come to identify the students with the things required from them, but nothing else …* I *think that they should sit with the preceptors and speak with them about the things that may affect the intern nurses. (Ameen, PP. 10-11)*

Preceptors further shared that nursing college staff are not only responsible for contacting them about interns, but should also support preceptors by providing them with training and resources that help them become effective educators. Further, nursing college staff should show appreciation towards preceptors by rewarding them for the effort and time they put into training intern nurses:

> *All the appreciation and thanks from* [the nursing college] *is directed to the nursing office, who are generally responsible for them* [the interns]*, whereas in fact, we are the ones who really work hard for them. We are the ones who teach them; we keep them focused and correct them all the time. (Reem, P. 12)*

In summary, Phase 1 identified a number of factors related to the organisation that were confirmed and expanded in Phase 2, providing in-depth understanding of the preceptors'

experiences. As highlighted in both Phases 1 and 2 a lack of clarity and objectives regarding the preceptor role was one of the factors negatively influencing preceptors. Another of the factors impacting the preceptor role was a lack of preparation, as they started their duties with uncertainty. A feeling of being overwhelmed was noticeable at the beginning of the preceptors' journey and the lack of preparation affected the participants' emotions. In addition, excessive workload was an important issue associated with precepting interns and was acknowledged as one of the factors contributing to preceptors' stress. A feeling of being undervalued by the organisation was also identified as a negative factor influencing preceptors' experiences. Finally, a lack of support and communication from the nursing college was highlighted as an issue. Preceptors shared that they overcame their negative feelings about the obstacles they faced by self-studying and acquiring new skills.

6.2.2 Individual factors

Individual factors were identified by integrating the results from both phases in Table 22, which displays the key findings. Individual factors related to the challenge of precepting across different cultures, precepting unmotivated intern nurses and preceptors maintaining their own motivation. This section illustrates the integrated findings from both phases.

Table 22: Individual factors—Joint display presenting the findings from an explanatory sequential design incorporating the results from Phases 1 and 2

Quantitative result/score mean (SD) (Phase 1)	Qualitative finding/subordinate theme (Phase 2)	Fit of data integration	Integration results for factors influencing preceptor role
Only 37.7% of expatriate preceptors had received cultural training. Expatriate preceptors had a high mean for cultural differences influencing their role, which indicated agreement with the statement at 5.09 (1.580). Expatriate preceptors showed scores of 5.35 (1.587), indicating that language barriers influenced their role. The majority of expatriate preceptors (74.1%) assessed themselves as having beginner- or elementary- or intermediate- level proficiency in Arabic.	5.3.2.2 Cultural challenges	Confirmation	The challenge of precepting across different cultures
Preceptors strongly agreed that they were willing to make time to support unmotivated students at 5.39 (1.368).	5.3.2.1 Lived experience of precepting	Confirmation and expansion	Precepting unmotivated interns
Preceptors strongly agreed that they were motivated to precept students at 5.72 (1.106).	5.3.3.1 Professional and personal growth 5.3.3.2 Satisfaction with intern achievement	Confirmation	Preceptors maintaining their own motivation

6.2.2.1 The challenge of precepting across different cultures

Saudi Arabia has a unique culture: the first official language is Arabic, the official religion is Islam and religious principles influence people's everyday lives, the government, law and society. There is a requirement for staff in healthcare organisations in Saudi Arabia to use English as their principal/primary language of communication; hence, overseas staff must demonstrate English proficiency. As shown in Table 22, the majority of the expatriate participants had not attended any cultural orientation preparation sessions in their organisations. The respondents found that cultural factors were challenges, and language

barriers (Arabic proficiency) significantly impacted their role as a preceptor. Most of the expatriate preceptors (74.1%) determined their Arabic proficiency to be at the beginner or intermediate level, meaning that they engaged in limited use of Arabic for communication.

During the interviews the expatriate participants confirmed that they had not attended a cultural preparation programme to help them understand and integrate with the culture. One of the expatriate preceptors expanded on this issue and described how she gained insight into her way of adapting to the new culture, which could reflect other expatriate preceptors' familiarity with the new culture. As preceptors spend more time in Saudi Arabia, they adapted to the host country's culture by communicating and interacting with locals, which helped them adapt to living there:

> *I have never attended any cultural lectures. This was missed by the organisation. Maybe they missed teaching expatriates on this point ... We just adapt by learning about their ways, by socialising with them ... by listening to them ... by interacting and understanding their ways. (Mary, P. 9)*

The expatriate participants shared that difficulties with language were the primary issue that hindered effective communication as preceptors in their teaching and evaluation of intern nurses, unlike Saudi preceptors. Poor communication made it difficult to provide effective training that positively influenced nurse interns and encouraged them to continue in the profession. According to the preceptors, this language limitation indicated that preceptors needed more time to deliver the content and deal with translation difficulties while teaching, which contributed to the complexity of the issue because of a lack of time and excessive workloads. Some nurses shared the following:

I found difficulty with the language because ... they don't know much about the medical

terms or some English terms, and I didn't know Arabic words. (Hibah, P. 11)

Similarly, Sarah said:

I can understand a little Arabic ... We cannot explain very well in Arabic. We have to

explain in English ... Sometimes some words in English cannot be understood by them

[interns]. *So, it takes more time for them to understand, and it takes time for me to*

explain it to them. (Sarah, PP. 3-4)

6.2.2.2 Precepting unmotivated interns

In Saudi Arabia, intern nurses are required to pass their internship year to be officially registered as nurses. Preceptors are responsible for teaching interns how to integrate what they have learned in the classroom in a real environment. Preceptors described that some interns were uninterested in learning, which was another factor impacting their role. As shown in Table 22, the participants in Phase 1 agreed that they were willing to 'make time' to support unmotivated students. It was unclear whether there was an issue with the interns' desire to learn. Conducting the interviews helped to explain the results and clarify how these influenced their experiences.

During the interviews, most participants provided more details about precepting unmotivated interns. One participant shared that most interns were not interested in learning:

Some people love to learn ... But frankly, over 50% of them do not like to exert any

effort to learn. (Afnan, P. 7)

One participant described a connection between an intern's desire to learn and her own feelings and experience in the preceptor role: the more interns were encouraged and interested in learning, the more the preceptor felt happy and positive:

When they are willing to learn, cooperate, and have a spirit of initiative, this encourages me and makes it easy for me. It makes me feel happy with my experience as a preceptor. (Reem, P. 2)

One participant asked why interns chose the nursing profession if they were not interested, and shared how she dealt with her challenges with unmotivated interns. She felt that this question must be considered by the nursing college and intern nurses before they started their training. Additionally, interns were not prepared for the training:

Sometimes, I feel that I pity them. If they don't have the interest, what are they doing in the profession? What I'm teaching them is an attitude concerning how to learn and how to improve. (Mary, P. 13)

6.2.2.3 Preceptors maintaining their own motivation

Preceptors' motivation encouraged them to continue in their roles, despite the obstacles they faced. As shown in Table 22, preceptors' motivation positively influenced their performance and encouraged them to overcome challenges. During the interviews, participants shared that their intrinsic motivation and passion for serving as preceptors and guiding novice nurses drove them throughout their journey despite the lack of support and appreciation. They felt that they benefitted from learning and updating their knowledge, which enhanced their performance and sense of self-confidence, as Farah shared:

We do not get any bonuses, and no one comes to encourage me … or appreciate what
I am doing. But I benefit from that on my own; I am learning new things, nothing other
than that. (Farah, P15)

In summary, individual factors shown to affect preceptors' performance were the need to adapt to different cultures and to use a second language to teach, which were issues for preceptors from different nationalities. They acknowledged that this influenced their role, as they lacked Arabic language proficiency. The second individual factor was regarding intern nurses who were unmotivated to learn, which hindered the effectiveness of the preceptor role and was frustrating for preceptors as they tried to train nurses to be ready for their future careers. Intern nurses must be prepared for their roles and understand their expectations to enhance the experience for them and the preceptors.

6.3 Conclusion

Integration is a cornerstone of mixed methods research. The integration in this chapter drew on the outcomes and lessons from combining more than one phase in a single study to create a more detailed and coherent picture of the role of preceptors in Saudi Arabia. Contiguous narrative integration and joint display were used to identify the factors influencing the preceptors' experiences. The findings from Phases 1 and 2 provide a holistic understanding of preceptor factors influencing their role, illustrated as two broad types of factor: organisational and individual factors.

Participants had the opportunity to share complex thoughts, ranging from feeling a lack of recognition from the organisation to feeling satisfied with intrinsic motivation and rewards. Preceptors shared that their internal motivation drove them to continue and accept the preceptor role despite the lack of appreciation from their organisation. Additionally, the participants shared their experience in precepting unmotivated interns in more detail in Phase 2. The participants in this project perceived their role as challenging because of factors that negatively influenced their role and at the same time provided them with the opportunity to grow personally and professionally. The next chapter discusses the integration findings in the context of the broader body of academic literature.

Chapter Seven: Discussion

7.1 Introduction

Global nursing shortages are impacting the quality of care provided to patients, and have been associated with high rates of hospital readmission, preventable diseases, hospital-acquired infection and low-quality care (Perkins 2021). Prior to the Covid-19 pandemic, the global nursing shortage was estimated at almost six million, however the shortage has significantly increased since the pandemic (Buchan, Catton & Shaffer 2022a). The ICN has identified the need to increase the number of graduate nurses to 13 million over the next decade to mitigate anticipated workforce shortfalls (Buchan, Catton & Shaffer 2022a).

Saudi Arabia, like many other countries, has experienced a shortage of local nurses for decades (Aboshaiqah 2016; AL-Dossary 2018). Nursing Vision 2030 is a government-led initiative that aims to increase the number of Saudis entering the nursing profession by graduating 10,000 nurses per year to meet the demand for 150,000 Saudi nurses by 2030 (Alsufyani et al. 2020). This strategy is anticipated to contribute to the improvement of care, with a particular focus on the provision of culturally and linguistically aligned service delivery that meets the needs of the Saudi population.

An important consideration for this growing population of Saudi nurses is how they are guided and supervised when entering the workforce. Preceptors have a significant influence on the clinical learning environment and the successful transition of intern nurses to practice (Broadbent et al. 2014). It has been asserted that preceptorship successfully supports the student transition from theoretical learning to clinical practice (Ebu Enyan, Boso & Amoo 2021;

Mhango, Baluwa & Chirwa 2021), increases job satisfaction and retention of novice nurses (Arbabi, Johnson & Forgrave 2018) and, importantly, improves the delivery of safe and effective patient care (Arbabi, Johnson & Forgrave 2018; Jonsson, Stavreski & Muhonen 2021). Additionally, preceptorship increases an intern's level of competency (Aboshaiqah & Qasim 2018; Madhavanpraphakaran, Shukri & Balachandran 2013) and confidence (Madhavanpraphakaran, Shukri & Balachandran 2013), strengthens critical thinking skills and increases professional autonomy (Watkins, Hart & Mareno 2016). Therefore, it is important to investigate factors influencing the preceptor role, particularly in Saudi Arabia as there is a paucity of literature focusing on preceptors in that nation. Studies investigating and evaluating factors influencing the preceptor role are limited, so this study provides valuable insights.

The aim of this study was to identify factors influencing preceptors' performance in their roles in Saudi Arabia. An explanatory sequential mixed methods study was conducted. In Phase 1, the aim was to compare Saudi and expatriate preceptors' perceptions of their role and identify if cultural and organisational factors influenced how they performed their duties. A comparative cross-sectional descriptive analysis was conducted to identify factors influencing that role. A total of 285 preceptors participated in the study. The survey findings concluded that organisational factors influenced all the preceptors regardless of their nationality, but cultural factors significantly influenced only the expatriate preceptors. In Phase 2, the aim was to explore the lived experience of preceptors and obtain more detailed information about their experience. Individual in-depth interviews were conducted with eight preceptors. The key findings from the preceptors' journey from uncertainty to satisfaction were categorised into three superordinate and eight subordinate themes. In Phase 3, the results from Phases 1 and 2 were integrated using a contiguous narrative and joint display method to assess the congruity of the data from the numerical and textual results, and to draw conclusions to address the

overarching aim of the project. The findings from the integration process identified two categories of factor that influenced how preceptors performed their roles: organisational and individual factors. The structure of this chapter is based on the final findings of the integration process, which identified the factors impacting the preceptor role. The findings from each are discussed in this chapter in the context of the broader academic literature.

7.2 Organisational factors

This study has identified that many of the factors that influence the experience of the preceptor role result from organisational structures and processes, including poorly defined preceptorship guidelines and policies, limited educational resources, high workloads, lack of appreciation and lack of communication. Each of these factors are discussed below in the context of the broader body of academic literature.

7.2.1 Poorly defined preceptorship guidelines

Regulations and guidelines have been used to establish eligibility requirements for preceptors throughout some health systems globally, and have included specific selection criteria, detailed role and responsibility statements, and prescribed preparation requirements for the role (L'Ecuyer et al. 2018). Preceptorship programmes in different countries have also been standardised using guidelines materials, such as England's National Preceptorship Framework for Nursing (Cox & Wray 2022); and New Zealand's Nurse Educators Preceptorship Subgroup (Subgroup 2010). In Saudi Arabia, a nursing association has recently been established (Alsufyani et al. 2020) with a vision focusing on core competencies, patient safety, ethics for nurses, development of professional standards and protocols, nurse advocacy and research

grant (Saudi Nursse Association 2020); however, that association currently does not provide information regarding nursing education regulations in a clinical environment for nursing preceptors.

Establishing clear guidelines for preceptors to use in clinical education has been reported to be essential for protecting patients, preceptors, nursing students and nursing college staff (L'Ecuyer et al. 2018). This study identified a lack of clear policies and guidelines to facilitate preceptors' understanding of the expectations of their role in Saudi Arabia. The discomfort and stress experienced by participants was linked to the absence of these governance and administrative documents and processes.

In an integrative review of 20 articles, Omansky (2010) concluded that a lack of defined nursing preceptorship roles led to stress, which could be alleviated if the preceptor role was formalised. In this study, preceptors' experiences of role uncertainty were found to be linked to ambiguous expectations from within organisations and from interns.

Poor clarity regarding nursing preceptorship roles is not isolated to Saudi Arabia, with recent data from other proximal countries including Iran indicating there remains a lack of clarity and guidelines for the preceptor role (Valizadeh et al. 2016). In the USA, a review of the regulations regarding preceptorship in undergraduate nursing education found that 11 of the 50 states had no regulations related to preceptors (L'Ecuyer et al. 2018). The authors critiqued the regulations in the remaining states and found there was a lack of depth and consistency in how to best utilise preceptors (L'Ecuyer et al. 2018). The authors of this same study also identified some common selection criteria for employing preceptors, including the requirement to be a licensed

RN with a baccalaureate degree and 1–3 years of clinical experience; however, there a number of inconsistencies were identified across health districts (L'Ecuyer et al. 2018).

If the role of the preceptor is unclear, the benefit to the intern may not be maximised, and the effectiveness of the preceptor role will likely not fulfil its potential. To prevent any misunderstandings that may affect the goals and quality of clinical training, preceptors and intern nurses should be aware of each other's expectations of roles and responsibilities during clinical training. Because of a lack of regulations, guidelines and policies regarding the roles and responsibilities of preceptors, most of the preceptors in this study did not feel adequately prepared for the role.

7.2.2 Limited educational resources

Preceptors are expected to equip novice nurses with the fundamental skills to deliver safe care; socialise interns in clinical practice; and provide emotional support (Billay & Myrick 2008). To meet what is expected of the role, preceptors must be prepared as skilled teachers, able to use contemporary teaching methods, and aware of interns' needs and learning styles. The findings from integrating the two phases of this study indicated that most preceptors did not feel prepared for their role due, in part, to a lack of access to educational resources. These findings are largely consistent with those previous studies examining the preceptorship role (Ward & McComb 2017). For example, a qualitative study involving 30 preceptors in the UK identified that none of the preceptors had received formal training for their role, and they had encountered difficulties as a result of the absence of preparation (Panzavecchia & Pearce 2014).

It has been argued by Kamolo and Vernon (2017), that success in the role of the preceptor depends on the preparation of preceptors. Indeed, evidence suggests that training for preceptors can increase the confidence and competence in the role (Wu et al. 2018). Novice preceptors have reported increased self-confidence, competence and satisfaction following attendance at a training programme specific to the preceptor role (Nelson, Joswiak & Brake 2019). In addition to enhancing the self-confidence of preceptors, it provides them with the knowledge and skills to deal with any challenges or difficulties they may encounter in their daily practice. In the study of O'Brien et al. (2014), preceptors who were adequately prepared for their roles were more likely to deal with the challenges they encountered.

In the current study, most of the preceptors had no preparation for the role, implying that the quality of the intern nurses' training and education in Saudi Arabia may be questionable. Interns who participated in a qualitative study undertaken to identify factors affecting them during clinical training in Saudi Arabia reported that preceptors were unwilling to teach (Najjar & Rawas 2018). The consequence of being unprepared as a preceptor may be expressed in poor support for novice nurses in their transition to professional and registered nursing staff, which is something that organisation leadership should address.

The failure to organise and invest in courses focused on preparing preceptors might reflect an organisation's failure to understand that preceptors must be prepared for their role as teachers as well as being competent and experienced clinical nurses. In this sense, precepting is an art, not just a practice, and it is not sufficient to rely on nurses' clinical capacity and then allocate preceptor roles (Bodine 2019). Unfortunately, preceptors are often assigned the role according to their availability or experience as RNs, regardless of whether they are prepared, willing or

experienced for the teaching role (L'Ecuyer, Hyde & Shatto 2018). Consequently, preceptors experience distress and a lack of confidence on beginning their preceptorship role, and burnout as they continue in the role (Bodine 2018; Valizadeh et al. 2016). In line with the findings of Valizadeh et al. (2016), the participants in this project reported a lack confidence in their teaching abilities and uncertainty about their ability to guide novice nurses appropriately in the absence of specific preceptor education.

The preceptor experience can be described by reference to Benner's Novice to Expert framework (Benner 1982). While preceptors may be competent and expert nurses, it cannot be assumed that they will also be competent and proficient preceptors. In the current study, nurses' experience as preceptors ranged from novice to expert, with almost 31.90% of the participants considering themselves advanced beginner preceptors, while 35.8% rating themselves as competent preceptors. During the interview, one of the participants described herself as a 'newborn': she had less than 1 year of experience in the role and had not been formally prepared for it. According to Benner's theory, advanced beginners have limited experience, which influences their ability to practice basic skills and means they will need support from guidelines or mentors (Benner 1982). Thus, educating beginner preceptors and assigning mentors to assist them in their role can result in an effective and efficient preceptorship experience for intern nurses.

The findings from this project on preceptor experience are consistent with an existing study in the literature. A qualitative study conducted by Miller, Vivona and Roth (2017) explored the experiences of 20 preceptors in terms of their training and preparation for the role as they transitioned from being expert nurses to being novice preceptors. These preceptors faced

challenges that impacted their performance, including the lack of teaching and learning guidelines, inadequate preparation time, inconsistency regarding training for preceptors and lack of support from administrative leadership (Miller, Vivona & Roth 2017). Nurses new to the precepting role may not have the skills, attitude and knowledge to guide novice nurses. There are no recommendations for the level of experience that allows a RN to serve as a preceptor (Fordham 2021). However, preceptor competencies identified in the literature include professionalism, communication, teaching skills and being prepared for the role; these should be explored as a solution (L'Ecuyer, Hyde & Shatto 2018).

In the current study, only 36.7% of the preceptors attended courses to prepare for the preceptor role. While some of the preceptors were prepared, the type of preparation might not meet their needs. Preceptors in Taiwan attended a training course running for 20 hours, but they felt incompetent after completing the required number of hours because the training was more theoretical than practical (Chang et al. 2015). In a qualitative study, 64 preceptors in Sweden who were prepared and had completed a training programme for their preceptor role were interviewed to identify their continuing professional education needs (Bengtsson & Carlson 2015). The results showed that even though the preceptors were prepared, they still needed in-depth training and new ideas to enhance their teaching strategies so they would know how to incorporate their teaching into practice and identify how to match their teaching techniques with their students' learning styles. There was also a need for adult learning principles and guidelines for how to communicate with students to provide feedback in an acceptable way and identify methods to objectively assess student performance (Bengtsson & Carlson 2015). Preparation of preceptors for their role should include life-long continuous educational training pertaining to the preceptor role. This will facilitate student learning and ensure they engage in

safe practice as future nurses. It is therefore important to evaluate preceptor preparation programmes to ensure that preceptors receive the education they need to perform their role.

In a recent systematic review, Griffiths et al. (2022) examined 21 studies conducted from 2010 to 2021 that focused on interventions for preceptor preparation. Eighteen of the studies used pre- and post-testing, two used applied post-testing and one was a retrospective pre- and post-study. The authors evaluated methodology quality using a checklist for reporting educational intervention studies; only two studies were considered high quality, and the rest had moderate quality scores. Griffiths et al. (2022) found that although preparation courses benefitted preceptors in the short term, the majority of the studies used small sample sizes, had short-term intervention outcomes, used limited statistical inferential methods and lacked validity and reliability measures. Of the 21 studies on preceptor preparation, only one was conducted in the Middle East (Jordan), highlighting the paucity of studies on this topic in Middle Eastern contexts. Thus, quality of training programmes should be considered to equip preceptors with the skills and knowledge required for the role.

Preceptors need to be equipped with communication skills, as these are important in building a relationship between preceptor and preceptee. This project's findings are consistent with emergent literature and have important implications for addressing gaps in organisations' workforce planning. Preceptorship content should also be evaluated to ensure that preceptors acquire the necessary skills and pedagogical knowledge to accomplish their role. A recent scoping review of 24 articles on preceptor preparation programmes concluded that there was a lack of research on preceptor communication and interpersonal skill development (Hardie et al. 2022). By developing preceptor training courses that help preceptors to obtain the basic

skills for their preceptorship role, the experience and function of the role itself should be optimised and the transition of interns from student to RN enhanced. Benner's theory may be helpful in the development of a curriculum that satisfies preceptors' needs to cultivate and acquire teaching knowledge and skill, to enhance preceptors' progression.

7.2.3 High workloads

Performing the preceptor role is assumed to be one of the responsibilities of RNs in many healthcare systems globally (Ford, Courtney-Pratt & Fitzgerald 2013). Preceptors have a considerable amount of responsibility as both teachers and nurses, on top of increasing administrative workloads (Mhango, Baluwa & Chirwa 2021). Previous studies have confirmed that workloads challenge preceptors in performing their roles (Benny, Porter & Joseph 2022; DeWolfe, Laschinger & Perkin 2010; Ward & McComb 2017). In particular, new graduates and students often require more preceptorship time, skill and effort than experienced nurses who arrive from a different department or hospital (Benny, Porter & Joseph 2022; DeWolfe, Laschinger & Perkin 2010; Ward & McComb 2017).

The preceptors in this study expressed feelings of stress and being overwhelmed as a result of their workloads, with reports from participants of an expectation for preceptors to perform their teaching role in addition to their primary responsibilities of caring for patients, without adequate time allocation, recognition or compensation. The impact of high workloads and sense of being overwhelmed are not unique to this study (Bodine 2018; L'Ecuyer, Hyde & Shatto 2018). Nurses often experience emotional and physical exhaustion as a result of heavy workloads (Perkins 2021). In the present study, although preceptors experienced a positive attitude towards their role, the workload issue was voiced and highlighted. Likewise, in

Haggerty's (2012) study, preceptors felt overwhelmed and fatigued by the combination of clinical workload and precepting, even though they expressed satisfaction with the experience of precepting.

High workloads affect not only the emotions of preceptors, but also the experiences of interns. Intern nurses in a qualitative study conducted by Najjar and Rawas (2018, p. 50) shared that they felt ignored, with one of the participants describing that '*some of the preceptors are not cooperative with us because they don't have time for us. One preceptor would have six patients with her who don't allow her to find time to teach and answer our questions or even sign our competencies'*. Preceptors prioritise patient care as their responsibility to deliver safe and quality care to patients outweighs their commitment to interns, who are looking for guidance, teaching and support in the real-world environment. DeWolfe, Laschinger and Perkin (2010) claimed that poor performance in the preceptor role was due to preceptors' inability to balance their primary role of delivering patient care in a safe manner with supervising students in an efficient manner. High workloads create a dilemma for preceptors in regard to choosing whether to teach intern nurses, who need to pass the evaluation of each department in their clinical training. The preceptors in this study experienced a high level of workload stress, which they reported hindered their preceptorship role.

Reducing clinical workload was identified by preceptors as a solution that would better allow them to assist students in the clinical environment (Kalischuk, Vandenberg & Awosoga 2013; Omansky 2010) and enable preceptors to allocate protected time to enhance the effectiveness of preceptorship (Madhavanpraphakaran, Shukri & Balachandran 2013; Mhango, Baluwa & Chirwa 2021; Omansky 2010). Trede, Sutton and Bernoth (2016) suggested that preceptorship

should be a collective collaboration between preceptors, their organisations and college staff, instead of an individual responsibility placed only on preceptors. The absence of this collaboration raises concern about lack of support from preceptors. A solution was implemented by a hospital in California: there should a 'lead preceptor' to protect preceptors from burnout and support them in their role (Bodine 2018). The lead preceptor would achieve this by performing a number of tasks, including managing workload and time, assigning 'buddy' preceptors (preceptors paired together with the similar schedule), addressing any concerns from the preceptors'/preceptees' side and assessing preceptors' performance annually (Bodine 2018). Another study achieved this collaboration by instituting a dedicated education unit and using a faculty liaison, demonstrating supportive methods for students and preceptors in clinical training (Hooper et al. 2020; Williams et al. 2021). Such solutions offered by organisations and colleges may ease the negative emotions associated with preceptors' workloads and improve the learning capacity for intern students.

7.2.4 Lack of appreciation

Recruiting nursing preceptors is seen as an ongoing challenge (DeWolfe, Laschinger & Perkin 2010; Ebu Enyan, Boso & Amoo 2021). In this study, lack of support and appreciation from their respective organisations were identified as a negative factor influencing preceptors' experiences: a finding consistent with previous studies (Valizadeh et al. 2016). In some studies, preceptor commitment to their role was positively associated with preceptor support, benefits and rewards (Gholizadeh et al. 2022; Hyrkas, Linscott & Rhudy 2014; Macey, Green & Jarden 2021; Natan, Qeadan & Egbaria 2014). Similarly, acknowledging the preceptor in their role enhanced future commitment (Carlson, Pilhammar & Wann-Hansson 2010). Hence, supporting preceptors by identifying their needs and recognising their work is imperative.

Interestingly, Kalischuk, Vandenberg and Awosoga (2013) found that preceptors in their study preferred non-material rewards, such as providing adequate time to sit with students, which required a reduction in clinical workload. This is consistent with the findings of the current study. Taking workload into consideration could aid preceptors in providing their students with adequate time and may reduce the pressure experienced by preceptors. It is important to recognise that precepting is a valuable element of clinically oriented patient care; therefore, preceptors should be supported in many ways, including formal and informal recognition of their role (Ward & McComb 2017).

Preceptors in the Kalischuk, Vandenberg and Awosoga (2013) study also mentioned that the materials preferred were thank-you cards and certificates of recognition, rather than non-material words. In another study, preceptors wanted credential certificates and financial compensation to remunerate them for the time spent in this role (Madhavanpraphakaran, Shukri & Balachandran 2013). Duteau (2012) stated that, as preceptors contribute to the nursing community, acknowledging their effort is necessary by affording them free educational days or continuing education credit and organising recognition days. A support system can be established and implemented by leaders to recognise, reward and support the preceptor role to optimise its effectiveness.

7.2.5 Lack of communication

The role of preceptors is complex and requires collaboration between educational institutions and organisations (Carlson, Pilhammar & Wann-Hansson 2010; Happell 2009). In Saudi Arabia, nursing colleges collaborate with health facilities to host and train intern nurses under the supervision of preceptors to fulfil academic requirements. The results of the current study

demonstrated a lack of communication between nursing college staff and preceptors. Significantly, it was identified that communication occurred only between nursing administrators and educators, without any direct communication with preceptors. The lack of direct communication between nursing college staff and the preceptors led to a compounded sense of uncertainty about the preceptor role.

These findings are consistent with those of a previous study in which a lack of communication contributed to ambiguity in the understanding of the preceptorship role (Broadbent et al. 2014). A scoping review of 25 studies conducted between 2004 and 2014 also confirmed that preceptors felt unsupported during the most important stage of student development, expressing the lack of support as 'universities at distance' (Trede, Sutton & Bernoth 2016). Recommendations for efficient preceptorship include establishing collaborative partnerships between preceptors and academic educators that facilitate shared knowledge about each other's practice and allow for direct communication (Dev et al. 2020). This should maximise the benefit of preceptorship and address the theory and practice gap that is evident in clinical practice both internationally and in the Saudi Arabian context.

Preceptors participating in a Delphi study in Canada stated that they preferred regular communication in case they had concerns about students' progress, and email communication was more important to them than unscheduled visits from the faculty (DeWolfe, Laschinger & Perkin 2010). In contrast, Broadbent et al. (2014) found that email communication by the university was not sufficient: preceptors required further information and support from the university. In the current study, preceptors revealed that there was no direct communication of any nature between them and nursing college staff.

In a qualitative descriptive study conducted with nine clinical faculty members to identify their roles when implementing preceptorship, the results indicated that their roles started with preparing for preceptorship by identifying preceptors and communicating with students on placement (Chicca & Shellenbarger 2021). Then, faculty members maintained clinical experience by being approachable and accessible to deal with any issues, despite only attending the clinical placement two to three times per semester and checking on progress (Chicca & Shellenbarger 2021). At the end of the clinical training, the role of faculty was to help in the evaluation of preceptorship (Chicca & Shellenbarger 2021).

In the current study, preceptors recommended that nursing faculty should have a role in providing them with preparation resources, and should acknowledge their role in training intern nurses. McQueen et al. (2018) stated that the nursing faculty has a role to play in mitigating the barriers that students face by reviewing preceptors' preparations and assessing how they support the preceptors. Although the literature discusses the need for the university to play a role in developing an environment that is supportive for the preceptor, this support is lacking (Broadbent et al. 2014). No studies have focused on supporting the preceptor role in Saudi Arabia and even the role of nursing colleges in assisting preceptors is uncertain.

Although preceptors could attend a preparation programme conducted in their healthcare institution, they still need support from the faculty to clarify students' objectives. Usually, preparation courses focus on pedagogical skills, communication skills, preceptor roles and responsibilities, but students come from different institutions with different learning objectives and curricula. There is a need to emphasise the academic educator's role in achieving the expected experience outcome.

Preceptors, intern nurses and nursing college staff need to work together to clarify the expected roles and responsibilities of all to achieve the best possible experience and training as expected. Faculty members play a liaison role with nursing staff to discuss learning objectives, contribute to bridging the theory–practice gap and assess the progress of learners (Hickey 2010). If there is an open conversation between the nursing college, preceptors and organisation, this might enhance the preceptors' experiences by supporting them in understanding their expected role; in addition, this may help them to understand the nursing curriculum and the learning needs of the intern, thereby assisting in narrowing the theory–practice gap.

7.3 Individual factors

In the current study, individual factors influencing the role of the preceptor were identified; they included the challenge of precepting across cultures, precepting unmotivated interns and preceptors maintaining their own motivation. Each of these factors is discussed in more detail below, and with reference to the broader academic literature.

7.3.1 The challenge of precepting across different cultures

Saudi Arabia historically suffers from nurse shortages due to local citizens' lack of interest in pursuing nursing as a career, for socio-cultural reasons (Aboshaiqah 2016; Elmorshedy et al. 2020). Since expatriates form a large proportion of health organisation staff, they are often responsible for guiding novice nurses' clinical education, making an understanding of culture a critical issue. Expatriate preceptors in this study were drawn from five countries, with the largest proportion being from the Philippines and India. The findings of this study indicated that preceptors perceived cultural differences, which negatively affected their performance of

their role, as well as a lack of cultural orientation for expatriate nurses. In light of the PCCM (Purnell & Fenkl 2021), the study findings can be interpreted as the preceptors being 'consciously incompetent' because they were aware of their need for cultural knowledge, which led to feelings of incompetence that affected their performance. The nursing environment in Saudi Arabia is complex because most Saudis have the same culture, such as speaking Arabic and following religious principles, laws and practices, which often makes it difficult for expatriate nurses to adjust (Al-Yateem, AlYateem & Rossiter 2015; Dousin & Sulong 2021).

Findings from this project relating to the cultural and linguistic challenges experienced by expatriate preceptors are supported by evidence from previous cross-cultural studies on the experiences of expatriate nurses working with patients and their families in different countries. A recent umbrella review of ten articles (one meta-analysis, two systemic reviews, two integrative reviews, one scoping review and four literature reviews) on the cultural challenges of nurses working in foreign countries concluded that cultural and linguistic differences negatively impacted nurses' work experience as RNs and their adaptation to new cultural environments (Balante, Broek & White 2021). Further, Al-Yateem, AlYateem & Rossiter (2015) and Kuzemski et al. (2021) found that cultural and religious knowledge gaps and communication barriers contributed to culture shock among expatriate nurses working in Saudi Arabia and the United Arab Emirates (UAE). Expatriate nurses in the Kuzemski et al. (2021) study reported that managers provided limited cultural sensitivity training sessions, which contributed to their difficulties with adapting to the new culture. Nurses who supervised international students with different languages and cultures faced communication challenges because of language barriers, cultural differences and inadequate preparation for supervising international students (Newton, Pront & Giles 2016).

Communication is one of the key domains in Purnell's model (2005) in which healthcare providers need to be competent. Nursing requires complex and accurate communication skills to establish interpersonal relationships, delegate tasks, document care, resolve conflicts and provide feedback (Alshammari, Duff & Guilhermino 2019). A preceptor may be required to engage in conversations with students regarding patient cases and ask questions to improve their reasoning and critical thinking skills, as well as provide critical feedback to students. These skills are essential for patient and staff safety and require nuanced understandings of language to avoid miscommunication and critical incidents (Newton, Pront & Giles 2018). Therefore, language barriers may pose more challenges and frustration than cultural differences for nurses who supervise international students (Newton, Pront & Giles 2018). In this study, expatriate preceptors rated their Arabic language speaking proficiency and the majority classified themselves as beginner or intermediate. This lack of knowledge of Arabic led expatriate nurses to experience communication challenges when teaching intern nurses in clinical training.

Such concerns about language and culture were noted in a recent integrative review, which examined 20 articles to assess patient–nurse communication in Saudi Arabia. It concluded that language barriers negatively influenced the interaction and relationship between patients and expatriate nurses, leading to patient dissatisfaction regarding care and poor patient safety resulting from communication misunderstandings (Alshammari, Duff & Guilhermino 2019). In a number of studies, nurses in English-speaking countries who did not have English as their first language faced language-related challenges when communicating with patients and their families, despite their language preparation (Balante, Broek & White 2021; Gerchow et al. 2021). Sedgwick and Garner (2017) suggested that language examinations should consider the need for nurses to have sociocultural skills in addition to linguistic knowledge. This suggestion

reflects the idea that language is part of culture and that these concepts need to be inherently linked to help expatriate nurses assess their cultural competence and adapt to a new culture.

Solutions to minimise communication barriers between preceptors and interns have not receive much attention in the literature, however the use of technology and interpreters to enhance nurse–patient communication has been studied. Personal interpreters can mitigate communication barriers between nurses and patients and their families; however, interpreters are costly (Al Shamsi et al. 2020). The use of innovative technologies such as translation apps can also help ease communication problems and mitigate language barriers between nurses and patients from different backgrounds (Hwang et al. 2022). However, such apps have drawbacks; for example, concerns have been raised that inaccurate translation can pose a safety risk to patients (Ji et al. 2021). Further, using online translation tools may not be a practical solution for communication between preceptors and students because preceptors are busy with patient care and do not have adequate time to work with interpreters or use technology. This may raise challenges for the MOH's strategies or actions for addressing expatriate nurses' challenges. The MOH could establish a supportive strategy to encourage expatriates to learn Arabic by providing resources to enable them to more effectively manage and engage with patients, families and students under their supervision.

This study's results indicated a lack of leadership support and awareness from leadership for expatriate nurses in regard to adjusting to the culture, and a lack of language skills training courses. This lack of support influenced the preceptors in performing their role of teaching interns the required skills to be competent and prepared for their future careers. Similarly, Balante, Broek and White's (2021) review highlighted a noticeable paucity of cultural

programmes to help international nurses integrate into the local culture, as well as a lack of cultural preparation for nurses who supervised international students (Newton, Pront & Giles 2016).

The majority of the preceptorship literature has been conducted in Western countries (Quek & Shorey 2018), and there is a gap in evidence regarding essential cultural competence skills for preceptors who work in other countries. A systematic review of 12 articles that assessed best practice for preceptor development found that the content mainly focused on communication (75%), giving and receiving feedback (83%), role and responsibilities (58%), adult learning theories (58%) and clinical judgment development and evaluation (50%; Windey et al. 2015). Cultural competence content was not included. Similarly, a systematic review conducted by Wu et al. (2018) to identify the most common topic in online preceptorship training programmes found that role and responsibilities, adult learning theories, teaching method, feedback and evaluation were popular in online modules. Because of the immigration and globalisation of moving nurses to work in countries other than their own, this finding has important implications for considering the cultural education necessary to prepare preceptors.

The education needs of 27 expatriate nurses regarding a culture different from their own were investigated in a qualitative study in Saudi Arabia and the UAE, and the results revealed that expatriates needed education on the principles of Islam; basic Arabic language skills; and social characteristics such as gender-related issues, social supports and family structures, to deliver effective patient care (Al-Yateem, AlYateem & Rossiter 2015). Consequently, expatriate nurses may require further orientation to ultimately facilitate their preceptorship regarding understanding the local culture of intern nurses.

7.3.2 Precepting unmotivated interns

In nursing education, clinical learning environments are crucial for providing students with learning opportunities that meet their needs as novice nurses (Houghton 2014). Preceptors in this study reported their concerns that interns were not engaged in learning processes the preceptors believed were important when entering clinical practice. This finding is consistent with those of a study conducted by Kalischuk, Vandenberg and Awosoga (2013), which showed that one of the most significant challenges that preceptors faced was managing uninterested and unmotivated students. Similarly, preceptors in Ghana reported that nursing students appeared uninterested and unmotivated (Ebu Enyan, Boso & Amoo 2021). Although the preceptors in the Madhavanpraphakaran, Shukri and Balachandran (2013) study conducted in the Oman context reported that students responded positively to their feedback, and demonstrated professional behaviour and effective communication skills, they still noted that the students were neither committed nor motivated to care for patients. Preceptors felt positive when students were motivated and understood their responsibilities and scope of practice, which reflected adequate student preparation (Broadbent et al. 2014).

In the current study, preceptors noted that interns lacked enthusiasm for engaging with preceptors. The lack of preparation of preceptors for their role may have contributed to the intern nurses' reported lack of engagement and interest in learning. If preceptors are better prepared and equipped with teaching theoretical concepts that facilitate a deeper understanding of the needs of students in the clinical environment, for example applying Benner's theory of transition from novice to expert, they may better engage interns in the preceptorship experience (Benner 1982). The preceptors may need to identify why intern nurses are disengaged from the

preceptorship process and consider alternative pathways to facilitate interns' adaptation to the clinical environment.

The reasons why interns are unmotivated should be investigated in more depth to find solutions that help enhance the experience of both interns and preceptors. Language barriers, which were discussed in this chapter, might be one of the reasons that preventing interns being more motivated to perform well according to the preceptors. Language barriers from the perspective of preceptors and their limited Arabic proficiency were discussed earlier. However, intern nurses may face a similar language barrier if they have limited English language proficiency, which impacts their interactions and ability to learn (Alhosis & Alharbi 2019).

7.3.3 Preceptors maintaining their own motivation

Despite the challenges facing preceptors in the current study, they felt their own intrinsic motivations helped them to continue precepting novice nurses. The participants reflected on how the experience helped them to develop professionally and personally, as precepting interns kept them up-to-date on recent changes and developments in healthcare practice. The findings are supported by previous studies (DeWolfe, Laschinger & Perkin 2010; Ebu Enyan, Boso & Amoo 2021; Muir et al. 2013) showing that preceptors highlight their role as crucial in updating their own evidence base and knowledge for practice. Preceptors and preceptees have a reciprocal relationship, with preceptees able to inspire preceptors as well (Happell 2009). Similarly, preceptors in one study stated that students brought 'fresh eyes and new knowledge to our facility' (Broadbent et al. 2014 p. 406), indicating that preceptors benefitted from their role. Preceptors in that study also agreed that the role benefitted most of them by highlighting

their professional development needs and helping them maintain their professional identities (Broadbent et al. 2014).

A significant benefit of being a preceptor is contributing to the nursing profession (DeWolfe, Laschinger & Perkin 2010). Preceptors have expressed feeling of satisfaction related to the intrinsic benefits of their role (Lafrance 2018). Testing the hypothesis to investigate differences in the level of job satisfaction between those who have functioned as preceptors and those who have not is recommended (Fordham 2021).

The preceptors' motivations in this study were not only associated with the benefits they received, but also how they felt when observing intern nurses and the positive impact of their precepting on the interns' confidence, skills and knowledge. Previous studies have confirmed the finding that preceptors felt their experiences were positive and rewarding when they contributed to preceptees' development and growth (Broadbent et al. 2014; Ebu Enyan, Boso & Amoo 2021; Kalischuk, Vandenberg & Awosoga 2013; Lafrance 2018). The benefits of preceptorship are broader and go beyond the satisfaction felt by preceptors, expanding to their influence on students' passion to pursue a nursing career (Broadbent et al. 2014). The preceptors in the current study found sharing their experiences and knowledge to help the future generation of nurses a privilege, regardless of the obstacles they faced. This result is consistent with a previous finding that, despite preceptors feeling unprepared for their role, they would be willing to be a preceptor again; based on their experience, precepting students was viewed as a positive aspect of their RN role (Broadbent et al. 2014). Based on the participants' experiences, andragogy principles were evident that included self-direction, maintenance of internal motivation, use of experience and a desire to learn (Knowles, Holton & Swanson

2011). A benefit of enjoying the preceptor role might be helping novice nurses choose the profession and enhance their quality of care, which ultimately benefits patients.

The final chapter concludes this thesis and discusses the study's strengths and limitations as well as recommendations derived from the findings.

Chapter Eight: Conclusion and recommendations

8.1 Introduction

In this chapter, conclusions are drawn from the study about the factors influencing nursing preceptors in Saudi Arabia. The project's strengths and limitations are outlined and recommendations based on the main findings are presented. Recommendations are categorised into sections with targeted suggestions for key stakeholders who have influence and authority with regard to the quality and effectiveness of nursing preceptorship: leaders in health organisations and leaders in educational institutions. Recommendations for future investigation and research of nursing preceptorship in Saudi Arabia are provided.

8.2 Project's summary

The available evidence emphasises the advantages of preceptors in undergraduate nursing education, as they help in the acquisition of skills and knowledge to develop students' confidence and competence (Billay & Myrick 2008). Evidence also suggests that graduate nurses' intentions to remain in the profession may be enhanced through preceptorship programmes (Kaihlanen et al. 2020). It has been claimed that a vital step towards ensuring that students have a better transition from the university to clinical environment is to invest in the development of nursing preceptors (L'Ecuyer, Hyde & Shatto 2018).

This project was conducted in Saudi Arabia using a mixed methods approach to investigate factors influencing the experience of the preceptors role. An explanatory mixed methods approach was used, starting with quantitative research in Phase 1 and qualitative research in Phase 2. Phase 1 focused on collecting broad information about preceptors in Saudi Arabia—

as there is a notable gap in the literature about their status in Saudi Arabia—and identifying factors influencing the preceptor role. The second phase focused on interviewing preceptors to obtain in-depth information about their experiences, and expand on and understand the results from Phase 1. The final results from Phases 1 and 2 were integrated in Phase 3 using contiguous narrative and joint display methods.

In conclusion, this study found that the majority of preceptors did not formally prepare for the role, and consequently, preceptors faced challenges in performing their role that led to a range of negative feelings, such as stress, low confidence and self-doubt. In addition to poor preparation, preceptors felt overwhelmed by their responsibilities and the lack of clarity and guidelines about their role. They also experienced a heavier workload, as they were tasked with guiding and teaching interns in addition to clinical workloads. The lack of leadership support for preceptors is notable, and the preceptors in this study described a lack of appreciation. The study also concludes that the role of nursing colleges is not clear, and the preceptors experienced and described a lack of communication with nursing college staff. They also experienced poor engagement from interns. Although the preceptors reported challenges in the role, they felt positive and satisfied about the experience as an exchange of learning between preceptors and interns. All the previous organisational findings are aligned with the international literature, however, this study found that expatriate preceptors are challenged by cultural factors that need more attention. The outcome of this study reflects issues that need urgent attention to reduce the shortage of nurses worldwide.

8.3 Project's strengths

The mixed methods approach provides rich information that helps to obtain an overview and understanding of a specific topic. In this project, quantitative and qualitative phases were conducted and results were integrated to provide a comprehensive understanding of current factors influencing the role of nursing preceptors in Saudi Arabia.

This study contributes to available knowledge about preceptorship in Saudi Arabia to provide insight into the preceptor lived experience, and the quantitative study attempts to gather preceptors' perceptions and the factors influencing them. This study adds new insight into the experience of expatriate nurses who act as preceptors for local nurses. With increasing mobilisation and globalisation of nurses; this study contributes to the body of knowledge that can be used to train preceptors to be culturally competent.

8.3 Project's limitations

Although this project contributes to current knowledge about precepting in Saudi Arabia and the role of expatriate nurses from different nationalities in the precepting role, it has some limitations. The study was conducted at five hospitals in a single city, Makkah. Because of the uniqueness of the city as sacred according to Islamic principles, only Muslims are permitted to enter Makkah. In this study, four of the hospitals were located inside the holy city, and one on its outer border. Thus, the majority of the participants were Muslim and from Asian countries, with small number of non-Muslims. No Western nurse preceptors participated in this project. Nurses from Western countries usually work in other hospitals managed by other organisations, such as the military sector. All hospitals participating in this study were managed by the MOH.

Therefore, results from this study may not sufficiently reflect the experiences of nursing preceptors throughout Saudi Arabia. In Phase 1, data collection was based on self-reported survey responses, potentially limiting the generalisability of the data. The limitations in this project may influence a broad generalisation of the findings presented in the conclusion of Phase 3.

8.4. Recommendations

Recommendations are provided according to the main findings regarding factors influencing the preceptor in performing their role. The findings indicated that organisational factors have a significant influence on preceptors; thus, it is imperative that leaders understand the role of preceptors to mitigate the impact of challenges. Leaders in nursing education and health organisations should collaborate and work together to shape and regulate how preceptors guide intern nurses from colleges.

8.4.1 For leadership in health organisations

The benefit of preceptorship in introducing newcomers to the clinical environment is evident in the literature. Interns should have a positive experience to retain them in the healthcare profession. This study identified issues faced by preceptors in health organisations in the Saudi Arabian context. One of the identified issues is a lack of clarity and guidelines about preceptorship. A set of national preceptor guidelines for Saudi Arabia should be developed, clearly established and included in policies for clinical training. The guidelines should include the core concepts or items of preceptorship: rigour of preceptor selection; role and expectations of the role; and education and preparation of preceptors for the role. According to Haggerty

(2012), preceptorship is most effective when preceptors are selected formally and provided with appropriate resources and education. Preceptorship should be part of national Saudi Arabian healthcare policy and be structured and organised to maximise the benefit for preceptees, preceptors and the organisation in retaining novice nurses in the profession. This consequently will create opportunities for improving patient outcomes. The policy should include supporting preceptors by minimising the challenges they encounter, such as lack of preparation, excess workload, lack of appreciation and cultural challenges for expatriate preceptors. The recommendations regarding each of the factors identified by preceptors in this study are discussed below and shown in Figure 13.

Figure 10: How leadership can improve support for preceptors

Preparation of preceptors is vital to ensure that they perform their role effectively. Thus, the organisation and nursing college must collaborate and invest in educating and preparing preceptors for their role. This study identifies the importance of developing a curriculum that

incorporates both teaching principles and cultural training. Preceptors need to be effective in the teaching role; understand pedagogy; and possess the ability to assess novice nurses' learning needs and use different teaching methods that match preceptees' needs. Providing feedback and having the ability to objectively assess students are important skills that need to be delivered and implemented in more effective and constructive ways that help preceptees to develop. In addition, to be able to deliver feedback, communication skills are important for preceptors to engage and build a relationship with interns. Preparation courses could be run using innovative methods, online modules and flipped classes to ensure that the target audience can attend. Frequent assessments of these courses from the preceptors' perspective and asking about their learning needs should be undertaken to capitalise on the expected advantages of the programme.

Cultural training for current and new expatriate nurses should be conducted to minimise preceptors' challenges and enhance their engagement with the host country's culture. The Purnell framework provides a very informative guide for improving the cultural competence of health workers in dealing with patients. It could be used in an orientation programme for expatriate nurses to help them adapt to and understand the culture of the population. Identifying that the expatriate preceptor needs to be more engaged and culturally sensitive in their precepting role to deliver an effective preceptorship is important for them. Language obstacles faced by preceptors in speaking Arabic, and interns in speaking English, need further investigation. Expatriate nurses should be encouraged to learn Arabic to help them interact and communicate with learners and with patients and their families, which may improve the outcomes for learners and patients. Structured courses in the Arabic language with the required materials are needed and could be a combination of online resources and frequent workshops to help expatriate nurses improve their level of Arabic language proficiency.

Workload is an issue that has a negative impact on preceptors emotionally and reduces the availability of protected time for guiding intern nurses. The lack of protected time for preceptors needs to be considered to enhance the quality of nurse training programmes. Thus, administrators and policymakers in the organisation should consider the workload of nurses assigned to take on the responsibility of teaching intern nurses. Nursing administrators and institutions should work together to determine how to reduce preceptors' clinical workloads and find innovative methods that help them be effective in their teaching role while being able to deliver care. One possible solution is to assign preceptors a manageable number of patients with less demanding care requirements, ask preceptors' opinions and engage them in discussions about regulating the preceptorship to create safe and positive clinical training.

Acknowledging and appreciating preceptors for their work has benefits not only for preceptors but also for the organisation in training both interns and new registered staff, which helps to improve their confidence and skills and socialise new staff into the culture of the nursing profession. Preparing an annual appreciation gathering could motivate preceptors to continue in their role.

8.4.2 For leadership in nursing colleges organisations

Nursing colleges have much to gain by supporting the preceptor role, as they play a complex role in guiding final-year nurses in the clinical practice and helping them to transition efficiently. Supporting and contributing to preceptorship manifests in various ways as shown in Figure 14.
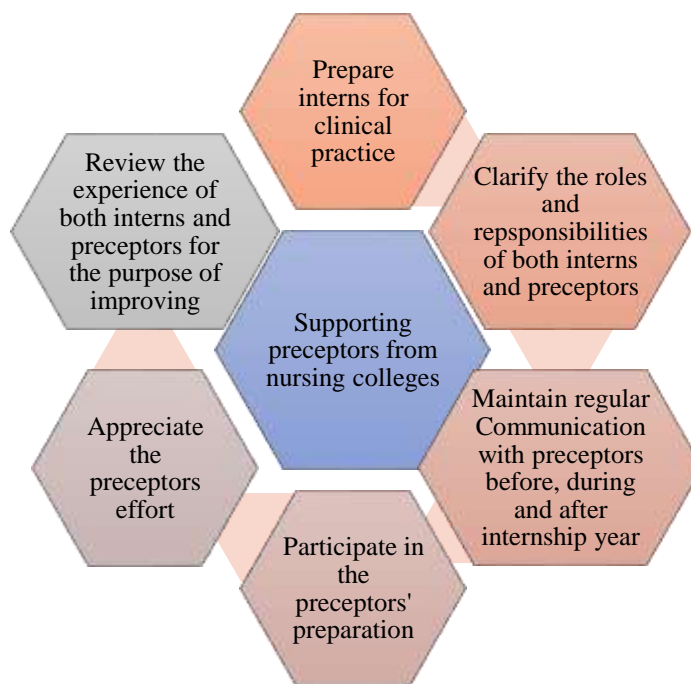
Figure 11: How leadership can improve support for preceptors

The most important is regular communication with preceptors and nursing college staff. Communication between preceptors and nursing college staff should start before the intern arrives, to discuss the learning needs of the intern. Preceptors should have an overview and understanding of the nursing curriculum and how the intern assessment sheet should be completed by the preceptor before being signed by the head of department. Communication during training is essential to ensure preceptors' needs are listened to and to follow intern students in their clinical practice. After training, communication and meeting with preceptors is necessary to provide feedback about their experiences with interns and to identify any gaps that need to be addressed by nursing college staff.

Intern nurses should be prepared and ensure they have an understanding of the purpose of the internship and the importance of the year in preparing and reducing the time of transition to independence. The roles and responsibilities of interns and preceptors should be explained well

before the interns begin their training. In addition, interns must understand that the preceptors not only are responsible for their learning but have clinical responsibilities as well. Interns should show motivation, interest and curiosity to learn, and ask for opportunities to practice what they learn in the classroom. A preceptorship is a process of collaboration between the intern and preceptor to achieve the required outcome for the intern.

Appreciation of preceptors by the educational institution is important, as preceptors play a significant role in helping interns acquire the required skills and consolidate theory into practice. Showing appreciation can manifest in different ways, such as issuing an appreciation certificate for preceptors, contributing to their education and preparing them for the preceptorship by offering continuing courses to equip and update them with theory-based education to be competent preceptors. Providing remuneration is also a kind of appreciation for their effort and time in shaping the next generation of nursing profession, which enhances the quality of patient care.

8.4.3 Future research

When the candidate conducted this project, it was evident that there was little research interest in clinical training for undergraduate nursing education in Saudi Arabia. In order to improve education and training in Saudi Arabia, academic nursing researchers should collaborate to investigate areas such as preceptorship preparation and the job satisfaction of preceptors, which will help generate an evidence base for continuous enhancement of the experiences of nursing interns and preceptors that optimises the benefits of their training. Thus, retaining young nurses in the profession may improve patient outcomes and safety. Thus, qualitative and quantitative research should be conducted to obtain strong evidence allow the target group to voice their

needs, take responsibility for improving their experiences and engage preceptors in developing nursing education in clinical practice. Additionally, as the Saudi Arabian healthcare system is considered a diverse cultural environment among both Western and non-Western countries, the candidate strongly encourages conducting studies in multiple cities using a national survey to achieve a greater variety in study sample demographics and investigate preceptors' experiences on a large scale. Further, studies must be conducted to investigate expatriate preceptors' cultural competence in terms of teaching novice nurses and explore the importance of nursing educators, administrators and leaders in identifying reasons for the lack of preceptor preparation.

As nursing colleges rely on preceptors during the internship year, research should be conducted from the academic educators' perspective to identify their perceptions of their role in the experience of final nursing students, as well as that of the preceptor. In addition, conducting qualitative studies is important to gain more in-depth information and allow intern students, preceptors and academic educators from the nursing college to share their expectations, challenges and need to succeed, and achieve the goal of intern learning needs. A focus group of intern students, preceptors and academic educators should be conducted to develop a meaningful collaboration between academic educators and preceptors and ensure that both preceptors and final nursing students have positive experiences. Benner's theory would be beneficial in future preceptorship research to gain more insights into the preceptors' preparedness and experiences.

8.5 Conclusion

Nursing shortages are a global problem, and a significant step towards retaining the new generation of nurses is to educate and train them in an environment that provides good guidance under capable preceptors. Saudi Arabia is moving to support the nursing profession by enhancing the public image of nursing and thus recruit more national workers, increasing their percentage in the workforce. This aligns with the ambitions of Vision 2030, which aims to improve healthcare services and quality of care. This mixed methods project has identified the difficulties encountered by preceptors in Saudi Arabia, and expatriate preceptors in particular. Among the factors identified, preceptors encounter many difficulties that hinder their role within the organisation. Addressing those factors would contribute to enhancing the value of preceptors in training the younger generation, which has the potential to increase the number of nurses remaining in the profession. Thus, the leaders of health organisations and nursing education institutions should make a greater effort to regulate and annually assess the experiences of preceptors and intern nurses. The candidate believes that continued research on preceptorship will contribute to supportive regulatory frameworks and the development of a national standard to enhance nursing training in Saudi Arabia.

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Appendices

Appendix 1: Publication of quantitative study

Aishah Al Harbi*, Francis Donnelly, Tamara Page, Suzanne Edwards and Ellen Davies

Factors that influence the preceptor role: a comparative study of Saudi and expatriate nurses

Abstract

Objectives: The aim of this study was to compare expatriate and Saudi nursing staff's perceptions of factors that influence their role as preceptors of nursing students.

Methods: Descriptive comparative study using a self-administered survey was completed by a convenience sample of eligible nurses (n=285). It was conducted in five different hospitals within the Ministry of Health in the Kingdom of Saudi Arabia.

Results: Most preceptors were expatriate nurses (70.5%), while Saudi preceptors represented only 29.5%. The findings show that there is a difference between Saudi and expatriate nurses in their perception of the role, that cultural factors influence the role of expatriate preceptors and that organisational factors influence both groups.

Conclusions: Expatriate preceptors felt that there were cultural obstacles that hindered their role. These findings will contribute to the development of a more contemporary and culturally sensitive preceptorship model.

Keywords: nursing staff; preceptorship; Saudi Arabia; students.

Introduction

Clinical education relies on expert staff, who act in a preceptor role, to supervise undergraduate nursing students and to facilitate the student with integrating theory and practice (Madhavanpraphakaran, Shukri, & Balachandran, 2013). Chickerella and Lutz (1981, p. 107) define preceptorship as "*an individualized teaching/learning method in which each student is assigned to a particular preceptor...so that she can experience day-to-day practice with a role model and resource person*". Preceptors are usually registered nurses who are competent in nursing skills, knowledge and teaching, who play a unique and essential role in guiding nursing students' clinical education (McClure & Black, 2013). Preceptors play a pivotal role in preparing and facilitating students' transition from a student role to their qualified registered nurse position (Walker & Norris, 2020).

Numerous factors can negatively influence nurses in the preceptor role: excessive workloads; poor institutional support mechanisms and; a lack of preparation to become a preceptor (Panzavecchia &

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Appendix 3: Literature search keywords

CINAHL

Nursing preceptors	Nursing students	Preceptors' role
MH preceptorship OR Preceptor* OR AB Preceptor* MH clinical supervision	MH "students, Nursing, Baccalaureate" OR TI ((nurs* W2 (Undergraduate* OR Student* OR "Final year" OR Intern* OR Baccalaureate))) OR AB ((nurs* W2 (Undergraduate* OR Student* OR "Final year" OR Intern* OR Baccalaureate)))	TI (Experience* OR perception* OR Challenge* OR Barrier* OR opinion* OR factor* OR obstacle* enabler* OR facilitator*) OR AB (Experience* OR perception* OR Challenge* OR Barrier* OR opinion* OR factor* OR obstacle* OR enabler* OR facilitator*)

Scopus

Nursing preceptors	Nursing students	Preceptors' role
Preceptor*	(nurs* W/2 (Undergraduate* OR Student* OR "Final year" OR Intern* OR Baccalaureate))	Experience* OR perception* OR Challenge* OR Barrier* OR opinion* OR factor* OR obstacle* OR enabler* OR facilitator*

ERIC

Nursing preceptors	Nursing students	Preceptors' role
(Nursing Preceptorship) OR (clinical supervision) OR Preceptor*	Student nurs* undergraduate nurs* OR final year nurs* OR intern nurs* OR (baccalaureate nurs*)	Experience* OR perception* OR Challenge* OR Barrier* OR opinion* OR factor* OR obstacle* enabler* OR facilitator*

OVID Embark (Medline, Embase, PsycInfo)

Nursing preceptors	Nursing students	Preceptors' role
(Nursing Preceptorship) OR (clinical supervision) OR Preceptor*	Student nurs* undergraduate nurs* OR final year nurs* OR intern nurs* OR (baccalaureate nurs*)	Experience* OR perception* OR Challenge* OR Barrier* OR opinion* OR factor* OR obstacle* enabler* OR facilitator*

Appendix 4: Survey

Section 1

Survey of factors influencing the preceptor role

Please place an (X) next to your response for each of the questions with check boxes; where indicated, write more detailed answers in the spaces provided.

A preceptor is a registered nurse assigned to supervise intern nurses in the Kingdom of Saudi Arabia (KSA).

Have you acted as a preceptor for intern nurses?

- ☐ Yes
- ☐ No
- ☐

If yes, please complete the following survey. If no, please do not proceed, as this survey will not be applicable to you. Thank you for your interest.

Demographic information

1. What is your age?

………………. years

2. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Prefer not to answer

3. What is your nationality?

……………………………………

4. What is your religion?

- ☐ Muslim
- ☐ Other. Please specify ………………..
- ☐ Prefer not to answer

Education History

5. Is Arabic your first language?

- ☐ Yes (Go to question 8)
- ☐ No (Please specify your first language) …………………………..

---

6. If Arabic is not your first language, can you speak Arabic?

- ☐ Yes
- ☐ No (Go to question 8)

7. What is your level of Arabic proficiency?

(Please use the language descriptions in the table to assess your level of Arabic proficiency)

Level A/ Basic User	
A1 Beginner	**• A2 Elementary**
o Understand and use very basic expressions to satisfy concrete needs.	o Understand frequently used expressions in most intermediate areas such as shopping, family, employment, etc.
o Introduce themselves and ask others questions about personal details.	o Complete tasks that are routine and involve a direct exchange of information.
o Interact simply as long as the other person speaks slowly and clearly.	o Describe matters of immediate need in simple terms.
Level B/ Independence user	
B1 Intermediate	**B2 Upper intermediate**
o Understand points regarding family, work, school or leisure-related topics.	o Understand the main ideas of a complex text such as a technical piece related to their field.
o Create simple texts on topics of personal interest.	o Spontaneously interact without too much strain for either the learner or the native speaker.
o Describe experiences, events, dreams, and ambitions, as well as opinions or plans in brief.	o Produce a detailed text on a wide range of subjects.
Level C/ Proficient user	
C1 Advanced	**C2 Proficient**
o Understand a wide range of longer and more demanding texts or conversations.	o Understand almost everything read or heard with ease.
o Express ideas without too much searching.	o Summarize information from a variety of sources into a coherent presentation.
o Effectively use the language for social, academic or professional situations.	o Express themselves using precise meaning in complex scenarios.
o Create well-structured and detailed texts on complex topics.	

- ☐ Basic A1 Beginner Basic A2 Elementary   ☐
- ☐ Independent B1 Intermediate Independent B2 Upper intermediate   ☐
- ☐ Proficient C1 Advanced Proficient C2   ☐

8. What is your highest level of nursing education?

- ☐ Diploma
- ☐ Postgraduate diploma
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ PhD

☐   Other, please specify …………………..

9. In which country did you obtain your highest nursing qualification?

…………………..…………………………………….

Work History

10. How long have you worked as a registered nurse?

…………………………..

11. If you are an expatriate, how long have you worked in the KSA as a registered nurse?

…………………………..

12. If you have worked in any other country/countries than KSA, how long was your nursing experience there?

…………………………

13. Have you completed a cultural training programme for Saudi culture?

☐   Yes

☐   No

Current practice of recruitment and preparation of preceptors

14. How were you selected to be a preceptor?

☐   Volunteered

☐   Assigned

☐   Other. Please specify………………….

15. Have you completed a preceptor preparation programme?

☐   Yes

☐   No (go to question 20)

16. If yes, how long was the preceptor preparation programme? (please write a number AND circle the appropriate option)

…………………………hours/days/weeks/months

17. How was the preceptor preparation programme delivered? (indicate all that apply)

- ☐ Lecture

- ☐ Online

- ☐ Workshop

- ☐ Other. Please specify……………..

18. What was included in the content of the preceptor preparation programme? (indicate all that apply)

- ☐ Roles and responsibilities of a preceptor

- ☐ Teaching in a clinical environment

- ☐ Giving constructive feedback

- ☐ Evaluation of students

- ☐ Cultural competence

- ☐ Other. Please specify……………………

19. How often do you act as a preceptor for intern nurses?

- ☐ Less than once a week

- ☐ Once a week

- ☐ Several times a week

- ☐ Other. Please specify ……………………

20. What level of preceptor do you consider yourself to be?

- ☐ Novice (No previous experience as a preceptor)

- ☐ Advanced beginner (Limited experience as a preceptor)

- ☐ Competent (Acting as a preceptor for 2 to 3 years)

- ☐ Proficient (Perceive situation as a preceptor)

- ☐ Expert (Intuitive grasp of intern nurse's needs)

Section 2

Clinical Preceptor Experience Evaluation Tool (CPEET)

Please select a response for each of the statements by ticking the appropriate box (X) from (Strongly Disagree) to (Strongly Agree) indicating the extent of your agreement related to your perceptions concerning the following:

x	Strongly Disagree	Disagree	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Agree	Strongly agree
Role domain							
1. Clinical preceptors are a professional confidante to students.							
2. Clinical preceptors are a support person for students during their clinical placement.							
3. Clinical preceptors are a professional friend to students.							
4. Clinical preceptors are a positive role model.							
5. Clinical preceptors facilitate active learning experiences for the student.							
6. Clinical preceptors promote students' active participation in patient care.							
7. Clinical preceptors provide clinical practice supervision for the students.							
8. Clinical preceptors provide constructive feedback to the student.							
9. Clinical preceptors encourage students to apply theory to the clinical situation.							
10. Clinical preceptors facilitate students to make the links between theory and clinical practice.							
11. Clinical preceptors facilitate students to analyse clinical problems.							

12. Clinical preceptors facilitate students to critically reflect upon clinical problems.						
13. Clinical preceptors' model multidisciplinary teamwork for the students.						
14. Clinical preceptors support students by being available to answer questions.						
15. Clinical preceptors facilitate students' learning by using case studies and care plans.						
16. Clinical preceptors treat students with respect.						
17. Clinical preceptors treat students fairly.						
Challenges domain						
18. It is acceptable for students to clarify with the preceptor when there is a difference in practice.						
19. Personality clashes will not negatively affect my attitude towards a student.						
20. Though I am very busy, I am willing to be a preceptor.						
21. I am motivated to precept students.						
22. Being a preceptor will not take my time away from providing direct patient care.						
23. Being a preceptor is not time consuming.						
24. I am willing to make time to support unmotivated students						
Experience and education domain						
25. Clinical preceptors clarify the role of preceptor with colleagues on a regular						

basis to ensure the needs of the students are met.						
26. Being a preceptor, I need to know what the expected level of skill competence should be for a student's scope of practice.						
27. I read updated texts and journals regularly.						
28. Being a preceptor facilitates professional reflection on my own role as a nurse.						
29. Being a preceptor challenges my work attitudes.						
30. Being a preceptor helps to expand my nursing knowledge.						
Satisfaction domain						
31. Being a preceptor is meaningful.						
32. Being a preceptor is satisfying.						
33. The role of preceptor is professionally rewarding.						
34. The preceptor role is an incentive to teach.						
35. I enjoy the student/preceptor interaction.						
36. Being a clinical preceptor is an incentive for my own professional development.						
37. I enjoy facilitating novice nurses to develop as professionals.						
38. The clinical preceptor experience breaks the monotony of daily nursing practice.						
39. It is stimulating to work with enthusiastic nursing students						

Section 3

Factors influencing the preceptor role

Please select a response for each of the statements by ticking the appropriate box (X) from (Strongly Disagree) to (Strongly Agree) indicating the extent of your agreement related to your perceptions concerning the following:

	Strongly Disagree	Disagree	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Agree	Strongly agree
Organisational Factor							
1. Lack of preceptorship guidelines makes my job harder.							
2. My workplace provides clear guidelines for preceptorship.							
3. My workplace clarifies the preceptor role and responsibilities.							
4. My workplace adequately prepared me to be a preceptor.							
5. My workplace did not provide me with the essential teaching skills needed to be an effective preceptor.							
6. I lack support from my administrators in my preceptor role.							
7. I lack support from my colleagues in my preceptor role.							
8. My workplace provides adequate resources, such as training and support, for preceptors.							
9. My workplace adequately trained me to act as a preceptor for intern nurses from cultures different than my own.							
10. Local nursing colleges collaborate with my workplace to support my preceptor role for intern nurses							

11. The additional workload such as paperwork, impacts on my role as a preceptor.							
Cultural Factor							
12. Cultural differences between me and the intern nurses' impact on my role as a preceptor.							
13. Religious differences between me and the intern nurses' impact on my role as a preceptor.							
14. Language barriers between me and the intern nurses' impact on my role as a preceptor.							
15. Gender differences between me and the intern nurses' impact on my role as a preceptor.							
16. Educational differences between me and the intern nurses' impact on my role as a preceptor.							
17. The presence of family and carers impacts on my role as a preceptor.							

18. Please specify any other factors that influence your ability to perform your role as a preceptor.

……

………………………………………………………………

Thank you for taking the time to complete this survey. If you would like to participate in a follow-up interview and share your experiences in greater depth, please email me on Aishah.Alharbi@adelaide.edu.au or call me via xxxxx

Appendix 5: Author's permission to use CPEET (Survey)

Tony O'Brien <tony.obrien@newcastle.edu.au>
To: Aishah Shaher B Al Harbi
Thu 25/07/2019 3:07 PM

You can use the tool - all the items are published so I suggest you find the publications and the items are therein - in the results and methodology sections.
Good luck
Please let me know ho you go.
Tony

Sent from my iPhone

...

Aishah Shaher B Al Harbi
To: tony.obrien@newcastle.edu.au
Thu 25/07/2019 11:29 AM

Dear Professor O'Brien,

Appendix 6: Description of CPEET tool

CPEET Domains	Description
Role domain	relationship between the student and the preceptor, role modelling, participating together in patient care, facilitation of critical reflection and being available to teach the student about case studies and care plans and items about the function and impact of the preceptor role
Experience and Education domain	Enacting the role through others in their work environment and linking the student to clinical practice opportunities. Being with a student encourages the preceptor to stay up to date with the current evidence and to reflect on their own practice.
Challenges domain	Being focused on the challenges faced when implementing the role into everyday practice, the rewards related to professional development, changing practice and the preceptor role having meaning and being rewarding, including an incentive to teach and engage the student.
Satisfaction domain	Finding the time to teach and support the student in clinical practice, being motivated to do so and managing ones time to take on the challenge

Appendix 7: Invitation for expert reviewers to validate the survey for Phase 1 by email

Content validity survey

Dear Colleagues,

My name is Aishah Al Harbi. I am a PhD student at the University of Adelaide. I have developed a survey to identify the differences between Saudi and expatriate nursing staff in their roles as preceptors, and determine what factors influence the education and the training that preceptors provide to final year student nurses.

The survey consists of three sections. The first section includes demographic information, education history, work history, and current practice of recruitment and preparation as preceptor. The second section uses a five-point Likert scale ranging from (Strongly Agree) to (Strongly Disagree) to measure agreement with statements about factors that might influence the preceptor role, which include organisational and cultural factors. The third section includes a survey from the existing literature about clinical preceptor experience evaluation tool (CPEET), which compromises four subscales: preceptor role, challenges, education and experience, and satisfaction. The survey in the last section is reliable and valid and you are not required to evaluate this section. In your response, please consider the factors that influence the preceptor role are in addition to the CPEET.

I am requesting your assistance to evaluate the face and content validity of the factor that influence the preceptor role survey to check if the survey measures what it is supposed to measure. Please read, and follow the instructions:

1. For the first section on demographic information, please provide comments on clarity and share any suggestions for improvement.
2. *For the second section, please read and evaluate each item in the survey and then rate its relevance according to the scale adopted from Lynn (1968): 1 = not relevant; 2 = unable to assess relevance without revision; 3 = relevant but needs minor revisions; 4 = very relevant. Please tick the appropriate box to indicate the level of relevance of each item and write any comments you may have.*
   Please only read the CPEET in the last section to be able to answer the following part:
3. For face validity, please evaluate the whole survey (excluding the CPEET) by answering the following four questions at the end of the survey (page 9):

- **Are there any items (not included in the CPEET) that should be added to the survey on the factors that influence expatriate nurses?**
- **Are there any items that should be removed from the survey on the factors that influence expatriate nurses?**
- **Do you have any suggestions about how the survey on the factors influence expatriate nurses could be improved or modified?**

Thank you for your time!

Factors influencing the preceptor role

Please mark the appropriate boxes using an (X) to indicate the level of relevance of each item. You may also use the space to write any comments you may have to improve the clarity of your selection.

	Not relevant	Unable to assess relevance without revision	Relevant but needs minor revisions	Very relevant
Organisational Factor				
1. Lack of preceptorship guidelines makes my job harder.				
Comment				
2. My workplace provides clear guidelines for preceptorship.				
Comment				
3. My workplace clarifies the preceptor role and responsibilities.				
Comment				
4. My workplace adequately prepared me to be a preceptor.				
Comment				
5. My workplace did not provide me with the essential teaching skills				

needed to be an effective preceptor.				
Comment				
6. I lack support from my administrators in my preceptorship role.				
7. I lack support from my colleagues in my preceptorship role.				
Comment				
8. My workplace provides adequate resources, such as training and support, for preceptors.				
Comment				
9. My workplace adequately trained me to precept those from different cultures than my own.				
Comment				
10. Local nursing colleges support my preceptor role for intern nurses				
Comment				
11. The additional workload such as paperwork, impacts on my role as a preceptor.				
Cultural Factor				
12. Cultural differences between me and the intern nurses' impact on my role as a preceptor.				

Comment				
13. Religious differences between me and the intern nurses' impact on my role as a preceptor.				
Comment				
14. Language barriers between me and the intern nurses' impact on my role as a preceptor.				
Comment				
15. Gender differences between me and the intern nurses' impact on my role as a preceptor.				
Comment				
16. Educational differences between me and the intern nurses' impact on my role as a preceptor.				
Comment				
17. The presence of family and carers impacts on my role as a preceptor.				
Comment				

18. Please specify any other factors that influence your ability to perform your role as a preceptor.

Appendix 8: Content validity index results

	A	B	C	D	E	F	G	H	I	J
1	Item Descri	Reviewer 1	Reviewer 2	Reviewer	Reviewer 4	Reviewer 5	Reviewer 6	Reviewer 7	Number of agreement	I-CVI
2	Item 1	4	4	4	4	4	4	4	7	1
3	Item 2	4	3	4	3	4	3	3	7	1
4	Item 3	4	3	4	4	3	4	4	7	1
5	Item 4	4	3	4	2	3	2	2	4	0.571429
5	Item 5	4	3	3	4	4	2	4	6	0.857143
7	Item 6	4	4	4	3	4	4	4	7	1
8	Item 7	4	2	3	2	2	2	3	3	0.428571
9	Item 8	4	2	3	4	4	4	4	6	0.857143
0	Item 9	4	4	4	4	4	4	4	7	1
1	Item 10	4	4	4	2	4	4	3	6	0.857143
2	Item 11	4	4	4	3	1	4	3	6	0.857143
3	Item 12	4	4	4	3	4	4	4	7	1
4	Item 13	4	4	4	4	4	4	4	7	1
5	Item 14	4	4	4	3	2	4	4	6	0.857143
6	Item 15	4	3	4	2	3	4	2	5	0.714286
7									S-CVI/Ave	0.866667
8									Total Agreement	7

Appendix 9: Phase 1 invitation flyer

Factors that influence the preceptor role of Saudi and expatriate nurses: A mixed methods study

All nurses who have acted as a preceptor for intern nurses are invited to take part in this study

The Project Aim

The aim of the research is to identify the differences between Saudi and expatriate nursing staff in their roles as preceptors, and determine what factors influence the education that preceptors provide to intern nurses.

This Project Involves:

- Completing a survey. You will find the survey and a study information sheet at the nursing station.
- Voluntary participation. No names or personal information will be required from you to fill out the survey.
- Your consent. Submitting a completed survey will be taken as an indication of your consent.

If you would like further information regarding any aspect of this project, you are encouraged to contact the researcher via phone or email.

Researcher name: Aishah Al Harbi

Phone number: +966xxxx

Email: Aishah.alharbi@adelaide.edu.au

"This study has approval from the University of Adelaide (Australia) Human Research Ethics Committee, Approval number H-2019-*."**

Appendix 10: Participant information sheet for Phase 1

PROJECT TITLE: Factors that influence the preceptor role of Saudi and expatriate nurses: A mixed methods study

HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER: H-2019-

PRINCIPAL INVESTIGATOR: Dr. Francis Donnelly

STUDENT RESEARCHER: Aishah Shaher B Al Harbi

STUDENT'S DEGREE: Doctor of Philosophy

Dear nurses,

You are invited to participate in the research project described below.

What is the project about?

The aim of this project to identify the differences between Saudi and expatriate nursing staff in their role as preceptors and the factors influencing the education they provide to intern nurses.

Who is undertaking the project?

This project will be conducted by Aishah Al Harbi. This research will form the basis for the degree of Doctor of Philosophy at the University of Adelaide in Australia under the supervision of Dr. Frank Donnelly, Assoc. Prof. Judith Magarey and Dr. Tamara Page.

Why am I being invited to participate?

You are being invited as you have acted as a preceptor for intern nurses.

What am I being invited to do?

You are being invited to complete a survey about how you perceive your role as a preceptor, as well as the factors influencing your precepting role of intern nurses. The first section involves demographic questions, including on education history and work history, as well as questions on current practice regarding recruitment and preparation as a preceptor. The second section is the Clinical Preceptor Experience Evaluation Tool (CPEET). The CPEET includes four domains relating to the preceptors' role, challenges, education, and experience and satisfaction. The survey's third section focuses on factors that may influence the preceptors' role, such as organisational factors and cultural factors. It also includes one open-ended question about any other factors that may influence the preceptors' role that were not mentioned in the survey. Submission of a completed survey will be taken as an indication of your consent.

How much time will my involvement in the project take?

Completing the survey will take approximately 15 minutes.

Are there any risks associated with participating in this project?

No risks have been identified in this project for participants other than the inconvenience of filling out a 15-minute survey. The privacy and confidentiality of each participant in this project will be protected during the conducting of this study and during its publication.

What are the potential benefits of the research project?

There will be no direct benefit for you for participating in this study. This study might provide evidence to help shape the structure and implementation of a preceptor training programme.

Can I withdraw from the project?

Participation in this project is voluntary. The data you provide cannot be withdrawn after you have submitted your survey because this study utilises an anonymous survey.

What will happen to my information?

Confidentiality and privacy: Confidentiality and privacy will be protected throughout the research. No names or any other personally identifiable information will be required from any participant completing the survey. Only aggregated data will be reported to protect the privacy and confidentiality of all participants. Age, country of origin, position and the name hospitals will not be mentioned individually during reporting the result. The utmost care will be taken to ensure that no personal identifying details are revealed.

Storage: All of the research data collection documents and questionnaires will be securely locked in the researcher's office. Only the researcher and the supervisors will have access to the office. All data will be saved on the researcher's password-protected computer at the University of Adelaide, which only the researcher can access.

Publishing: No names or personal information will be reported in this study.

Sharing: The data will be shared in peer reviewed paper and the paper will be sent to the nursing administrators in each hospital.

Your information will only be used as described on this information sheet and it will only be disclosed according to the consent provided, except as required by law.

Who do I contact if I have questions about the project?

If you have any questions regards the project, please contact the researchers via phone and email

Dr. Francis Donnelly	Aishah Al Harbi
Email: frank.donnelly@adelaide.edu.au	Email: Aishah.Shaher@adelaide.edu.au
Phone: xxxx	Phone: xxxx

What if I have a complaint or any concerns?

The study has been approved by the Human Research Ethics Committee at the University of Adelaide (approval number H-2019-xxx). This research project will be conducted according to the NHMRC National Statement on Ethical Conduct in Human Research 2007 (Updated 2018). If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the Principal Investigator. If you wish to speak with an independent person regarding concerns or a complaint, the University's policy on research involving human participants, or your rights as a participant, please contact the Human Research Ethics Committee's Secretariat on:

Phone: +61 8 8313 6028

Email: hrec@adelaide.edu.au

Post:Level 4, Rundle Mall Plaza, 50 Rundle Mall, ADELAIDE SA 5000

Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

Local contact:

General Administration for Researches & Studies in Makkah, Ministry of Health; Kingdom of Saudi Arabia.

Phone: 0125476316 _ 507

Email: research-makkah@moh.gov.sa

If I want to participate, what do I do?

To participate in the study, please take a copy of the survey available at the nursing station. Complete the survey when you have time. Once completed, please return the survey to the collection box at the nursing station.

Yours sincerely,

Aishah Al Harbi

PhD Student at University of Adelaide, South Australia

Adelaide Nursing School | Faculty of Health and Medical Sciences

Appendix 11: Ethical Approval from the University of Adelaide's Human Research Ethics Committee

THE UNIVERSITY of ADELAIDE

RESEARCH SERVICES
OFFICE OF RESEARCH ETHICS, COMPLIANCE AND INTEGRITY
THE UNIVERSITY OF ADELAIDE

LEVEL 4, RUNDLE MALL PLAZA
50 RUNDLE MALL
ADELAIDE SA 5000 AUSTRALIA

TELEPHONE +61 8 8313 5137
FACSIMILE +61 8 8313 3700
EMAIL   hrec@adelaide.edu.au

CRICOS Provider Number 00123M

Our reference 34069

20 November 2019

Dr Francis Donnelly
Nursing

Dear Dr Donnelly

ETHICS APPROVAL No: H-2019-231
PROJECT TITLE: Factors that influence the preceptor role of Saudi and expatriate nurses: A mixed methods study.

The ethics application for the above project has been reviewed by the Low Risk Human Research Ethics Review Group (Faculty of Health and Medical Sciences) and is deemed to meet the requirements of the *National Statement on Ethical Conduct in Human Research 2007 (Updated 2018)* involving no more than low risk for research participants.

You are authorised to commence your research on: 20/11/2019
The ethics expiry date for this project is: 30/11/2022

NAMED INVESTIGATORS:

Chief Investigator:	Dr Francis Donnelly
Student - Postgraduate Doctorate by Research (PhD):	Miss Aishah Shaher B Al Harbi
Associate Investigator:	Associate Professor Judith Magarey
Associate Investigator:	Dr Tamara Page

CONDITIONS OF APPROVAL: Provision of phase two interview questions are required before that component of the research commences.

Thank you for your response to the matters raised. The revised ethics application provided on the 15.11.2019 has been approved.

Ethics approval is granted for three years and is subject to satisfactory annual reporting. The form titled Annual Report on Project Status is to be used when reporting annual progress and project completion and can be downloaded at http://www.adelaide.edu.au/research-services/oreci/human/reporting/. Prior to expiry, ethics approval may be extended for a further period.

Participants in the study are to be given a copy of the information sheet and the signed consent form to retain. It is also a condition of approval that you immediately report anything which might warrant review of ethical approval including:

- serious or unexpected adverse effects on participants,

- previously unforeseen events which might affect continued ethical acceptability of the project,
- proposed changes to the protocol or project investigators; and
- the project is discontinued before the expected date of completion.

Yours sincerely,

Ms Amy Lehmann
Secretary

The University of Adelaide

Appendix 12: Ethical Approval from the IRB

المملكة العربية السعودية
وزارة الصحة
المديرية العامة للشؤون الصحية
بصحة منطقة مكة المكرمة
إدارة التخطيط والبحوث

رقم: ....
تاريخ: ١٦ / ٠٣ / ١٤٤١هـ
مشفوع/ا ....

سعادة مدير مستشفى
بمنطقة مكة المكرمة   غترمين
ص/منسق مستشفى
بمنطقة مكة المكرمة   المحترمين
السلام عليكم ورحمة الله وبركاته

إشارة إلى طلب الباحث / عائشة شاهر الحربي— السجل المدني (   )، عضو هيئة التدريس بجامعة
أم القرى (تخصص تمريض)، والتي ترغب في القيام بدراسة بحثية لديكم تحت عنوان:

Factors that influence the preceptor role of Saudi and expatriate nurses: A mixed methods study

والذي من المتوقع أن يتم تنفيذه خلال عامنا الحالي الى نهاية ١٤٤١ هـ لذا نأمل من سعادتكم تسهيل مهمة الباحث
في إجراء الدراسة على أن يتم الالتزام بما يلي:

١. الحفاظ على سلامه المرضى.
٢. الحفاظ على السرية العلاجية وسرية المرضى.
٣. ألا يكون هناك تأثير على خدمة المراجعين خلال قيامكم بمهام البحث.
٤. في حال التمديد أو تغيير خطة البحث، يطلب من الباحث أن يتقدم بخطاب خطي لمنسق البحوث بالجهة
التي يتم تنفيذ البحث بها للتعامل نظاما مع الطلب.
٥. على الباحث قبل البدء بتنفيذ بحثه التوجه لمنسق البحوث بالجهة المراد القيام تنفيذ البحث بها.
٦. على الباحث أن يعلم بأن وزارة الصحة تضمن حقوقها في نتائج البحث من خلال اتفاقية المشاركة في
البيانات.

على الباحث عدم نشر الدراسة دون الحصول على موافقة لجنة اخلاقيات البحوث وإكمال المسوغات والمتطلبات
المعتمدة من قبل الإدارة العامة للبحوث والدراسات بوزارة الصحة، وحيث صدر للباحث قرار اللجنة المحلية
لأخلاقيات البحوث بصحة مكة المكرمة رقم: (H-02-K-076- 1911-222)

وتقبلوا فائق تحياتي،

مدير إدارة التخطيط والبحوث

Appendix 13: Phase 2 invitation flyer

Factors that influence the preceptor role of Saudi and expatriate nurses: A mixed methods study

All nurses who have acted as a preceptor for intern nurses are invited to take part in this study

The Project Aim

The aim of the research is to explore and understand your experience in precepting intern nurses and the factors that influence your experience.

The Project Involves:

- Online interviews with a student researcher for 45 to 60 minutes.
- The interview will be audio recording.
- Your written consent to participate in the interview will be required before the interview.

Participation is voluntary. You can withdraw from the study before analysis begins without any penalty.

If you would like further information regarding any aspect of this project, you are encouraged to contact the researcher via phone or email.

Researcher name: Aishah Al Harbi

Phone number: XXXX

Email: Aishah.alharbi@adelaide.edu.au

Appendix 14: Participant Information Sheet (PIS) for Phase 2

PROJECT TITLE: Factors that influence the preceptor role of Saudi and expatriate nurses: A mixed methods study

HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER: H-2019-

PRINCIPAL INVESTIGATOR: Assoc. Prof. Francis Donnelly

STUDENT RESEARCHER: Aishah Shaher B Al Harbi

STUDENT'S DEGREE: Doctor of Philosophy

Dear nurses,

You are invited to participate in the research project described below.

What is the project about?

The aim of this project to explore and understand your experience in precepting intern nurses and the factors that influence your experience.

Who is undertaking the project?

This project will be conducted by Aishah Al Harbi. This research will form the basis for the degree of Doctor of Philosophy at the University of Adelaide in Australia under the supervision of Dr. Frank Donnelly and Dr. Tamara Page.

Why am I being invited to participate?

You are being invited because you have experience as a preceptor for intern nurses.

What am I being invited to do?

You are being invited to participate in a private individual interview at a time that is convenient for you. The interview will be guided by open-ended questions to encourage open communication about your experiences in precepting intern nurses. Participants will be asked to consent to an audio-recorded interview.

How much time will my involvement in the project take?

The interview duration is expected to be from 45 minutes to one hour.

Ae there any risks associated with participating in this project?

The researcher anticipates the only risk of this study to be inconvenience, fatigue or possible discomfort in sharing your experience. The participant will have the right to stop the interview or decline to answer any question at any time.

What are the potential benefits of the research project?

There will be no direct benefit for participating in this study. This study might provide evidence to help shape the structure and implementation of a preceptor training programme.

Can I withdraw from the project?

Participation in this project is voluntary. The participants can withdraw from the study before analysis begins without any penalty.

What will happen to my information?

Confidentiality and privacy: Confidentiality and privacy will be protected throughout the research. The interview will be carried out from the private space of the researcher's home office, and the participants will be asked to choose a place and time which it is convenient for them to share their experience. Pseudonyms will be used during the process of interviewing, transcription and in presenting quotations in the results section to protect your privacy. The audio recordings of the interviews will be given to the official and licensed office, which has expectation to protects the participants privacy and confidentiality in order to be transcribed. Also, the Arabic transcription will be translated to English by bilingual interpreter and I will check the all transcriptions to ensure no changes or missing data has occurred.

Storage: All the participant consent forms and transcripts will be securely locked in the researcher's office. Only the researcher and supervisors will have access to the office. All interview audio recording data will be saved on the researcher's password protected computer at the University of Adelaide, which only the researcher and supervisors can access. The hard copies will be stored at the Adelaide Nursing School for five years and destroyed confidentially. All forms of soft copy data will be deleted after five years.

Publishing: No names or personal information will be reported in this study. No information which would identify an individual will be reported.

Sharing: The data will be shared in a peer-reviewed paper and conference presentations. The paper will also be sent to the nursing administrators of each hospital.

Your information will only be used as described on this information sheet and it will only be disclosed according to the consent provided, except as required by law.

Who do I contact if I have questions about the project?

If you have any questions regards the project, please contact the researchers via phone and email

Assoc. Prof. Francis Donnelly	Aishah Al Harbi
Email: frank.donnelly@adelaide.edu.au	Email: Aishah.Shaher@adelaide.edu.au
Phone: +61 8 8313 3639	Phone: XXX

What if I have a complaint or any concerns?

The study has been approved by the Human Research Ethics Committee at the University of Adelaide (approval number H-2019-xxx). This research project will be conducted according to the NHMRC National Statement on Ethical Conduct in Human Research 2007 (Updated 2018). If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the Principal Investigator. If you wish to speak with an independent person regarding concerns or a complaint, the University's policy on research involving human participants, or your rights as a participant, please contact the Human Research Ethics Committee's Secretariat on:

Phone: +61 8 8313 6028

Email: hrec@adelaide.edu.au

Post: Level 4, Rundle Mall Plaza, 50 Rundle Mall, ADELAIDE SA 5000

Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

Local contact:

General Administration for Researches & Studies in Makkah, Ministry of Health; Kingdom of Saudi Arabia.

Phone: 0125476316 _ 507

Email: research-makkah@moh.gov.sa

If I want to participate, what do I do?

If you are interested in sharing your experience, please contact me by phone at +966567678406 or email me at Aishah.alharbi@adelaide.edu.au. You will be asked to select a suitable date and a place that is convenient for you to hold the interview. Before conducting the interview, I will review the study procedure and if you agree to participate you will sign the consent form.

Yours sincerely,

Aishah Al Harbi

PhD Student at University of Adelaide, South Australia

Adelaide Nursing School | Faculty of Health and Medical Sciences

Appendix 15: Interview guide questions

The researcher will start the interview with an introductory question to collect demographic information about participants age, gender, nationality, years of experience in the nursing profession and years of experience in precepting intern nurses.

Research question	Interview guide
What is the lived experience of preceptors in precepting intern nurses?	Tell me your experience when you perform the preceptor role for intern nurses. Smith, Flowers and Larkin (2009) suggested a key set of questions that may be used repeatedly through the interviews to ask for more details and to ensure a high level of reflection details are provided. such as How….? Why…? Tell more about…… What did you feel………? Also, the below interview guide will be used: 1. What is your experience of preparing to be a preceptor? 2. How would you describe the intern nurses' readiness to learn in the clinical practice? 3. What is your experience of guiding intern nurses from a culture that may be different from your own? 4. What is your experience of teaching native Saudi intern nurses with regards to their learning style? 5. How has the nursing college collaborated with you to facilitate the performance of your role?

Appendix 16: Amendment Ethical Approval from the University of Adelaide's Human Research Ethics Committee

THE UNIVERSITY
of ADELAIDE

RESEARCH SERVICES
OFFICE OF RESEARCH ETHICS, COMPLIANCE
AND INTEGRITY
THE UNIVERSITY OF ADELAIDE

LEVEL 4, RUNDLE MALL PLAZA
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ADELAIDE SA 5000 AUSTRALIA

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EMAIL hrec@adelaide.edu.au

CRICOS Provider Number 00123M

Our reference 34069

28 August 2020

Associate Professor Francis Donnelly
Nursing

Dear Associate Professor Donnelly

ETHICS APPROVAL No:	H-2019-231
PROJECT TITLE:	Factors that influence the preceptor role of Saudi and expatriate nurses: A mixed methods study.

Thank you for the amended ethics application provided on the 24th of August 2020 requesting an amendment to the listed researchers and to allow the researchers to collect the data online due to COVID-19. The amendment has been approved.

The ethics amendment for the above project has been reviewed by the Low Risk Human Research Ethics Review Group (Faculty of Health and Medical Sciences) and is deemed to meet the requirements of the *National Statement on Ethical Conduct in Human Research 2007 (Updated 2018)* involving no more than low risk for research participants.

You are authorised to commence your research on	20/11/2019
The ethics expiry date for this project is:	30/11/2022

NAMED INVESTIGATORS:

Chief Investigator:	Associate Professor Francis Donnelly
Student – Postgraduate Doctorate by Research (PhD):	Miss Aishah Shaher B Al Harbi
Associate Investigator:	Dr Tamara Page

Ethics approval is granted for three years and is subject to satisfactory annual reporting. The form titled Annual Report on Project Status is to be used when reporting annual progress and project completion and can be downloaded at http://www.adelaide.edu.au/research-services/oreci/human/reporting/. Prior to expiry, ethics approval may be extended for a further period.

Participants in the study are to be given a copy of the information sheet and the signed consent form to retain. It is also a condition of approval that you immediately report anything which might warrant review of ethical approval including:

- serious or unexpected adverse effects on participants,
- previously unforeseen events which might affect continued ethical acceptability of the project,

- proposed changes to the protocol or project investigators; and
- the project is discontinued before the expected date of completion.

Yours sincerely,

Ms Yvette Kim Clarissa Wijnandts
Secretary

The University of Adelaide

Appendix 17: Consent form

Human Research Ethics Committee (HREC)

CONSENT FORM

1. I have read the attached Information Sheet and agree to take part in the following research project:

Title:	**Factors that influence the preceptor role of Saudi and expatriate nurses: A mixed methods study.**
Ethics Approval Number:	**H-2019-231.**

2. My consent is given freely.

3. Although I understand the purpose of the research project, it has also been explained that my involvement may not be of any benefit to me.

4. I agree to the interview begin audio recorded ☐ Yes ☐ No

5. I understand that I am free to withdraw from the project at any time.

6. I have been informed that the information gained in the project may be published in a journal /thesis/conference presentations.

7. I have been informed that in the published materials I will not be identified, and my personal results will not be divulged.

8. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

9. I understand my information will only be disclosed according to the consent provided, except where disclosure is required by law.

Participant to complete:

Name: _____Signature: _____ Date: _____

Researcher/Witness to complete:

I have described the nature of the research to
_____

(*print name of participant* and in my opinion she/he understood the explanation.

Signature: _____Position: _____ Date: _____

Appendix 18: Mixed methods appraisal tool (MMAT) results

Part I: Mixed Methods Appraisal Tool (MMAT), version 2018

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?	✓			Q-2¤
	S2. Do the collected data allow to address the research questions?	✓			—
	Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.				
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?	✓			Q.112-186
	1.2. Are the qualitative data collection methods adequate to address the research question?	✓			2.12#
	1.3. Are the findings adequately derived from the data?	✓			Chapter 5
	1.4. Is the interpretation of results sufficiently substantiated by data?	✓			Chapter 5
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?	✓			followings smitters IP
2. Quantitative randomized controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5 Did the participants adhere to the assigned intervention?				
3. Quantitative non-randomized	3.1. Are the participants representative of the target population?				
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?				
	3.3. Are there complete outcome data?				
	3.4. Are the confounders accounted for in the design and analysis?				
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?				
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?	✓			Q.WR
	4.2. Is the sample representative of the target population?	✓			2.WA
	4.3. Are the measurements appropriate?	✓			2.W1 - 35
	4.4. Is the risk of nonresponse bias low?		✓		
	4.5. Is the statistical analysis appropriate to answer the research question?	✓			2.120 - 124
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?	✓			Q.98 98 -
	5.2. Are the different components of the study effectively integrated to answer the research question?	✓			Chapter 6
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	✓			Chapter 7
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	✓			Q. 2c7
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	✓			see clust (En

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Appendix 19: Responses to Q18/ Phase 1

ID	Participants respondents
107	Unavailability of resources during bedside teaching
1010	• Need good unit environment • There is a good interpersonal relationship in the clinical area • Sufficient time to meet the students' learning outcome • Lack of support for preceptees from ward staff influenced preceptorship in a negative manner.
1012	Work overload/busyness can affect greatly as we tend to spend our time caring our patient rather than teaching the interns.
1020	When I am busy with patients, its time consuming, if my patient is critical because interns need to explain everything in detail.
1027	Punctuality, professionalism and attitude of work
3050	Encourage students to be empowered and understand the profession
3054	More support from workplace.
3055	Preceptors are assigned randomly; The presence of college clinical instructors can greatly help in aligning theory and clinical practicum. There must be guidance or characteristics of expected skills interns are expected to learn and practice.
3057	If too much busy with critical patients; can sometimes reject me from teaching
3060	Encourage students to be professional and empathetic.
3061	The only things is, it is time consuming and nurses have too much workload in ICU, we cannot give full attention and teaching skill if time is loading and nurses are very busy also
4066	Intern nurses most of time are not interested to learn knowledge and skills
4080	Students are not interested to learn, needs at least 2 weeks to start in the department
4081	Work overload, students not interested and uncooperative
3089	No enough staff
20105	Time management
30154	Difficult to manage with patients care and as the same time act as preceptors' effect on time management!
50162	No enough staff
30181	Patience and leadership; we encourage students to be empowered and understand the profession-Experience also helps the preceptor to identify the needs of student.
40184	I am not trained as a professional preceptor
40200	Lack of training
5066	Short staff
30285	If busy with patient less lecture is given