The Perspectives and Experiences of Iranian Nurse Preceptors of Preceptorship

Abstract

Background and purpose: Preceptors play a key role in the transition experience of new nurses. Preceptorship is a stressful role and is influenced by contextual factors. There is a lack of sufficient understandings of the perspectives and lived experiences of Iranian nurse preceptors of preceptorship. The aim of this study was to explore the perspective and lived experiences of Iranian nurse preceptors of preceptorship.

Methods: A qualitative design using a hermeneutic phenomenological approach was used. Six Iranian nurse preceptors were chosen using a purposeful sampling method from a large paediatric teaching hospital in an urban area of Iran. Data was collected using in-depth semi-structured interviews and was analysed using the Diekelmann et al.'s method of hermeneutic phenomenological analysis.

Results: The data analysis resulted in the development of a constitutive pattern of 'living with moral distress', which was constituted of two major themes: 'asking for and being unable' and 'the experience of conflict'.

Implications for practice: The findings of this study can improve nurses' understandings of the preceptor's role and associated factors influencing the implementation of the preceptorship programme. 'Moral distress' caused by the preceptor role can influence nurse preceptors' mental health and also the patient care outcomes. More studies are required to explore this phenomenon in different contexts and cultures and design strategies for reducing the burden of taking this role

on nurse preceptors. Also, policies are needed for developing a formal preceptor support system to help preceptors take this stressful and demanding role in healthcare settings.

Keywords: Clinical practice; hermeneutics; Iran, new nurses; phenomenology; preceptor; preceptorship

INTRODUCTION

After graduation from nursing schools, new nurses may not have sufficient competencies to meet the ever-changing demands of the provision of high quality care (Hickerson, Taylor, & Terhaar, 2016; Missen, McKenna, Beauchamp, & Larkins, 2016). A reason may be nurses' transition from the student's role to clinical nurse's role (Lee, Hsu, Li, & Sloan, 2013; Monaghan, 2015). Heavy workloads and new nurses' insufficient knowledge of the assessment of patients' needs, critical thinking, time management, communication and teamwork can lead to low quality care (Lea & Cruickshank, 2015; Missen et al., 2016).

According to the Iranian code of ethics for nurses (2013), nurses are expected to be competent and knowledgeable for the provision of safe care to patients. Also, they should be accountable for their interventions without a direct supervision by nurse managers (Zahedi et al., 2013). Therefore, after graduation, new nurses should be empowered to reduce the theory-practice gap and take the clinical nurse role. Experienced nurses also need support to cope with new roles in the new workplace. Workplace routines and an emphasis on high quality patient care make it difficult for experienced nurses to cope with the new workplace. Some nurses may feel incompetent and even decide to leave the nursing profession (Arrowsmith, Lau□Walker, Norman, & Maben, 2016; Tastan, Unver, & Hatipoglu, 2013). Therefore, the provision of support to both new nurses and experienced nurses who enter a new workplace is important.

PERSPECTORSHIP IN THE NURSING PROFESSION

Preceptorship as a valuable educational strategy provides support to new nurses during transition from the student role to the clinical nurse role (Blegen et al., 2015; Hickerson et al., 2016; Whitehead et al., 2013). In general, it is referred to a period of structured transition for the new registered nurse during which the new nurse is supported by a preceptor to develop confidence as an autonomous professional, refining skills, values and behaviours (Department of Health, 2010). New nurses are newly graduated nurses from nursing schools that have been hired by clinical settings for nursing practice. Also, the experienced nurses who are transferred to new nursing wards and are asked to take new roles are called new nurses. While most preceptorship programs focus on new graduates, the value of preceptorship for nurses at all levels of nursing career has been highlighted. When experienced nurses start a new job in new position and enter a new department from other hospitals, they may need the preceptorship programme to make them feel welcome and help them navigate the system. The preceptor is a registered and competent nurse with a formal responsibility to support a new nurse (preceptee) during the preceptorship programme (Department of Health, 2010).

The preceptorship programme makes new nurses familiar with clinical settings and assign them appropriate work tasks. It also facilitates a smooth and effective transition from the student role to the clinical nurse role (Horton, DePaoli, Hertach, & Bower, 2012; Tracey & McGowan, 2015). Moreover, preceptorship is essential for nurses' retention in clinical practice and professional development (Goss, 2015; Lalonde & McGillis Hall, 2017; Peltokoski, Vehviläinen□Julkunen, & Miettinen, 2016). The main outcome of the preceptorship programme is the provision care to patients that meet their needs (Arrowsmith et al., 2016; Hall, 2016).

The preceptor's role is a challenging educational task. Also, workplace issues including inappropriate workload and staffing patterns influence teaching and learning outcomes (Wu, Enskär, Heng, Pua, & Wang, 2016; Ya-Huei., Duh, Feng, & Huang, 2011). Nurse preceptors in Iran often take on the role of the preceptor besides assuming a regular workload for patient care with a 1:10 nurse to patient ratio. Therefore, they are at a high risk for burnout and stress due to repeatedly taking on additional caring responsibilities. There is a need to clarify the role of preceptors and provide a psychologically safe environment for both preceptors and preceptees for achieving better learning outcomes (Chen, Hsu, & Hsieh, 2012; Hilli, Melender, Salmu, & Jonsén, 2014).

A few studies are available on the perspectives and lived experiences of nurse preceptors in the international literature (Chen, Duh, Feng, & Huang, 2011; Muir et al., 2013). Also, Iranian studies have mainly focused on the students' experiences of preceptorship (Heydari, Alizadeh, & Mazloum, 2013).

BACKGROUND IN IRAN

There is a four-year programme for a bachelor's degree in nursing, which is accredited for nursing practice by the Iran's Ministry of Health and Medical Education. Upon the successful completion of the nursing education programme, students are registered as the 'nurse' and granted the permission to practice in healthcare settings. Recently, there has been a more emphasis on the preparation of new nurses for safe practice in healthcare settings (Rashvand et al., 2016).

Preceptorship is a developing phenomenon in the Iranian nursing education system and mainly encompasses new nurses who enter clinical practice for the first time. Preceptorship programmes in Iranian healthcare settings have a minimum duration of 2-4 weeks. The programme's duration

can be extended in case that new nurses need more time for full involvement in nursing practice. The preceptor often is an experienced staff nurse, that have various work experiences in different nursing wards. They are competent nurses that work at their ordinary work shifts and at the same time serve as preceptors. The preceptor often is introduced by the senior nurse manager and is responsible for making new nurses familiar with the work environment. In addition, the preceptor prioritises new nurses' educational needs, helps them safely carry out nursing interventions and systematically increases their independence for taking the role of staff nurses.

THEORETICAL BACKGROUND

The theoretical lens that underpinned this study was based on the Bandura's social learning theory (Bandura, 1977). The reason for choosing this theory as an explanatory framework for understanding preceptorship in this study is that 'learning' and 'teaching' in the preceptorship process are perceived as social activities influenced by the 'person', 'environment' and 'reinforcement'. The social learning theory can be considered an appropriate explanatory framework for illuminating how preceptors integrate preceptees into learning settings, educate new knowledge and develop new behaviours through interactions and role modelling.

PURPOSE OF THE STUDY

The aim of this study was to explore the perspectives and lived experiences of Iranian nurse preceptors of preceptorship.

METHODS

STUDY DESIGN

A qualitative study using a hermeneutic phenomenological approach based on the Diekelmann, Allen and Tanner's (1989) method of hermeneutic phenomenological analysis (Diekelmann et al., 1989) was performed from July 2014 to March 2015. Phenomenology aims to understand

individuals' lived experiences of social phenomena. It also helps improve functions, design policies and appropriate interventions (Creswell, Hanson, Plano, & Morales, 2007). A phenomenological approach was used in this study to explore 'preceptorship' as a multifaceted phenomenon. This is a method of choice when the researcher aims to understand the meaning of the experience of a phenomenon. The reason for the selection of the Heidegarrian's philosophy and the resultant hermeneutic approach to data analysis was that this approach focused on the larger and hidden meaning and moved from simple description to in-depth interpretation (Dowling & Cooney, 2012).

ETHICAL CONSIDERATIONS

The local ethics committee affiliated with the Medical Sciences University in which the authors worked approved the study's research proposal (decree code: 5/46412). This committee also corroborated the study's ethical considerations. The preceptors were informed of their rights, the aim and process of the study and the probable time of the interviews. They were informed that they had the right to not answer all questions and withdraw from the study at any time without being penalised. The permission to tape-record the interviews was obtained and the preceptors were assured that the tapes and transcriptions could be kept confidential. The interviewer (ShSh) was working as the educational supervisor of the hospital in which the data was collected. While during the data collection, the interviewer was no longer working in that hospital, it could be considered a source of bias. The interviewer tried to control this bias through attracting the preceptors' trust, ensuring their anonymity and confidentiality of data. Also, their anonymity was ensured by the use of a coding system. They were given enough time to read the written informed consent form and ask their questions. Lastly, the preceptors who willingly agreed to take part in the study signed the written informed consent form.

PARTICIPANTS AND SETTING

Six Iranian nurse preceptors were chosen using a purposeful sampling method. They were selected from five different nursing wards of a large paediatric teaching hospital in an urban area of Iran. All invited preceptors accepted to participate and cooperated to the end of this study. Inclusion criteria for the recruitment of the preceptors were: having a bachelor's or higher education degree in nursing, being the preceptor in clinical settings and willingness to take part in this study.

The list of the preceptors' names working at the hospital was obtained from the nursing administration office. Next, the interviewer (ShSh) contacted the preceptors by phone, invited them to participate in this study and requested them to determine a convenient time and place for data collection.

The preceptors were all female and had a bachelor's degree in nursing. Their mean age (SD) was 36.83± 5.04 years and had work experiences as a staff nurse for 12.5±3.78 years. Each preceptor had worked at least with 10 new nurses during the past years in a one-to-one relationship with a mean preceptorship experience for 3.00±0.63 years.

DATA COLLECTION

In-depth, individual semi-structured interviews were held with the preceptors in their workplaces. Sixteen interviews were held, because two preceptors were interviewed twice and four others were interviewed three times. The clarification of the preceptors' perspectives and improvement of the depth of interviews determined the number of the interviews carried out with each preceptor. For instance, conducting follow up interviews were found necessary for the clarification of the preceptors' understandings of 'role conflict'. The main and follow up interviews lasted for 22-63 minutes.

The focus of the questions asked during the interviews were:

- As a preceptor, will you please share your experiences of the preceptorship programme?
- What is your understanding of the preceptor's role?

Probing questions such as 'what do you mean?' and 'will you provide me an example?' were asked to follow the participants' line of thoughts. The interviews were conducted in Farsi and some quotations were translated to English for the presentation of findings in this article under the supervision of a bilingual nurse translator and qualitative researcher (MV). The data collection was continued to the level of richness in data. It meant that new interviews did not add to the depth and variations of the collected data (Mason, 2010).

DATA ANALYSIS

Immediately after the *verbatim* transcription of the interviews, data analysis was started. The MAXQDA10 software was used to help with data management. The Diekelmann et al.'s method (1989) of hermeneutic phenomenological analysis was used for data analysis (Diekelmann et al., 1989). This method was chosen, because it suggested clear phases for the analysis of subjective data. Also, the Heideggerian philosophy underpinning this method guided the exploration of lived experiences and meanings. Also, discussions and reflections by the research team gave more depth to the data analysis and improved the interpretations of findings (Crist & Tanner, 2003; Diekelmann et al., 1989; Polit & Beck, 2012). The transcriptions were read several times to obtain a sense of whole. Next, interpretive notes on each interview were written. The themes developed during the data analysis were shared with the research team members and their feedbacks were incorporated into the data analysis process. Conflicts between the findings and interpretive notes were rectified through discussions by the research team. Comparing the findings of this study with those of other similar studies were performed to find commonalities

and differences with the aim of improving the depth of data analysis. Also, developed themes were compared together to explore structural patterns and explore interconnections. Lastly, the research team members were provided with the draft of themes, patterns and a summary of interviews' transcriptions and their feedbacks were incorporated into the data analysis process.

RIGOR

In the Diekelmann et al.'s method (1989) of hermeneutic phenomenological analysis, backward and forward movements between the transcriptions, participants and research team led to an in-depth exploration of the phenomenon of study (Diekelmann et al., 1989). Credibility was achieved through the interviewer's interest in preceptorship as a field of study and prolonged engagement with the preceptors during data collection. Also, the process of data collection and analysis were assessed and confirmed by the research team who were expert in qualitative research. As peer checking, the preceptors were asked to confirm their interviews' transcriptions and a brief result of the data analysis before conducting the next interviews. They confirmed that the findings reflected their thoughts and ideas of the study phenomenon. For audit trail, the recruitment process, data collection and decisions made during the data analysis were recorded and elaborated. For reflexive journaling, the researcher made regular entries during the research process, recorded reflections on methodological decisions and reasons for them and her own values and interests. Moreover, a detailed description of the preceptorship programme in Iran was presented to help with the transferability of findings to other healthcare settings with similar contexts (Lincoln & Guba 1985).

RESULTS

The data analysis led to the constitutive pattern of 'living with moral distress'. This overarching pattern encompassed the preceptors' perspectives and experiences of preceptorship. Moral

distress was created in the preceptors when new nurses were unable to practice according to guidelines due to a lack of time, heavy workloads, inappropriate work policies and staffing patterns and lack of control on the situation. The central meanings of the preceptors' perspectives and experiences of preceptorship were 'conflict in nursing values' and 'protection of the nursing profession'. The constitutive pattern of moral distress included the following themes: 'asking for and being unable' and 'the experience of conflict'. They were described below using some direct quotations from the preceptors

ASKING FOR AND BEING UNABLE

This theme described the preceptors' inclination to support and educate new nurses in some situations. A heavy workload and time pressure hindered the preceptors to reach their education goals. While it was a requirement to continuously supervise new nurses, the workload, nurse shortages and patients' complicated conditions made them so busy that they scarcely could find enough time to appropriately supervise new nurses.

The preceptors played the preceptorship role and at the same time felt an in-depth commitment to provide high quality care to patients in the work shift. Any delay in the provision of patient care due to the supervision of new nurses dissatisfied both the preceptors and patients. The preceptors felt moral distress and conveyed their feelings about this condition using phrases such as 'leaving the patient', 'nurses as robots' and 'negligence in the work'.

> *"I am stressed out when the patient care is delayed. When, I am unable to administer his/her medication on time, mothers [patients' companions] get worried. They [mothers] do not know that a brief delay in childcare is harmless. Mothers get anxious and grudge about my delay in patient care. As a preceptor, I feel so much stress, because many*

patients have been assigned to me in the work shift and I am unable to do all assigned tasks on time." (Participant 1)

The preceptors showed dissatisfaction of their inability to pay enough attention to patients and their families. The preceptors felt guilty in situations that they lacked enough time to fulfil their nursing role. Teaching new nurses made them busy and they usually spent less time for patient care. The preceptors felt frustrated when their patients' needs could not be met on time and quality of care was deteriorated. Therefore, they negatively evaluated their work as staff nurses and felt guilt.

"… I spend my time mostly with new nurses *to teach them about serum therapy and check the patient Kardex; I spend the time required for patient care with new nurses and it makes me to feel that I have committed an unethical act. I am fully aware that patient care is not limited to serum therapy and medication. The patient needs to feel that the nurse is at his/her service. I feel that the patient is ignored and the nurse as a robot finds no time to meet his/her psychological needs."* (P1)

The preceptor was described as a tenacious mountain that always accompanied new nurses, was very determined and did not give up in difficult caring conditions. However, if the nursing ward was overcrowded, the preceptors gave the priority to the provision of care to patients rather than spending time with new nurses, which led to the feeling of guilt by the preceptors.

"…given nurse shortages and the presence of many complicated patients who need ventilation support so on, I am unable to attend new nurses and feel so much stress." (P5)

The preceptors were considered responsible for the safety and quality of care delivered by new nurses. Some new nurses were unable to organise patient care, prioritise their needs and detect

patient care issues. The preceptors felt moral distress, if they were unable to assist new nurses with their caring tasks especially at the end of the work shift due to a heavy workload.

> *"…the new nurse did not know how to diagnose extravasation and phlebitis. When the patient was handed over to the nurse in the next work shift, the practice error was detected and the new nurse was asked immediately to take care of it. Since staff nurses were in a hurry to plan for patient care in the next work shift, a lot of stress was imposed on me and the new nurse for resolving caring issues."* (P5)

The preceptors described examples of feeling guilt, when they did not have enough time to discuss and explain everything in detail for meeting the educational needs of new nurses.

> *"… I could not teach a new nurse, because the ward was overcrowded and my patients had no good health conditions. I just told her [new nurse] to watch out."* (P4)

"Some new nurses are not competent enough to do all tasks in the right order. They make mistakes and get confused how to resolve them. New nurses repeatedly ask questions, but I have no time to respond them all. It creates a stressful condition and I feel guilt for not assisting them." (P1)

THE EXPERIENCE OF CONFLICT

The preceptors perceived their relationships with some new nurses as the most difficult part of the preceptor's role. Different ideas, values and perspectives of the preceptors and new nurses with regard to patient care led to the development of conflicts. In other words, the preceptors' feelings of having no control on learning and teaching situations created conflicts in the preceptor's role. According to the preceptors, new nurses' behaviours in the workplace affected the quality of the preceptorship programme. Lack of accountability in practice, nonprofessional

behaviours by some staff nurses, being reluctant to gain new work experiences and lack of attention to care routines increased moral distress in the preceptors.

"…the new nurse should be interested in learning. Some new nurses do not comprehend the significance of nursing practice. They do not understand the importance of being prepared to care for ten patients in the work shift. Some are indifferent and resist learning. They think that they can rely on their own abilities and need no one's help. When I see their behaviours [silence]… I prefer leaving them alone." (P5)

The preceptors had an in-depth feeling of commitment towards the nursing profession. They believed that new nurses' incompetence in terms of insufficient knowledge and skills to communicate with healthcare providers damaged the identity of the nursing profession.

"I do not like that the nursing profession is undermined and its identity is damaged. Some new nurses have no sufficient knowledge. Some of them even do not know how to communicate with their colleagues. Their behaviours ruin the identity of nursing." (P4)

The unprofessional behaviours of some new nurses with patients and their companions made the preceptors to feel moral distress. Such behaviours ruined the nursing image and undermined the caring efforts made by committed nurses.

> *"…I advised a new nurse that if she liked to become a good nurse, she needed to behave herself and meet patients and their companions' needs. Later, I asked about her behaviours from other nursing staff. They said that 'she [new nurse] always quarrels with patients, even the mother of a child who was hospitalised here for a long time, made a verbal complaint to us with regard to her behaviours'. I got disappointed as it was not so long that I finished the preceptorship programme."* (P4)

The preceptors also felt moral distress when they found that the education about a nursing intervention to new nurses was a requirement, but it did not really affect the outcome of patient care. For instance, the education of cardio-pulmonary resuscitation (CPR) to new nurses for those patients who did not have the chance for resuscitation led to moral distress.

"Sometimes there are conflicts between ethical considerations and workplace's regulations. For instance, I get confused when I should explain to new nurses the necessity of conducting CPR for a child who there is no hope for her/his resuscitation and is suffering from metastatic cancer and pain." (P2)

Factors beyond the preceptors' control created moral distress and negatively influenced their role. Teaching and learning situations occurred unplanned in the nursing ward and interventions performed by staff nurses working in the ward affected the preceptorship programme.

> *"I teach the new nurse how to appropriately conduct a nursing intervention and believe in what I teach. When I see that a staff nurse who is working at that very ward performs that intervention in a routinized and incorrect manner, I feel moral distress. I am scared that the new nurse accidentally becomes inclined to do that intervention in the routinized manner and endanger the quality of patient care."* (P2)

DISCUSSION

In this study, preceptorship was intertwined with moral distress due to environmental and personal issues. According to the Bandura's social learning theory (1977), the environment, person and behaviour can affect each other in a reciprocal manner. A safe learning environment for new nurses is required to engage in learning behaviours with the preceptor and healthcare staff through observations, interactions and discussions. Lack of an appropriate learning

environment makes that new nurses are not interested to learn appropriate caring behaviours (Devi, Khandelwal, & Das, 2017). Other studies similarly reported that preceptors faced many limitations such as heavy workloads, taking various caring roles, lack of time for patient education, insufficient knowledge regarding educational methods and no support from nurse managers during the preceptorship programme (Liu, Lei, Mingxia, & Haobin, 2010; Riden, Jacobs, & Marshall, 2014). Chen et al. (2011) in Taiwan confirmed the impact of time pressure on the preceptorship process. A lack of time hinders the preceptors' ability to make ethical decisions and leads to moral distress (Panzavecchia & Pearce, 2014). Generally, conflicts between the routinized method of doing a task, organisational limitations and individuals' values create moral distress (Matthews & Williamson, 2016).

The preceptors reported an inclination to leave the preceptor role due to heavy workloads. The nurse to patient ratio directly influences the occurrence of moral distress (Lamiani, Borghi, & Argentero, 2017), which is associated with an intention for quitting the job. It is believed that the preceptors' work values and commitments are endangered, their identity as patients' advocates and ethical agents are damaged and they feel moral distress (Canadian Nurses' Association, 2004).

The preceptors stated that preceptorship was not accompanied by any special privilege and even the number of patients assigned during a work shift was not reduced. Therefore, a conflict occurred between the preceptor role and patient care's role leading to the preceptors and patients' dissatisfaction. Similarly, Vaziri, Merghati-Khoei, and Tabatabaei (2015) stated that patient negligence due to heavy workloads, nurse shortages and inability to deliver high quality care created moral distress.

The preceptors felt guilt when they were unable to meet the educational needs of new nurses. While they created a balance between the patient care role and the preceptor role through giving a priority to patients' needs, their inner sense of accountability towards the preceptor role led to the feeling of guilt. The feeling of guilt is an outcome of moral distress (McCarthy & Gastmans, 2015). Hilli et al., (2014) reported that Swedish and Finnish preceptors had a feeling of commitment towards the preceptor role and the clinical nurse role. According to Chen et al., (2011) in Taiwan, preceptors had a feeling of guilt when heavy workloads hindered them to spend enough time for new nurses' education.

The preceptors shared their experiences of conflict during the preceptorship process. Preceptors have the ethical responsibility to protect patients against new nurses' dangerous activities (Earle-Foley, Myrick, Luhanga, & Yonge, 2012, Hall, 2016, Hilli et al., 2014). Luhanga, Yonge, and Myrick (2008) in Canada also stated that unsafe practice by some new nurses made their education difficult.

The preceptors also complained about new nurses' incompetence in professional communication. Some new nurses took defensive reactions, did not take care about preceptors' feedbacks and lost their interest in learning. According to the Bandura's social learning theory (1977), reinforcement or inner/external feedbacks should match with the individual's needs and feelings to learn the behaviour. Also, it is noted that learners adopt modelled behaviours through internal or extrinsic reinforcements. Internal reinforcement comes from the individual source such as personal interests compared to the external reinforcement such as the promise of a reward or the threat of punishment (Bandura, 1977). In this respect, new nurses' interest in the nursing profession (individual source) and feedbacks from the preceptors during the education process (external source) are considered inner and external reinforcement, respectively. An

Iranian study by Ebrahimi et al. (2015) showed that new nurses' lack of interest to the nursing profession and lack of support by nurse managers were barriers to the education of new nurses. A lack of inclination to get involved in patient care, indifference towards education and isolation are some examples of nurses' lack of interest in the nursing profession (Ebrahimi et al., 2015). Working with someone who is not competent creates a stressful condition (Sauerland et al., 2014). The creation of a collaboration ground for caring by the preceptor and new nurses makes them familiar with the preceptor's role (Blegen et al., 2015).

In this study, the preceptors' understanding of themselves as a role model through performing procedures correctly and acting professionaly and ethicaly influenced the education of new nurses. According to the Bandura's social learning theory (1977), the human's behaviour is learned through the observation of role models. The perceptee directs his/her attention towards modelled behaviours to learn from them. Also, team formation with the collaboration of qualified staff has been found as a necessity for an individual to be socialized into a new organization and group (Kozlowski & Bell, 2003). When the new nurse observes qualified nurses for undertaking patient care and collaborates with them, the new nurse recognises how to perform nursing care. Also, what new nurses observe, acts as a guide for them to repeat the same behaviour in later similar occasions (Bandura, 1977). Preceptors are considered role models and role modelling is central to socialisation in the workplace as new nurses internalise the values and rituals practised in the workplace during socialisation (Houghton, 2014).

CONCLUSION

This study provides new insights about the preceptorship programme and challenges experienced by preceptors with the consideration of cultural-contextual factors influencing this phenomenon. Preceptorship is a requirement for the education of healthcare staff. Moral distress due to the

preceptor roles may be expressed through physical and psychological symptoms and the feelings of frustration, anxiety and guilt. Future research should focus on the interrelations of preceptors' moral distress and preceptorship outcomes. Strategies should be devised to facilitate the implementation of the preceptorship programme and assess its impact on the psychological well-being of preceptors and new nurses. In line with the elements of the Bandura's social learning theory, the provision of an appropriate learning environment in healthcare settings, motivation of new nurses using both internal and external reinforcements, reduction of workloads, teamwork and role modelling for caring behaviours by qualified nurses are required for the successful implementation of the preceptorship programme and prevention of moral distress. This study was conducted with only female nurses who were from one teaching hospital. Therefore, future studies are required to be performed with male nurses in different cultures and contexts for providing a complete picture of this phenomenon.

IMPLICATIONS FOR PRACTICE

Conflicts may occur between the preceptor role and the patient care role due to heavy workloads and nurse shortages. Also, learning by doing is accompanied by the probability of making mistakes due to nurses' wrong perceptions and misjudgements. Therefore, there is a need for the close monitoring of new nurses by preceptors as an ethical task during the education programme. Additionally, nurse managers and policy makers need to organise nursing appropriately and allow preceptors to spend more time for the education of new nurses. Policies are required for developing a formal preceptor support system to prepare preceptors for taking this stressful and demanding role in healthcare settings. New nurses should be made familiar with the preceptorship programme, their roles and duties, and responsibilities towards their own learning at the beginning of the programme.

REFERENCES

Arrowsmith, V., Lau□Walker, M., Norman, I., & Maben, J. (2016). Nurses' perceptions and experiences of work role transitions: a mixed methods systematic review of the literature. *Journal of advanced nursing, 72*(8), 1737-1750.

Bandura, A. (1977). Social learning theory Englewood Cliffs: NJ: Prentice-Hall.

Blegen, M. A., Spector, N., Ulrich, B. T., Lynn, M. R., Barnsteiner, J., & Silvestre, J. (2015). Preceptor Support in Hospital Transition to Practice Programs. *Journal of Nursing Administration, 45*(12), 642-649.

Canadian Nurses' Association. (2004). *Achieving excellence in professional practice: A guide to preceptorship and mentoring*. Available from the URL: http://files.upei.ca/nursing/cna_guide_to_preceptorship_and_mentoring.pdf (Accessed Oct 1, 2017)

Chen, Y.-H., Duh, Y.-J., Feng, Y.-F., & Huang, Y.-P. (2011). Preceptors' experiences training new graduate nurses: a hermeneutic phenomenological approach. *Journal of Nursing Research, 19*(2), 132-140.

Chen, Y.-L., Hsu, L.-L., & Hsieh, S.-I. (2012). Clinical nurse preceptor teaching competencies: relationship to locus of control and self-directed learning. *Journal of Nursing Research, 20*(2), 142-151.

Creswell, J. W., Hanson, W. E., Plano, V. L. C., & Morales, A. (2007). Qualitative research designs selection and implementation. *The counseling psychologist, 35*(2), 236-264.

Crist, J. D., & Tanner, C. A. (2003). Interpretation/analysis methods in hermeneutic interpretive phenomenology. *Nursing research, 52*(3), 202-205.

Department of Health. (2010). *Preceptorship framework for newly registered nurses, midwives and allied health professionals*. London: Department of Health. Available from the URL: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114073 (Accessed Oct 1, 2017)

Devi, B., Khandelwal, B., & Das, M. (2017). Application of Bandura's social cognitive theory in the technology enhanced, blended learning environment. *International Journal of Applied Research*, 3(1), 721-724.

Diekelmann, N., Allen, D., & Tanner, C. (1989). *The NLN criteria of appraisal of baccalaureate programs: a critical hermeneutic analysis.*: New York: National League for Nursing Press.

Dowling, M., Cooney, A. (2012) Research approaches related to phenomenology: negotiating a complex landscape. .Nurse Researcher. 20(2), 21-7.

Earle-Foley, V., Myrick, F., Luhanga, F., & Yonge, O. (2012). Preceptorship: Using an ethical lens to reflect on the unsafe student. *Journal of Professional Nursing, 28*(1), 27-33.

Ebrahimi, H., Hassankhani, H., Negarandeh, R., Azizi, A., & Gillespie, M. (2015). Barriers to support for new graduated nurses in clinical settings: A qualitative study. *Nurse education today, 37*, 184-188.

Goss, C. R. (2015). Systematic Review Building a Preceptor Support System. *Journal for nurses in professional development, 33*(1), E7-E14.

Hall, K. C. (2016). Role functions of staff nurse preceptors for undergraduate pre-licensure nursing students. *Journal of Nursing Education and Practice, 6*(7), 19-30.

Heydari, A., Alizadeh, B., & Mazloum, S. (2013). The effect of preceptorship program on clinical skills of undergraduate nursing students. *Iranian Journal of Medical Education, 13*(7), 588-600.

Hickerson, K. A., Taylor, L. A., & Terhaar, M. F. (2016). The Preparation–Practice Gap: An Integrative Literature Review. *The Journal of Continuing Education in Nursing, 47*(1), 17-23.

Hilli, Y., Melender, H.-L., Salmu, M., & Jonsén, E. (2014). Being a preceptor—A Nordic qualitative study. *Nurse education today, 34*(12), 1420-1424.

Kozlowski, S. W. J. & Bell, B. S. (2003). Work groups and teams in organizations. In W. C. Borman, D. R. Ilgen & R. J. Klimoski (Eds.), Handbook of psychology (Vol. 12): Industrial and Organizational Psychology (333-375).

Horton, C. D., DePaoli, S., Hertach, M., & Bower, M. (2012). Enhancing the Effectiveness of Nurse Preceptors. *Journal for Nurses in Staff Development, 28*(4), E1-E7.

Houghton, C. E. (2014). 'Newcomer adaptation': a lens through which to understand how nursing students fit in with the real world of practice. *Journal of Clinical Nursing, 23*(15-16), 2367-2375.

Lalonde, M., & McGillis Hall, L. (2017). The socialization of new graduate nurses during a preceptorship program: Strategies for recruitment and support. *Journal of Clinical Nursing*. 26(5-6):774-783

Lamiani, G., Borghi, L., & Argentero, P. (2015). When healthcare professionals cannot do the right thing: A systematic review of moral distress and its correlates. *Journal of health psychology*, 22(1):51-67.

Lea, J., & Cruickshank, M. (2015). Supporting new graduate nurses making the transition to rural nursing practice: views from experienced rural nurses. *Journal of Clinical Nursing, 24*(19-20), 2826-2834.

Lee, H. Y., Hsu, M. T., Li, P. L., & Sloan, R. S. (2013). 'Struggling to be an insider': a phenomenological design of new nurses' transition. *Journal of Clinical Nursing, 22*(5-6), 789-797.

Lincoln Y.S., & Guba E.G. (1985) Naturalistic Inquiry. Sage Publications, Newbury Park, CA.

Liu, M., Lei, Y., Mingxia, Z., & Haobin, Y. (2010). Lived experiences of clinical preceptors: A phenomenological study. *Nurse education today, 30*(8), 804-808.

Luhanga, F., Yonge, O., & Myrick, F. (2008). Hallmarks of unsafe practice: what preceptors know. *Journal for nurses in professional development, 24*(6), 257-264.

Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Qualitative Social Research, 11*(3). Art. 8, http://nbn-resolving.de/urn:nbn:de:0114-fqs100387.

Matthews, H., & Williamson, I. (2016). Caught between compassion and control: exploring the challenges associated with inpatient adolescent mental healthcare in an independent hospital. *Journal of advanced nursing, 27*(7), 1042-1053.

McCarthy, J., & Gastmans, C. (2015). Moral distress A review of the argument-based nursing ethics literature. *Nursing ethics, 22*(1), 131-152.

Missen, K., McKenna, L., Beauchamp, A., & Larkins, J. A. (2016). Qualified nurses' rate new nursing graduates as lacking skills in key clinical areas. *Journal of Clinical Nursing, 25*(15-16), 2134-2143.

Monaghan, T. (2015). A critical analysis of the literature and theoretical perspectives on theory–practice gap amongst newly qualified nurses within the United Kingdom. *Nurse education today, 35*(8), e1-e7.

Muir, J., Ooms, A., Tapping, J., Marks-Maran, D., Phillips, S., & Burke, L. (2013). Preceptors' perceptions of a preceptorship programme for newly qualified nurses. *Nurse education today, 33*(6), 633-638.

Panzavecchia, L., & Pearce, R. (2014). Are preceptors adequately prepared for their role in supporting newly qualified staff? *Nurse education today, 34*(7), 1119-1124.

Peltokoski, J., Vehviläinen□Julkunen, K., & Miettinen, M. (2016). Nurses' hospital orientation and future research challenges: an integrative review. *International nursing review, 63*(1), 92-103.

Polit, D. F., & Beck, C. T. (2012). *Nursing research: Generating and Assessing Evidence for nursing practice* (9th ed.): Lippincott Williams & Wilkins.

Rashvand, F., Salsali, M., Ebadi, A., Vaismoradi, M., Jordan, S., & Griffiths, P. (2016). Iranian nurses perspectives on assessment of safe care: an exploratory study. *Journal of nursing management, 24*(3), 417-426.

Riden, H., Jacobs, S., & Marshall, B. (2014). New Zealand nurses' views on preceptoring international nurses. *International nursing review, 61*(2), 179-185.

Sauerland, J., Marotta, K., Peinemann, M. A., Berndt, A., & Robichaux, C. (2014). Assessing and addressing moral distress and ethical climate, Part 1. *Dimensions of Critical Care Nursing, 33*(4), 234-245.

Tastan, S., Unver, V., & Hatipoglu, S. (2013). An analysis of the factors affecting the transition period to professional roles for newly graduated nurses in Turkey. *International nursing review, 60*(3), 405-412.

Tracey, J. M., & McGowan, I. W. (2015). Preceptors' views on their role in supporting newly qualified nurses. *British Journal of Nursing, 24*(20), 998-1001.

Vaziri, M. H., Merghati-Khoei, E., & Tabatabaei, S. (2015). Moral Distress among Iranian Nurses. *Iranian journal of psychiatry, 10*(1), 32-36.

Whitehead, B., Owen, P., Holmes, D., Beddingham, E., Simmons, M., Henshaw, L., . . . Walker, C. (2013). Supporting newly qualified nurses in the UK: A systematic literature review. *Nurse education today, 33*(4), 370-377.

Wu, X. V., Enskär, K., Heng, D., Pua, L., & Wang, W. (2016). The perspectives of preceptors regarding clinical assessment for undergraduate nursing students. *International nursing review, 63*(3), 473-481.

Ya-Huei., C., Duh, Y.-J., Feng, Y.-F., & Huang, Y.-P. (2011). Preceptors' experiences training new graduate nurses: a hermeneutic phenomenological approach. *Journal of Nursing Research, 19*(2), 132-140.

Zahedi, F., Sanjari, M., Aala, M., Peymani, M., Aramesh, K., Parsapour, A., . . . Larijani, B. (2013). The code of ethics for nurses. *Iranian Journal of Public Health, 42*(1), 1-8.

The Perspectives and Experiences of Iranian Nurse Preceptors of Preceptorship

Short title:

Preceptorship and Iranian nurses

Authors:

Leili Borimnejad, PhD, Associate Professor, Nursing Care Research Centre, School of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran

Email: l.borimnejad@gmail.com

Sousan Valizadeh, PhD, Professor, Department of Pediatric, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran

Email: valizades@tbzmed.ac.ir

Azad Rahmani, PhD, Associate Professor, Department of Medical-Surgical Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran

Email: azadrahmani@yahoo.com

Shahla Shahbazi (Corresponding author), PhD, Assistant Professor, Department of Medical-Surgical Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran. E-mail: shahbazish@tbzmed.ac.ir

Mojtaba Vaismoradi (PhD, MScN, BScN), Researcher, Faculty of Nursing & Health Sciences, Nord University, Bodø, Norway.
Email: mojtaba.vaismoradi@nord.no

(Corresponding author), Shahla Shahbazi, Assistant Professor, Department of Medical-Surgical Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran E-mail: shahbazish@tbzmed.ac.ir

Tel: (+98) 41-34796969 (Office) / Fax: (+98) 41-34796969 (Office); PO Box: 347-51745
Postal Code: (+98) 41- 5138947977; Mobile: (+98) 9141028727

Acknowledgments

The researchers would like to thank the participants for taking part in this study. This study is one part of the fourth author's PhD dissertation supported financially by Tabriz University of Medical Sciences (decree number: 461), Tabriz, Iran.

Author contributions

Study design: SV, LB, AR, ShSh
Data collection: ShSh
Data analysis: SV, LB, AR, ShSh
Study supervision: SV, LB, AR
Manuscript writing: SV, LB, AR, ShSh, MV
Critical revisions for important intellectual content: ShSh, MV

Declaration of Conflicting Interests

No conflict of interests is declared by the authors.

Funding

No specific grant from any funding agency in the public, commercial, or not-for-profit sectors was received to conduct this study.