

The leadership characteristics of the preceptor in selected clinical practice settings in Botswana

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A non-experimental, explorative, descriptive, quantitative study was undertaken. The purpose was to explore and describe the views of preceptors and preceptees regarding the fulfilment of the role of the preceptor in selected clinical nursing practice settings in the Botswana context.

The study included 72 preceptors and 200 nursing students/preceptees who voluntarily agreed to participate in the study. A questionnaire was used to collect data, which was analyzed by using descriptive and inferential statistics.

The findings of this study indicated that the preceptor lacked leadership characteristics in the accompaniment of the preceptee. These constraints included the lack of desirable characteristics such as intellectual, emotional, physical and other traits that are common to all good leaders. Recommendations were stated for improvements in selecting preceptors with certain leadership skills for the clinical practice settings. The limitations of this study were highlighted.

Opsomming

'n Nie-eksperimentele, verkennende, beskrywende, kwantitatiewe studie was onderneem. Die doel was om die sienswyses van preceptore en preceptees te ondersoek en te beskryf, aangaande die vervulling van die rol van die preceptor in geslekteerde kliniese verpleegpraktykomgewings in die Botswana konteks.

Die studie het 72 preceptore en 200 verpleegstudente/preceptees ingesluit, wat vrywillig ingestem het om aan die studie deel te neem. 'n Vraelys was vir datainsameling gebruik. Data was by wyse van beskrywende en inferensiële statistiek ontleed.

Die bevindinge van hierdie studie het aangedui dat die preceptor, sekere leierskapseienskappe in die begeleiding van die student kort. Hierdie beperkinge sluit die gebrek aan verkose kenmerke soos die intellektuele, emosionele, fisiese en ander eienskappe in wat kenmerkend aan alle goeie leiers is. Aanbevelings was gemaak vir verbeterings in die sekekering van preceptore met sekere leierskapsvaardighede vir die kliniese praktykomgewings. Beperkinge van die studie was gestel.

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Introduction and rationale

The term preceptorship has been used in the context of nursing for a relatively short period, time, having first appeared as a classification in the International Nursing Index of 1975, and has a general connotation of tutor or instructor (Shamian & Inhaber, 1985:79). Goldenberg (1987/88:11) states that

preceptorship is a unique experience in which the preceptee/student is guided by a preceptor in developing higher-level practice skills that contribute to quality patient care. On the other hand leadership involves changes that lead to the attainment of goals by leaders and followers. 'Leadership is a complex process by which a person influences

others to accomplish a mission, task or objective and directs the organization in a way that makes it more cohesive and coherent' (Bennis, 2002:1). Preceptors in nursing education should act as leaders in the present health care environment and have a challenging role to play in educating and guiding followers towards the outcomes of standards set by the educational system of their country. A preceptor therefore needs specific leadership traits to guide preceptees in their clinical educational setting that motivates them towards achieving a shared purpose of quality health care delivery.

A study about the significance of a professional nurse leader that acts as a preceptor could offer future guidance to those actively involved in nursing education (Ohrling & Hallberg, 2000:13). Furthermore, this knowledge could help to make clinical teaching more efficient and effective.

The nursing profession has through the years, adapted and modified the meaning of "preceptor" to describe a unit-based professional nurse who carries out one-to-one teaching of new employees or nursing students. The description of preceptors of Shamian and Inhaler (1985:79) notes that the one-to-one situation in preceptorship provides an effective mechanism for learning. It is evident from literature that the student/preceptee can learn effectively under the guidance of a competent senior person *or leader* who interacts with the student in a one-to-one situation (Bashford, 2002:14).

A study of nurses' lived experiences as preceptors revealed their conviction that preceptorship instilled confidence in students and empowered them in clinical practice learning situations (Ohrling & Hallberg, 2001:530). A preceptor should possess leadership traits to influence preceptees to obtain the necessary competencies to act as competent practitioners. However, Been (2001:132-134) found that the effectiveness of clinical accompaniment in the learning process diminished by the growth in the number of students requiring such accompaniment in a changing hospital environment. The latter is one of the reasons why the Nursing Education system in Botswana employed preceptorship as a clinical teaching approach.

Statement of the problem

Myrick (2002:154) states that although preceptorship is increasingly being used in practice settings, little is known about the leadership traits that preceptors demonstrate to teach preceptees effectively. The same situation prevails in Botswana and needed to be examined with a view to select appropriate preceptors to promote and facilitate clinical learning for students. Preceptors expressed concerns about various problems and issues during a Systematic Programme Review Seminar held in Gaborone in October 1999. The issues raised during this presentation were related to the characteristics of the preceptor being a leader in the clinical situation. The basis of good leadership should be an honourable character (Bennis, 2002:2).

Two important issues raised by the said preceptors in relation to the *characteristics of the preceptor* were that:

- preceptors were inadequately prepared for their role to lead and guide preceptees in the clinical setting; and
- the lack of motivation among the preceptors.

Purpose of the study

The overall purpose of this study was to explore and describe the views of preceptors and preceptees regarding how the role of the preceptor as a leader is fulfilled in clinical nursing practice settings.

One of the main objectives of this study was to explore and describe:

- which leadership characteristics the preceptors possess to carry out their role in the clinical practice setting.

This article will focus on the said objective regarding the characteristics of a preceptor.

The findings were used to describe recommendations for improvements in the future selection and role of preceptors in clinical practice settings in the Botswana context.

Conceptual framework

To lead means to influence, to guide in terms of direction, course, action or opinion (chap. 1, Leadership). The

characteristics of the preceptor as a leader could be viewed against the background of the trait theory. This earlier leadership theory tried to explain leadership in terms of a single element of a particular situation. The assumption was made that leaders are born leaders. This implies that some people are naturally better leaders than others and that for example, a preceptor in the educational setting is needed to influence preceptees in this setting. This approach entails identifying people who have the appropriate leadership characteristics for a specific situation (Tappen, 2001:22). Traits are a person's distinguishing personal characteristics, such as intelligence, values, self-confidence and appearance.

The trait theory identifies intellectual, emotional, physical and other traits that are common to all good leaders. *Intelligence and ability traits* are identified as judgement, decisiveness, knowledge and fluency of speech. Important *personality traits* are adaptability, originality, alertness, creativity, cooperativeness, personal integrity, ethical conduct, self-confidence, emotional balance and control, and independence. The *Social characteristics/abilities* needed for an effective leader are outlined as the ability to enlist cooperation, popularity, prestige, sociability, social participation and tact/diplomacy. *Physical characteristics* are related to activity and energy in a specific situation. *Work-related characteristics* are achievement, drive/desire to excel, drive for responsibility, responsibility in pursuit of goals and task orientation (Daft, 1999:66; Swansburg, 1996:424).

The traits of a preceptor correspond to the traits of a leader and some of these traits will be outlined in the findings.

Definitions of other concepts

Preceptor

Preceptor is defined as "a teacher or instructor" (Concise Oxford Dictionary, 1999:1075). Different authors define preceptorship as reality-based clinical strategies involving the preceptee/novice nurse and an experienced, clinically competent nurse' (Atkins & Williams 1995:1006-1015; Reilly & Oermann (1999:196). These authors also emphasize the importance of the preceptor having the right characteristics and qualities, which include but are not limited to clinical competences, interest in the

preceptorship role and socialization of the preceptee to the roles of a professional nurse.

For this study the term preceptor included an expert registered nurse who assists students to achieve predetermined learning objectives in a clinical milieu through role modelling and the subsequent practice of appropriate nursing behaviours. In this study, the term registered nurse referred to a nurse who holds a diploma in general nursing, is registered with the Nursing and Midwifery Council of Botswana, and works in a hospital or clinic setting in Botswana.

Characteristic

The term characteristic is defined in the Concise Oxford Dictionary (1999:237) as 'typical of a particular person, place or thing'. The term refers to the attributes, features or traits that the preceptor needs to possess and how these personal attributes influence the preceptorship relationship and the student accompaniment process.

Certain characteristics of a preceptor are desirable to sustain an effective preceptor-preceptee relationship. Bashford (2002:15) identifies characteristics of a good preceptor as acting as a role model and the ability to demonstrate *leadership skills*. For the purposes of this article, the focus will be on leadership characteristics.

Preceptee

A preceptee is a student who is engaged in studying something or a person who takes a particular interest in a subject (Concise Oxford Dictionary, 1999:1424). In this study a preceptee was a final-year nursing student (third year) training for a Basic Diploma in General Nursing or an Enrolled Nurse Upgrade student being supervised by a preceptor during a clinical attachment or internship.

Clinical practice

Clinical practice setting in this study refers to a health facility (either a hospital or clinic) where the preceptor and preceptee interact during preceptorship relationships.

Research design

The approach to this study was a non-experimental, exploratory, descriptive and quantitative survey. The main purpose of this *non-experimental research* was

to determine and reflect the views of preceptors and preceptees regarding the preceptor's role in some clinical practice settings in Botswana. The *quantitative, descriptive and exploratory approach* was employed in this study for the following reasons:

- Descriptive and inferential statistics are used to examine the significance of the opinions of the preceptor-preceptee research groups (Burns & Grove, 2003:195).
- Information on the characteristics of the preceptors was obtained directly from both preceptors and preceptees who were directly involved in preceptorship as a clinical teaching strategy.
- This design provided the researcher with new insight (through statistical data) into the preceptor's leadership characteristics and led to recommendations for future improvements in the selection of appropriate people for the current preceptorship practice in nursing educational institutions in Botswana (Polit, Beck & Hungler, 2001:472; Burns & Grove, 2003:481).

Method

The quantitative perception survey used was a useful way of investigating the leadership characteristics necessary in preceptorship by means of the direct questioning of a sample of respondents (Polit, Beck & Hungler, 2001:472; Burns & Grove, 2003:481). The survey was undertaken over four years.

Target population

Data was collected from two groups composed of final-year preceptees in clinical practice and the preceptors who supervised and guided these preceptees in the different clinical fields. Relevant clinical nursing included clinics with and without maternity wings as well as government-district, missionary, mine and government referral hospitals offering practical training in medical, surgical, paediatric and maternity wards as well as special care units, such as accident, emergency, theatre, recovery and intensive care units.

Preceptee population

In the seven health training institutions,

444 final-year nursing students were enrolled for the 2000/2001 academic year (Curriculum Unit Ministry of Health, Gaborone 2000). The eligibility criteria for the inclusion of preceptees in the study were:

- Final-year students (third year Generic diploma, second year Enrolled Nursing/ Registered nursing programme). These students were received as equivalent in practice.
- Preceptees in clinical-practice attachment under the supervision of a preceptor in a healthcare facility identified by their respective health training institutions.
- Voluntary participation in the study.

Preceptor population

Eighty preceptors who were supervising and guiding preceptees from the seven training institutions were identified. The following inclusion criteria were used to select the preceptors who were asked to participate in the study:

- All registered nurses who had been appointed as preceptors and had undergone a minimum of a one-day orientation programme for their preceptorship role.
- Preceptors who were actively supervising preceptees on a clinical practice attachment in a clinic or hospital setting.
- Preceptors with a minimum of six months of experience in their role as a preceptor.

Sampling

A non-probability, convenience sampling approach was used to select *preceptees*. Burns and Grove (2003:459) define this type by referring to sampling as 'including subjects in the study because they happen to be in the right place at the right time, entering the subjects in the study until the desired size is reached'. In this study the disadvantages of non-probability sampling were reduced by increasing the sample size for the preceptees to 50% (n=222) of the population and by choosing a reasonably homogenous population. Specific clinical settings were visited for each training institution and the first fifty per cent of the preceptees, who were identified for a specific training institution, that volunteered to participate and complied

with the eligibility criteria were included in the sample.

The *total population of preceptors* formed the sample for this study.

Data collection approach and method

The study employed a *structured data collection approach* by distributing two similar questionnaires to the sample groups of preceptors and preceptees, with a view to collecting systematic and unbiased data on the views of the respondents. A questionnaire was chosen as the data-collecting tool for this descriptive study to gather a broad spectrum of information from respondents on the role of the preceptor in preceptee accompaniment. The items in the questionnaire were formulated as statements that were answered on a 4 point scale.

The researcher identified research assistants (nurse educators from some health training institutions) to assist in the distribution of the research instruments to both the relevant respondent groups (preceptors and preceptees). Before handing out the questionnaires, the researcher briefed the research assistants on the instrument so that they could explain the questions to the participants, if the need arose, thus ensuring that the questionnaires were completed correctly. The main themes that were outline in the questionnaire addressed the characteristics of the preceptor as a leader (work-related, , and the role of the preceptor in planning, implementation and evaluating of learning opportunities for the preceptee.

Two hundred preceptees completed and returned their questionnaires (response rate of 90.1%). A total of 80 questionnaires were distributed to preceptors who met the inclusion criteria for the study. Seventy-two questionnaires were completed and collected by either the researcher or research assistants (90% response rate).

Data analysis

A quantitative data analysis was done with the assistance of a statistician who used the Statistical Package for Social Sciences (SPSS). Both descriptive and inferential statistical methods were employed. The statistical tests performed included the chi-square (χ^2) of association and frequencies for both

preceptors and preceptees on the items on the questionnaire.

Reliability and validity of the research process

Reliability

Reliability is the consistency and dependability demonstrated by a research instrument when it is used to measure a variable or attribute that it was designed to measure (Brink, 2000:213-214; Struebert & Carpenter, 1995:317).

The reliability of the factor analysis was tested in the original instrument (Jooste, 1991) by means of scale counts, and the Cronbach Alpha measured the reliability of the factors obtained. The Cronbach Alpha indicated a reasonably high reliability of the scale counts for the different factors.

Validity

To ensure validity and reliability, the researcher took care to be objective throughout the study. Objectivity should be an integral part of research to ensure that the researcher's personal biases and preferences do not influence the interpretation of the findings. The questionnaires used for this project were structured and standardized from one respondent to the other, making it less prone to different interpretations and changes in emphasis. The research assistants were orientated beforehand about the purpose and contents of the instrument, and how to administer it.

- Internal validity

In this study, the researcher ensured internal validity by complying with ethical research standards during data collection, ensuring that the data was recorded fully, maintaining principles of neutrality, and ensuring the competence of both the researcher and the research assistants (nurse educators) in data collection techniques by thoroughly orientating the research assistants (nurse educators) for the data-collection process (Rossow, 2000:178-179).

- Face and content validity of the instrument

In this particular study, the content and face validity of the questionnaires were determined by means of the input from five nursing education experts who scrutinized the questionnaires to ascertain the appropriateness of the questions and whether those questions corresponded with the objectives of the

study (Polit et al. 2001:309). Both questionnaires were given to five nurse educators to comment on the clarity and relevance of content/items on preceptorship from the Botswana perspective. The overall comment was that the instruments comprehensively covered all the aspects that needed to be explored about preceptorship in the clinical practice settings.

- Construct validity of the instrument

The instrument for this research project was tested by means of a factor analysis in a study done by Jooste (1991) for construct validity. Factor analysis is a method of identifying clusters of related items on a scale. The major purpose of the factor analysis done by Jooste (1991) was to reduce a large set of variables to a smaller, more manageable set (Polit et al. 2001:311, 364). Six *factors* emerged in the study by Jooste (1991) through oblique rotation. The factors corresponded to the items as they were originally grouped in the four sections of the questionnaire. This proved to be a validly constructed instrument.

- External validity

The external validity of this study was determined by supporting the findings from the preceptors and the preceptees with reviewed literature and with findings from similar related studies from other settings (Brink, 2000:124). The convenience of sampling has implications for the external validity. However, for this study, relatively large samples of preceptors (100.0%) and preceptees (50.0%) participated in the study to overcome this obstacle.

Ethical considerations

In ensuring the safety of the participants and preventing the violation of human rights, permission to carry out this study was sought from the Ministry of Health (Research Unit) through the Office of the State President, District Matrons from selected clinical practice settings (health facilities) and the Principals of all eight Health Training Institutions. *Informed consent* was obtained from each respondent after a full and thorough explanation of the aim of the study and the potential benefits of participating in the study were explained. The respondents were assured verbally and in writing that for the sake of *anonymity* and *confidentiality* their names would not appear anywhere in the research

Figure 1: Age distribution of the preceptors (n=72)

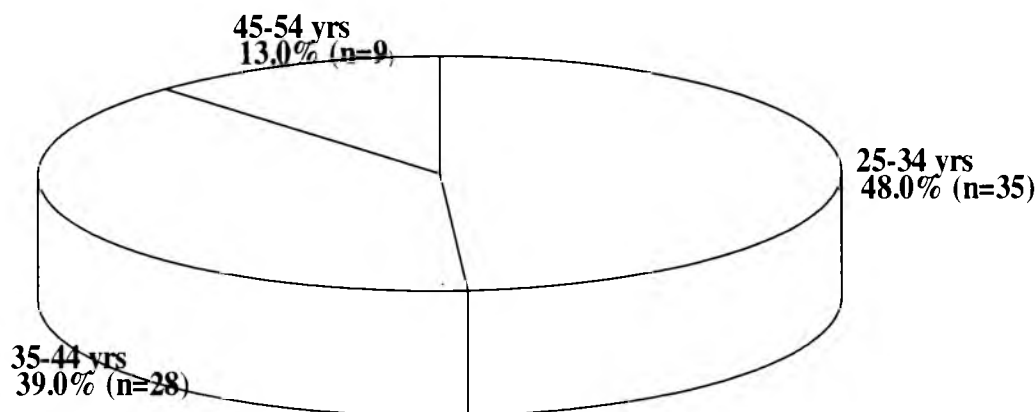
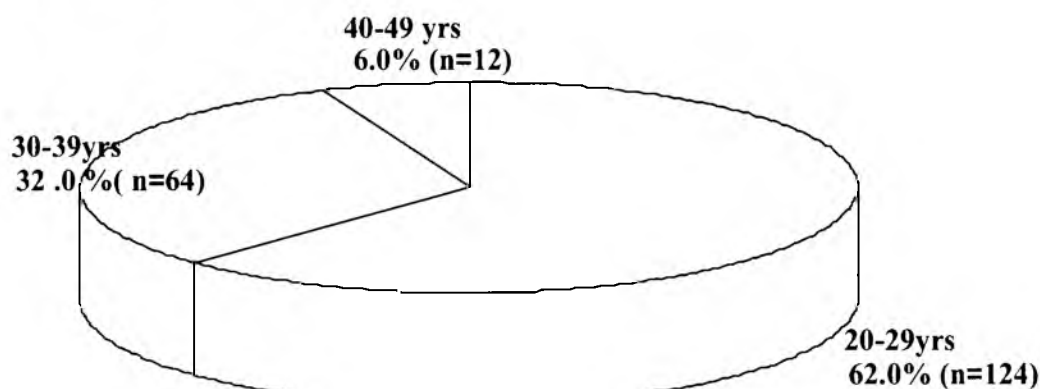


Figure 2: Age of preceptees (n=200)



findings. Anonymity was of particular importance to the preceptees who might have felt threatened by the presence of senior members of the profession, particularly lecturers if interviews were to be conducted. The researcher's absence ensured that the subjects' responses could not be influenced by the researcher. Their considerations/responses were based on descriptions provided in the questionnaires (Brink, 2000:153; Polit et al. 2001:269; Burns & Grove, 2003:272). The anonymity also enabled the participants' preceptors to express their views on the process of preceptorship without fear of causing conflict among themselves. The respondents were also informed that participation was *voluntary*, and that they could *withdraw* at any time during the process if they felt uncomfortable about it.

Data analysis and presentation

The number of responses differs from item to item. Two hundred preceptees and

seventy-two preceptors returned the questionnaires, but they did not all respond to all the items.

Demographic background of the respondents

Ages of the respondents

Figure 1 provides the age distribution of the preceptor respondents. The ages ranged between 25 and 54 years. Forty-eight per cent (48.0%) of the preceptors were aged between 25 and 34 years, 28 (39.0%) were aged between 35 and 44 years, while only 13.0% were between 45 and 54 years of age. From the results, it could be concluded that more than half (52.0%) of the preceptor respondents were aged between 30 and 49 years. The largest single group of respondents (31.0%) fell in the age bracket of 30 to 34 years. It was also interesting to note that there was only one preceptor respondent in the 50 to 54 years age group.

Figure 1 highlights the age distribution of the preceptee respondents. The ages

of the preceptees ranged between 22 and 47 years. The results indicate that most of the preceptees (124; 62.0%) were in the 20 to 29 age group, 32.0% (n=64) were in the 30 to 39 age group, and only six per cent (6.0%) were in the 40 to 49 years group.

Jooste and Troskie (1995:8-9) state that preceptors should be older than preceptees as older nurses are regarded as wiser than their younger counterparts. The results depicted in Figure 1 are consistent with this notion since the preceptors in this study were older than their preceptees in most instances. Considering the above results the researcher assumes that in this particular study the preceptors' ages also indicate their years of experience in nursing professional practice, which has equipped them with the skills and knowledge required to accompany the preceptee in clinical practice.

From a leadership perspective, every preceptor, irrespective of age, should keep the leader themselves alive and should believe that there is a way to be the leader they want to be and that leadership is one of their true gifts (Jooste 2003:22).

Preceptors' clinical nursing experience as a nurse

Table 1 indicates the extend of the preceptors' clinical experience as professional nurses. Their years ranged between two and 26, with a mean of 11.43 years. The findings reflected in Table 1 comply with the suggestions of Ashton and Richardson (1992:143) that preceptors should be practitioners with at least 12 months of experience in a relevant field. The preceptors in this study are experienced professionals who can help preceptees to meet their professional learning needs, given that experience is regarded as the best teacher.

From a leadership perspective, experience is closely intertwined with a power base. Leaders use power as a means of facili-

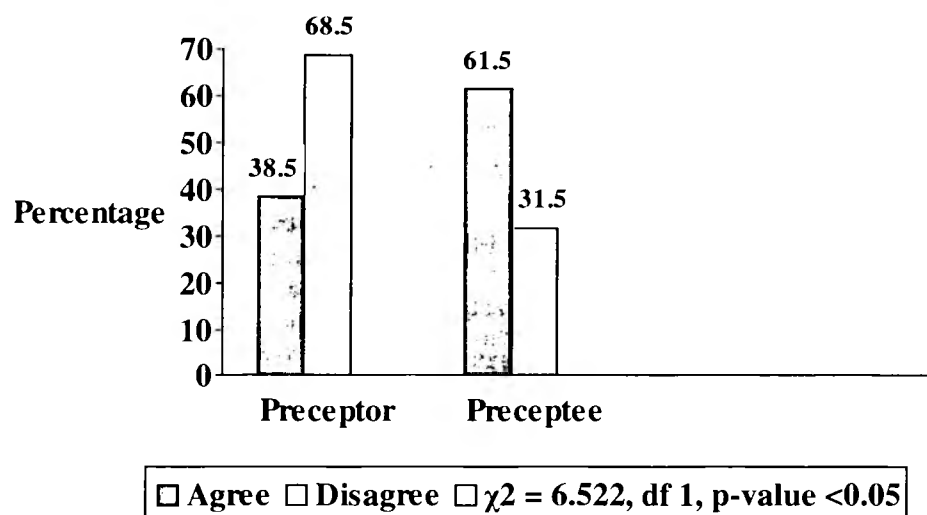
Table 1: Clinical experiences of preceptors

Period of clinical experience as a nurse	Number of preceptors (n)	Minimum (years)	Maximum (years)	Mean (years)
Years		2	26	11.43
1-5	19			
6-10	41			
11-15	5			
16-20	6			
21-25	1			
Total	72			

Table 2: Number of preceptees assigned to a preceptor (n=72)

	Minimum students	Maximum students	Mean of preceptees
Number of students assigned to a preceptor	2	23	7.82

Figure 3: Preceptor's interest in supervising students



tating the attainment of goals. Personal power comes from the internal qualities, capabilities, experiences and wisdom of the individual.

Number of preceptees assigned to a preceptor

Table 2 reflects the number of preceptees assigned to a preceptor for accompaniment during the preceptorship and learning of clinical activities.

The results in Table 2 show that individual preceptors accompanied from two to 23 students, although most authors advocate a ratio of 1:1 (Ohrling & Hallberg, 2000a:14; Ohrling & Hallberg, 2001:530; Nehls et al.1997:223; Ashton & Richardson, 1992:143; Goldenberg, 1987/88:11; Shamian & Inhaber, 1985:79). The researched situation is far beyond the ideal, because the large numbers of students placed in the clinical settings cannot be accompanied on a one-to-one

basis. On the other hand it should be borne in mind that the high ratios are a result of the government's efforts to meet the country's demand for human resources. Despite the reality of the findings of this study, it appears to be unrealistic to expect one preceptor to accompany such a large number of preceptees.

From a leadership perspective, leaders should influence more than one follower to obtain their goals.

Characteristics of a preceptor

The characteristics of the preceptor as a leader will be discussed in relation to work-related characteristics, intelligence, personality, social and physical traits.

Work-related characteristics

Preceptor's interest in supervising students

The findings indicated that 10 preceptors (38.5%) stated they lacked interest in supervising and teaching students (Figure 3).

Over sixty per cent of the preceptees (63 or 68.5%) agreed that the preceptors lacked interest in teaching and supervising preceptees.

According to Jooste and Troskie (1995:12) preceptors should be selected according to their interest in preceptorship. Therefore this means that if preceptors lack interest in the role, efforts to prepare them for the role will be futile and simply a waste of resources. Preceptors' lack of interest in teaching and supervising preceptees could lead to preceptees not being able to accomplish their clinical assignments due to the lack of guidance and role modelling by the preceptors. In response to the open question, one preceptee stated: 'Some preceptors lacked knowledge and skill about preceptorship thus why they seem not to have interest in the students, may be that they feel challenged when students ask them questions'.

From a leadership perspective, a lack of interest in preceptorship could lead to a lack in influencing preceptees to obtain their goals. Influence could be thought of as the ability to affect the perceptions, attitudes or behaviours of others. If a preceptor can make a preceptee recog-

Figure 4 Willingness to demonstrate procedures to students

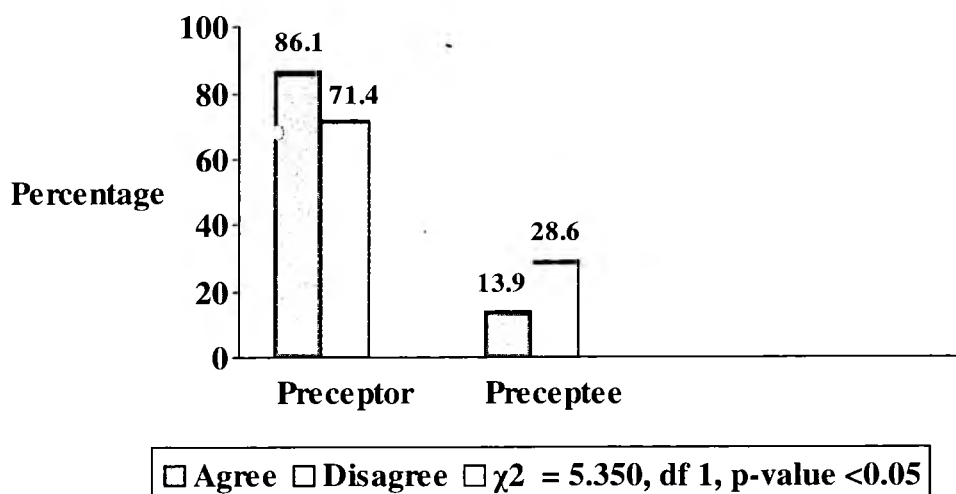
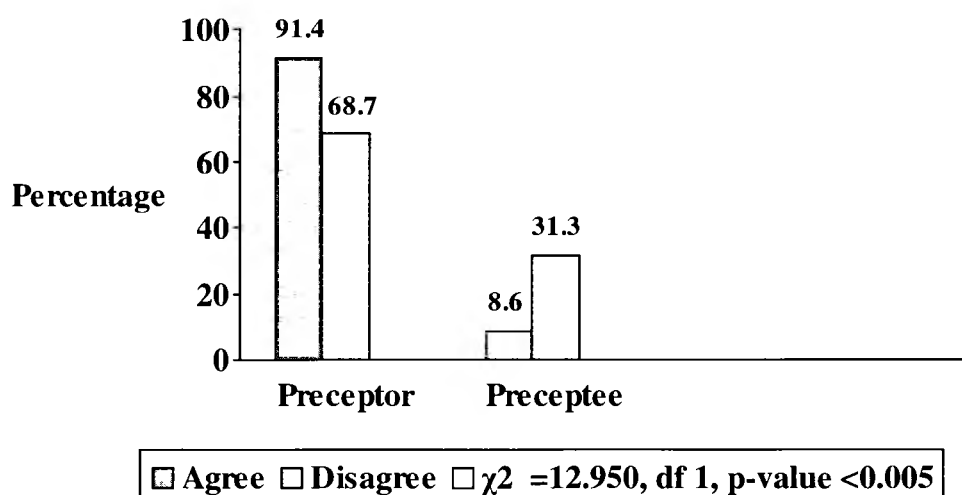


Figure 5 Showing interest in teaching students



nize that her/his learning process is more important than she/he currently believes them to be (change in perception), influence has occurred (Bezuidenhout, 2003:114).

The preceptees therefore advocate the proper orientation of preceptors to help them perform their roles.

- Willingness to demonstrate procedures

The Preceptors and preceptees differed in their responses to the preceptors' willingness to demonstrate procedure to the preceptees during the clinical practice attachment.

In Figure 4, a total of 62 preceptors (86.1%) agreed that they were willing to demonstrate procedures to the students while only 140 preceptees (71.4%) were

in agreement with this view. The major role of the preceptor is that of the clinical teaching and demonstration of clinical skills as a very important method of clinical teaching. People remember what they practise and observe for much longer than what they hear. Wright (2002:138-139) emphasize that preceptors are expected to have experience and advanced clinical skills, and be willing to demonstrate clinical skills and teach in an effective manner.

From a leadership perspective, the lack of abilities (knowledge, skills, values and attitudes) or the lack of overall capacity in terms of resources, of which staff, time, willingness/motivation and commitment are the most significant, is leading to poor quality activities, including

preceptorship (Muller, 2003:262). The willingness to take action to resolve a problem is related to a person's perceived degree of influence in the situation, clinical expertise, concern and education (Jooste & Bezuidenhout, 2003:250). Mutual respect and the willingness to help each other should be evident in the preceptor-preceptee relationship.

- Preceptor's interest in teaching

Bashford (2002:14) states that an interest to teach is one of the desired interpersonal characteristics of a preceptor.

The findings reflect that a large number of 64 of preceptors (91.4%) agreed that they showed interest in supervising and teaching students (Figure 5). A lower percentage (68.7%) of the preceptees agreed with this statement. Ohrling and Hallberg (2001:531) argue that nurses who opt voluntarily to be preceptors perform the role much better than those who are selected by their managers. The lack of interest in the teaching role indicated by approximately one third (31.3%) of the preceptees could be a result of preceptors being appointed to the role, when they did not opt for it themselves.

You know people are committed when they take action and have the will to carry something they have started to the very end. Leaders devote their life to doing what they need to do, every day. What does

a leader need to be committed? The answer includes facets of self-motivation, inner norms and values, job satisfaction, the necessary challenges in the workplace, success stories, knowledge and expertise, freedom to make choices, good working conditions, incentives and people skills (Van Dyk, Van der Westhuizen & Jooste, 2003:31). It is never too late to become a leader and an effective preceptor, and one should have the courage to change and do things differently (Jooste, 2003:22).

- Providing guidance when preceptees experience problems

In Figure 6, the majority of the preceptors 67 or (94.4%) and, to a lesser extent, 163 (82.4%) preceptees agreed that the precep-

tors guided the preceptees when they experienced problems.

The differences in opinion indicate that preceptees are not fully satisfied with the guidance they receive from preceptors. Byrd, Hood and Youtsey (1997:344) state that guiding students in clinical practice is one of the benefits of preceptorship as it gives the students the opportunity to practice clinical skills with a clinical nurse who has the expertise required for day-to-day practice. This implies that the role of the preceptor is to provide guidance to the preceptee in complex situations to attain the clinical learning objectives and master certain clinical competencies.

From a leadership perspective, the commitment to guide followers when needed centres on meeting role expectations defined for the organization, the profession and the job. It involves a realistic vision based on the strengths and limitations in bringing others together in carrying out their respective role responsibility. In order to achieve this wide range of commitment, it is imperative to know and care for those with whom you come into contact, without losing sight of the mission and the needs of the changing times. Active commitment to guide preceptees demands that preceptors as leaders use their intelligence, heart and will in integrating the values of the job, the profession and the organization (Jooste & Bezuidenhout, 2003:253).

Intelligence traits

- Preceptor's ability to clarify topics to preceptees

The item on the clarification of topics was included in the questionnaire in an endeavour to determine whether the preceptor was able to clarify topics for the preceptees in relation to learning activities that take place during preceptorship. The details of the findings are outlined in Figure 7.

Figure 7 indicates that the majority of preceptors (59 or 83.1%) perceived themselves as able to clarify topics to the level of the students' understanding. In contrast 134 (68.7%) preceptees agreed with their preceptors' views on this statement. A general conclusion from

Figure 6 Giving students guidance when they experience problems

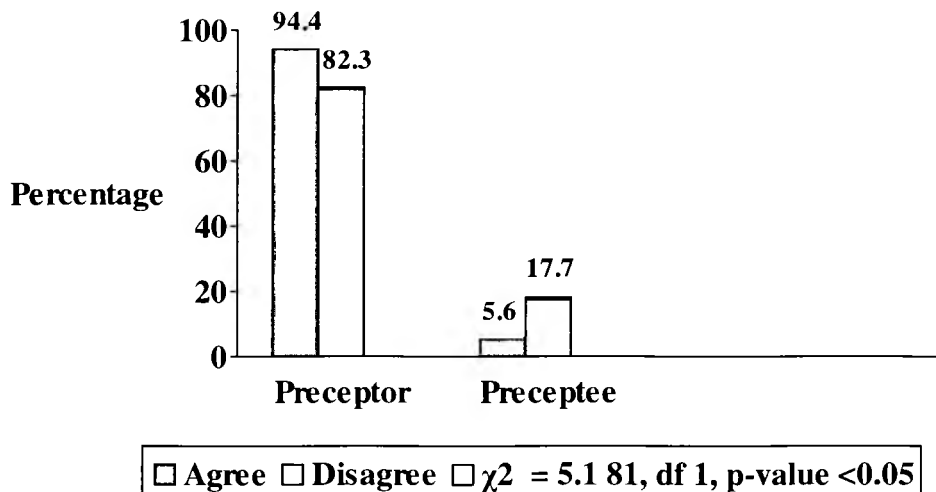
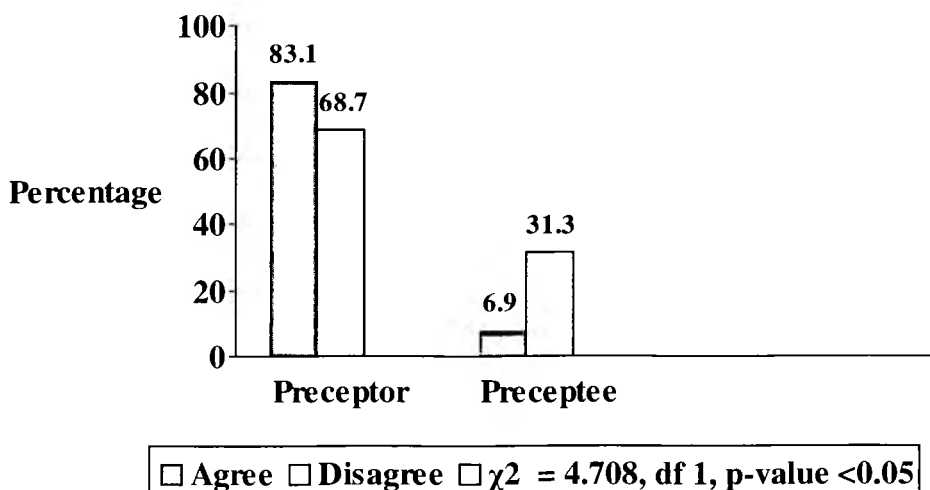


Figure 7 Clarification of topics to the level of students' knowledge and understanding



these results would be that the preceptors felt that they had provided a sound preparation base to equip the preceptees with the needed nursing skills. The findings of this study should be a challenge for the preceptors in that they should pay more attention and take more time to clarify topics and concepts to the level of the preceptee's understanding.

It is important for preceptors to be able to clarify ambiguities for the preceptees in their accompaniment in order to eliminate anxiety and fear, which are obstacles to effective learning (Ashton & Richardson, 1992:144; Taylor, 2000:173).

The preceptor as a leader should spend a significant amount of time talking with followers/preceptees, responding to questions, and listening to their concerns. They should do this in person – they

should not delegate this task to other colleagues or followers. By personally championing the cause of good communication, they lessen the follower's fears changes that are being implemented and set a precedent for other managers to follow (Robbins, 1996:390–1).

- Preceptor's knowledge of basic nursing skills

It is important for the preceptors to have adequate knowledge and skills in nursing so that they can transfer their knowledge to the preceptees in their accompaniment.

A significant difference between the responses of the preceptors and the preceptees was observed in this item as 70 preceptors (97.2%) agreed they had knowledge of basic nursing skills and only 149 of preceptees (75.3%) agreed with the preceptors' views. Preceptees

should be attached to preceptors because preceptors are regarded as experts in nursing who possess the knowledge required for quality nursing care (Westra & Graziano, 1992:214).

Preceptors as leaders should have competence by demonstrating *knowledge* of their field of specialization, and by being intelligent and an expert with good judgement. Every leader must provide competent skills and input as required by the follower at a particular time (Jooste, 2003b:203).

Personality traits

- Preceptor as a role model

The role model function of the preceptor is described as the pillar in preceptorship relationships (Bashford, 2002:16; Hardyman & Hickey, 2001:59; Johnson, 1999:67; Perry, 1988:20; O'Shea, 1994:98; May, 1980:1824).

Figure 9 reflects that a total of 64 of the preceptors (98.5%) agreed that they acted as role models in the nursing units or wards versus 155 of the preceptees (78.3%) who agreed with this statement. Wright (2002:139) states that the role of the preceptor should demonstrate model behaviours and technical skills expected of a nurse in a unit, and aid in socialising the novice nurse into the work situation.

From a leadership perspective the preceptor should act as a role model by behaving in a way similar to what is expected of the followers (Jooste, 2003c:231).

- Preceptor's ability to stimulate professional interest in the preceptee

Preceptors as role models and resource persons are expected to stimulate the preceptees' interest in the nursing profession. The preceptees should have a desire to emulate their role models in order to be competent professional nurses upon completion of their clinical practice.

Figure 10 reflects a significant difference between the responses of the preceptors and the preceptees. A total of 63 preceptors (90.0 %) agreed that they stimulated the preceptees' interest in the profession. On the contrary, 130 of the

Figure 8: Knowledge on basic nursing skills

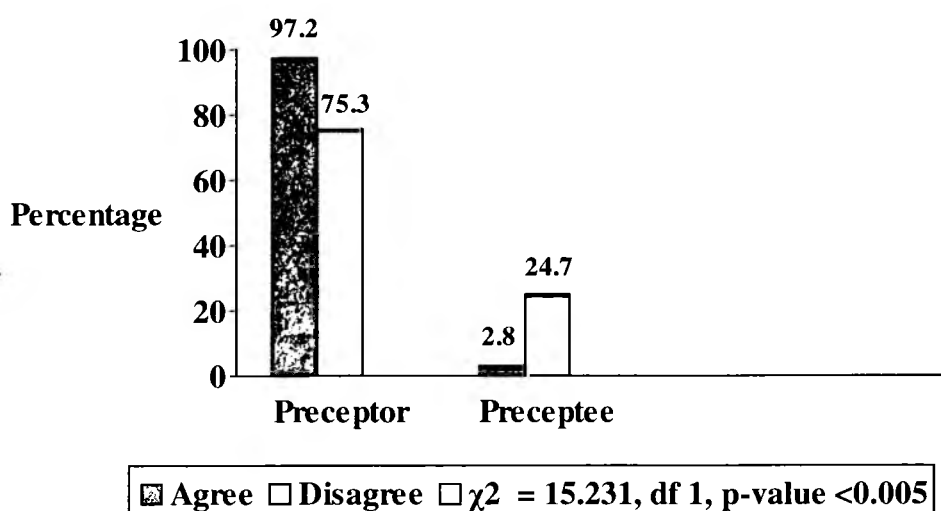
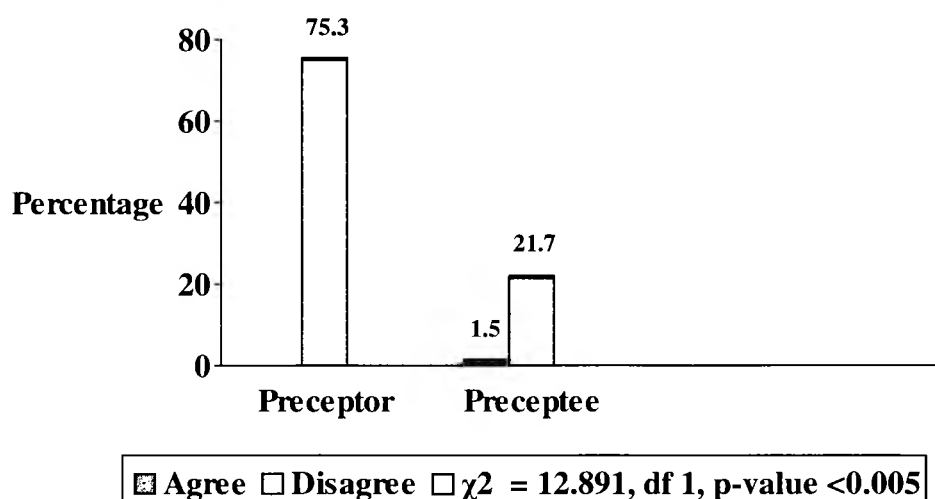


Figure 9: Role model in the nursing unit



preceptees (65.7%) were in agreement with the preceptors in this regard. According to Gillespie (2002:572), the preceptor's ability, clinical skills and confidence should be a strong influence on students' development of an identity as a professional nurse. The preceptor should be instrumental in setting the pace to influence professional behaviour in their preceptees.

From a leadership perspective, the preceptor should empower the preceptees to accept ownership in the process of development. Empowered preceptees will join in creating their own destiny, and their work becomes exciting, stimulating, enjoyable and meaningful (Scarnati & Scarnati, 2002:115).

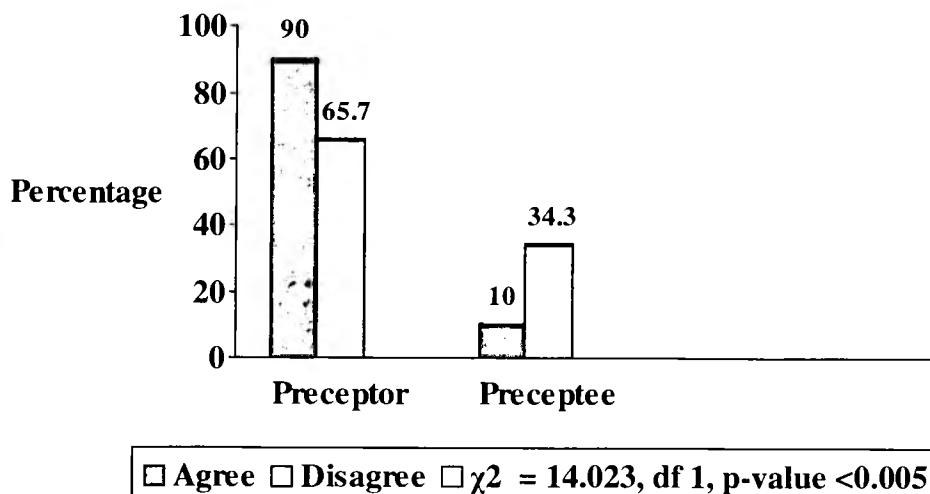
- Preceptor's self-confidence

Jooste and Troskie (1995:15) indicate that preceptors should have self-confidence, but be aware of their own weaknesses at the same time.

A very significant difference between the views of the preceptors and the preceptees on the confidence of the preceptors in their preceptorship role was noted as indicated by the findings in Figure 11. All the preceptors who responded to the item, namely 71 (100%), agreed that they had confidence in their work, while only 133 preceptees (67.5 %) shared similar views with the preceptors with regard to this statement.

Students in a study by Gillespie (2002:570-572) stated that the teacher's ability and confidence as an educator and

Figure 10 Stimulating students' interest in the profession



nurse influenced their ability to meet students' learning needs. Preceptors can create a distance between themselves and the preceptees if they lack self-confidence in their role.

Social traits

The preceptor respects students in the workplace

The findings in Figure 12 reveal a significant difference in the views of the preceptors and the preceptees regarding the respect preceptees receive from their preceptors.

One hundred per cent of the preceptors (71) who responded to the item indicated that they respected their preceptees. Only 154 preceptees (78.6%) responded that they agreed with this

statement. In an open-ended question, one of the preceptees said: 'Some preceptees often experienced criticisms from some of their preceptors and that the preceptors are biased against us because of our tribal origin so we are considered as not intelligent'. Such comments are a cause for concern, which could interfere with the attainment of preceptorship objectives.

It is very important for the preceptor and the preceptee to respect one another to facilitate a good relationship and enhance learning opportunities.

Preceptor's acknowledgement of students' frustrations

A preceptor has a responsibility to identify and acknowledge a preceptee's frustration in the clinical setting, which is often a new and unfamiliar environment, different from the familiar classroom setting.

A relatively high number of preceptors (52 or 73.2%) agreed that they acknowledge and understand students' feelings of frustration. Only 112 of the preceptees (57.1%) indicated agreement with the statement (Figure 13). Bashford (2002:17) emphasizes that it is important for preceptors to acknowledge the frustration that preceptees may experience in the clinical setting.

From a leadership perspective, the preceptor should act as an advocate by

Figure 11 Self confidences in preceptorship

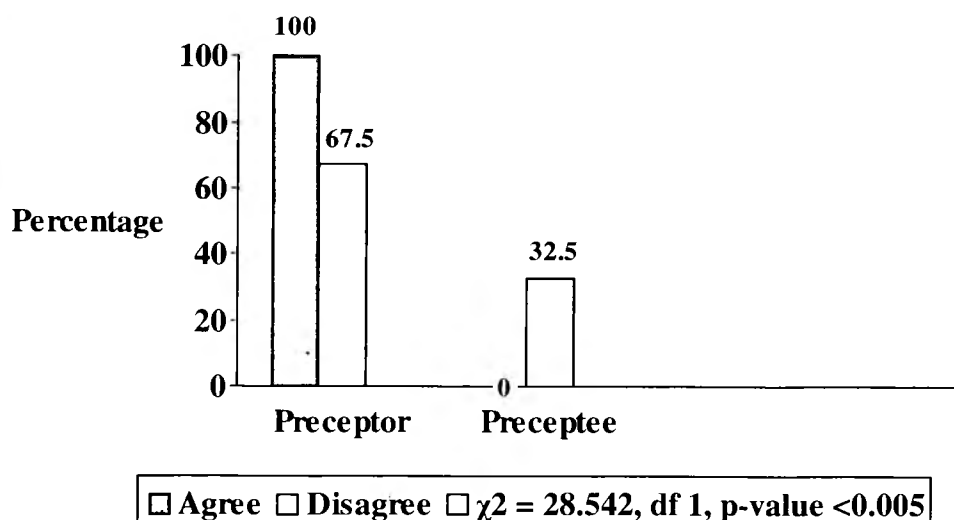
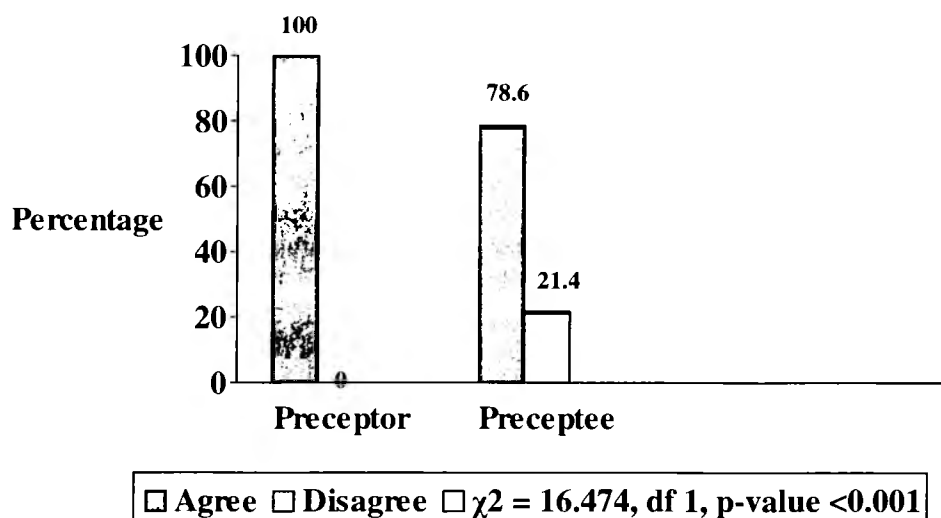


Figure 12 Respect for preceptees in the work situation



listening to the proposals and frustrations of preceptees with the aim of conveying them to a higher authority. If these proposals are acceptable, they ought to be implemented. Power sharing should thus take place through advocacy of the leader, by implementing the suggestions of preceptees and addressing their frustrations (Jooste, 2003c:222).

Use of good communication during preceptorship

Good communication is one of the many assets required for the preceptorship role (Coates & Gormely, 1997:95). Similarly, Mamchur and Myrick (2003:188) affirm the potentially deleterious effects of poor communication and interpersonal problems between preceptors and preceptees.

Communication skills

In Figure 14, it is observed that 67 preceptors (97.1%) who responded to this item agreed that they use good and appropriate communication skills. A notion supported by only 146 preceptees (74.1%). Based on this evidence, there is a need to employ corrective measures to improve the communication process, hence facilitating the clinical teaching-learning process.

Byrd, Hood & Youtsey (1997:345) cite factors enhancing the experience of preceptorship as a clearly structured programme to be open and clear communication and ongoing feedback. Communication should be open, clear, precise and appropriate to avoid misconceptions and suspicion. Most importantly, communication requires feedback to ensure that correct information has been disseminated to the relevant party (Mariner-Tomey, 1996:102). Inappropriate communication strains the preceptor-preceptee relationship and hinders the goal attainment in preceptorship.

Allowing free exchange of ideas between the preceptor and preceptee

In response to this item a significant difference was observed between the responses of the preceptors and the preceptees on allowing the exchange of ideas between preceptors and preceptees. While a large number of preceptors (66 or 93.0%) agreed that they allowed a free exchange of ideas with the preceptees, only 147 preceptees (77.4%) concurred with this view. Reilly and

Figure13 Acknowledge and understand students' frustration

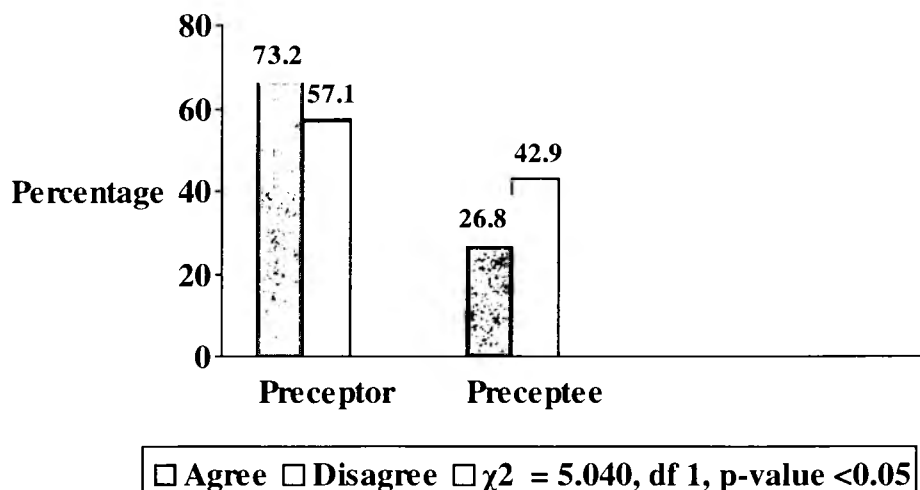
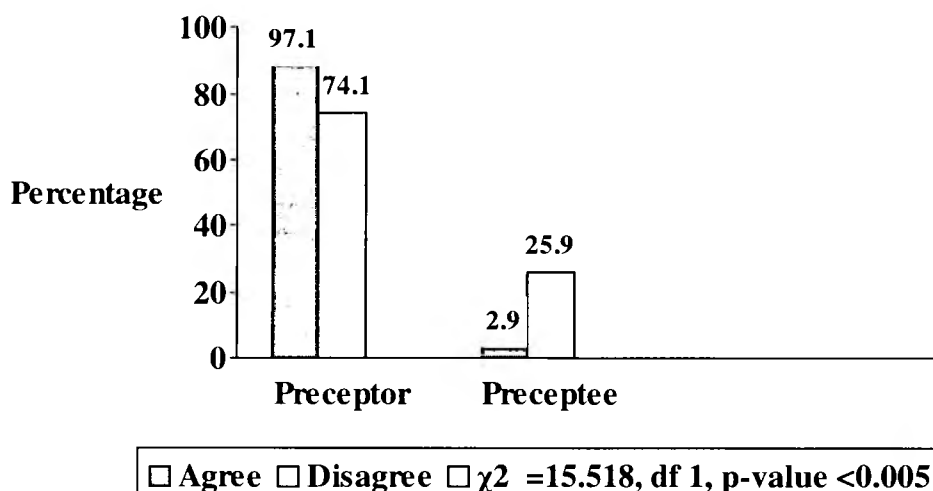


Figure14 Using good and appropriate communication skills



Oermann (1999:182) state that the relationships between the preceptor and the preceptee should be significant in promoting discussions, and preceptees should be comfortable with the preceptor so they can express their views and feelings and take risks in responding to questions. The significant differences of opinions in Figure 15 indicate that the preceptors should pay more attention to allowing students to exchange ideas with them more freely.

The preceptor listens to the students' problems in the workplace

In this item, the level of agreement between the preceptors and the preceptees in their responses was significantly different. In Figure 16, a total

of 69 preceptors (95.8%) indicated that they listened to the preceptees' problems in the workplace versus 156 preceptees (78.4%) who agreed with this viewpoint.

Ohrling and Hallberg (2000:27-29) state that in a good example of precepting, the preceptor should provide student nurses with space for learning. Creating space for learning in this context includes listening to the students' questions, seeing and supporting individual students in questions, and welcoming their opinions in order to help students to fit smoothly into the unit.

From a leadership perspective, leaders who engage in frank, open, two-way communication and whose non-verbal communication reinforces their verbal communication are seen as informative

communicators. Communication is enhanced even further when the leader listens carefully and is sensitive to others. Successful leaders are able to persuade others and enlist their support (Jooste, 2003b:200-201). Communication is an exchange, not just a giving action, as all parties must participate to complete the information exchange (Bennis, 2002:2).

Interpersonal relationships between preceptors and preceptees

One hundred per cent of the preceptors who responded to the item in Figure 17 agreed that they demonstrated good interpersonal relationships with their preceptees. On the contrary, only 151 preceptees (76.3%) were in agreement with the views of the preceptors.

If the relationship between the preceptor and preceptee is strained for whatever reason, it could have a negative impact on the entire preceptorship process culminating in failure to accomplish the learning objectives. De Young (1990:3) states that an effective teacher should be skilful in interpersonal relationships. This skill could be demonstrated by taking a personal interest in the students, being sensitive to students' feelings and problems, conveying respect for students, alleviating students' anxieties, being accessible for conferences, fairness in all dealings with others, permitting students to express differing views, creating an atmosphere in which students feel free to ask questions, and conveying a sense of warmth. The preceptorship relationship needs to be revitalized so as to influence and sustain the preceptorship programme in nursing education.

From a leadership perspective, several principles to foster effective interpersonal relationships should be followed, such as collaboration between different parties to discuss issues of importance, and giving feedback on important matters to foster a trusting relationship (Minnaar, 2003:333).

Promotion of team spirit

Grealish and Carroll (1998:5) contend that when working with preceptors, students value the independence provided to them, working with other nurses, opportunities to practise and the sense of being part of a unit team.

According to the statistical data in Figure

Figure15 Allowing students to exchange ideas with the preceptees

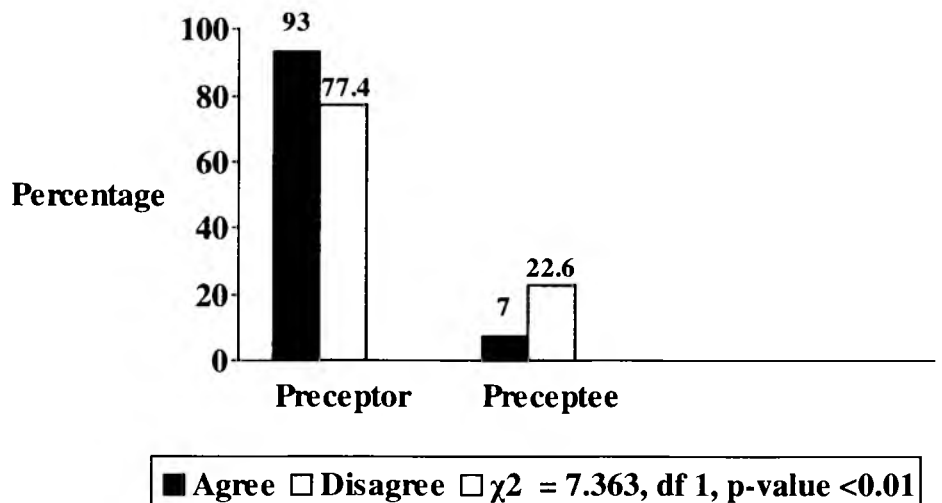


Figure16 Listening to the students' problems in the work situation

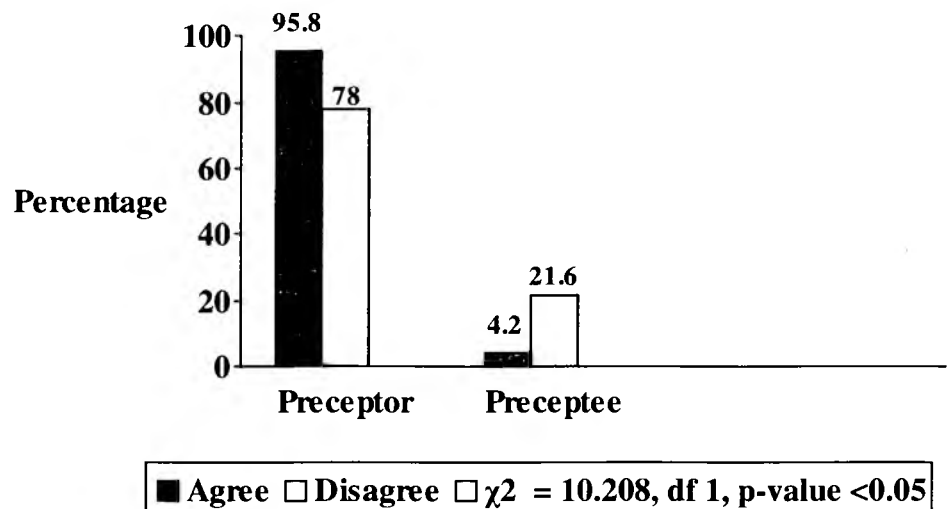
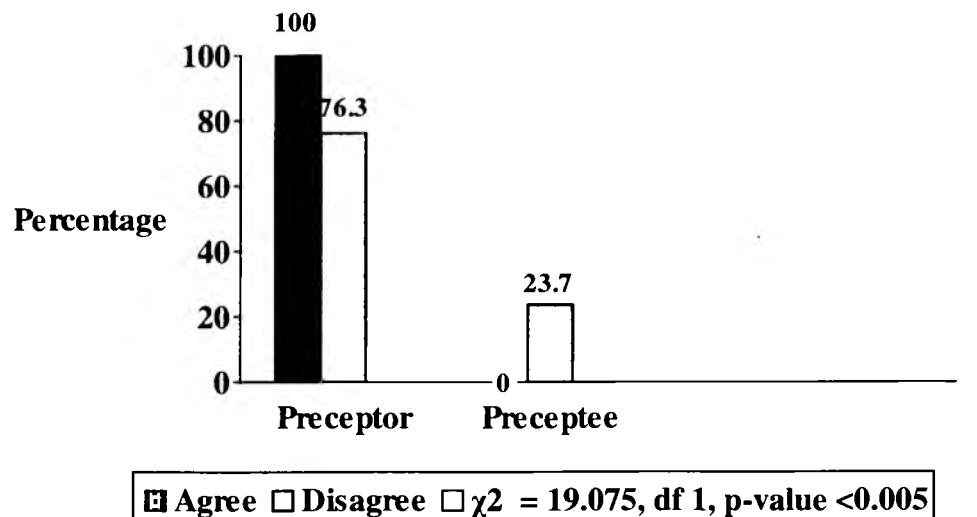


Figure 17 Demonstrating good interpersonal relationships with students



18 a significant difference was observed in the perceptions of the two respondent groups in relation to team spirit. While 71 preceptors (98.6%) agreed that they promoted team spirit in the units, only 147 preceptees (74.6%) were in agreement with their preceptors. Since preceptors are role models, they should be able and are expected to unite the nurses and preceptees as a team and be role models in executing professional behaviour and the spirit of belonging.

Grealish and Carroll (1998:5) found that when preceptees worked with preceptors they valued the sense of being part of a unit team. This statement confirms the importance of the existence of team spirit facilitated by the preceptor.

From a leadership perspective, the concepts of teams and teamwork are increasingly becoming important keys to productivity and employee satisfaction, and it is virtually impossible to avoid being a member of a team today (Roos & Pilane, 2003:157).

Physical traits

Preceptor's professional behaviour

Oliver and Aggleton (2002:33) argue that when preceptors exhibit professional behaviour, it offers a framework within which preceptees may ground the principles of their practice in the context of a dialogue with a more experienced professional.

The findings on this item depict clearly that the preceptors and preceptees do not agree that all preceptors exhibit professional behaviour in the workplace. While 68 preceptors (98.6%) agreed that they exhibited professional behaviour, only 151 preceptees (76.6%) were in agreement with the preceptors regarding this statement (Figure 19). Preceptors should always be available for the preceptees and act professionally to socialize them to the professional role of a nurse (Westra & Graziano, 1992:212; Nehls et al., 1997:220-226; Byrd et al., 1997:345; Reilly & Oermann, 1999:196). Similarly, Oliver and Aggleton (2002:34) state there is a relationship between the preceptorship model, the culture of the profession and the extent to which the profession is regulated externally.

Figure 18 Promoting team spirit in the unit

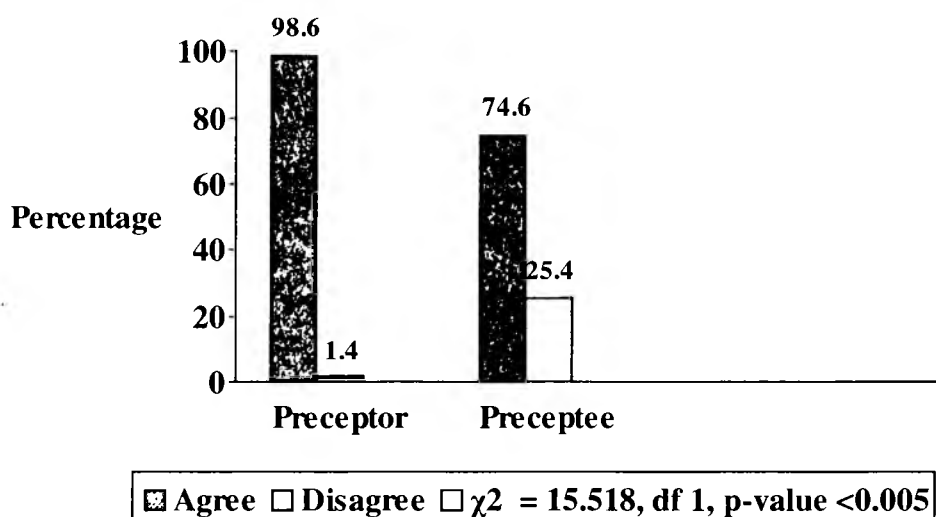
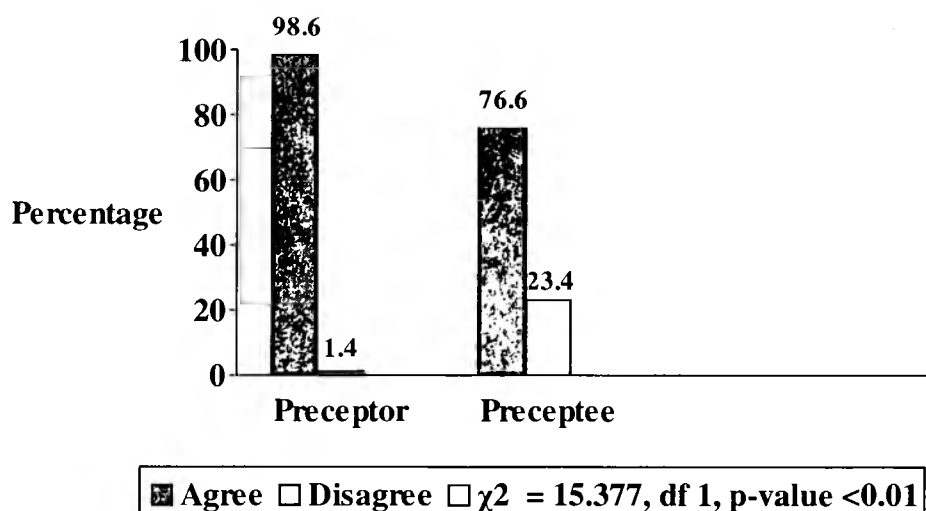


Figure 19 Exhibiting professional behaviour



From a leadership perspective, a 'professional' person suggests that she/he is a good person, that she/he has a sense of right and wrong, that she/he strives to realize and maintain a high moral standing – to be committed to principles specifically appropriate to her/his profession and its dignity (Wambari, 1999:80).

Conclusions, implications, recommendations and limitations of the study

The objective of the study was to explore and describe which leadership characteristics the preceptors possessed to carry out their preceptorship role in the clinical practice setting.

Conclusions

The characteristics of the preceptors have a direct bearing on the outcome of

the preceptorship relationship and attainment of the preceptees' clinical objectives as indicated in research literature. Preceptors must possess characteristics that enable them to be sensitive to the learning needs of their preceptees at all times. This reduces tension, fear and stress that could be associated with the unfamiliar environment and fear of failure as well as possible ridicule for not being able to meet the set expectations. The preceptor's ability or inability to possess desirable characteristics could act as a motivator or barrier to, the effective execution of the preceptor role.

The following are the characteristics/traits that are desired from preceptors and on which more focus should be placed to fulfil their role in preceptorship:

Work-related characteristics

The preceptee respondent group indicated that they needed the preceptors to be responsible and accountable for their interest in supervising students, willingness to demonstrate procedures, and interest in teaching and providing guidance when preceptees experienced problems.

- Preceptors should be hardworking and credible, and work on their own self-development by applying the appropriate strategies for career progression.
- The preceptor should be dedicated in the performance of their own daily tasks.
- Preceptors should be trained in team building. They should be aware of how team building can contribute to effective preceptorship and leadership.

Intelligence characteristics

The significant differences in the responses of the two respondent groups indicated that preceptors lack the characteristics of being able to clarify topics and adequate knowledge on basic nursing skills. A well-prepared preceptor should have an intellectual judgement in explaining and communicating training aspects to the preceptee.

Preceptors should focus on their development as a leader and:

- be committed to the continued expansion of their learning capacity by aligning learning processes with set goals;
- disseminate knowledge to the preceptee as quickly as possible; and
- promote a spirit of flexibility and innovation in the preceptorship process.

Personality characteristics

The findings indicate that the preceptors should pay more specific attention to acting as role models for their preceptees, instilling professional interest among their followers, and promoting self-confidence in preceptees to enter the nursing practice as independent practitioners.

- Preceptors should improve their own self-development. By consulting relevant journals and literature, self-enrichment could be established. This would

contribute to improving behaviour towards the preceptees. The preceptors should know their strengths and weaknesses as leaders and should develop their strengths. Time should be made for a regular programme of relaxation, so that pressure can be managed in the workplace.

- Understanding one's own personality is not easy. Some aspects of our personality are obvious to others but not to us. Inner leadership provides tools to help us understand our own personality. These tools are body, emotions, thoughts and constituents of personality. Preceptors should practise inner leadership in their working life, which means allowing space for transformation, realizing one's self-leading potential, and gaining the clarity to respond to the real needs of each situation with awareness (England, 2002: 21-27).

Social characteristics

Preceptors should pay more attention to their interpersonal relationships with preceptees in their learning environment. Therefore, preceptors should respect students in the work situation, acknowledge their frustrations, display effective communication skills and listen to their problems in the workplace. The latter could promote a positive team spirit during preceptorship.

- Climate meetings create opportunities for an exchange of ideas and constructive criticism regarding educational interests. Preceptees should, in the presence of expert facilitators and preceptors, be encouraged to criticize educational issues that are perceived to be barriers to development. Meetings should be conducted in an orderly manner and personal attacks should be avoided. Problems should be ventilated.
- Mistakes should be acknowledged, shared and viewed openly as opportunities for learning.
- Preceptees should be cared for and preceptors should be aware of their expectations in

providing problem-solving ideas, keeping appointments with preceptees, and then opening dialogue with them and, where necessary, assisting them with their problems. Two-way communication between followers and their preceptors creates a platform for an exchange of opinions and openness to criticism. The preceptor should not hesitate to communicate the frustrations of preceptees to top-level management and to inform them of the result of such communication.

Physical characteristics

The findings indicate that the preceptee expects professional behaviour from a preceptor. As a leader, the preceptor should act as a role model for followers, within the ethical, professional and legal frameworks of the profession.

- The preceptor should display effective body language that demonstrates a willingness to act as a preceptor.
- Preceptors should know what they can and cannot do. Building a good self-image helps to expose hidden qualities and apply them in work situations.
- Preceptorship should be delivered with a sense of warmth, friendliness, individual pride and professionalism.
- Preceptors should adhere to their ethical codes of professional conduct and act as a role model.

The above lacking characteristics are similar to important characteristics cited in most preceptorship literature (Jooste & Troskie, 1995:11-15; Atkins & Williams, 1995:1006-1015; Bain, 1996:104-107; Reilly & Oermann, 1999:196; Usher, Nolan, Reser, Owens & Tollefson, 1999; Sawin, Kissinger, Rowan & Davis, 2001). The findings indicate that some preceptors in this study lacked these important characteristics and this could interfere with their ability to carry out the role of preceptee accompaniment effectively. The findings illuminate an overwhelming demand for selecting preceptors and the preparation of the preceptors with ideal characteristics to sustain the preceptorship relationship. Based on the

findings of the study, it could therefore be concluded that *there is a need for the preceptors to develop desirable characteristics* to enable them to fulfil their role efficiently.

Implications for nursing education and practice

- It should be ensured that prospective preceptors are selected based on the important leadership characteristics of an effective preceptor.
- The nursing education institution should have an orientation programme in place that should focus on developing the desirable characteristics of a tutor. A competent preceptor is needed to promote quality in nursing education and preceptorship, indirectly leading to quality nursing care.
- Leadership development courses are a prerequisite for effective preceptorship. The preceptor's capability should be expanded to be effective in educational and leadership roles and processes. Leadership roles and processes enable preceptors to work in productive and meaningful ways.

Recommendations

- A good personal, educational and professional profile of the preceptor could help in preceptor selection, to determine whether preceptors possess the leadership characteristics needed to enable them to perform the preceptorship role with its many challenges.
- Relevant seminars and workshops should be planned and conducted on a regular and continuous basis to re-orientate professional nurses who are already serving as preceptors and to prepare those who are prospective preceptors for the new role. The focus should be on the essential characteristics of a preceptor.
- A need assessment survey should be conducted in order to determine the educational

needs of preceptors for their role, and then orientation and preparation should be tailor-made to meet the identified needs.

- A qualitative study could be conducted to explore and describe the lived experiences of the preceptors and preceptees in the clinical practice settings.
- Attention should be given to initiate self-development and leadership programmes for preceptors.
- Preceptors should be evaluated for their performances to eliminate people not willing to serve in this role.

Limitations of the study

Very little literature was found on preceptorship in Botswana despite the fact that it is the clinical teaching approach adopted by most of the health training institution in the country. The non-probability sampling used in this study does not permit generalization of the research findings to the entire population of the preceptees.

The population of preceptors was very limited compared with the population of preceptees. The study also took four years to complete due to the fact that it was conducted through distance education.

Conclusion

This non-experimental, exploratory descriptive quantitative study sought to describe the role of the preceptor in selected clinical practice settings. The findings of this study indicated that there were numerous constraints that interfered with the preceptors' ability to carry out their role of preceptee accompaniment in the clinical setting effectively. These constraints include not being in possession of the desirable characteristics of a preceptor. These findings provided an understanding of the situations faced by both the preceptors and the preceptees during the preceptorship process and how it affects the clinical teaching process and the attainment of learning objectives. The information serves as a basis for the improvement of the preceptorship function in the majority of the clinical practice settings. It could be concluded

that preceptors and preceptees differed significantly in their views on various aspects of preceptorship.

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