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Roles and responsibilities of nurse preceptors: Perception of preceptors and preceptees

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ABSTRACT

In this study setting, preceptors, who were clinical teaching assistants and hospital employed nurses assist through an interactive process preceptees, who were nursing students, in developing clinical skills and integration into the culture of the clinical area. Therefore, roles and responsibilities of preceptors should be clear and meet the expectations of preceptors and preceptees. This study aimed at comparing similarities and differences of perception to roles and responsibilities as held by nurse preceptors and their preceptees in relation to how important such roles and responsibilities are, and how frequently preceptors attend to the role. A self-administered questionnaire using Boyer's (2008) roles and responsibilities was completed by a convenience sample of 87 preceptee and 62 preceptors amounting to 66.9% and 77.5% response rate respectively. The questionnaire included 43 items and two 4-points Likert-type scales: "Importance of", and "frequency of attendance to roles". Two versions were developed: one for preceptors and the other for preceptees. The reliability (Alpha values) was .944 for the importance and .973 for the frequency of attendance scales. Mean scores indicated agreement among the two groups in relation to importance of, but to disagreement in relation to frequency of attendance to certain roles and responsibilities. Both groups perceived roles and responsibilities as important but varied with significant difference in rating preceptors' frequency of attendance to their roles as educators and facilitators.

Introduction

The concept of *role* has two perspectives: structural and interactionist (Nye, 1976). The structural focuses on the culturally defined duties and expectations, while the interactionist focuses on how individuals during their interaction with others adopt and act out roles. In this study setting, a clinical collaborative model was created between a college of nursing and a teaching hospital in Saudi Arabia. The two institutions work together to maintain order in the clinical training of nursing students as follows:

a) The college of nursing uses nurses as preceptors to train and achieve the clinical objectives of the students in different courses while they are in the clinical area.
b) These preceptors are college employed clinical Teaching Assistants, and hospital employed staff nurses who are experienced registered nurses.
c) The faculty (course coordinator) is responsible for setting the environment to achieve the clinical learning objectives for specific courses while making sure that the students across the different clinical units get appropriate exposure (Omer et al., 2013).

Thus adopting the structural and interactionist perspectives, nursing students develop professional knowledge, attitudes, and skills at the clinical setting through an interactive process with preceptors who as role models facilitate students' integration into the culture of the clinical area.

Preceptors' roles and responsibilities were identified as essential content areas that require clarification (Rogan, 2009). However,

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limited evidence is available on preceptors' roles (Panzavecchia and Pearce, 2014; Sundler et al., 2014). Authors indicate that job descriptions did not include precepting responsibilities (Younge et al., 2008), and unsupportive management negatively impact the development of preparation programs and the effectiveness of preceptors training (Whitehead et al., 2013; Chang et al., 2014).

In this study setting, nurses who are usually selected as preceptors are those who are skillful, have attended a preceptoship course and possess excellent nursing judgment. They perform direct patient-care activities and act as clinical trainers to students. They are diverse in nationalities and language and provide care for patients and precepting students from yet another culture. Preceptors clear roles and responsibilities should be established based upon their expectations to enhance success and satisfaction. Therefore, this study is concerned with the assessment of roles and responsibilities of preceptors as perceived by both, preceptors and their preceptees to identify and bridge any discrepancies in their perceptions.

Literature

Several authors defined preceptorship and the responsibilities of the preceptors (DeWolfe et al., 2010; Hefferman et al., 2009; Park et al., 2011; Sambunjak et al., 2009; Udlis, 2006), and explored preceptors attributes, preceptorship models, and challenges (Boyer, 2008; Hallin and Danielson, 2009; Mamhidir et al., 2014; Omer et al., 2013; Riden et al., 2014).

For example, De Wolfe et al. (2010) defined preceptorship as "a teaching-learning method of an inexperienced person (student) with an experienced person (registered nurse)" (p. 98); Park et al. (2011) stated that preceptorship is "the involvement of novice or newly qualified nurses during the transition year from student to registered nurse" (p. 41). Udlis (2006) describes preceptorship as "a one-to-one relationship between a registered nurse and a student during an intense limited period of time" (p. 20).

However confusion exists between preceptors and mentors. According to Hefferman et al. (2009) a preceptor is a registered nurse who has been prepared for the role of supervision, teaching, assessment and who gives continuous feedback while a mentor is an experienced, trusted reliable, nurturing counselor who has a long term relationship with the mentee. Others perceived the preceptor's role as similar to that of a mentor (Panzavecchia and Pearce, 2014) while Sambunjak et al. (2009, p. 72) indicated that preceptor is synonymous with mentor and it refers to a registered nurse who has completed a preceptorship course. In UK, mentors must meet the Nursing and Midwifery Council outcomes; they should successfully complete a preparation programme which encompasses eight domains, each with identified outcomes (NMC, 2008).

Preceptors' roles/attributes

The literature on the roles of the preceptors emphasizes their responsibility to secure a safe learning environment where student and patient safety is ensured (Chen et al., 2012; Hilli et al., 2014). However, the conflict between preceptors achieving their responsibilities and the lack of enough time for them to fulfill their roles emerges as a very common theme in literature (Broadbent et al., 2014). Also, preceptors who receive educational preparation are more willing to precept (O'Brien et al., 2014), and preceptors' moderate commitment to their role necessitate support from within the nurses' employment framework (Natan et al., 2014).

From the students' perspectives, challenges such as anxieties over making mistakes (Vaismoradi et al., 2014; Steven et al., 2014) or lack of role models were noted when preceptors were unsupportive, unhelpful, intimidating, or overly critical (O'Mara et al., 2014). Workload demands and the scarcity of constructive feedback that link research results to practice posed problems to students who may experience difficulties (Kalischuk et al., 2013; Hallin and Danielson, 2009). In contrast, themes such as offering support, offering encouragement, encouraging development, increasing confidence, increasing knowledge, offering guidance, advising, assessing and meeting needs, and having a role model (Panzavecchia and Pearce, 2014) contributed to the clarity of preceptors' roles and responsibilities.

Moore (2009) emphasized a multi-faceted role of the preceptor as: teacher, facilitator, role model, provider of feedback, adept user of adult learning principles, advocate, and socializer. Considering how models of preceptorship influenced these important roles, Omer et al. (2013) study showed that these preceptor's roles were significantly more satisfactory in a model that required intensive mentoring than another model that increases students' independence and self-directed learning. However, Mamhidir et al. (2014) studied peer learning and traditional supervision as two models of clinical education, the findings showed that peer learning encouraged critical thinking among students and made them feel more responsible for their own learning.

Boyer (2008) developed a model to define practice-based nursing role and responsibilities in performance outcome statements in order to structure the learning and assessment process of preceptors, and to determine performance goals for nurse interns. This model supports change from the classroom teaching to the clinical practical environment, taking into consideration the many cultural differences among students and preceptors. It included 43 responsibilities along four roles namely: protector, evaluator, facilitator, and educator.

Based upon the literature provided by previous studies and contradictory outcome of some of these studies, it is important to search and clearly define roles and responsibilities which could be critical to preceptors optimum functioning, and preceptee success in achieving their expected role.

Aim of the study

The aim of this study was to describe the expectations of "nurse preceptors roles and responsibilities" as held by nurse preceptors and their preceptees, and to identify areas of consensus and disagreement in relation to how important such roles and responsibilities are and how frequently preceptors attend to their roles and responsibilities. Specifically, this study aims at finding answers to the following questions:

a. Which role(s) and responsibilities are important and more frequently attended to by preceptors as reported by nurse preceptors themselves?
b. Which role(s) and responsibilities are important and more frequently attended to by preceptors as reported by preceptees?
c. Is there a significant difference between roles and responsibilities of preceptors which are important and more frequently attended to by preceptors as reported by themselves and their preceptees?

Methods

Study design

Descriptive and comparative design; It compared similarities and differences of perception to "roles and responsibilities of preceptors" of preceptees, who were nursing students and preceptors who were clinical teaching assistants and hospital employed nurses

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so as to increase an understanding of preceptor and perceptee relation and create evidence for clinical collaboration.

Setting, subjects and samples

The study setting included a college of nursing and a 900 bed general hospital where the students had clinical training in different nursing courses. The population consisted of nursing students who were at different levels of their nursing education, and registered nurses who act as preceptors to train nursing students in any of the following courses: Med/Surg I and II, Maternity Nursing, Pediatric Nursing, and Critical Care Nursing. Convenience sampling technique was used which consisted of 130 nursing students who were trained in one of the aforementioned courses, and 80 preceptors who were engaged in training these students.

Instrument

Data collection tool was a two-part questionnaire. Part 1 included roles and responsibilities of preceptors as developed by Boyer (2008) in constructing a practice model to nurse interns making trasition to new work environment. The model was based upon Lenburg's Competency Outcomes Performance Assessment, with input from educators and preceptors at direct care settings. The initial form was subjected to pilot testing in 2000 then 2001 for validation. It emphasized four important roles and 43 responsibilities as follows: Protector, includes 9 responsibilities on safety of both patients and preceptee from adverse outcomes; Evaluator, includes 7 responsibilities to gather evidence of safe and effective practice capability; Educator, includes 10 responsibilities to provide instructions and support; and Facilitator, includes 17 responsibilities concerning acting as role model, socializer and team leader.

With permission from the author, roles and responsibilities used in this study, were assessed for construct and content validity based on consultations with six expert faculty members who are PhD holders and teach different clinical nursing courses. Content validity of each responsibility, and group of responsibilities taken together to measure relevant roles in this model, were assessed by the use of a questionnaire that included items on clarity, relevance, simplicity, breadth, appropriateness and length. Acceptance was besed on agreement of at least five out of six experts (i.e., acceptable level = .83). Minimal changes were done such as “provides experiential learning” was adapted to “provides opportunities for learning”.

The researchers used all 43 responsibilities in a self-administered questionnaire with two scales of 4-point Likert-type: the importance scale, and the frequency of attendance scale. The importance scale indicates the importance of each responsibility ranging from 1 (definitely not important) to 4 (extremely important). The frequency of attendance scale identifies how often the preceptor attended to each responsibility ranging from 1 (never attended to) to 4 (always attended to). The researchers developed two separate sections: one was for self-reporting by the preceptor and the other was for the preceptee.

The reliability for the importance, and the frequency of attendence scales (i.e., internal consistency) was examined against Cronbach's Alpha after actual data collection. Alpha values were .944 and .973, respectively. PART 2 included socio-demographic characteristics of participants.

Ethical considerations

Permission to conduct this study was obtained from the Institutional Review Board. The researchers provided detailed explanation of the study to the participants and emphasized that participation was voluntary and participants could withdraw from the study without repercussion. Participants' responses would remain anonymous, and only the researchers would have access to collected data.

Data collection

Data was collected from small groups, consisting of 12–15 preceptees in each, at end of clinical days (after formal arrangements were made with course instructors who usually conduct the debriefing). For preceptors, completed questionnaires along with informed consent were collected after two weeks of distribution by the nursing education unit.

Data analysis

SPSS, version 20 software was used for statistical analysis of numerical data. Descriptive statistics (i.e., mean scores and standard deviation) and inferential statistical methods (i.e., Paired sample T-test to compare means of ‘importance of roles, and frequency of attendance to these roles' for each group of participants and T-test to compare responses of preceptors and preceptees) were applied. Significance was set at $P < 0.05$ and cutoff point for the scales was 3. Higher scale scores indicate a higher level of importance, and a higher frequency of attendance to roles and responsibilities.

Results

Table 1 shows the demographic data, 87 preceptee and 62 preceptors participated in the study amounting to 66.9% and 77.5% response rate respectively. Majority of the preceptees were in the four year program (62.1%). The average age of the preceptee was 23.83 years and as was expected the preceptors were older than preceptee (average age = 37.72 years). The majority of preceptors were females (88.7%), with more than one year experience as preceptors (72.6%) mainly from Far Eastern countries (64.5%). There was no gender comparison among preceptees as the college of nursing was only for females.

Preceptors' perception to their roles and responsibilities

The mean scores ($\bar{x}$) for preceptors were obtained, as shown in Table 2. Role as protector received the highest score in terms of importance ($\bar{x} = 3.84$) and frequency of attendance ($\bar{x} = 3.66$) with significant difference in favor of importance ($t = 4.35$, $p < .05$).

Table 1
Demographic characteristics of preceptees and preceptors.

Preceptees (N = 87)			Preceptors (N = 62)		
Variable	Freq./ mean	%/SD	Variable	Freq./ mean	%/SD
Gender			Gender		
Males	–	–	Male	7	11.3%
Females	87	100%	Females	55	88.7%
Age	23.83	3.75	Age	37.72	9.01
Clinical Course			Experience		
Med/Surg	37	42.5%	< or = 1year	17	27.4%
Maternity & Pediatric	32	36.8%	>1–<5 yrs.	24	38.7%
Critical Care	18	20.7%	>5 yrs.	21	33.9%
Enrolled Program			Nationality		
Four year	54	62.1%	Far East	40	64.5%
Two year	33	37.9%	Middle East	16	25.8%
			Westerns	6	9.7%

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Table 2
Paired T-test of mean scores of preceptors (N = 62) on importance scale and frequency scale.

Roles	Importance scale		Frequency scale		T-test	P
	Mean	SD	Mean	SD		
Protector	3.8423	.24604	3.6667	.37907	4.351	.000*
Evaluator	3.1751	.32040	3.4724	.45367	−6.409	.000*
Educator	3.6710	.31901	3.3597	.45103	6.520	.000*
Facilitator	3.6831	.31042	3.5000	.43887	4.253	.000*

*Significant at P < .05.

What follows were roles as facilitator and as educator which were significantly more important ($\bar{x} = 3.68$; $\bar{x} = 3.67$ respectively) than being frequently attended for ($\bar{x} = 3.50$; $\bar{x} = 3.35$ respectively).

Conversely, preceptors rated their role as evaluators significantly higher in terms of frequency of attendance ($\bar{x} = 3.47$) than being important ($\bar{x} = 3.17$); $t = 6.40$, $p < .05$.

Preceptees' perception to preceptors' roles and responsibilities

The mean scores for the preceptees were obtained, as shown in Table 3. Protector received the highest score in terms of both importance ($\bar{x} = 3.81$) and frequency of attendance ($\bar{x} = 3.04$). Other roles as educator ($\bar{x} = 3.76$), facilitator ($\bar{x} = 3.75$), and evaluator ($\bar{x} = 3.21$) were rated respectively lower but above the cutoff point. However, frequency of attendance to evaluator ($\bar{x} = 2.97$), facilitator ($\bar{x} = 2.79$), educator ($\bar{x} = 2.73$) was lower than the cutoff point of 3. The difference was significant in favor of the importance of each role.

Comparisons between perception of preceptors and preceptees concerning the importance and frequency of attendance to roles and responsibilities of preceptors

As indicated in Table 4, the range of mean scores of preceptors on the importance scale ($\bar{x} = 3.84 - 3.17$) were close to that of preceptee ($\bar{x} = 3.81–3.21$) with no significant difference. Both groups rated protector as highest and evaluator as lowest. However, the mean scores of preceptors on the frequency of attendance scale per each role (range of $\bar{x} = 3.66 - 3.35$) were higher than that of preceptee (range of $\bar{x} = 3.04 - 2.73$) with significant difference.

Table 5 and Table 6 summarize responses to most and least important, and frequently attended responsibilities of preceptors and preceptees respectively based on single item analysis.

Discussion

This study describes similarities and differences in perception of nurse preceptors and their preceptees in relation to how and to what extent the roles and responsibilities of preceptor are important and also their frequency of attendance.

Table 3
Paired T-test of mean scores of preceptees (N = 87) on importance scale and frequency scale.

Roles of preceptors	Importance scale		Frequency scale		T-test	P
	Mean	DS	Mean	SD		
Protector	3.8123	.26539	3.0460	.60777	11.493	.000*
Evaluator	3.2184	.26037	2.9754	.59908	3.747	.000*
Educator	3.7644	.33375	2.7333	.67353	12.724	.000*
Facilitator	3.7539	.33415	2.7999	.65229	11.775	.000*

*Significant at P < .05.

Table 4
T-test independent samples of mean scores of preceptors (N = 62) and preceptees' (N = 87) on importance and frequency of attendance scales.

Roles of preceptors	Importance scale			Frequency scale		
	Mean	SD	T-test/P	Mean	SD	T-test/P
Protector						
• Preceptors	3.8423	.2460	.702	3.6667	.3790	7.112
• Preceptee	3.8123	.2653	.484	3.0460	.6077	.000*
Evaluator						
• Preceptors	3.1751	.3204	−.908	3.4724	.4536	5.502
• Preceptee	3.2184	.2603	.365	2.9754	.5990	.000*
Educator						
• Preceptors	3.6710	.3190	−1.715	3.3597	.4510	6.372
• Preceptee	3.7644	.3337	.088	2.7333	.6735	.000*
Facilitator						
• Preceptors	3.6831	.3104	−1.312	3.5000	.4388	7.346
• Preceptee	3.7539	.3341	.191	2.7999	.6522	.000*

*Significant at P < .05.

The results indicated areas of agreement among the two groups in relation to importance of roles and responsibilities. Both groups agreed that preceptor's roles as protector, evaluator, educator, and facilitator were important and rated protector highest in terms of importance and frequency of attendance. This result complied with Boyer's (2008) model. However, roles as protector, educator, and facilitator were significantly more important than being frequently attended to. According to preceptors, the five most important responsibilities correspond with the protector role but only two of the most important responsibilities ranked first and second by preceptees correspond with the protector role. The most common was protection of patients from healthcare errors, ranked first by both groups; nonetheless, the responsibility of protecting preceptee from making errors that might threaten self or others was ranked fourth by preceptors and second by preceptees. Many researchers state that when protecting patients, students are protected as well, and both accomplished through the preceptor role (Bourbonnais and Kerr, 2007; Chen et al., 2012; Hilli et al., 2014; Steven et al., 2014; Vaismoradi et al., 2014).

The least important responsibilities which were ranked as first, second and fifth by preceptors and second and forth by preceptees correspond with the educator role. “Constructively critiques knowledge” was ranked second as least important by both groups. Kalischuk et al. (2013), and Hallin and Danielson (2009) findings indicated that constructive feedback and support posed problems. Constructive critique aims usually at encouraging students how to improve their knowledge, yet this is more likely a course instructor responsibility, because preceptors may critique demonstrated competency rather than knowledge.

Mean scores of responsibilities on the frequency of attendance scale revealed areas of agreement and disagreement among the two groups. Each group agreed that four of the most frequently attended responsibilities (ranked by preceptors as first, second, third and fourth; and by preceptee as first, third, fourth and fifth) correspond with the protector role. Again the most common was protecting patients from health care errors, ranked first by both groups, and protecting preceptee from making errors that might threaten self/others, ranked third by preceptors and fifth by preceptee. This is consistent with Hilli et al. (2014) study findings that the basis for learning is a caring student-preceptor relationship which convey that preceptors bear the final responsibility for providing a safe nursing care environment.

However, mean scores indicated that preceptors disagreed with preceptee on the least frequently attended responsibilities. For example, the range of mean scores of least frequently attended responsibilities was higher than 3 for preceptors, and lower than 3

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Table 5
Rank and mean score of most and least important roles and their frequency of attendance; Preceptors' response.

Most important	R*/x̄	Least important	R*/x̄
Protect patients from health care errors	1	Implements effective learning plan	1
	3.93		3.54
Supports developing skills while ensuring safe practice	2	- Customizes clinical coaching plan to match with preceptee learning needs.	2
	3.91	- Constructively critiques knowledge	3.56
		- Understands/supports preceptee social needs	
Ensures adherence to institution policies and procedures	3	Discusses performance issues/concerns with the course instructor	3
	3.90		3.58
Protects preceptee from making errors that might threaten self/others	4	Ensures support of colleagues for socialization and orientation process	4
	3.88		3.59
- Considers institutional policies and procedures when delegating	5	Plans learning activities collaboratively	5
	3.85		3.62
- Adheres to standards of practice			
Most frequent		**Least frequent**	
Protect patients from health care errors	1	Customizes clinical coaching plan to match with preceptee learning needs	1
	3.79		3.17
Supports developing skills while ensuring safe practice	2	Discusses performance issues/concerns with the course instructor.	2
	3.75	Plans learning activities collaboratively	3.22
Protects preceptee from making errors that might threaten self/others	3	Implements effective learning plan	3
	3.74		3.25
Ensures adherence to institution policies and procedures	4	Constructively critiques knowledge	4
	3.72		3.30
Introduces preceptee to team and other staff	5	- Resolving conflict issues as/if they arise	5
	3.69	- Evaluates and communicates preceptee progression	3.33

R* = Rank.

for preceptee. Among the least frequently attended responsibilities, two correspond with educator role: plans learning activities collaboratively, and constructively critiques knowledge, ranked respectively as second, and fourth by preceptors; fourth and first, by preceptee, and the responsibility which was ranked fifth by both groups as least frequent was concerned with "resolves conflict issues as/if they arise", which corresponds with the role as facilitator. This indicated that more attendance of preceptors to mentioned responsibilities is of interest to preceptee. Hallin and Danielson (2009) reported that in the preceptor model, clinical demands override student-preceptor relationships and student learning needs.

Further, preceptors rated their role as evaluators significantly more frequently attended to than being important (Table 2) which differed from that rated by preceptee (Table 3), most likely evaluation for students hold more importance as it will reflect their grades. However, preceptors perception goes in line with Riden et al. (2014) study findings, that many preceptors felt pressured into recording assessments they were uncomfortable with. Broadbent et al. (2014) reported that participants asked for preceptor training that should include information on assessment and documentation and Helminen et al. (2014) highlighted the importance of assessment skills of preceptors.

Overall, preceptee rated frequency of attending to most responsibilities that correspond with facilitator role (14 out of 17) and educator role (9 out of 10) lower than 3, which most likely indicates that preceptors are not sufficiently available to educate them and facilitate their needs as was noted by Hallin and Danielson (2009) that students have voiced frustration because preceptors were not available.

Table 6
Rank and mean score of most and least important roles and their frequency of attendance; Preceptees' response.

Most important	R*/x̄	Least important	R*/x̄
Protect patients from health care errors	1	Recognizes own limitations	1
	3.94		3.60
Protects me from making errors that might threaten self/others	2	-Implements effective learning plan.	2
	3.90	-Constructively critiques knowledge.	3.65
Models professional behavior	3	Serves as an exemplar of "how to access the evidence"	3
	3.88		3.66
Evaluates and communicates my progression	4	-Identifies delegation and/or accountability concerns	4
	3.87	-Plans learning activities collaboratively	3.67
Provides opportunities for learning	5	-Recognizes capability limitations in self and others.	5
	3.86	-Customizes clinical coaching plan to match with my learning needs.	3.68
		-Resolves conflict issues as/if they arise.	
Most frequent		**Least frequent**	
Protect patients from health care errors	1	Constructively critiques knowledge	1
	3.52		2.36
Evaluates my adherence to policy and procedure	2	Recognizes own limitations	2
	3.34		2.42
Protects the profession of nursing as the most trusted of health care professionals	3	Acts as advocate for me	3
	3.22		2.47
Considers institutional policies and procedures when delegating	4	Plans learning activities collaboratively	4
	3.21		2.49
Protects me from making errors that might threaten self/others	5	Resolves conflict issues as/if they arise	5
	3.18		2.58

R* = Rank.

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According to preceptee, among the facilitators' responsibilities that require frequent attendance were serving as exemplar of "how to access the evidence", modeling clinical judgment, helping them settle into new environment, and supporting their social needs. Those of educator responsibilities were planning learning activities collaboratively, customizing plans to fit with preceptee needs, implementing plans effectively, developing critical thinking skills, and ensuring progression towards becoming an expert. Therefore, college and hospital management should stress on including these responsibilities to the job description of preceptors, and be supportive to preceptors in their accessibility and willingness to commit time to precept students.

Furthermore, studies are required to evaluate whether such responsibilities are included in the job description of preceptors and orientation programs, and how the frequency of attendance of preceptors to identified roles and responsibilities may contribute to the success of students in their transition to their expected role after graduation.

Limitations

The responses may have been confounded by cultural and authoritative power differences between the two groups. The use of a convenience sample from a single college and hospital may limit the generalizability of the findings. Further limitations may include selection bias, reliance on self −reported responses, and small sample size. Replication of this study using probability sampling techniques encompassing different colleges and hospitals may enhance the validity of the results. We strongly suggest the scales be further examined using principal axis factoring with varimax rotation before being applied in other studies in the future.

Conclusion

Results revealed two major findings. First, both groups perceived the four roles and all related responsibilities as important and were consistent in their rating to protector as the highest role and to evaluator as the lowest one with no significant difference. Both group were congruent in ranking the responsibility of patient protection from error as first in terms of importance and frequency of attendance. Second, the two groups vary with significant difference in their rating to the preceptors' frequency of attendance to their roles and responsibilities as educators and facilitators. Therefore, the frequency of engagement of preceptors in their roles as facilitators and as educators needs further consideration.

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References

Bourbonnais, F.F., Kerr, E., 2007. Preceptoring a student in the final clinical placement: reflections from nurses in a Canadian Hospital. J. Clin. Nurs. 16 (8), 1543–1549.

Broadbent, M., Moxham, L., Sander, T., Walker, S., Dwyer, T., 2014. Supporting bachelor of nursing students within the clinical environment: perspectives of preceptors. Nurse Educ. Pract. 14 (4), 403–409.

Boyer, A.B., 2008. Competence and innovation in preceptor development: updating our program. J. Nurses Staff Dev. 24 (2), E1–E6.

Chang, C.-C., Lin, L.-M., Chen, I.-H., Kang, C.-M., Chang, W.-Y., 2015. Perceptions and experiences of nurse preceptors regarding their training courses: a mixed method study. Nurse Educ. Today 35 (1), 220–226. Retrieved from. http://dx.doi.org/10.1016/j.nedt.2014.08.002.

Chen, Y., Hsu, L., Hsieh, S., 2012. Clinical nurse preceptors teaching competencies: relationship to locus of control and self-learning. J. Nurs. Res. 20 (2), 142–150.

DeWolfe, J.A., Perkin, C.A., Harrison, M.B., Laschinger, S., Oakley, P., Peterson, J.A., Seaton, F., 2010. Strategies to prepare and support preceptors and students for preceptorship. Nurse Educ. 35 (3), 98–100.

Hallin, K., Danielson, E., 2009. Being a personal preceptor for nursing students: registered nurses' experiences before and after introduction of a preceptor model. J. Adv. Nurs. 65 (1), 161–174.

Hefferman, C., Hefferman, E., Brosnan, M., Brown, G., 2009. Evaluating a preceptorship programmed in South West Ireland: perceptions of preceptors and undergraduate students. J. Nurs. Manag. 17, 539–549.

Helminen, K., Tossavainen, K., Turunen, H., 2014. Assessing clinical practice of student nurses: views of teachers, mentors and students. Nurse Educ. Today 34 (8), 1161–1166.

Hilli, E., Melender, H.-L., Salmu, M., Jonsén, E., 2014. Being a preceptor—A Nordic qualitative study. Nurse Educ. Today 34 (12), 1420–1424. http://dx.doi.org/10.1016/j.nedt.2014.04.013.

Kalischuk, R.G., Vandenberg, H., Awosoga, O., 2013. Nursing preceptors speak out: an empirical study. J. Prof. Nurs. 29 (1), 30–38.

Mamhidir, A., Kristofferzon, M., Hellström- Hyson, E., Persson, E., Mårtensson, G., 2014. Nursing preceptors' experiences of two clinical education models. Nurs. Educ. Pract. 14 (4), 427–433. Retrieved from. http://dx.doi.org/10.1016/j.nepr.2014.01.010.

Moore, M.L., 2009. Developing the preceptorship evaluation survey. Multifaceted approach including cognitive interviews. J. Nurses Staff Dev. 25 (5), 249–253.

NMC, 2008. Standards to Support Learning and Assessment in Practice, NMC Standards for Mentors, Practice Teachers and Teachers. Retrieved from. www.nmc-uk.org/.../Standards-to-support-learning-and- Cached (accessed 07.04.15.).

Natan, M.B., Qeadana, H., Egbaria, W., 2014. The commitment of Israeli nursing preceptors to the role of preceptor. Nurse Educ. Today 34 (12), 1425–1429. Retrieved from. http://dx.doi.org/10.1016/j.nedt.2014.04.011.

Nye, F.I., 1976. Role Structure and Analysis of the Family. Sage Publications, Beverly Hills, CA.

O'Brien, A., Giles, M., Dempsey, S., Lynne, S., McGregor, M.E., Kable, A., Parmenter, G., Parker, V., 2014. Evaluating the preceptor role for pre-registration nursing and midwifery student clinical education. Nurse Educ. Today 34 (1), 19–24.

O'Mara, L., McDonald, J., Gillespie, M., Brown, H., Miles, L., 2014. Challenging clinical learning environments: experiences of undergraduate nursing students. Nurse Educ. Pract. 14 (2), 208–213.

Omer, T., Suliman, W., Thomas, L., Joseph, J., 2013. The perception of nursing student's to two preceptorship models in clinical training. Nurs. Educ. Pract. 13, 155–160.

Panzavecchia, L., Pearce, R., 2014. Are preceptors adequately prepared for their role in supporting newly qualified staff? Nurse Educ. Today 34 (7), 1119–1124.

Park, J.R., Wharrad, H., Barker, J., Chapple, M., 2011. The knowledge and skills of pre-registration masters and diploma qualified nurses: a preceptor perspective. Nurse Educ. Pract. 11 (1), 41–46.

Riden, H., Jacobs, S., Marshall, B., 2014. New Zealand nurses' views on preceptoring international nurses. Int. Nurs. Rev. 61 (2), 179–185.

Rogan, E., 2009. Preparation of nurses who precept baccalaureate nursing students: a descriptive study. J. Contin. Educ. Nurs. 40 (12), 565–570.

Sambunjak, D., Strauss, S.E., Marusic, A., 2009. A systematic review of qualitative research on the mentoring and characteristics of mentoring in academic medicine. J. General Intern. Med. 25 (1), 72–78.

Steven, A., Magnusson, C., Smith, P., Pearson, P.H., 2014. Patient safety in nursing education: contexts, tensions and feeling safe to learn. Nurse Educ. Today 34 (2), 277–284.

Sundler, A.J., Björk, M., Bisholt, B., Ohlsson, U., Engström, A.K., Gustavsson, M., 2014. Student nurses' experiences of the clinical learning environment in relation to the organization of supervision: a questionnaire survey. Nurse Educ. Today 34 (4), 661–666.

Udlis, K.A., 2006. Preceptorship in undergraduate nursing education: an integrative review. J. Nurs. Educ. 47 (1), 20–28.

Vaismoradi, M., Bondas, T., Jasper, M., Turunen, H., 2014. Nursing students' perspectives and suggestions on patient safety – implications for developing the nursing education curriculum in Iran. Nurse Educ. Today 34, 265–270.

Whitehead, B., Owen, P., Holmes, D., Beddingham, E., Simmons, M., Henshaw, L., Barton, M., Walker, C., 2013. Supporting newly qualified nurses in the UK: a systematic literature review. Nurse Educ. Today 33 (4), 370–377.

Younge, O., Hagler, P., Cox, C., Drefs, S., 2008. Time to truly acknowledge what nursing preceptors do for students. J. Nurs. Staff Dev. 24 (3), 113–116.

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