

# *International Journal of Nursing Education Scholarship*

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*Volume 4, Issue 1*

2007

*Article 19*

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## Preceptorship and Mentorship: Not Merely a Matter of Semantics

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# Preceptorship and Mentorship: Not Merely a Matter of Semantics\*

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## Abstract

In academic writing on mentoring and preceptorship there is little consensus on the meaning or characteristics surrounding these terms. The writers of this paper contend that the correct usage of preceptorship and mentorship, which gives credence and respect to the very different concepts embedded in each, is a very important precursor to the evolution of these two concepts in nursing education, both academically and within practical application. Although language is continually changing, lack of clarity robs language of its richness and complexity and interferes with clear thinking about the issues. In professional terms, clarity demands that concepts, around which a body of knowledge is growing, be consistent in their meaning and characteristics. Such clarity between the related educational concepts of mentor(ship) and preceptor(ship) is lacking.

**KEYWORDS:** nursing education, mentorship, preceptorship

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\*The authors would like to acknowledge the following for their assistance with this paper: Louise Davis, Research Assistant and, Quinn Grundy, Research Assistant.

*“The difference between the right word and the almost right word is the difference between lightning and a lightning bug” --Mark Twain*

The confusion that exists between two similar but distant terms, preceptor and mentor, needs to be addressed before either of these terms can live up to the meaning that each word represents. There seems to be a widespread understanding that these two words represent distinct phenomena and indeed, they are essentially different from one another (Andrews & Wallis, 1999; Kaviani & Stillwell, 2000; McCarty & Higgins, 2003; Morton-Cooper, 1993; Myrick & Yonge, 2001; Neary, 2000; Öhrling & Hallberg, 2001; Sword, Byrne, Drummond-Young, Harmer, & Rush, 2002; Watson, 1999). It is clear that even among those who acknowledge the distinction between preceptorship and mentorship, there is a willingness to overlook these essential differences in meaning to accommodate a general tendency to use these terms interchangeably (Andrews & Wallis; Kaviani & Stillwell; Neary, 2000; Sword et al.; Watson).

The writers of this paper contend that the correct usage of these two words, which gives credence and respect to the very different concepts embedded in each, is a very important precursor to the evolution of preceptorship and mentorship in nursing education. This is not merely an academic contention, one of semantics as Neary (2000) has suggested, but is of the utmost importance in the practical application of preceptorship and mentorship programs. Without a clear understanding and correct usage of these two terms, one will fail to achieve a successful implementation of both in nursing curricula, professional programs, and the mentoring of faculty (see Table for comparison between mentorship and preceptorship).

## **REVIEW OF THE LITERATURE**

Almost every publication on mentoring and preceptorship begins with a review of the literature demonstrating there is little consensus on the meaning or characteristics surrounding these terms. Contributors to the literature on mentorship most frequently comment on this point (Andrews & Wallace, 1999; Armitage & Burnard, 1991; Burnard, 1990; Cahill, 1996; Gray & Smith, 2000; Neary, 2000; Phillips, Davies, & Neary, 1996).

The term ‘mentorship’ began to appear in nursing literature in the early 1980s and resulted in an abundance of articles in the 1990s (Andrews & Wallis, 1999). In 1990, Burnard complained that in the absence of “no common agreement as to the role and function of the mentor . . . we cannot assume that we

are talking about the same thing” (p. 352). Cahill (1996), in her qualitative analysis of student experiences in mentorship, differentiates between the use of the terms in the United States of America and Great Britain, without clarifying the sense of the term in either jurisdiction. Cameron-Jones and O’Hara (1996) apply Darling’s (1984) work on mentorship to a study that seems to identify preceptors as working in hospital and community settings. They have, as their rationale, the opinion that mentorship has developed differently in Britain than in North America. Chow and Suen (2000) and Watson (2000) have based their studies on the English National Board (ENB) guidelines. Their studies describe mentors in clinical areas with clinical responsibilities, a feature commonly associated with preceptorship. Can the interpretation of the ENB guidelines be contributing to the difficulties in distinguishing between these two terms? Phillips et al. (1996) state the issue is complicated by the use of both terms as synonyms. The use of the terms seems to be dictated by the researchers’ own perspective with the bias in favour of the term mentor (Gray & Smith, 2000).

Despite this confusion, attempts are made to present research findings and opinions which do more to cloud the issue. Failure to define the role of mentor clearly may not make much difference to the practitioners in this role (Neary, 2000) but it makes the assessment of research results difficult. Watson (2000), in his informative study of support for mentors, seems to be making a study of preceptorship. The characteristics and conditions he describes for ‘mentors’ such as clinical location, colleague and administrative support, and conflicts with care delivery, fit more readily into the preceptor concept. How then can this study be used to enhance the literature on preceptorship? A similar problem exists interpreting the findings of Gray and Smith (2000) that consistently employ the term mentor. This study describes placement of students in the clinical area, planned and meaningful learning, and assessment, all usually associated with preceptorship. The same applies to studies by Chow and Suen (2000), and Cameron-Jones and O’Hara (1996), who published studies with limited usefulness owing to confusion in key terminology.

The history and definition of the term preceptor is clear and differentiated from ‘mentor’ in that it encompasses orientation to the work environment (Bain, 1996; Kavianni & Stillwell, 2000; Schneller & Hoepfner, 1994). Phillips et al. (1996) differentiate between mentorship and preceptorship by giving preceptorship a narrower focus on individualized teaching, learning and support in a clinical setting between a baccalaureate student and RN preceptor or in the orientation of new staff. Burnard (1990) describes the preceptor as a nurse who teaches, counsels and inspires, serves as a role model and supports the growth and development of the novice. The preceptorship relationship takes place in

programs that are planned and monitored, task oriented, and less intense than mentoring (Smith, McAllister, & Crawford, 2001). Preceptorship relates more closely to an educational relationship than mentoring, and is an effective way to bridge the theory-practice gap (Coates & Gormley, 1997; Kaviani & Stillwell).

The confusion in terminology is not merely a case of changing the term preceptor to mentor or vice versa. However, elements of both roles have become interchanged, adding more ambiguity and confusion, resulting in neither term being properly understood.

### **PRECEPTORSHIP AND MENTORSHIP**

Preceptorship is a means of transition for nurses who have nearly completed or recently completed their education, into the workplace (Bain, 1996). Preceptorship has come to represent the process of “pairing new graduates with an experienced nurse to facilitate role transition to that of a staff nurse” (McCarty & Higgins, 2003, p. 91). Chickerella and Lutz (1981) define preceptorship as “an individual teaching/learning method in which each student is assigned to a particular preceptor...so that she can experience day-to-day practice with a role model and resource person” (p. 107). Preceptors hold a teaching, advisory, supervisory and evaluatory role with their preceptees, and they maintain communication (or the possibility of communication) with the faculty regarding student progress (DeLong & Bechtel, 1999; McGregor, 1999). The preceptor relationship is a short-term relationship with a specified end date. It is often an assigned relationship with preceptors and preceptees seldom involved in the selection with whom they will be paired. Preceptorship tends to focus primarily on the development of the student’s clinical competencies and involves some sort of judgment or evaluation of the student’s overall clinical performance (Sword et al., 2002). These representations of a preceptorship differ markedly from those of a mentorship.

Conversely, mentorship, in the true sense of the word, is more focused on supporting, inspiring, and nurturing (Sword et al., 2002) rather than on the transfer of practical clinical skills as is the case with preceptorship. Furthermore, mentorship tends to be voluntarily sought or instigated by the parties involved. This evolves into a close relationship with personal and emotional bonds. A mentorship tends to have no specified end date and no specified agenda to adhere to or accomplish (Sword et al.). In a preceptorship experience, a registered nurse provides for the on-site supervision and clinical teaching and instruction with a student nurse (Öhring & Hallberg, 2001) with both working towards specific learning objectives and goals. Whereas in a mentorship, a more senior individual

acts in different capacities over longer periods of time to the individual, in a closer more personal format that functions much more as a relationship than as a professional institution.

Preceptors and mentors have different roles, serving different functions in the lives of nurses and nursing students. The question should be then: Are these two roles important enough to protect? In other words, would the nursing profession suffer if either preceptors or mentors were lumped into the other category? What would the profession of nursing be losing if this were to occur?

### **THE PROPER TOOL FOR THE JOB**

The authors have constructed a comparison table contrasting preceptorship and mentorship (See Table). Beginning with the dictionary definitions and moving to how the terms are identified in the literature, a number of categories emerged. This example clearly illustrated why the terms are interchangeable. Perhaps the best way to illustrate the importance of keeping these two systems of teaching, learning and sharing separate, is to explicate each in its proper place, or in its truest sense. This exercise will hopefully argue the case by the simple method of recognition and understanding that each concept needs to be protected and celebrated for the unique qualities that it brings to bear on the lives of student nurses and nurses alike.

#### **Table**

*Comparison Between Mentorship and Preceptorship*

<b>Descriptor</b>	<b>Mentor(ship)</b>	<b>Preceptor(ship)</b>
Oxford English Dictionary Definition	Greek root: <i>-ment</i> , to remember, to think, to counsel. From Homer. Name of Ithican noble whose disguise Athena assumes to act as a guide and advisor to Telemachus; an experienced and trusted advisor. Modern use less from Homer than from Fenelon's romance of <i>Telemaque</i> in which the part played by Mentor is more prominent.	Means teacher, instructor, from 15 Century Latin. A physician or specialist who gives a medical student practical training.

**Table** (continued).

<b>Descriptor</b>	<b>Mentor(ship)</b>	<b>Preceptor(ship)</b>
Origins in Nursing	Lou Ann Darling (1984) Arose from the feminist movement	Marlene Kramer (1974) An outcome of “Reality Shock” for beginning practitioners. Perhaps stems from Benner’s (1984) work.
Characteristics of Educator	Older than learner (Fitzpatrick, Taunton, & Jacox, 1991)	Willingness, teaching skills, good communication (Kaviani & Stillwell, 2000)
	Possesses wisdom, experience, networks (Morton-Cooper, 1993)	Experience (Morton-Cooper, 1993)
	Sometimes powerful, influential (Fox, Rothrock, & Skelton, 1992)	Competent practitioner (Nursing Student Handbook, 2003)
	Advanced career incumbent (Healy & Wilchert, 1990)	
Core Activities	Facilitator (Morton-Cooper, 1993)	Teaching and support (Armitage & Burnard, 1991; Phillips, Davies, & Neary, 1996)
	Guide (Schneller & Hoepner, 1994; Smith, McAllister, & Crawford, 2001)	Orientation and socialization to new work setting (Schneller & Hoepner, 1994; Bain, 1996)
	Advisor, counselor (ENB, 1988; Woodrow, 1994)	
	Support (Schneller & Heoppner, 1994; Smith, McAllister, & Crawford, 2001; Darling, 1984)	Role model (Morton-Cooper, 1993; Armitage & Burnard, 1991; Kramer, 1974)
	Role model (Bidwell & Brasler, 1989)	

**Table** (continued).

<b>Descriptor</b>	<b>Mentor(ship)</b>	<b>Preceptor(ship)</b>
Outcomes for Learner	Self actualization (Morton-Cooper, 1993; Williams & McLean, 1992)	Bridge theory practice gap (Kaviani & Stillwell, 2000; Morton-Cooper, 1993)
	Guide to establish own place in profession (Smith, McAllister, & Crawford, 2001; Armitage & Burnard, 1991)	Achievement of planned learning outcomes (Smith, McAllister, & Crawford, 2001)
	Enhanced problem solving and decision –making; improved autonomy (Fitzpatrick, Taunton, & Jacox, 1991; Smith, McAllister, & Crawford, 2001)	Skill & knowledge, anxiety reduction (Haynor, 1994)
Outcomes for Educator	Generativity vs stagnation (Erikson, 1963)	Increase of knowledge contributing to profession role enhancement (Bain, 1996)
	Personal satisfaction in sharing of knowledge, experience (Morton-Cooper, 1993)	
	Affectionate bond (Kaviani & Stillwell, 2000; Burnard, 1990)	
Setting	Nonspecific	Day to day clinical practice setting (Smith, McAllister, & Crawford, 2001; Phillips, Davies, & Neary, 1996)
Duration	Years (Smith, McAllister, & Crawford, 2001; Phillips, Davies, & Neary, 1996)	Days to months (Kaviani & Stillwell, 2000; Smith, McAllister, & Crawford, 2001; Bain, 1996)
Participation	Voluntary & altruistic	Part of role expectation



**Table** (continued).

<b>Descriptor</b>	<b>Mentor(ship)</b>	<b>Preceptor(ship)</b>
Contract	Chosen (ENB, 1988; Spengler, 1982) Self selected (Burke, 1994)	Selected by sponsoring body (Bain, 1996)  Assigned to learner
Preparation	No formal preparation Life, education and professional experience	Need preparation for role (Kaviani & Stillwell, 2000)  Competence and experience as a practitioner (Kaviani & Stillwell, 2000; Schneller & Hoepfner, 1994)
Support	Not usually required	Support needed from peers, administration and/or nursing faculty (Armitage & Bernard, 1991; Yonge, Krahn, Trojan, Reid, & Haase, 2002)
Type of Relationship	Close, personal friendship (Darling, 1984; Smith, McAllister, & Crawford, 2001; Morton-Cooper, 1993; Armitage & Bernard, 1991)	Functional, not intimate friendship (Smith, McAllister, & Crawford, 2001; Brasler, 1993)
Evaluation	Not involved in formal evaluation (ENB, 1988; Woodrow, 1994)	May be an assessment component (Piemme, Kramer, Basia, & Evans, 1986)

**Table** (continued).

<b>Descriptor</b>	<b>Mentor(ship)</b>	<b>Preceptor(ship)</b>
Difficulties & Dangers for Teacher	Overdependence of mentoree	Role conflict and stress (Atkins & Williams, 1998)
	Excessive demands on time and resources (Levinson, Darrow, Klein, Levinson, & McKee, 1978)	Time pressures; lack of support and recognition; loss of time with patients (Coates & Gormley, 1997)
	Misinterpretation of relationship (Wright & Wright, 1987)	Becoming cheap and ineffective substitute for clinical teacher (Bain, 1996)
Difficulties & Dangers for Learner	Anger, resentment if relationship ends on bad terms (Brey & Ogletree, 1999)	
	Over control by mentor (Morton-Cooper, 1993)	Inadequate professional preparation of preceptor (Armitage & Burnard, 1991)
	Exploitation, manipulation (Morton-Cooper, 1993; Levinson et al., 1978)	
	Anger, resentment if relationship ends over disagreement of purpose (Brey & Ogletree, 1999)	
	Conformity, dependency (Burnard, 1990)	

As mentioned above, preceptors are professional nurses that pair with a soon-to-be graduate student nurse, or with an already graduated nurse in the hospital environment to aid in the transition of these nurses from student to professional nurse. The preceptor is there to aid in the teaching, communication and sharing of the practical realities of being a working nurse. This role is increasingly important as baccalaureate nurses learn more theory and spend less time in hands-on training in the hospital environment. The preceptor role serves

the nursing profession greatly by its ability to ease the transition of student to professional in a safe, efficient and personal manner. Preceptors become an integral resource for our health care systems to maintain a high quality of control over the types of nurses that work in hospitals, the skills these new nurses have, and the amount of professional experience they have passed on to them. Preceptors act as the last quality control measure to ensure those nurses who are about to enter the professional work environment are competent to do so. More than this, these nurses have been given the type of personal attention that will make these new nurses not only competent but are also given the opportunity to share in a role model's accumulated nursing experience. In this sense, preceptors also acts as an invaluable resource for new nurses; they represent a practical and individual sounding board, which the new nurse can access to clarify any last minute uncertainties and confusions.

A mentorship works in many different ways, which in itself is a divergence from that of preceptorship which tend to function in a delineated, specific sense. A mentorship can happen at any point of the nurse's career, during the nurse's student career to even quite late in the nurse's professional career. Mentorship is a relationship that tends to evolve between two nurses (or a nurse and a student; or a senior nursing student and a more junior nursing student) in a voluntary and personal way. Typically, the mentor comes to represent a friend who has a wealth of professional experience that can be accessed by the mentee in times of need, uncertainty or professional evolution. The mentor, then, is not a role that is imbued with specific tasks, or maintained for a specific period. However, when the mentee is confronted with questions regarding work issues, such as how to achieve certain professional aspirations, how to resolve work conflicts, or how to juggle personal commitments with professional obligations, the mentor becomes an easily accessible resource. The mentor need not 'answer' all of the mentee's questions or concerns. Indeed the mentor has no formal obligations or agenda, but rather acts as someone who may have dealt with similar issues at some point, or knows of others who have, and so can share personal experiences in these times of professional evolution. Certainly a unique component of mentorship, unlike that of preceptorship, is the flexibility in the relationship. Because mentorship is often voluntarily selected by the two involved parties, it is up to these to delineate the boundaries of their relationship. If the mentor has obligations to the mentee, and vice versa, both will have to be established and maintained by each.

## **THE PRACTICE OF RESEARCH AND COMPARISON**

Without adequately defining the subject, i.e., mentorship or preceptorship, a literature is created that is difficult to compare or utilize. Certainly, with attentive reading, it should become apparent if the article in question is referring to a genuine preceptorship or mentorship, therein the researcher may choose accordingly. The worry, however, is that the very foundation of one's research, and one's literature review could be largely compromised by a mixing and confusion of fundamental terms and working philosophies. The implications of this confusion are numerous. Published research findings cannot be generalized out of context, and cannot be applied to further study if reliability and validity are questionable owing to poor design and confusion in terminology (Fitzpatrick, Taunton, & Jacox, 1991). If research questions cannot be clearly identified, what phenomena are being studied? Although the term mentor is used in many studies, it seems possible that mentorship, as a way of promoting growth and leadership in the profession, is not being well studied at all. It has been argued that since these two words are used interchangeably by many academics, nurses and others involved in the discussion of the training and practice of preceptorship and mentorship, would be better served to also use the words interchangeably.

## **CONCLUSION**

The purpose of publication in professional journals is communication of ideas, concepts, insights and research findings. It is hoped that a professional body of knowledge will be enhanced and enriched, and education and practice will be improved. Although language is continually changing, lack of clarity robs language of its richness and complexity and interferes with clear thinking about the issues. In professional terms, clarity demands that concepts, around which a body of knowledge is growing, be consistent in their meaning and characteristics.

A unified system of training for mentorship or preceptorship, and development of policies becomes difficult if there is no consensus on definitions of terms (Armitage & Burnard, 1991; Burnard, 1990; Cahill, 1996; Neary, 2000). The question of recognition and rewards for preceptorship roles, and institutional policies surrounding preceptor selection is also clouded. There could be contractual difficulties for institutions whose preceptors belong to unions. According to Bain (1996) there is also the danger that without proper preparation and support, preceptorship programs could disintegrate into condensed orientation programs. As a profession it is important to be clear about the structure and management of educational strategies.

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