

**The impact of a preceptorship program on the competence and confidence of newly graduated nurses in Saudi Arabia: A mixed methods study**

**By**

**Fahad Althobaiti**

**Registration No: 170271701**

**Supervisors:**

**Professor Tony Ryan**

**Professor Tracey Moore**

A thesis submitted in partial fulfilment of the requirements for the degree of

Doctor of Philosophy

The University of Sheffield

Health Sciences School

Division of Nursing and Midwifery

Submission Date

March 2022

# ACKNOWLEDGMENT

I would like to recognise the exceptional and unconditional support from my supervisors **Professor Tony Ryan and Professor Tracey Moore** whose enthusiasm, knowledge, and ability to identify details, inspired the quality of the work herein. I acknowledge the support of my colleagues whose patience and willingness to answer the questions in the research process made be a better student and informed the organisation as well as completion of my work. I recognise the University for the opportunity to hone my academic and professional skills, which culminated into writing a comprehensive research project. Finally, my family has offered financial and moral support that has sustained me through this challenging, but equally fulfilling journey

# ABSTRACT

**Background:** Hospitals design preceptorship programs to influence their degree of confidence and competence, decision-making skills, and critical thinking skills. Becoming a qualified nursing practitioner and independent professional necessitates the use of experienced support so that skills can translate into better outcomes for the patients. NGNs face immense pressure during the transition period particularly in healthcare environments with a shortage of nurses. Preceptorship is an effective program that creates a smooth transitional period. However, findings are scarce on how preceptorship affects the competence and confidence of new graduate nurses.

**Purpose:** To determine the impact of the preceptorship program on competence and confidence, for newly graduated nurses in Saudi Arabia

**Objectives:** (i) To assess whether preceptorship programs for newly graduated nurses improve their competence in Saudi Arabia (ii) To evaluate if preceptorship programs for newly graduated nurses enhance their confidence in Saudi Arabia (iii) To establish whether preceptorship programs support for professional development of newly graduated nurses in Saudi Arabia

**Methods:** The research adopted a multi phases mixed methods design employing qualitative and quantitative methods. The study employed a convenience strategy to sample with the aim of recruiting 100 newly graduated nurses from the eight hospitals in KSA. Schwirian instrument (Schwirian 1978) was proposed and integrated in the research to expedite one phase of the data collection process. The self-administered questionnaire enabled the study to gather informed perspectives. Qualitative interviews were undertaken after analysis of a cross-sectional survey at three months. Quantitative analysis used SPSS thematic analysis was the preferred tool for the qualitative analysis of the data. QUIRKOS facilitated the analysis of qualitative data.

**Findings:** The analysis indicated that preceptorship enhanced the routines, confidence, and competence of the respondents. The analysis further enhanced the professional development of the new graduate nurses. The programs helped to understand how to become a nurse through building relationships. Confidence became a tool for charting personal growth as a process. Preceptors enhance the role confidence, self-confidence, and exploitation of learning opportunities for new nurses.

**Conclusion:** Preceptorship benefits new graduate nurses in KSA by expanding their professionalism, confidence in nursing care, competence, and adherence to strict routine: Future studies should explore the impact of preceptorship on other clinical aspects of new graduate nurses within the first six months of clinical practice.

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# LIST OF ABBREVIATIONS

**COVID-19** – Coronavirus Disease 2019

**CPR** - Cardiopulmonary resuscitation

**NGDP -** New Graduate Development Programme

**NGNs** – New graduate nurses

**OB/GYN**  - Obstetrics and gynaecology

**PICO** – Patient, Intervention, Comparison, and Outcome

**PRISMA -** Preferred Reporting Items for Systematic Reviews and Meta-Analyses

**RNs** – Registered nurses

**CHAPTER 1: INTRODUCTION**

The following introduction outlines the understanding of preceptorship and transition in nursing in general. The chapter presents a preceptorship program in Saudi Arabia. The section further outlines a comprehensive description of the preceptorship process in Saudi Arabia.

**Definition of Preceptorship**

Authors have explored preceptorship and highlighted different meanings as well as interpretations. Preceptorship entails the relationship between an established member of the nursing team and newly qualified nursing staff and is centred on the orientation process to a nursing unit or department (Sanford & Tipton, 2016). Experienced nursing staff guide inexperienced staff nurses or student through the caring process, priorities for the patients, and the different values espoused in a specific unit or department. The preceptorship process transcends the different generations of nursing workforce to align their capabilities, skills, and knowledge of patient care procedures. According to Sherrod et al. (2020), the preceptorship process involves experienced nurses, such as Registered Nurses (RNs), in supervisory roles promoting the improvement of inexperienced nurses’ competences in readiness for future development. Therefore, the relationship between preceptor and preceptorship involves an exchange of interpersonal, clinical, and development skills in the early phases of the nursing career.

The preceptorship process further denotes change process for the newly qualified nurses (NQNs). The preceptor builds a solid foundation for change through an open learning environment. Sherrod et al. (2020) considers preceptorship as a component for initiating, facilitating, and implementing the relevant learning to foster adaptation of NQNs to the clinical setting. Preceptors initiate the change process by offering visionary leadership, and steering knowledge on clinical issues, opportunities, as well as standards. The initiation builds commitment and participation with key stakeholders in the nursing process (Ciocco, 2021). On the other hand, preceptorship facilitates adaptation to change by preceptors emphasizing the value of working in teams. The collaborative working approach cements networking skills and aligning with clinical practitioners with similar interests. The implementation role of preceptorship adopts different perspectives for instilling change (Melrose et al., 2015). The skills instilled to the preceptees include planning, management of the clinical processes, maintaining focus, motivation, and feedback mechanisms for evaluating or monitoring the adaptation to the nursing process. Preceptorship initiates, facilitates, and implements change until preceptees succeed.

Preceptorship entails the transition of newly qualified practitioner through the initial challenging times and experiences in the nursing care. The designation of senior nurse managers and dedicated preceptors prepares the nurses, associates, allied health professionals (AHPs), and midwives for the development of their clinical careers (Ciocco, 2021). The preparation involves the structured transition to support the inexperienced staff nurses to become autonomous healthcare professionals before developing their practice further. On the other hand, the preceptorship denotes a structured period where an independent health professional interacts with new staff members to refine their clinical care skills, behaviors, and the expected values (Quek & Shorey, 2018; Black, 2018). The expert support, teaching, and collaborative learning dedicates time as well as resources to entrench lifelong learning behaviors as well as skills to the nurses, midwives, nursing associates, or AHPs. Consequently, the preceptees and preceptor interactions improves patient care quality, experience, satisfaction, morale, and confidence of delivering clinical care.

**Different Models of Preceptorship**

Different preceptorship models have emerged, evolved, and defined preparation of newly qualified professionals through their transition to the clinical care setting. For instance, the initial Preceptor Model underlined by a single nurse emanated from the early days of the profession (Melrose et al., 2015). The model is common in current clinical care settings and North American contexts where students undergo guidance from the senior nursing experts in their final year of study as well as initial phases of their nursing careers. One nurse-preceptor undertakes the teaching process for a single student while a selected faculty member supervises the students’ experience in clinical care. The Preceptor Model encompasses the Integrated Clinical Preceptor Model. The Integrated Clinical Preceptor Model features students’ participation in the organization of the clinical care experience with the preceptors (Sedgwick & Harris, 2012). The preceptor arranges the clinical teaching, role modelling, and mentorship while a faculty member offers resources to the student and preceptor. The collaborative effort increases confidence, skill acquisition, and offers experiential knowledge in the clinical specialty before graduation as well as in readiness for actual clinical care.

Phillips and Kaempfer developed Clinical Teaching Associate Model of collaborative Preceptorship. The framework involves preceptors implementing clinical teaching to the student group. The teaching process prepares the learners for the varied patient care experiences, confidence, and using time to solve complex care issues (Dube & Rakhudu, 2021). A preceptor plans the different learning experiences for the learners before increasing the time needed for assignment as well as aligning with the unit needs. However, Happell proposed another collaborative preceptorship model featuring teaching and learning to offer clinical experience to newly qualified clinicians as opposed to focusing on students (Sherrod et al., 2020). The collaboration between the preceptors and new clinicians builds confidence in clinical care, generates a feedback mechanism, and prepares the preceptees for different specialties. The designation of assignments for the clinical specialties improves the skills and value of the practice to the patients and families receiving care (Sedgwick & Harris, 2012). The support for the preceptor development and continuous adaptation to the emerging issues prepares the preceptees for the ever-changing clinical care settings.

Chinn and Kramer developed another preceptorship model comprising six components. The elements include agent, the recipient, context, procedures, preceptorship dynamics, and terminus (Dube & Rakhudu, 2021). The six components emphasize the value of planning and implementing preceptorship to enhance stakeholder engagement and subsequent effectiveness of the quality nursing or clinical education. The agent in the preceptorship process includes nurse education, clinical setting management, or experts hired by the healthcare organization (Ciocco, 2021). The recipiency comprises the preceptors, clinicians, and the healthcare users such as patients or their families. The preceptorship phase requires contexts such as clinical setting for the NQNs, midwives, AHPs, or associates besides the nursing education settings, for the final year students. Chinn and Kramer defined terminus as the purpose of the model, which generated effective teaching and learning process for the learners (Melrose et al., 2015). Consequently, the preceptors enable the preceptees to develop personal and professional growth, embrace training, develop leadership, decision-making, confidence, and quality clinical skills.

The preceptorship model comprises approaches for developing the preceptees. According to Sherrod et al. (2020), the approaches include classroom lessons, three-tiered approach, and online education programs. The classroom engagement involves the development of the preceptees to transition to the clinical practice. The academic-practice partnership is imperative for enabling the pre-licensed nursing students to establish skills, disseminate knowledge, and instil communication skills, leadership, and confidence (Melrose et al., 2015). On the other hand, the three-tiered approach comprises the preceptees attending face-to-face workshop, learning about the primary concepts for clinical work, and engaging with preloaded online content. Sherrod et al. (2020) associates the three-tiered approach with effective clinical support and supervision to instil practical competencies as well as work familiarity. Conversely, preceptorship incorporates online education programs to enhance accessibility to the lessons. The virtual interactions between the preceptees and lessons cements their skills, for instance, in strategic perspectives, conflict resolution, persuasion, and inspiration.

**Preceptorship and Transition in Nursing**

Allbee et al. (2012) notes that preceptorship entails the provision of additional support to the new roles of new graduate nurses (NGNs). Drennan, Halter, Gale, and Harris (2016) argue that the term denotes the additional period intended to develop the skills of the NGNs in handling patient care issues in the real clinical setting. Hospitals design preceptorship programs to influence their degree of confidence and competence, decision-making skills, and critical thinking skills (Drennan, Halter, Gale, & Harris, 2016). NGNs should undergo a period of preceptorship as part of their first qualified role. Becoming a qualified nursing practitioner and independent professional necessitates the use of experienced support so that skills can translate into better outcomes for the patients (Ryan & McAllister, 2017). Additionally, the period acknowledges the essence of graduate nurses’ transition to developing their practice further.

The transition from graduate to registered nurse is critical. The period entails new experiences and in novel environment for NGNs (Polifko-Harris, 2009). Many nurses experience fear, anxiety, and uncertainty as opposed to excitement and happiness due to the critical nursing role in clinical settings. Some nurses feel insecure and unsure about the capability to pursue the title of a registered nurse (Hussein, Everett, Ramjan, Hu, & Salamonson, 2017). Consequently, the transition period covers diverse issues including time management, patient assessment skills, documentation ability, and dealing with complex patients with multifaceted comorbidities. Furthermore, Polifko-Harris (2009) argues that the theory-to-practice gaps, accountability, shift work, teamwork, limited proficiency, and performance anxiety increase the insecurity fears during the transition process. NGNs worry about the possibility of bullying, developing planning, and organizing competency, prioritizing, and coping with unforeseen events (Chang, 2015). Current research acknowledges the challenges faced by graduate nurses during the transition period.

According to Wong et al. (2018), NGNs face immense pressure during the transition period particularly in healthcare environments with a shortage of nurses. The fresh challenges affect the psychological health and curtail perseverance of graduate nurses. Wong et al. (2018) found from a qualitative study involving eight NGNs that fears and uncertainties surrounding workload, limited knowledge, expectations, change of roles, and communications were common. The analysis further revealed that the nurses were unsure of the working atmosphere, support, and compliant culture they would encounter during the transition period. However, Wong et al. (2018) argued that the nurses depended on a positive personal attitude to overcome the fears. Continuous improvement of the nursing skills and the provision of sufficient clinical support are essential for the fresh graduates awaiting registration.

The transition period can heighten the risk of attrition and frustrate retention efforts, while nurses leave the profession if clinical management does not provide appropriate programs to address their challenges (Chang, 2015). The desire to bring a positive contribution in the clinical setting could be there, but the transitional process requires interventions to deal with the excitement, enthusiasm, and anticipation that come with it (Hussein et al., 2017. Nurse educators have an influential role in ensuring that hidden influences do not disrupt the commitment of the nurses to achieve registration. Polifko-Harris (2009) posited that a structured programme should facilitate management of impediments relating to personal life, personalities, and expectations to prevent them from inhibiting the journey to achieving nursing competence. Wong et al. (2018) argued that preceptorship can be an effective program that creates a smooth transitional period.

Preceptorship is one of the operative strategies for facilitating the transition from graduate nurse to a professional or registered nurse (Elcock & Sharples, 2011). Hospitals associate preceptorship with better outcomes in the first six months of graduate nurses transitioning to registered nurses. It is suggested that programs reduce culture shock while integrating theory with practice (Steffan & Goodin, 2010). NGNs work in collaboration with experienced nurses to develop the capacity to deal with patient care and autonomy and to make decisions during unexpected circumstances (Ciocco, 2015). Preceptorship embodies a supportive environment that creates an opportunity for the nurses to develop their clinical skills further and advance patient management proficiency. Consequently, improved capabilities lead to effective outcomes in clinical practice (Polifko-Harris, 2009). However, Steffan and Goodin (2010) argue that the preceptor or mentor should possess certain characteristics to guide the NGNs.

Transition to the nursing profession requires effective nurse preceptors (Steffan & Goodin, 2010). The preceptors should demonstrate the ability to assess the learning needs of graduate nurses and help in setting goals. According to Steffan and Goodin (2010), mentors should develop and execute learning plans detailing concepts such as: time management, prioritization in healthcare, documenting clinical progress, and responding to unexpected events. Preceptorship should facilitate clinical reasoning, incorporate constructive feedback, and evidence-based practice to develop NGNs capabilities (Ciocco, 2015). Effective nurse preceptors facilitate social interactions, reveal the organizational culture, enhance conflict management skills, and foster communication as well as collaboration during the transitional period (Elcock & Sharples, 2011). Conversely, Saudi Arabia is one of the countries with noteworthy preceptorship programs.

**Mentorship and Preceptorship**

Preceptorship differs with mentorship by focusing on the skill acquisition of new nurses and their socialisation (Hale, 2018). The support varies with the intensity and context of the hospital. Contrastingly, mentorship refers to the reciprocal and accountable relationship between a mentor and a mentee with or without skill acquisition or socialisation goals (Lin et al., 2018). However, mentorship is a part of the preceptorship process.

Mentorship in preceptorship is a vital component anchoring the exchange between the preceptors and preceptees. However, mentoring and precepting differ despite being the ultimate tools for defining practitioners’ transition to the clinical practice (Edward et al., 2017). Precepting focuses on training the new hires or transfers to learn about the competencies, skills, socialization, and commitment to the clinical practice. The preceptor enhances new skills, observe, and assist the new nurses or associates to apply the skills in patient care (Van Patten & Bartone, 2019). The formal precepting process comprises intense time commitment by the preceptors to explain the process and evaluate the gained competencies within the stipulated time as well as against well-defined learning outcomes.

Mentoring occurs upon completion of the orientation process. The formal or informal mentorship process involves the senior nurse practitioners arranging experts or RNs in the same unit to inspire, support, and guide the new practitioners. The new practitioners learn adapt to the challenging clinical care settings after graduating from the learning institutions (Lin et al., 2018). The mentoring process seeks to hone the personal and professional growth of the clinicians such as nurses, midwives, nurse associates, or AHPs in early phases of their clinical practice. Mentors differ with the preceptors because they do not oversee the implementation of daily activities or acquisition of new skills. Instead, mentors evaluate the mentee’s ability to work in the care environment alongside enhanced socialization, communication, articulation of career goals, and clinical problem-solving (Natalie & Vico, 2020). Consequently, the mentees trust the expertise and gain the confidence of transitioning through different clinical care issues.

Preceptorship incorporates mentorship process to further the professional guidance, development, and support for the new clinicians. The preceptors prioritize clinical skill acquisition while socializing the process to ease the transition of the new practitioners (Melrose et al., 2015). While the support relationship may vary with the context and intensity, mentorship-oriented preceptors develop accountability and reciprocity with the preceptees (Van Patten & Bartone, 2019). The preceptors selected by the mentee oversee professional advancement for a selected period, build individual growth or development, and nurture the role-modeling relationship in readiness for the intricate healthcare practice.

**Preceptorship in Saudi Arabia**

Saudi Arabia views preceptorship as an important stage in clinical teaching. According to Al-Mutair (2015), the country has faced recurring barriers and challenges that inhibit nursing clinical education from equipping students with relevant skills. Saudi Arabia has pursued a more coherent theoretical base in recent years to overcome the nursing shortage and instil effectiveness in the graduate as well as existing nursing professionals (Aljadhey, 2013). The health system focuses on generating nurses who can use the theoretical knowledge learned to solve the prevailing clinical problems such as medical errors in critical care in Saudi Arabia. Al-Mutair (2015) further insists preceptorship as a tool for developing clinical knowledge and skills of the nursing graduates through effective learning environments created by the Saudi Arabia government.

Fielden (2011) reported that NGNs in Saudi Arabia have benefitted from the emphasis of preceptorship in the New Graduate Development Programme (NGDP). NGDP meets the educational and professional needs by incorporating mentorship models such as Final Clinical Competence Evaluation, Clinical Challenge, and Practise Development framework. Fielden (2011) discovered that the adoption and implementation of NGDP had promoted nursing employment while ensuring a smooth transition from the nursing colleges to professional life. NGNs in Saudi Arabia depend on the expertise of the preceptors to create a solid foundation, in readiness for the potential patient care problems, progression in nursing practice, and charting collaboration with colleagues in the clinical settings (Omer, Suliman, Thomas, & Joseph, 2013). Aboshaiqah and Qasim (2018) view preceptors as the source of the guidance needed by newly graduated nurses to transition from the colleges across Saudi Arabia to the clinical settings in Riyadh and beyond.

Aboshaiqah and Qasim (2018) established, from a study of 92 nursing interns’ perception towards preceptorship experience in Riyadh, that overcoming uncertainties such as clinical roles and understanding of patient conditions, was critical for them. The graduate nurses viewed the preceptorship programme as a determinant of how they use knowledge about priority setting for acutely ill patients, multitasking, and complex nursing skills (Aljadhey, 2013). Hence, preceptorship has become an integral part of the learning process due to the reliance of the government on the core nursing skills to address the healthcare gaps across Saudi Arabia. Khan and Hadi (2014) argue that the transformation of the healthcare system and nursing practice, in particular, has enhanced preceptors’ use of advanced tools such as hand-held devices to equip NGNs with educational and practice intervention skills. The country has a structured preceptorship process.

**Process of Preceptorship in Saudi Arabia**

The Saudi Commission for Health Specialists adopted licensure regulations in 2008 to facilitate the transition from education to the professional nursing practice (Omer et al., 2013). Nursing colleges such as King Abdulaziz University (KAU) have aligned with the requirements by requiring graduates to meet the expectations of the nursing practice setting. The nursing colleges post NGNs to different clinical settings to undergo rotations aimed to cementing their nursing capabilities. Institutions assign one preceptor to a student (Aboshaiqah & Qasim, 2018). However, different assignments and schedules necessitate graduate nurses to have different preceptors (Aljadhey, 2013). Preceptorship guidance occurs in interactive and active clinical setting so that the students can demonstrate their ability to implement the guidelines. According to Aboshaiqah and Qasim (2018), the preceptors assign their preceptees assignments, which they use to determine progress.

The preceptors guide the students to administer drugs and prepare their patients for special procedures. Nursing colleges such as KAU require graduate nurses to fill a skills checklist every day (Omer et al., 2013). The nurses can work as clinical assistants in a special hospital or with practicing nurses serving a given unit. The preceptors can supervise the interns by using the checklist and provide feedback based on the objective evaluation. Graduate nurses receive a certificate from the Department of Nursing Education upon receiving acceptable feedback from the preceptors (Sagar, 2014). The preceptors are staff nurses who equip the NGNs with knowledge on institutional policies, culture, procedure protocols, and schedule to facilitate their transition to clinical practice. According to Omer et al. (2013), King Khalid National Guard Hospital (KKNHG) and College of Nursing Jeddah (CON-J) oversee the revision and execution of the preceptorship programmes so that NGNs can attain their registration.

**Implementation of Preceptorship in Saudi Arabia**

The implementation of the preceptorship process in Saudi Arabia takes different forms. Primarily, the healthcare institutions offer the program to nursing interns and NQNs to develop their competencies in the clinical setting. The competencies include priority setting for the critically ill patients, complex nursing communication, leadership, and multitasking (Aboshaiqah & Qasim, 2018). The preceptors in Saudi Arabia are experts with approachable attitude, trustworthiness, and available for nurses. The Saudi Arabia nurses and expatriates develop professional behaviors, general clinical performance, and the core nursing skills.

The preceptees in the Saudi Arabia healthcare sector attend face-to-face classroom and online platforms. The public and private institutions require nurses transitioning to the clinical practice to learn about the desirable working conditions (Al Harbi et al., 2021). The online preceptorship program delivers the education and orientation to the Saudi graduates and expatriates amidst the prevailing shortage of clinically competent nurses. The preceptors offer structured learning to the preceptees in readiness for the changing Saudi healthcare and population health.

The private and public institutions have adopted the global preceptorship models such as collaborative preceptorship. The model comprises the interaction between the preceptors and the nursing interns, expatriates, and NQNs to enhance skillset (Alhosis & Alharbi, 2019). The collaborative engagement involves consultations on problem-solving in active care settings where the preceptees apply their nursing care management skills. The exposure and guidance of the nursing graduates, pre-licensure nurses, and expatriates enhances the overall clinical competence.

The public and private healthcare organizations in Saudi Arabia organize different preceptorship programs. The expatriate orientation prepares the qualified nurses and practitioners for the Saudi healthcare services. The program builds the capacity of the foreigners to work with the Saudi practitioners and understand the demanding local healthcare (Aboshaiqah & Qasim, 2018). On the other hand, public nursing colleges expose the Saudi NQNs to the clinical trainings. The NQNs register with the Nursing Internship Program (NIP) to undertake intense clinical courses and handling different cases under supervision of clinically trained preceptor. On the other hand, the internship approach in the KSA preceptorship process incorporates mentorship for the nursing interns (Omer et al., 2016). The preceptees develop clinical competencies by working in the actual working environment.

NQNs, interns, and expatriates from the universities receive preceptorship and undergo direct personal experience as well as observation. The standard program for the three groups involves a rotation in four phases in selected Saudi healthcare institutions (Aboshaiqah & Qasim, 2018). The first phase entails a New Internship General Orientation (NIGO) for two weeks and 20-weeks of clinical exposure in the medical and surgical department in the second phase. The third phase comprises 20-week rotation where the preceptees work with the experts to develop specialty skills in the emergency and critical care areas. The fourth and final phase undergo a 10-week rotation in preferred areas (Omer et al., 2016). The 12-month period builds performance and skills with the preceptors evaluating the performance of the preceptees. The nurses apply and recall the theoretical nursing knowledge during orientation and evaluation phases.

**Newly Qualified Nurses, Education Models, and Journey**

NQNs are new to the clinical practice. The experience of the NQNs varies between four to twelve months in the active care settings. The nurses work in new roles in clinical care having completed their studies and achieved the necessary qualifications to practice under clinically trained experts (Melrose et al., 2015). NQNs undertake the delegated roles and patient group direction while receiving support from colleagues or seniors continually. The nurses maintain the required standards of care, implement their professional skills in care management, and adapt to the team-oriented clinical care.

Saudi Arabia has developed different nursing education programs for NQNs. The transition period is critical for the personal and professional growth of the NQNs (Al Harbi et al., 2021). The education program focus on the clinical care initiatives before translating the knowledge learned into supervised and accountable patient care. The education occurs in pressure situations of offering high quality and sensitive care, for instance in the critical care and emergency departments. On the other hand, the journey begins with the transition from the university to clinical practice (Ciocco, 2021). The preceptorship process anchors the professional development and competencies gained before licensing.

**Overall Objectives and Rationale**

The overall objective of this thesis is to determine the impact of preceptorship program for newly graduate nurses on their competence and confidence in Saudi Arabia. Specifically, the research aims to assess whether preceptorship programs for newly graduate nurses improve their nursing competence in Saudi Arabia. The study will further evaluate if preceptorship programs for newly graduate nurses enhance their confidence in Saudi Arabia. The analysis of the preceptorship programs and newly graduate nurses (NGNs) should help in establishing whether preceptorship programs advocate for professional development of newly graduate nurses in Saudi Arabia. The research is founded on the value of preceptorship and demand transition for NGNs in Saudi Arabia.

According to AlYami and Watson (2014), building the competency of nurses transitioning from novice to experts has become a top priority. Understanding the effectiveness of the methods used to build the proficiency of newly registered nurses is essential. The study views preceptorship as one of the skills acquisition approaches used to meet the demanding environment patient care of delivery. The study explores a new area that has not been examined with depth. The research will explore the impact of preceptorship for newly graduate nurses (NGNs) on their competence and confidence in Saudi Arabia. Consequently, the research will corroborate findings and connect gaps from past studies on the effect of the preceptorship program on the competence and confidence of NGNs.

The study by Aboshaiqah and Qasim (2018) factors the perception of nursing interns on preceptorship program’s capability to enhance clinical competence. The research established that the interns from Saudi Arabia gain priority-setting skills for handling acutely ill patients, multitasking, and performing complex clinical skills. Aboshaiqah and Qasim (2018) studied interns as opposed to NGNs competence and confidence. Correspondingly, Chen and Lou (2014) studied the mentorship aspect of preceptorship to gauge its effectiveness as well as application among the recently registered nurses. The study determined the value of preceptorship in enhancing professional identity, job satisfaction while enabling the recently registered nurses to forego turnover intentions and medical negligence. Chen and Lou (2014) conducted a systematic review as opposed to a quantitative study that could have established preceptorship-confidence-competence link for recently registered nurses.

The study explores the initiation of preceptorship at the highest clinical health teaching for nurses in Saudi Arabia (AlYami & Watson, 2014). The country has been looking for effectiveness models for enhancing the skills of the nurses in nursing colleges. The country has increased the intake of students,’ but it cannot afford a short of clinical preceptors or established programs that would sustain an effective teaching process (Al Mutair, 2015). Consequently, studying a new phenomenon in Saudi Arabia is vital considering the value placed on it with respect to the empowerment and transition of the nurses to professional roles in active care settings.

Existing studies (Chen & Lou, 2014; Aboshaiqah & Qasim, 2018) reveal a lack of proper research on the impact of preceptorship affects the confidence and competence of NGNs in Saudi Arabia. The study will provide a new angle considering some of the current findings are addressed from the standpoint of developed countries. For example, Marks-Maran et al. (2013) studied the effect of the preceptorship program on the transition of the newly qualified nurses in NHS Healthcare Trust in Southwest London, UK. The findings revealed that preceptorship alleviated stress and enhanced personal as well as professional development. However, the findings cannot be generalized to the healthcare system like Saudi Arabia due to differences in the implementation of preceptorship. Consequently, the research will add literature and clarify the effect of preceptorship programs for NGNs on their confidence and competence from the standpoint of Saudi Arabian clinical settings.

**Information on the Researcher**

I worked in a nursing education department. I was responsible for new staff and preceptorship program implementation. The role offered me a platform to evaluate the different perspectives of clinical care and preparation of interns for the healthcare practice. The nursing education prepared the expatriates for the clinical care to align their skills with the needs of the Saudi population. The engagement occurred in the classroom and active care settings where the NQNs received relevant orientation. I worked in a nursing education department. I was responsible for new staff and preceptorship program implementation. The role offered me a platform to evaluate the different perspectives of clinical care and preparation of interns for the healthcare practice. The nursing education prepared the expatriates for the clinical care to align their skills with the needs of the Saudi population. The engagement occurred in the classroom and active care settings where the NQNs received relevant orientation. Therefore, I am interested in exploring this subject area of preceptorship and transition of students in nursing because the process offers a lifetime path of reflection as well as the opportunity to self-identify professional development requirements. It developed the interest in this topic following my own experience transitioning from college to the clinical settings and realised that preceptorship provides an organized assistance needed to successfully convert a student’s knowledge into practice.

**Summary of the Chapter**

The chapter introduces preceptorship and the context in Saudi Arabia. The section outlines the different models of preceptorship, mentorship, and the persons benefiting or undergoing the program. The chapter acknowledges the unique journey of preceptors and preceptees in Saudi Arabia. The section defines NQNs and journey from seeking university education to fitting in the clinical settings. Preceptorship prepares the NQNs for the ever-changing healthcare practice.

**CHAPTER 2: LITERATURE REVIEW**

Different studies have addressed the role of preceptorship and its impact on confidence and competence of NGNs. A procedural process guides helps in gathering the relevant literature from different databases. The review will allow evaluation of evidence found in the existing studies or literature.

**Type of Review**

The research used a systematized review method to analyse literature found in different databases (Grant & Booth 2009). A systematized review approach will enable the study to address a specific question in preceptorship (Saranto & Kinnunen, 2009). However, Mantzoukas (2007) argues that the review method necessitates a comprehensive search strategy. Additionally, a systematized review process requires a rigorous process where each piece of literature or evidence is analysed to minimise subjective bias (Holly, Saimbert & Salmond, 2012). The review appraised the results following the analysis of published as well as peer-reviewed journal articles.

A systematized review protocol entails reconciliation of the strongest evidence in the nursing and clinical practices (Jirojwong, Johnson & Welch, 2011). The study will use systematized review due to the method’s usefulness in allowing synthesis of applicable research findings on preceptorship. The study did not require the complex statistical procedure like meta-analysis approach does. The review provided sufficient evidence that revealed a gap relating to the impact of preceptorship on the confidence and competence of NGS in Saudi Arabia. The systematized review process involved following steps to identify the existing gaps, similar to that described by Aromataris and Pearson (2014).

1. ***Definition of the research question***

The specific research question guiding the research process was developed and highlighted.

1. ***Choosing the studies to include in the systematic review***

The procedure involved specification of eligibility of the different studies, which can address the research question. The research question determined the studies to be included or excluded from the review process.

1. ***Search for the applicable studies***

The determination of the eligibility for the relevant studies simplifies the search process. Sources gathered using search terms and keywords defined by the research question.

1. ***Study selection and data collection***

The pre-set eligibility criteria determined the type of studies to include and exclude in the review process

1. ***Assessment of risk of bias***

Assessing the risk of bias from the selected studies will enable the study to achieve relevance and reliability. The results presented will be accurate and useful for EBP.

1. ***Data analysis***

Compilation of the relevant studies necessitated proper synthesis of the relevant data. A critical and comparative analysis of the data was an integral part of the systematized review.

1. ***Presentation of the results***

The findings were presented in tables and narrative forms.

**Search Strategy:**

**PICO Framework**

Development of a sound research question is essential so that the systematized review process can generate accurate and relevant results (Higgins, 2009). Understandably, the review process necessitates development of a specific question that addresses a problem within the nursing or clinical practice. PICO (Patient, Intervention, Comparison, and Outcome) framework will guide the formulation of the search question required in the systematic review process (Gerrish & Lathlean, 2015). PICO model is a reliable tool that guides the process of retrieving applicable literature.

PICO framework allowed the breakdown of the research question into search terms, which will guide the retrieval of primary studies (Courtney & McCutcheon, 2010). Breaking down the specific research question into manageable parts or keywords simplifies the eligibility and selection of the relevant studies. The PICO framework is an essential model in EBP preceding the search process (Jolley, 2013). The systematic review will define and develop search strategies or terms based on the PICO model. The search terms were then applied in the search process in various clinical and nursing databases. According to Glasper and Rees (2016), the PICO model simplifies the search by providing explicit clues on the relevant literature to use to answer the research question than other EBP models. The following table provides the breakdown of the research question in accordance with the PICO framework.

*Table 2.1: PICO Framework*

|  |  |
| --- | --- |
| **PICO FRAMEWORK** | |
| **Patient or Population** | newly graduated nurses |
| **Intervention** | Nursing preceptorship programs |
| **Comparison** | Competency assessment |
| **Outcome** | Clinical performance |

A clear search strategy facilitated the process of searching and choosing applicable literature. The literature provided the data required to answer the research question. The following research question was used to guide the systematized review process.

*“What are the effects of nursing preceptorship programs for newly graduate nurses on their clinical practice?”*

**Search Process**

I carried out a rigorous and comprehensive search of literature guided by the search terms identified using PICO Framework. The systematized review procedure necessitates an explicit search process that provides reliable and valid evidence. The clinical nature of the research problem requires a search process limited to the clinical databases (Broadbent & Poon, 2015). Electronic clinical databases were used to find the relevant studies, which can provide data for answering the research question. A manual screening process was utilised to search for the appropriate journals. The formulation of the research question, specification of the electronic databases, development of eligibility criteria, and compilation of relevant studies in readiness for the data extraction as well as synthesis defined the search process.

**Electronic Databases Used**

The search process utilised different electronic databases to generate relevant literature. The databases included Medline or PubMed, Cochrane Library, ProQuest, CINAHL, PsychINFO, Ovid, Web of Science, and Google Scholar website. The electronic databases were chosen because they contain the best medical, clinical, and nursing-related journals as per Broadbent & Poon (2015). Searching, locating, and selecting the relevant journals from each database required a manual process but each platform presented a different search strategy as Peters et al. (2015) recommended. Differentiating the search protocol was essential because the databases vary in structure and the parameters needed to produce appropriate nursing or clinical studies. Consequently, the search protocol involved a combination of different keywords related to the search question. The process was objective and exhaustive so that the electronic databases generated relevant studies according to the search terms and in line with the research question.

**Keywords and Search Terms Used**

Varied keywords and search terms guided the search process in the electronic databases selected to anchor the search protocol. The keywords and search terms included preceptorship,’ ‘preceptor,’ ‘mentorship,’ ‘newly graduated nurse,’ ‘novice nurse,’ ‘transition,’ ‘transfer,’ ‘prepare,’ ‘effect,’ ‘impact,’ ‘influence,’ ‘induction,’ ‘orientation,’ and ‘supervision.’ The search process further utilised the MeSH (Medical Subject Headings) further to ensure inclusion of the keywords and maximise the generation of the appropriate studies. Additionally, Boolean operators ‘AND’ and ‘OR’ were used to combine the outlined keywords to make search terms to refine the search process. According to Holly, Saimbert, and Salmond (2012), combining keywords using Boolean Operators intensifies the process and ensures generation of the intended literature. The retrieval of the appropriate studies using diverse search terms increased the number of obtainable searches, which met the inclusion and exclusion criteria. Consequently, the precise and sensitive combination of the selected keywords simplified the retrieval of the journal articles from the selected databases.

**Appendix1** outlines the combination of search terms or keywords using Boolean Operators. The search terms and related keywords are outlined in the table. Boolean Operators “And” and “OR” have been used to connect the search terms and initiate different sets of searches in the electronic databases.

**Search Outcomes**

MEDLINE or PubMed, Cochrane Library, ProQuest, CINAHL, PsychINFO, Ovid, Web of Science, and Google Scholar website generated different results, which required sorting. The studies formed the foundation for the comparative analysis and synthesis. However, the long list of the studies could complicate the critical analysis and assessment of quality. Sorting and reconciling the results from different databases was necessary. The clinical databases differed in their purpose and volume of the journal articles generated as projected by Cook and Collins (2015). Sorting was necessary because not all the studies selected contained the data or insights needed to answer the research question. The selection process utilised inclusion and exclusion criteria. The process focused on multi phases RCTs, qualitative, and quantitative studies because they provided the evidence-based insights. The findings from the literature helped in answering the research question. Courtney and McCutcheon (2010) argued that the systematic reviews dictate the use of quality findings, which should align with the hierarchy of evidence demand by the research approach.

Inclusion and exclusion criteria were applied to produce a manageable number of relevant studies. The electronic databases produced a large volume of studies, which could not expedite a practicable appraisal. The quality of the evidence contained in the studies was also deliberated in the process filtering the literature. Ultimately, limiting the search results to the material aim of the research question became necessary. Sorting the results from MEDLINE or PubMed, Cochrane Library, ProQuest, CINAHL, PsychINFO, Ovid, Web of Science, and Google Scholar website became easy, but a systematized process was followed.

*Table 2.2: Inclusion and Exclusion Criteria*

|  |  |
| --- | --- |
| **Inclusion Criteria** | **Exclusion Criteria** |
| * Specifically related to newly graduated nurses or lacking clinical experience * Studies that examined preceptorship programs * Publications that explored how preceptorship affects orientation of newly graduated nurses * Journal articles that examined preceptor role * Published in English language as its preferred for research reports worldwide * Published in the period between 2008 and 2018 (in the last ten years) | * Non-English language publications * Any study that did relate to newly graduated nurses * Publications that lacked examination of preceptor programs affecting the competency of newly graduated nurses * Journal articles published before 2008 (older than ten years) * Grey literature that does address the topic |

The inclusion and exclusion criteria show a 10-year parameter for searching the relevant databases. A 10-year period ensured that the review used up-to-date information on the effects of nursing preceptorship programs for newly graduated nurses on their clinical performance. The study avoided any out-dated information so that results address the varying issues relating to competency of newly graduated nurses assuming preceptor roles. However, the selection of the search outcomes followed a comprehensive strategy. A full-text review of the remaining studies was necessary in case the use of inclusion criteria does not reduce the journal articles. A full-text inspection of the articles helped settle on relevant articles for the review as noted by Hulley et al. (2013). The retrieval of a manageable number of journal articles simplified the data extraction and synthesis based on the evidence presented as well as the overall findings of the researchers.

The databases produced 600 articles. A screening process was undertaken and helped to remove 200 duplicates. Sorting the remaining 400 studies as per the research questions and soundness of the abstracts helped to disqualify 201 articles. Inclusion and exclusion criteria were applied to remove further 102 articles from the long list. However, a systematic review demands use of a few studies as per Holly, Saimbert, & Salmond (2012). Consequently, the remaining 97 articles underwent a full-text screening to determine further eligibility. Only 12 articles were eligible for after undertaking full-text analysis. The search protocol settled on 12 studies in readiness for assessment of quality and critical appraisal to answer the research question. Figure 1 is the PRISMA Flowchart showing the selection of the relevant journal articles.

Figure 1: PRISMA Flow Diagram

Records identified from\*:

Databases (n = 600)

Records removed *before screening*:

Duplicate records removed (n = 200)

Records screened

(n = 400)

Records excluded\*\*

(n = 201)

Reports sought for retrieval

(n = 199)

Reports not retrieved

(n = 102)

Reports assessed for eligibility

(n = 97)

Reports excluded:

Age (n = 10)

Relevance (n = 24)

Design (n = 31)

Language (n = 20)

Studies included in review

(n = 12)

**Identification of studies via databases and registers**

**Identification**

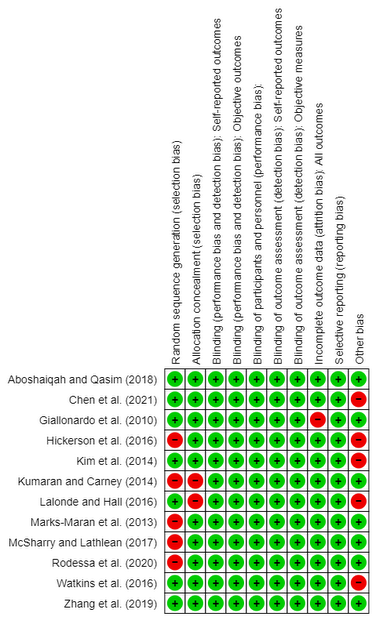
**Screening**

**Included**

**Assessing Quality of the Papers**

Assessing the quality of the selected studies will be imperative as the review aims to present reliable, valid, and generalizable findings. The assessment is required to reduce the bias and subjective error, which damages the reliability of the findings (Gallin & Ognibene, 2012). Biased findings or results cannot provide verifiable information for answering the research question. Consequently, using a specified checklist in the systematic review process will facilitate assessment of quality of the papers. Understandably, Hulley et al. (2013) opine that EBP dictates the utilisation of checklists to expedite appraisal of the quality and validity of the papers chosen from a long list of search outcomes.

The assessment utilized Risk of Bias in Non-Randomized Studies - of Interventions (ROBINS-I) tool developed by Cochrane Library to assess the risk of bias in the non-randomized studies. ROBINS-I tool defines the assessment of studies with a comparison of at least two health effects of interventions. The signaling questions guided the assessment of the methods used to recruit participants, select, analyze insights, and report the findings (Cochrane Methods, 2022). Sterne et al. (2016) defines the assessment of the harms or benefits of non-randomized interventions as hallmarks of quality studies. The tool helped in appraising the specific strengths and weaknesses of the included studies. Reviewers access detailed information about articles by using the ROBINS-I Tool’s signaling queries. The risk of bias was conducted and completed using ROBINS-I Tool as outlined in Figure 2 below.



*Figure 2: Assessment of the Quality Using ROBINS-I Tool on Cochrane RevMan Web*

Figure 2 shows the overall good quality of the studies despite the individual weaknesses. For instance, the cross-sectional studies suffered from the non-respondent bias for failing to account for the non-response in their respective studies (Chen et al. (2021; Giallonardo et al., 2010; Hickerson et al., 2016; Kim et al., 2014; Watkins et al., 2016). The qualitative studies showed high risk of selection bias by using small non-representative samples (Kumaran and Carney, 2014; Marks-Maran et al., 2013; McSharry and Lathlean, 2017; Rodessa et al., 2020). Overall, the quality of the studies informed the synthesis and discussion based on the themes identified through the data extraction.

**Data Extraction**

The usefulness of the research evidence will define the data extraction process. The extraction will entail checking outcomes, validity of the results, and references anchoring the theoretical arguments in the studies as suggested by Gallin and Ognibene (2012). Mining relevant data from the selected studies is prone to subjective errors and selection bias. However, I undertook data extraction with utmost care to ensure relevant results are presented. The study will use table summaries to outline the characteristics and varied outcomes.

The 12 included studies comprised different characteristics as outlined in Table 2.3 below. The table outlines the authors, publication year, research design, sampling, data collection, measures, findings, and critical appraisal scores.

*Table 2.3: Data Extraction Matrix*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Authors, Year, & Country** | **Research Design** | **Sampling** | **Data Collection** | **Data Analysis** | **Findings** | **Critical Appraisal Scores**  **(High, Low, Unclear Risk of Bias)** |
| **Aboshaiqah and Qasim (2018)**  **Saudi Arabia** | A mixed-methods design | Convenience Sampling  92 undergraduate nursing interns | Open-ended questionnaires | IBM SPSS v22  Independent  sample t-test and ANOVA for quantitative analysis  Thematic analysis for qualitative data | Preceptorship program led to high competencies of preceptees in the clinical setting  The programs enhanced complex nursing skills, multitasking, and priority setting in acute care  Preceptorship was a constructive process  Availability, positive attitude, and trustworthiness of the preceptors led to clinical competence of the preceptees  Programs improved professional behaviors, general performance, and the core nursing skills of the Saudi preceptees | Low |
| **Chen et al. (2021)**  **China** | A descriptive, cross-sectional design | Convenience sampling  215 newly graduated nurses in six tertiary hospitals | Questionnaires in November – December 2019 | IBM SPSS v.22 – descriptive statistics, ANOVA, t-test, Pearson’s correlation, and stepwise multiple regression analysis | Preceptorship improved nursing competencies such as critical thinking and research aptitude  New nurses perceived the support as important element of their emotional transition in the hospital  Educational programs during preceptorship increased awareness and identification of transition shocks besides their management | Low |
| **Giallonardo et al. (2010)**  **Canada** | A predictive non-experimental survey design | Random sampling  170 newly registered nurses in acute care setting | Mailed surveys | Hierarchical multiple regression, descriptive statistics, Pearson’s correlations, and mediation analysis with IBM-SPSS v.16 | 20% variance in the job satisfaction of preceptors who used authentic leadership and work engagement  Preceptors increased satisfaction with care and understanding of critical care work | Low |
| **Hickerson et al. (2016)**  **United States** | Preceptorship Support Program | Purposeful sampling  30 novice nurses in the PICU | 75-item multiple-choice examination,  the Basic Knowledge Assessment Tool (BKAT) | Independent and paired t-test | Competencies during the nursing preceptorship support program increased from 73 to 83  Nurse satisfaction rose from 3.1 to 3.6 while the preceptor satisfaction improved from 3.0 and 3.2  Preceptor competence rose from 4.7 to 4.8 | Low |
| **Kim et al. (2014)**  **USA** | Descriptive cross-sectional survey | Random sampling  134 culturally diverse nurse students | Questionnaires | Descriptive statistics with IBM-SPSS v.21 | High perceived levels of enhanced competencies due to the interactions with the preceptors  Perceived competencies and confidence levels increased among the participants  Preparedness and new staff roles led to better nursing education and subsequent preceptorship | Low |
| **Kumaran and Carney (2014)**  **Ireland** | A Heideggerian Hermeneutic approach | Purposeful sampling  10 newly qualified nurses | Interviews | Van Manen's thematic analysis | NQNs qualified for the clinical practice  Preceptorship roles led to the overwhelming responsibility and accountability  Low support during transition led to frustrations | Low |
| **Lalonde and Hall (2016)**  **Canada** | A cross-sectional and multi-site design | Purposeful sampling  41 preceptors  44 NGNs in 38 dyads | Questionnaires | Descriptive statistics, scatter plots, Pearson’s correlation analysis with SPSS v.21 | Preceptor personality traits led to emotional stability, conscientiousness, and openness among the preceptees  The preceptees registered low turnover intent, job dissatisfaction, ambiguities, and role conflict after attending a preceptorship program | Low |
| **Marks-Maran et al. (2013)**  **UK** | Evaluative research design  Mixed methods study | Random sampling  90 NQNs in NHS Healthcare Trust | Questionnaire  Reflective journals  Audio records | Descriptive statistics  t-tests  Cronbach’s alpha coefficient with IBM-SPSS v.18  Framework Method of Analysis for qualitative data | Preceptee engagement led to high value and alleviation of stressful clinical roles  Preceptorship led to communication skills, clinical competency, role development, personal development, and professional development  Difficulties in making contact time between preceptors and preceptees | Low |
| **McSharry and Lathlean (2017)**  **Ireland** | Qualitative research design | Purposive sampling  13 students  13 preceptors  Four clinical areas at an Irish hospital | Semi-structured interviews | Thematic analysis  Documentary analysis on teaching and student assessment | Preceptorship led to empowered new nurses  Student-preceptor learning built relationship skills  Knowledge and understanding increased during the program  The program led to better clinical reasoning and problem-solving skills | Low |
| **Rodessa et al. (2020)**  **Indonesia** | Phenomenology - Qualitative research design | Purposive sampling  12 informants in two private hospitals | In-depth interviews | Thematic analysis and cross-case analysis using NVivo v.12 | Preceptorship process was efficient in enhancing transition  Transition experience increased  Problem-solving skills in the transition period  Preceptorship program helped nurses to understand the clinical practice and reduce intentions to leave the practice | Low |
| **Watkins et al. (2016)**  **USA** | A prospective, cross-sectional, descriptive research design | Purposeful sampling  69 new nurses | Surveys |  | High degree of perceived preceptor role effectiveness  Psychological empowerment improvement increased  Preceptors led to professional autonomy of the preceptors  Preceptorship was important for the transition practice | Low |
| **Zhang et al. (2019)**  **China** | Three-year longitudinal study | Random sampling  199 NGNs in basic preceptorship  239 in one-on-one mentorship program | Checklists | Descriptive statistics, unpaired student’s t-test, propensity score matching, survival analysis, and cox proportional hazard regression with IBM-SPSS v.22 | Turnover rates of the experimental group reduced with 3.77% to 3.48% and 8.11% in the experimental group  The control group’s turnover rates were 14.07%, 14.19%, and 9.36% in the first 3years | Low |

**Synthesis of the Data**

The characteristics of the data and findings of each study will guide the appraisal process. The synthesis will entail identification of themes related to the main research question. Hence, the study hopes to find varied perspectives relating to the effects of nursing preceptorship programs for newly graduated nurses on their clinical performance. A thorough appraisal of the data and results in the studies will then inform the comparative assessment of the methodological quality of each study. A report of the findings will be presented in narrative form.

**Summary of Findings from the Studies**

The following section provides empirical findings and measurements extracted from the 12 articles. The chapter contains a critical analysis of the findings and themes that emerged from the data extraction. A conclusion and implications of the review to the study are discussed in detail.

***Empirical Findings and Measurements***

The findings emerged from articles employing a range of methodologies on the way preceptorship programs influence the competence and ultimate performance of newly qualified nurses. Two of the studies utilised mixed methods design (Aboshaiqah & Qasim, 2018; Marks-Maran et al., 2013). Giallonardo et al. (2010) utilised a predictive non-experimental survey design while Watkins et al. (2016) settled for prospective, cross-sectional, descriptive research design. A descriptive cross-sectional design (Chen et al., 2021), Preceptorship support program (Hickerson et al., 2016), cross-sectional survey (Kim et al., 2014), a Heideggerian Hermeneutic approach (Kumaran & Carney, 2014), cross-sectional multi-site design (Lalonde & Hall, 2016), qualitative design (McSharry & Lathlean, 2017), phenomenological study (Rodessa et al., 2020), and longitudinal study (Zhang et al., 2019).

Aboshaiqah and Qasim (2018) determined that the preceptorship program in Saudi Arabia enhanced competencies of the preceptees in the clinical settings. The program improved preceptees performance in priority settings and facilitated the demonstration of proper nursing skills. The study further established positive perceptions towards the constructive experience of preceptorship, which the 92 undergraduate nursing interns associated with performance guided by the efficacies and professional behaviours towards implementing their learned skills. Therefore, the nurses were confident that they would translate the lessons into handling patients in clinical settings. Aboshaiqah and Qasim (2018) anchored the study on a sound survey methodology, which utilized a convenience sampling strategy to achieve representativeness as opposed to excluding crucial participants during the educational process.

Marks-Maran et al. (2013) utilized a multi phases design. The findings focused on perceptions of newly qualified nurses towards preceptorship. The study evaluated registered nurses from UK and determined the core perspectives of preceptorship including value, sustainability, engagement, and impact from the standpoints of preceptees. Marks-Maran et al. (2013) confirmed that newly RNs acknowledge the constructive experience of the method. Additionally, Marks-Maran et al. (2013) associated preceptor programmes with the alleviation of stress, development of communication and clinical skills as opposed to structured programs emphasized by studies by Aboshaiqah and Qasim (2018) and Chen and Lou (2014).

Giallonardo et al. (2010) focused on the authentic leadership aspect of preceptorship influenced work engagement and job satisfaction of 170 RNs working in the acute care setting in Canada. The study facilitated the determination of the way authentic leadership explained the increase in work engagement levels and job satisfaction as the RNs transition into clinical practice. Furthermore, Giallonardo, Wong, and Iwasiw (2010) noted a 20% variance in job satisfaction following the implementation of authentic leadership and work engagement. The findings showed RNs capacity in undertaking complex nursing skills, but the preceptors had to offer the relevant guidance needed during the period. However, the findings were based on RNs after undergoing the programme as opposed to engaging newly qualified nurses transitioning into clinical practice.

Kumaran and Carney (2014) aimed to determine the experience of role transition for nurses in seeking new roles in clinical settings in Ireland. The research utilized a unique methodology comprising of Heideggerian Hermeneutic approach, which involved 10 newly qualified nurses. The foundation of the research was the realization that proper nursing programs are essential in equipping the student nurses with the relevant skills and knowledge needed to facilitate the assumption of roles as professional nurses. According to Kumaran and Carney (2014), newly qualified nurses from Ireland showed excitement following their qualification, but the professional responsibility and accountability for the new nursing roles were overwhelming for the participants. The research only identified the challenges of the role transition. Lee et al. (2009) agreed with Kumaran and Carney (2014) on the challenging transition periods but found preceptorship as the ultimate solution.

Watkins et al. (2016) prioritized on preceptor role effectiveness as opposed to transition from the perspective of psychological empowerment and professional autonomy of newly licensed RNs. The foundation of the research was the realization that newly licensed RNs are prone to abandon their roles between the first and the second year. Effective implementation of prospective, cross-sectional, and descriptive research design helped to determine the moderate effect of preceptor role effectiveness on the professional autonomy and psychological empowerment. Therefore, Watkins, Hart, and Mareno (2016) found that the success of role transition depended on preceptor executing their responsibilities without impediment irrespective of the stipulated period of preceptorship.

***Thematic Analysis***

The review and extraction of the data from the 12 studies established different that related to the effects of nursing preceptorship programs for newly graduated nurses on their clinical performance based on competency assessment. Whereas the methodologies, participants and the research location used differed, they showed mastery of the preceptorship elements defining the clinical performance of newly graduated nurses. Some of the fundamental themes that emerged from the studies include competence, satisfaction, confidence, role transition, retention, reduction of stress and adaptation, socialization, autonomy, work engagement, professional development, and their relationship with their preceptorship.

The thematic analysis process was the analytic method for evaluating the different themes generated by the selected studies. The process involved the adaptation of the primary purpose of the data synthesis (Purssell & Gould, 2021). The development of the key analytic themes for the systematic reviewed offered a chance to aggregate the existing evidence and identify different patterns in the data extracted from each article. Additionally, the thematic analysis provided a tool for identifying the primary patterns within the data, which optimized qualitative research outcomes. The synthesis of past outcomes from different studies involved the coding process of the various experiences and examination of the key analytic themes in the study. The study went beyond the reported data to find to synthesize the findings in different studies and find varied meanings guided by the research questions. The analysis involved both narrative and analytical evaluation of each theme based on the study findings.

The data extraction process anchored the thematic analysis. The table and enlisting of the findings from the 12 included studies revealed the different themes addressing the different aspects of the effects of nursing preceptorship programs for newly graduate nurses on their clinical practice. The analysis involved manual reading of the full-text journals and identifying the common themes by different studies. Table 2.4 below shows the themes and respective studies identified in each. The table defined the synthesis of the literature. The following critical analysis focuses on themes from the perspective of the different scholars as outlined in Table 2.4.

The process of developing the themes reading each article at a time and noting down the findings. Studies with similar findings were group together under the themes that specified the effect of preceptorship on the competence, satisfaction, confidence, role leadership, and retention. Reading each article at a time generated the themes on the usefulness of preceptorship and types of preceptorships as outlined in Table 2.4.

*Table 2.4: Themes and Respective Included Studies*

|  |  |
| --- | --- |
| Themes | Studies |
| Effect of Preceptorship on Competence | Aboshaiqah and Qasim (2018)  McSharry and Lathlean (2017)  Lalonde and Hall (2016)  Kim et al. (2014)  Hickerson et al. (2016)  Chen et al. (2021) |
| Influence of Preceptorship on Satisfaction of Newly Qualified Nurses | Watkins et al. (2016)  Lalonde and Hall (2016)  Hickerson et al. (2016)  Chen et al. (2021) |
| Building Confidence of Newly Qualified Nurses | Marks-Maran et al. (2013)  McSharry and Lathlean (2017)  Kim et al. (2014) |
| Role Leadership after Transition | Kumaran and Carney (2014)  Giallonardo et al. (2010)  Marks-Maran et al. (2013)  Aboshaiqah and Qasim (2018)  Chen et al. (2021) |
| Effect of Preceptorship on Newly graduated Nurses’ Psychological Empowerment | Watkins et al. (2016)  Giallonardo et al. (2010)  Lalonde and Hall (2016) |
| Enhancing Nursing Retention | Watkins et al. (2016)  Aboshaiqah and Qasim (2018)  Kumaran and Carney (2014)  Giallonardo et al. (2010)  Rodessa et al. (2020)  Lalonde and Hall (2016) |
| One-on-One Preceptorship and Group Preceptorship | Zhang et al. (2019)  Rodessa et al. (2020)  Lalonde and Hall (2016) |
| Usefulness of Preceptors for Preceptors and Hospitals | Aboshaiqah and Qasim (2018)  Chen et al. (2021)  Giallonardo et al. (2010)  Hickerson et al. (2016)  Kim et al. (2014)  Lalonde and Hall (2016) |

**Effect of Preceptorship on Competence**

Six studies addressed the effect of preceptorship on the clinical competence of newly graduated nurses (NGNs) within the initial years of clinical practice (Aboshaiqah and Qasim, 2018; McSharry and Lathlean, 2017; Lalonde and Hall, 2016; Kim et al., 2014; Hickerson et al., 2016; Chen et al., 2021). However, there were notable differences in the findings. The improvement of clinical competence following completion was the overarching theme in a study by Aboshaiqah and Qasim (2018). The study used a survey of 92 nursing interns from tertiary hospitals in Riyadh, Saudi Arabia. The survey had a solid empirical and theoretical framework considering the findings were founded on models such as Nursing Process, Adult Learning, and Benner’s competencies. According to Aboshaiqah and Qasim (2018), the preceptees competencies improved in critical areas including priority setting, which necessitated acute treatment, multitasking, and utilization of complex nursing skills. The research did not stipulate the mode of teaching strategy, but it established the effectiveness of the method cementing professional behaviour, nursing efficiency, and general performance in tertiary hospitals.

McSharry and Lathlean (2017) concurred with Aboshaiqah and Qasim (2018) on preceptor’s role being the primary means to building competent clinical skills. However, the authors extended the discussion by acknowledging the preceptor-student contact time as the means to empowering learning, gaining clinical knowledge, and establishing in-depth understanding of the nursing care. While the study focused on the Irish context of preceptorship, the preceptors-built competence of the students by allowing the new student nurses to as high order questions to cement their clinical reasoning as well as problem solving skills. However, the findings implied the value of dedicating sufficient time to the lessons and preceptors’ reducing the reliance on the students’ capability. The engagement must optimize quality of the lessons and input to the novice nurses.

Lalonde and Hall (2016) explained competence from the perspective of a smaller sample than McSharry and Lathlean (2017). The cross-sectional study design using multi-site approach found that NGNs relied on the preceptors to build their psychological competence in readiness for the challenging clinical environment. The mentorship built emotional stability, conscientiousness, and open-mindedness, which clarified the imperative role of undergoing mentorship, practical lessons, and engagement with preceptors in the initial year of clinical practice. Preceptorship eliminated the role ambiguities and sustaining the relationship through the socialization schemes at the hospitals.

Preceptors inject their experience and lessons by working with the NGNs at individual and group levels. According to Kim et al. (2014), clinical preceptorship was effective in building cultural diversity competencies among new nurses who attended courses on safety, experience, and using different nursing tools. The level of competency among the nurses depended on the interactions with the preceptors. The preceptors’ preparedness level and understanding of their roles elevates competency building for the NGNs. Similarly, Hickerson et al. (2016) associated the elevation of competency through a preceptor support program, which eliminate the preparation-practice gap among NGNs working in a pediatric intensive care unit (PICU). However, Chen et al. (2021) found that competency levels of the NGNs was dependent on the preceptorship managing transition shock sustaining support, and using programs such as education, critical thinking, and research aptitudes. The support and assistance enable the NGNs to assume their role in the complex clinical practice.

In conclusion, the preceptorship enhances the knowledge on how to deal with acute treatment, multitasking, and utilization of complex nursing skills resulting in enhanced competence. The collective development and the mentorship at a personal level build the skills of the newly qualified nurses. The preceptee-oriented program boosts their nursing proficiency in the real clinical care setting. Preceptorship anchored on structured programs, managerial support, and a platform for transparent recruitment, retention, reflection, and critical thinking builds long-term competency.

**Influence of Preceptorship on Satisfaction of Newly Qualified Nurses**

Four studies covered the different perspectives of how preceptorship affects the satisfaction of NQNs in the clinical practice (Watkins et al., 2016; Lalonde and Hall, 2016; Hickerson et al., 2016; Chen et al., 2021). Chen et al. (2021) found that the implementation of reliable and effective educational programs for the new nurses created a well-executed transition process for the hospitals. The preceptors understood the role of using educational sessions and offering support to the new nurses seeking to understand their new roles in practice. The link between satisfaction and work effectiveness was clearer in Watkins, Hart, and Mareno (2016) when they carried out a more solid prospective, cross-sectional, and descriptive research design.

According to et al. (2016), the analysis of responses from 69 newly licensed RNs determined preceptorship had a moderate effect on the psychological empowerment, professional autonomy, and role effectiveness. The factors had a subsequent effect on the satisfaction level of the newly licensed RNs who were transitioning to the new work setting. Watkins, Hart, and Mareno (2016) revealed a continuum of events that culminate in satisfaction and work effectiveness due to preceptors’ ability to reshape their skills and focus on patient care issues. Contrastingly, Giallonardo, Wong, and Iwasiw (2010) established from a non-experimental survey of 170 registered nurses that job satisfaction and competence required a preceptorship approach anchored on authentic leadership. Invoking leadership explained the 20% variance noted by Giallonardo, Wong, and Iwasiw (2010) on satisfaction and work engagement levels among the nurses.

In conclusion, preceptorship programmes that incorporate training hours, evaluation methods, mentorship, and the use of assistive resources improves the satisfaction of newly qualified nurses with new clinical roles. The satisfaction emanates from preceptor engagement that focuses on psychological empowerment, professional autonomy, and role effectiveness. Nurses reduce medical negligence rates, turnover intentions, and turnover costs. On the other hand, preceptorship should improve the confidence of newly graduated nurses.

**Building Confidence of Newly Qualified Nurses**

Studies outlined the link between the confidence of the NQNs and the implementation of effective preceptorship programs in the clinical practice. Marks-Maran et al. (2013) relied on the elaborate preceptorship programs to gauge and report the confidence levels of the NQNs under qualified preceptors. The findings reported 85% acceptance of the preceptorship program by the preceptees and engagement at the personal level to eliminate potential obstacles such as stress, while promoting confidence through skilled communication, assumption of clinical roles, and focus on the personal as well as professional development. While the study found difficulties in creating the time to implement the lessons and orientation, the authors ascertained the value and sustainability of preceptorship in enhancing NQNs confidence levels.

McSharry and Lathlean (2017) concurred with Marks-Maran et al. (2013) on the need to create sufficient contact time between preceptors and preceptees to empower as well as foster learning. The confidence building process began with the dedication of the sufficient time by the designated preceptors and allowing students to reason, question, and critique the learning process. A shared preceptorship process was more effective than one-side preceptorship in optimizing reliance of students in their capabilities within the first year of their clinical practice. Comparatively, Kim et al. (2014) emphasized the role of clinical leadership in building the confidence of NQNs through well-thought and thoroughly prepared education sessions. The interactions time between the preceptors and preceptees was important in the culturally diverse setting to build the perceived confidence and belief in the effectiveness of the clinical preceptorship programs. The education builds the confidence of NQNs when it covers patient-centered care, teamwork or collaboration, quality improvement, informatics, safety med or blood administration, and evidence-pain management.

However, the effectiveness of the preceptorship program depends on the value, impact, and sustainability level attached to it by preceptees as noted in evaluative research by Marks-Maran et al. (2013). According to Marks-Maran et al. (2013), newly qualified nurses from NHS Healthcare Trust in Southwest London, UK required a platform that could boost their transition from student to professional nursing. At least 85% of the preceptees valued the programs due to their capacity to address work engagement, stress alleviation, communication skills, and overall professional development. Marks-Maran et al. (2013) lacked an explicit reference to the preceptorship-confidence connection but alluded to the critical preceptorship factors that could shape their ability to engage with patient issues with greater confidence. Conversely, Edward et al. (2013) reiterated on the essence of creating sufficient clinical exposure, support, and relationships through preceptorship to build sustainable confidence.

In conclusion, preceptorship builds the confidence of newly qualified nurses by covering different patient issues in depth. The structured lessons for mentoring and practical engagement in clinical setting builds capacity to address work engagement, stress alleviation, communication skills, and overall professional development. Moreover, the studies found the essence of preceptorship for efficient role transition to boost clinical competence. Transition means assumptions of new roles after preceptorship period.

**Preceptorship: Role Leadership after Transition**

Five studies categorized the role leadership aspect of preceptors as the means to smooth transition of the NQNs to the actual clinical care work (Kumaran and Carney, 2014; Giallonardo et al., 2010; Marks-Maran et al., 2013; Aboshaiqah and Qasim, 2018; Chen et al. (2021). However, there notable different in the findings gathered in each study. Chen et al. (2021) description of role transition through the influence of preceptor’s leadership entailed development of an effective and competent preceptees. The nurses overcome the transition shock by accommodating the support and assistance from the preceptors. Consequently, preceptors led to smooth role transition from college to the clinical practice because their programs explained the nursing tasks in specialized units or areas, set realistic performance expectations, and maintaining work-life-balance (WLB) in the sector. The consideration given to the transition programs meant development of nurses in their professional competences such as research aptitude, teaching-coaching, critical thinking, and interpersonal relationship.

Kumaran and Carney (2014) associated preceptorship with the transition of nursing students to staff nurses following an analysis of ten newly qualified nurses from teaching hospitals. Whereas the study was limited to Irish perspective of preceptorship, it provided an opportunity to evaluate the needs of newly qualified nurses during the transition period to practice. According to Kumaran and Carney (2014), the excitement of completing and qualifying for practicing nursing in a clinical setting is not as important as undergoing a mentorship program that can boost readiness for clinical practice. Preceptorship emerged as a critical source of the knowledge needed for role development as opposed to the mere assumption of the title and new registration.

Giallonardo, Wong, and Iwasiw (2010) viewed transitional role among preceptors as a factor for competence, but the need to ensure the transition meets the expectations of the professional nurses. Consequently, the nurses evaluated in the study developed psychomotor skill competencies, which bolstered their ability to work in varied care settings. The leadership aspect of preceptorship improves role development when geared towards work readiness due to the multifactorial role of nurses as Edward et al. (2017) noted in their integrative systematic review. The review found the essence work readiness-oriented preceptorship as the source of the clinical exposure, which builds the performance and competence of the newly registered nurses in practice.

The view of role transition and development through preceptorship Marks-Maran et al. (2013) were more solid than what Edward et al. (2017) presented. Marks-Maran et al. (2013) established a preceptorship program that improved role development, performance, and competence through personal development, confidence, professional decision-making, as well as continuous reflections. Hence, preceptorship models that lead to smooth transition were viewed to have prompted internal evaluation on the knowledge and skills gained by the newly registered nurses. Whereas Marks-Maran et al. (2013) noted impediments such as anxiety, low confidence levels, and stress, the evaluative research offered comprehensive information on effective preceptorship anchored on clinical, personal development, and communication skills during the transition period.

Aboshaiqah and Qasim (2018) acknowledged role transition as the foundation of preceptorship for the professional nurses seeking to cement their skills. The nurses did not demonstrate confidence until preceptors showed them how to deal with reports, charting, extra attention, critical patient, and changing positions within the primary clinical settings. Chen and Lou (2013) agreed on the influence of preceptorship on the role transition and development but from the perspective of mentorship element of the programs. Hence, newly qualified nurses improve their competence, dedication, and satisfaction through the preceptorship models that mentor them for the challenging roles in clinical settings. On the other hand, preceptorship builds psychological empowerment, which is a subset of clinical performance.

In conclusion, the leadership has an overarching role in the transition of newly graduate nurses to the nursing profession. The knowledge learned from the preceptorship program requires a leadership that cements the role of the nurses in the new clinical setting. The analysis shows that the leaders are the source of the additional emotional support to enhance professional preparedness.

**Effect of Preceptorship on Newly graduated Nurses’ Psychological Empowerment**

Three studies addressed the value of preceptorship in shaping psychological stability of NQNs (Watkins et al., 2016; Giallonardo et al., 2010; Lalonde and Hall, 2016). Lalonde and Hall (2016) concurred with the findings of Watkins et al. (2016) and Giallonardo et al. (2010) on enhancing the psychological stability of NQNs during their initial transition into the clinical practice. The study found that preceptorship programs factor emotional intelligence, cognitive intelligence, and personality of the nurses. The NQNs developed the open-mindedness and conscientiousness in their contact time with the preceptors, who reduced role conflict, ambiguity, dissatisfaction, and intent to leave the practice.

Positive perceptions the role of preceptorship on the psychological empowerment was one of the key themes in a survey by Watkins et al. (2016). The research recognized the essence of preparing newly licensed RNs to increase their capacity to deal with the challenging clinical setting. The results of the survey showed moderate perceptions towards the ability of preceptorship in cementing psychological capacity of the newly licensed RNs. Watkins et al. (2016) revealed a positive relationship, but the comprehensive effectiveness of preceptorship extended to professional autonomy and role effectiveness. Consequently, the psychological preparedness eases the transition of the newly licensed RNs into practice, which then shapes their performance.

Giallonardo, Wong, and Iwasiw (2010) affirmed the positive effect of preceptorship programs on the psychological well-being of the newly qualified nurses from the perspective of authentic leadership. The study viewed preceptors as the exemplification of the authentic leadership that prepares nurses in terms of self-awareness and self-regulation. Whereas Giallonardo, Wong, and Iwasiw (2010) viewed the leadership aspect of preceptorship to have influence in highly developed organizational context, psychological preparation emerged as a positive emotion that enabled newly qualified nurses to enter practice with high optimism. Therefore, preceptors create a high level of nursing optimism that translates into the good performance of clinical irrespective of the department.

**Enhancing Nursing Retention**

Six studies found the effect of preceptorship on the successful reduction of intent to leave among NQNs (Watkins et al., 2016; Aboshaiqah and Qasim, 2018; Kumaran and Carney, 2014; Giallonardo et al., 2010; Rodessa et al., 2020; Lalonde and Hall, 2016). The findings defined the different rates of retention and low turnover rates after well-executed preceptorship programs. Watkins et al. (2016) defined different option for enhancing retention of the NQNs such as professional autonomy and psychological empowerment in the initial phases of the clinical practice. The turnover rate reduced significantly with the articulation of roles, elimination of ambiguities, and promoting emotional capability as well as cognitive capability in the clinical practice.

Correspondingly, Aboshaiqah and Qasim (2018) viewed preceptorship of nursing interns in Riyadh as a tool for promoting professional behaviours before establishing sustainable clinical competence. Hence, different dimensions of professionalism including identity and behaviours should enable nurses to handle critically ill patients, multitask, and demonstrate diverse as well as complex nursing skills when they are exposed to an aggressive preceptorship-training program.

Newly qualified nurses can achieve high professional development, competence, and ability to perform complex nursing tasks as per Kumaran and Carney (2014). However, the preceptorship program should be geared towards honing professional responsibility as well as accountability against a background of sufficient support during the transition process. The research viewed the development process as an opportunity for gaining the clinical knowledge needed to overcome the complex roles. Correspondingly, Marks-Maran et al. (2013) established that the value of preceptorship lies in the improvement of personal and professional development to prepare nurses for complex roles in practice. In conclusion, preceptorship enhances nursing retention. The programmes reduce and mitigate the intention to leave the profession by shaping positive attitudes and behaviour alignment. The retention then provides a platform for developing skills and clinical performance further. The retention enhances professional development at individual, professional, and organisational level.

Aboshaiqah and Qasim (2018) offered a more elaborate perspective than Watkins et al. (2016) despite limiting the study to Saudi Arabia. The findings from the preceptees revealed that the senior preceptors shaped positive attitudes or perceptions towards the practice by enhancing professional behaviors, building the core nursing skills, and using internship program to influence general performance. The preceptees understood their role when the teaching strategy accommodate their diverse clinical skills needs at novice stages.

According to Rodessa et al. (2020), preceptorship prevented the turnover intentions of the graduate nurses at an Indonesian hospital when they preceptors focused on education and individual needs. The knowledge of the preceptors about the transition, clinical care, and the teaching capabilities at group and personal level eliminated turnover intentions. However, Lalonde and Hall (2016) considered the inclusion of a psychological empowerment approach would be more effective than teaching the NQNs about the clinical practice alone. The emotional stability, open-mindedness, and conscientiousness reduced turnover intent when preceptors’ exposure to the clinical practice aligned with role expectations among NQNs.

**One-on-One Preceptorship and Group Preceptorship**

Three studies found the link between the one-on-one or group preceptorship with effective clinical accomplishment of NQNs (Zhang et al., 2019; Rodessa et al., 2020; Lalonde and Hall, 2016). According to Zhang et al. (2019), a longitudinal study in China demonstrated the role of one-on-one mentorship of NGNs in reducing their intentions to leave the clinical practice. The turnover rate reduced from 14.1% to 9.36% within the first year of practice in the intervention group that underwent aggressive preceptorship. The mentorship factored the role of mentorship in the preparation of NQNs in the challenging practice and the subsequent effect on the retention in their units.

Rodessa et al. (2020) acknowledged the influence of group sessions in building graduate nurses’ ability to enter and remain in the clinical practice. the attendance of the group sessions prompted the preceptors to prepare teaching materials, prepare to answer questions, and sustain discussions on the influential role of the mentorship and support in the early stages clinical practice. comparatively, Lalonde and Hall (2016) associated both individual and group preceptorship sessions as imperative for the development of relationship besides explaining roles and socializing the clinical learning process. Consequently, both one-on-one preceptorship and group preceptorship are effective tools to clarifying roles, reducing intents to leave, and preparing NQNs for the challenging clinical roles.

**Usefulness of Preceptorship for Preceptors and Hospitals**

Six studies have demonstrated the usefulness of preceptorship for the preceptors and healthcare organizations (Aboshaiqah and Qasim, 2018; Chen et al., 2021; Giallonardo et al., 2010; Hickerson et al., 2016; Kim et al., 2014; Lalonde and Hall, 2016). Aboshaiqah and Qasim (2018) notes the role of preceptorship in shaping the teaching strategy of preceptors when they explored their impact on the clinical competence of the interns. The program offered an ideal platform for addressing the efficacy, performance-orientation, and potency of the teaching skills in helping the novice nurses navigate the challenges of the clinical practice in the early phases. Chen et al. (2021) implied the role of preceptorship in the provision of support and managing the transition shock of the NQNs. The programs created an avenue for building individualized teaching strategy rather than group-oriented lessons during the transition period for the preceptees.

According to Giallonardo et al. (2010), preceptors develop authentic leadership in their engagement with the novice nurses during the early career phases. The authentic leadership is critical to retaining the nurses, transforming their skills, instilling professional behaviors, and building ethos around the nursing practice. Hickerson et al. (2016) noted that the engagement requires growth and knowledge in the evidence-based preceptor programs to improve satisfaction and competencies of preceptees. Therefore, preceptors learn in the process of preparing the novice nurses on the demanding roles in the clinical practice.

Hospitals or specific units benefit from the preceptorship programs too. Kim et al. (2014) termed the experience of clinical preceptorship as the means to maintaining high performance and reducing adverse events. The nurses learned important performance skills that reduced errors. The preceptorship programs use quality improvement, informatics, safety med or blood administration, evidence-based pain management, patient-centered care lessons, and teamwork to maintain high cadre clinical care. correspondingly, Lalonde and Hall (2016) argue that hospitals maintain sufficient staffing levels when preceptorship reduces turnover intents, role conflicts, job dissatisfaction, and ambiguities. The preceptors build shared clinical practice between the administrators and the NQNs assuming critical practical roles.

**Conclusion**

The critical appraisal and the synthesis of findings show varied perspectives on the way preceptorship for newly qualified nurses could influence their competence and clinical performance. Each study was analysed in isolation, but the comparative analysis was undertaken where the findings converged and through my thematic organisation of the evidence. The evidence derived from the 12 articles supports the assertion that preceptorship shapes the competence and clinical performance of newly qualified nurses. The evidence shows an array of factors that build the competence and subsequent clinical performance of the newly qualified nurses after they undergo different preceptorship programs or individual engagement with preceptors.

The findings show that newly qualified nurses can undertake one-on-one preceptorship or participate in structured preceptorship programs. The period of the preceptorship does not matter as per the evidence gathered from the 12 studies. However, the review determined that the preceptorship programs are more effective than the individualized preceptorship approach due to the level of engagement and the support offered to the preceptees. The effectiveness of the programs is dependent on the perception of the nurses who require guidance as they assume new roles in different clinical settings. Evidence showed that the unsettling transition periods are the motivating factors behind the participation in preceptorship.

Role transition and effectiveness were determined as the critical elements, which define newly qualified nurses’ ability to stay within a particular care centre. The existence of challenges faced by NGNs including the complex nursing role, dealing with critically ill patients in priority settings, and avoiding burnout during peak hours are some the issues the studies addressed. The challenges are the incentives the newly qualified nurses need to improve their capacity to avoid medical errors and align with the professional and quality of patient care expectations. The review determined the execution of preceptorship responsibilities leads role effectiveness when new nurses pass through the upsetting period.

Evidence shows that preceptorship improves the psychological state of the newly graduated nurses in readiness for the complex roles and demonstration of critical skills in clinical care. Preceptors or preceptorship programs should factor the role of authentic leadership, autonomy, support, and retention of qualified nurses. Furthermore, the competence of the newly qualified nurses depends on how well they are aligned to assume responsibilities, which have limited room for errors. The study further determined that the nurses who participate in the preceptorship program and training improve their competence and performance including reducing medication errors. However, competence and clinical performance can also be measured via proxy indicators, such as satisfaction.

The evidence affirms that preceptorship improves the satisfaction of the newly qualified nurses with their new roles. Whereas the satisfaction depends on the empowerment, preceptors’ role effectiveness, support, and autonomy, the programs succeed in settling the challenges during the period. On the other hand, newly qualified nurses demonstrate confidence when they have undergone both individualized and structured preceptorship programs. The nurses acknowledge the value, impact, and sustainability of the programs in ensuring that they can perform their duties including optimizing care for the patients. Additionally, the overall professional development and empowerment of nurses through preceptorship creates the foundation needed to assume roles and performance in the clinical care settings.

The review had implications for the study. Evidence shows the essence of implementing a structured preceptorship program for newly qualified nurses as opposed to an individualized model to improve their competence and clinical performance. Evidence from one of the studies (Ku, Kuo, & Hung) suggests the need for using a study design that allows the use of control groups such as randomized control trial or experimental design to gather the new type of evidence to affirm preceptorship-competence-clinical performance for newly qualified nurses. The varied perspectives from the 12 articles on the impact of preceptorship on the competence and clinical performance of newly qualified nurses reveal a limitation of systematic reviews. The review reveals the inability to report absolute effects, which elicit harmful interventions including subjective bias. A different research design will provide a new way of interpreting the phenomenon under investigation.

**Summary of Gaps**

Different studies have acknowledged the impact of preceptorship on the general capacity of NGNs to transition to the clinical practice. the provision of one-on-one sessions through structured learning programs emerges as an effective tool for enhancing the confidence, competence, and professional development of the new nurses. However, the studies have not articulated the effect of preceptorship from the perspective of NGNs in Saudi Arabia. Current studies have focused on NGNs and preceptorship programs from developed nations and other health economies whose context and framework are different from Saudi Arabia. Consequently, conducting further studies to establish the specific effects of preceptorship on NGNs in Saudi Arabia sufficed.

**Justification**

Literature review shows minimal studies conducted in Saudi Arabia on the effects of clinical preceptorship on the NQNs clinical practice. Only one study addresses the topic, which shows a huge gap in the literature to inform a study on the topic further.

**Conceptual Review**

The following sections explain terms used in the systematized review and subsequent sections. The section will facilitate understanding of the term in the context of this study only. The definitions align with the review whose purpose is to establish the impact of preceptorship on the confidence and competence of NGNs.

***Confidence***

Mason-Whitehead (2008) views confidence as the freedom against doubt among nurses. The nurses believe in their abilities when dispensing duties in nursing practice. The term denotes the feeling of comfort and self-assurance in undertaking nursing responsibilities in isolation or under the watch of colleagues. Colleagues, friends, or seniors can reaffirm the illustration of professional competence and ability to achieve a certain level of performance. The demonstration of quality performance occurs irrespective of personal or professional restrictions such as multidisciplinary teams, training, supervision, and provision for education.

Haavardsholm and Nåden (2009) view confidence as a manifestation of comfort or relaxation due to the presence of a professional network of co-workers. The comfort builds a situation-decisive professional or personal experience that translates into trust, acceptance, and value for the skills directed to the nursing practice. The nurses or nursing students have assurances of dealing with demanding patient situations irrespective of their connection to life or death. Hence, confidence denotes certainty in undertaking nursing skills within the simulated or actual care environment.

Haavardsholm and Nåden (2009) defined confidence as a feeling secure with the utilization of nursing knowledge and meeting the expectations of educators or patients. The term denotes the ability to cope with the critical procedure accomplishments, responding to compelling questions from the patients, and adjust to the prevailing demands to the treatments in various units. A feeling of security emanates from the learning opportunities, interactions with colleagues, technical prowess, and general professional competence. Overall, confidence is the sum of the emotions, self-belief, use of professional knowledge and skills, and reaffirmation within the nursing practice network.

***Satisfaction***

Satisfaction refers to the subjective feeling or nurses about their jobs or working conditions (Liu, Aungsuroch & Yunibhand, 2015). Nurses display affective responses to the situations of their workstations or job environment. The feeling determines their orientation towards employment. Liu, Aungsuroch, and Yunibhand (2015) further argue that the nurses display pleasurable emotions about their experiences with their jobs. Hence, the primary attributes of satisfaction include personal perceptions about the value and equity created by the work environment or conditions provided in the dispensation of nursing duties.

According to Liu, Aungsuroch, and Yunibhand (2015), satisfaction entails the gratifying emotional nursing experiences or responses towards the working conditions. Nurses express their desired needs, which they hope the work environment can fulfil. The nurses have the discretion to evaluate the work environment to determine its capacity to satisfy personal and professional needs. The needs include training, remuneration, provision of adequate resources, and engagement by the organization. Additionally, the fulfilment emanates from the culture, contexts, and situations beyond the work environment, but has a direct influence on the way nurses dispense duties in the care setting.

Satisfaction further entails the sense of fulfilment with the nursing role (Brennan, 2009). The term designates the intent of staying or leaving employment due to the nature of the obligations created by the organization. Nurses express opinions and emotions on the way the role succeeds in reducing burnout, stress, and frustrations with unsuccessful cases of patients. Hence, satisfaction means that nurses and their co-workers have minimal agitation with their roles in the care settings.

***Role Transition***

Role transition entails the graduation from student nurses to staff nurse (Kumaran & Carney, 2014). Student nurses undergo nursing programs to acquire the knowledge and skills necessary for undertaking their future roles as professional nurses. The movement from a student capacity to a practical environment translates into the assumption of professional responsibility, value, and accountability. Nurses might feel frustrated with the new roles when organizations fail to provide relevant support during the process. However, educators prepare the student nurses for challenging environment of actual clinical practice.

Role transition further denotes the journey from student to the practitioner (Azimian, Negarandeh & Fakhr- Movahedi, 2014). The journey involves overcoming fears, low confidence levels, discourage, disillusionment, and moral distress due to the high expectations in the actual nursing practice. However, new graduates who receive professional and emotional support understand how to adjust their scope of educational programs into valuable elements for the professional nursing practice. Additionally, role transition involves the understanding of quality nursing work environment and the provision of necessary resources.

According to Holt (2008), role transition designates movement among practitioners in advanced practice as opposed to shifting from student nurse to professional nursing responsibility. The dynamic nursing role necessitates practitioners to assume new responsibilities to deliver high-quality patient care. The process involves the development and monitoring of progress the practitioners made towards the execution of healthcare initiatives to enhance care as well as overall health outcomes. Holt (2008) argued that the shift requires the participation of mentors and managers to accomplish the changing care objectives.

***Psychological Empowerment***

Stewart, McNulty, Griffin, and Fitzpatrick (2010) define psychological empowerment as the provision of support, information, opportunities, and resources for nursing practitioners to learn as well as grow. The concept denotes the emotional process aimed at creating a sense of motivation for the nurse professionals in the care environment. The motivation translates into retention of nurses, cost-effectiveness in the dispensation of responsibilities, and quality patient care. Additionally, the psychological empowerment involves hospitals building values, beliefs, autonomy, and confidence towards the performance of job requirements.

Li et al. (2018) define psychological empowerment as the creation of the individual perception of nurses about their work and role in delivering quality patient care. The nurses develop beliefs, values, and convictions about the role they should play in the healthcare settings. The empowerment process denotes cognitive components that comprise meaning about the fit between job requirements, beliefs, and personal ideals or standards. Additionally, encouragement focuses on the self-determination, competence, and the impact the nurses should have in the process of delivering quality care.

Li et al. (2018) viewed psychological empowerment as the mediator between nurse outcomes and structural empowerment. Outcomes such as job satisfaction and engagement designate the level with which nurses feel encouraged to assume their role in the organization. The link between job satisfaction, engagement, and structural empowerment shapes the contribution of the workers to creating a meaningful workplace. Consequently, healthcare institutions create an environment that builds a sense of competence and autonomy among the nurses, which translates into retention, cohesion, and healthy interactions at personal or team level.

***Professional Development***

Professional development involves the provision of career advancement, continuing education, leadership, and overseeing the growth of nurses in their specialties (Jasper, 2011). The term encompasses the use of technology, evidence-based practice, and communication to improve career outcomes of individual nurses or teams. The lifelong learning process focuses on developing and maintaining the competencies, advancement of nursing practice, and creating a viable environment for the achievement of academic as well as career goals (Van Bogaert & Clarke, 2018). The advancement builds confidence, values, and self-determination among the nurses.

Professional development entails orientation and clinical progression so that the staff nurses, student nurses, and new graduates understand their expectations at the educational level or clinical settings (Brennan, 2009). The learning process may be implemented in the form of preceptorship, mentorship, encouragement, and guidance for the practitioners or student nurses transition to new roles or positions. The aim of the orientation and clinical advancement is to validate as well as manage the competencies of the nurses by building their confidence to take up new challenges in their current or future roles.

Professional development encompasses the engagement and feedback between nurses and their educators (Jasper, 2011). The education occurs in simulated or real care environments. Nurses undergo a variety of training sessions, experiences, in-services, past accomplishments, and continuing education. The engagement of new graduates or practitioners enhances their proficiencies, which translates into quality values, skills, and beliefs at the point of care. On the other hand, the advancement involves assessment of learning needs on an ongoing basis. Nurses work with supervisors or managers as they endeavour to increase their specialization inclined towards positive patient outcomes.

***Retention***

Retention refers to the prevention of turnover of nurses in the healthcare institution (Jasper, 2011). The process involves keeping the nurses in employment using different strategies. An organization can use leadership opportunities to offer nurses with the relevant guidance to their career development process. The nurses get reimbursements and stipends for their role in the organization as well as leadership education on how to evaluate career options at different stages. Hence, retention is an aspect of organizational leadership intended to encourage growth, visibility, and loyalty in the workplace.

Jasper (2011) further views retention denotes the acknowledgment of the experience, skills, and the competence of the nurses as they pursue quality patient outcomes alongside personal as well as professional growth. Healthcare institutions use job incentives such as socialization, vacation, rewards, and promotions to recognize the contribution of the nurse practitioners to the achievement of organizational mission and goals. The initiatives inform the intentions of the nurses to stay in the organization as opposed to leaving. However, the nurses have the discretion to leave.

According to Brennan (2009), retention is an agglomeration of strategies for keeping talented and competent nurse. Hospitals create a viable environment through which they can meet the needs of the nursing practitioners. The term comprises lifelong learning that utilizes traditional and non-traditional training process. Active support of the career development of the nurses improves their capabilities to deliver quality healthcare. Additionally, retention designates residency programs for onboarding and supporting existing and new nurses so that they can make a measurable improvement in the clinical setting.

***Dedication***

Dedication refers to the commitment of nurses to the achievement of the best patient outcomes (Benner, Chesla & Tanner, 2009). Nurses use their skills, competence, and knowledge to overcome the challenges in clinical care settings. The challenges include burnout, limited support from the management, medication errors, and stress in the dispensation of nursing roles. The nurses illustrate their commitment by accepting the tight schedules and the willingness to learn from their supervisors or co-workers. The nurses strive to offer the best possible care and guidance to the patients.

Dedication further involves the effort by nurses to balance competing for priorities (Van Bogaert & Clarke, 2018). Nurses have personal and professional priorities, which can insubordinate the overarching role of delivering quality care outcomes. Hence, nursing practitioners use time and resources to eliminate practice deterrents, seeking organizational support, and reflecting on the need to offer the best possible care while pursuing career advancement. Nurses demonstrate their capability to overcome inexperience, limited support, and low compensation irrespective of overtime or the selfless commitment to helping patients.

According to Benner, Chesla, and Tanner (2009), dedication refers to the retention of strong values and continued improvement of knowledge and skills. Nurses enhance their capabilities on a regular basis for achieving an excellent level of care delivered to the patients. The term further implies the retention of a sense of moral responsibility that guides the actions of nurses. Nurses are conscious of the need to adhere to the best practices to achieve quality patient outcomes (Van Bogaert & Clarke, 2018). Overall, dedication involves the fulfilment of daily responsibilities, compassion towards healthcare professional, and nurturing professional growth to improve healthcare outcomes.

***Competence***

Competency denotes the core ability to fulfil the role of a nurse (Murray, 2013). The term implies the need for the acquisition of nursing education by the nurses. Competence encompasses nurses undergoing through a series of training to improve the quality of the clinical outcomes. Nurses demonstrate the ability to undertake general and specialized skills by mere application of knowledge or critical thinking skills. Additionally, competence entails attitude, skills, values, and professional judgment in nursing practice (Mason-Whitehead, 2008). Nurses demonstrate their capability to adapt knowledge or skill to varied clinical circumstances.

According to Murray (2013), competence refers to the effectiveness of demonstrating core professional capabilities, attitudes, personal characteristics, and behaviour to fulfil nursing responsibility. Nurses illustrate their competence by possessing attributes that satisfy the expectation of safety in professional nursing care. The concept denotes the complex integration of practical skills irrespective of the prevailing factors such as teamwork, organizational support, and the values pursued within the work environment (Mason-Whitehead, 2008). Hence, the term involves personal and practice traits that should work together to foster problem-solving capability in nursing practice.

Competence refers to the incremental ability of student nurses to acquire knowledge and skills (Scanlon, 2017). The meaning of the term is not limited to the nursing practice but covers nursing education too. The learners demonstrate the state being capable of identifying the purpose and acquiring the right capability to chart the path of a nursing practitioner. According to Scanlon (2017), competence designates the efficiency and development of the overall clinical ability of student nurses. The student nurses use the curriculum to acquire the right qualification for nursing practice.

**Objectives**

***Main Objective***

1. To determine the impact of the preceptorship program on competence and confidence, for newly graduated nurses in Saudi Arabia

***Specific Objectives***

1. To assess whether preceptorship programs for newly graduated nurses improve their competence in Saudi Arabia.
2. To evaluate if preceptorship programs for newly graduated nurses enhance their confidence in Saudi Arabia.
3. To establish whether preceptorship programs support for professional development of newly graduated nurses in Saudi Arabia.

**Research Question**

1. What is the impact of the preceptorship program for newly graduate nurses on their competence and confidence in Saudi Arabia?

***Sub-Questions***

1. Do preceptorship programs for newly graduate nurses improve their competence in Saudi Arabia?
2. Do preceptorship programs for newly graduate nurses enhance their confidence in Saudi Arabia?
3. Can preceptorship programs advocate for professional development of newly graduate nurses in Saudi Arabia?

**Theoretical Framework: Empowerment Theory**

Kanter’s empowerment theory was chosen to develop the theoretical basis of the research. The choice of the theory was informed by its ability to address the transition of nurses from novice to experts. The transformation aligns with the goal of every preceptorship practice where the aim is to build the competency of the newly graduated nurses in clinical care settings. Psychological and structure working environment is essential for skill development and transition to new clinical setting.

Kanter developed empowerment theory in 1993 to discuss the structural issues that can enhance skill development and organizational behaviour. A suitable work environment promotes empowerment by providing resources, information, support, and many opportunities to learn as well as develop (Laschinger, Gilbert, Smith, & Leslie, 2010). The psychological empowerment process involves creating a platform where employees can develop feelings of job meaningfulness, autonomy, competence, and overall impact on organizational outcomes (Örtenblad, Löfström, & Sheaff, 2015). Employees become more accountable and responsible in their work when organizations create the right platform for fulfilling job demands in an effective way. Kanter’s assertions in the empowerment theory define the practice of professional nursing by shaping the potential structures for developing skills of workers (Rao, 2012). The structures within the nursing environment should create efficient access to the resources that empower workers to accomplish their goals and missions in meaningful ways.

The sincere engagement of people and responding to fulfil mutual interests can promote growth (Fitzpatrick & McCarthy, 2014). Organizational empowerment develops over time as individuals seek greater control over their lives and participating in the decision-making process. The engagement process fosters self-growth and development within the organization. Kanter further proposed skills such as equity, ownership, partnership, and accountability to create a shared governance structure (Rao, 2012). Each concept defines the overarching team and individual behaviours that achieve the outcomes of the organization (Laschinger et al., 2010). The nursing care environment needs a proper environment for instilling Kanter’s principle to achieve collaborative governance and implementation of quality patient care. The theory fosters an engagement that builds the psychological empowerment to enhance better health outcomes.

Kanter’s empowerment theory relates to the principles of preceptorship that facilitates the transition of novice nurses to the actual clinical practice. Preceptorship engenders development of clinical skills (Morris & Faulk, 2012). Kanter’s theory proposes shared governance that instils authority, accountability, and responsibility for the inexperienced nurses entering the clinical practice. The principles would enable the preceptees to take control of the practice in the course of getting knowledge from their peers (Rao, 2012). A collaborative process should optimize the opportunities for novice nurses to build their skills and use the knowledge learnt to improve overall health outcomes.

The element of leadership practice aligns with Kanter’s empowerment by providing resources for leadership (Fitzpatrick & McCarthy, 2014). The resources offered by nurse leaders can empower the newly graduated nurses to chart guided professional development. Leadership should facilitate the proper division of labour and continuity of the agendas meant to overcome low confidence, morale, or fears. Preceptorship requires leadership as tool for increasing accountability for the expected outcomes (Molinari & Bushy, 2011). Hence, the newly graduated nurses can overcome the imagined or actual complexities of work through leadership-based preceptorship.

Kanter’s empowerment theory introduces role modelling and experiential learning, which are ideal tools for preceptorship process (Örtenblad, Löfström, & Sheaff, 2015). The new graduate nurses need mentoring relationships that guide them through the process of understanding the multifaceted nature of the nursing practice. Role modelling and experiential learning support the growth and development of nursing skills, which the school environment cannot provide (Molinari & Bushy, 2011). Consequently, preceptorship embodies purposeful empowerment and participation in the development of proper nursing skills, particularly for newly graduated nurses.

**Chapter 3: Methodology**

The following chapter outlines the methodology used in the study, as well as outlining the methods used to collect and analyse data needed to determine the impact of preceptorship for newly graduate nurses on their competence and confidence in Saudi Arabia. The Chapter contains an explanation of the explanatory quantitative qualitative methods adopted in the study, sampling, and data collection through interviews and surveys questionnaires. Additionally, the chapter explains the rationality behind the choice of multi phases design, data analysis by SPSS and thematic analysis, and ethics surrounding the study.

**Explanatory Quantitative Qualitative Methods**

The research adopted an explanatory quantitative qualitative method employing qualitative and quantitative methods. I rejected the notions that there are only singular or multiple realities, instead favouring the idea that reality can be both singular and multiple (Creswell & Plano Clark 2007). Thus, enabling me to be free from the binary choice of positivist or interpretivist paradigms, and instead utilising a pragmatist approach (Feilzer 2010). The quantitative method involved a cross-sectional survey of the nurses who will be under preceptorship in Western Hospitals in Saudi Arabia. The quantitative aspect of the study further involved a quantitative questionnaire that focusing on the follow-up on the subjects after they have completed the preceptorship program. A qualitative study explored the programme from the newly qualified nurse’s perspective, and therefore used to explain the findings from the quantitative study. The interviews sought opinions, explanations, and perspectives of the preceptees on the preceptorship program undertaken in the Western Hospitals in the Kingdom of Saudi Arabia (KSA). A follow-up quantitative study was conducted after six months.

Explanatory quantitative qualitative research shows the different dimensions of the study. The design fosters understanding of the overarching purpose, theoretical foundations of the research, and value of integrating qualitative and quantitative aspects of the study. The mixed methods contributed to understanding the evidence from different sources and allowing integration of different form of analysis to answer the research questions (Schoonenboom & Johnson, 2017). Consequently, the method heightened the knowledge and validity of the entire study by presenting the researchers with multiple of sources of data for final integration and data merging. The findings demonstrate the intersection of initiation, expansion, development, and complementarity of preceptorship and the development of NGNs in the early phases of their careers.

The study was seeking optimization of the study results with the integration of qualitative and quantitative methods. I was careful in selecting a methodology that would enhance the diverse meanings, strengths, and promote objectivity to understand the effect of preceptorship on the NGNs confidence, competence, and professional development in Saudi Arabia. The varied meanings and interpretations besides the integration of past literature enhanced the ability of the study to foster better outcomes as expected in well-executed scientific research.

Explanatory quantitative qualitative design provided in-depth insights on the link between preceptorship and NGNs in the clinical practice. The methodology offers a better understanding of a topic, than using qualitative or quantitative methods independently. The synergy and integration of the diverse data sources enhanced the articulation of the research problems while allowing purposeful situation of the findings in past literature. Consequently, the study offered multiple views of the outcomes including the first-hand experiences of the NGNs in various units and past research lenses. Explanatory quantitative qualitative design was chosen due to its advantages outlined below.

***The Rationale for Choosing Explanatory Quantitative Qualitative Design***

Consistent with the pragmatist paradigm, using both quantitative and qualitative methods enabled the study to capitalize on the advantages or benefits of quantitative and qualitative studies (Korn & Graubard, 2011). The cross-sectional survey has advantages that helped the study achieve the primary objective of establishing the impact of the preceptorship program for newly graduate nurses on their competence and confidence in Saudi Arabia before and after the study. According to Korn and Graubard (2011), a cross-sectional survey is an affordable method due to the sufficient information carried out from the entire study group within a stated period. Furthermore, survey allow comprehensive analysis of the insights collected from the field (Houser, 2011). Hence, the study gathered important information about the preceptorship program and its impact on newly graduate nurses’ confidence and competence. The study focused on confidence and competence, as they are critical determinants of nursing roles and were highlighted during my literature review.

Houser (2011) argues that the cross-sectional survey of the explanatory quantitative and qualitative methods should provide solid control over data collection and subsequent analysis through a build-up process. The method reflects the measurement processed executed to collect data from the study group so that the researchers will have increased certainty over the correctness of the information collected in the long-term. Consequently, the study will obtain that can be measured and applied easily to the population groups affected. On the other hand, the study will not miss key data points by deploying a cross-sectional approach like other study types as per Houser (2011). The structure allowed the study to maximize the data points by evaluating an entire population during a single reference time point. Hence, Whitehead, LoBiondo-Wood, and Haber (2012) argue that the process should lead to a few mistakes, as all variables are collected at once. The study will have better precision with the selected sampling process.

The study established the emotions, behaviours, and personality characteristics through the qualitative aspect of the study guided by the quantitative results. The qualitative study provides comprehensive information about the behaviours, desires, routines, and needs of the subjects under study (Holloway & Wheeler, 2013). Furthermore, the research had greater flexibility by incorporating a qualitative approach rather than relying on the quantitative aspect that relies on standardisation of the data for statistical comparison purposes. Consequently, naturalistic patterns relating to the way preceptorship programs affects the confidence or competence of newly graduate nurses will be established. The observation and documentation of the behaviour are imperative to derive meaningful conclusions from the data (Boswell & Cannon, 2012). The information can provide the trends of the degree of competence or confidence registered by the graduate nurses after undertaking preceptorship programmes in Western Hospitals in Saudi Arabia.

Undertaking qualitative interviews built on the developments observed during the quantitative study and its results. The study had the intention of determining the impact of preceptorship in six months after the newly graduate nurses start the programme. Evidently, adopting the multi phases design boosted the depth and breadth of the understanding of preceptorship programmes deployed for newly graduate nurses in KSA.

The quantitative data also supports qualitative research. Qualitative interviews were conducted after administering questionnaires following the nurses’ completion of the preceptorship programmes. According to Kroll and Neri (2009), the quantitative aspect of the research should identify the subjects while the qualitative approach verifies each component. The cross-sectional survey provided the baseline information that helped the research to select the appropriate newly graduate nurses for qualitative interviews. The quantitative study revealed the barriers and facilitators of the subject recruitment as well as retention (Östlund, Kidd, Wengström, & Rowa-Dewar, 2011). Conversely, Kroll and Neri (2009) argue that the qualitative data assists with the interpretation, clarification, description, and validation of the quantitative results. Therefore, the study will make informed conclusions by incorporating different datasets on the impact of preceptorship on the competence and confidence of newly graduate nurses.

Explanatory quantitative qualitative methods offered different advantages to the research. The study provided an opportunity to understand the concept of preceptorship and NGNs transition from the perspective of qualitative and quantitative data as Munce and Archibald (2016) recommended. The design enriched the understanding of the problem and the questions arising including the potential effect on the confidence, competence, and professional development of the new nurses in the early phase of their transition to clinical practice. Consequently, the understanding improves and adds value to advancing research on the preceptorship-transition elements from the standpoint of new graduate nurses.

The design further assisted in executing data collection. The study helped on prioritizing and executing the data collection involving questionnaires in the first phase and the interviews in the second phase of qualitative study. Equal priority given to the quantitative and qualitative parts clarified questions and helped to answer the main query in the study (Molina-Azorin, 2016). Consequently, the study established congruent findings after adopting a sequential design of finding and interpreting information from the selected respondents. The design stimulated a discourse on using both qualitative and quantitative methods in helping clinical researchers to gather data and interpret responses to answer key objectives.

The design further offered a broad perspective of the research problem rather than relying on a single method to analyse it. The mixed methods design overcomes the anomaly of one method by using quantitative and qualitative methods to minimize the effects of their respective weaknesses (McKim, 2017). Consequently, the designed prevented the research from becoming too statistical by incorporate the qualitative aspect of interviewing the NGNs, conducting thematic analysis through QUIRKOS, and defining verbatim reporting of the views on effects of preceptorship on NGNs.

The research aimed to expand the evidence base by using mixed methods research. the collection of quantitative and qualitative data within the same study was useful for a study that sought to understand the effect of preceptorship programs on NGNs from different perspectives. The researchers capitalized more on the strengths of each qualitative and quantitative method to allow investigation of different aspects before uncovering the relationship existing between the layers of the research questions in the study (Hesse-Biber, 2015). furthermore, the evidence bases on different respondents dictated a rigorous process of answering the research questions. Overall, the engagement in inductive and deductive process of evaluating respondents’ perspectives assisted to understand the impact of preceptorship on the confidence, competence, and professional development of new nurses.

**Sampling**

The study targeted a population of newly graduated nurses undertaking a preceptorship program in western hospitals of KSA. The country has at least 415 government healthcare institutions and 124 private hospitals. The Ministry of Health controls 270 of the public and private hospitals to ensure healthcare delivery to the local areas with ease (Arab News, 2015). The government has focused on improving the healthcare of Saudi Arabia by equipping nurses with the relevant skills to work in private and public areas. The population of the newly graduated nurses recruited and retained in the study all came from ministry of health hospitals. The following table summarizes the inclusion and exclusion criteria for recruitment to act as participants in the study. I sought access from the 8 hospitals. Currently, I was in contact with the Nursing Department in each hospital from three cities (Taif, Makkah, and Jeddah) in KSA.

*Table 3.1: Inclusion and Exclusion Criteria*

|  |  |
| --- | --- |
| Inclusion Criteria | Exclusion Criteria |
| * Newly graduated nurses fresh from nursing colleges in KSA * Newly graduate nurses working in Western hospitals of Saudi Arabia * Newly graduated nurses under preceptorship programmes * Newly graduated nurses without any clinical experience * Saudi nurses | * Nurses with clinical experience in hospitals of KSA * Newly graduate nurses working in other hospitals other than the western hospitals of KSA * Newly graduated nurses undertaking internship that does not involve preceptorship * Non Saudi nurses |

Studying the entire population is impractical and undesirable (Suresh, 2014). Selecting a sample from the population of newly graduate nurses under preceptorship in the western hospitals was thought to facilitate access to data, reflective of wider programmes across the KSA. Suresh (2014) argues that a target population should help the study to achieve the desired and accurate results. The research should reduce cost by studying an appropriate fraction of the newly graduated nurses. A sufficient sample minimizes error and saves the time needed to study a large population (Polit & Beck, 2010). Hence, the study will derive accurate data and undertake prompt analysis by studying a section of the newly graduated nurses without prior clinical experience. The newly graduate nurses should provide insights on the impact of preceptorship programmes on the confidence and competence of newly graduate nurses in Saudi Arabia.

The study employed a convenience strategy to sample with the aim of recruiting 100 newly graduated nurses from the eight hospitals in KSA. The aim was to include both male and female nurse participants. The aim was to market and communicate with newly qualified nurses during the first week of the preceptorship programme. Following agreement to join the study I requested phone numbers and the emails of the respondents and sent them copies of the questionnaires to understand the intentions of the study. The process was online based. Consent was sought in advance from the hospitals and respondents.

The study adopted a convenience sampling method for effective and best way of selecting respondents in readiness for data collection. convenience sampling enables researchers to collect data from the participants with ease and without additional costs when compared to other involving approaches such as stratified sampling (Jager et al., 2017). The sampling process saved the time for compiling and gathering detail before statistical and qualitative analysis through QUIRKOS (see analysis below). The convenience sample provided the appropriate data and fostered easy clarification in case of ambiguities in the data collection process.

Explanatory quantitative qualitative study targeted a voluminous amount of qualitative information by using convenience sampling as opposed to other sampling methods. Convenience sample generates specific feedback and perspectives from specific individuals (Stratton, 2021). The study could understand the first-hand experience of the new nurses within the preceptorship programs provided by the hospital. The sampling informed the data collection through the interviews, which made it easier to gather diverse experiences with departmental, organizational, and one-on-one preceptorship. The qualitative part of the study was tailored to generate in-depth details about the demographics of NGNs seeking to pursue and retain their careers in clinical practice.

The convenience sampling method simplified the research process in entirety. The mixed methods design required creation of data collection tools for the quantitative research part and conducting additional interviews to expedite the qualitative research aspect. Both parts required sufficient time and minimal costs, which were saved by adopting the convenience approach of recruiting and selecting respondents. While the method provided convenience way of deriving my sample, I also ensured the achievement of representation to foster generalization and transferability to other studies. The sampling reduced the time between participant selection, distributing questionnaires, and conducting interviews in readiness for analysis and interpretation.

**Data Collection and Recruitment**

The study collected data using cross-sectional survey questionnaires and qualitative interviews based on the quantitative results. According to Suresh (2014), using different data collection methods should generate sufficient insights for answering the research question. Using multiple data collection efforts enhanced validation and diverse understanding of the research problem (Saczynski et al., 2013). For instance, the use of Schwirian tools (Schwirian 1978) elicited a discussion about gaining full picture about the effort done by the preceptorship process to enhance the outcomes of the NGNs in different hospital setting. On the other hand, the incorporation of qualitative interviews elicited different aspects of preceptorship. The study showed the different experiences and realities of the framework in offering the NGNs a chance to implement their skills, knowledge, and overall competence in readiness for the challenging practice. The information collected through the Schwirian tools validated the data gathered from the various interviews.

I sent an email to the participants after first survey and arrangement done with nursing education department for interviews. Nursing departments were used as the main source of recruitment and as the data collection coordination centre so that the respondents had ease of access to the study and the questionnaires at the first day during the data collection period. The participants completed the questionnaire and then submitted through email. The department was responsible for briefing the respondents about the importance of taking part in the study and providing genuine responses during the data collection period. Third party recruitment is beneficial to the research since it increases the response rate (Leeuw, Hox, & Dillman, 2012). The nursing department and preceptors assigned to the newly graduated nurses will oversee faster recruitment. Additionally, the cross-sectional aspect of the study exploits the advantages of questionnaires. The study achieved a higher response rate by relying on multiple data collection methods. The researchers offered the respondents different points for engaging and explaining issues surrounding the primary problem of how preceptorship affects NGNs competence, confidence, and overall professional development in their early clinical practice. Improving participants’ access to the research expedites a swift recruitment process and response to enhance transferability (Heath et al., 2018). The study considered the appropriateness of utilizing different methods and procedures to answer the research questions while creating a platform for engaging the topic.

Respondents for the qualitative study were recruited through the hospital administration as the gatekeepers. The hospital provided contact details upon explaining objectives and purpose of the study. The respondents were contacted upon gathering their contact information from the information. The researcher explained the need for voluntary participation in the study and the intentions of undertaking the study on NGNs. The respondent was informed about the interview in advance and filled consent forms to confirm their availability.

***Questionnaires***

Schwirian instrument (Schwirian 1978) was proposed and integrated in the research to expedite one phase of the data collection process (APPENDIX 2). The instrument was selected following my reading of a review of the instruments available for evaluating nurse competence (Meretoja & Leion-Kilpi 2001). Their review highlighted several appropriate tools aimed at evaluating confidence and competence within nursing. There were other tools identified within the paper, however the Six Dimension Schwirian tool struck me as being both psychometrically sound, but also ideal in addressing these two core concepts (competence, confidence) as well as professional development. The choice of the tool is also consistent with my use of Kanter’s empowerment framework. Notions of routine, structured work environment, as captured by Schwirian’s frequency of exposure to experience, but also components of individual responsibility (through the competence associated with leadership). The study stimulated and guided the systematic research to identify the information about the respondents. The respondents fostered the identifications of the various information needs on the preceptorship aspects and their various impacts on the outcomes of the NGNs in their clinical practices. The model further featured data accumulation from the respondents to inform inferences and different observations about the practice. The researchers posed the model during the research, developed the questions, and established different points for pitching the research.

The self-administered questionnaire enabled the study to gather informed perspectives about the phenomenon under study. The instrument contains closed-ended questions that seek diverse meaning based on predetermined responses (Timmins, 2015). Additionally, the cross-sectional survey is cost-efficient and practical due to the nature of the questionnaires (Leeuw, Hox, & Dillman, 2012). The cost of delivery the questionnaires to the newly graduated nurses was low, while the research had the freedom to choose and manage the groups targeted to provide insights. Timmins (2015) argues that questionnaires generate speedy results that allow informed decisions and analysis within a study. The study will use the questionnaires to achieve high scalability by gathering data from a relatively large sample of newly graduate nurses.

The study exploited the different advantages of self-administered questionnaire to collect the relevant data from the selected responses. Self-administered questions offer flexibility, cost-effectiveness, convenience, practicability, and scalability (Jirojwong et al., 2014). The inexpensive nature of the self-administered questionnaires enabled the mixed methods research to reach a wider audience from the selected participants. The process then empowered the respondents to take their time and answer the questionnaire at their convenience, but within the agreed timeline of data collection. The effort ensured that the respondents answered the queries with ease and without the pressure and with minimal burden given the use of email to return the responses. The flexibility of the self-administered questionnaires minimized inaccuracies and inconsistencies (Nieswiadomy & Bailey, 2018). On the other hand, the self-administered questionnaires enabled the respondents to answer the questions at their convenience without setting up the relevant appointment or reviewing them for follow-up. The practicality of using the questionnaires was high since they were inexpensive and easy to distribute to the respondents to gather the relevant data.

***Building Interview Qualitative Questions based on Quantitative Results***

Interview questions for the qualitative component of the study were derived from the results of the survey. According to Suresh (2014), developing questions after quantitative research, such as a survey, should balance and solve gaps or biases noted in the statistical analysis. The interview questions therefore build on the weaknesses realised in the survey including incomplete questionnaire responses and unclear answers on the way preceptorship affects the confidence and competence of the newly graduates in Saudi Arabia. Additionally, the interview questions should clarify the research domains based on the specific research question (Östlund et al., 2011). The study developed explicit insights including the relationships between the variables as a foundation for making a further conclusion after six months of the study. Open-ended questions were developed so that the participants were able to provide lengthy and descriptive answers as opposed to close-ended questions as Polit and Beck (2010) recommend. Similar questions and queries based on the inconsistencies of the survey will help in the framing of the interview guide.

***Qualitative Face-to-Face Interviews***

Qualitative interviews were undertaken after analysis of a cross-sectional survey at three months. The essence of undertaking the study after the participants have completed a preceptorship programme is to understand its longstanding impact on the confidence and competence of the newly graduate nurses. A sub-sample of the respondents utilised in the first phase of the cross-sectional survey were recruited for the interviews. Customising the engagement during the semi-structured interviews provided in-depth insights. The respondents revealed how the preceptorship period created a foundation for shaping competence and confidence in the administration of duties in clinical settings. Each interview session was recorded on a digital recorder as Mitchell (2015) recommends.

The participants provided unique insights into their experiences of the preceptorship programme through the semi-structured discussion, establishing a variety of perspectives. Semi-structured nature of the interviews provided open-ended questions that ‘opened up’ the topic under investigation further (Fitzpatrick & Kazer, 2011). I was also able to seek elaboration or probe the participants further for informed responses. Furthermore, the informal nature of the semi-structured interview provided good insights through an ease of engagement related to the phenomenon under study (Mitchell, 2015). Undertaking the interview allowed me to prepare in advance and carry out a competent conversation. The interviews provided rich data, which and was merged with the quantitative results to inform the conclusions.

The qualitative face-to-face interviews further offered several advantages to the research. The conversations were centred around the genuine perspective of the interviewee rather than being limited to the items listed within surveys and as such allowed for a flexible approach focused on the specific circumstances of each individual. The approach allowed further insights into the interviewee’s experiences of preceptorship through the capturing of verbal and non-verbal cues, focused engagement, and capturing of respondents’ emotions and behaviours (Norlyk et al., 2015). Additionally, the face-to-face interviews captured the verbal and non-verbal cues that showed enthusiasm of answering different questions and providing room for further probing. The interview schedule, that acted as the basis for the face-to-face interviews can be found in APPENDIX 3.

***Reliability and Validity of the Instruments***

The instrument has been demonstrated to be a valid measure of competence and competence of newly qualified nurses. Factor analysis conducted on responses of 914 new nurse graduates identified highly congruent subscales (leadership, critical care, teaching/collaboration, planning and evaluation, IPR/communication and professional development) (Schwirian, 1978). Instrument reliability is also demonstrated. Alpha co-efficients demonstrated high reliability values across all subscales (Schwirian, 1978). The instruments self-administered questionnaire were tested for face, content, and construct validity. Individuals were consulted to evaluate the face validity and affirmed the questionnaire’s ability to gather the intended measures. According to Saks and Allsop (2019) face validity confirms the instruments’ ability measures the intended outcomes of a study. On the other hand, a sample was used to test content validity by reading the content and confirm its accurate measurement of the fundamental aspects of the research topic. Content validity is imperative in a study since it illustrates how an instrument covers all the necessary elements of the constructs it seeks to measure such as theme or idea. Construct validity was evident since an expert affirmed the ability of the questions to underpin the content included. The test confirmed the success of the instruments in testing the specified measures, which articulated the interrelations and theoretical concepts.

A test-retest reliability test with respondents who repeated the survey several times before their responses were compared, affirmed the questionnaires’ ability to measure the intended outcomes.

**Data Analysis**

Quantitative analysis used SPSS as the analytic tool for the data collected from the newly graduate nurses undergoing preceptorship in the western hospitals in Saudi Arabia. On the other hand, thematic analysis was the preferred tool for the qualitative analysis of the data collected from the selected respondents, who will be available after the completion of preceptorship programme. Undertaking two analyses maximised the elimination of the biases associated with each method.

The results comprised statistical analyses and observations and themes generated through the qualitative data analysis. The research validate and further explored the patterns gathered from the cross-sectional survey using additional evidence and rich data gathered through interviews. The study gained depth of corroboration through triangulation. Different perspectives on the impact of preceptorship should emerge from the analysis of the information before and after the study. On the other hand, a procedural process for each data analysis will be adopted.

***Using SPSS***

Using SPSS was beneficial to the study because it enhanced the understanding of the data collected through cross-sectional survey questionnaires (Meyers, Gamst, & Guarino, 2013). The data collected through digital means can be exported in a file to the program for extensive analysis. The software allows importation of designated variables. SPSS allowed statistical tests based on the data collected from the study. Data was entered and cleaned within the SPSS programme. Feeding data into SPSS initiate an initial inspection of the variables that will include preceptorship, competence, and confidence using frequency descriptions. Frequency of responses were then made in order to more fully described the results of each section of the survey. This also included important demographic variables and other important independent variables. I was able then to create summary scores for the Six-Dimensions of the Schwirian tool. I used the mean scores of these summary scores to complete paired sample t-tests to establish the difference between the mean scores at each time point during follow up.

***Thematic Analysis***

Thematic Analysis was used as the basis for analysis of the interview responses. According to Braun and Clarke (2006), the thematic analysis offers a theoretically flexible methodology for analysing qualitative data. The approach is accessible for studies aiming to develop themes or patterns for different epistemological or ontological situations. Thematic analysis helped to overcome the nuanced and complex nature of the qualitative aspect of the study. The analysis focused on the conversations that occurred during the interviews on the critical elements of the study. Braun and Clarke (2006) argue that thematic analysis is more effective than other methods such as thematic discourse analysis or grounded theory, as it does need detailed theoretical or technological knowledge.

The thematic analysis process followed the six steps by Braun and Clarke including familiarization, coding, generating themes, reviewing the new themes, defining, and naming the various themes, and writing the qualitative report (Terry & Hayfield, 2021). The researchers familiarized with the data from the various transcriptions. The overview of the information was critical to analyzing the individual items in each phase. On the other hand, coding was critical to finding the phrases and sentences in the transcribed content to eliminate uncertainty and find the definitive themes. The generation of the themes and subsequent review helped to understand the data and the responses from the various respondents. The review allowed the comparison of the themes and forming accurate representations of the participants’ view of the impact of preceptorship on the NGNs. Writing the final qualitative report was easier with the definition and highlight of the key themes in the study.

The inductive thematic analysis adopted from Braun and Clarke (2006) involved familiarisation with the data collected through interviews. Verbal data will be transcribed, which will initiate the generation of initial codes. The coding will then expedite searching of relevant themes and subsequent review based on the research question. The review will assist define and naming of all themes in line with the aspects of the study. The determination will then facilitate production of a report based in the full worked out themes.

The study utilized thematic analysis for the different advantages it offered to the research. The analysis allowed comparison of different texts, application of knowledge, and flexibility in interpreting responses (Nowell et al., 2017). The lengthy texts from different respondents required time and patience to generate the themes for the qualitative part of the mixed methods study. The line-by-line analysis of each theme enhanced the understanding of their relationship to overall query in the research. On the other hand, the thematic analysis enhanced application of personal and theoretical knowledge in the qualitative element of the study. The research could use the personal experiences captured in the interviews to apply the relevant theoretical understanding on how preceptorship programs manifested among NGNs. Moreover, the flexibility of the thematic analysis fostered examination of different options while allowing exploration from the perspective of each research question or research objective.

***Using QUIRKOS***

QUIRKOS is a software package designed to store and facilitate the analysis of qualitative data, in this case the responses from the semi-structured interviews. A project was set up during the importation of the interview data. Data was imported after transcription from the digital recorders. The description expedites exploration of the data to generate trends between the respondents of different characteristics. QUIRKOS was then used to create and group the data into themes after identifying its core properties and following a process of coding each interview. I coded, explored further, and export the text derived from the transcription files into thematic groupings (Paulus, Lester, & Dempster, 2013). Transcriptions should have a similar format to align the functions of QUIRKOS.

QUIRKOS is a fast and straightforward analytical tool that allows customisation of the data collected through survey or interviews. The coded data can be customised into a report, which contains a summary of the information or the comprehensive details of the project (Paulus, Lester, & Dempster, 2013). Consequently, the data can be compared between the interviewees so that similar trends and contexts on the impact of preceptorship programs on confidence and competence of newly graduate nurses can emerge. On the other hand, the research will make ethical considerations due to the involvement of human subjects as Polit and Beck (2010) recommend.

QUIRKOS was a beneficial tool for the qualitative research. The software provided ease of use, visual component, speedy coding, visual exploration, and custom report (Hershberger & Kavanaugh, 2017). The ease of use of QUIRKOS hastened the data analysis and allowed efficient integration with the quantitative findings in the mixed methods study. The visual entity of QUIRKOS was appealing and allowed the integration of textual and statistical data. The analysis was an immersive process that allowed establishment of the key patterns and themes in readiness for the interpretations. Additionally, the tool allowed speedy coding of the text data from the transcribed interviews. The process of dragging and dropping text besides use of keyboard shortcuts led to efficient and prompt reporting. QUIRKOS was a viable tool for exploring the qualitative data from the various interviews after coding. The side-by-side comparisons fostered visual exploration of how different participants responded to the questions. The software then generated a customizable report to show the relationships and overall themes from the analyzed textual data.

**Ethical Considerations**

Ethical approval was sought from the University of Sheffield ethics committee and reciprocal approval provided by the Ministry of Health of Saudi Arabia (APPENDIX 4). A study minimises the risk of harm by following ethical procedures. The review of the university should determine the sensitive needs of the research and the respondents (Suresh, 2014). Seeking ethical approval prevented participants from seeking insurance or claims that will downplay the validity of the research. Hence, seeking ethical approval before the beginning of the research is critical (Whitehead, LoBiondo-Wood, & Haber, 2012). Approval from the university and Ministry of Health in KSA could offer further financial support and allow publication of the final draft. The results will be published to the wider research community in KSA and countries with similar healthcare patterns and system.

Informed consent was sought from the western hospitals and the newly graduate nurses targeted in the study. Seeking consent will initiate voluntary participation of the respondents due to full benefits or knowledge of the risks associated with the study (Houser, 2011). Additionally, the participants were entitled to confidentiality and privacy so that the information collected through the questionnaires or qualitative interviews was used for the purposes of the study only. The data was not divulged to third parties or unauthorised persons. The information and identity of the respondents was anonymised as Saldana (2012) recommends.

**Work Plan for Each Hospital**

|  |  |
| --- | --- |
| **Time** | **Activity** |
| **Month 1** | First Quantitative study -Face to-Face (physical- hard copy)  Statistical Analysis using SPSS |
| **Month 3** | Second Quantitative study - First follow up (online)  Statistical Analysis using SPSS  Building qualitative questions |
| **Month 4** | Qualitative interview  Analysis using thematic analysis |
| **Month 6** | Third Quantitative study - (online) – follow up from the qualitative interviews  Statistical Analysis using SPSS |

I choose three surveys because I wanted to measure the changes and improvements over the time after attending preceptorship program. The workplan outlines the different stages for undertaking the data collection process. The first two quantitative studies were undertaken in the selected hospitals to gather data on the intended measures. The findings from the two phases generated concerns, which were queried in the qualitative interview. The findings from the qualitative phase then informed the third quantitative studies to clarify issues from the respondents and seek solutions from the experts on the preceptorship framework in the selected hospitals.

**COVID-19 and Data Collection**

Data collection during COVID-19 pandemic was difficult. The period changed the intended process of collecting in-person information the respondents through questionnaires and qualitative interviews. The process led the transition to the remote data collection to align with the recommended social distancing rules. The adaptation of the data collection methods was critical to accessing the respondents while optimizing their safety against COVID-19. On the other hand, the remote data collection process from the various respondents meant increasing points for verifying and monitoring patterns to improve data quality. The digital consideration for the data collection process emerged due to the acceptability, risk and safety management issues, and the practicality among the various respondents while factoring the economic costs of the methods. Nonetheless, I feel confidence that the advantages gained through the visual ques inherent within the face-to-face interview was not overly disrupted.

Covid-19 did also have severe implications for the length of time that it took for me to collect the data, placing undue pressure upon the PhD timing and completion. Hospital access was limited at times and healthcare provision disrupted across KSA, meaning that the additional burden of the study was sometimes unwelcome. Nursing teams were stretch, understandably, and it was certainly a time when, despite good will, my participants and their nursing colleagues found it difficult to support the research.

**CHAPTER 4: ANALYSIS AND FINDINGS**

**Quantitative Findings**

The chapter section presents the results of the survey across all time points; Round 1(T1), Round 2(T2) and Round 3(T3), all of which undertaken 6 months apart. The data was analysed in IBM SPSS version 28. The first part of results covers the socio-demographic characteristics of the respondents. The second section covers the descriptive and inferential statistical results of the nurses’ routine, competency, and confidence tools.

***Variable’s identification and definition***

The study evaluated a number of variables that relates to demographic traits of nurses under preceptorship and their confidence, competency, and routine perceptions. Table 4.1 below shows the names, definitions and levels of variables considered in this study. All the data types were shown, Table 4.1.

*Table 4.1: Variable definitions*

|  |  |  |  |
| --- | --- | --- | --- |
| Variable |  | Description | Levels |
| Gender |  | Gender of respondent | Female, Male |
| Age |  | age group a nurse belonged | 20 - 25 yrs , 26-30 yrs , 31-35 yrs |
| Marital |  | Marital Status of the respondent | Married, Not Married |
| Nationality |  | Respondents’ nationality | Name of country |
| Graduate |  | Institution Graduated from | Public institution, or not |
| GPA |  | Grade Point Average score(GPA) | 0 - 3.0, 3.0 - 3.5, 3.5 - 4.0, > 4.0 |
| Specialization |  | Area of nursing practice rotated during the basic nursing training | OB/GYN, Critical care, Cardiac, Medical/ Surgical, Outpatient/clinic, Neuroscience, Emergency Department, Pediatric, Oncology |
| Area assigned |  | Area of nursing practice are you currently assigned to | OB/GYN, Critical care, Cardiac, Medical/ Surgical, Outpatient/clinic, Neuroscience, Emergency Department, Pediatric, Oncology |
| Routine |  | How often the nurse performs the activities in the performance of his/her current job | Four Likert scale; Not expected in this job, Never or seldom, Occasionally and Frequently |
| Competence |  | How well the nurse performs the activities in the performance of his/her current job | 42 routine tools were ranked using Four Likert scale; Not very well, Satisfactorily, Well and Very Well. |
| Confidence |  | self-orientations that people may have with regard to their work role | 12 confidence tools were ranked using Six Likert scale; Very strongly disagree, strongly disagree, Disagree, Natural, Agree, Strongly agree, and Very strongly agree |

***Participants Socio-demographic characteristics***

***Number of participants***

The study’s sample size declined over time. The highest number was achieved at T1 with 84 participants, T2 followed with 68 participants and T3 with 64, Table 4.2.

*Table4.2: number of participants in T1, T2 and T3*

|  |  |
| --- | --- |
| Survey time | Number of participants |
| R1 | 84 |
| R2 | 68 |
| R3 | 64 |

***Socio-demographics***

Participants were all Saudi nationals who had graduated from Public Institutions. Majority of the nurses were female, 75% (n=63) for the first survey as compared to the male nurses who were only 25% (n=21), see table 8. The proportion remained almost the same throughout the surveys over time, the female nurses made up 72.1% (n=63) and the male 27.9 %( n=21), and the female nurses made up 73.4% (n=49, 47) and the male 26.6 %( n=19, 17), of nurses at the second and third surveys, respectively, Table 8.

The Marital Status of the respondents was characterized by the majority of about two thirds of the nurses were married, 63 % (n=53) while 37 % (n=31) were not married in the first survey. Those that were not married seemed to have more available for the surveys since their proportion rose from 38% (n=28) to 42% (n=27) in the third survey, Table 8. The age of the nurses turned out be almost half of the sampled nurses were aged between 20 and 25 years, about a third were between ages 31-35, and only 21% (n=18) were between 26 and 30 years in the initial survey, Table 8. Notably, the proportion of nurses aged between 26 and 30 years increased to 48.5% (n=33) in the second survey and 50% (n=32) for the third survey. The nurses appeared to be achieving well given that about 81% (n=32) of the nurses had a GPA of 3.5 and above, Table 4.3.

*Table4.3 : Descriptive summary of socio-demographics across the three surveys*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Variable | Survey time | T1 |  | T2 |  | T3 |  |
| Variable description | Freq | % | Freq | % | Freq | % |
| Gender | Female | 63 | 75.0 | 49 | 72.1 | 47 | 73.4 |
| Male | 21 | 25.0 | 19 | 27.9 | 17 | 26.6 |
| Marital Status | Married | 53 | 63.1 | 40 | 58.8 | 37 | 57.8 |
| Not Married | 31 | 36.9 | 28 | 41.2 | 27 | 42.2 |
| Age | 20 - 25 yrs | 27 | 32.1 | 14 | 20.6 | 12 | 18.8 |
| 26-30 yrs | 18 | 21.4 | 33 | 48.5 | 32 | 50.0 |
| 31-35 yrs | 39 | 46.4 | 21 | 30.9 | 20 | 31.3 |
| GPA | 0 - 3.0 | 3 | 3.6 | 3 | 4.4 | 3 | 4.7 |
| 3.0 - 3.5 | 13 | 15.5 | 13 | 19.1 | 13 | 20.3 |
| 3.5 - 4.0 | 52 | 61.9 | 39 | 57.4 | 36 | 56.3 |
| > 4.0 | 16 | 19.0 | 13 | 19.1 | 12 | 18.8 |

The three most popular areas of nursing practice that the sampled nurses had been put during their basic nursing training were Critical Care, Neuroscience and cardiac making up about half of the areas of training. Out-patient and emergency departments took about 21 percent of the rotations.

**ROUND1 (T1)**

***Routine***

As part of the Schwirian instrument (Schwirian 1978), The participants were asked to share how they find their routine ranked with preceptorship. This was measured by use of 4 -Likert scale questions to answer several tools of routine to the question, *“How often does this nurse perform these activities in his/her current job*?” 1- Not expected in this job, 2-Never or seldom, 3-Occasionally, and 4-Frequently.

*Table 4.4: Summary of Round 1 Routine Likert Scale questions*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Variable | Occasionally | | Frequently | | |
| N | % | | N | % |
| Teach a patient's family members about the patient's needs. | 67 | 80% | | 17 | 20% |
| Coordinate the plan of nursing care with the medical plan of care. | 41 | 49% | | 43 | 51% |
| Give praise and recognition for achievement to those under his/her direction | 40 | 48% | | 44 | 52% |
| Teach preventive health measure to patients and their families. | 55 | 65% | | 29 | 35% |
| Identity and use community resources in developing a plan of care for a patient and his/her family. | 43 | 51% | | 41 | 49% |
| Identify and include in nursing care plans anticipated changes in patient's conditions. | 45 | 54% | | 39 | 46% |
| Evaluate results of nursing care. | 49 | 58% | | 35 | 42% |
| Promote the inclusion of patient's decision and desires concerning his/her care. | 39 | 46% | | 45 | 54% |
| Develop a plan of nursing care for a patient. | 38 | 45% | | 46 | 55% |
| Initiate planning and evaluation of nursing care with others. | 50 | 60% | | 34 | 40% |
| Perform technical procedures: e.g., oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes. | 51 | 61% | | 33 | 39% |
| Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation. | 45 | 54% | | 39 | 46% |
| Identify and include immediate patient needs in the plan of nursing care. | 45 | 54% | | 39 | 46% |
| Develop innovative methods and materials for teaching patients. | 45 | 54% | | 39 | 46% |
| Communicate a feeling of acceptance of each patient and a concern for the patient's welfare. | 42 | 50% | | 42 | 50% |
| Seek assistance when necessary. | 52 | 62% | | 32 | 38% |
| Help a patient communicate with others. | 39 | 46% | | 45 | 54% |
| Use mechanical devices: e.g., suction machine, Gomco, cardiac monitor, respirator | 49 | 58% | | 35 | 42% |
| Give emotional support to family of dying patient. | 51 | 61% | | 33 | 39% |
| Verbally communicate facts, ideas, and feelings to other health care team members. | 45 | 54% | | 39 | 46% |
| Promote the patients' rights to privacy. | 46 | 55% | | 38 | 45% |

All participants indicated that they did all the tasks outline in the routine tool. Therefore, none of them responded to the Likert question with ‘*1- Not expected in this job and 2-Never or seldom’*. Consequently, the summary of results presented here cover only two values of the scale: 3-Occasionally and 4-Frequently

Over half of nurses (51%, n=43) indicated that they frequently coordinated the plan of nursing care with the medical plan of care, gave praise and recognition for achievement to those under his/her direction, developed a plan of nursing care for a patient, initiated planning and evaluation of nursing care with others, promoted the use of interdisciplinary resource persons, contributed to productive working relationships with other health team members and used opportunities for patient teaching when they arise.

*Table 4.5: Summary 2 of Routine 2Routine Likert Scale questions*

|  |  |  |  |
| --- | --- | --- | --- |
| Variable | Occasionally | Frequently | |
| N | % | N | % |
| Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members. | 49 | 58% | 35 | 42% |
| Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel. | 43 | 51% | 41 | 49% |
| Explain nursing procedures to a patient prior to performing them. | 44 | 52% | 40 | 48% |
| Guide other health team members in planning for nursing care. | 44 | 52% | 40 | 48% |
| Accept responsibility for the level of care under his/her direction. | 53 | 63% | 31 | 37% |
| Perform appropriate measures in emergency situations. | 47 | 56% | 37 | 44% |
| Promote the use of interdisciplinary resource persons. | 39 | 46% | 45 | 54% |
| Use teaching aids and resource materials in teaching patients and their families. | 44 | 53% | 39 | 47% |
| Perform nursing care required by critically ill patients. | 43 | 51% | 41 | 49% |
| Encourage the family to participant in the care of the patient. | 47 | 56% | 37 | 44% |
| Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family. | 50 | 60% | 34 | 40% |
| Use nursing procedures as opportunities for interaction with patients. | 53 | 63% | 31 | 37% |
| Contribute to productive working relationships with other health team members. | 38 | 45% | 46 | 55% |
| Help a patient meet his/her emotional needs. | 45 | 54% | 39 | 46% |
| Contribute to the plan of nursing care for a patient. | 44 | 52% | 40 | 48% |
| Recognize and meet the emotional needs of a dying patient. | 48 | 57% | 36 | 43% |
| Communicate facts, ideas, and professional opinions in writing to patients and their families. | 47 | 56% | 37 | 44% |
| Plan for the integration of patient needs with family needs. | 51 | 61% | 33 | 39% |
| Function calmly and competently in emergency situations. | 49 | 58% | 35 | 42% |
| Remain open to the suggestions of those under his/her direction and use them when appropriate. | 49 | 58% | 35 | 42% |
| Use opportunities for patient teaching when they arise. | 40 | 48% | 44 | 52% |

Notably, very few, about 20% (n=17) of the nurses, indicated that they frequently taught a patient's family members about the patient's needs. This is critical in the homecare and support of the patient. Additionally, only 35% (n=29) of the nurses frequently taught preventive health measures to patients and their families. Other area of the preceptorship experience were revealed to be less than might be expected with only 38% (n=32) and 39% (n=33) of the nurses reported frequently seeking assistance when necessary and giving emotional support to family of dying patient, respectively. The mentors should strengthen these to encourage or build an environment where new nurses can seek assistance. Lastly, less than 40% (n=33) of the nurses frequently performed technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes, accepted responsibility for the level of care under his/her direction, used nursing procedures as opportunities for interaction with patients and planned for the integration of patient needs with family needs.

**The Schwirian Six-Dimensions at Round 1: Frequency**

The Schwirian instrument is made of six-dimensions: leadership, critical care, teaching, planning, interpersonal relations/communication and professional development. A mean score for each participant was constructed, for each of the six-dimensions at baseline (round 1). The mean score of frequency of opportunity for each of the dimension is presented in Table 4.6. Notably, nurses scored higher within the critical care dimension, possible as a result of an increased likelihood that participants were assigned to this field of care in the early stages of their preceptorship experience.

*Table 4.6: Mean scores for frequency of opportunity within each of the six-dimensions at baseline*

|  |  |  |
| --- | --- | --- |
| Dimension | Mean | Standard deviation |
| Leadership | 3.48 | .22 |
| Critical care | 3.66 | .17 |
| Teaching | 3.41 | .17 |
| Planning | 3.49 | .16 |
| IPR/Communication | 3.48 | .14 |
| Professional Development | 3.45 | .09 |

***Competency***

NGNs were asked to share how they find their competency ranked with preceptorship. This was measured by use of 4 -Likert scale questions to answer 52 tools of competency to the question, *“How well does this nurse perform these activities in his/her current job*?” 1-Not very well, 2-Satisfactorily, 3-Well, 4-Very Well.

All participants indicated that they performed at least well the tasks outline in the competency tool. Therefore, none of them responded to the Likert question with ‘*1-Not very well, 2-Satisfactorily,’* consequently, the summary of results presented here cover only two values of the scale: 3-Well, 4-Very Well. The responses to the assessment of competency at baseline (round 1) is shown in Table 12, below.

*Table4.7: The descriptive summary 1 of Competency questions in Round 1*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Well | | Very Well | |
| Variable | N | % | N | % |
| 1. Teach a patient's family members about the patient's needs. | 27 | 32% | 57 | 68% |
| 2. Coordinate the plan of nursing care with the medical plan of care. | 27 | 32% | 57 | 68% |
| 3. Give praise and recognition for achievement to those under his/her direction | 35 | 42% | 49 | 58% |
| 4. Teach preventive health measure to patients and their families. | 42 | 50% | 42 | 50% |
| 5. Identity and use community resources in developing a plan of care for a patient and his/her family. | 44 | 53% | 39 | 47% |
| 6. Identify and include in nursing care plans anticipated changes in patient's conditions. | 41 | 49% | 43 | 51% |
| 7. Evaluate results of nursing care. | 39 | 46% | 45 | 54% |
| 8. Promote the inclusion of patient's decision and desires concerning his/her care. | 38 | 46% | 45 | 54% |
| 9. Develop a plan of nursing care for a patient. | 46 | 55% | 38 | 45% |
| 10. Initiate planning and evaluation of nursing care with others. | 44 | 52% | 40 | 48% |
| 11. Perform technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes. | 41 | 49% | 43 | 51% |
| 12. Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation. | 42 | 51% | 41 | 49% |
| 13. Identify and include immediate patient needs in the plan of nursing care. | 40 | 48% | 44 | 52% |
| 14. Develop innovative methods and materials for teaching patients. | 32 | 38% | 52 | 62% |
| 15. Communicate a feeling of acceptance of each patient and a concern for the patient's welfare. | 43 | 51% | 41 | 49% |
| 16. Seek assistance when necessary. | 39 | 46% | 45 | 54% |
| 17. Help a patient communicate with others. | 44 | 52% | 40 | 48% |
| 18. Use mechanical devices: e.g., suction machine, Gomco, cardiac monitor, respirator | 40 | 48% | 44 | 52% |
| 19. Give emotional support to family of dying patient. | 42 | 50% | 42 | 50% |
| 20. Verbally communicate facts, ideas, and feelings to other health care team members. | 33 | 39% | 51 | 61% |
| 21. Promote the patients' rights to privacy. | 34 | 40% | 50 | 60% |
| 22. Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members. | 32 | 39% | 51 | 61% |
| 23. Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel. | 45 | 54% | 38 | 46% |
| 24. Explain nursing procedures to a patient prior to performing them. | 36 | 43% | 48 | 57% |

Most of the participants, evaluated themselves as competent on how they taught patient's family members about the patient's needs and coordinated the plan of nursing care with the medical plan of care, 68% (n=57). Further, a considerable number reported that they were very good at developing innovative methods and materials for teaching patients, performing appropriate measures in emergency situations, recognized and met the emotional needs of a dying patient and functioned calmly and competently in emergency situations at 68%, 67%, 65% and 61% respectively. Despite this, a smaller proportion of nurses felt proud of how they identified and used community resources in developing a plan of care for a patient and his/her family, initiated the planning and evaluation of nursing care with others, delegated responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel and used opportunities for patient teaching when they arise, at 41% (n=34 ), 45%(n=37 ), 46%(n= 38) and 47%(n=39 ), respectively. These presents an opportunity for preceptorship in Saudi to be improved by strengthening such areas that nurses are not so sure about.

The respondents were asked to indicate how they perceive their Professional Development behaviours during the preceptorship (variables 43-52). Most of these competency questions scored well as compared to very well. Nurses felt that they very well displayed self-direction, accepted responsibility for own actions, assumed new responsibilities within the limits of capabilities 63% (n=53), 57% (n=48), and 52%(n=44 ) respectively. However, the majority, about 80% (n=67) of the respondents felt that they use well the learning opportunities for ongoing personal and professional growth as compared to 20% (n=17) who felt they were very well. Therefore, it is a need to empower the preceptors on how to incorporate their professional development in their routine. Other areas that the nurses in preceptorship should be empowered on to ensure they score very well includes maintaining a high standard of performance, and how display a generally positive attitude and demonstration of knowledge in the ethics of nursing.

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*Table 4.8: The descriptive summary 2 of Competency questions in Round 1*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Well | | Very Well | |
| Variable | N | % | N | % |
| 26. Accept responsibility for the level of care under his/her direction. | 41 | 49% | 43 | 51% |
| 27. Perform appropriate measures in emergency situations. | 28 | 33% | 56 | 67% |
| 28. Promote the use of interdisciplinary resource persons. | 42 | 51% | 41 | 49% |
| 29. Use teaching aids and resource materials in teaching patients and their families. | 35 | 42% | 48 | 58% |
| 30. Perform nursing care required by critically ill patients. | 40 | 48% | 44 | 52% |
| 31. Encourage the family to participant in the care of the patient. | 37 | 44% | 47 | 56% |
| 32. Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family. | 43 | 51% | 41 | 49% |
| 33. Use nursing procedures as opportunities for interaction with patients. | 37 | 45% | 46 | 55% |
| 34. Contribute to productive working relationships with other health team members. | 40 | 48% | 44 | 52% |
| 35. Help a patient meet his/her emotional needs. | 36 | 43% | 48 | 57% |
| 36. Contribute to the plan of nursing care for a patient. | 38 | 45% | 46 | 55% |
| 37. Recognize and meet the emotional needs of a dying patient. | 29 | 35% | 55 | 65% |
| 38. Communicate facts, ideas, and professional opinions in writing to patients and their families. | 39 | 46% | 45 | 54% |
| 39. Plan for the integration of patient needs with family needs. | 36 | 43% | 48 | 57% |
| 40. Function calmly and competently in emergency situations. | 33 | 39% | 51 | 61% |
| 41. Remain open to the suggestions of those under his/her direction and use them when appropriate. | 40 | 48% | 44 | 52% |
| 42. Use opportunities for patient teaching when they arise. | 48 | 57% | 36 | 43% |
| 43. Use learning opportunities for ongoing personal and professional growth. | 67 | 80% | 17 | 20% |
| 44. Display self-direction. | 31 | 37% | 53 | 63% |
| 45. Accept responsibility for own actions. | 36 | 43% | 48 | 57% |
| 46. Assume new responsibilities within the limits of capabilities. | 40 | 48% | 44 | 52% |
| 47. Maintain high standards of performance. | 54 | 64% | 30 | 36% |
| 48. Demonstrate self-confidence. | 48 | 57% | 36 | 43% |
| 49. Display a generally positive attitude. | 53 | 63% | 31 | 37% |
| 50. Demonstrate a knowledge of the legal boundaries of nursing. | 43 | 51% | 41 | 49% |
| 51. Demonstrate knowledge in the ethics of nursing. | 46 | 55% | 38 | 45% |
| 52. Accept and use constructive criticism. | 44 | 52% | 40 | 48% |

**The Schwirian Six-Dimensions at Round 1: Competence**

As was the case for frequency of opportunity at baseline, I constructed a mean score for each participant for self-reported competence, for each of the six-dimensions at baseline (round 1). The mean score of frequency of opportunity for each of these dimensions is presented in Table 4.9. It is notable that nurses scored more consistently across all dimensions.

*Table 4.9: Mean scores for self-reported competence within each of the six-dimensions at baseline*

|  |  |  |
| --- | --- | --- |
| Dimension | Mean | Standard deviation |
| Leadership | 3.5 | .21 |
| Critical care | 3.53 | .19 |
| Teaching | 3.51 | .13 |
| Planning | 3.54 | .17 |
| IPR/Communication | 3.53 | .17 |
| Professional Development | 3.45 | .09 |

***Confidence***

The nurses were asked to indicate how they perceive their work roles using a seven-point Likert scale questions of their own self-evaluation, which ranged from 1- Very strongly disagree, 2-Strongly disagree, 3-Disagree, 4- Natural, 5- Agree, 6- Strongly agree and 7-Very strongly agree. The findings reveal that the nurses were positive about how they oriented themselves with preceptorship, given that they all had positive responses, Agree, Strongly agree, and Very strongly agree.

The majority, 96% (n= 81), at least strongly agreed that they were more confident about their ability to do their job during the preceptorship. Further they find their job to be important to them, only 6% (n= 3), agree, the rest, 94% (n= 79), at least strongly agree to that statement. Notably, during preceptorship, most of the nurses 96% (n= 81),) have the autonomy in determining how to do their job. This has effects in building their confidence to lead and to handle patients in cases of emergencies. About 97% (n= 81) of the respondents at least strongly feel that their impact on what happens in my department is large. The sense of belonging to a team is motivation enough to deliver on an employee’s duties. The majority, 65% (n= 55), very strongly agree that their job activities are personally meaningful to them.

99% (n= 83) of the nurses felt like they had a great deal of control over what happens in their department. Majority of the nurses after preceptorship felt that they could decide on their own on how to go about doing their work. All nurses 99% (n= 83), perceived that they had considerable opportunity for independence and freedom in how they do their job. The majority, 98% (n= 82), of the nurses, strongly agreed to have mastered the skills necessary for their job. All nurses 100% (n= 84),) at least strongly agreed that the work they do during preceptorship was meaningful to them. About half 50% (n=42) of nurses very strongly believed to have considerable influence over what happens in their department. About 98% (n= 82) of respondents were strongly confident that self-assured about my capabilities to perform my work activities.

*Table4.10: Likert scale summary of the Nurses' self- orientation of their work roles Round1*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Confidence Question | Agree | Strongly agree | | Very Strongly Agree | | |
| n | % | n | % | n | % |
| I am confident about my ability to do my job. | 3 | 4% | 47 | 56% | 34 | 40% |
| The work that I do is important to me | 5 | 6% | 35 | 42% | 44 | 52% |
| I have significant autonomy in determining how I do my job. | 3 | 4% | 29 | 35% | 52 | 62% |
| My impact on what happens in my department is large. Impact | 2 | 2% | 38 | 45% | 44 | 52% |
| My job activities are personally meaningful to me. | 2 | 3% | 24 | 32% | 48 | 65% |
| I have a great deal of control over what happens in my department. | 1 | 1% | 37 | 44% | 46 | 55% |
| I can decide on my own how to go about doing my own work. | 3 | 4% | 36 | 43% | 45 | 54% |
| I have considerable opportunity for independence and freedom in how I do my job. | 1 | 1% | 37 | 44% | 46 | 55% |
| I have mastered the skills necessary for my job. | 2 | 2% | 40 | 48% | 42 | 50% |
| The work I do is meaningful to me. | 0 | 0% | 39 | 46% | 45 | 54% |
| I have significant influence over what happens in my department. | 1 | 1% | 42 | 50% | 41 | 49% |
| I am self-assured about my capabilities to perform my work activities. | 2 | 2% | 36 | 43% | 46 | 55% |

As with the six-dimensions, the mean score is calculated for the confidence section of the instrument at baseline (mean= 6.5, standard deviation =.13

**ROUND2 (T2)**

***Routine***

86.8% of nurses in preceptorship remain open to the suggestions of those under their direction and use them when appropriate. Further, another 83.8% (n= 57), felt that they contribute to productive working relationships with other health team members. The third most agreed statement was that 82.4% (n= 56), function calmly and competently in emergency situations. at fourth place nurses felt that they could identify and use resources within the health care agency in developing a plan of care for a patient and his/her family at 80.9% (n= 55), and they could also recognize and meet the emotional needs of a dying patient at 79.4% (n= 54). About 63.2% (n= 43) of nurses frequently developed a plan of nursing care for a patient.

However, on the lower side, were less confident to say they gave emotional support to family of dying patient at 58.8% (n= 40). Further, only 57.4 (n= 39), use mechanical devices: e.g., suction machine, Gomco, cardiac monitor, respirator and 55.9% (n= 38), do explain nursing procedures to a patient prior to performing them. Only 52.9% (n= 38), perform appropriate measures in emergency situations and lastly

Less than 50% (n= 34), adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation, 45.6.

*Table 4.11: Summary of Round 2 Routine Likert Scale questions*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Occasionally | | Frequently | |
|  | N | % | N | % |
| 1. Teach a patient's family members about the patient's needs. | 25 | 36.8 | 43 | 63.2 |
| 2. Coordinate the plan of nursing care with the medical plan of care. | 16 | 23.5 | 52 | 76.5 |
| 3. Give praise and recognition for achievement to those under his/her direction | 19 | 27.9 | 49 | 72.1 |
| 4. Teach preventive health measure to patients and their families. | 22 | 32.4 | 46 | 67.6 |
| 5. Identity and use community resources in developing a plan of care for a patient and his/her family. | 20 | 29.4 | 48 | 70.6 |
| 6. Identify and include in nursing care plans anticipated changes in patient's conditions. | 24 | 35.3 | 44 | 64.7 |
| 7. Evaluate results of nursing care. | 19 | 27.9 | 49 | 72.1 |
| 8. Promote the inclusion of patient's decision and desires concerning his/her care. | 20 | 29.4 | 48 | 70.6 |
| 9. Develop a plan of nursing care for a patient. | 25 | 36.8 | 43 | 63.2 |
| 10. Initiate planning and evaluation of nursing care with others. | 24 | 35.3 | 44 | 64.7 |
| 11. Perform technical procedures: e.g., oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes. | 22 | 32.4 | 46 | 67.6 |
| 12. Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation. | 37 | 54.4 | 31 | 45.6 |
| 13. Identify and include immediate patient needs in the plan of nursing care. | 27 | 39.7 | 41 | 60.3 |
| 14. Develop innovative methods and materials for teaching patients. | 24 | 35.3 | 44 | 64.7 |
| 15. Communicate a feeling of acceptance of each patient and a concern for the patient's welfare. | 22 | 32.4 | 46 | 67.6 |
| 16. Seek assistance when necessary. | 22 | 32.4 | 46 | 67.6 |
| 17. Help a patient communicate with others. | 20 | 29.4 | 48 | 70.6 |
| 18. Use mechanical devices: e.g., suction machine, Gomco, cardiac monitor, respirator | 29 | 42.6 | 39 | 57.4 |
| 19. Give emotional support to family of dying patient. | 28 | 41.2 | 40 | 58.8 |
| 20. Verbally communicate facts, ideas, and feelings to other health care team members. | 27 | 39.7 | 41 | 60.3 |
| 21. Promote the patients' rights to privacy. | 26 | 38.2 | 42 | 61.8 |
| 22. Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members. | 24 | 35.3 | 44 | 64.7 |
| *Table 16(Continued)* |  |  |  |  |
| 23. Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel. | 21 | 30.9 | 47 | 69.1 |
| 24. Explain nursing procedures to a patient prior to performing them. | 30 | 44.1 | 38 | 55.9 |
| 25. Guide other health team members in planning for nursing care. | 24 | 35.3 | 44 | 64.7 |
| 26. Accept responsibility for the level of care under his/her direction. | 18 | 26.5 | 50 | 73.5 |
| 27. Perform appropriate measures in emergency situations. | 32 | 47.1 | 36 | 52.9 |
| 28. Promote the use of interdisciplinary resource persons. | 20 | 29.4 | 48 | 70.6 |
| 29. Use teaching aids and resource materials in teaching patients and their families. | 20 | 29.4 | 48 | 70.6 |
| 30. Perform nursing care required by critically ill patients. | 23 | 33.8 | 45 | 66.2 |
| 31. Encourage the family to participant in the care of the patient. | 27 | 39.7 | 41 | 60.3 |
| 32. Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family. | 13 | 19.1 | 55 | 80.9 |
| 33. Use nursing procedures as opportunities for interaction with patients. | 24 | 35.3 | 44 | 64.7 |
| 34. Contribute to productive working relationships with other health team members. | 11 | 16.2 | 57 | 83.8 |
| 35. Help a patient meet his/her emotional needs. | 15 | 22.1 | 53 | 77.9 |
| 36. Contribute to the plan of nursing care for a patient. | 15 | 22.1 | 53 | 77.9 |
| 37. Recognize and meet the emotional needs of a dying patient. | 14 | 20.6 | 54 | 79.4 |
| 38. Communicate facts, ideas, and professional opinions in writing to patients and their families. | 17 | 25 | 51 | 75 |
| 39. Plan for the integration of patient needs with family needs. | 22 | 32.4 | 46 | 67.6 |
| 40. Function calmly and competently in emergency situations. | 12 | 17.6 | 56 | 82.4 |
| 41. Remain open to the suggestions of those under his/her direction and use them when appropriate. | 9 | 13.2 | 59 | 86.8 |
| 42. Use opportunities for patient teaching when they arise. | 17 | 25 | 51 | 75 |

**The Schwirian Six-Dimensions at Round 2: Frequency**

As a baseline, a mean score for each participant was constructed, for each of the six-dimensions at three-months (round 2). The mean score of frequency of opportunity for each of these dimensions is presented in Table 4.12. Notable is the increased mean score for each of the dimensions.

*Table 4.12: Mean scores for frequency of opportunity within each of the six-dimensions at three months.*

|  |  |  |
| --- | --- | --- |
| Dimension | Mean | Standard deviation |
| Leadership | 3.73 | .19 |
| Critical care | 3.66 | .17 |
| Teaching | 3.63 | .15 |
| Planning | 3.68 | .16 |
| IPR/Communication | 3.68 | .12 |

***Competency***

The most important question was ‘*Teach a patient's family members about the patient's needs’* at 89.7% (n= 60). This was followed by ‘*Contribute to the plan of nursing care for a patient’* and *Function calmly and competently in emergency situations’* both at 85.3% (n= 58). Another important item was if ‘*Develop innovative methods and materials for teaching patients’* at 83.8% and the fifth most important was ‘*Identify and include immediate patient needs in the plan of nursing care’* at 82.4% (n= 56).

The least five key factors were ‘*if nurses demonstrated knowledge in the ethics of nursing’* and ‘*if they developed a plan of nursing care for a patient’*, both at64%. The third least important question ‘*Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation’* and ‘*Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel*,’ both at 63.2% (n= 43). The least issue to nurses was maintaining high standards of performance at 61.8% (n= 42).

*Table 4.13: Summary of Round 2 Competency Likert Scale questions*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Occasionally | | Frequently | |
|  | N | % | N | % |
| 1. Teach a patient's family members about the patient's needs. | 7 | 10.3 | 61 | 89.7 |
| 2. Coordinate the plan of nursing care with the medical plan of care. | 14 | 20.6 | 54 | 79.4 |
| 3. Give praise and recognition for achievement to those under his/her direction | 17 | 25 | 51 | 75 |
| 4. Teach preventive health measure to patients and their families. | 14 | 20.6 | 54 | 79.4 |
| 5. Identity and use community resources in developing a plan of care for a patient and his/her family. | 18 | 26.5 | 50 | 73.5 |
| 6. Identify and include in nursing care plans anticipated changes in patient's conditions. | 21 | 30.9 | 47 | 69.1 |
| 7. Evaluate results of nursing care. | 18 | 26.5 | 50 | 73.5 |
| 8. Promote the inclusion of patient's decision and desires concerning his/her care. | 20 | 29.4 | 48 | 70.6 |
| 9. Develop a plan of nursing care for a patient. | 24 | 35.3 | 44 | 64.7 |
| 10. Initiate planning and evaluation of nursing care with others. | 22 | 32.4 | 46 | 67.6 |
| 11. Perform technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes. | 22 | 32.4 | 46 | 67.6 |
| 12. Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation. | 25 | 36.8 | 43 | 63.2 |
| 13. Identify and include immediate patient needs in the plan of nursing care. | 12 | 17.6 | 56 | 82.4 |
| 14. Develop innovative methods and materials for teaching patients. | 11 | 16.2 | 57 | 83.8 |
| 15. Communicate a feeling of acceptance of each patient and a concern for the patient's welfare. | 18 | 26.5 | 50 | 73.5 |
| 16. Seek assistance when necessary. | 19 | 27.9 | 49 | 72.1 |
| 17. Help a patient communicate with others. | 14 | 20.6 | 54 | 79.4 |
| 18. Use mechanical devices: e.g., suction machine, Gomco, cardiac monitor, respirator | 14 | 20.6 | 54 | 79.4 |
| 19. Give emotional support to family of dying patient. | 15 | 22.1 | 53 | 77.9 |
| 20. Verbally communicate facts, ideas, and feelings to other health care team members. | 19 | 27.9 | 49 | 72.1 |
| 21. Promote the patients' rights to privacy. | 18 | 26.5 | 50 | 73.5 |
| 22. Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members. | 18 | 26.5 | 50 | 73.5 |
| 23. Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel. | 25 | 36.8 | 43 | 63.2 |
| 24. Explain nursing procedures to a patient prior to performing them. | 22 | 32.4 | 46 | 67.6 |
| 25. Guide other health team members in planning for nursing care. | 14 | 20.6 | 54 | 79.4 |
| *Table 18 (Continued)* |  |  |  |  |
| 26. Accept responsibility for the level of care under his/her direction. | 18 | 26.5 | 50 | 73.5 |
| 27. Perform appropriate measures in emergency situations. | 15 | 22.1 | 53 | 77.9 |
| 28. Promote the use of interdisciplinary resource persons. | 20 | 29.4 | 48 | 70.6 |
| 29. Use teaching aids and resource materials in teaching patients and their families. | 17 | 25 | 51 | 75 |
| 30. Perform nursing care required by critically ill patients. | 24 | 35.3 | 44 | 64.7 |
| 31. Encourage the family to participant in the care of the patient. | 15 | 22.1 | 53 | 77.9 |
| 32. Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family. | 19 | 27.9 | 49 | 72.1 |
| 33. Use nursing procedures as opportunities for interaction with patients. | 18 | 26.5 | 50 | 73.5 |
| 34. Contribute to productive working relationships with other health team members. | 13 | 19.1 | 55 | 80.9 |
| 35. Help a patient meet his/her emotional needs. | 12 | 17.6 | 56 | 82.4 |
| 36. Contribute to the plan of nursing care for a patient. | 10 | 14.7 | 58 | 85.3 |
| 37. Recognize and meet the emotional needs of a dying patient. | 13 | 19.1 | 55 | 80.9 |
| 38. Communicate facts, ideas, and professional opinions in writing to patients and their families. | 16 | 23.5 | 52 | 76.5 |
| 39. Plan for the integration of patient needs with family needs. | 21 | 30.9 | 47 | 69.1 |
| 40. Function calmly and competently in emergency situations. | 10 | 14.7 | 58 | 85.3 |
| 41. Remain open to the suggestions of those under his/her direction and use them when appropriate. | 20 | 29.4 | 48 | 70.6 |
| 42. Use opportunities for patient teaching when they arise. | 20 | 29.4 | 48 | 70.6 |
| 43. Use learning opportunities for ongoing personal and professional growth. | 21 | 30.9 | 47 | 69.1 |
| 44. Display self-direction. | 14 | 20.6 | 54 | 79.4 |
| 45. Accept responsibility for own actions. | 12 | 17.6 | 56 | 82.4 |
| 46. Assume new responsibilities within the limits of capabilities. | 15 | 22.1 | 53 | 77.9 |
| 47. Maintain high standards of performance. | 26 | 38.2 | 42 | 61.8 |
| 48. Demonstrate self-confidence. | 23 | 33.8 | 45 | 66.2 |
| 49. Display a generally positive attitude. | 23 | 33.8 | 45 | 66.2 |
| 50. Demonstrate a knowledge of the legal boundaries of nursing. | 23 | 33.8 | 45 | 66.2 |
| 51. Demonstrate knowledge in the ethics of nursing. | 24 | 35.3 | 44 | 64.7 |
| 52. Accept and use constructive criticism. | 12 | 17.6 | 56 | 82.4 |

**The Schwirian Six-Dimensions at Round 2: Competence**

As a baseline, A mean score for each participant was constructed, for each of the six-dimensions at three-months (round 2). The mean score of self-reported competence for each of these dimensions is presented in Table 4.14. Notable is the increased mean score for each of the dimensions.

*Table 4.14: Mean scores for self-reported competence within each of the six-dimensions at three months.*

|  |  |  |
| --- | --- | --- |
| Dimension | Mean | Standard deviation |
| Leadership | 3.72 | .18 |
| Critical care | 3.75 | .17 |
| Teaching | 3.76 | .13 |
| Planning | 3.74 | .16 |
| IPR/Communication | 3.73 | .12 |
| Professional development | 3.6 | .12 |

***Confidence***

About three-quarters of nurses felt that they are self-assured about their capabilities to perform their work activities, 75% (n= 51). Additionally, another 73% (n= 50) felt that they had noteworthy influence over what happens in their department. The third important confidence question was agreed to by about 71% (n= 48) of nurse *‘I have considerable opportunity for independence and freedom in how I do my job’*. On the other hand, how nurses felt about having significant autonomy in determining how they do their job and if they have a great deal of control over what happens in their department tied at the least, 60% (n= 41).

*Table4.15: Summary of Round 2 confidence Likert Scale questions*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Variables | Strongly agree | | Very Strongly Agree | |
|  | N | % | N | % |
| The work I do is meaningful to me. | 22 | 32.4 | 46 | 67.6 |
| I have significant influence over what happens in my department. | 18 | 26.5 | 50 | 73.5 |
| I am self-assured about my capabilities to perform my work activities. | 17 | 25.0 | 51 | 75.0 |
| I am confident about my ability to do my job. | 25 | 36.8 | 43 | 63.2 |
| The work that I do is important to me | 26 | 38.2 | 42 | 61.8 |
| I have significant autonomy in determining how I do my job. | 27 | 39.7 | 41 | 60.3 |
| My impact on what happens in my department is large. impact | 22 | 32.4 | 46 | 67.6 |
| My job activities are personally meaningful to me. | 21 | 30.9 | 47 | 69.1 |
| I have a great deal of control over what happens in my department. | 27 | 39.7 | 41 | 60.3 |
| I can decide on my own how to go about doing my own work. | 24 | 35.3 | 44 | 64.7 |
| I have considerable opportunity for independence and freedom in how I do my job. | 20 | 29.4 | 48 | 70.6 |
| I have mastered the skills necessary for my job. | 21 | 30.9 | 47 | 69.1 |

**ROUND 3 (T3)**

***Routine***

The most important routine issues by the third survey, also a 6 months after the nurses join preceptorship were; helping a patient meet his/her emotional needs at 84.4 %,(n= 54) communicating a feeling of acceptance of each patient and a concern for the patient's welfare, helping a patient communicate with others and developing a plan of nursing care for a patient, all three at 82.8% (n= 53), and delegating responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel at 81.25% (n= 52).

By the third survey, 6 months apart from the start of preceptorship, the issues nurses felt were least included; Recognizing and meeting the emotional needs of a dying patient at 76.6% (n= 49), Identifying and including in nursing care plans the anticipated changes in patient's conditions at 75 (n= 48), identifying and use community resources in developing a plan of care for a patient and his/her family at 71.9 (n= 46), teaching a patient's family members about the patients.

*Table4.16: Summary of Round 3 routine Likert Scale questions*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Occasionally | | Frequently | |
|  | N | % | N | % |
| 1. Teach a patient's family members about the patient's needs. | 19 | 29.6875 | 45 | 70.3125 |
| 2. Coordinate the plan of nursing care with the medical plan of care. | 14 | 20.6 | 54 | 79.4 |
| 3. Give praise and recognition for achievement to those under his/her direction | 17 | 25 | 51 | 75 |
| 4. Teach preventive health measure to patients and their families. | 19 | 29.7 | 45 | 70.3 |
| 5. Identity and use community resources in developing a plan of care for a patient and his/her family. | 18 | 28.1 | 46 | 71.9 |
| 6. Identify and include in nursing care plans anticipated changes in patient's conditions. | 16 | 25 | 48 | 75 |
| 7. Evaluate results of nursing care. | 12 | 18.8 | 52 | 81.2 |
| 9. Develop a plan of nursing care for a patient. | 11 | 17.2 | 53 | 82.8 |
| 10. Initiate planning and evaluation of nursing care with others. | 14 | 21.9 | 50 | 78.1 |
| 11. Perform technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes. | 13 | 20.3 | 51 | 79.7 |
| 12. Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation. | 13 | 20.3 | 51 | 79.7 |
| 13. Identify and include immediate patient needs in the plan of nursing care. | 13 | 20.3 | 51 | 79.7 |
| 14. Develop innovative methods and materials for teaching patients. | 14 | 21.9 | 50 | 78.1 |
| 15. Communicate a feeling of acceptance of each patient and a concern for the patient's welfare. | 11 | 17.1875 | 53 | 82.81 |
| 16. Seek assistance when necessary. | 15 | 23.4375 | 49 | 76.56 |
| 17. Help a patient communicate with others. | 11 | 17.1875 | 53 | 82.81 |
| 18. Use mechanical devices: e.g., suction machine, Gomco, cardiac monitor, respirator | 13 | 20.3125 | 51 | 79.68 |
| 19. Give emotional support to family of dying patient. | 14 | 21.875 | 50 | 78.12 |
| 20. Verbally communicate facts, ideas, and feelings to other health care team members. | 15 | 23.4375 | 49 | 76.56 |
| 21. Promote the patients' rights to privacy. | 15 | 23.4375 | 49 | 76.56 |
| 22. Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members. | 14 | 21.875 | 50 | 78.12 |
| *Table 21 (Continued)* |  |  |  |  |
| 23. Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel. | 12 | 18.75 | 52 | 81.25 |
| 24. Explain nursing procedures to a patient prior to performing them. | 15 | 23.4375 | 49 | 76.56 |
| 25. Guide other health team members in planning for nursing care. | 14 | 21.875 | 50 | 78.12 |
| 26. Accept responsibility for the level of care under his/her direction. | 14 | 21.875 | 50 | 78.12 |
| 27. Perform appropriate measures in emergency situations. | 13 | 20.3 | 51 | 79.7 |
| 28. Promote the use of interdisciplinary resource persons. | 12 | 18.75 | 52 | 81.25 |
| 29. Use teaching aids and resource materials in teaching patients and their families. | 14 | 21.875 | 50 | 78.12 |
| 32. Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family. | 13 | 20.3 | 51 | 79.7 |
| 33. Use nursing procedures as opportunities for interaction with patients. | 14 | 21.87 | 50 | 78.13 |
| 34. Contribute to productive working relationships with other health team members. | 13 | 20.3 | 51 | 79.7 |
| 35. Help a patient meet his/her emotional needs. | 10 | 15.6 | 54 | 84.4 |
| 36. Contribute to the plan of nursing care for a patient. | 14 | 21.9 | 50 | 78.1 |
| 37. Recognize and meet the emotional needs of a dying patient. | 15 | 23.4 | 49 | 76.6 |
| 38. Communicate facts, ideas, and professional opinions in writing to patients and their families. | 14 | 21.9 | 50 | 78.1 |
| 39. Plan for the integration of patient needs with family needs. | 13 | 20.3 | 51 | 79.7 |
| 40. Function calmly and competently in emergency situations. | 13 | 20.3 | 51 | 79.7 |
| 41. Remain open to the suggestions of those under his/her direction and use them when appropriate. | 13 | 20.3 | 51 | 79.7 |
| 42. Use opportunities for patient teaching when they arise. | 14 | 21.9 | 50 | 78.1 |

**The Schwirian Six-Dimensions at Round 3: Frequency**

As a baseline and at three-months, I constructed a mean score for each participant, for each of the six-dimensions at six-months (round 3). The mean score of frequency of opportunity for each of these dimensions is presented in Table 4.17. Notable is that the increased mean score for each of the dimensions is not as great as the time period between baseline and three-months.

*Table 4.17: Mean scores for frequency of opportunity within each of the six-dimensions at three months.*

|  |  |  |
| --- | --- | --- |
| Dimension | Mean | Standard deviation |
| Leadership | 3.79 | .19 |
| Critical care | 3.79 | .16 |
| Teaching | 3.76 | .12 |
| Planning | 3.78 | .12 |
| IPR/Communication | 3.79 | .13 |

***Competency***

The nurse’s competency changed by after 6 months of preceptorship making the most important issue to them, maintaining high standards of performance by 90.6% (n=58), demonstrating self-confidence 85% (n= 54). The following statements were ranked the same at 84.4 % (n= 54) initiating planning and evaluation of nursing care with others, Performing technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes, Promoting the patients' rights to privacy, performing appropriate measures in emergency situations, coordinating the plan of nursing care with the medical plan of care, helping a patient meet his/her emotional needs, communicating facts, ideas, and professional opinions in writing to patients and their families and displaying a generally positive attitude.

Nurses at this stage felt less competent as compared to other measures; explaining nursing procedures to a patient prior to performing them, teach preventive health measure to patients and their families, and demonstrating a knowledge of the legal boundaries of nursing all three at 75% (n= 49). The also felt like guided other health team members in planning for nursing care at73.4% (n= 47) demonstrating knowledge in the ethics of nursing 67.2% (n= 43) and lastly accepting responsibility for own actions at 56.3% (n= 36)

*Table4.18: Summary of Round 3 competence Likert Scale questions*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Well | | Very well | |
|  | N | % | N | % |
| 1. Teach a patient's family members about the patient's needs. | 14 | 21.9 | 50 | 78.1 |
| 2. Coordinate the plan of nursing care with the medical plan of care. | 10 | 15.6 | 54 | 84.4 |
| 3. Give praise and recognition for achievement to those under his/her direction | 15 | 23.4 | 49 | 76.6 |
| 4. Teach preventive health measure to patients and their families. | 16 | 25 | 48 | 75 |
| 5. Identity and use community resources in developing a plan of care for a patient and his/her family. | 15 | 23.4 | 49 | 76.6 |
| 6. Identify and include in nursing care plans anticipated changes in patient's conditions. | 13 | 20.3 | 51 | 79.7 |
| 7. Evaluate results of nursing care. | 13 | 20.3 | 51 | 79.7 |
| 8. Promote the inclusion of patient's decision and desires concerning his/her care. | 15 | 23.4 | 49 | 76.6 |
| 9. Develop a plan of nursing care for a patient. | 13 | 20.3 | 51 | 79.7 |
| 10. Initiate planning and evaluation of nursing care with others. | 10 | 15.6 | 54 | 84.4 |
| 11. Perform technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes. | 10 | 15.6 | 54 | 84.4 |
| 12. Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation. | 11 | 17.2 | 53 | 82.8 |
| 13. Identify and include immediate patient needs in the plan of nursing care. | 12 | 18.8 | 52 | 81.3 |
| 14. Develop innovative methods and materials for teaching patients. | 12 | 18.8 | 52 | 81.3 |
| 15. Communicate a feeling of acceptance of each patient and a concern for the patient's welfare. | 14 | 21.9 | 50 | 78.1 |
| 16. Seek assistance when necessary. | 12 | 18.8 | 52 | 81.3 |
| 17. Help a patient communicate with others. | 15 | 23.4 | 49 | 76.6 |
| 18. Use mechanical devices: e.g., suction machine, Gomco, cardiac monitor, respirator | 15 | 23.4 | 49 | 76.6 |
| 19. Give emotional support to family of dying patient. | 14 | 21.9 | 50 | 78.1 |
| 20. Verbally communicate facts, ideas, and feelings to other health care team members. | 11 | 17.2 | 53 | 82.8 |
| 21. Promote the patients' rights to privacy. | 10 | 15.6 | 54 | 84.4 |
| 22. Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members. | 12 | 18.8 | 52 | 81.3 |
| 23. Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel. | 15 | 23.4 | 49 | 76.6 |
| 24. Explain nursing procedures to a patient prior to performing them. | 16 | 25 | 48 | 75 |
| *Table 23 (Continued)* |  |  |  |  |
| 25. Guide other health team members in planning for nursing care. | 17 | 26.6 | 47 | 73.4 |
| 26. Accept responsibility for the level of care under his/her direction. | 14 | 21.9 | 50 | 78.1 |
| 27. Perform appropriate measures in emergency situations. | 10 | 15.6 | 54 | 84.4 |
| 28. Promote the use of interdisciplinary resource persons. | 14 | 21.9 | 50 | 78.1 |
| 29. Use teaching aids and resource materials in teaching patients and their families. | 12 | 18.8 | 52 | 81.3 |
| 30. Perform nursing care required by critically ill patients. | 14 | 21.9 | 50 | 78.1 |
| 31. Encourage the family to participant in the care of the patient. | 12 | 18.8 | 52 | 81.3 |
| 32. Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family. | 15 | 23.4 | 49 | 76.6 |
| 33. Use nursing procedures as opportunities for interaction with patients. | 12 | 18.8 | 52 | 81.3 |
| 34. Contribute to productive working relationships with other health team members. | 11 | 17.2 | 53 | 82.8 |
| 35. Help a patient meet his/her emotional needs. | 10 | 15.6 | 54 | 84.4 |
| 36. Contribute to the plan of nursing care for a patient. | 14 | 21.9 | 50 | 78.1 |
| 37. Recognize and meet the emotional needs of a dying patient. | 12 | 18.8 | 52 | 81.3 |
| 38. Communicate facts, ideas, and professional opinions in writing to patients and their families. | 10 | 15.6 | 54 | 84.4 |
| 39. Plan for the integration of patient needs with family needs. | 11 | 17.2 | 53 | 82.8 |
| 40. Function calmly and competently in emergency situations. | 12 | 18.8 | 52 | 81.3 |
| 41. Remain open to the suggestions of those under his/her direction and use them when appropriate. | 13 | 20.3 | 51 | 79.7 |
| 42. Use opportunities for patient teaching when they arise. | 13 | 20.3 | 51 | 79.7 |
| 43. Use learning opportunities for ongoing personal and professional growth. | 15 | 23.4 | 49 | 76.6 |
| 44. Display self-direction. | 15 | 23.4 | 49 | 76.6 |
| 45. Accept responsibility for own actions. | 28 | 43.8 | 36 | 56.3 |
| 46. Assume new responsibilities within the limits of capabilities. | 11 | 17.2 | 53 | 82.8 |
| 47. Maintain high standards of performance. | 6 | 9.4 | 58 | 90.6 |
| 48. Demonstrate self-confidence. | 9 | 14.1 | 55 | 85.9 |
| 49. Display a generally positive attitude. | 10 | 15.6 | 54 | 84.4 |
| 50. Demonstrate a knowledge of the legal boundaries of nursing. | 16 | 25 | 48 | 75 |
| 51. Demonstrate knowledge in the ethics of nursing. | 21 | 32.8 | 43 | 67.2 |
| 52. Accept and use constructive criticism. | 15 | 23.4 | 49 | 76.6 |

**The Schwirian Six-Dimensions at Round 3: Competence**

As a baseline, a mean score for each participant was constructed, for each of the six-dimensions at three-months (round 2). The mean score of self-reported competence for each of these dimensions is presented in Table 4.19. Notable is the increased mean score for each of the dimensions.

*Table4.19: Mean scores for self-reported competence within each of the six-dimensions at three months.*

|  |  |  |
| --- | --- | --- |
| Dimension | Mean | Standard deviation |
| Leadership | 3.76 | .18 |
| Critical care | 3.79 | .13 |
| Teaching | 3.79 | .11 |
| Planning | 3.8 | .15 |
| IPR/Communication | 3.8 | .12 |
| Professional development | 3.7 | .11 |

***Confidence***

Nurse participants confidence increased by the third survey with respect to; their self-assurance about their capabilities to perform my work activities at 75% (n= 49), deciding on their own how to go about doing their own work and they also have considerable opportunity for independence and freedom in how they do their job, both at 70.3% (n= 45). They also felt that their job was meaningful to them, 67.2% (n= 43) and the fifth most important issue is they felt their impact on what happens in their department was large at 65.6% (n= 42).

Nurse participants felt like how their do activities was personally meaningful to them at 64.1% (n= 41), the same proportion felt that they have a great deal of control over what happens in their department. Only 62.5% (n= 40) felt that the work that they do was important to them, and they have significant autonomy in determining how they do their job. The least critical issue to nurses by the third survey was they had a significant influence over what happens in their department at 60.9% (n= 39).

*Table 4.20: Summary of Round3 confidence Likert Scale questions*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Not very well | | Satisfactorily | |
|  | N | % | N | % |
| The work I do is meaningful to me. | 21 | 32.8 | 43 | 67.2 |
| I have significant influence over what happens in my department. | 25 | 39.1 | 39 | 60.9 |
| I am self-assured about my capabilities to perform my work activities. | 16 | 25 | 48 | 75 |
| I am confident about my ability to do my job. | 23 | 35.9 | 41 | 64.1 |
| The work that I do is important to me | 24 | 37.5 | 40 | 62.5 |
| I have significant autonomy in determining how I do my job. | 24 | 37.5 | 40 | 62.5 |
| My impact on what happens in my department is large. impact | 22 | 34.4 | 42 | 65.6 |
| My job activities are personally meaningful to me. | 23 | 35.9 | 41 | 64.1 |
| I have a great deal of control over what happens in my department. | 23 | 35.9 | 41 | 64.1 |
| I can decide on my own how to go about doing my own work. | 19 | 29.7 | 45 | 70.3 |
| I have considerable opportunity for independence and freedom in how I do my job. | 19 | 29.7 | 45 | 70.3 |
| I have mastered the skills necessary for my job. | 22 | 34.4 | 42 | 65.6 |

ANOVA

I undertook one-way ANOVA analysis on all three outcomes, comparing across the three time points. Table 4.21 indicates that there were significant differences for the mean scores across T1, T2 and T3.and Comparisons of mean scores for all three variables across time using *post-hoc* analysis showed that all the differences were significant'.

Table 4.21 : Analysis of the differences in mean scores across time for Routine, Competency and Confidence (repeated measures ANOVA)'.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Sum of squares | df | Mean square | F | Sig. |
| Mean of routine Between Groups  Within Groups  Total | 4.42  0.99  5.41 | 2  213  215 | 2.21  0.01 | 475.90 | <0.001 |
| Mean of Competency Between Groups  Within Group  Total | 2.95  0.60  3.55 | 2  213  215 | 1.47  0.00 | 520.54 | <0.001 |
| Mean of Confidence Between Groups  Within Groups  Total | 1.22  2.81  4.03 | 2  213  215 | 0.61  0.01 | 46.32 | <0.001 |

**Summary**

The quantitative analysis involved statistical computation of the data gathered from Round 1(T1), Round 2(T2) and Round 3(T3) in 6 months. The descriptive and inferential statistics establish the link between preceptorship programmes and the NGNs’ routine, competency, and confidence. The results indicated the value of the preceptorship programmes completed in departments such as OB/GYN, Critical care, Cardiac, Medical/ Surgical, Outpatient/clinic, Neuroscience, Emergency Department, Paediatric, and Oncology. The Schwirian Six-Dimensions (6D) helped to organise the chapter, including delineating the primary variables analysed in the chapters. The 6D factors included leadership, critical care, teaching, planning, interpersonal relations/communication, and professional development. Mean participants’ scores in each factor were computed according to the different preceptorship programs. The tools defined the development of the scales and subsequent analysis of scores on routine, competency, and confidence levels.

The section further contains the results of each variable. Results showed that nurses improved their routines in executing roles such as teaching patients about needs, coordinating a plan of care, teaching preventive measures, performing technical procedures, adapting the teaching methods, and identifying the immediate needs of the patients. ANOVA analysis revealed significant change across the three time points (T1, T2 and T3). On the other hand, the competency level increased with the preceptorship process where the NGNs affirmed their ability to communicate, seek assistance, use mechanical devices, develop plans of nursing care, evaluate results of nursing care, contribute to the decision-making process. ANOVA analysis revealed significant change across the three time points (T1, T2 and T3). Moreover, the results reveal that confidence to work in complex clinical care improved as the new nurses expressed their ability to work in their jobs, realise the importance of the work, practice autonomy, maintain control and influence others in the department alongside cementing self-assurance. ANOVA analysis revealed significant change across time points T1 and T2, but not T2 and T3. Overall, the analysis shows that preceptorship improved competence, confidence, and routine by enhancing the NGNs’ leadership, critical care, teaching, planning, and communication skills.

**Summary of Quantitative Findings**

The respondents who attended preceptorship belong to different demographic groups. Both male and female participants took part in the survey that sought to establish the link between preceptorship and routine, competence, and confidence. A young group of respondents belonged to age groups of 20 - 25 years, 26-30 years, and 31-35 years. Additionally, the participation comprised nurses in different areas of specialization. The areas include OB/GYN, critical care, cardiac, medical/ surgical, outpatient/clinic, neuroscience, emergency department, paediatric, and oncology departments. The experiences in the different departments helped to establish the different perspectives of preceptorship impact on the routine, confidence, and competence of the respondents. The nurses attended their preceptorship while undergoing their rotations in the departments. The items are organized under Schwirian's 6D factors including leadership, critical care, teaching/collaboration, planning/evaluation, interpersonal relations/communications, and professional development.

***Routine***

It is notable that preceptors were given opportunities to experience nursing activities across all domains listed within the questionnaire. The different routines include contribution to the atmosphere of mutual trust, acceptance, and respect among other health team members. Preceptorship enabled the respondents the opportunity to perform their routines well. The occasional and frequent performance of a broad range of nursing activities within their routines revealed the value of preceptorship in preparing the graduates for their roles in the OB/GYN, critical care, cardiac, medical/ surgical, outpatient/clinic, neuroscience, emergency department, paediatric, and oncology departments. The nurses expressed the ability to delegate their responsibilities for care guided by the evaluation of priorities of nursing care needs and the abilities or limitations available to the healthcare professionals. Additionally, it was evident that preceptorship prepared the nurses for their routines in explaining nursing procedures to the patients before performing them and guiding other health team members in planning for the nursing care.

The routine further includes use of different tools and resource materials in teaching patients and their families about the care offered at in the different departments. Additionally, preceptorship persuaded the nurses to encourage participation of family in the provision of care to the patients while identifying the resources in the healthcare agency to develop plan of care for patients. The performance of routine tasks further comprised acceptance of responsibility for the level of care under the direction of the preceptees. The preceptorship increases the nurse’s performance of appropriate measures in emergency situations while promoting the utilization of interdisciplinary resource persons. The nurses understood the value of adopting different nursing procedures as opportunities for interacting with the patients following their preceptorship journey. The process further increased the desire to contribute to the productive working relationships with other healthcare team members.

Preceptorship led to the recognition and meeting of different emotional needs of a dying patient and communication of ideas, facts, or professional opinions in writing to the patients as well as their families. The preceptees gained the capacity to contribute to the plan of nursing for a patient after attending to the patients besides organizing for the integration of patient needs within family needs. The preceptorship program enabled the nurses to function calm and offer their competency in the emergency situations while remaining open to suggestions to improve quality of care.

***Competency***

Different perspectives of how competency ranked with preceptorship emerged in the three rounds. The nurses presented the value of preceptorship program being the primary driver of their competency in the early phases of their career. The data revealed that nurses were taught how to engage patients’ families about patient’s needs, coordinating the plan for nursing care with the established medical plan of care. The nurses further ranked their competency in identifying and using different community resources to create plans of care and teaching preventing health measures as benefits of participating in the preceptorship programs. The programs are effective in building the competency to identify and including different nursing care plan besides anticipating changes in the patients’ conditions with interactions in the care settings.

Competency advanced with the participation in the preceptorship program because findings associate it with the continuous evaluation of results of nursing care to improve patient outcomes and nursing skills. The role of the program is to promote nurses’ ability to promote the inclusion of patients in the decision making, which accommodates their desires or expectations about care. On the other hand, the nurses learned through the program to initiative different plans and evaluation of nursing care with others besides gaining the capability to perform technical procedures such as IV therapy, catheter care, dressing changes, and oral suctioning. The nurses can adapt their teaching methods and materials to the audience after learning from different mentors. The competency of the nurses further developed because preceptorship program enhanced their ability to identify and integrate immediate patients’ needs in the plan of nursing care. The nurses learned to accommodate concerns for the patients while communicate feelings of acceptance about their conditions.

The preceptorship programs enabled the preceptees to learn how to seek assistance on demand, help patients to communicate, and utilize mechanical devices such as suction machine, cardiac monitor, and respirator. The mentorship has been helpful in enhancing competency in offering emotional support in end-of-life care, verbal communication in healthcare teams, and promotion of patients’ right to privacy. The preceptors taught the nurses to maintain ethical responsibilities, which entail the contribution to the creation of mutual trust, respect, and acceptance for healthcare team members as well as patients. Conversely, the nurses linked their competency in delegating responsibilities to healthcare personnel and explaining procedures to the patients to their time in the mentorship programs organized by the hospital. The preceptorship process taught the preceptees how to manage their responsibilities and meet patients and family needs in the hospital. The development of plans of care and performing technical procedures during emergencies were the outstanding competencies for the nurses who attended mentorship programs in the early phases of their nursing careers. The availability of development programs enables the nurses to polish and strengthen different areas of their professions.

The study indicates the value of preceptorship in creating professional development behaviours among nurses. The nurses hone their competencies at early stages because of the interactions with the highly experienced mentors or healthcare teams in different departments. The outstanding behaviours include self-direction, acceptance of responsibility for individual actions, and assuming new responsibilities. However, the results revealed the value of creating learning opportunities to advance personal and professional growth. The empowerment from the preceptors incorporates directions for executing routine jobs, maintaining high performance standards, and displaying the right attitude while maintaining ethics in nursing service. The nurses must maintain the right attitude towards their professional development to compound their competencies and deliver quality performance.

There was outstanding display of competencies among the nurses who attended preceptorship based on the outcomes from round 1,2, and 3. The mentorship programs assisted the nurses to learn how to promote the use of interdisciplinary persons, perform the care demanded by the critically ill patients, and encourage family to participate in the provision of quality care to the patients. The mentors were effective in showing the nurses the value of utilizing resources well and contributing to the productive working relationships with other health team members. The process of learning how to build personal and professional growth assisted in furthering the competencies of the nurses. The graduate nurses reported the willingness to accept responsibility for their actions, forge self-direction, and sustain immense self-confidence as they offer high standards of care to the patients. Moreover, the nurses learned from the preceptors to maintain a highly positive attitude, demonstrate their knowledge within the legal boundaries of nursing, demonstrate in-depth understanding of ethics in nursing, and accept or use constructive criticism when engaging healthcare teams, families, or individual patients.

Competency development was an important aspect of the preceptorship program for the Saudi Arabian nurses. Round 2 was effective in demonstrating how preceptorship enabled the nurses to gain the significant capability of teaching patients’ family members about the needs. The competency was important for the nurses handling patients needing homecare support. The nurses learned how to create plan of nursing care and function calmly and with professionalism during emergency situations. The research was categorical on how nurses learned to develop innovative methods to teach patients besides identifying different patient needs to develop and initiate plan of nursing care.

The competency levels of the nurses developed more after six months of preceptorship than they did within the first three months. The third survey showed how the competencies developed over time including the ability by the nurses to develop immense standards of performance, self-confidence, and initiation of planning as well as evaluation of nursing care with their colleagues in the assigned healthcare teams. The nurse could develop medical care plans, communicate, and engage patients and families in the execution of nursing care after attending preceptorship.

***Confidence***

According to the responses indicated at each stage of the study, the nurse participants linked confidence to their participation in the preceptorship programs in the various hospitals in Saudi Arabia. The findings affirmed the perception of work roles and the confidence of executing the responsibilities in different departments. The positive responses towards the different aspects of preceptorship programs affirmed the confidence gained in handling different roles and accepting constructive criticism from the patients or colleagues in the health teams. Consequently, responses indicate that the nurses gained control over the departmental issues because preceptorship taught the nurses how to undertake their tasks. The nurses began to prioritize co independence and freedom in performing different jobs. The nurses have used the mentorship programs to master their skills, conduct meaningful work, and maintain self-assurance in performing different work activities in their respective departments.

Confidence manifested itself in different ways for the nurses that attended preceptorship in various hospitals in Saudi Arabia. Responses indicate that the nurses gained the confidence to perform their jobs independently. The nurses understood the importance of the nursing skills and confidence of executing the roles at the bedside. The programs were effective in building the significant autonomy among nurses in how they do the job and promoting the understanding on how it affected their departments. Gaining confidence through the influence of mentors helped the nurses to understand the meaningfulness of the job activities in the various departments. The participants indicate through their responses that they utilized the chance to gain the confidence to decide how to undertake their responsibilities outside the boundaries set by the healthcare teams.

The preceptorship process further taught the nurses how to maintain different skills that further demonstrated their confidence in nursing work at early stages of their careers. According to the responses given by participants, the opportunity enabled the nurses to master the skills necessary for treating patients and engaging their families. The preceptees expressed the meaningfulness of their work, the significance of maintaining influence int eh department, and the self-assurance of their capabilities while executing daily nursing care routines. The confidence enabled the nurses to perform their duties and work towards enhancing their competencies in nursing work.

The confidence has grown over time based on the perspectives from the different nurses who completed their preceptorship programs at Saudi Arabian hospitals. The most important indicators of confidence from round 2 were self-assurance on the capabilities to perform the assigned nursing care duties. The nurses expressed their ability to execute the relevant roles while maintaining influence and control in the department. The control and influence meant better participation in decision-making and working relationships with colleagues or healthcare teams. Additionally, the confidence further meant independence, freedom, and autonomy to execute the responsibilities in the respective departments. The nurses can perform their work well, advance their careers with confidence, and gain significant control over the nursing care delivered to the patients in the wards.

The third survey assisted in demonstrating the confidence to handle their work within the 6 months of attending preceptorship. According to the responses given as part of the study, the period was effective in building the self-assurance by the nurses to perform their different work activities and deciding how to undertake the duties with independence and freedom. The preceptors taught them the meaningful approach to work and executing duties according to the expectations of the department. The influence and decision-making confidence in the department assisted in controlling the activities in the department. Furthermore, responses indicate that the preceptorship process was a personal process for the nurses who gained the meaningful capacity to influence departmental activities. Additionally, the mentorship process gave the nurses the chance to embrace their autonomy levels despite the preceptorship failing to cement their approach towards dictating department processes. Overall, the nurses gained the confidence needed to achieve personal, professional, and department milestones including executing nursing care plans, meeting quality care standards, and building working relationships.

The results varied in the three surveys and affirmed the varied effects of preceptorship on the aspects of nursing among the preceptees. The confidence increased from the first round and increased past the third round to show the value of prolonged periods of preceptorship for the nurses joining the clinical care practice. On the other hand, the surveys confirmed the consistent increase in the routine and affirmed the influential role preceptors in enabling the nurses to understand as well as implement critical procedures in their respective departments. A longer period in preceptorship meant better development of competencies of the nurses.

**Qualitative Findings**

The qualitative analysis produced four key themes that comprised preceptorship program, competency, confidence, and professional development. The qualitative analysis outlines the themes and sub-themes generated using QUIRKOS. The congruent and differing perspectives from the participants are discussed in the chapter. The report outlines the different number of participants who provided insights to the qualitative study. The chapter further presents the themes and sub-themes generated from the responses of each participant.

**Number of Participants**

The study conducted interviews using different participants (n=20). The sample included both male (n=9) and female (n=11) who met the inclusion criteria after recruitment. Additionally, each participant outlined the previous roles, education, training or guidance during preceptorship or nursing in general. The participants further explained their clinical specialties used during preceptorship.

**Overview of the Themes**

Different themes and sub-themes emerged from the qualitative analysis of the data gathered from different participants. The themes of included experiencing preceptorship, competency, confidence, and professional development assisted in outlining the specific effects of nursing preceptorship programs for the newly graduate nurses on their competence and confidence. The sub-themes under experiencing preceptorship included general preceptorship, departmental preceptorship, duration, one-to-one preceptor, and assessment. Competency generated the sub-themes of adaptation skills and knowledge. Confidence comprised three sub-themes of transition, emergency situations, and perspective towards burnout and stress. Professional development generated sub-themes such as role development, commitment, and improved professional responsibility.

*Table 5.1: Themes and Sub-Themes*

|  |  |
| --- | --- |
| **Theme** | **Sub-Themes** |
| **Experiencing preceptorship** | * **Routines and Practices of General Preceptorship** * **Departmental Preceptorship: making the transition** * **Duration of the Preceptorship Program** * **One-On-One Preceptor: learning through good relationships** |
| **Developing Competency** | * **Adapting Skills in the New Care Environment** * **Demonstrating Competency Through Assessment** * **Gaining New Knowledge Through Experiences** |
| **Building Confidence** | * **Transition: the ‘spirited journey’** * **Dealing with Critical and Emergency Situations** * **Perspective Towards Burnout and Stress: Building resilience** |
| **Becoming a Nurse: Continuing professional development** | * **Growing Into the Role** * **Discovering Professional Responsibility** * **Commitment to the Profession** |

***Experiencing Preceptorship***

The preceptorship programme entailed learning opportunities created by institutions for newly graduated nurses transitioning into practice. The program is aimed at developing the hand-on experience of the nurses in a healthcare setting through the provision and creation of these opportunities. Primarily, experienced healthcare professionals preside over the preceptorship process.. Preceptorship uses a time-limited and education-focused approach to teaching as well as delivering lessons in a clinical environment. The preceptor or preceptorship team utilizes resources within the care setting to equip the new staff or nursing students with the skills, competencies, and knowledge to adapt to the new role, enhance clinical skills, and boost social and relational skills. Furthermore, the newly graduated nurses seek the preceptorship program to help them to gain the ultimate confidence to work in the active care settings and develop their practice further after transition.

The programme is provided in an initial two stage process; a general hospital wide orientation followed by more specific preparation at the local departmental level.

***Routines and Practices of General Preceptorship***

The participants recognised the routines and practices of general preceptorship as the means through which they would transition. The responses indicate preceptorship as an orientation into the hospital to understand how to adapt their future work in order that they provide care to all patients in line with hospital policies and practices. The hospital structured the general preceptorship program included lectures about the nursing process and wide-ranging procedures. The orientation encompassed workshop and training procedures to familiarize the nurses with the responsibilities and role as new staff. One of the participants offered a perspective of the general preceptorship program.

*“My role as a nurse helping and providing care for all patients. I have orientation program was about hospital orientation and nursing department orientation. I attend a lot of lectures about nursing process and infection control and drugs calculation and other workshop and training”* (p.18)

The participant demonstrates how the general preceptorship process sought to orient the new staff to the clinical work environment, but primarily how these experiences might contribute to becoming someone capable of providing nursing care. The hospital and preceptors broke down the program into small sections to cover general introduction to the hospital and orientation at the departmental level. Participants viewed the effort of breaking down the preceptorship into different parts as integral part in building the knowledge and skills of the new staff in readiness for the unique healthcare environment. The participants saw that the orientation was intended to increase readiness for hospital and department work. The findings were categorical on the provision of skilled interactions during lectures, workshops, and training.

The participants further revealed the effort by the preceptors to use the program to maximize the opportunities for mentorship and familiarizing them with the nursing process, with an emphasis upon nurse leader input. The sessions articulated the role of relying on experienced assistance of the senior nurse managers and registered nurses in different units to understand how to approach different issues.

*“Yes, I have one week lectures in nursing department and I move to burn unit they give me lecture and I stay with senior nurse she teach me a lot.”* (p.16)

The framework is organized around a ‘pyramid’, whereby an overall organizational perspective if provided to initially orientate and direct newly qualified nurses. The preceptors prepare the new staff on general health policies to promote organizational efficiency, while executing patient care at the bedside. Other skills include infection control, drugs administration, and orientation for the different nursing processes intended to deliver quality patient outcomes. The preceptorship process offers skilful interactions with the new staff while preparing the preceptees to balance their clinical practice responsibilities with additional teaching responsibilities after transitioning into practice. One of the respondents outlined some of the responsibilities taught in the program:

*“Actually, I'm working in critical areas with regards to your questions, the outline of nursing in general practicing to roles and responsibilities, training and education as well as the preceptorship program. Well, if I may recall, during my reporting day, I started with we were scheduled Me and 10 of my colleagues were scheduled to have this general nursing orientation program. General nursing orientation program is a five days orientation program to where we were taught about the hospital organization itself, we were taught also and oriented clinically related, like basic procedures called emergency, drug basic ECG reading, and some of the administrative work like quality management, patient safety, as well as the infection prevention control.”* (p.1)

The senior nurse offered the supervision and classes needed by the attendees to adapt their knowledge to the hospital policies and the procedures for patient care. There were some indications within the data that although appreciated, the orientation programme was hard work. This hard work was compounded by the Covid-19 situation within the hospital.

*“The first week was a heavy week because of a lot of general information with a wide orientation about general nursing orientation. Already we did infection control about infection control orientation, because of COVID now and we did some safety orientation and also he did some general nursing orientation fundamentally.”* (p.19)

The revelations from the participants indicate the effort of tailoring the preceptorship program to benefit the new staff while considering the personality and different learning styles. The participants relied on the program to use the resources within the hospital to develop plans of care for different patients. The following assertion explained the value of orientation within the overall process.

*“Okay, first, I am new staff nurse. ER, I started three months ago. In my first week, it's all about they give us an Orientation program, smaller rotation program. It's about on theory, it's about medication calculation. Vital Signs are the basic and then we start to work with senior nurse in each area of department with senior nurse how to document and we see the for all forms for the procedure. And also, we have a clinical preceptor in our department.”* (p.2)

The participants further emphasize the different modalities for conducting the preceptorship program. The preceptors preferred a face-to-face modality where they assist the nurses to realize their roles as patients’ helpers through quality care, working in close collaboration with registered nurses. The responses reflect a modality that takes place in specific location within the hospital and the departments. On the other hand, the face-to-face modality may include lectures. Each modality demonstrates practical skills and allows the effective translation of knowledge for effective patient care.

The participants revealed the value of providing the right conditions to conduct preceptorship to equip new staff with the appropriate nursing skills and in line with the hospital policy. The apparent structural and operational conditions evident from all the participants include continuous learning through workshop and training programs, interdepartmental collaboration, and a preceptorship policy. The structure further stipulates the duration for undertaking or participating in the preceptorship program in the form of weekly classes and lectures besides the fundamental orientation. The clinical conditions shape the clinical instruction that inspires the students or new staff to develop clinical skills and embrace the intrinsic value of the clinical or nursing practice.

The participants showed their long-term aspiration for nursing skills of the highest level, understanding of the hospital policy, and execution of critical nursing processes. On the other hand, the clinical practice of the nurses was aimed at improving with the professional relationship and mentorship by the preceptors such as senior nurses as well as clinical instructors. However, even at this early stage, the newly qualified nurses were beginning to appreciate the role that orientation played in their development. The interview excerpt below illustrates the sense of early security provide by this framework of support:

*“I have gained the high skills and the enough knowledge that lead me to deal with any cases. Of course my confidence increased as well during my other, my orientation program. So I think I am okay now.”(P16)*

***Departmental Preceptorship: Making the Transition***

Departmental preceptorship emerges as a top priority for the units seeking to develop the nursing skills of the new staff, specific to specialist nursing fields. The department outlines the processes needed to equip the new nurses with the competency and fundamental knowledge for offering quality care to the patients within the specific hospital department. The participants concur that proper planning should enable different departments to train and offer the right skills, relevant to that department for the new staff. The prioritization of the department preceptorship should align with the hospital policy and the critical procedures for optimizing quality patient care.

The execution of department preceptorship follows a defined format. Participant 17 was categorical that the provision of lectures to enable the new staff to learn about the hospital and the specific processes of a nursing department, these were perceived as being critical in the transitional process:

*“Yes I can I have attend a lot of lectures during my preceptorship and it is increase my knowledge so I transfer this to my clinical practice.” (P17)*

On the other hand, Participant 18 felt they understood the value of a workshop and training format, which helped the newly qualified nurse move from the general to the specific:

*“Yes I am able and competent to do general and specialized nursing skills after orientation programme. As I said I have attended many lectures and sure its helped me and supported me during my preceptorship and improve my skills and clinical outcomes.” (P18*)

While it was clear that both formats occur in face-to-face mode, the departments create the right environment for the new staff by explaining specific policies and procedures. The senior nurses and clinical instructors in each nursing department work with the new staff from the first day.

The participants admitted to departmental preceptorship being the multifaceted approach to preparing them for the challenging specific clinical work. For instance, one of the participants looked forward to orientation because it would be a source of reliable clinical instruction, while another narrated how it would prepare them for performing specific procedures of a unit. The participants agree on the specific role of departmental preceptorship for the new staff joining the hospital and the specific nursing departments. Participant 19 revealed the purpose of the departmental preceptorship as the means to understanding general hospital policy and building the specific nursing skills needed to deliver quality patient care. Consequently, all the participants gained from the departmental preceptorship because the mentorship from the clinical instructor and senior preceptors introduced them to procedures such as medication calculation, identification of vital signs, and documentation that were specific to the locality.

The responses present a preceptorship program that ingrains a culture of quality care and adhering to the hospital as well as the department policies. The nurses develop the right attitudes towards the preceptorship program when they orientation process develop the fundamental skills of the new staff besides building their resilience in the active care setting. The data within many of the interviews demonstrated how the newly qualified nurses gained this resilience:

*“For this, our work here is really stressful. Now, yes, yeah. But because of the trainings and in all the orientation we're doing here. We've been able to manage our time in even in a stressful environment”.* (p.4)

*“Since I started actually I don’t feel any pressure or stress so I think I have a better perspective towards this.”* (p.3)

The orientation process is a critical element of the department preceptorship. The participants demonstrated the value of early orientation to hospital policy, nursing skills, and different procedures for improving the quality of patient care at the hospital. The orientation occurred alongside the training and worships to familiarize the new staff with the department. The lectures introduced the participants to their new roles. The participants agreed on the commencement of the preceptorship from the first day and the ensuing three months by the senior nurses as well as clinical instructor. One of the participants stated:

*“My role as a nurse helping and providing care for all patients. I have orientation program was about hospital orientation and nursing department orientation. I attend a lot of lectures about nursing process and infection control and drugs calculation and other workshop and training”* (p18)

***Duration of the Preceptorship Program***

The first week of the program was helpful in preparing the preceptees for the work environment. The responses reveal the provision and attendance of the preceptorship programs in different durations according to the hospital policies and departmental readiness to orient new staff. The responses reflect the effort by the new staff to build a positive experience with their nursing preceptors as they aspire to understand hospital policies, learn about the appropriate nursing skills, and building relationship at the organizational as well as the departmental level. Additionally, the first day emerges as a meaningful moment for individualizing the learning plan and building the rapport with the senior nursing management or the mentors with outstanding experience in different areas.

One-week classes were important for the preceptees to gain their nursing skills after orienting to the clinical practice environment within the first day. Different participants described the one-week to one-month classes as important for enhancing clinical practice through good orientation and training with the in-serve department. The nursing department allowed the new staff to work in different units as part of orienting with the new environment at the hospital. On the other hand, the first week comprised different preceptorship modalities including lectures so that the new staff could understand their roles. it emerged that the first week and the first month of preceptorship enable nurses to execute their different responsibilities with ease while building rapport with colleagues and the various senior nurses charged with mentorship process. Moreover, the first week is imperative for the new staff to understand the different hospital policies through which they form and execute their specific roles in the nursing departments. The foundation created within the first week and month is critical to sustaining the new staff in the clinical practice and minimizing turnover intentions as implied by one of the respondents

*“I think yes preceptorship and internship helped me to move from student to nurse and now I feel like I am independent nurse.” (p.3)*

All the participants agree that it is important that preceptorship takes three months to complete. The three months builds on the activities carried out within the first week. Different activities occur during the first three months in the preceptorship program including creating poster on the orientation program and direct interactions with the supervisors assigned by the senior nurse preceptor. The responses show a well-organized program for developing the skillsets of the new staff. The department requires the preceptee to work on every shift while changing responsibilities as well as availability. The preceptees embraced schedules and the reality of working long hours.

Almost all the participants agreed to engage in a preceptorship that lasted more than three months**.** The period allows the new staff to gain the skills and knowledge about working in different departments at the hospital. The orientation of more than three months necessitates the development of the nurses’ skills to work in different departments to provide quality care to the patients, enabling them to learn about the scope and broad range of routine and practices in the hospital. The program works to develop the clinical competency of the nurses as they work with different senior preceptors from different departments. On the other hand, the prolonged preceptorship provides an opportunity to gauge the performance of the nurses in critical areas as well prompting the trainees to engage the preceptors in readiness for evaluation. The findings highlight the capacity by the nurses to undertake different roles and remain in the practice in the long-term. The findings reveal that signing up for 3months was better for the respondents than the new staff who did not attend the program as one of them implied.

*“So, these three months orientation program that includes preceptorship program is composed of our general nursing orientation as well as our unit specific because in every unit it will be different. So, we have our own in critical area. And after those three months we will be evaluated based on our performance in the unit we will be given a chance if we failed on something to focus on something by again one on one preceptorship and re-evaluation. So, based on our performance recommendation will be given whether we will stay or we are competent enough to stay in the unit or recommendation will be given to another unit. So that is the world orientation program and preceptorship program during my first three months.”* (p.1)

The participants revealed the value of the prolonged nursing preceptorship program at the organizational and departmental level. The process increased the confidence of handling the challenging aspects of the practice including meeting the high demand for quality care by different patient groups. A duration of more than three months is an effective way of promoting the collaborative relationship between the senior nurse preceptors and the new staff commencing their clinical practice. The highlights demonstrate the capacity by the experienced staff to change their perceptions, attitudes, and low expectations of the NGNs hoping to cement their role in the units.

The respondents further view the duration for the preceptorship as being key to professional development. The duration of more than 3months was important understanding and implementing hospital policies at a personal level. The length of the nursing preceptorship program should allow the new staff to cement their nursing skills while working on their relationships with other practitioners. The period is ideal for preceptorship program looking to orient the NGNs to the different aspects of the nursing practice to foster retention and satisfaction with their roles as it emerged from the participants’ highlights.

***One-On-One Preceptor: Learning Through Good Relationships***

One-on-one preceptorship emerged as a preferred modality of implementing nursing preceptorship among the new staff. The respondents’ present the one-on-one preceptor as the means to hospital and department orientation. While the preceptors could change every day and according to the department, it was clear from the responses that they prepare the nurses for the department. The physical interactions build the camaraderie needed to kickstart a professional clinical practice career and translating the mentorship into effective nursing skills.

The participants present one-on-one preceptor as means to building confidence of the new staff as they orient with the organizational and department procedures on clinical care. It is important to note the importance of these relationships as a key part of the preceptor’s experience. The participants describe how they utilized the preceptor for orientation to understand different clinical cases, receive certification, and implement the skills in practice. One of the participants revealed how the process of building confidence with the one-on-one preceptor enabled them to complete third, fourth, and fifth procedures independently. The mentorship and guidance during emergency situations became a confidence booster for the nurses transitioning from college to the clinical practice. It became clear that the individualized engagement with preceptors motivated the new staff to perform procedure. One of the preceptees admitted as follows:

*“Yes, because that's a student. Our role is different as being a nurse. Okay, so as a student, it's just limited because we've been supervised also with our teachers and now we are on our own.”* (p.4)

The respondents spoke about taking the tutorials with the one-on-one preceptors seriously because they focused on the nursing skills besides orienting them to the hospital policy. The participants agreed on working with different preceptors who then perpetuated the process of building the skills of the new staff looking to retain their valuable role in the nursing profession. Consequently, the improvement of nursing skills then enabled some of the respondents to work alone before beginning to make the transition to execute their responsibilities in the absence of their preceptors.

*“After that I started with my preceptor each day…. to receive endorsement then she started to teach me how to make the simple task at the beginning we started with the vital science how to monitor the operation how to attach cardiac monitor then after that we she started with me how to give me some task.”(*P5)

The nurses agreed to working with their assigned preceptors on different cases so that they could gain the experience of engaging individual and team processes to deliver quality patient care. The participants concurred that the experienced clinical instructors assumed the roles of preceptors in the department to expand their familiarity with the different issues affecting patients differently. The engagement would translate into extensive knowledge of different patient issues by the end of the preceptorship program.

The interactions with one-on-one preceptor then led to the understanding hospital policy. The perception of the participants was that one-on-one preceptor understood the value of policies and aligning the clinical care practice to meet the expectation of the hospital, department, and patients seeking quality care in a range of diverse situations. The new staff relied on the input of one-on-one preceptor engaged with the policy during lectures and the daily briefs at the department besides the workshop and training in the first week, in 3months, and more than 3months of nurse preceptorship program.

One-on-one preceptor was effective in building the skills of the nurses because the participants acknowledged their ability to maximize mentorship and guidance. The participants spoke about attending preceptorship program for three months and engaging different nurses in different shifts. The changes and availability of the nurses meant better ability to articulate roles and responsibilities in the department as well as hospital. However, the senior preceptors took over from the assigned nurses in each shift to explain the procedures more and increase the compliance with the procedures. The participants described One-on-one preceptor who provided further education to cement the knowledge and skills learned in in colleges and universities. the one-on-one engagement led to better understanding of how to apply the acquired skills.

**Developing Competency**

Competency entails the nurse’s ability to meet practice their skills while applying logical thinking, accurate models, and procedures during healthcare service delivery. Nurses or newly graduated nurses must develop the capability and gain the best knowledge for improving their efficiency in caring, collaborating with other experienced nurses or healthcare practitioners, and improve their provision of medical care. Furthermore, findings indicate the core competencies of gaining medical and nursing knowledge, enhancing patient care skills, professionalism, and system-based implementation. The components encompass interpersonal communication skills and pursuit of practice-based learning as well as improvement through preceptorship programs. Nurses or nursing students develop their competency with educational consultation, redevelopment, and remediation opportunities that may inform retention or turnover intentions. Conversely, the findings indicate competence as a concept where nurses apply skills in specific clinical contexts to promote and maintain quality care.

***Adapting Skills in the New Care Environment***

All the participants showed immense capacity to adapt their knowledge, skills, and competencies to working in the real care environment after attending preceptorship. The participants understand the value of gaining confidence to implement the skills learned through the preceptors and undergraduate nursing education to meet the expectations of quality care by the patients. One of the participants argue that:

*“We will be honest with you in the beginning of the orientation program I was afraid I was not more confident, and they have some issue with my skills. But day by day with my preceptor already I did it they helped me a lot. They gave me some competency to do it every day. They observe me already daily; I get confident to do all the skills already I did this before like vital signs like assessment like triage and the patient assess the cases in the beginning” (* P13)

The adaptation process is an effective element of preceptorship program, which the participants associated with the upskilling of the new staff in hospitals. A preceptorship program seeks to improve the practical or hands-on skills learned in school as it became evident from the different accounts of the participants. The participants were categorical on the acquisition of the knowledge and shaping of their attitudes towards the clinical practice as well as the specific patient cases needing quality nursing care. The new staff argued that the preceptorship program aligns the knowledge, skills, and positive attitudes with each case that arises in the early phases of participants’ careers. Consequently, the participants could negotiate their way around different clinical challenges at the hospital or the assigned unit. The participant below demonstrated how she was able to adapt her knowledge and skills from her time in university, for use in the clinical setting:

*“Yes, I can. Because already I have a good background from my study. When I was studying already I have a lot of information. And now I can gather all the information from my previous study and also I can add some more information from my colleague from my preceptor from the education and training department in the hospital.”* (P.13)

The participants insisted on the role of preceptorship being the primary drive of training, which then fosters the adaptation of their knowledge and skills better than what they learned from the university. The new staff expressed their desire to use their skills in different settings and in response to different patients’ after undergoing immense mentorship from their senior preceptors and clinical instructor. Furthermore, the training responded to the specific areas where the participants aspired to improve and expand while advancing their careers. The adaptation occurred well because training changed every week and in more than the three months of the nursing preceptorship programs. One of the participants explained the value of training in adapting their knowledge and skills to the clinical practice at the hospital:

*“That more must be done in terms of training so that we can actually adapt the knowledge and the skills in the way that we aspire to reach. But if it is, every day we have to know something can you or at least every week, not one month in only special area or special skills”* (p2)

The participants reflect of the theme of competency when they agreed to handling emergency cases and patient acuity situations, alongside learning to calculate medicine to accurate administration in the nursing units. The interview excerpt below is illustrative of the ways in which students were aware that they were adapting not only skills and knowledge, but also a new level of responsibility:

*“Yes, I have good responsibility. And you know my role about new staff have different because I am a student don't have any responsibility for giving medication of check the patient. Now I am staff yes have responsibility about measurement and responsibility for given the education everything.”* (p.8)

The participants presented preceptorship program as the source of new information on clinical practice. The new staff relied on the new insights to advance their competency. Primarily, the preceptors repeated the practical cases and guidance offered every day so that the learners could adapt their skills and knowledge to the hospital circumstances as well as the specific situations facing nursing units. Consequently, the participants agreed to working with the preceptors to gain the experience for working in different clinical environments. The participants understood that integrating new information every day was essential to their new clinical practice and the ultimate ability to offer the best nursing care to different cohorts of patients in different units

Different participants revealed the essence of preceptorship in adapting their skills by relying on different modalities. The modalities for delivering the lessons included demonstration before the participants and participative training process through which the mentors gauged if the new staff could implement the skills and handle problem areas depending on the clinical circumstance at hand. The participants viewed the engagement through lectures and training prepared them for different clinical practices, which then increased the confidence to apply them to different patient cases. The sessions prepared the participants for the challenging practice and helping them to anticipate different patients demands particularly in the critical care units.

The adaptation of the skills during the preceptorship program worked best because it related with the environment where the participants worked. The participants insisted on handling different clinical cases, which required knowledge, speed in care, and extreme attention. The interactions occurred when the participants interacted with their clinical instructors and senior nurses in the weekly lectures at the department. Furthermore, the participants argued that the preceptorship process led to better understanding and handling of clinical circumstances because preceptors allowed integration of knowledge learned during college study and internship experiences.

***Demonstrating Competency Through Assessment***

The participants revealed the different periods for undertaking the assessment after attending the preceptorship programs in the department and organization and a range of assessment practices were described. For instance, one of the participants spoke about evaluation after three months based on the performance in each unit. Another participant attended the five-day orientation program that offered a chance for the preceptors to gauge the preceptees early development through a novel assessment. The assessment was used as a point at which newly qualified nurses might move onto the next stage:

*We wrapped up those five days orientation program with the posters exam related to what we had [achieve] during the orientation. And after that, we were then forwarded to our respective department as assigned by our Director of nursing.” (p.1)*

Weekly evaluation was another option at preceptors’ disposal because they could determine the knowledge, skills, and overall experience gained by the participants. Comparatively, the participants considered the monthly evaluations as tool for refreshing the knowledge and skills learned through the preceptorship program. The assessment relied on the competency checklists and guidelines from the hospitals and in the participant’s experience below, a weekly summary with her preceptor was helpful:

*“My preceptor by the end of each shift, she's giving me a mark. Okay. Every shift then, by the end of the week she's give me some summary about my hard work in that week, Then she's given me giving me my strength point and my weakness point on that week so I know about that emergency from the beginning.” (*P12)

One of the participants talked about a five-day program for evaluating the lessons and experience gained from the interactions with the preceptors. The preceptors or the nurse managers conducted the orientation and assessment. The orientation prepared the new staff for the clinical practice by introducing them to the reality of working in active care environment. All the participants argued that the orientation process was critical to repurposing their knowledge, skills, and the overall experience in attending patients. The lessons were reflected in one of the respondent’s responses:

*“Patient and nursing care plan, condition and help patient to get better and move monitoring a new patient condition and giving medication assistance providing emotional support the patient.”* (p.6)

The participants further recognized the impact of nursing preceptorship on their skill and knowledge re-evaluation. The re-evaluation provided the participants with many opportunities to work on their failings as preceptors exposed to them during the program. The re-evaluation further emerged as important tools for informing performance recommendation of the new staff in each unit, allowing newly qualified nurses to ‘*adapt knowledge’* (p16). The nurses associated the re-evaluation with their capacity to work in specific departments after attending preceptorship programs for skills enhancement. The re-evaluation highlighted the different skills and knowledge gaps in clinical care, which could make or break their ability to engage different cases of patients. The revelations demonstrate the effectiveness of the preceptorship program to meet the demands of the units and the preceptees commencing their nursing practice careers as implied by one of the respondents:

*“My current I'm a neonatal ICU nurse, my previous role I worked locum for months and CCU and my responsibilities and my education. I'm a bachelor’s degree in nursing school, I graduated 2019. My training was four whole years, seven months of them was in King Abdulaziz specialty hospitals. I been through medical surgical and or training and we are training also, after that I've been in the maternity and psychiatric hospitals also on paediatric for my guidance in nursing, in general, was four years in nursing a one-year internship.”* (p.7)

Participants spoke about the different roles of the assessment done during the nursing preceptorship programs. The assessment was meant to improve the nursing skills and the knowledge learnt through the departments and the hospital with the assistance of the preceptors. The participants described an assessment process meant to enhance their capacity to offer patient care by working on their mistakes and improving their relationship with the other colleagues at the hospital. for instance, one participant admitted to relying on the preceptorship program to improve competency in performing tests, gauging vital signs during triage, and expanding the confidence of assessment different patient cases.

The participants further spoke about adaptation of their skills and knowledge through the weekly and the monthly assessment in the preceptorship program. The new staff described preceptorship as the means for understanding how to use the knowledge and skills learned in college or university to apply it in different patient. The admission shows the value of preceptors in guiding and mentoring the preceptees to apply the theoretical and practical skills to meet the demand for quality patient care at the hospital. Furthermore, the participants highlighted adaptation as a component of assessment that translated into better familiarity with how the clinical care environment works and the dynamic nature of the nursing care work. The NGNs admitted to relying on the assessment part of the preceptorship to increase their intentions to stay in the clinical practice by changing how they apply the knowledge and skills learned in the early phases of their nursing careers.

The analysis from the participants’ revealed different scoring methods for the assessment during and after nursing preceptorship program. The different ranges of marks before and after to determine gaps. Preceptorship relies on competency checklists and guidelines so that preceptors can refresh their knowledge and skills. The preceptor assessed the participants by giving mark after each shift to highlight the strengths and weaknesses as explained by participant 12:

*“My preceptor by the end of each shift, she's giving me a mark. Okay. Every shift then, by the end of the week she's give me some summary about my hard work in that week, then she's given me giving me my strength point and my weakness point on that week”* (p12)

The participants’ agreed on preceptorship being the tool for assessing them and using the results to improve their performance. The relationship between preceptorship and re-evaluation was evident since the preceptees could work on their failures or mistakes during the learning process and stay in their unit. Additionally, assessment informed the recommendations by the unit managers or the assigned preceptors after new nurses demonstrated their capacity to meet the demand for exceptional and quality nursing care when faced with different patient demands.

***Gaining New Knowledge Through Experiences***

It was evident that preceptorship influenced the foundational knowledge of the preceptees by the completion of their program in different units. Knowledge acquisition enabled the new staff to align their practice and meet the demand for quality healthcare at the hospital as well as the specific departments, enhancing competence through experience. One of the participants highlighted the importance of engaging the senior nurse preceptor to acquire the appropriate knowledge for the actual clinical practice as follows:

*“Sure. I, for example, I started to be familiar with basic procedure such as IV canula, and ICBB. Caring, how to prepare how to work with the doctor, I learned all about this impressive procedure during my preceptor. So after my preceptorship period, I'm familiar and I am in myself able to do and assist the this procedure with doctors also”* (p12)

Knowledge acquisition is imperative for the nurses seeking to cement their role after orientation and proper training in readiness for the challenging clinical environment. The nurses were seeking knowledge from different mentors during the preceptorship program. The interviews revealed their interactions with different managers and senior preceptors, which enabled to understand different contexts of patient care. The preceptorship focused on the knowledge building process because it would clarify the specific roles of the participants and foster adaptation to different patient cases. Consequently, the new staff transferred the knowledge to the clinical practice and dealt with the different clinical circumstances presented by the unit.

The preceptorship created outcome-oriented participants as it became evident from their varied accounts. The participants learned to use their skills to meet quality care needs and avoid the errors. The participants demonstrated how they walked into the hospitals and departments with little knowledge about different patient processes and taking at least three months to learn from the experienced senior nurse and clinical instructor in their respective workplaces. Every participant admitted to aspiring to achieve good outcomes by learning new information on different patient care cases and integrating the lessons into the clinical practice.

The outcome-oriented knowledge acquisition process of preceptorship further targeted the skills of the participants. All the participants talked about gaining the highest skills and enough knowledge when dealing with different cases from the patient groups in each specific environment. While the clinical environment presented compelling challenges, the participants new their role adapting the knowledge learned to meet patients and hospital expectations in clinical care.

The participants agreed to gaining access to frequent assessment sessions to understand their competency level and improve their knowledge building process. the preceptors were the primary source of the knowledge needed to handle different patient care situations. One of the participants opined that the trained and mentorship process in three months was sufficient for instilling the competence to assist in clinical procedures. However, the preceptors needed to gauge and ascertain the skills and knowledge of the participants to establish their capacity to engage and offer quality nursing care to different categories of patients. Another group of participants insisted on the assessment process being the primary source of the direction in the early phase of their careers. The participants argued that the failures and mistakes made in the learning process prompted them to learn more seeking better knowledge and interact with their mentors to improve their nursing skillset in entirety.

Participants noted the preceptorship process generated knowledge due to the support offered during the learning practice. the lectures, workshop, and training processes meant better relationship between the experienced nurses and the participants with nursing knowledge from colleges and internship. The lectures instilled the confidence the new staff required to confront the emergency situations, patient acuities, or the critical care procedures in different hospital setting. On the other hand, the participants associated the consistency of the support received from the nurses and senior nursing from each unit. The social and professional support meant better familiarity with patient complications, for instance in handling ventilated patients and performing CPR to another cohort of patients. Some of the participants revered the social support as the means to overcoming the fear of acquiring new knowledge every day and implementing in different clinical care circumstances.

The participants deliberated on preceptorship program being the source of knowledge and the subsequent confidence to handle different patient situations. One of the participants itemized the workshops and training sessions in each week as the tool for gaining the confidence to handle different patient cases. Some of the participants noted their endeavor to work by the day and implementing the knowledge in their shifts alongside the assigned mentors or preceptors. Furthermore, the participants were categorical on learning to adapt their knowledge and skills after participating in monthly evaluations as well as working on the knowledge gaps noted by their preceptors as outlined by a respondent.

*“I have after coming hospital I have an orientation for many lectures such as medication calculation, high alert medication and critical area and take many lectures about such as for today we do for lecture for nursing care plan.”* (p.8)

**Building Confidence**

Confidence as a nursing professional, is demonstrated through executing clinical care across a variety of different situations. The concept is inclusive of maintain good relationships with colleagues, the wider healthcare team, and patients to achieve quality patient care. The nurses use their inner sense of self-confidence, calmness, and legitimation from colleagues to execute patient care procedures in different settings. The nurses engage the patients who experience pain, emotional, social, and psychological issues so that they must maintain composure as well as courage to assist in providing high quality care for them. Confidence underpins competency, performance accomplishment, verbal persuasion, emotional arousal, and ability to learn new skills. The data in this section demonstrates that preceptorship builds the confidence of the students in implementing their clinical skills in the active care environment with or without supervision in independent or group settings.

***Transition: The ‘Spirited Journey’***

The transition of the participants to being a ‘confident’ nurse was clearly a product of their engagement with their senior nurse preceptors and as part of the programme more generally. The participants further associated the nursing preceptorship program with effective transition from college to clinical practice. The program became the primary source of their help to handle the challenge that came with applying the knowledge and skills learned in college and universities. The participants spoke about a spirited journey of transforming from a student to a nurse due to the input provided at the department and organizational level by the senior preceptors or the shift nurses assigned for daily mentorship as outlined by respondent 1. Some of the participants admitted their unfamiliarity with the clinical setting, which then became clearer as they transitioned through the orientation, departmental rounds, workshops, and trainings.

*“My current I'm a neonatal ICU nurse, my previous role I worked locum for months and CCU and my responsibilities and my education. I'm a bachelor’s degree in nursing school, I graduated 2019. My training was four whole years, seven months of them was in [name] specialty hospitals. I been through medical surgical and or training and we are training also, after that I've been in the maternity and psychiatric hospitals also on paediatric for my guidance in nursing, in general, was four years in nursing a one-year internship.”* (p.1)

The preceptorship program emerged as an effective tool for clearing the role of the participants as they completed their internship, graduation, and prepared for entry into the clinical practice as confident nurses. The participants described the learning process through the mentors and different senior in the nursing departments as the bridge to new working environment. As the following participant stated:

*“Yes, I think preceptorship and one to one preceptor helped me it like a bridge from student to staff nurse it is give me more confidence.” (p19)*

It was evident that internship was not as effective as the preceptorship programs in clarifying the roles of the new nurses for the nursing practices. the participants felt that the engagement with experienced registered nurses about procedures, policy, and clinical care in general enabled them to become independent nurses and declaring their intention to implement the knowledge and skills learned in the sessions.

All the participants argued that the participation in the preceptorship program improved their self-efficacy and confidence to perform clinical tasks. The nurses learned through their mentors to undertake general and specific departmental role by the time they completed their orientations and assessments. The participants improved their skills of handling patients, handing shift to incoming shift nurses, responding to different patient emergencies, and adapting their knowledge to varied clinical circumstances and as such became more confident. The participants were clear about benefiting from a skill-oriented preceptorship because it aimed to promote their ability to engage patients with quality service and care as an independent practitioner.

*“Yes, it is helped me and prepare me to work. This is different between a student and staff. After the programme I feel more confidence and I can do my roles with alone without helping.” (*P18)

The preceptorship process increased the confidence to transition to the clinical practice because it clarified the role of the nurses. The participants did not fear the transition because they understood it as a bridging gap to their professional growth. However, the preceptees focused on using the experienced nurses to learn about the application of clinical care knowledge, when to seek assistance from other healthcare teams, and performing specific roles in the department. The preceptors assumed the new roles of guiding the preceptors through the different phases of the nursing practice to ensure they delivered the much-needed quality patient care.

The participants described the transition process as a confidence booster because the preceptors clarified their responsibilities in the hospital. The preceptors would give the new staff lectures before training them to gain the hands-on skills such as calculating medication and performing critical care procedures under the supervision of senior nurse managers. The participants anticipated to transition from administering medication to the patients to performing sophisticated roles as they interacted with their preceptors and attended the mandatory education sessions prepared by the departments as well as the hospital. Some of the participants talked about transition from students to new nurses where they could measure and become responsible for the shift alongside their supervisors. The preceptorship process built their confidence to administer medication and conduct other procedures independently.

*“Yes, I have good responsibility inshallah. And you know my role about new staff have different because I am a student don't have any responsibility for giving medication of check the patient. Now I am staff yes have responsibility about measurement and responsibility for given the education everything.”* (p8)

All the participants transitioned from student roles to clinical staff nurses after gaining the confidence to overcome fear, doubt, and negative attitudes towards the nursing practice. The preceptorship process was critical to the psychological growth and overall preparedness in integrating their knowledge and skills in the clinical care environment. The participants began to make informed decisions after overcoming the fears of handling patient cases alone. One of the participants explained how preceptorship increased confidence and eliminated negative expectations:

*“Yes, For sure. Let's say during my internship I was really afraid to work as critical care even I was trying to escape from that critical care situation after I started, I informed my nursing director that I'm really afraid from critical care unit. But he told me that they will be for three months you will not be blamed during this three month you can learn, and they will teach you will take it as a challenge. So, when I took it like that as a challenge”* (p12)

***Dealing with Critical and Emergency Situations***

The participants reported how preceptorship contributed to the confidence building process by enabling them to respondent to emergency situations without hesitation as a consequence to perceived limited experience in the clinical practice. The preceptors guided the new nurses to seek assistance during overwhelming emergency situations. The assistance would come through the expertise of the more experienced nurses and other practitioners than the preceptees. The input assisted the participants to understand their role in handling critical cases and using the knowledge learned over time to solve patients’ issues. Furthermore, the emergency situations incorporated the preceptors who mentored the participants to execute their roles in line with nursing ethics of minimizing harm on the patients. The cordial relationship between the mentor and the participants built the overall confidence needed to address patient demands at different phases of clinical practice.

*“Because already during my orientation, after the general when I did the specific orientation, they helped me the procedure and the assessment they helped me. So to deal with all emergency cases coming some of it cardiac, some of it RTA and they teach me every day [on] how to deal, how to assist the patient.”(p.13)*

The participants talked about their ability to address doubts and worries of handling patients at the bedside. One of the participants associated the confidence to handle bedside care demands to the professional and transformative interactions with preceptors. The participants admitted to basing their clinical care confidence on asking for assistance from the senior nurses or the charge nurses during their shifts. This co-independence as a clear feature of the preceptorship process. All the participants agreed to seeking help so that they could understand how to engage bedside emergencies as they arise.

*“Actually not sure I need senior nurse to stay with me during emergency because I am working in ICU and there is no time to think.”(*p.4)

Some of the participants expressed their doubts of handling emergency situations despite attending preceptorship programs in their departments. The new nurses felt the interactions with mentors did not instill the confidence to engage different clinical circumstances. The participants described emergency situations as difficult and highly demanding so that the presence of preceptors remains necessary at the early phases of clinical practice. The interviewee described senior nurses as the ultimate guidance for the participants seeking to develop the confidence to respond to emergency situations. The experienced staff were the participant’s choice of help when emergency situations would emerge in the units.

The nursing preceptorship programs emerged as a framework within which they were facilitated to make the right decisions about care during emergency situations. The participants need the senior nurses to address and handle the clinical circumstances presented by a critical care situation as opposed to making independent decisions that would impair patients’ outcomes. The participants recognized their inability to read the emergency situations well, diagnose patients, and perform emergency procedures in the absence of the senior nurses. On the other hand, the preceptors were critical to developing the emergency response skills and instilling the confidence for handling the patients. One of the preceptors argued that emergency situations needed experienced staff because handling emergency patients was unlike dealing with stable patients at the bedside. Consequently, the participants expressed their desire to work under the supervision of senior nurses to capitalize on their experience and attend to every emergency as outlined by respondent 7.

*“My participant or a clinical condition, we are first are observant, we will observe every procedure everything every document will observe for a specific time of time. After that, they will be they will we will do this procedure under a senior preceptor. And after that, they will see if our compliance to do this procedure alone or still we need further education.”* (p.7)

The emergency situations built the confidence of the participants to learn and apply different skills. Some of the participants learned how to collaborate with the senior staff and other members of healthcare team. The collaboration integrated the experienced staff who then enabled the participants to learned emergency response skills and build their clinical confidence. On the other hand, another group of patients expressed role making process through the orientation in the emergency department, the preceptors were described as the experienced nursing staff who demonstrated different modalities of addressing emergency situations. The participants talked about gaining the experience after attending the preceptorship program for first three months at the department level as opposed to general preceptorship within the hospital.

The participants expressed the impact of preceptorship on their capacity to handle different patient situations. All the respondents learned from specific orientation how to perform procedures and complete the assessment in readiness for briefing. The participants further increased their confidence in managing emergencies involving RTA, cardiac resuscitation, and assisting other healthcare professionals navigate critical care. The nurses learned how to handle emergency situations while expressing the need to involve experienced staff to handle others during their shifts. The engagement improved confidence and prepared participants for the dynamic clinical care environment.

***Perspective Towards Burnout and Stress: Building resilience***

It has already been noted that newly qualified nurses gained resilience during the departmental preceptorship experiences. The participants spoke about establishing better perspectives towards burnout, stress, and potential frustrations after attending training and mentorship through their assigned preceptors. The preceptorship process revealed the clinical work as a compelling issue that could have reduced the chances of fulfilling their mandate as new nurses including relating with the competent staff nurses. The new staff expressed their anticipation to work with other competent nurses to overcome the challenges presented by the demanding clinical care environment. One of the participants viewed preceptors as the solution to the burnout and stress experienced in the early phases of a nursing career as follows:

*“Yes, by looking things in a most perspective way, like, in fact, I don't think burnout stress and frustration is the right feeling to give the words to the person or people who is doing me a favour preceptorship program is more than us to work properly, to provide correctly and to be a competent staff nurse. So, there are times when you are when you feel under stress or burnt out. But it's up to you if you're going to take it negative or positive. So, in my case, I take it positive. Actually, I owe those people. A lot of I owe them a lot. Yeah, for teaching me what I have to and for functioning or for doing things that I must do. I guess, thinking in a positive way instead of thinking in a negative way.”* (p1)

The preceptorship process was critical in eliminating the pressure of assuming new staff roles as the participants revealed in their varied accounts in the interviews. The aspiring nurses were willing to build their confidence through the assistance of the experienced nurses in the department to eliminate the pressure that came with handling the emergency cases, critical care demands, and diverse patient demands at the bedside. The participants argued that they did not feel the pressure of the demanding working environment because the mentorship process allowed to rethink about their schedule and maintaining the right attitudes towards the clinical care practice. The effort to eliminate the pressure and stress built the confidence to engage the patient cases and aspiring to become independent as they integrated into the clinical care environment.

Some of the participants admitted to undergoing the stressful orientation process in the new working environment. The participants were used to working in an educational setting where the expectations were not as high as the actual clinical care setting. The participants viewed the process as a stressful process of applying the skills learned through undergraduate nursing education and internship. Other participants took more time to manage the stressful environment through the assistance of their preceptors. The interactions eliminated instances of frustrations that would emerge and question their confidence in assuming new staff roles.

The understanding of the role and its development through the mentorship and training sessions decreased the susceptibility of the participants to stress. The participants argued that they knew what the experienced nurses and other healthcare teams expected from them as they learned to apply or adapt knowledge and skills. The sessions clarified roles and responsibilities and built their confidence while eliminating stress and burnout due to long hours in the various departments.

*When I started I was under stress but after time with my preceptor I feel more comfortable they helped me a lot also they teaching me everyday. I can say now I am relaxed.(p.14)*

*Since I started actually I don’t feel any pressure or stress so I think I have a better perspective towards this. (p.18)*

All the participants considered preceptorship as the source of support, which assisted in addressing burnout and stress. The support from the administration prevented the potential frustrations with the nursing roles due to the clarity of roles and participation during the training and mentorship sessions with the preceptors. The new experiences, responsibilities, and patient cases were not problematic but opportunities for the new staff to learn to adapt their knowledge and skills to cement the confidence of handling different cases. The participants talked about the professional and social interactions with the preceptors who showed them ways of managing pressure by handling manageable workload.

*Now I don’t feel any stress. To be honest I feel pressure at the beginning but now I am more confident. (p.19)*

**Becoming a Nurse: Continuing Professional Development**

Professional development denotes the process of enhancing practice of nurses or new graduate nurses through continuing education or training. The education, in this case, occurs in the form of preceptorship during transition to practice. The concept involves the provision of lifelong learning to increase competence, which then translates into ethical, safe, and effective clinical care. Nurses or nursing students undergo the professional development through facilitation of role development. The procedure focuses on practice transitions, interprofessional collaboration, advancement of leadership and mentorship, change management, and conducting scientific inquiry. The clinical practice environment uses resources such as mental health support to assist nurses in achieving their goals as well as support their initiatives. Professional development aligns with the changing healthcare environment, which demands varied application of competence for instance in home care, clinics, and specialized care.

***Growing Into the Role***

The participants spoke about experiencing professional growth after attending preceptorship sessions as NGNs through role development. All the participants did not understand their role when they arrived at their workstations. The participants revealed their inability to understand the roles of new staff in the early days of their transition to clinical practice until they attended the preceptorship as stipulated by the hospital policy. The participants admitted to developing their roles well when they interacted with the preceptors who understood the demanding nature of the practice and the confusion that could arise in the early stages.

The role development underlined the professional growth of the participants because it relied on well-coordinated programs, trainings, mentorship, lectures, orientation, and seminars for the preceptees. The participants admitted to developing the motivation to work in their units due to the influence of the preceptors and the positive attitudes at early phase of their nursing careers. The impact of preceptorship on the role development was when the new nurses interacted with more experienced persons at a personal and professional levels. The engagement covered the primary roles and responsibilities and overcoming the challenges presented by the practice. The participants further identified the preceptorship period and quality of the mentorship as the contributor to the professional development expected by the completion of the sessions at the hospitals or the assigned department.

Role developed further define the professional growth experienced during the preceptorship process because it focused on the expansion of the clinical care expertise. The participants talked about knowing nothing about their roles when the department managers introduced them to the unit. The roles became clear as the participants interacted with their mentor during different programs assigned by the hospital as explained in one of the participants account below:

*“When I joined here, I was like, nothing at all. I was like nothing at all. But then, after all of this programs, trainings, mentorship, lectures, orientation and seminars that they have given me that they have sent me I am more confident to expand my expertise. Yeah. And then I was able to, yes, expand my expertise. And actually, I was motivated to learn more about critical care. Yes, there is a big change.”* (p1)

The participants further described a professional growth process. Some of the participants took three months to go through the preceptorship and manage cases such as CPR patients through the assistance of the preceptors. The knowledge building process during the training and workshop sessions were critical to demonstrating how new nurses’ role entailed performing simple duties and taking the lead from the experienced nursing staff before developing into confidence and experienced professionals. The participants further understood the knowledge building process as a gradual process for processing patient cases and applying the skills learned over time.

*“Actually when I was a student and in my in my in that time I have confused for my role. Now I think it is clearer for me. They are increased my knowledge skills and I can to deal with any cases.”* (p.11)

The participants further deliberated on the role development through different lessons. The newly graduated nurses relied on the preceptors’ input to gain skills and learn the different procedures at the hospital. The participants looked forward to working with experienced staff to learn about medication calculation, administering medication, and handling emergency situations. The learning opportunities created by the experienced nursing staff contributed to the overall professional growth underscored by the effective role execution as the participants explained in their respective interviews. The participants attended the sessions where they learned how to plan for each case and preparing to adapt their role according to the clinical situations at hand.

***Discovering Professional Responsibility***

The participants reported increased understanding of their professional responsibility after interacting with the preceptors and undergoing knowledge and skill development. The mentorship process recognized the need for the professional growth of the new staff in readiness for the clinical environment. The environment keeps changing so that participants were anticipating proper guidance from the preceptors. The primary goal of the preceptorship as per the accounts of the respondents was to develop the skills and knowledge to build the overall competency as well as confidence to handle the demanding patient cases. Consequently, the participants talked about overcoming their fears because the workshops and training covered every aspect of their profession and prepared them for different roles. The NGNs noted Significant changes in their professional growth between the first day of orientation and the three months-long education through experienced preceptors.

The participant further reported professional development through the preceptorship program because it focused on specific growth areas. For instance, some of the participants noted their ability to work in team settings after demonstrating the extent of their expertise to the other experienced nursing professionals. The preceptorship further enabled the NGNs to complete daily tasks of creating plans for specific patient cases and collaborating with other nurses to provide care within the stipulated framework. The first three months of preceptorship comprised deliberate effort to equip the participants with the knowledge needed to perform different nursing care tasks. The participants reported increased ability to use the hospital policies and aligning clinical care procedures to assist patients in the units or the hospital level.

The participants registered significant professional growth because they gained the confidence to perform different roles through the assistance of their preceptors. The clearer roles were evident when the participants were confronted with different cases of patient acuities. The participants reported growth because they understand their responsibilities as new nurses following their interactions with the preceptors. The participants consider the preceptorship steering process the process of equipping them with their roles and responsibilities. The participants base their relationship on the lessons they have gained from the preceptors and overcoming the negative attitudes towards their profession at an early stage.

The knowledge and skills passed on by the preceptors are reported to have a key role in advancing professional growth, which then implies understanding of professional responsibility. The practice and the support from the preceptors focused on specific outcomes that translated into better execution of professional responsibility of handling different patient cases. For instance, one of the participants admitted to relying on the lectures to expand the base education about clinical practice. the education from the hospital and the department shaped the professional role adopted at early phase of participants’ career as well as the ensuing engagements in the clinical care environment. The participants were categorical on how the programs phased in three months were effective in demonstrating, for instance how to handle ventilated patients and patients in stable conditions.

Some of the participants reported better understanding of the clinical care within the first week of attending nursing preceptorship programs at the assigned hospital while others associated the three months period to the acquisition of the right skills to enter the nursing care environment. The following participant spoke about the impactful nature of the preceptorship program on their newly found roles after college and internship:

*“I have gained the high skills and the enough knowledge that led me to deal with any cases. Of course, my confidence increased as well during my orientation program. So, I think I am okay now.”* (p16)

***Commitment to the Profession***

The commitment level of the preceptees increased after undergoing the preceptorship program at the hospital. The commitment underlined the professional growth experienced by the different NGNs as they transition from student roles to new nurses in actual nursing care. The participants reported their ability to engage patients at the early phases of their careers despite lacking the experience like other registered nurses as well as healthcare professionals. The participants remembered the journey to gaining knowledge and skills by participating in the daily tasks assigned by their preceptors. The confidence to handle the tasks according to the expectations of the clientele showed significant commitment to charting professional growth in the nursing practice. One of the participants demonstrated the commitment to improving professional growth as follows:

*“When I see myself before and after I notes a big change with my preceptor and my college, I think there is professional growth in my career.”* (p19)

The participants reported their ability to commit their knowledge and skills to meeting quality care for the different patients after interacting with the preceptors. The commitment began from the first day of orientation to understand the hospital policy to the completion of the three months programs covering different aspects of nursing care. The experience of the participants was critical to developing the role of the new nurses.

**Summary of Qualitative Findings**

The following section outlines the findings from the respondents who attended preceptorship program in Saudi Arabian hospitals. The nurses were looking forward to gaining professional and personal growth by engaging preceptors on areas such as practices, policies, and competencies. The section outlines the different perspectives from the results that sought to answer the research question on the effects of nursing preceptorship programs on the clinical practice of NGNs. different themes emerged from the preceptorship program including preceptorship program, competency, confidence, and professional development. The nurses who attended the programs presented first-hand perspectives on the effects of their interactions with preceptors.

**Experiencing preceptorship**

Different perspectives of preceptorship program emerged from the study. The study sought the composition of preceptorship program from the nurses who attended different lessons in the three months of their nursing careers. it emerged that preceptorship program involves mentorship and development of hands-on experience of the NGNs in the healthcare settings. The healthcare professionals attend the preceptorship programs organized by the hospitals to learn about handling the different demands of the clinical care environment. Some of the nurses viewed the preceptorship program as a time-focused and educational process for guiding the nurses on how to utilize their skills, competencies, and different roles to deliver quality standards when delivering nursing care to patients. The program further involved interactions with mentors to gather clinical and social skills, which were imperative in meeting quality care demands as well as building working relationships in the healthcare settings. The results revealed that the preceptorship program instilled confidence in nurses to handle technical procedures in active care settings during their transition.

***Routines and Practices of General Preceptorship***

The study revealed the composition of general preceptorship program. The nurses considered the process as a tool for orienting them to the hospital and nursing departments. The mentors assisted the nurses to learn how to adapt their skills and knowledge to deliver quality care to the patients. Consequently, the structure of the preceptorship program met the expectations of the students. The lectures covered different nursing processes, procedures, and treatment for various infections. General preceptorship emerged as a training process on drugs calculations besides learning their different responsibilities as new nursing staff.

Preceptorship builds the routine of the nurses by orienting them to the clinical work environment. The study reveals that hospitals and preceptors utilized the lessons to introduce the NGNs to the working environment and the procedures needed to deliver quality care to the patients. The nurses understood the preceptorship process as the acquisition of the knowledge and skills for executing assigned responsibilities in the clinical practice environment. The orientation to the clinical environment was important because it enabled the nurses to breakdown the complex work into parts, which then allowed then to apply their knowledge and skills. Moreover, the study demonstrates the orientation process through the workshops, training, and lectures are effective in creating the right channel for the nurses to execute their duties at individual level or within assigned healthcare teams. The nurses familiarize themselves with the nursing process following their interactions with the experienced nurses in management.

The preceptorship process built the skills of the new staff members at the hospital as they sought to understand the healthcare environment. The senior nurses were effective in providing the guidance needed in the classes and enabling the attendees to adapt their knowledge to the hospital procedures as well as policies. The process of building the right skills of the NGNs involved mentors tailoring the expectation and competencies to the nursing care procedures. General preceptorship emerged as a tool for building different professional personalities and enabling the nurses to practice proactive mindfulness in the early phases of their careers. The nurses learned from the preceptors to interact with their patients and overcoming different obstacles in the clinical environment. Consequently, the orientation process inculcates the nurses to utilizing resources within the hospitals and developing the best care plans for the patients.

***Departmental Preceptorship: making the transition***

The study further indicated the role of departmental preceptorship in building the skills of the new staff. The participants viewed the process as an effective channel for familiarizing with the specific procedures at the hospital, exclusive to the specific department or clinical space. The nurses required the input of the experienced professionals to understand how the department develops nursing care plans and utilizes the competencies of individual practitioners or teams to deliver quality patient care. Additionally, the preceptorship program emerged as the tool necessary for optimizing quality patient care besides creating familiarity with the departmental policies. The nurses learned to optimize the departmental performance while developing their professional and individual skills.

The study indicates the format in which departmental preceptorship took place. The role of the face-to-face approach was to create the right interactions between the departmental staff and the new staff seeking to understand the different procedures for delivering quality healthcare to the patients as well as their families. In other words, this part of the preceptorship was centred on building relationships and aiding the NGNs in building interpersonal communication skills. The findings associated the modalities with the departmental preceptorship with the improvement of nursing skills and procedures among the new staff. The nurses utilized the departmental preceptorship to understand the dedication needed to delivery exceptional performance to patients and families while maintaining professionalism in the early phases of their nursing careers.

The role and value of departmental preceptorship was clear from the study. The process served as a tool for nurses to embrace a culture of quality care by understanding both departmental and hospital policies as well as procedures. The nurses understood the value of maintaining the right attitude in their work. The departmental orientation was helpful in training the nurses to understand the implementation of their skills while embracing resilient approach towards the complex nursing work. Moreover, the orientation was helpful in popularizing policies while building the working relationship between the new staff and other members. the preceptorship process introduced the nurses to their actual clinical care roles and error-free execution of critical nursing processes.

***Duration of the Preceptorship Program***

The duration of the preceptorship program was another important finding from the results of the qualitative analysis. Different durations enabled the nurses to attend and gain additional skills and knowledge from the preceptorship programs. The first three months served as an introduction to the hospital and the nursing departments. The new staff learned about building and applying exceptional skills to achieve quality care to OB/GYN, critical care, cardiac, medical/ surgical, outpatient/clinic, neuroscience, emergency department, pediatric, and oncology departments. Additionally, the nurses attended the programs in the early stages of their nursing careers to cement their nursing skills and build the relationships at the departmental and hospital levels. The preceptors individualized the learning process and created the rapport with the new staff before introducing different aspects of the clinical practice in workshops and trainings.

The programs lasted more than 3months too and enabled the preceptees to understand different parts of the clinical practice including applying confidence, competency, and explaining the routine of the hospitals. The role of the prolonged preceptorship program was to gauge the performance of the nurses and their ability to handle different roles at the hospital.

***One-On-One Preceptor: learning through good relationships***

One-on-one preceptorship served as a tool for departmental and hospital orientation as well as building the confidence of the nurses. The one-one-interactions with the preceptors were effective in creating the nurses understanding of their roles and mentoring them to apply the best skills in their nursing careers. The NGNs learned from the one-one-preceptors on the value of building professional practice through their interactions in the three months workshops and trainings. The engagement at a personal level helped in building confidence for the NGNs because they understood the organizational and department procedures for effective clinical care. The nurses expressed their ability to perform technical procedures, maintain effective communication, and delivery quality care following their attendance in different one-on-one preceptorship programs.

One-on-one preceptorship served as a skill improvement, clinical experience, and problem-solving opportunity The skill improvement process was anchored on the experience of the senior nurses who understood the clinical procedures and adhered to the hospital and departmental policies and were able to share these experiences. The NGNs learned from the workshops, training, and lectures on how to apply the skills learned in school in different settings. The clinical experience of the nurses improved after their interactions with the experienced preceptors at a personal level.

**Developing Competency**

Preceptorship improved competency of the nurses guided by the different indicators. The indicators include adaptation skills and knowledge. The competency development process occurred because the preceptors guided the new nurses into applying logical thinking, accurate hospital, and departmental models, and aligning with the professional ethics of the practice. The mentorship meant better understanding of the medical knowledge, enhancement of patient care skills, professionalism, and overall ability to implement system-based interventions. The nurses who attended preceptorship programs understood the skills needed to deliver quality and collaborative working after interacting with the senior nurses with years of experience in the practice. The redevelopment, remediation opportunities, and educational consultation was helpful in inculcating skills in critical and emergency care besides learning how to manage expectations of patients, families, and other healthcare professionals at the hospitals.

***Adapting Skills in the New Care Environment***

The nurses learned from the senior nurse preceptors the importance of adapting their skills in the clinical care practice. The workshops and training were effective in promoting adaptation of competencies such as communication, critical care, and emergency care to the different contexts of patient care. The nurses gained the skills needed to deliver the best possible care to the patients while meeting the expectations of their families. Additionally, the new nurses learned how to apply specific skills such as taking vital signs, conducting triage, and patient assessment during their shifts from the experienced preceptors. The clinical preceptors were helpful in upskilling the new staff through practice lessons. The lessons responded to the demand for hands-on skills in the complex care practice.

The nurses further learned how to implement the theoretical and practice skills learned in schools to specific patient cases through the preceptorship program. The adaptation skills demonstrated immense competency development because the new nurses negotiated through different challenges through the guidance of the senior nurses. Consequently, the nurses expressed their ability and confidence to work in different departments. New nurses gained the independent desire to work in OB/GYN, critical care, cardiac, medical/ surgical, outpatient/clinic, neuroscience, emergency department, pediatric, and oncology departments following the input of experienced. The preceptorship succeeded in enhancing adaptation of clinical skills due to the continuous interactions between nurses and the healthcare teams with different skillsets. The adaptation process focused on applying knowledge in specific areas in active care settings or in the practical lessons offered in workshops, trainings, and lectures.

***Gaining New Knowledge Through Experiences***

Preceptorship process increased the knowledge of the participants, which in turn contributed to their feelings of competency. The guidance and mentorship by the senior nurses were the primary source of the knowledge about nursing care and different procedures at the hospital. The nurses described the participation in the knowledge acquisition process as the important part of staying in the clinical practice rather than leaving at an early stage. Senior preceptors explained procedures such as using IV canula, ICBB, working with the doctors, and implementing the procedures at the bedside. Consequently, knowledge acquisition was an important element of the preceptee involvement with the senior nurses in the first three months of the practice. The clinical instructions enabled the nurses to assume different roles while conducting periodic tests to find weaknesses of the NGNs in the knowledge building process.

The preceptors engaged the nurse in the knowledge building process by showing them how to handle different patient care situations. The participants attended different training and mentorship programs that focused on building their familiarity with different practices. Preceptorship led to the nurses’ ability to developing nursing care plans, implement technical procedure, offer emotional support to patients and families, besides valuing relationships with their colleagues in the healthcare teams. However, the nurses expressed their immense knowledge building capability emanated from the support received from the management and the healthcare teams. The knowledge instilled the competence to handle emergency situations, patient acuities, or the critical care procedures in different hospital setting. It became evident that preceptorship at the hospital and departmental level improved the overall competency of nurses in delivering quality care, maintain professionalism, and maintaining relationships.

***Demonstrating Competency Through Assessment***

The role of assessment in the preceptorship is clear from the study. The nurses understood their capabilities and performance following continuous assessment from their preceptors. The evaluation occurred within the first weeks of the preceptorship to establish nurse’s ability to handle different aspects of the clinical practice without relying on other nurses. The nurses also attended assessment after three months of the programs to find gaps and work based on competency checklists and guidelines offered by the hospital. Additionally, assessment further fostered the orientation to the professional relationship with senior nurses. The NGNs revealed their intentions to learn from the interactions and testing their ability to implement department and hospital procedures. The evaluation process repurposed knowledge, skills, and experience for the provision of clinical care.

The different roles of the assessment process and influence on the adaptation of skills and knowledge were evident from the research. The different roles of the assessment process included improvement of nursing skills of the new staff based on continuous assessment of their skills. The study emphasized the role of preceptorship in assessing confidence, satisfaction, and handling emergency care demands at the hospital. On the other hand, the assessment part of the preceptorship program succeeded in showing the different application of skills and knowledge of the learners. The NGNs built their practice on the weekly and monthly assessments because they understood the different contexts through which to advance their clinical practice. The assessment created a platform for improving confidence, communication, professional relationship, and personal growth at early phases of NGN’s careers.

**Building Confidence**

The analysis linked the preceptorship process to high confidence of the new staff in engaging in clinical practice. The confidence when engaged in emergency situations, patient acuities, or the critical care procedures in different hospital settings grew from the virtual and one-on-one interactions with the experienced professionals at the hospitals. The outstanding indicators of confidence included sense of self-confidence, calmness, and certification from colleagues to execute patient care procedures without relying on healthcare teams or any form of supervision from the senior nurses or director of nursing. Additionally, the preceptorship program was effective in building the confidence to advance clinical practice with competency, performance accomplishment, verbal persuasion, emotional arousal, and ability to learn new skills from the experienced personnel in the assigned healthcare teams. The elements of confidence reported by the NGNs after attending workshops and trainings include transition, emergency situations, and perspective towards burnout and stress.

The NGNs manifested their confidence in transitioning from being students to new nurses under the guidance of the senior nurse preceptors. The preceptorship process focused on the knowledge building process and cementing the experience needed to deliver quality care. The nurses learn to transition from the use of theoretical frameworks to actual utilization of skills in line with the procedures and policies of the hospitals. Additionally, the confidence to embrace clinical practice and build on the knowledge and skills learned in college demonstrated the value of preceptorship. The journey entailed a spirited process of offering the input to the departments and the healthcare organization following their mentorship with the daily mentorship. The orientation, departmental rounds, workshops, and trainings were effective in increasing the familiarity with the clinical care procedures, relationship with the healthcare teams, and charting professional as well as personal growth in the process.

The findings further indicate the importance of using preceptorship programs to outline the specific roles of the nurses in the active care settings. The roles included the preparation of patients nursing plans, performing critical care, and responding to emergency situations besides maintaining professional relationship with the team. The preceptors enhanced the confidence of the nurses by building on the skillset learned through their internship, graduation, and before preparing for entry into the clinical practice. Consequently, the confidence demonstrated improvement of self-efficacy and general skillset in the clinical care. The transition to practice enabled the nurses to understand the different aspects of their critical care.

The confidence to engage and solve emergency care demands was another evident impact of preceptorship. The nurses underwent a significant training process of handling critical cases in a healthcare team and responding to emergency situations without requiring support from the senior nurses or colleagues. The nurses understood the ethics of implementing care including reducing harm on the patients. The clinical instructors explained the value of calm and positive attitude towards the positive attitudes besides applying the knowledge and skills learned through their internship, graduation, and practice before entry into the actual clinical practice. The nurses handled patient issues without errors or extreme mishaps.

The confidence grew further after preceptorship because the NGNs learned to manage burnout and stress. The nurses expressed their confidence to prepare for the busy schedules and incorporating rests after the preceptors explained the risk of burnout and stress. The results were categorical on nurses receiving lessons to anticipate long working hours and learning to incorporate assistance from colleagues in the assigned healthcare teams. The role of the preceptors was to reduce the to eliminate the pressure that came with handling the emergency cases, critical care demands, and diverse patient demands at the bedside. The preceptors built the right attitudes of the nurses towards the long working hours and reduce their turnover intentions in the early stages of their clinical practice.

**Becoming a Nurse: Continuing professional development**

Preceptorship enhanced the professional development of the nurses hoping to retain their role and place in the clinical care practice. The professional development manifested itself in different perspectives including role development, professional confidence, and professional responsibility. Professional confidence of the nurses was important for the nurses seeking to work in the healthcare departments with or without the input of the experience nursing staff. The orientation, seminars, mentorship, programs, and trainings affirmed that the expansion of the new staff’s experience was necessary for delivering quality care. Professional responsibility indicated the readiness to work in the clinical environment by taking up roles assigned by the clinical instructors. The commitment level of the nurses further demonstrates the influence of preceptors on the professional level of nurses because it cemented their ability to engage patients as well as develop relationship in the clinical practice.

**CHAPTER 5: DISCUSSION AND CONCLUSION**

This study set out to explore the transition from student nurse to newly qualified nurse in a number of sites across Saudi Arabia. To the best of my knowledge, this is the first study to focus on this key professional transition within KSA. The main aims, objectives and research questions of the study are summarized again below:

**Main Objective**

1. To determine the impact of preceptorship program on competence and confidence, for newly graduated nurses in Saudi Arabia

**Specific Objectives**

1. To assess whether preceptorship programs for newly graduated nurses improve their competence in Saudi Arabia.
2. To evaluate if preceptorship programs for newly graduated nurses enhance their confidence in Saudi Arabia.
3. To establish whether preceptorship programs support for professional development of newly graduated nurses in Saudi Arabia.

**Research Question**

1. What is the impact of preceptorship program for newly graduate nurses on their competence and confidence in Saudi Arabia?

**Sub-Questions**

1. Do preceptorship programs for newly graduate nurses improve their competence in Saudi Arabia?
2. Do preceptorship programs for newly graduate nurses enhance their confidence in Saudi Arabia?
3. Can preceptorship programs advocate for professional development of newly graduate nurses in Saudi Arabia?

**Contribution to Knowledge**

This thesis has highlighted that the newly qualified nurse preceptorship program, as provided in four hospitals in KSA, has a positive impact on self-reported confidence and competence and that the impact occurs across nurse leadership, aspects of critical care, teaching, planning, interprofessional-relationships and communication and professional development. Furthermore, this impact is realized through a process of growth and change demonstrated through a four-stage process. These findings are specific to the KSA context, but I feel will be of importance to other such programs in other contexts and environments.

The study demonstrates the link between preceptorship programs of NQNs in the four hospitals in KSA. The observation emphasizes the value of structuring preceptorship models to eliminate the confidence within the first years of practice. The programs should build NQNs who can advance a quality service delivery to the patients alongside building the freedom, autonomy, and independence in the execution of the various nursing responsibilities. Scholars could expand the framework further to determine how preceptorship leads to varied confidence levels. For instance, the scholars could expand the link further to determine how confidence grows according to gender, nature of the mentorship, and overall framework used by hospitals such as public or private institutions. The outcomes demonstrate the impact of different modes of preceptorship such as one-on-one approach, which could be used to theorize the growth of the NQNs in early phases of their nursing careers.

The findings outline preceptorship as one of the best ways to building the competence of NQNs in KSA. Academicians and hospitals should use the preceptorship programs to enhance the skills of the nurses’ transition into the clinical practice in the early days of their nursing professions. The KSA context could structure the preceptorship by providing mentorship, one-on-one learning, and seminars. The research findings define the options as the best tools for boosting the competence of the NQNs to overcome their fears, anxiety, and potential turnover due to the challenging nature of the initial days of the clinical practice. The preceptorship programs could involve individualized guidance or support from the hospital staff in KSA so that the nurses learn the skills to fulfil their varied roles in the early phases of the dynamic nursing practice. The study changes the understanding of preceptorship as a mere phase for new nurses but as a structured training process involved aggressive training and self-directed initiatives.

The study shifts focus from using preceptorship as a tool for mentorship, but as a component involved multifaceted elements of learning. The new focus could change the KSA context of providing informed and influential preceptorship initiatives. For instance, the study emphasizes the essence of creating routines and practices for general preceptorship where the preceptors orient the nurses by explaining policies, procedures, and multidisciplinary work with structured learning. On the other hand, the study insists on the adoption of a departmental approach so that NQNs can learn legal, leadership, critical thinking, and interpersonal relations to complement the lessons at the organizational level. Moreover, one-on-one preceptorship suffices since the study outlines it as the best option for customized lessons and learning. The duration of the program could vary depending on the foundational knowledge, skills, and competence a hospital is aspiring to disseminate to the NQNs.

The study further proposes the theorization of leadership as an integral element of the preceptorship program. The leadership emerges as the ultimate means to realizing the benefits of departmental, general, or one-on-one preceptorship programs. The leadership might vary with the context and environment of nursing, but the study outlines its role in merging the teaching, planning, communication, professional development, and sustaining interprofessional relationships during as well as after provision of preceptorship. The leadership should preside over the transition including identifying the primary needs of the NQNs seeking new role in the clinical practice. The approach should enhance readiness of the NQNs for the ever-changing clinical practice.

**Discussion of the Findings with Literature**

**Effect of Preceptorship on Routine of NGNs**

The current study shows that preceptorship changed and clarified the routine of the NGNs in the early stages of their careers. The NGNs expressed their ability to perform oral suctioning, IV therapy, tracheostomy, dressing changes, and catheter care alongside integrating the different needs of the families and patients after the workshops, trainings, seminars, and the various brief prepared by the senior nurse preceptors. The outcomes align with the findings of Edward et al. (2017) when they explored the work readiness of the nurses following the execution of preceptorship. While the study did not utilize primary data like the current study did, it clarified the preceptor’s preparation and support for new nurses on their roles and increased their clinical exposure besides streamlining their routine.

The effective role of preceptorship on the routine of NGNs was congruent with the observations of Chen et al. (2021) when they explored transition shock, support from preceptors, and overall competency of the newly graduated registered nurses. Preceptors helped the routine of the Chinese new nurses through professional and social guidance in the healthcare system. However, Hansen (2021) found that newly qualified nurses’ perceptions towards the professional guidance of the preceptors determined their subsequent behaviors and actions, including adopting the recommended routine or finding a new path to becoming experts in the clinical practice. The study further associated the routine change with the support programs offered by the hospitals and the practicing nurses who overcome theory-practice gap in the workshops, practical sessions, training, and seminars, similar to the methods indicated here.

**Effect of Preceptorship on Competency of NGNs**

The present study further reveals that competency of the NGNs improved after attending preceptorship sessions. The NGNs could perform complex procedures after interacting with the senior nurse preceptors and receiving mentorship as well as support in their journey to become registered nurses. The outcomes are congruent with the observations of a study by Chen et al. (2012) when they noted the different competencies through preceptorship programs. The study found that 243 new clinical nurses learned control from the directed learning in a Taiwanese healthcare institution. The level of competence depended on the level of teaching and self-directed learning by the preceptors. Correspondingly, Clipper and Cherry (2015) established that preceptorship was responsible for competent practice from the transition shock sustained by the new nurses. Preceptorship is an effect development program because structured training prepares the NGNs for the clinical practice and retention.

The findings further align with the observations of two other studies despite, using a different sampling and research design to gather insights and analyze them. According to Harrison-White and Simons (2013), preceptorship improved the competency level of the new nurses to perform in the various departments due to the involving exercises, practices, and interactions with practicing nurses to cement their interventions within the first six months. Similarly, Ke et al. (2017) established from a systematic review of six articles published in 2001-2004 that preceptorship offered a good start for NGNs, which translated into exceptional competence, and subsequent professional socialization, satisfaction, and intentions to stay in the practice. The programs focus on the wellbeing and professional completeness of the NGNs.

***Adapting Skills in the New Care Environment***

The preceptorship process enhanced the competence of nurses by improving their adaptation skills. The preceptors were effective in using their skills to enable the NGNs to adapt their competencies to the new clinical environment. The assertions are congruent with the general perspective of preceptors’ leadership as Bodine (2019) observed in their study on the competency development of new nurses. The authors argued that preceptees adaptability depended on the preceptors’ guidance to apply the selflessness, communication, cultural intelligence, authenticity, versatility, empathy, and flexibility in the nursing care process. The arguments are also congruent with findings of Marks-Maran et al. (2013) when they studied 44 NQNs on their engagement, value, and sustainability in the preceptorship program. The NGNs learned to adapt the new environment, engage professionals, and work within multidisciplinary teams to optimize patient outcomes, as indicated in this thesis.

Views from other authors further reflect the assertions made from the current study on preceptorship promoting adaptation to the new clinical environment. Sherrod et al. (2020) termed preceptorship as a valuable resource for adapting nursing staff to the change process. The introduction to the new clinical settings and building competencies to work with different groups of patients meant better outcomes for the NGNs including retention and satisfaction. Another Korean study by Kim et al. (2012) established Korean preceptor nurses were effective in clarifying the roles and fostering redefinition of the new nurses. The cooperative and educative environment fosters adaptation to change while cementing patience and responsibility to NGNs.

***Gaining New Knowledge Through Experiences***

The present study found that preceptorship enhanced the competency of the nurses by improving their knowledge to perform different roles. The knowledge about roles, patients, and overall nursing care led to the interest, retention, and growth of the NGNs from the first week of their participation in the preceptorship sessions. the findings align with the outcomes of a previous study by Allan et al. (2017) when they noted the interconnected field of learning in preceptorship generated and disseminated the right knowledge on clinical practice to the 33 NQNs. The perspective of the 12 ward managers and 10 healthcare assistants was that piloting preceptorship enhanced a culture of safety, developed health assistance, and teamwork roles in clinical practice.

The findings also correspond with other studies with different sample and methods but focused on the knowledge of NGNs. Quek and Shorey (2018) established from an integrative review of different journal articles that the role of preceptor involved preparation and expansion of the knowledge of the preceptees despite the varying ethnic descent, educational qualifications, and nationality. Similarly, Power et al. (2019) found from the evaluation of structured preceptorship programs that NGNs needed a good transition to practice by developing their clinical reasonings, orienting their abilities to patient care, and enhancing their working relationship with other professionals. Additionally, Ferreira et al. (2018) found from Brazilian NGNs working in a basic health unit that preceptors taught experiential, scientific, common sense, procedural, and overall knowledge about nursing practice. The knowledge enhanced performance and demonstrated realization of competency-based goals by NGNs.

**Effect of Preceptorship on the Confidence of NGNs**

The current study revealed that NGNs attendance in the workshops, trainings, seminars, and lectures built their confidence to use their clinical knowledge and skills. The NGNs relied on the mentorship from senior nurses to understand the processes and roles within multidisciplinary teams. The findings are congruent with the outcomes of Lewis and McGowan (2015) when they conducted a qualitative analysis of semi-structured interviews of eight NGNs. The findings indicated that building confidence and time for support were the main outcomes of senior nurse preceptorship. Correspondingly, Irwin et al. (2018) established from a systematic review that NQNs improved their confidence besides competence through structured preceptorship sessions. The papers considered the knowledge, experience, support, structure, and the continuous measurement in the preceptorship process shaped the confidence level of the NGNs.

The outcomes from the mixed methods emphasized different aspects of confidence including autonomy, freedom, independence, participation, and judgment. The observation is congruent with the findings of Nielsen et al. (2016) when they found that support and subsequent evaluation of NGNs by their preceptors improved their clinical judgment. The interactions created an autonomous environment where NGNs and RNs could interact and exchange ideas to enhance clinical practice. According to Aparício and Nicholson (2020), confidence to take complex roles and work independently improved with the support and supervision offered by the senior nurses. The training was effective in improving skills and maximizing success in the future nursing care for NGNs.

***Transition: the ‘spirited journey’***

The preceptors defined the transition of the new nurses from college to the clinical practice. The programs offered the means to entering the highly complex clinical environment of the nurses. The findings from the present study align with the outcomes of Shinners et al. (2013) when they explored the dedication by experienced preceptors to driving the nurses’ transition to practice. The transition involved conjuring high energy levels and motivation to engage in the new nursing role and promote continued education to enrich the execution of the different responsibilities. Another study by Clipper and Cherry (2015) viewed the preceptors’ role as the solution to the transition shock as NGNs sought competent clinical practice. The structured training increased the nurse’s effectiveness to deliver safe and effective care within the first year in the practice.

The present study showed the effectiveness of the structured preceptor development of the NGNs as imperative in the transition and retention in practice. The nurses demonstrated the transition with confidence because of the perceived experience and excellent mentorship by the assigned preceptors. The observation coincides with the findings of Valizadeh et al. (2016) who noted from phenomenological research of new nurses that working with the preceptors offered them educational and mental preparation, which overcome helplessness and absence of support during their transition process. Moore and Cagle (2012) had noted from a hermeneutic analysis lived experience of new nurses that their confidence to transition to practice was due to the input of clinical preceptors. The preceptors improved experiential knowledge and address the concerning practices while interpreting procedures for the nurses.

***Dealing with Critical and Emergency Situations***

The present study shows the impact of preceptorship on the new nurses’ ability to handle emergency situations. The NGNs gained the confidence to handle different patient demands including performing resuscitation and administering mechanical devices to critical patients. The findings are congruent with the outcomes of previous study by Glynn and Silva (2013) who found that the preparation by preceptors for the emergency roles increased the confidence by the NGNs to handle emergency care. The NGNs demonstrated their ability to use lessons from hands-on clinical experience and didactic content of orientation programs to assist emergency patients in a 200-bed community hospital. Therefore, the NGNs learned to become more proficient by working with nurse specialists and nurse preceptors to cement their knowledge and skills in emergency care.

The current study shows the effectiveness of preceptorship in disseminating lessons about emergency responses to the NGNs who demonstrate their confidence and readiness to extend their clinical practice. The outcomes are consistent with the observations of Sardillah et al. (2020) when they noted that preceptorship lessons of Leopold palpation in a Midwifery unit enabled the 40 new nurses to perform the procedure to the patients. The students transitioned to practice through the lesson offered by the program. However, Casse (2019) found from an academic medical center that introduction of programs for transition to practice was effective in teaching ED skills, but the NGNs needed to exploit the opportunities to enhance their overall response to the actual emergency situations.

***Perspective Towards Burnout and Stress: Building resilience***

The current study found that NGNs gained better perspective towards burnout and stress after working with the senior nurse preceptors in the different departments. The new nurses understood how to address and prevent stress and burnout to stay longer in the clinical practice. The outcomes are consistent with the findings of Valizadeh et al. (2016) who noted that the educational and mental preceptorship was effective in creating the right clinical environment for new nurses. The nurses gained the confidence to seek support, influence decisions, and work around their schedule after preceptors showed them how to share responsibilities. Similarly, La and Yun (2019) found from a dyadic analysis that preceptor nurses taught NGNs to manage anger, anger experience, and respond to schedules to deal with stress and burnout. The management training programs were appropriate for retaining valuable but vulnerable NGNs.

The findings in the present study consider senior nurse preceptors as effective means to addressing stress and burnout. The outcomes reflect the assertions of Gardiner and Sheen (2016) on NGNs experiencing support from the senior preceptors and departments in their early stages. The adequate support boosted their confidence and job satisfaction levels. The outcomes further correspond with the results of Piccinini et al. (2018) when they noted that new graduate RNs overcome difficulties in their transition including stress levels due to lessons on critical thinking as well as retention. The supervision and guidance during training increased the perceptions of NGNs towards the practice besides increasing their resolve to work in the complex and ever-changing clinical environment.

**Experiencing Preceptorship Program**

The present study describes the preceptorship program as the educational framework for NGNs in readiness for clinical practice. The different definitions of preceptorship emerged from the study and were consistent with the findings of previous nursing studies. For instance, Kang et al. (2016) found that preceptorship involved situational initiation training programs for the NGNs, support professional relations, and minimizing the intentions to leave with the first year of preceptorship. Similarly, Van Patten and Bartone (2019) found that the quality of preceptorship, mentorship, and debriefing processes reduced stress and enhanced skills besides improving retention rates of nurses after the residency programs. The sessions were beneficial to the NGNs because it strengthened their foundational skills and confidence within the first year of employment.

The current study defined the developmental capacity of preceptorship for the NGNs seeking to cement their careers in the nursing sector. The outcome aligns with the findings of Scott-Herring and Singh (2017) who noted the preceptors focused on the quality improvement programs for newly graduated RNs. The programs enhanced learners’ styles and needs, constructive feedback, and communication skills, which the underlined their smooth transition to the clinical care environment. Agreeably, Lalonde and McGillis Hall (2016) established that NGNs socialization shaped job satisfaction, low turnover intentions, solved role conflict, and ambiguity because preceptors applied their cognitive, emotional, and personality intelligence into the programs. The structured learning improved the readiness of the NGNs to performing tasks and developing exceptional relationship with other practitioners.

***Routines and Practices of General Preceptorship***

The present study reveals different routines and practices surrounding general preceptorship. The process included orientation of new nurses into the practices, explaining policies and procedures, and outlining the multidisciplinary work through structured learning. The findings are congruent with the good practices of general preceptorship established by Hilli et al. (2014) when they conducted their Nordic qualitative study on 27 preceptors. The sessions expedited clinical education to the undergraduate student nurses in readiness for their clinical practice. The success depended on ethics in learning and development, sense of responsibility, role modelling, and sharing knowledge about working life. The findings further reflect the assertions of Girotto et al. (2019) on preceptors assuming educators’ roles and shaping NGNs’ professional in a health system.

The current study further presents general preceptorship as a practice for building competence and using the clinical learning environment to foster interprofessional collaboration. The outcomes are consistent with the findings of Phuma-Ngaiyaye et al. (2017) when their qualitative research and subsequent thematic analysis found that preceptors build competent, confidence, and team-work oriented graduate nurses. Correspondingly, McSharry and Lathlean (2017) undertook another qualitative study in Ireland’s acute care hospital and found that 13 students and preceptors created a mutual empowerment channel. The channel improved guidance and student learning led to in-depth knowledge and understanding of the clinical practice in acute care.

***Departmental Preceptorship: making the transition***

The present study presents departmental preceptorship as an offset of general preceptorship that prioritizes structured learning and orientation of NGNs to the operations of the unit. The NGNs understood the policies and procedures besides working relationship expected by the department through the assigned preceptors. The observation links with the research observations of Vand Tamadoni et al. (2020) when they surveyed teaching and coaching of 115 new nurses in an Iranian hospital ED. The department offered professional legal, critical thinking, research aptitude, leadership, and interpersonal relations to the nurses as opposed to explaining the overarching organizational practices. Similarly, Mamhidir et al. (2014) noted that surgical and medical departmental preceptorship taught preceptees on critical thinking, responsibility, and clinical learning besides pursuing professional ambitions throughout their clinical practice.

The orientation and development aspect of departmental preceptorship in the present study further aligns with the assertions made in two past studies. Bodine (2019) associated the departmental preceptorship with low turnover rate for NGNs and assisting in transitioning through stressful situations. On the other hand, Richardson (2017) established from NHS’s perspective of preceptorship program that perioperative practitioner assisted the new nurses to care about perioperative patients and improving their professional relations with other experienced professionals. The study considered the continuous learning process and evaluation at the departmental levels offered the new nurses about individualization of clinical care, policies, and the need for constant improvement to optimize patient outcomes.

***Duration of the Preceptorship Program***

The present study illustrates that duration of preceptorship program varies and improves the overall competency, confidence, professional development, and routine of NGNs. The preceptees attended structured learning and development programs for one-week, one-month, three months, six months, and a year. The findings are consistent with the observations of Ke et al. (2017) on the duration of the programs being primary determinant of retention, professional socialization, job satisfaction, and competence of the NGNs. The one-on-one model of 1-3 months duration was responsible for imparting the relevant knowledge and skills to the NGNs working in different departments in Chinese hospitals. Vand Tamadoni et al. (2020) concurred that the ED in Iran used a similar duration to enhance clinical competence of the new nurses. The duration prepared the nurses for the challenging and highly complex nursing practice.

Findings from the present study indicate the value of attending structured preceptorship programs of more than four months to allow proper development of new nurses, although change detected between three and six months demonstrated that there may have been a slowing down in development. The outcomes are congruent with the synthesis of literature on preceptorship by Walker and Norris (2020) when they found that more than four months of preceptors were responsible for instilling General Practice Nurses’ competencies such as making autonomous clinical decisions and adopting cost-effective clinical care approaches. Correspondingly, Hong and Yoon (2021) found that support from the nurse managers and colleagues through preceptor training programs of more than three months meant better clinical teaching behaviors for the 180 RNs. The duration promotes transition and complete professional development.

***One-On-One Preceptor: learning through good relationships***

The study considers the one-on-one preceptorship approach as an effective modality for improving confidence, competency, routine, and professional development of NGNs. The findings are congruent with the outcomes of Zhang et al. (2019) when they examined the link between one-on-one mentorship program and turnover rate of NGNs in China. The study noted that the individualized preceptorship was responsible for the retention of NGNs and expanding their foundational knowledge and skills in clinical care. The outcomes are also congruent with the assertions of Ke et al. (2017) on the wide adoption of one-on-one preceptorship model of one to three months to promote job satisfaction professional socialization, competence, and retention rate of new nurses. The hospitals resolved transition issues and shortage of nurses through the program.

The structured and customized learning between preceptor and preceptee emerged as a tool for skill and professional completeness in the current study. The findings reflect the results of Lafrance (2018) when they found that one-on-one program was a nursing education for novice nurses seeking longevity in the clinical practice. The new nurses depended on the preceptor-preceptee relationship to cement their passion, satisfaction, helping behaviors, and reciprocal learning skills. Agreeably, Ratta (2016) noted from a qualitative interpretive phenomenological analysis that novice nurses overcame uncertainties and initial encounter challenges through one-on-one mentorship programs. The individualized preceptorship process builds trusted relationships, established professionalism, and redefined retention of novice nurses in the clinical practice.

***Assessment of Preceptees***

The current study outlines assessment as a factor of preceptorship and channel for enhancing the competence, confidence, and professional development of nurses. The findings are consistent with the outcomes of Mitchell et al. (2018) when they evaluated nurses who attended face-to-face tailored preceptorship for 59 NGNs in Victoria Australia. The assessment process of the educational program established that confidence, ability to give feedback, and continuous development were among the benefits of the structured assessment of NGNs in a community hospital. Agreeably, Schuelke and Barnason (2017) termed the assessment part of preceptorship as a factor for developing critical thinking of NGNs. The performance of the nurses improved after the continuous evaluation sessions by the preceptors in different departments.

The assessment process improved efficacies, self-assurance, and overall professional completeness of the NGNs as evidenced in the present study. The outcomes are consistent with the findings of Rambod et al. (2018) when they observed from a quasi-experimental study of 122 NGNs that the performance assessment led to self-efficacy, understanding of ethics of patient care, using nursing research, and working systematically in each unit. Li and Su (2014) associated preceptorship and its assessment with teaching self-efficacy to the preceptees besides developing their personality in line with the clinical environment. The indicators of self-efficacy outcomes were quality interpersonal relationships, professional skills, teaching behaviors, and personality adaptation following the evaluation and subsequent adjustment of the learning program. The preceptors improved the performance of the new nurses after the evaluation tests in the preceptorship workshops, training seminars, and lecturers. The sessions indicated the competence, confidence, routine-related, and professional development gaps and informed further mentorship and guidance.

**Impact of Preceptorship on Professional Development of NGNs**

The current study indicates that preceptorship leads to professional development of NGNs. The study outlines the structured learning process as a tool for enhancing the best professional outcomes for the new nurses in clinical practice. The outcomes are consistent with the results of Cotter and Dienemann (2016) when they reviewed professional development for the attainment of nursing outcomes. The nurses learned to become better in their practice by joining structured lessons offered by educated preceptors for over 2years. Another review of mixed-methods articles by Windey et al. (2015) established that preceptor development initiatives led to the effectiveness of the nursing professionals in their early stages of clinical careers. The nurses were looking for a platform for learning how to adjust and adapt their skills to the demanding clinical environment. The findings are also consistent with the assertions of Bengtsson and Carlson (2015) when their continuous professional development course led to constructive clinical learning of preceptees, and in-depth understanding of the professional course. The professional development process occurred due to the experienced nature of the professionals assuming the roles of senior nurse preceptors in the various departments.

***Growing Into the Role***

The current study further found that professional development occurred through role development of NGNs. The new nurses understood their roles better when they participated in the preceptorship programs targeting their specialties, policies, and different care procedures. Similar findings emerged in three other studies exploring the link between role development and preceptorship programs. Omer et al. (2016) evaluated the different roles and responsibilities of preceptors and preceptees in a qualitative interview of 149 individuals. The preceptors had a pronounced role of developing the skills of the learners, clarifying their responsibility in shaping decision-making, and influencing exceptional patient care. Similarly, L’Ecuyer et al. (2018) found from another qualitative study that role competency expanded with the 44 continuing education preceptors focusing on NGNs expertise, communication evaluation, flexibility, and patience skills. The structured learning process led to better assumption of responsibility and overall retention of the new nurses seeking to cement their careers in different units. Nash and Flowers (2017) agreed that the key successful role development was the execution of nurse training and retention-oriented guidance because it redefined their participative role in quality nursing care. The role development outcomes varied with the time of delivery, formal, and education topic by the preceptors.

***Professional Confidence***

The current study further reveals that professional confidence of NGNs improve upon completion of preceptorship programs. The structured learning process staggered within the periods of one-week, three months, six months, and a year assisted the new nurses to expand their confidence to execute their professional roles. Ortiz (2016) found similar observations of professional confidence developing over time through teaching for NGNs who joined the practice without foundational guidance. The support from the experienced colleagues and senior educations enhanced the nurses’ perspective of the complex clinical practice. Another study by Tracey and McGowan (2015) established the preceptorship models for new registrants were effective in clarifying the role, which helped the new staff to address transition, retention, and stress issues. The professional confidence to overcome the challenges of a handling patients, performing emergency care, and developing the right relationships with other professionals were termed as the most pronounced elements of effective preceptorship. The professional confidence reflected readiness for the challenging practice rather than worries, fears, or transition fears about the profession.

***Discovering Professional Responsibility***

The preceptorship programs clarified the professional responsibility of the NGNs as it became evident from the qualitative and quantitative analysis. The outcomes of the mixed methods research are congruent with the findings of Rusch et al. (2019) who noted the nurses’ readiness for practice and assuming patient care role independently or in multidisciplinary teams. The outcomes reflect the assertions of Lafrance (2018) who found that professional responsibility of nurses entailed reciprocal learning, helping with patient care, and pursuing continuous growth and development in the healthcare practice. The preceptorship experiences were reliable tools for professional nursing practice particularly for NGNs seeking to cement their longevity in the profession. Sedgwick et al. (2014) further concurred that the acquisition of enter-to-practice competencies were among the professional responsibilities of new nurses after a preceptorship experience. The nurses learned about the multifaceted nursing care and executing their nursing roles to optimize patient care from the senior nurse preceptors.

**Strengths and limitations**

The strengths of the study have been discussed in detail in preceding chapters. The use of pragmatic methodology and multi-phase mixed method design, aided the idea that data triangulation has provided a key strength. However, there are two specific limitations here that need to be made explicit. Firstly, the data is exclusively self-report. NGNs were asked to locate their own development, in terms of competence and confidence, against the chosen instrument. Although this is helpful in gaining access to the individual’s perception of development, there is no objective ‘third party’ or ‘proxy’ data to validate this development. On reflection an additional data source, such as the preceptor’s perspective, might have strengthened these findings. Secondly, the central instrument used in this study was devised and has been generally used within a western context. Although I did not feel that the technical challenges of using an instrument that had been devised using English, there may have been some cross-cultural translations that remain unclear and contain different cultural meanings.

**Recommendations for Practice**

The findings show the need for nursing practice to adopt structured learning activities for the preceptorship to cement new nurses' confidence, competence, routines, and professional development. The learning activities will enhance the retention of the new staff and reduce the turnover to curb the shortage of nurses. The transition process could use preceptorship activities such as workshops, training, and seminars besides frequent exchange programmes to prepare the nurses for the multifaceted aspects of clinical care. Nursing department should consider peer learning activities alongside one-on-one preceptorships to increase collaboration for learning as well as increase the observation role of the preceptors. Consequently, the activities will enhance the implementation of theory and practice while fostering adaptation to the different issues arising from the practice process. Additionally, the hospital administrators can stagger the preceptorship program to different periods such as the first 3months, 6months, and 12months. The periods will foster the gradual growth of the new nurses into the practice while fostering their roles in different nursing units.

**Conclusion**

The study explored the impact of preceptorship on the NGNs. Findings indicate that preceptorship is provided in different units. The units include OB/GYN, critical care, cardiac, medical/ surgical, outpatient/clinic, neuroscience, emergency department, paediatric, and oncology. The current study revealed that NGNs attendance in the workshops, trainings, seminars, and lectures built their confidence to use their clinical knowledge and skills. The programs offered the means to entering the overly complex clinical environment of the nurses. Preceptorship helped the NGNs to achieve freedom, independence, autonomy, and self-assurance of performing the specific roles of the nursing departments. The process improved routine, competency, confidence, and professional confidence in practice.

The NGNs gained the confidence to handle different patient demands including performing resuscitation and administering mechanical devices to critical patients. The new nurses understood how to address and prevent stress and burnout to stay longer in the clinical practice. The process included orientation of new nurses into the practices, explaining policies and procedures, and outlining the multidisciplinary work through structured learning. The preceptees attended structured learning and development programs for one-week, one-month, three months, six months, and a year. The study considers the one-on-one preceptorship approach as an effective modality for improving confidence, competency, routine, and professional development of NGNs.

The new nurses understood their roles better when they participated in the preceptorship programs targeting their specialties, policies, and different care procedures. Professional responsibility of nurses entailed reciprocal learning, helping with patient care, and pursuing continuous growth and development in the healthcare practice. The support from the experienced colleagues and senior educations enhanced the nurses’ perspective of the complex clinical practice. Future studies should explore the impact of departmental preceptorship on the competence and confidence of new graduate nurses within the first six months of clinical practice.

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**Appendices**

**Appendix I: Combination of Search Terms**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Preceptorship  **OR**  Preceptor  **OR**  mentorship | **AND** | Newly graduate nurse  **OR**  Novice nurse | **AND** | Transition  **OR**  Transfer  **OR**  Prepare | **AND** | Effect  **OR**  Impact  **OR**  influence | **AND** | Induction  **OR**  Orientation  **OR**  Supervision |

**Appendix 2: Research Tool (Questionnaire)**

**Please answer the following questions:**

**Section I: Demographics:**

**Q1. Gender**

* Male
* Female

**Q2. Please indicate to which age group you belong?**

|  |  |  |
| --- | --- | --- |
| * 20-25 yrs. | * 26-30 yrs. | * 31-35 yrs. |

**Q3. Marital Status**

|  |  |
| --- | --- |
| * Married | * Not Married |

**Q4. Nationality**

|  |  |
| --- | --- |
| * Saudi | * Non-Saudi |

**Q5. Graduated from:**

|  |  |
| --- | --- |
| * Public Institute | * Private Institute |

**Q6. Great Point Average (GPA)**

|  |
| --- |
| * 0 - 3.0 |
| * 3.0 - 3.5 |
| * 3.5 - 4.0 |
| * > 4.0 |

**Q7. Email (required) ………………………..**

**Q8. In which area of nursing practice do you rotated during your basic nursing training? (Check all that applies)**

* Medical/Surgical
* Oncology
* Critical care
* OB/GYN
* Pediatric
* Outpatient/clinic
* Critical Care
* Emergency Department
* Cardiac
* Neuroscience
* Rehabilitation Hospital
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q9. In which area of nursing practice are you currently assigned to?**

* Medical/Surgical
* Oncology
* Critical care
* OB/GYN
* Pediatric
* Outpatient/clinic
* Critical Care
* Emergency Department
* Cardiac
* Neuroscience
* Rehabilitation Hospital

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 2: competency and confidence tools

|  |
| --- |
| **Instructions:** The following is a list of activities in which nurses engage with varying degrees of frequency and skill.   1. **IN COLUMN A:** please enter the number that best describes how often the nurse performs the activities in the performance of his/her current job. 2. **IN COLUMN B:** for those activities that the nurse doesperform please enter the number that best describes how well he/she performs them.   **PLEASE USE THE KEY AT THE TOP OF EACH COLUMN** |

|  |  |
| --- | --- |
| **COLUMN A** | **COLUMN B** |
| How often does this nurse perform these activities in his/her current job? | How well does this nurse perform these activities in his/her current job? |
| 1. Not expected in this job 2. Never or seldom 3. Occasionally 4. Frequently | 1. Not very well 2. Satisfactorily 3. Well 4. Very Well |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Column A** | | **Column B** |
| 1. Teach a patient's family members about the patient's needs. | |  |  |
| 2. Coordinate the plan of nursing care with the medical plan of care. | |  |  |
| 3. Give praise and recognition for achievement to those under his/her direction | |  |  |
| 4. Teach preventive health measure to patients and their families. | |  |  |
| 5. Identity and use community resources in developing a plan of care for a patient and his/her family. | |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Column A** | **Column B** |
| 6. Identify and include in nursing care plans anticipated changes in patient's conditions. |  |  |
| 7. Evaluate results of nursing care. |  |  |
| 8. Promote the inclusion of patient's decision and desires concerning his/her care. |  |  |
| 9. Develop a plan of nursing care for a patient. |  |  |
| 10. Initiate planning and evaluation of nursing care with others. |  |  |
| 11. Perform technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes. |  |  |
| 12. Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation. |  |  |
| 13. Identify and include immediate patient needs in the plan of nursing care. |  |  |
| 14. Develop innovative methods and materials for teaching patients. |  |  |
| 15. Communicate a feeling of acceptance of each patient and a concern for the patient's welfare. |  |  |
| 16. Seek assistance when necessary. |  |  |
| 17. Help a patient communicate with others. |  |  |
| 18. Use mechanical devices: e.g., suction machine, Gomco, cardiac monitor, respirator |  |  |
| 19. Give emotional support to family of dying patient. |  |  |
| 20. Verbally communicate facts, ideas, and feelings to other health care team members. |  |  |
| 21. Promote the patients' rights to privacy. |  |  |
| 22. Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members. |  |  |
| 23. Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel. |  |  |
| 24. Explain nursing procedures to a patient prior to performing them. |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Column A** | **Column B** |
| 25. Guide other health team members in planning for nursing care. |  |  |
| 26. Accept responsibility for the level of care under his/her direction. |  |  |
| 27. Perform appropriate measures in emergency situations. |  |  |
| 28. Promote the use of interdisciplinary resource persons. |  |  |
| 29. Use teaching aids and resource materials in teaching patients and their families. |  |  |
| 30. Perform nursing care required by critically ill patients. |  |  |
| 31. Encourage the family to participant in the care of the patient. |  |  |
| 32. Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family. |  |  |
| 33. Use nursing procedures as opportunities for interaction with patients. |  |  |
| 34. Contribute to productive working relationships with other health team members. |  |  |
| 35. Help a patient meet his/her emotional needs. |  |  |
| 36. Contribute to the plan of nursing care for a patient. |  |  |
| 37. Recognize and meet the emotional needs of a dying patient. |  |  |
| 38. Communicate facts, ideas, and professional opinions in writing to patients and their families. |  |  |
| 39. Plan for the integration of patient needs with family needs. |  |  |
| 40. Function calmly and competently in emergency situations. |  |  |
| 41. Remain open to the suggestions of those under his/her direction and use them when appropriate. |  |  |
| 42. Use opportunities for patient teaching when they arise. |  |  |

**The following PROFESSIONAL DEVELOPMENT behaviors should be evaluated in terms of quality only--i.e. COLUMN B.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Column A** | | **Column B** |
| 43. Use learning opportunities for ongoing personal and professional growth. | |  |  |
| 44. Display self-direction. | |  |  |
| 45. Accept responsibility for own actions. | |  |  |
| 46. Assume new responsibilities within the limits of capabilities. | |  |  |
| 47. Maintain high standards of performance. | |  |  |
| 48. Demonstrate self-confidence. | |  |  |
| 49. Display a generally positive attitude. | |  |  |
| 50. Demonstrate a knowledge of the legal boundaries of nursing. | |  |  |
| 51. Demonstrate knowledge in the ethics of nursing. | |  |  |
| 52. Accept and use constructive criticism. | |  |  |

**Listed below are a number of self-orientations that people may have with regard to their work role. Using the following scale, please indicate the extent to which you agree or disagree that each one describes your self-orientation.**

1. Very strongly disagree
2. Strongly disagree
3. Disagree
4. Natural
5. Agree
6. Strongly agree
7. Very strongly agree

\_\_\_\_ I am confident about my ability to do my job.  
\_\_\_\_ The work that I do is important to me.  
\_\_\_\_ I have significant autonomy in determining how I do my job.  
\_\_\_\_ My impact on what happens in my department is large. impact  
\_\_\_\_ My job activities are personally meaningful to me.  
\_\_\_\_ I have a great deal of control over what happens in my department. impact  
\_\_\_\_ I can decide on my own how to go about doing my own work.  
\_\_\_\_ I have considerable opportunity for independence and freedom in how I do my job. \_\_\_\_ I have mastered the skills necessary for my job.  
\_\_\_\_ The work I do is meaningful to me.  
\_\_\_\_ I have significant influence over what happens in my department.  
\_\_\_\_ I am self-assured about my capabilities to perform my work activities.

**Appendix 3: Interview Topic Guide**

**Introduction**

* Thank you for taking your time today and agreeing to participate in this study
* Allow me to outline the study so that you are familiar with the general purpose and procedures (recap the information sheet). You will use the information to decide whether to proceed further with the study
* Sign the participant information sheet and consent form.
* I have a list of vital topics I would like to address
* Kindly, feel free to inquire about issues regarding the study in the course of the interview.
* I may compile a few notes for future references and clarification

**Topic/Questions**

1. **Background information on the participant** 
   1. Kindly outline current or previous roles, responsibilities, education, training or guidance in preceptorship or nursing in general
   2. The participant can explain the clinical conditions or modalities used during preceptorship
2. **Identify and establish vital details on the competence of the newly graduated nurses after attending preceptorship programs** 
   1. I will inquire directly about the ability of the participant to fulfill nursing role after preceptorship programs in selected hospitals in Saudi Arabia. Possible questions might include
      1. Did undergoing a series of training and mentorship improve your clinical outcomes?
      2. Are you capable of undertaking general and specialized skills after preceptorship?
      3. Can you adapt the knowledge and skills to the various clinical circumstances after attending preceptorship program?
   2. The interviewee will probe every question in detail to get sufficient insights
3. **Evaluate if preceptorship programs for newly graduated nurses enhance their confidence in Saudi Arabia**
   1. The following potential questions might be directed to the interviewees;
      1. Does preceptorship ease your role transition from a student to a newly graduated nurse in actual clinical settings?
      2. Can you respond to an emergency without thinking about the implications of limited experience in the practice?
      3. Have you managed to establish a better perspective towards burnout, stress, and potential frustrations of nursing roles after attending training and mentorship through your preceptor?
      4. Can you make informed decisions about critical care for different patients after receiving guidance through preceptorship?
   2. The interviewer will probe for more information on how preceptorship has improved the participant’s confidence level
4. **Establish whether preceptorship programs support for professional development of newly graduated nurses in Saudi Arabia**
   1. I shall engage the respondent to provide relevant details on preceptorship being a tool for enhancing professional development guided by the following potential questions:
      1. Have you experienced any observed or imagined professional growth after attending preceptorship session as a newly graduated nurse?
      2. Has the session with your trainer or mentor changed your perspective of how you pursue organizational goals or mission?
      3. What problem-solving abilities can associate with influence of preceptorship on your nursing practice?
5. Identify other potential areas within the limits of the research objectives or questions in readiness for phase two of the study
6. Probe anything else the participant might feel I have missed or necessary to engage the research studies fully
7. End of the interview

**Appendix 4: Consent Form**

**Consent Form**

**Title of Research Project**: The impact of the preceptorship program for newly graduate nurses on their competence and confidence in Saudi Arabia.

**Name of Researcher:** Fahad Althobaiti

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Please tick the appropriate boxes*** | | | **Yes** | **No** |
| **Taking Part in the Project** | | |  |  |
| I have read and understood the project information sheet dated ………………….. or the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.) | | |  |  |
| I have been given the opportunity to ask questions about the project. | | |  |  |
| I agree to take part in the project. I understand that taking part in the project will include completing a questionnaire, being interviewed. | | |  |  |
| I understand that my taking part is voluntary and that I can withdraw from the study at any time; I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw. | | |  |  |
| **How my information will be used during and after the project** | | |  |  |
| I understand my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project. | | |  |  |
| I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs unless I specifically request this. | | |  |  |
| I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form. | | |  |  |
| I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form. | | |  |  |
| **So that the information you provide can be used legally by the researchers** | | |  |  |
| I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield. | | |  |  |
|  |  |  | | | |
| Name of participant [printed] | Signature | Date | | | |
|  |  |  | | | |
| Name of Researcher [printed] | Signature | Date | | | |
|  |  |  | | | |

**Project contact details for further information:**

please contact the researcher Fahad Althobaiti by email ([falthobaiti1@sheffield.ac.uk](mailto:falthobaiti1@sheffield.ac.uk)) or (Tony Ryan on [t.ryan@sheffield.ac.uk](mailto:t.ryan@sheffield.ac.uk) or 0114 222 2062).

**Appendix 5: Participant Information Sheet**

**Face-to-Face Interview Participant Information Sheet**

1. **Research Project Title:**

The impact of the preceptorship program for newly graduate nurses on their competence and confidence in Saudi Arabia

1. **Invitation paragraph**

You are invited to participate in the research project that requires your insights to accomplish its objectives. You should understand the primary aim of the study to decide whether to take part in the project. Kindly, take your time to peruse through the details and discuss it with others to understand every aspect of the information. Use the insights to decide to participate in the study or decline the invitation. Thank you for taking the time to read the document.

1. **What is the project’s purpose?**

The project aim is to the effects of nursing preceptorship programs for newly graduate nurses on their clinical practice in Saudi Arabia. Participants in this study will be asked to provide details of their participation in preceptorship programs in Saudi Arabia hospitals. The insights will help to determine the effect of the programs on participants’ confidence, competence, and professional development during the transition period.

1. **Why have I been chosen?**

You have been selected to participate in the study because you meet the inclusion criteria. You are a newly graduated nurse who has undergone preceptorship at a selected hospital in Saudi Arabia.

1. **Do I have to take part?**

You are not compelled to take part in the study. You are entitled to voluntary participation. You should provide informed consent so that we ask you questions regarding the impact of preceptorship programs in Saudi Arabia on your confidence, competence, and professional development. You shall receive a consent form to sign. You are not required to provide any reason whatsoever for declining our invitation. The consent form will stipulate your entitlement to anonymity and privacy of the data to prevent unauthorised access.

1. **What will happen to me if I take part? What do I have to do?**

If you are interested in participating in the study, please contact the researcher Fahad Althobaiti by email (falthobaiti1@sheffield.ac.uk). Principal investigator will contact you to arrange a time and date to carry out the interview at your convenience in the selected hospitals in Saudi Arabia. The interview will last around 30-40 minutes.

Interviews will cover questions about your participation in preceptorship. The questions will also cover the impact of preceptorship programs on your competence and confidence as a newly graduated nurse. We shall ask about the effect of preceptorship support for your professional development as a newly graduated nurse.

1. **What are the possible disadvantages and risks of taking part?**

We do not anticipate any risks or potential harm while you are participating in the research. In any unforeseen event, we shall take proper actions that will protect your health and professional capacity.

1. **What are the possible benefits of taking part?**

Participating in the research does not generate immediate benefits. The insights will help to determine the effect of the programs on participants’ confidence, competence, and professional development during the transition period. Findings from the research will be used to change the development and implementation of preceptorship programs in Saudi Arabia and other developing nations for newly graduated nurses.

1. **Will my taking part in this project be kept confidential?**

All the information that we collect about you during the course of the research will be kept strictly confidential and will only be accessible to members of the research team. You will not be able to be identified in any reports or publications unless you have given your explicit consent for this.

Should you disclose information to suggest that the actions of you or others has resulted in serious harm we may need to share this information with other relevant agencies. In keeping with University of Sheffield policy we will inform you of our actions.

If you agree to us sharing the information you provide with other researchers (e.g. by making it available in a data archive such as the University of Sheffield’s Online Research Data archive (ORDA)) then your personal details will not be included.

1. **What is the legal basis for processing my personal data?**

According to data protection legislation, we are required to inform you that the legal basis we are applying in order to process your personal data is that ‘processing is necessary for the performance of a task carried out in the public interest’ (Article 6(1)(e)). Further information can be found in the University’s Privacy Notice <https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.’

1. **What will happen to the data collected, and the results of the research project?**

Data you provide will be collected and processed by University of Sheffield researchers. Although some of the data we will collect will be identifiable, this is only so we can link your data.

We hope to publish the results in a peer reviewed academic journal. All data included in reports will be anonymised and will not be traceable to you.

Data about you will be kept on the University of Sheffield secure server, only accessible to those who are authorised to access it.

Due to the nature of this research it is very likely that other researchers may find the data collected to be useful in answering future research questions. We will ask for your explicit consent for your data to be shared in this way.

1. **How secure will my data be?**

At the University, the data will be stored by a double layer of protection. The first layer is the University’s secure system itself; all users of the database will need a University name and password to get into that system. Once on the system, a further name and password will be needed to access the data.

1. **Who is the Data Controller?**

The University of Sheffield will act as the Data Controller for this study. This means that the University is responsible for looking after your information and using it properly.

**How long will my data be kept?**

The University will keep the information until 2023.

1. **Who is organising and funding the research?**

The research is being funded by the University of Sheffield from devolved Research England funds.

1. **Who has ethically reviewed the project?**

This project has been ethically approved via the University of Sheffield’s Ethics Review Procedure, as administered by School of Nursing and Midwifery Reference number:030619

1. **What if something goes wrong and I wish to complain about the research?**

If you wish to make a complaint about this research please contact the principle investigator in the first instance (Tony Ryan on [t.ryan@sheffield.ac.uk](mailto:t.ryan@sheffield.ac.uk) or 0114 222 2062). If the complaint is not handled to your satisfaction you should contact the Dean of Health and sciences school, university of Sheffield, UK, Professor Tracey Moore [tracey.moore@sheffield.ac.uk](mailto:tracey.moore@sheffield.ac.uk)

If the complaint relates to how the participants’ personal data has been handled, information about how to raise a complaint can be found in the University’s Privacy Notice: <https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.

1. **Contact for further information**

If you have further questions about this study you can contact the study principle investigator Tony Ryan on [t.ryan@sheffield.ac.uk](mailto:t.ryan@sheffield.ac.uk) or by writing to: The School of Nursing & Midwifery, Barber House Annexe, 3a Clarkehouse Road, Sheffield S10 2LA, United Kingdom.

You will be given a copy of this information sheet to keep.

**Thank you for taking part in the project.**

**Appendix 6: Ethical approval**



Downloaded: 15/01/2020 Approved: 13/01/2020

Fahad Althobaiti  
Registration number: 170271701  
School of Nursing and Midwifery  
Programme: Standard PhD in the School of Nursing and Midwifery

Dear Fahad

**PROJECT TITLE:** The impact of the preceptorship program for newly graduate nurses on their competence and confidence in Saudi Arabia  
**APPLICATION:** Reference Number 031133

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 13/01/2020 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

University research ethics application form 031133 (form submission date: 06/01/2020); (expected project end date: 01/07/2020).  
Participant information sheet 1074318 version 1 (06/01/2020).  
Participant information sheet 1071233 version 3 (16/12/2019).

Participant consent form 1071234 version 3 (16/12/2019).

If during the course of the project you need to deviate significantly from the above-approved documentationplease inform me since written approval will be required.

Your responsibilities in delivering this research project are set out at the end of this letter. Yours sincerely

Kate Chadwick  
Ethics Administrator Health Sciences School

Please note the following responsibilities of the researcher in delivering the research project:

The project must abide by the University's Research Ethics Policy:

https://www.sheffield.ac.uk/rs/ethicsandintegrity/ethicspolicy/approval-procedure

The project must abide by the University's Good Research & Innovation Practices Policy:

https://www.sheffield.ac.uk/polopoly\_fs/1.671066!/file/GRIPPolicy.pdf

The researcher must inform their supervisor (in the case of a student) or Ethics Administrator (in the case of a member of staff) of any significant changes to the project or the approved documentation.  
The researcher must comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data.

The researcher is responsible for effectively managing the data collected both during and after the end of the project in line with best practice, and any relevant legislative, regulatory or contractual requirements.



