Preceptorship: A Concept Analysis

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Aim of Concept Analysis

According to LeFlore and Thomas (2016), the definition of preceptorship in nursing education has essentially remained unchanged for the last 45 years. Preceptorship was implemented during a time when nursing roles were less defined, and scope of practice was more limited. With a variety of roles and increasing scopes for nursing practice, it is critical to identify a clear operational definition of preceptorship applicable for all levels of nursing practice. Therefore, the aim of this concept analysis is to clarify the meaning of preceptorship and to develop a current operational definition applicable for all scopes of nursing practice using Walker and Avant’s (2011) eight-step process.

Uses of the Concept

To identify the most common uses of precept, preceptor, and preceptorship, the author utilized multiple databases. Although some of the following sources do not provide encyclopedic content, the author recognizes they add valuable perspectives related to the regular use of the concept.

Uses of Precept

Merriam-Webster’s Online Dictionary (“Pre-,” 2018) defines the prefix pre- as “earlier than” or “preparatory to,” also interpreted as an “introduction” to something. The term precept is derived from the Latin root of praeclperere, which means “to teach” or “take up” (“Precept,” 2018a). Religious descriptions of the term precept vary based on the type of faith or religious affiliation. Christianity considers a precept as a “law” or “command” (“Precept,” 2018b). Buddhism considers a precept to be a “tradition” or “practice” (“Precept,” 2018b).

Uses of Preceptor

The primary definition of a preceptor in Merriam-Webster’s Online Dictionary (“Preceptor,” 2018a) is someone who is either a “tutor” or “teacher.” The use of the title preceptor has varied historically, geographically, and culturally. For example, the position of a preceptor in a monastery is a monk who is responsible for making music (“Preceptor,” 2018b).

Preceptors in nursing. Specifically, in nursing, preceptors are defined as an “an experienced nurse who assumes responsibility for teaching a novice” (Black, 2017, p. 342). The National Council of State Boards of Nursing (2008) describes a preceptor as a competent nurse who receives formal training for the preceptorship role. However, emerging literature related to the advanced practice role does not limit the role of preceptor to just experienced nurses. For example, in the context of advanced practice nursing, a mix of qualified clinicians, practitioners, experienced advanced practice nurses, physicians, and physician assistants all provide direct clinical teaching during preceptorship (American Association of Colleges of Nursing, 2016; Roberts, Wheeler, Tyler, & Padden, 2017; Wiseman, 2013).

Uses of Preceptorship

The suffix of -ship when added to a noun, specifically personal nouns, such as “preceptor,” establishes a state or condition. The suffix -ship is also used to indicate the qualities belonging to a specific group of people or a profession. It can denote skill, power, or even a number (“-ship,” 2018). Adding “-ship” as a
suffix to the term preceptor indicates a state in which a preceptor enters into a relationship because of the preceptor’s special characteristics and skills.

**Preceptorship in nursing.** Models of preceptorship have been used among law, teaching, engineering, pharmacy, paramedic, medical, nursing, and dental disciplines (Billay & Myrick, 2007; Billay & Yonge, 2004). Healthcare-associated preceptorship models consist of practice-based learning in a supervised environment and integrate practical and theoretical knowledge (Loewen et al., 2016; Madhavanpraphakaran & Balachandran, 2013). Definitions of preceptorship can be found in various nursing literature, and have been defined as an intense clinical rotation for a student utilizing a hands-on approach to socialize a student to his or her new role (Lockwood-Rayermann, 2003).

Hayes (1998) identified role modeling as an essential aspect of nursing preceptorship. However, there remains confusion among nurses to distinguish appropriate role models as preceptors. Preceptors are required to role model specific behaviors and skills, but many nurse learners engage in preceptorships with preceptors from outside the nursing profession. Raising the question does a preceptors’ professional title affect his or her ability to be effective nursing role models? There is little information related to the behavioral role modeling that occurs when nurse learners are with non-nursing preceptors, leaving unclear methods for implementation (Chen, Rivera, Rotter, Green, & Kools, 2016).

Traditionally, the definition of the learner-preceptor relationship has been explicitly comprised of a single preceptor working directly with a single learner in a one-to-one relationship (LeFlore & Thomas, 2016; Loewen et al., 2016). More recently, learner-preceptor models have evaluated and modified methods to accommodate more than one learner to increase learner access to preceptors and provide interprofessional clinical learning experiences. Studies suggest the need to incorporate different learner-preceptor ratios to accommodate learner needs (Loewen et al., 2016).

Preceptorship has commonly shared analogous meanings with apprenticeship and mentorship throughout human history (LeFlore & Thomas, 2016). Billay and Yonge (2004) argue apprenticeship does encompass learning skills similar to preceptorship, but there is little emphasis on the behaviors and characteristics of the teacher. Unlike preceptorship, mentorship usually requires a longer time commitment, and mentees do not require direct supervision (Nielson et al., 2015).

**Defining Attributes**

The author identified five attributes of preceptorship, which are a mutual willingness, role modeling, interpersonal relations, socialization, and goal setting. These attributes are critically important and must be present to demonstrate the phenomenon of preceptorship.

The first defining attribute of preceptorship is a mutual willingness, requiring both learner and preceptor agreement to enter into a relationship with one another. The second defining attribute of preceptorship is role modeling. Preceptors must have the expertise to exercise, teach, and demonstrate the learner’s desired skill(s). In healthcare, expertise and role modeling are commonly associated with clinical competency and judgment, which are acquired by the learner during preceptorship (Knisely et al., 2015). The third attribute of preceptorship involves the interpersonal relations between the learner and preceptor. Peplau’s theory of interpersonal relations (as cited in Washington, 2013) includes a series of four overlapping phases applicable to the learner-preceptor relationship by incorporating orientation, identification, exploitation, and resolution. The interpersonal relationship is a series of interactions taking place when the preceptor and learner are together. The interpersonal relationship requires reciprocal communication, commitment, and listening. The fourth defining attribute of preceptorship is socialization. The transitions that take place during the socialization of the nurse ultimately prepare the learner to practice independently. The fifth and final attribute of preceptorship is goal setting. Goals of preceptorship include competency, skill acquisition, and the length of time spent together.

**Model Case of Preceptorship**
The purpose of a model case is to demonstrate all the defining attributes in order to portray a pure exemplar of the concept. In this model case, a nurse practitioner student named Janae shows up for her first day in the pediatric clinic with her newly assigned preceptor, Dr. Baker. Janae arrives at Dr. Baker's office willing to learn new skills over the next three months. Not only is Janae willing to learn, but she also agrees to take direction when prompted. Dr. Baker is a willing and experienced clinician who serves as a role model for Janae. The two of them engage in an interpersonal relationship as Dr. Baker orients Janae to the clinic. Janae feels comfortable asking Dr. Baker for guidance recognizing Dr. Baker is an expert in his field. As time goes on, Janae realizes that she is beginning to adopt some of the skills and attitudes demonstrated by Dr. Baker. Goals are set when both Janae and Dr. Baker discuss Janae's learning objectives during the time they spend together. Janae completes her preceptorship with Dr. Baker and there is resolution and closure. The story of Janae and Dr. Baker’s time spent together in the pediatric clinic exemplifies a model case of preceptorship.

Antecedents

The four antecedents of preceptorship are two living beings, dependency, an educational sponsor, and the existence of a learning environment.

Consequences

The author has identified four consequences of preceptorship as skill acquisition, goal attainment, professional satisfaction, and professional development. Both the learner and preceptor develop skills and each being leaves preceptorship with a sense of closure and resolution. All four of these consequences ultimately lead to role transition.

Empirical Referents

After a broad review of the literature, the author has identified six empirical referents of preceptorship, which include socialization, role transition, clinical competence, role modeling, self-efficacy, and role identity. Udilis (2006) identified areas of study and instrumentation for undergraduate nurses included socialization, role transition, and clinical competence. Hayes (1998) identified role identity, socialization, self-efficacy, and role modeling as measurable attributes of advanced nursing preceptorship. These six empirical referents are useful in developing instruments to measure the phenomenon of preceptorship and ultimately contribute to the development of theory construction.

Conclusion

Preceptorship occurs when a learner and an experienced role model willingly enter into an interpersonal relationship, enabling the learner to transition into a new role through socialization and the utilization of goal setting. Strategies are needed to refine and measure the effects of interprofessional preceptors on nursing socialization in advanced practice nursing education. In undergraduate nursing, interprofessional team-based preceptorships demand further exploration to determine effectiveness in role transition. The concept of preceptorship in nursing education is changing, and a clear operational definition is required to implement effective nursing preceptorship.

Title:

Preceptorship: A Concept Analysis
Keywords:
Concept Analysis, Preceptorship and Theory Construction

References:


Abstract Summary:

The definition of preceptorship in nursing education has essentially remained unchanged for 45 years (LeFlore & Thomas, 2016). Etymologic origins, traditions, and educational practices were explored in this poster presentation to clarify the meaning of preceptorship and develop a current operational definition for all scopes of nursing practice.

Content Outline:

1. Encourage interactive discussion of the current uses of preceptorship in nursing education.

2. Identify etymologic origins of the concept of preceptorship.
3. Develop an operational definition of nursing preceptorship for all scopes of nursing practice.

4. Identify empirical referents of nursing preceptorship necessary for theory construction.

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