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The One-to-One Relationship: Is it Really Key to an Effective Preceptorship Experience? A Review of the Literature

Florence Loyce Luhanga*

Diane Billay†

Quinn Grundy‡

Florence Myrick**

Olive Yonge††

*Laurentian University, fluhanga@laurentian.ca

†University of Alberta, dianebillay@shaw.ca

‡University of Alberta, quinn.grundy@gmail.com

**University of Alberta, flo.myrick@ualberta.ca

††University of Alberta, olive.yonge@ualberta.ca

The One-to-One Relationship: Is it Really Key to an Effective Preceptorship Experience? A Review of the Literature

Florence Loyce Luhanga, Diane Billay, Quinn Grundy, Florence Myrick, and Olive Yonge

Abstract

Currently, considerable focus is directed at improving clinical experiences for nursing students, with emphasis placed on adequate support and supervision for the purpose of creating competent and safe beginning practitioners. Preceptors play a vital role in supporting, teaching, supervising and assessing students in clinical settings as they transition to the graduate nurse role. Intrinsic to this model is the assumption that the one-to-one relationship provides the most effective mechanism for learning. With the current Registered Nurses (RN) shortage, among other factors, the one-to-one relationship may not be feasible or as advantageous to the student. Thus, nurse educators need to carefully assess how this relationship is configured and maintained to assist them in fostering its evolution. In this review of the literature, the authors explore the assumption that a one-to-one relationship in the preceptorship experience fosters a rich and successful learning environment, and implications for nursing education, practice and research are outlined.

KEYWORDS: preceptorship nursing education, one-to-one relationship, preceptor consistency

In nursing education, while classroom, simulation and laboratory experiences make essential contributions to students' knowledge and skill development, the clinical experience for nursing students is still regarded as the cornerstone of professional education. Through clinical experience, the student acquires knowledge, skills and values necessary for professional practice and in turn becomes socialized into the profession. The primary task for nurse educators is to ensure that students acquire sufficient academic preparation and quality 'real life' practical experience so as to be able to work safely and competently upon graduation (Budgen & Gamroth, 2008; Ryan-Nicholls, 2004; Stokes & Kost, 2005).

Presently, there are several models of clinical teaching that are described in the literature which are being used to enhance the effectiveness of student learning in the clinical setting (Budgen & Gamroth, 2008; Stokes & Kost, 2005). Over the last several decades, preceptorship has gained popularity as a valuable and leading method for clinical teaching of undergraduate nursing students (Altmann, 2006; Myrick & Yonge, 2005; Udalis, 2008). The one-to-one relationship of an experienced nurse with a nursing student differentiates preceptorship from other clinical teaching models. In this article, presented is a discussion of the importance of the one-to-one relationship in preceptorship, the advantages and disadvantages, and factors that impact this relationship. Based on the literature review, the one-to-one relationship was found to be essential in assisting students to transition to safe, competent practice. Recommendations are made for nursing faculty as to how this important dimension of the preceptorship experience can be supported, as well as for the need of future research in this area.

METHOD

There is a large body of literature which provides an extensive discussion of all aspects of preceptorship within the context of the nursing profession. A review of the literature was conducted using the following databases: Ovid; Cumulative Index to Nursing and Allied Health Literature (CINAHL); EBSCOhost; ProQuest Nursing and Allied Health Source, Theses and Dissertations. A 20-year period between 1988 and 2008 was thought sufficient to obtain relevant articles and reflect the current state of knowledge. The key search terms used were: preceptorship and nursing education, preceptor, nursing students, clinical teaching methods, and one-to-one relationship. The search generated literature addressing a wide range of issues related to preceptorship in nursing education. Both research ($n = 40$) and theoretical/discussion articles ($n = 17$) were included in the literature review. Of the research articles, nearly half the studies ($n = 19$) employed a descriptive/exploratory design mostly using mixed methods.

Three quantitative studies went beyond description: two employed a comparative design; one a correlational design. Ten studies identified a qualitative methodology including grounded theory, phenomenology and responsive evaluation. Others described or evaluated a pilot project, or evaluated clinical learning programs or models. In this paper, the focus is on the issues related to the one-to-one relationship as the key dimension which differentiates the preceptorship experience from other models of clinical teaching.

LITERATURE REVIEW

Preceptorship Programs in Nursing Education

Preceptorship is defined as a one-to-one relationship between a staff nurse and a nursing student during an intense, time-limited clinical experience, with the support of nursing faculty to facilitate student learning and provide evaluation of course objectives (Udilis, 2008). Currently, the preceptorship model is widely used in undergraduate nursing education, in Australia (Charleston & Happell, 2005; Smedley & Penny, 2008; Zilembo & Monterosso, 2008), Canada (Callaghan et al., 2009; MacFarlane, et al., 2007; Yonge & Myrick, 2004), the United States of America [USA] (Altmann, 2006; Kim, 2007; Lillibridge, 2007; Udilis, 2008), the United Kingdom [UK] (Gleeson, 2008; McCarty & Higgins, 2003) and the Scandinavian countries (Ohrling & Hallberg, 2000a; 2000b), to prepare students for the transition to the graduate role. In a recent Canadian Association of Schools of Nursing (CASN) initiated survey, all respondents indicated they were using the preceptorship model of clinical supervision (MacFarlane et al.).

The value of preceptorship as a model for clinical teaching has been discussed and evaluated extensively in the literature. The focus of this paper is on the undergraduate student preceptorship experience. Studies confirm positive outcomes of preceptorship experiences, including increased role socialization (Byrant & Williams, 2002; Callaghan et al., 2009; Haas et al., 2002; Letizia & Jennrich, 1998; Nordgren, Richardson, & Laurella, 1998; Rush, Peel, & McCracken, 2004), promotion of clinical competence, self-confidence and organizational skills (Byrant & Williams; Callaghan et al.; Haas et al.), increased exposure to the acquisition of clinical experience and skill levels (Letizia & Jennrich), and the fostering and enhancement of critical thinking (Berry, 2005; Myrick, 2002). The role of preceptors in nursing is based on the premise that a consistent one-to-one relationship between an experienced nurse and a neophyte provides the most effective mechanism for teaching and learning (Myrick & Barrett, 1994).

Advantages of the One-to-One Relationship

The preceptor, as an expert in the practice area, is thought to be in an ideal position to provide one-to-one teaching. The preceptor is expected to be consistent, to provide a safe space for learning, be available to answer immediate questions as they relate to clinical assignments, adjust the teaching process in accordance with the learner's needs, and correct errors through immediate feedback before they occur or transform into habits (Letizia & Jennrich, 1998; Myrick & Barrett, 1994).

Preceptor consistency. Consistency is seen as a critical component for developing an effective preceptorship relationship. It is, therefore, expected that the same preceptor will work with the student for the duration of the preceptorship. Changing preceptors in the midst of the precepted clinical experience generally requires establishing a new relationship and re-building of the trust and independence previously developed (Zilembo & Monterosso, 2008).

Zilembo and Monterosso (2008) revealed the continuity of preceptors as being important for an effective preceptorship experience. This was further emphasized by eight respondents (35%; $n = 23$) who reported the difficulty associated with "being passed from nurse to nurse" (p. 202), and the subsequent inconsistencies that arose with each nurse teaching and practicing various tasks differently. The lack of continuity appeared to cause confusion for students who reported that working with a new preceptor was like "starting over" (p. 202). These researchers, like others (Nehls, Rather, & Guyette, 1997), concluded that when students feel secure with their preceptor and supported in their practice, they are more likely to ask questions and seek learning opportunities. Kim (2007) revealed the greater the amount of interaction students had with preceptors, the greater the students' perceptions of their competence.

Callaghan et al. (2009), explored the perceptions of 22 baccalaureate (BSN) nursing graduates, one year after graduation, on two practice models they experienced during the third and fourth years of their program. Participants reported that working primarily with one nurse provided a model of the realities of everyday nursing practice that they felt was important in their preparation for practice. One participant stated, "The one-on-one team provides a consistent support network developed between preceptor and health care team" (p. 3). The preceptor-student relationship not only facilitates student liaison with the health care team, but also ensures that an expert practitioner is designated as responsible for the student's learning (Hallett, 1997).

Preceptor consistency or continuity is seen as crucial in building working relationships, as it allows the preceptor to become familiar with students' strengths and weaknesses. In one study, a participant commented that, "Preceptorship allowed me to form a close professional relationship with a trusted/knowledgeable colleague and have intense one-on-one learning" (Callaghan et al., 2009, p. 6). This comment implies that trust was associated with the student-preceptor relationship in that students could rely upon preceptors for guidance in their learning and practice.

Safe space for learning. Ohrling and Hallberg (2000b) examined students' ($n = 17$) lived experience with preceptor-preceptee relationships. One of the four themes identified as fundamental for student learning was labelled 'creating space for learning.' This theme referred to students feeling secure and being allowed to learn. Berry (2005) compared nursing students' perceptions of achieving the objectives of, and satisfaction with, the course when comparing a traditional clinical experience with a partnered clinical experience. The preceptorship model was deemed positive by students as it allowed greater immersion into the RN role while providing a 'safe environment.' This result concurs with Myrick's (2002) study in which a student participant described this relationship as "...a safety net almost because if you need help or you need a question answered you have someone right there" (p.160). In both studies, the one-to-one relationship was discovered to contribute not only to the development of the students' self-confidence and competence in performing clinical skills, but also to the promotion of their ability to think critically (Berry; Myrick).

Preceptor availability. Many other authors concur that the one-to-one relationship provides more time for a preceptor to teach and supervise the student (Daigle, 2001; Letizia & Jennrich, 1998; Nehls et al., 1997; Nordgren et al., 1998). Letizia and Jennrich report that the pattern of pairing one preceptor with a single student can enhance teaching and learning more effectively than the traditional ratios of instructor to student, which could be as high as one-to-ten.

Several studies have described the one-to-one relationship in terms of the amount of high quality time students had to spend with their preceptor (Hallett, 1997; Kaviani & Stillwell, 2000; Nehls et al., 1997). Students reported that preceptors immediately answered their questions and that they did not have to wait to ask a question (Nehls et al.). In a study conducted by Kaviani and Stillwell in New Zealand, students ($n = 6$) found that working alongside preceptors in the same shifts was significant to their learning as it ensured immediate access.

Tailored learning and feedback. Letizia and Jennrich (1998) noted that the individual needs of the learner can be addressed, and greater possibilities exist for students to receive immediate feedback in the context of a one-to-one relationship. The one-to-one relationship allows for continuity of learning in that preceptors became aware of their students' strengths and areas requiring improvement, and could therefore, immediately modify teaching in accordance with these concerns (Hallett, 1997).

In summary, a one-to-one relationship in the preceptorship experience is indeed viewed as critical to students' learning. It ensures preceptor availability and consistency, provides a safe environment and space for learning, quality time, and the opportunity for timely feedback and individualized teaching.

CURRENT CHALLENGES

Although most nursing programs endeavour to ensure that a student is paired with one preceptor for the entire rotation period, at times this is not possible. In some agencies a student may be assigned to more than one preceptor over the course of a semester. While this could be advantageous since it may facilitate the student-preceptor match, and avoid the interference of interpersonal conflict, the feasibility would depend on workforce demands. Other factors have been identified in the literature that may interfere with the one-to-one arrangement and in turn impact on the effectiveness of the preceptorship experience. These include but are not limited to: preceptor-student ratio; lack of time; work overload and role conflict; clinical expertise and clinical teaching experience of the preceptor; and availability and ability of preceptor to carry out the role (Hautala, Saylor, & O'Leary-Kelly, 2007; Lillibridge, 2007; Myrick & Barrett, 1994; Smedley & Penny, 2008; Yonge, Krahn, Trojan, Reid, & Haase, 2002).

Multiple Preceptors

In today's health care climate with the current RN shortage and increased workload, or in cases when the preceptor cannot be present during part of the student's rotation due to illness or other commitments, another staff member frequently assumes the responsibility for precepting the student (Flynn & Stalk, 2006; Smedley & Penny, 2008; Zilembo & Monterosso, 2008). In addition, there are some preceptorship programs whereby students rotate to different settings, which results in the fact that each time they move into a new practice setting, they are assigned a different preceptor. Yet, there are other preceptorship programs in which the preceptor-student ratios are higher rather than 1:1 (Cele, Gumede, & Kubheka 2002; Corlett, 2000; Kim, 2007). For example, a study by Cele et al.

revealed that 25% of nurse preceptors ($n = 56$) supervised three to four students, while 18.5% supervised five to six students. Similarly, in Corlett's study, preceptors reported that while they only officially precepted one student at a time, it was not uncommon for one staff member on duty to supervise several students. This raises some concern that for the preceptorship model to be effective, the preceptor must have enough time to spend with the student in a one-to-one relationship. A study by Corcoran-Ullrich (1997) reported students with multiple preceptors as being "left to work independently for much of the time" probably because their preceptors had not developed "ownership" over the preceptorship relationship (p. 64). The author concluded that "role transition is enhanced through the use of a single preceptor relationship" (Corcoran-Ullrich, p. 69).

While the one-to-one relationship might be perceived as the essence of preceptorship, there are times when it can also be a challenge, and that having multiple preceptors may be beneficial to the student's learning. The one-to-one relationship is perceived as a positive encounter when the match between preceptor and student is successful. On the other hand, if the match between the two is unsuccessful, the experience might not only be difficult and stressful, but according to Mamchur and Myrick (2003), could result in students' disillusionment about nursing and inability to meet their learning objectives. Mamchur and Myrick explored the nature of conflict in preceptorship experiences among students and preceptors in the final clinical experience of undergraduate programs in four disciplines. Their findings revealed a prevalence of conflict, which could interfere with preceptorship relationships as well as in student learning. The results of this study also suggest that the best course of action when conflict between preceptor and student does occur is to remove the student from the situation. Such a solution, however, is not always possible in today's climate of nursing and placement shortages.

Some authors claim that a student sometimes becomes inflexible or deficient in certain skills when paired with only one preceptor. Brennan and Williams (1993) found that because of students' eagerness to spend as much time as possible with their preceptor, they were found to become very dependent on the preceptor. Some preceptors have expressed concerns that students may become overly dependent on one role model (Budgen & Gamroth, 2008), thereby limiting their exposure to other clinician's perspectives in the setting.

In contrast, Corcoran-Ullrich (1997) found that multiple preceptors may be detrimental to role transition. Senior baccalaureate nursing students' role conception was compared to those randomly assigned to a single preceptor or to multiple preceptors. The students with multiple preceptors demonstrated a

significantly greater discrepancy in role attainment. In addition, students with multiple preceptors did not progress as well because preceptors were unable or unwilling to track the student's progress. Clinical time was wasted when students were frequently asked to repeat demonstrations of competencies for multiple preceptors (Corcoran-Ullrich).

One model of teaching and learning that is increasingly used to overcome workforce challenges is the Collaborative Learning Unit [CLU] (Budgen & Gamroth, 2008; Callaghan et al., 2009). In this model, all nurses on a given unit are responsible for student teaching, mentorship, and clinical supervision. However, the continual presence of a faculty member and the shifting of responsibilities such as evaluation and the development of learning objectives from preceptor to instructor eliminate some of the more stressful aspects of the preceptor role. Although fostering student independence, students lose the sense of trust, role modeling, and continuity of feedback associated with the one-to-one relationship of preceptorship (Callaghan et al.). Instead, the one-to-one relationship could be incorporated into the CLU, with a designated preceptor responsible for one student's learning, supported by the continued presence of the faculty member with some of the major teaching-learning challenges such as evaluation, re-designated.

Based on the literature, it appears that the number of preceptors per student should be limited since multiple preceptors might be detrimental to student learning due to the lack of continuity and less individualized learning. In contrast, however, there appears to be some situations in which having multiple preceptors may also be beneficial to student learning as it provides them with exposure to different role model styles, and varied way of performing clinical skills. In order to cope with nursing shortages as well as preceptor workloads and time constraints, different models of clinical learning such as the CLU, could be employed. Educators, however, might be advised to preserve the one-to-one relationship within new models of clinical teaching, understanding its importance for role transition and socialization.

Workforce and Workplace Issues

Balancing the complex needs of patients with the learning needs of students is a major challenge for the preceptor. From recent research, it is revealed that precepting students is demanding and time-consuming (Hautala et al., 2007; Lillibridge, 2007; Yonge et al., 2002). Preceptors report that time spent supervising students' conflicts with their care delivery (Flynn & Stalk, 2006), and that in such situations, patients' needs have priority while those of students' must

be secondary. Commenting on the mental energy required to work with a student, one-to-one, for a 12- hour shift, one preceptor in a study by Lillibridge noted: “Sometimes talking to them...sometimes it’s nice just to go through a shift and not talk about things. And so, if I can zone out...you can’t ever zone out if you’ve got a student” (p. 49). In a busy setting there may be limited time for teaching and feedback. This could result in the student working without the supervision of the preceptor, therein lacking or missing out on some learning opportunities, and with no time for reflection (Maben & Clark, 1996). Lack of time to perform the preceptor role has been identified as a major constraint to effective preceptorship and quality time for reflection and one-to-one discussion with students (Letizia & Jennrich, 1998; Pulsford, Boit, & Owen, 2002).

Owing to the current nursing shortage, the workforce comprises a high percentage of part-time nurses (Flynn & Stalk, 2006; Smedley, 2008; Zilembo & Monterosso, 2008). This situation implies that there is minimal opportunity for a student to work consecutive days with the same preceptor, and is often precepted or supervised by a number of nurses, “with varying degrees of motivation and quality, resulting in little consistency in student’s experience and participation in patient care activities” (Smedley, p. 185-186). Additionally, there are times due to illness or other commitments, when the preceptor may not be present and other staff must step in as the student’s preceptor. As Flynn and Stalk explain, “Just as students find it hard to rotate from one unit to another, similar anxiety and uncertainties occur when their preceptor is absent. This is particularly true when the preceptor-preceptee relationship is a strong mutually rewarding one” (p. 35).

The concept of team preceptorship has been discussed in the literature. This occurs particularly in rural settings where team work is heavily emphasized (Sedgwick & Yonge, 2008), as well as with the CLU model (Budgen & Gamroth, 2008; Callaghan et al., 2009). In an era where interprofessional team skills are increasingly important in clinical practice, incorporating team socialization into clinical learning could be very important and possibly achieved through having multiple preceptors. However, research still emphasizes that the one-to-one relationship is the vehicle by which students are accepted and integrated into the healthcare team (Sedgwick & Yonge). Thus, wherever possible, it is important that the one-to-one relationship be preserved between student and preceptor/clinician.

Preceptor Preparation and Support

Proper preparation of a preceptor is highlighted as the most important factor related to the success of preceptorship programs. Yet many studies reveal that most preceptors are not adequately prepared for their role, specifically, in the teaching and evaluator role (Allen, 2002; Altmann, 2006; McCarty & Higgins, 2003; Seldomridge & Walsh, 2006; Smedley & Penny, 2008; Yonge & Myrick, 2004; Yonge, Krahn, Trojan, & Reid, 1997). Yonge et al. (1997) found that preceptors ($n = 295$) were expected to be involved in student evaluation, but few had been formally educated in evaluation processes. A study conducted by Calman, Watson, Norman, Redfern, and Murrells (2002) also revealed a lack of consistency in the preparation of clinical assessors or preceptors.

Nonetheless, many educators are meeting the challenges of preceptor preparation in new and creative ways. Preceptor preparation can be instrumental in recruitment and retention of preceptors by providing rewards in the form of professional development and role recognition (Yonge et al., 2002). Models which reorganize student, preceptor and faculty roles in combination with intensive preceptor preparation and recognition have proved effective for student learning (Hallin & Danielson, 2009). Additionally, preceptor preparation through flexible/online delivery have expanded the capacity of preceptor preparation and fostered preceptor-faculty relationships where physical meetings were not possible (Riley-Doucet, 2008).

Preceptors should be acknowledged for their role in facilitating the one-to-one relationship. One of the essential characteristics of a successful preceptor is the desire and willingness to teach and share knowledge and nursing skills with the student. To that end, successful preceptors need to be highly motivated, skilled and committed to their role if they are to achieve the desired learning outcomes for students. Kaviani and Stillwell (2000) suggest preceptor selection be based on knowledge, clinical competence and willingness to function in the role. Stevenson, Doorley, Moddeman, and Benson-Landau (1995) affirm nurses are usually willing to serve as preceptors, though at times, might decline. They further explain most nurses agree to act as preceptors because of the perceived internal rewards they accrue such as satisfaction from sharing knowledge and skills with a future nurse. Similarly, Birx and Baldwin (2002) note many nurses enjoy working with students. However, there are some who are unfriendly or unwelcoming toward students and irritated by the additional demands of educating these future nurses. This probably occurs because they do not perceive teaching as part of their job description or their professional responsibility. Furthermore, Grant, Ives, Raybould, and O'Shea (1996) found differences amongst nurses who agreed to

teach students as a part of their role, compared with those who did not. Those who were more likely to agree to teach students had undertaken further studies, volunteered to supervise, and were informed about the university's expectations of students.

Preceptors must be willing to commit their time to assist the students in achieving their course objectives. In most cases, however, selection is made solely on the basis of who is available (Myrick & Barrett, 1994). Rarely are preceptors and students matched according to learning needs and teaching styles, personality, and/or educational background (Letizia & Jennrich, 1998). It is perhaps unrealistic to expect experienced nurses who are assigned to precept students only because of their availability, and not because of their qualifications and willingness, to contribute positively to the development of effective learning environments and preceptorship experiences. It is often the most experienced nurses who are approached to fill the roles of preceptors and mentors for students. However, researchers have found that nurses with greater years of practice were least willing to mentor due to the perceived costs of this role to their agencies (Rohantinsky & Ferguson, 2009). Conversely, less experienced nurses were more willing to mentor because they perceived greater personal benefits and fewer associated costs (Rohantinsky & Ferguson). Further research seems apparent to examine the assumptions around preceptor selection, and to direct recruitment efforts towards those nurses who are most likely to be interested in the preceptor role.

While the one-to-one relationship might be perceived as the essence of preceptorship, there are times when it can also be a challenge due to a number of factors such as the current RN shortage and increased workload, scheduling issues, and preceptor's other commitments, which often are of higher priority for nurse preceptors. Nursing faculty, placement coordinators and unit managers should work closely with preceptors to better understand the environmental constraints preceptors face and to develop workload balance solutions that are win-win for both parties. The bulk of preceptorship research has focused on the three members of the preceptorship triad, student, preceptor, and faculty member. However, further research should be undertaken on macro-level factors such as the workplace or environment and the organizational partnerships and policies which shape them. Many nursing workplace and workforce issues have been identified in the literature and solutions proposed. Yet, the nursing workforce and workplace continue to be undermined by 'boom and bust' cycles of employment, and healthcare policy that ultimately affect nurses' ability to fill both clinical and educational roles. Perhaps now, educators will use accumulated evidence and work directly with policy makers to develop and implement strategies to support best practice in clinical teaching.

CONCLUSION

Numerous factors such as preceptor-to-preceptee ratio, student-preceptor match, preceptor expertise and teaching experience, preceptor availability and ability to carry out the role, and commitment of both preceptor and student to their roles, impact the effectiveness of the preceptorship experience. These many factors, notwithstanding, the one-to-one relationship is pivotal to the success of the preceptorship program.

Given the current workplace environment and the increased demands placed on nurses who choose to precept nursing students, it is timely for nurse educators to carefully examine this relationship, and acquire a clearer understanding of how this relationship can be preserved despite workplace and workforce challenges. There is existing evidence for both the one-to-one relationship, and preceptor preparation and faculty support. Models of clinical teaching and learning that preserve the one-to-one relationship should continue to be explored. Re-organizing preceptorship roles and responsibilities, as well as developing organizational and political partnerships to allow for these could also be implemented. Nurse educators have created a strong evidence base for the one-to-one relationship in clinical teaching. Social and political advocacy, organizational and political partnerships, and further research into macro-level factors might allow nurse educators to better implement and uphold these effective clinical teaching practices.

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