

## **Keywords**

Preceptorship, “Post-Registration Nursing Education”, “Research, Educational Nursing”, “Newly Qualified Nurses” “Support for Newly Qualified Nurses”

## **Abstract**

**Aim:** This is a systematic literature review of the existing published research related to the development of preceptorship to support newly qualified nurses in the United Kingdom (UK).

**Background:** It has been known for some time that newly qualified nurses experience a period of unsettling transition at the point of registration. In the UK, preceptorship has been the professional body’s recommended solution to this for over 20 years.

**Data Sources:** Searches were made of the CINAHL Plus and MEDLINE databases.

**Review Methods:** A systematic review was carried out in August 2011. Twelve separate searches were conducted generating 167 articles, of which 24 were finally reviewed. Papers were critically reviewed and relevant data were extracted and synthesised using an approach based on Preferred Reporting Items for Systematic Reviews and Meta-Analysis ( PRISMA).

**Results and Discussion:** A results table is presented of the twenty-four sources generated by the systematic search. Three themes were identified from the empirical evidence base: ‘Managerial Support Framework’; ‘Recruitment and Retention’; and ‘Reflection and Critical Thinking in Action’;.

**Conclusion:** There is strong evidence that the newly qualified nurse benefits from a period of supported and structured preceptorship, which translates to improved recruitment and retention for the employing organisations.

**Recommendations for Further Research and Practice:** The existing literature provides an evidence base upon which to construct a preceptorship programme and a means by which to measure its efficacy and monitor its future development. Case study research projects should be considered for future preceptorship programmes in order to find the most effective methods of delivery.

## ***Introduction***

This systematic review will discuss the research undertaken on supporting newly qualified nurses (NQNs) through preceptorship. The context of this review is of increased interest in the need to support NQNs and other professionals, through their initial period of registration. Benner's research indicated that nurses should be seen as being on a professional route from "novice to expert" (1982; 1984). However, she was concerned that employers would encourage nurses to remain half way through this process at the competent stage. If the route to expert practitioner is to be encouraged, then roles such as preceptor are important for both the NQN, as preceptee, and the experienced nurse undertaking the preceptor role. This has been noted at international, national and local levels. This review will take into account the international and inter-professional context but the focus is on the United Kingdom (UK).

In the UK, the concerns of the media and profession regarding competency and attrition were highlighted by the move from the apprenticeship model of nurse education to the university based system. The consensus was that these new university educated practitioners would be less prepared for the realities of nursing than their forebears. This resulted in the issuing of recommendations from the nursing regulator the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) (1990) that a period of preceptorship should be undertaken by all NQNs. Consequently, although the concerns about NQNs are international, the requirement for preceptorship has a UK nursing professional meaning. In the context of nursing in the UK, preceptorship has a specific professional definition:

“the process through which existing nurses and midwives provide support to newly qualified nurses and midwives” (Nursing and Midwifery Council (NMC) 2008:46). Furthermore, the regulator explains that preceptors should have at least one year’s experience and have a teaching qualification (NMC 2006). This specificity is in contrast to the variety of definitions for preceptorship in the overseas literature. This is also true for the period of initial support after qualifying. In countries outside of the UK the term ‘preceptorship’ is more usually used to describe a nurse who teaches students and other learners in the clinical area (Sharples and Elcock 2011). This may be a full time occupation or an additional role similar to the NMC definition of ‘mentor’ (NMC 2008). The international definitions of the period of post-registration support also vary. In addition, some nations have a compulsory transition programme, in which the NQN has a formal programme of support and education (Levett-Jones and FitzGerald 2005).

Robinson and Griffiths (2009) ended their review of preceptorship with a recommendation to examine the “experience of post-qualification supported practice in other professions” with a view to “informing the shape of preceptorship in nursing” (Robinson and Griffiths 2009:19). Therefore, other professions have been included in this review for this purpose.

## ***Method***

The process follows a modified version of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Statement (Moher et al 2009). PRISMA has been adapted due to the combination of quantitative, qualitative and

mixed methods research encountered when conducting a review of this type. The PRISMA checklist headings used for this section are: 'Eligibility Criteria', 'Information Sources', 'Search', and 'Study Selection'.

## **Aim**

This is a systematic literature review of the existing published research related to the development of preceptorship to support newly qualified nurses in the UK with a view to highlight areas for further work.

## **Eligibility Criteria**

The chronological parameters for this research were from 1990, as this was when the nursing regulator first issued guidance to suggest that a period of preceptorship would be recommended (UKCC 1990), and concluded in 2011. The geographical limitations of the search were international. However, the definition of preceptorship is different outside the UK as noted above. Therefore, overseas evidence had to be manually assessed to ensure its relevance before inclusion.

## **Information Sources**

The search for the literature used the CINAHL Plus and MEDLINE databases. The twelve separate searches were conducted during August 2011. In addition to the mechanical search, the reference lists of other sources were interrogated and seminal works in the field were identified.

## Search

A full series of search terms were used to generate the selection. Examples included ‘experiences’ ‘precept\*’ ‘nurs\*’ (n=51), and ‘learning environments’ ‘practice’ ‘nurs\*’ (n= 68).

## Study Selection

This mechanical search generated 167 articles. These were then subjected to three stages of manual review: title review, abstract review, and article review (see Table 1). The majority of the sources are double-blind peer reviewed original research or literature reviews. However, a UK Government commissioned review and three articles relating to the preceptorship of student nurses have also been included as they contain important evidence.

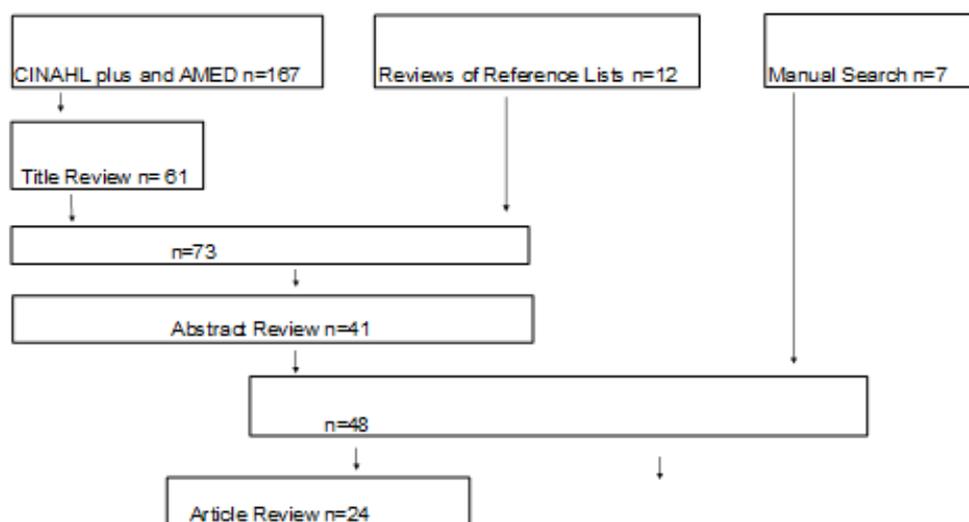


Table 1: Summary of the literature search and numbers of articles obtained and reviewed at each stage (Moher et al 2009).

## **Results**

The main components of the 24 articles for review are shown below in table 2. This enables the reader to gain a systematic overview of the sources found and the factors that will be discussed later. The table is organised into rows and columns with each row identifying the important factors of individual sources. The columns identify a set of factors selected to describe the contents of the articles selected for review.

The first two columns list each article by author and year of publication. These can then be cross referenced to the reference list to identify each source. The country of origin is identified. This ensures that the national context of preceptorship and support of NQNs can be easily identified. The research aims are then identified. These allow the reader to identify the focus of each report. The methods used in each article are then listed. This is important as there are a variety of research methods used and their clear identification allows the reader to assess the appropriateness of the research design. The 'research design' column includes details of data sources and numbers of participants. This ensures that the reader can be clear what type of evidence the results are based upon. The findings column indicates the results of the research. The limitations column identifies any perceived cautions regarding the generalisability and reliability of the evidence.

The results table is presented below.

**Table 2: Results**

Author	Year	Country	Aims	Method	Research Design	Findings	Limitations
Adlam K. Dotchin M. Hayward S.	2009	New Zealand	documenting the journey of graduate nurse support in new Zealand from local programmes to a national framework	A descriptive and discursive article about the issues in the aims	a historical context study of this journey	Structured graduate nurse programmes need: rotations, supernumerary time, preceptorship, clinical release for education, training and support for preceptors	a descriptive account of the implementation of a strategy rather than a research study.
Allen JM.	2009	Australia	the experiences of newly qualified teachers (NQTs) of a pre-service teacher education programme in implementing theory learned on campus into practice in the classroom	grounded theory (Strauss and Corbin strand) qualitative analytic induction	14 NQTs gave semi-structured interviews and participated in focus groups which focused on themes generated by the interviews	Half of all NQTs found the transition daunting and overwhelming; the other half found it quite easy, smooth or comfortable. Practice-theory gap remains an issue for NQTs. NQTs privilege practice over theory once they become practitioners. Once in practice NQTs associate good practice with that of the veteran teacher who they seek to emulate.	a small sample

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Bates N. Immins T. Parker J. Keen S. Rutter L. Brown K. Zsigo S.	2010	England UK	track the learning and development needs of newly qualified social workers (NQSWS)	Longitudinal quantitative study	perspectives of line managers, service users and carers of 22 newly qualified social workers over 1st year post-graduation. 3 Likert scale questionnaires at graduation, 6 and then 9 months post qualifying. Augmented by semi-structured interviews	Line managers say that newly qualified social workers benefit from organised probationary period. NQSWS promise support-not given; many report a baptism of fire or being thrown in at the deep end; all say that support is good when received and should be universally available.	a small self selected sample
Brumfitt SM. Enderby PM. Hoben K.	2005	England UK	to ascertain the extent to which the experience gained on university qualifying courses in speech and language therapy (SALT) efficiently equips new therapists for the reality of work.	a qualitative three stage design	the perspectives of 31 new practitioners and 13 managers collected by questionnaires, interviews and focus groups	Different levels of expectation by managers and NQSALTs of competence. A preceptorship period required. Training for supporters required.	A small sample
Carlson E. Pilhammer E. Wann- Hansson C.	2010	Sweden	description of conditions for precepting in Sweden from perspective of precepting nurses	ethnographic approach	13 preceptors in field work and 16 in focus groups by purposive sampling	Three themes: organisation perspective comprising clinical responsibilities and routines; collaboration perspective focused on professional relations	A small sample. Defines preceptor as placement based teacher of students

						and interactions; personal perspective comprised preceptors' experiences, need for feedback and notions of benefits. Time ran through all themes	
Duchscher JEB.	2009	Canada	to provide a theoretical framework of the initial role transition for newly graduated nurses to support and facilitate this professional adjustment appropriately	literature review and retrospective analysis of a three part study	10 year programme of research encompassing 4 qualitative studies 24 participants in total	NQNS experience Transition Shock related to responsibilities, knowledge, roles, and relationships. The participant expressions of this are presented under emotional, physical, socio-cultural and developmental, and intellectual headings	The methodological framework is not well defined.
Giallonardo LM. Wong CA. Iwasiw CL.	2010	Canada	examine the relationships between new graduate nurses' perceptions of preceptor authentic leadership, work engagement and job satisfaction	Quantitative predictive survey design	170 randomly selected Registered Nurses (RNs) with less than 3 years experience in acute care surveyed by mailed questionnaire	newly qualified turnover 34-65%; preceptor leadership style needs matching to NQN, Authentic leadership increased NQN job satisfaction	500 RNs mailed originally. Therefore, the 170 respondents were self selected from this number

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Gregory M.	2007	England UK	identify the views of newly qualified probation officers regarding their confidence to perform a range of core probation work skills and of their experiences of a new form of training for the role.	qualitative 3 cohort case study	views of 15 newly qualified probation officers 5 each from 6 months, 18 months and 30 months post qualification. Sought by face to face interviews using open ended questions and a set of likert scale questions regarding self-assessed confidence on qualifying	best experiences from good organisation, supportive senior officers, protected initial caseload and reflective discussion with senior officers	A small sample
Hallin K. Danielson E.	2009	Sweden	comparison of RNs' experiences or precepting students in years 2000 and 2006	quantitative descriptive design	questionnaires to 113 preceptors in 2000 and 109 in 2006	Significant improvement in preceptors" experiences noted. Organisational model for effective preceptor support; and time out for preceptors were seen as the most important factors influencing this improvement	Defines preceptor as placement based teacher of students
Hardyman R. Hickey G.	2001	UK	To document careers followed, and to analyse the factors, both professional and personal, that may influence careers.	Quantitative, Postal questionnaire (extensive piloting) sent at qualification to students nationally.	2109 adult branch students chosen for the sample. 1832 agreed to take part. 1596 returned questionnaire.	3 key themes identified. Preceptorship helps 'ease the transition to a new role'. Pilot enabled aspects of this to be identified. Study highlights how important aspects of preceptorship are, 91% felt that	Only one section of the research project discussed. However this allows focus for discussion. Data analysis method not specified

				Sample strategy used to determine which students were to be selected.		constructive feedback on clinical skills was very important.	
Harrison JK. Lawson T. Wortley A.	2005	England UK	to explore the extent to which reflective practice joins critical thinking with experiential learning for beginning teachers	qualitative action research	a sequence of 38 professional review meetings between subject induction tutors (SIG) and NQTs were conducted and audio recorded by 30 SIGs. These were transcribed and analysed	adoption of reflective practice is beneficial to NQT mentoring. The SIGs require training to ensure that they include reflective practice in their support of NQTs.	a small sample. Audio recording of interviews was by participants without researcher supervision.
Hickey MT.	2010	USA	to identify the perceptions of recent baccalaureate nursing graduates	a descriptive, exploratory case study using qualitative and quantitative methods	questionnaires to 108 students of which 33 were returned	fast turnover of newly qualified staff and questionable level of pre-registration preparation	33 is a very small sample to claim quantitative results from
Higgins G. Spence RL. Kane R.	2010	UK	review of the experiences of NQNs	systematic review	literature review of 17 research articles	transition remains stressful because of lack of support	None identified
Kelly J. Ahern K.	2008	Australia	to describe the experiences of newly graduated nurses	phenomenological research	semi-structured interviews of 13 participants over 6 months	NQNs experienced oppressive practices and stressors related to change which were repeated during change of placements on rotation. Reality shock, bitchiness and "nurses eating their young" were all described as part of	A small unrepresentative cohort

						this oppressive practice.	
Kramer M.	1966	USA	research into what new graduates really think of their first work experience in hospitals	Qualitative study	45 NQNs questionaired at qualification and interviewed at 3 and 6 months after graduation	security, personal contact and helpfulness from staff are important to the new graduate.	The methodological framework is not well defined.
Maben J. Macleod Clark J.	1996	UK	to explore how newly qualified Project 2000 nurses fared after qualification	qualitative study	10 NQNs participated in in depth interactive interviews	emotional highs and lows. Despite a self-perceived lack of confidence, their willingness to question themselves and others suggests self-confident practitioners. Lack of support and supervision a problem. Peer support a positive.	A small unrepresentative cohort
McCarthy B. Murphy S.	2010	Ireland	explore preceptors' views and experiences of precepting undergraduate nursing students	Mixed methods descriptive approach	970 questionnaires sent to all preceptors completing a preceptorship course. 470 were returned. questionnaires using 22 Likert scale questions and 2 open questions	many preceptors enjoyed the role. The majority found the role unsupported, stressful and burdensome. Need for protected time, support, feedback and recognition from management.	defines preceptor as placement based teacher of students

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Mooney M.	2007	Ireland	Examination of how newly qualified Irish nurses perceived their transition from student to qualified nurse.	Qualitative. Grounded theory approach using semi-structured interviews, open ended questions.	Typed verbatim, coded to generate theory of experiences. 12 newly qualified nurses from 2 separate cohorts within 12 months of qualification.	Unexpected reality: consisting of great expectations, no time for nursing, and the fears and tribulations of newly registered nurses	Relatively small sample size, use of 2 cohorts allows more comprehensive analysis. Limited time frame.
Myrick F. Caplan W. Smitten J. Rusk K	2011	Canada	investigation into the efficacy of virtual learning spaces in supporting preceptorship	Qualitative approach using grounded theory methods	semi-structured interviews of 18 preceptors over 5 months	Online preceptor support can work	A small sample. Defines preceptor as placement based teacher of students
Omansky GL.	2010	USA	describe staff nurses' experiences when functioning as a preceptor	Literature review	30 articles ranging from 1981 to 2009	preceptors defined by: role ambiguity; role conflict and role overload	preceptor definition not clear thus including any kind of clinical teaching. Literature search criteria not clear
Robinson S. Griffiths P.	2009	England UK	"assess the evidence from existing schemes relating to receipt of preceptorship."	Selective review of the contemporary UK studies	literature review of 12 research articles	Appointing a senior nurse in each practice setting with responsibility for preceptorship would raise the profile of preceptorship	A selective rather than systematic review
Roxburgh M. Lauder W. Topping K. Holland K.	2010	Scotland UK	to establish levels of self reported competency,	cross sectional survey measuring the 4 issues identified in the	97 questionnaires convenience sample	Support from supervisors and a positive learning environment correlated	self reported evidence may not conform to externally

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Johnson M. Watson R.			self-efficacy, job demands and career intentions in NQNs undertaking the Flying Start Scotland Programme.	aims		with retention of staff and self reported competency	assessed evidence
Wangensteen S. Johansson IS. Nordström G.	2008	Norway	to illuminate how recently graduated nurses experience their first year as a nurse	Qualitative using individual interviews	12 informants NQNs hospital and home care	NQNs report uncertainty and chaos, need for recognition, need for supportive environment	A small unrepresentative cohort
Whitehouse CR. O'Neill P. Dornan T.	2002	England UK	evaluation of the preparedness for practice of medical students following their final year	a quantitative likert scale based case study	a graduates from Manchester Medical School in year 2000 and 2001. A total of 626 questionnaires returned from 632 distributed	Graduates of this medical school have high levels of self confidence in their clinical skills and their potential role as doctors. Promotion of self-direction in learning is most important for PRHOs	Limited to questioning pre-registration students prospectively about their abilities to perform rather than objectively measuring that ability, triangulating with managers or asking newly qualified practitioners.

## ***Discussion***

All of the papers agree that newly qualified staff require a period of support following qualification (Wangensteen et al 2008). This is justified on a number of grounds: that NQNs are not fully fit for purpose at qualification; that even where they can be shown to be competent they do not have the self-confidence to be an autonomous professional (Kelly and Ahern 2008; Maben and Macleod Clark 1996); that preceptorship aids the recruitment of NQNs (Hardyman and Hickey 2001) and reduces the high level of turnover otherwise experienced (Giallonardo et al 2010; Hickey 2010). Internationally, there are several models of support and these are debated in the literature (McCarthy and Murphy 2010; Roxburgh et al 2010; Wangensteen et al 2008). The main three identified in this review are: formal programmes of induction without an allocated preceptor; one to one personal preceptorship for the first few months after qualification; or a combination of the two. The consensus is that the preceptorship relationship is most important and that this is enhanced if it is supported by formal structures of support including peer support and mandatory training (Adlam 2009). In the UK the form of support for NQNs has been accepted as preceptorship since 1990 (UKCC 1990). The NMC have recommended that this should be at least four months for nurses (2006) and the Great Britain, Department of Health (DH) advise a period of 12 months of post-qualification preceptorship support for all health professionals (DH 2010). This is corroborated by the evidence from this review. Triangulation studies report that managers, NQNs, experienced clinical staff and educators all agree that NQNs require a period of support (Brumfitt et al 2005; Wangensteen et al 2008; Duchscher

2009). The period favoured by NQNs appears to be six months but definitely no less than four months (Brumfitt et al 2005).

## **Managerial Support Framework**

Most of the articles referred to the need for managerial support for both preceptors and preceptorship (Omanski 2010; McCarthy and Murphy 2010). Robinson and Griffiths' review also found that the majority of the studies drew attention to "the need for investment in resources such as development of preceptorship programmes, training courses for preceptors and work organisation that safeguards time for preceptees and preceptors to work together" (2009:17). Robinson and Griffiths (2009) and Higgins et al (2010) point out that a number of reports indicate that many NQNs did not receive preceptorship even when provided with a preceptor and often described this as a 'paper exercise' (Robinson and Griffiths 2009). As preceptorship is a role undertaken by nurses with a full clinical workload, most researchers argued that the role required active support by clinical managers to ensure that the preceptor had the time and inclination to properly undertake the role (Mooney 2007). Several suggested an educational managerial framework (Wangensteen et al 2008) and one outlined a model designed to support the preceptor and preceptee (Hallin and Danielson 2009). This consisted of a three level hierarchy: preceptor, head preceptor and clinical teacher. Each level was provided with a number of hours out of their clinical role to undertake the preceptorship tasks and each level being required to support and monitor the level below them to ensure that the preceptees received the preceptorship required. This type of formal clinical educator management structure with time allocated to the role was also found to be the most effective way of

supporting all clinically based learners. The structure of support taken from an extensive case study research project into clinical educator roles is shown below in table 3.

Lead Clinical Facilitator (LCF)	Full Time managerial and strategic role supporting a team of educators.
Ward Based Clinical Facilitator (CF)	Usually a part time role but importantly with a separate job description if the nurse is also undertaking a clinical role. The CF role is supported and ensured by line management from the LCF.
Mentors (of students) and Preceptors (of NQNs)	The education role or roles are part of the clinical role of the nurse. These part of the roles are supported and ensured by the CF.

**Table 3: clinical facilitator management structure** (Whitehead 2010)

In other professions managerial support was also seen as crucial (Bates et al 2010). The importance of a solid managerial structure to support preceptorship for NQNs is emphasised in the strongly negative experiences of those neophyte nurses entering the workforce without support. Kramer (1966) provided qualitative evidence of this in her seminal work. This main theme of managerial support encompasses three important categories.

## **1. Recognition and Status of Role**

McCarthy and Murphy's (2010) findings show that preceptors are often reluctant to take on the role. They conclude that social status and financial incentives are important in encouraging staff to become preceptors and in maintaining the efficacy of the role (McCarthy and Murphy 2010). This is directly linked to the management framework. If the role has social and financial or time release recognition supported

by the management structure it is more likely to be effective. Omansky (2010) argued that the problems for preceptors could be broken down into three role related headings: role ambiguity, role conflict and role overload. She recommended that “clarity of a definition of the preceptor role in nurse preceptors’ job descriptions would reduce role ambiguity and allow for advancement on a clinical ladder or a positive mention on the preceptor’s annual evaluation” (2010:701). Her review indicated that formal recognition and increased status for preceptors was required to reduce all three problems. A management framework of support is required to provide this. However, no matter how desirable the role becomes it cannot be properly fulfilled if the time is not allocated to do it properly.

## **2. Protected Time for Preceptor and Preceptee**

Carlson et al (2010) illuminates this issue succinctly. The staff interviewed showed signs of stress and anxiety related to time shortage due to clinical demands. One answer to this is to provide ring-fenced time for preceptoring as part of the nurse’s job description. Nevertheless, several methods of alleviating this were discussed including ensuring that preceptoring responsibilities could be delegated to other staff where the preceptor was either off duty or engaged in other work (Adlam et al 2009). This requires a sense of shared ownership of the preceptorship role between a critical mass of staff in any workplace. That is not to say that there should not be a personal preceptorship relationship but that when that named preceptor is not available the NQN should not be left unsupported (Wangensteen et al 2008). Again, this cultural understanding is something that requires managerial support and encouragement. This can be ensured by management frameworks such as the preceptor support

model (Hallin and Danielson 2009). It is also an issue that should be highlighted in educational preparation and updates for preceptors.

### **3. Preparation of Preceptors**

In the UK preceptors are expected to be an RN; have at least 12 months experience in the same area of practice as the preceptee; have completed a mentor preparation programme and “will need preparation for the role” (NMC 2006:3). These are very similar requirements to those for pre-registration student mentors (NMC 2008).

However, the role is different because a pre-registration student has not yet proven themselves worthy of registration, whereas the NQN has. Therefore, whilst the mentor has to concentrate upon assessment of competence, the preceptorship role is focused on supporting the NQN through their transition from student to autonomous professional. This role requires preceptors to think differently to mentors and the majority of the papers in this review support this. Unfortunately, several studies including Robinson and Griffiths’ review found that preceptors received little preparation for their role and were uncertain as to what was expected of them (2009). Methods of providing preparation and updates for preceptors are usually described as didactic face to face or peer support networks. However, Myrick et al’s (2011) research into the efficacy of an online preceptor support programme appears to support this method of preceptor preparation.

If preceptorship is something which requires specific preparation by the employing organisation and professional body then it is something which implicitly has enhanced status for both of those institutions. In the literature, some of the preceptor preparation is described as being provided by the employer and some by education

institutions. Myrick et al make much of the specialist educational skills of those employed in a university to produce a high quality learning environment (2011). However, there is no obvious reason why a health service provider cannot buy in this form of expertise. There are advantages for the preceptors' employer to provide this education as they can tailor the programme to the needs of their own organisation.

Recognition of status, time to precept and educational preparation are all required aspects of the managerial framework to support preceptorship. However, all of this merely supports the underlying need for a structure designed to ensure that preceptorship is effective. This requires a system of line management designed to provide the encouragement for preceptors to precept and for the rest of the team to support them in their endeavours.

If the structure of preceptorship is in place then the practice of implementing it is made much more likely. The most often cited reasons for engendering effective preceptorship are recruitment and retention.

## **Recruitment and Retention**

Done properly preceptorship can improve recruitment and retention for the NQNs, for the more experienced preceptors and those involved in its clinical education support framework. It has been known since Kramer's (1974) research that NQNs suffer 'reality shock' on entering the profession. This often results in nurses leaving. Robinson and Griffiths found no link between retention and preceptorship (2009). However, the NQN participants felt that a period of preceptorship was essential (Robinson and Griffiths 2009, Higgins et al 2010). This would indicate that NQNs seek employers who have effective preceptorship programmes as part of their

employment packages. Roxburgh et al asked their 'Flying Start Scotland' preceptees before and after the preceptorship period if they intended to stay in the National Health Service (NHS). Around 80% said that they intended to stay both before and after their preceptorship (2010). This is an important issue for acute hospitals in particular as they continue to take the majority of NQNs onto their general wards (Whitehead 2011). At the same time NQN turnover within the first 3 years post-qualification is between 35% and 65% (Giallonardo et al 2010).

### **Reflection and Critical Thinking in Action**

Most of the studies agree that improving NQNs' confidence in their abilities is an essential aspect of the preceptorship process (Maben and Macleod Clark 1996).

Methods prescribed to improve NQNs' confidence include:

- ensuring they are supported by a preceptor
- they have a programme of preceptorship
- they are shown objective assessment results of their ability to perform tasks such as drug administration
- they are provided with peer support to show them that the rest of their cohort are having similar experiences socialising to their new profession

Underpinning all of these are reflection and critical thinking skills. Reports of studies conducted by newly qualified professions other than nursing are particularly explicit about this (Gregory 2007, Harrison et al 2005). Perhaps this is because reflection is already deeply embedded within nursing and consequently, it is taken

for granted by the researchers as a learning tool. Nevertheless, the evidence from within and outside of the profession is clear that formally organised regular peer support within a reflective critical framework is a powerful method of improving NQNs' self-confidence as part of preceptorship programmes (Allen 2009).

## ***Conclusion***

In conclusion, the evidence suggests that properly resourced and organised preceptorship is a positive and essential experience for NQNs and their employers. Negative experiences come from an absence of preceptorship; preceptorship being offered and not fully delivered; and feelings of poor self-confidence despite having sufficient competence (Maben and Macleod Clark 1996).

The implication of this is that organisations can improve their likelihood of producing reliable and competent RNs by the introduction of properly resourced and organised preceptorship frameworks which require a supportive managerial structure. The structures should ensure appropriate status and recognition of the role of preceptor, protected time to complete the role properly, and a preceptor preparation programme. This will ensure that preceptors are good quality role models with the incentive, time and ability to provide excellent preceptorship. This is an essential requirement because NQNs make up a large proportion of the acute hospital staff profile in the UK and there is an underlying and long standing reality of rapid turnover of staff in these areas. Therefore, NQNs need to be encouraged and supported to quickly become both competent and confident practitioners in these areas (Whitehouse et al 2002). The guiding principle in the design of the curriculum

for NQN preceptorship should be the security provided by reliable preceptor support and tools to aid self-reliance for the NQN when this support inevitably ceases. This self-reliance should in part be role modelling of their preceptor and in part critical reflective thinking referencing to their practice, their existing body of professional knowledge and their ongoing theoretical learning.

### **Recommendations for Further Research and Practice**

This systematic review has indicated the essentials of the future design of preceptorship programmes. It has also left little doubt that high quality programmes are necessary to provide the reliable NQNs. Therefore, future research should concentrate on the effectiveness of the differing modes of preceptorship support.

For employers with no existing preceptorship programmes these should be instigated along the lines advised above. Where there are existing frameworks for preceptorship, these should be examined against the themes described in this review. At the point of initiation, the design of mechanisms for measurement of quality, reliability and effectiveness to deliver the required outcomes, should be in place.

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