

University of Alberta

Preceptorship in the Ghanaian Context

by

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Dedication

This thesis is dedicated to the Ghanaian nursing students and nurses who have shared their preceptorship experience with me. Their contribution will add voice to the facilitation of effective preceptorship in Ghana.

Abstract

Preceptorship provides the opportunity for preceptors to offer practical experience to nursing students in the clinical setting. The current study was designed to explore and gain insight into preceptorship in Ghana from the perspectives of the key members involved in preceptorship. A focused ethnographic approach was used to conduct this study. Eight nurse educators and nine student nurses participated from a nursing educational institution and nine preceptors participated from the regional hospital in a small Ghanaian city. Two papers were prepared from the findings of the study. The first paper describes how nursing students, preceptors, and nurse educators perceived the concept of preceptorship and the conditions that influenced the teaching and learning environment in clinical settings in Ghana. The second paper highlights findings related to the roles of nursing students, preceptors and nurse educators in preceptorship; preceptor support; lack of equipment in clinical settings and inconsistencies in the evaluation process.

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PRECEPTORSHIP IN THE GHANAIAN CONTEXT

Introduction

Preceptorship is a teaching and learning approach to clinical education in which an individual student is assigned to a preceptor so that she or he can engage in day to day practice with a role model and have a resource person immediately available to him or her in the clinical setting (Chickerella & Lutz, 1981). The key members involved in preceptorship include the nurse preceptor, the nursing student and the nurse educator. Unit staff members also contribute to the effectiveness of the preceptorship experience. Preceptorship provides the opportunity for preceptors to provide practical experience to student nurses in the practice setting. Hill and Lowenstein (1992) suggested that “nurse preceptors in the clinical teaching process help alleviate conflict, enhance the learning process and retain new nurses” (p. 1234). Some of the variables that promote an effective preceptorship experience include faculty support, commitment, good relational space and open lines of communication among students, preceptors, and faculty (Dube & Jooste, 2006; Myrick & Yonge, 2003; Myrick & Yonge, 2005).

Evidence from the literature indicates that although preceptorship enhances clinical learning, those involved in the process are confronted with challenges as they engage in the experience. Bourbonnais and Kerr (2007), for example, revealed that challenges to the role of the preceptor included lack of recognition by other nursing staff, as well as limited support from faculty advisors. Lekhuleni and colleagues (2004) argued that the effectiveness of clinical supervision in the teaching and learning process diminished in South Africa

because of the increase in the number of students entering the nursing profession. Dube and Jooste (2006) studied leadership characteristics of preceptors in Botswana and concluded that preceptors were constrained in terms of leadership characteristics for the supervision of students. The constraints they identified included inadequate leadership characteristics such as lack of interest in teaching students and inadequate communication skills. These leadership skills promote effective teaching and learning between the preceptor and the student.

In order to provide effective clinical teaching and learning, Ghanaian nursing education programs have introduced preceptors to supervise students in the practice setting. Preceptors are required to collaborate with the educational institutions to enhance the supervision of students in their practical or clinical fields. However, working relations between the hospitals and the health training institutions in many regions in Ghana are challenging, with hospitals only passively involved in the education of students (Ministry Of Health [MOH], 2008). Inadequate communication between preceptors and nurse educators is also a challenge to preceptorship in Ghana. One of the recommendations brought forward by the Ministry of Health to enhance team work in preparing students was to orient all charge nurses to the role of preceptors, with each department in the hospital identifying only one preceptor (MOH, 2008). The notion underlying the formal preparation of preceptors was to create a liaison between hospitals and health educational institutions to facilitate the connection of nursing education and practice. Opare (2002) argued that the preceptorship model was widely recognized in the western world and was documented in the literature as

contributing to the enhancement of clinical learning. She recommended strategies for introducing the preceptorship model as a clinical teaching method in peri-operative and clinical nursing programs in Ghana. The preceptorship model was expanded to other nursing programs in Ghana, including basic nursing education (diploma) and baccalaureate education. The preceptorship model, however, has not been fully integrated into the nursing education curriculum in Ghana. Therefore the current study was designed to explore and gain insight into preceptorship in Ghana from the perspectives of the key members involved in preceptorship.

A focused ethnographic approach (Morse & Richards, 2007) was used to conduct this study. Morse & Richards (2007) suggest that, based on the notion of the sharing of beliefs and values, a focused ethnographic approach is used to explore smaller groups or sub-cultural units such as hospitals, universities, nursing homes, and prisons. In this study, focused ethnography was an appropriate approach to elicit the perspectives of nurses and nursing students who engage in the model of preceptorship.

In the current study, Ghanaian student nurses, preceptors and faculty members in a regional hospitals and a diploma nursing educational institution in a small city in Ghana were eligible to participate. A total of 26 participants from two sites (one regional hospital, and one diploma level nursing education institution) were recruited to the study using purposive sampling. The educational institution used preceptorship as a clinical teaching approach. Eight nurse educators and nine student nurses participated from the nursing educational

institution and nine preceptors participated from the regional hospital in a small Ghanaian city. Inclusion criteria for participants were as follows: (a) student nurses who were registered in the final year of a diploma in nursing program; (b) preceptors who had precepted undergraduate nursing students in the final year of their program; and (c) faculty members who had previously engaged in a preceptorship program. All participants were able to read and write English and participated voluntarily in the study. An information letter (see Appendix A) explaining the study and inviting voluntary participation was delivered to the student nurses, preceptors and nurse educators at the selected teaching hospitals and the nursing education institution. Participants who were willing to take part in the study were asked to text their names and phone numbers to the researcher's cell phone or email.

In this study, one-on-one semi-structured interviews were conducted once with each participant. The interviews were conducted in English. Guiding questions (see Appendix B), mostly open ended questions, were developed to guide the interview process. The researcher began the each interview by asking general questions such as "From your perspective who would you describe as a preceptor?" "What does preceptorship mean to you?" "What are your beliefs and values about preceptorship?" "Can you describe how the preceptorship experience in Ghana is like for you?" However, additional guiding questions (see Appendix C) were developed specifically for students, preceptors and nurse educators. Participants told their stories with minimal interruption and the time frame for each interview was determined by the intensity and the length of the story

participants wanted to share. The interviews lasted between 30 minutes and two hours. Demographic data were collected from each participant. The researcher took notes about the responses of the participants', including facial expressions, eye contact, attentiveness and assertiveness.

Data collection and analysis were carried out concurrently. Thematic analysis (McParland & Whyte, 2007; Polits & Beck, 2006) was used to analyze the data. Interviews were recorded on audio tapes and recordings were transcribed verbatim by the researcher. Data were stored on electronic folders and labeled appropriately for easy identification by the researcher. Data obtained were analyzed line by line for repeated phrases and themes. Codes were developed to describe identified concepts. Codes with similar meaning were collated and labeled to form a particular category. Data were managed with the assistance of the Nvivo Computer software program. Codes, categories and themes were entered into the Nvivo software for easy identification of responses from participants.

The proposal was submitted to and approved by the ethical review board at the University of Alberta in Canada, and Health Research Ethics Board, Adabraka in Ghana. Consent forms (see Appendix D) were provided to the participants to sign. The signed forms and information sheets were stored in locked cabinets. In order to ensure anonymity the participants were assigned pseudonyms. The researcher stored the research study materials in a secure filing cabinet to maintain confidentiality. The members of the supervisory committee

had access to the data during the study for the purpose of guiding the researcher in the research process.

Two papers based on the findings from this study have been prepared in the formatting styles of the relevant journals. The focus of the first paper is on findings from the first research question “What are the perceptions of Ghanaian nursing students, preceptors and nurse educators regarding the preceptorship experience?” This paper was submitted to the International Journal of Nursing Education Scholarship for publication and it is currently under review. The formatting style for the paper was in American Psychological Association (APA) sixth edition. In this paper, the findings demonstrated that preceptorship in Ghana was not well established and clinical teaching in Ghana was influenced by stakeholders’ involved nursing education in Ghana.

The second paper focuses on findings from the second question “What roles are required within the preceptorship experience in Ghana to achieve the intended learning outcomes? This paper was submitted to the Africa Journal of Nursing and Midwifery for publication. The formatting style for the second paper was in Harvard format. The findings highlighted in the second paper demonstrated that nursing students, preceptors and nurse educators performed important roles in the preceptorship model which are similar to those described in the literature. However, inadequate preceptor support, lack of equipment in clinical settings and inconsistencies in the evaluation process were challenging for the effective implementation of preceptorship in Ghana. Stakeholders in nursing

education must support preceptorship and ensure adequate preparation for preceptors to teach students effectively.

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PRECEPTORSHIP IN THE GHANAIAN CONTEXT: “COACHING FOR A WINNING TEAM”

BACKGROUND

Preceptorship is a model or approach to teaching and learning that pairs nursing students with experienced practitioners to assist students in meeting specific learning objectives in the clinical setting (Myrick & Yonge, 2005). The key players involved in preceptorship include the preceptor, the preceptee and the faculty and unit staff members who also contribute to the effectiveness of the preceptorship experience (Myrick & Yonge, 2005). In addition to serving as a learning ground for both preceptors and students, enhancing the critical thinking ability of nursing students, preceptorship can also offer support for new nurses in the clinical setting (Beecroft, Hernandez, & Reid, 2008; Myrick, 2002).

As part of nursing education in Ghana, preceptors collaborate with educational institutions to enhance the supervision of students in the clinical settings. Currently, hospitals in many regions in Ghana are only passively involved in the education of students (Ministry of Health [MOH], 2008). One of the recommendations brought forward by the MOH to enhance team work in preparing students was to orient all charge nurses to the role of preceptor. Opare (2002) introduced the preceptorship model into a peri-operative nursing program in Ghana; this model was subsequently expanded to basic diploma and baccalaureate nursing education. To date, however, the preceptorship model, however, has not been fully integrated into the nursing education curriculum in Ghana. The purpose of the current study was to explore the question “What are

the perceptions of Ghanaian nursing students, preceptors and nurse educators regarding the preceptorship experience?” A qualitative approach (focused ethnography) was used to provide answers to the research question. In this paper, findings from the study relating to this question will be described.

LITERATURE REVIEW

A literature review including both qualitative and quantitative studies was carried out on preceptorship. In reviewing the literature, online and print sources were used to search for the documents and studies relevant to the research topic. Relevant databases, including CINHALL, ERIC, and PUBMED were searched from 1989-2010 for research relevant to the study. The keywords used were “preceptorship*”, or “nursing*”, or “clinical teaching” or “Ghana*” or “Africa”. Studies about the benefits of preceptorship generally, and the preceptorship experience in Africa specifically, were examined.

The Benefits of Preceptorship

The preceptorship approach to clinical teaching creates an opportunity to connect nursing education and practice, foster an ethos for critical thinking for both preceptors and preceptees, and contributes to professional development (Dube & Jooste, 2006; Myrick & Yonge, 2005; Billay & Yonge, 2004). Charleston and Happell (2004) evaluated the impact of preceptorship on mental health nursing practice. Findings from this study revealed that there was a general overall satisfaction with the preceptorship experience by participants. Myrick (2002) reported that preceptorship fostered critical thinking through preceptor role modeling, facilitating, guiding, prioritizing, questioning the student’s knowledge

base, decision-making and actions and staff acceptance. Subsequently, Myrick and Yonge (2004) reported that a complex, ongoing, interpersonal dynamic known as the “relational process” occurs between the student and the preceptor. This relational process fosters the critical thinking ability of the student. The authors argued that preceptors’ behaviours are pivotal to the enhancement of student critical thinking; just as preceptors can move students forward, they can also hold them back. Dube and Jooste (2006) recommend preparing nurses with leadership characteristics to enhance their effectiveness as preceptors. Preceptorship enables students and preceptors to reflect on their professional practice (Reis da Silva, Esposito, & Nunes, 2008).

The Preceptorship Experience in Africa

Preceptorship as a teaching and learning approach in the clinical environment has been used in nursing education programs in some African countries including South Africa, Botswana and Ghana (Brink, 1989; Dube & Jooste, 2006; Opare, 2002, Setswe, 2002). In order to acknowledge the contribution that preceptors make to facilitate clinical teaching and learning, it is important to understand the meaning of the term preceptor. Brink (1989) examined the term preceptor from the perspectives of nurses in nursing colleges in South Africa. She reported that in South Africa, the term had not acquired a specific connotation and seemed to mean different things to different nurses in nursing colleges. Setswe (2002) reported that nursing students in South Africa were content with the teaching strategies of preceptors and expressed mainly positive feelings about the roles of preceptors. On the other hand, Cassimjee and

Bhengu (2006) reported that clinical instructors in South Africa face many challenges in performing their roles, such as feeling like outsiders in the clinical areas. The authors indicated that there should be a consensus among clinical instructors, tutors and clinical nurses about their roles related to clinical teaching.

Dube and Jooste (2006) explored the views of preceptors and preceptees regarding the fulfillment of the preceptor role in selected clinical nursing practice settings in Botswana. These researchers found that the effective supervision of students by preceptors was very challenging due to the high ratio of preceptor/preceptee, related to a government policy to educate more nurses. Experts in preceptorship (Luhanga, Billay, Grundy, Myrick & Yonge, 2010; Udilis, 2008) recommend one to one preceptor/preceptee ratio to ensure an effective preceptorship experience. Despite research on the benefits of preceptorship, there is a paucity of research on the preceptorship experience in Ghana. The purpose of this study was to explore the perceptions of Ghanaian nursing students, preceptors, and nurse educators about the preceptorship experience.

RESEARCH METHOD

A focused ethnography (Morse & Richards, 2007) was used to guide the study. Purposive sampling was used to recruit 26 nurse educators, nursing students, and preceptors from a regional hospital and a diploma level nursing educational institution in a small city in Ghana. A preceptorship model for clinical teaching was used in these settings. Eight nurse educators and nine nursing students participated from the educational institution and nine preceptors

participated from the hospital. The researcher contacted participants by phone to explain the participant role and a time and venue for the interview was agreed upon. One semi-structured interview was conducted by the first author with each participant. Interviews were tape-recorded and audio taped recordings were transcribed verbatim by the first author. The researcher began each interview by asking the following general questions: “From your perspective who would you describe as a preceptor?” “What does preceptorship mean to you?” “What are your beliefs and values about preceptorship?” “Can you describe what the preceptorship experience in Ghana is like for you?” In this study, the researcher ensured that participants told their stories with minimal interruption. The interviews ranged from 30 minutes to two hours. Transcribed interviews were stored in electronic folders that were created and labelled appropriately for easy identification by the researcher. The researcher recorded reflective notes prior to and following the interview to capture nonverbal communication and perspectives about the interview.

Data Analysis

Data collection and analysis were carried out concurrently. Thematic analysis (McParland & Whyte, 2007; Polits & Beck, 2006) was used to deconstruct the data. The interviews were read several times to identify key concepts and codes were developed to describe identified concepts. Codes with similar meaning were collated as themes. Similar themes were grouped together and labelled to form categories. Data management was assisted by the use of the NVivo Computer software program. The categories, themes and codes were

entered into the NVivo program. Text from the transcripts were organised according to the themes and categories in the NVivo program. This process enabled the researcher to easily identify the responses of each participant in relation to the themes developed.

ETHICAL CONSIDERATIONS

The research proposal was submitted to and approved by the Health Review Ethics Board (Panel B) at a large University in Western Canada, and the Health Research Ethics Board, in a small city in Ghana. A written consent was obtained from participants prior to the interview. To ensure anonymity, participants were each assigned pseudonyms. The preceptors were identified in the study as Patricia, Pearl, Prudence, Patience, Paula, Pomah, Phoebe, Pobinah, and Philipa. The nine student nurses were identified in the study as Stella, Sara, Sussie, Sandra, Serwa, Sarfoah, Sarpomah, Selina, and Selma. The nurse educators were identified as Nelly, Noah, Nana, Nomuah, Nanayaa, Nanakua, Nanadjoa, and Nanaesi.

FINDINGS

A summary of the demographic data for the preceptors and nurse educators is found in Table 1. The students' age range was 21-22 years with the average of 22.5 years; the preceptors' age range was 33-64 years with the average age of 48.5 years; and the nurse educators' age range was 34-64 years with the average age of 49 years. All of the students were in their final year of the nursing program. Four preceptors had educational preparation for preceptorship however five had no formal preparation to precept students. More than one student was

simultaneously assigned to a preceptor in the clinical setting. All of the nurse educators had more than three years teaching experience.

Table 1 *Demographic data of preceptors and nurse educators (N26)*

	Frequency	
	Preceptors	Nurse educators
Post basic nursing education		
Diploma	8	0
Bachelor on nursing	1	6
Master of nursing	0	2
Educational preparation in preceptorship		
Yes	4	3
No	5	5
Clinical nursing practice		
11-29years	6	6
30-40years	3	2
Clinical teaching		
6-12years	7	5
12-18years	2	3

All of the participants reflected on the meaning and history of preceptorship in the Ghanaian context. In addition, they described the clinical teaching and learning environment in Ghana. The majority of the participants indicated that preceptorship was a new clinical teaching approach in which preceptors teach nursing students and new nurses in the clinical setting. A few of the participants indicated that preceptorship involved nursing students, faculty and preceptors. As participants discussed preceptorship, they described the meaning of preceptorship for them. One of the preceptors explained that preceptorship

involved nurses “who has been trained with the requisite skills to supervise nurses especially nursing student at the clinical setting [Pearl].” Most of the participants indicated that preceptorship involved guiding students to achieve their learning goals. One of the participants reflected that in the preceptorship model, students worked closely with preceptors.

Participants described their thoughts about the essence of preceptorship.

Nanayaa, a nurse educator, described what preceptorship meant to her:

“preceptorship is a concept or a clinical teaching method by which the student or a person who is new at a place of work is assisted to get accustomed to the practice of that area.” Another nurse educator described preceptorship as a clinical teaching approach that involved students, preceptors and the school, especially the tutors in the school. One preceptor likened preceptorship to a football team:

To me personally, I liken preceptorship to a football team; a preceptor must be a coach of the winning team. So preceptorship is more of coaching which is geared towards acquisition of excellence in the performance of nursing practice. So if I am able to teach and coach and then rehearse with students, at the end of the day, I would have that satisfaction as a coach [Patricia].

One of the students stated: “A preceptor is someone who has gained the necessary knowledge about nursing and has been assigned to assist students to learn in the ward [Stella].” Preceptorship involved leading students or a new nurse into the nursing profession. Nana, a nurse educator indicated that: “Preceptorship is a new concept that is coming up in the Ghanaian nursing education.”

The History of Preceptorship in Ghana

Participants indicated that preceptorship in Ghana started in the early

1990's when nurses were invited from various regions in Ghana to participate in preceptorship training. The nurses who were prepared as preceptors were supposed to prepare more preceptors in their various regions to enhance the clinical teaching in learning. One preceptor described this experience:

Our preceptorship experience started in 1992 when a group of nurses from the various regions were invited to the School of Nursing, for a workshop on preceptorship. This was done by the Nurses and Midwives' Council of Ghana in collaboration with the Ministry of Health... The group of nurses who had that opportunity to attend the workshop were supposed to train other nurses to be preceptors. [Patricia].

This preceptor believed that preceptorship was still “in the pipeline” in Ghana:

After the training, we organised a one week workshop for some nurses in the region. But we could not follow-up from there. Fortunately the management has put preceptorship down as one of her priority areas so it is in the pipeline; we started but how to solidify it is the issue now.

Several of the participants stated that one regional health directorate in Ghana had taken the initiative to prepare preceptors to assist with teaching students in clinical settings. One preceptor shared that “it was decided by the regional health directorate to organise workshops for preceptors so that they can liaise with the school to teach students at the clinical sites [Pearl].” Participants indicated that although some nurses were given educational preparation about preceptorship by the regional health directorates, preceptorship was not being effectively practiced in the region. They indicated that both preceptorship and the traditional teaching approach were used in clinical teaching and learning. In the traditional model the charge nurses and staff nurses taught students and provided little supervision. A nurse educator described the traditional teaching model before the inception of the preceptorship model in Ghana:

Before the introduction of preceptors into the system, the charge nurses and staff nurses taught and supervised the students at the hospitals. The students do not run the same shift with the nurses, the supervision and teaching of the students was not strong. The clinical visits made by the nurse educators were not adequate. I think it was due to these problems that the preceptorship concept was introduced in Ghana to get specific people to take full responsibilities to assist the students to learn at the clinical sites [Nanayaa].

Participants believed that preceptorship was introduced to help reinforce clinical teaching. Nelly, a nurse educator, commented: “I believe it [preceptorship] “beefs up” the practical aspect of theory that has been taught. It is getting students and preceptors to equate theory to practice.”

Before students commenced their clinical practice, the school usually informed the clinical setting about the arrival of the students. Students took their course objectives and activity areas with them to the wards. The activity areas guided the preceptors to teach students according to the course objectives.

Participants indicated that not all the hospitals assigned preceptors. The hospitals with preceptors had only one preceptor for each unit. One nurse educator asserted that preceptorship in Ghana is in the emergence stage: “In this school we have not fully trained all our preceptors. The clinicians we have identified who are interested in training the students are the nurses we use as preceptors [Nomuah]”.

A nursing student stated: “the preceptors meet us in the ward at a point in time for tuition and the charge nurses supervise us when we go to our various ward [Serwaa].” Participants indicated that both the charge nurse and the preceptors taught the students in the preceptorship model.

Clinical Teaching and the Learning Environment

Participants identified several stakeholders that influenced the clinical teaching and learning environment in nursing education in Ghana. The stakeholders included the institutions in which policies for nursing education in Ghana are formulated as well as those institutions such as schools and hospitals in which the policies are implemented. The policies in turn influenced the implementation of preceptorship. One of the nurse educators stated that: “It is the policy of the government (MOH) that we should train more nurses but the large numbers of students do not augur well for the preceptorship [Nana].” The nurse educator described how clinical teaching was influenced by stakeholders:

Feedback about students’ clinical practice from the hospitals was discussed with the schools. The schools sent a memo about the clinical practice to the nursing governing body that is the Nurses and Midwives Council of Ghana. The Nurses and Midwives Council of Ghana [NMC] also discusses it with committees and then a yearly review of the nursing education program is done [Nana].

Preparation for the Roles in Preceptorship

The preparation of preceptors was found to affect the preceptorship experience. Participants believed that stakeholders should organize formal preparation for preceptors. Noah, a nurse educator highlighted the importance of collaboration in training preceptors: “the school should be in the lead role in identifying the nurses interested in teaching students. Then we [the school] must write to the MOH, NMC and the Regional Health Directorate so that we collaborate to train the preceptors.” Most of the preceptors indicated that they were specifically educated to supervise students in clinical settings. Preceptors

were also given formal preparation to liaise with the nursing educational institutions to teach students. One preceptor described why nurses were trained as preceptors, she described: “It was identified that when the students come for clinical experience in the hospitals, they go wayward. Nobody supervises them so some preceptors were prepared to help the tutors teach students, especially when the students come for clinical practice in the hospital [Pearl].”

One preceptor expressed her concern about being provided preceptorship preparation only once in her entire nursing experience: “We had the training only once and since then we have never had any preceptorship workshop. I was trained in the year 2004. That was the only training I had [Patience].” Another preceptor, on the other hand, had to preceptor by virtue of her experience in nursing: “I did not get any official training for the preceptorship program but it is through my length of experience in nursing that I am using [preceptorship] in teaching [Pearl].” Sarfoah a nursing student believed “Preceptors should go through in-service training monthly so that they would be abreast with current trends in teaching students.” Most of the preceptors reported that the workshop they had was incomplete. A preceptor explained that the workshop was supposed to be in two phases: “the introductory phase and the main content of preceptorship phase. We took the participants through the introductory phase. The second phase of the workshop did not come off [Patricia].” It is not surprising then that these participants subsequently recommended that they be given adequate preparation to function effectively as preceptors.

Valuing and Incorporating Preceptorship in the Curriculum

Participants felt it was important to value preceptorship and to integrate it into the curriculum. One of the nurse educators believed that the school did not value the role of preceptor and stated that “I think the school does not value preceptorship. If they [nurse educators] valued preceptorship then the preceptors must be invited to our meetings in the school [Nana].” She felt that if the school invited preceptors to their meetings they would be acknowledged as partners in teaching students. Another preceptor argued that management in health services needed to appreciate and support the preceptorship program. A concern about the lack of appreciation for preceptorship was also voiced by another preceptor. Patricia did not think that preceptorship was taken seriously by the health care administration: “The greatest concern is for the administration to appreciate this aspect of clinical teaching and take it seriously... If we valued preceptorship very well, I think it [preceptor roles] should be appreciated [Patricia].” One of the students stated that “preceptorship is not effective in hospital, so students practice in the wards with little supervision [Sara].” A preceptor believed that preceptorship was a very important teaching tool because without it students could not be taught effectively. Participants recommended integrating the preceptorship program into the nursing education curriculum.

In summary, participants indicated that preceptorship in Ghana was in the developmental stage and was not integrated into the nursing education curriculum. As a result, a combination of traditional and preceptorship approaches were used in clinical teaching. Factors that influenced the clinical teaching and

learning were found to include inadequate preparation of preceptors for their roles, and lack of valuing of preceptorship by stakeholders.

DISCUSSION

The findings of this study revealed that the concept of preceptorship was introduced to nursing education in Ghana in the early 1990s and was still in the developmental stage. It had not been formally integrated into the nursing education curriculum. The impact of preceptorship on nursing education is optimal when its objectives, plans of action and evaluation are clearly stated in nursing education curricula (Blum 2009; Myrick & Yonge, 2005). Although preceptors were used to teaching nursing students in the clinical settings in Ghana, the clinical teaching approach did not reflect the concept of preceptorship. Participants in the current study had knowledge about preceptorship but the conceptualization of preceptorship was not well understood. A nurse educator asserted that “when it comes to clinical teaching [preceptorship], there are a whole lot of things that we need to know [Nanayaa].” Nurses must be adequately prepared to assume the preceptor role if they are to carry it out effectively. In the current study, preceptors taught more than one student at a time and did not always work the same shift as their students. This finding is not congruent with the recommended one to one preceptor/preceptee ratio (Luhanga, Billay, Grundy, Myrick, & Yonge, 2010; Udliis, 2008) that is essential to ensure that students learning needs are met.

Findings from this current study also indicated that the clinical teaching environment was influenced by stakeholders of nursing education who were

outside and within the clinical settings. Participants reported that the policy of the government to increase the intake of nursing students in the educational institutions increased the preceptor to preceptee ratio. The high ratio limited adequate supervision of students at the clinical setting. This finding was similar to that of Dube and Jooste's (2006) study on leadership characteristics of the preceptor in South Africa. This study revealed a high preceptor to preceptee ratio as a result of government policy to increase the numbers of nursing students. They indicated that the high ratio posed a challenge to the clinical teaching and learning in South Africa. In order to ensure a high standard of nursing education in the healthcare system in Ghana, nurses at all levels in the healthcare system must participate in decision-making in nursing education to ensure effective clinical teaching and learning. When nurses communicate their decisions on issues concerning nursing practice they foster autonomy of the nursing profession (Trayor, Boland & Buus, 2010).

Participants in this study also indicated that the healthcare management team within the clinical settings clearly influence clinical teaching and learning. This finding is congruent with Myrick and Yonge's (2005) notion that individuals and physical structures within the clinical settings are an integral part of the clinical teaching and learning environments. Also, organizational structures within the clinical settings influence the clinical teaching and learning environment (Biggs & Schriener, 2010; Dickson, Walker, & Bourgeois, 2006, Henderson, Twentyman, Heel, & Lloyd, 2006; Myrick & Yonge, 2005). Participants pointed out that the healthcare management team within the clinical

setting must appreciate and support the preceptors to teach effectively. When the efforts and works of preceptors are appreciated, they give their best to teaching of the students (Myrick & Yonge, 2005).

In this current study the researcher found that although preceptorship was used as one of the clinical teaching methods, formal preparation of preceptors was inadequate. The nurse educators recommended that nursing schools take leading roles in identifying nurses to be prepared for the preceptorship role. This idea is supported by Myrick and Yonge's (2005) notion that faculty serve as custodians of the teaching and learning process by facilitating congruence between the preceptees' objectives and the expectations of the preceptor. In addition, educators ensure that the goals and expectations of the preceptorship program are achieved (McSharry, McGloin, Frizzell, & Winters-O'Donnell, 2010; Myrick & Yonge, 2005). In the Ghanaian context, since clinical teaching and learning was also influenced by other institutions in the healthcare system, the school must take primary responsibility for preparing preceptors with the support from the stakeholders of nursing education in Ghana.

LIMITATION

Only participants who were interested in the implementation of preceptorship in Ghana participated in the study. The ideas of students, preceptors and nurse educators who were not interested in preceptorship were not explored. Further research using quantitative or mixed method designs could be used to explore the perspectives of those who do not engage in preceptorship in Ghana.

CONCLUSION

In Ghana, although preceptors were used, the clinical teaching approach did not reflect the concept of preceptorship. Stakeholders in nursing education both within and outside the clinical settings influenced the clinical teaching environment. Findings from the study present baseline data for stakeholders in nursing education to promote effective preceptorship programs in Ghana. Nurses must become involved in decision making and policy development in relation to clinical teaching and learning in nursing education. Nursing schools and other organizations involved in nursing education must support and ensure adequate preparation of preceptors so that they acquire the relevant knowledge and skills to teach students effectively. Above all, for preceptorship to become an effective clinical component of nursing education in Ghana, it must be adequately integrated into the nursing curriculum with clear objectives, implementation procedures and evaluation measures.

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IMPLEMENTATION OF PRECEPTORSHIP IN GHANA: “MARRIAGE BETWEEN SCHOOL AND CLINICAL SETTINGS”.

INTRODUCTION

Clinical teaching enhances the connection of theory to practice. One of the clinical teaching models in contemporary nursing practice that strengthens this connection is preceptorship (Myrick & Yonge, 2005). Preceptorship is a valuable component of nursing education today and is seen as vital to the professional preparation of nursing students (Myrick & Yonge, 2005). The concept of preceptorship refers to a short term relationship between a nursing student and an experienced nurse. Preceptors facilitate the development of knowledge, clinical skills, and professional attitudes in nursing through guidance, supervision, and role modeling (Smedley, 2008).

In order to provide effective clinical teaching and learning, Ghanaian nurse educators draw on preceptors to supervise students in the clinical practice setting. Preceptorship in Ghana, however, continues to be faced with challenges such as ineffective communication between nursing educational institutions and preceptors (Ministry of Health, 2008). Subsequently, these challenges may work at cross purposes and compromise the quality of student preparation as well as the quality of health care service delivery in Ghana (Ministry of Health, 2008). In 2009, a research study was designed to explore the implementation of preceptorship in the Ghanaian context. The study examined the question “what roles are required within the preceptorship experience in Ghana to

achieve the intended learning outcomes?” In this paper a description and analysis of the findings related to this question are presented.

LITERATURE REVIEW

Preceptor Roles

The role of a preceptor is to teach, facilitate, guide, and evaluate throughout the preceptorship experience. A preceptor serves as a teacher by providing student feedback about progress in meeting learning goals and encouraging preceptees to think critically using the preceptees' learning objectives as a guide to the teaching and learning process (Myrick 2004, Myrick & Yonge, 2005). Preceptors serve as role models by being knowledgeable about their area of practice and showing respect toward students, colleagues and clients (Myrick & Yonge, 2005). Optimally, preceptors need to possess attitudes and qualities such as the willingness to serve as a preceptor, a nonjudgmental attitude, assertiveness, and the ability to adapt to new situations (Hill & Lowenstein, 1992).

In a study by Smedley (2008) a small group of registered nurses were interviewed to explore the lived experience of learning to be a preceptor. Preceptors identified their roles as being conscious of different learning styles and promoting a clinical environment conducive to teaching and learning. In another study, Fox and Malko - Nyhan (2006) compared preceptor and preceptee perceptions about the effectiveness of the preceptor's role at two time periods in Australia. The first period of assessment occurred following two to three months of preceptorship, while the second period occurred following six to nine months

of preceptorship. Participants' responses following the first three months indicate that preceptees acknowledged that the preceptors were available to meet them regularly and provided feedback. The preceptors on the other hand reported that they were unable to fulfill their roles. The situation changed in the second time period of the study when both preceptors and preceptee acknowledged that they were able to fulfill their roles in the preceptorship experience. A longer preceptorship experience resulted in more improvement in the knowledge and skills of the preceptees (Fox & Malko – Nyhan, 2006).

Paton and Binding (2009) argued that preceptors require an educational approach of discernment and accountability in both practice and academic settings. The authors asserted that preceptors' discernment is a complex process of attuning to and assessing the students' ease and accuracy in clinical decision-making and evaluating students' ability to practice safely, ethically, and responsibly. The attitudes and qualities of the preceptor towards clinical teaching and learning are paramount to the acquisition of discernment. Others have argued that qualities of preceptors should include: expertise in the field; good communication skills; a desire to undertake the preceptor role; an interest in professional growth; a non-judgmental attitude; and adaptability to individual teaching needs (O' Mally et al., 2002). These qualities enable the preceptor to attune him/herself to student learning needs by creating an environment that is conducive to teaching and learning.

Student Roles

The nursing student must demonstrate commitment in the preceptorship experience by adhering to ethical standards of practice, interacting with key members of the preceptorship and healthcare team, displaying knowledge about the scope of practice, and reflecting prudent judgment in clinical decision-making (Yonge & Myrick, 2005). Preceptees are expected to be proactive in their interactions with preceptors, staff members, and the health care team (Myrick, 2004). Da Silva and colleagues, (2008) articulated that those who engage in preceptorship coexist with people in the clinical environment. Intrinsic to this perspective is the notion that students interact with preceptors and others as they engage in the teaching and learning process. Through this interaction they form personal perceptions concerning their learning throughout the preceptorship experience (Yonge & Myrick, 2005).

Chan (2002) described the clinical learning environment as the interacting network of forces within the clinical setting that influence student learning outcomes. Appropriate support systems to help students adapt comfortably to the clinical environment are important for effective learning. According to Myrick and Yonge (2004), the relationship between the student and the preceptor is pivotal to the enhancement of the student's critical thinking. One of the key elements which fosters critical thinking in clinical teaching is respect. A respectful relationship between preceptor and student is essential to the enhancement of critical thinking. Critical thinking can be fostered through staff

acceptance, role modeling, facilitating, guiding, prioritization, and questioning the student's knowledge base (Myrick 2002, Myrick & Yonge, 2005).

Nurse Educator Roles

The roles of nurse educators in preceptorship include serving as a resource to preceptors and students, meeting with the preceptor in person and paying regular visits to the clinical site throughout the preceptorship experience (Myrick 2004, Myrick & Yonge, 2005). Nurse educators serve as role models by demonstrating professionalism in interacting with preceptees and preceptors while ensuring that the goals and expectations of the preceptorship experience are achieved (Myrick & Yonge, 2005). In addition, nurse educators grade student performance based on the input they receive from preceptors regarding the student's performance. Billings and Halstead (2005) argued that 'although the faculty member has ultimate responsibility for the course and students' learning outcomes, the student and preceptor are empowered to conduct evaluations of the students' clinical performance and learning outcomes' (p. 293). Dyson (2000) conducted a descriptive study in New Zealand to explore the role of the lecturer within a school of nursing. The researcher found that the educational orientation of the lecturer was important for an effective preceptorship to occur. Furthermore, the author reported that tension existed between the world of academia and clinical practice.

Although the literature review identified several key attributes of members of the preceptor triad, it was evident that there is limited research about preceptorship in international settings, particularly in Africa. In the current study,

the roles of Ghanaian nursing students, preceptors, and nurse educators in the preceptorship experience were examined.

RESEARCH DESIGN AND METHOD

A focused ethnographic approach (Morse & Richards, 2007, McElroy et al., 2011) was the methodology used for the study. Focused ethnography is used to explore smaller groups or sub-cultural units such as hospitals, universities, nursing homes, and prisons. In this instance, the sub-culture is that of preceptorship, a specific approach to the teaching of nursing students in the clinical practice setting. In this study, focused ethnography was deemed appropriate to explore the roles of preceptors, nursing students and nurse educators as they engage in preceptorship in Ghana.

Sample

Purposive sampling was used to recruit a sample of 26 nurse educators, nursing students, and preceptors from a regional hospital and a diploma level nursing educational institution in a small city in Ghana. In these settings, the preceptorship model was used for clinical teaching. Eight nurse educators and nine student nurses participated from the educational institution and nine preceptors participated from the regional hospital. The researcher contacted participants by phone to explain the process, time and venue for the interview.

Data collection

One semi-structured interview was conducted by the first author with each participant. The researcher began each interview by asking the following general

question: “Describe what the preceptorship experience is like for you?” Other guiding questions were developed specifically for students, preceptors and nurse educators. For instance, students were asked: “Tell me about your role in the preceptorship program?” Preceptors were asked: “Describe your role as a preceptor?” And nurse educators were asked: “Tell me about the nurse educator’s role and responsibilities in the preceptorship program?” The researcher ensured that participants were given the opportunity to express their views with minimal interruption. The time frame for each interview was determined by the intensity and the length of the story participants wanted to share. The interviews were conducted in English and ranged from 30 minutes to two hours. Interviews were tape-recorded and audio-tape recordings were transcribed verbatim by the researcher. Data were stored in electronic folders that were created, pass-word protected and labeled appropriately for easy identification by the researcher. The first author recorded reflective notes prior to and following the interview to capture non-verbal communication and personal perspectives about the interview. The research team included a graduate student (first author) and two experienced faculty members (second and third authors).

Ethical Considerations

The proposal was submitted to and approved by the Ethical Review Board at a large University in Western Canada, and the Health Research Ethics Board affiliated with the University Ghana. A written informed consent was obtained from participants prior to the interview. To ensure anonymity during the dissemination of findings, participants were assigned pseudonyms. The preceptors

were identified in the study as Rose, Radna, Rachel, Ranita, Rebecca, Regina, Rene, Rita, and Rainbow. The nine student nurses were identified as Thelma, Tutuwa, Tracy, Tara, Tamara, Tanya, Theresa, Tahira, and Tasmine. The nurse educators were identified as Elise, Ebony, Edwina, Effe, Edna, Eric, Ellen, and Edlyn.

Data Analysis

Data gathering and analysis were carried out simultaneously. Data were analyzed using thematic analysis (Polit & Beck, 2006). The research team reviewed the transcribed interviews to identify key concepts. The key concepts identified from the data were described by codes developed by the researchers. Codes with similar meaning were collated to form themes. Similar themes were grouped together and labeled to form categories. The themes and categories emerging from the data were re-examined by the authors throughout the study. The NVivo Computer software program was used to support data management. The first author entered the categories, themes and codes into the NVivo program. Texts from the interviews were attached to the appropriate themes and categories in the NVivo program for easy identification of participants in relation to the themes developed.

Rigor

The researchers considered the concepts of auditability, credibility and fittingness (Sandelowski 1986) to enhance the rigor of the study. Auditability is ensured when the researcher provides a detailed account of decisions taken at each level of the study so that another researcher can follow and understand the

logical path of the study. In order to ensure auditability in this study, the researcher described, explained and justified decisions taken throughout the research process. According to Sandelowski (1986) credibility is ensured when the researchers describe the behavior and experience in relation to the behavior and the experiences of the participants. The author indicated that a study achieves fittingness when the findings of the study are applicable to a context outside or within the study situation. Sandelowski (1986) pointed out that strategies that could be used to ensure credibility and fittingness in a qualitative study include checking for representativeness of data, checking coding categories and checking the method used in reducing and presenting the data. Another strategy is through triangulation and data collection procedures to determine the congruence among the findings. Furthermore, checking whether the descriptions, explanations or theory about the data contain the typical and atypical elements of the data is another method of ensuring credibility and fittingness of a study. To ensure credibility and fittingness in this study, triangulation of participants' perspectives about preceptorship were elicited from nursing students, preceptors, and nurse educators. Furthermore, the research team worked together to develop codes, categories and themes from the transcribed data. The study findings will be presented to stakeholders of preceptorship in Ghana. The first author will discuss with the stakeholders how the findings of the study could be applied to facilitate clinical teaching in Ghana.

RESEARCH RESULTS

All of the student participants were in their final year of the nursing program and were on average 22.5 years. The preceptors were all registered nurses with an age range of 33-64 years (average 48.5years). The nurse educators' ranged from 34-64 years, with an average age of 49 years. All of the nurse educators and the preceptors had more than three years clinical teaching experience. Five preceptors had no formal preparation to precept students. The preceptors in this study were precepting more than one nursing student simultaneously. The nursing students, preceptors and nurse educators were the key members involved in the implementation process of preceptorship in Ghana. As one preceptor recommended "preceptorship must be a marriage between the schools and the clinical settings so that all the key members involved in preceptorship would support each other" [Rana]. In addition to describing their roles participants described the process of implementing preceptorship in Ghana.

Key members' roles in the implementation process

Preceptors' role: "I use myself as a role model"

Several of the participants identified teaching, role modeling, evaluating students' performance, and liaising between the school and the clinical setting as the primary roles of preceptors. Eric, a nurse educator described the role of the preceptor as "a professional nurse who has been prepared with the requisite skills to teach nurses, especially student nurses in the clinical setting." One student asserted that "a preceptor is a person who directs, teaches and supervises students' activities in the ward [Tanya]." The participants indicated that preceptors must be

good role models. For example, Rose stated that “a preceptor must be able to teach by example.” Another preceptor believed that:

As a preceptor, I use myself as a role model. I make sure I dress in the prescribed uniform and work according to the regulations of the hospital and I advise the students to do the same [Radna].

Preceptors assisted students to develop both personally and professionally. Edna suggested that:

A good preceptor would not let her students be stagnant. She gets closer to identify the students’ strengths and weaknesses and assists the students to select career paths by identifying the areas in nursing that they can perform best.

Several of the participants indicated that preceptors monitored students’ performances in the clinical settings. Ebony, shared that “feedback is sent to the schools by the preceptors for the nurse educators to know whether what was taught in the classroom was done correctly at the clinical sites.” A few of the participants indicated that preceptors discussed students learning expectations during the teaching and learning interaction in the clinical settings.

Nurse educators’ roles: “They teach and correct our mistakes”

Most of the participants indicated that nurse educators provided support and feedback, and evaluated the performances of students and preceptors. They provided support through follow up in the clinical settings to supervise the teaching and learning activities of preceptors and students. One of the students stated that follow-up visits by nurse educators supported her learning:

When the nurse educators come around [clinical visits] they observe what we do in the ward. So when we go back to school they teach and correct our mistakes based on what they observed [Thelma].

Another participant believed that nurse educators served as a support for the

preceptor:

They [nurse educators] serve as backup for preceptors. When the preceptor encounters a problem in a particular area, the nurse educator steps in to assist or encourages the preceptor to attend refresher courses to update her knowledge [Ellen].

Most of the participants indicated that the nurse educators had to obtain feedback from the students about their practice in the clinical settings. One of the students suggested that nurse educators must communicate students' feedback to preceptors: "when we report to our tutors about what happens during our clinical practice they should make sure to contact the preceptors and talk about it" [Tara]. However, one of the preceptors stated that "I have not had any feedback from the school before [Rainbow]."

Students' roles: "Show readiness to learn"

Most of the participants suggested that students must ask questions, open up and be ready to learn. Tracy described her experience with preceptorship: "If a nursing procedure is being done and it is not understood, I ask questions for clarification. I have to be observant and inquisitive to learn." Tanya believed that students must observe preceptors in order to learn: "It is assumed that the preceptor is the head of the preceptorship team and very knowledgeable in nursing practices; therefore students have to listen to and obey the preceptors."

One student described her role in the preceptorship process: "I think we are supposed to introduce ourselves to the preceptors, go to them for assistance, ask questions and be under their supervision" [Thelma]. A preceptor suggested strategies for students to learn effectively in the clinical settings: "If you [student] want to learn just open up and then show readiness to learn. Follow the preceptor

as she performs the nursing procedure” [Rachel]. A few of the participants indicated that some of the students were very passionate about work so after the teaching session they remained behind and asked the preceptors to take them through another procedure. Tutuwa had observed a keen interest in learning among students: “Despite the length of time that students spend in the ward, sometimes they devote their time and stay in the ward to practice”. The participants believed that students must respect the preceptor and other staff in the clinical settings.

The implementation process

Inadequate preceptor support, lack of equipment for clinical teaching and learning, and discrepancies during the process of evaluating students performances were challenges to the implementation of preceptorship in Ghana.

Preceptor support: “There is a lack of incentives to motivate preceptors”

Most of participants indicated that the primary motivation for being preceptors in Ghana was the personal desire to teach students:

The intrinsic motivation was more of one’s interest and willingness to teach. Also, the nursing schools motivated preceptors to teach by involving the preceptors in practical exams where they serve as invigilators and examiners and given incentives in the form of money [Edwina].

One preceptor, on the other hand, argued that preceptors were not given incentives to inspire them to work effectively: “there is lack of incentives to motivate preceptors. If the preceptors were remunerated, it would motivate them to stay longer at the ward to teach students” [Rebecca]. Similarly, Regina stated: “There was nothing like monetary incentives for preceptors; encouragement from

the nurse manager was the only external support they had.” A nurse educator believed that in addition to monetary incentives, preceptors could be given current information on clinical teaching to enhance their teaching effectiveness:

Money is not the only thing that could be used to support preceptors. Preceptors could be sponsored to attend workshops, provided with current journals, handouts or any kind of information to upgrade their knowledge in effective clinical teaching and learning [Ebony].

One of the preceptors suggested: “We need to be given in-service training, enough equipment to work with, guidance, enough time and more preceptors so that we would be able to teach the students well” [Regina]. Most of the nurse educators and preceptors pointed out that the main support preceptors received was verbal encouragement from senior nurses.

Equipment for Clinical Teaching: “I learned how to improvise”

Several of the participants expressed concern about the lack of equipment to teach students in the clinical settings. Participants indicated that nurses improvised because the clinical settings did not have adequate supplies to work with. It was difficult therefore to teach students how to perform nursing procedures correctly. Tara stated that: “I learned how to improvise when the things are not there.” One of the preceptors shared her experience teaching students with limited equipment:

The students are willing to work but because of inadequate equipment in wards it is difficult for them to practice well. The water is always not flowing. So we are not able to demonstrate decontamination properly for students to see [Radna].

Similarly, Ellen shared her experience working with inadequate equipment:

The health care management does not provide the necessary equipment for proper nursing practice. So we tell the students that they should always

remember how to perform nursing procedures correctly so that they would not forget.

Most of the participants suggested that the government should supply the needed equipment in the clinical settings to enable students to learn the right procedures.

Evaluation Process: “I had to take it like that”

Participants pointed out that nurse educators, charge nurses and preceptors all participated in the evaluation of students’ clinical performances. Nursing schools provided each student with a student clinical evaluation report and a clinical schedule book to take to the clinical settings. The evaluation report guided the preceptors in assessing the students’ performances. The evaluations of student performances were usually completed at the termination of the clinical placement.

One of the preceptors described the evaluation process:

Each of the students reports to the wards with an evaluation form or clinical schedule book. Students are taught and evaluated with respect to the areas they needed to cover in the book. The evaluation forms guide us on how to grade our students [Rainbow].

The students practiced in more than one ward during their clinical placement. A preceptor explained that student performance was evaluated in each of the wards that the student practiced:

We evaluate the students’ performances before they leave to another ward. At the end of their practice, we use the data from each ward to evaluate their overall performance. And then we send the evaluation forms to the school [Rose].

Elise shared that “when we received the report we analyzed them and determined where they [students] needed to catch up and where the clinical supervision needed to be reinforced.” However, one of the nurse educators was concerned

about preceptors' verbal reports conflicting with the written report submitted to the schools. She noted that "the preceptors complain about the students but this was not reflected in the evaluation reports. They [preceptors] did not want to be branded as bad people" [Edna]. She acknowledged that "there is the need to review the evaluation forms with the preceptors to know what we expect from them [Edna]."

Tanya expressed concern about an evaluation she had received from a clinical setting: "Sometimes, the [charge] nurses who evaluated us had not even worked with us before. What they normally write in our report was not what we actually did in the wards." Tasmine was not pleased with her evaluation because she felt she was inadequately involved in the evaluation process:

I was not always satisfied with it [evaluation] but I had to take it like that. When we asked questions about the evaluation, they [preceptors] told us that as students we were not perfect in performing the nursing procedures yet.

The preceptors, on the other hand indicated that they usually discussed the evaluation with the students. Rene stated that "we discussed with the students how we evaluated their performances. We gave them the chance to think about it [evaluation] and see whether we were hard on them or not." The preceptors believed that the students were evaluated fairly according to the student performances in the clinical settings. They checked to make sure students covered the activity areas and the course objectives.

In summary, preceptors' roles included teaching, guiding student learning, being a role model, and evaluating students' performance. Participants indicated that the role of the students was to ask questions and show a readiness to learn.

The role of the nurse educators was to supervise and to give feedback to both students and preceptors. Participants indicated that the main support preceptors received was verbal appraisal from the senior nurses. Lack of equipment in the clinical settings was a challenge for preceptors to teach effectively. The evaluation of student performances was carried out by preceptors, charge nurses and the nurse educators. Students were not always satisfied with the evaluation process as they felt they were not adequately involved in the process.

DISCUSSION

In this study, participants identified the roles of preceptors as teachers, guides and evaluators of student nurse performances in clinical settings. These roles were similar to those described by Myrick and Yonge (2005) and Blum (2009). These authors suggest that preceptors' roles include student advocates, guides, resource persons, and student evaluators. Preceptors in Ghana require additional support in the form of in-service preparation, material resources and assistance from staff to perform their roles effectively. This finding is consistent with Hautala and colleagues (2007) recommendations to review adult education principles with preceptors and ensure recognition from managers and co-workers to facilitate the role of the preceptor.

During the implementation of preceptorship in Ghana, preceptors' primary support was through verbal encouragement from the senior nurses. When peers and employers recognize the role that preceptors play in the success of clinical teaching and learning, it serves as a great motivation for preceptors (Myrick & Yonge, 2005, Biggs & Schriener, 2010). Furthermore, participants pointed out that

preceptors were intrinsically motivated to teach students implying that the preceptors had a personal commitment to teach students in order to enhance the standard of nursing practice. It has also been argued that, “extrinsic rewards such as differential in pay, educational offerings, dinners, subscriptions to journals, tuition reimbursement and options to attend various conferences” (Biggs & Schriener, 2010, p. 318) are important for the success of the preceptor experience. Hyrkas and Shoemaker (2007) reported that preceptors who received rewards and benefits were committed to their roles. In this study however, the preceptors indicated that they did not receive incentives to motivate them to stay longer in the clinical settings to teach students. Preceptors in Ghana might be more committed to their roles if they received rewards in the form of sponsored educational preparation, monetary incentives or recognition from colleagues.

Most of the participants indicated that there was inadequate equipment in the clinical settings making it difficult for students to practice effectively. One of the preceptors mentioned that students felt frustrated when they practiced with limited equipment in the clinical settings. When students practice in the clinical settings with inadequate equipment, their learning expectations is usually not met and they may develop negative feelings and frustrations due to the ineffective theory and practice connection (Mabuda, Potgieter, & Alberts, 2008). In order to meet the learning needs of students in Ghana, it is important that management provide the necessary equipment in the clinical settings to facilitate the process of teaching and learning. Additionally, stake holders of nursing education in Ghana must provide adequate equipment in the clinical laboratories of the nursing

schools to give students the opportunity to develop nursing skills before their clinical placement. These measures will enable students to practice competently and confidently. Considering the various challenges, the implementation of preceptorship to facilitate clinical teaching and in Ghana in the face of limited learning resources is a significant achievement.

The role of students in the implementation of preceptorship in Ghana was perceived to primarily involve asking questions and displaying an interest to learn or “being ready to learn”. One of the preceptors indicated that a passion to learn was demonstrated by staying longer in the clinical setting to practice. Inherent to this finding is that students who practice continuously gain competence in performing nursing skills. This observation was similar to findings from a study of students’ experiences achieving competencies in midwifery (Licquish & Seibold, 2007). The authors indicated that hands on practice were helpful to the Australian midwifery students’ learning experience.

Most of the preceptors indicated that students were involved in the evaluation process and were allowed some time to think about how they were evaluated. A few students on the other hand felt they were inadequately involved in the evaluation process because they were unable to question their feedback. Preceptors were guided in their evaluation of students by the students’ learning objectives. These roles were similar to Myrick and Yonge’s (2005) description of the roles of preceptors in evaluating students’ performance. They posited that fairness in the evaluation process, involving preceptees in the evaluation process, using preceptees learning objectives when evaluating preceptees performance and

promoting self-evaluation were key elements of the evaluation process. For effective implementation of preceptorship in Ghana, the evaluation process must involve the key members in the preceptorship triad and occur at both the mid and end point of the clinical experience. Such a process would enable all key members to monitor progress of their clinical teaching activities. In order to achieve the teaching and learning goals during the preceptorship experience Puetz and Shinn (2002) indicated that there must be clear understanding of the responsibilities and expectations of participants from both the practice and educational settings.

The role of the nurse educators was to provide feedback and supervision to the students and preceptors. Myrick and Yonge (2005) suggest that role modeling and being available and accessible to student and preceptors during preceptorship are also important roles for faculty. The nurse educators indicated that the preceptors' evaluation did not always accurately reflect the verbal concerns they expressed about students. Subsequently, they recommended that nurse educators needed to review the evaluation forms with the preceptors. This suggestion is consistent with Seldomridge and Walsh's (2006) recommendation that preceptors need ongoing updates and support from the nurse educators regarding the expected roles of preceptors in evaluating student performances. Although the nurse educators assume ultimate responsibility for the evaluation and grading of preceptee performance, both the students and the preceptors must be empowered to carry out the evaluation of the clinical teaching and learning outcomes (Billings & Halstead, 2005; Myrick & Yonge, 2005).

CONCLUSION

Preceptorship enhances the process of connecting theory to practice. In Ghana, preceptorship is one of the clinical teaching approaches used in nursing education. In order to identify the elements required within the Ghanaian preceptorship experience to achieve the intended learning outcomes, the roles of preceptors, nursing students and nurse educators involved in preceptorship were examined. This study revealed that nursing students, nurse educators and staff nurses played important roles in preceptorship. It is noteworthy that the roles of each member of the preceptorship team in Ghana were similar to those roles that have been described in the literature. Inadequate preceptor support, lack of equipment in clinical settings and discrepancies during the evaluation process, however, were challenging for the effective implementation of preceptorship in Ghana. Notwithstanding these challenges, the fact that preceptorship is being implemented in a resource poor setting is a major accomplishment. The findings from the study provide important insights into the present context in which preceptorship in Ghana takes place and which will in turn facilitate a more effective implementation of the preceptorship model.

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Conclusion

Many countries use preceptorship as a teaching approach to facilitate clinical teaching and learning. Preceptorship ensures a one-to-one encounter between a nursing student and a preceptor to meet the students' optimal learning need and outcomes. Students and preceptors work together with the support from the educational institution and nurse educators. Preceptorship is also part of nursing educational programs in Ghana; preceptors collaborate with the nursing educational institutions to enhance the supervision of students in their practical or clinical settings. Preceptorship was introduced in Ghanaian nursing education to produce highly knowledgeable and proficient nurses. The preceptorship model, however, has not been fully integrated into the nursing education curriculum in Ghana. Ineffective communication between nursing educational institutions and preceptors has been a challenge to preceptorship in Ghana.

The purpose of the current study was to: (a) explore the perceptions of nursing students, preceptors and nurse educators regarding the preceptorship experience in the Ghanaian context; and (b) to examine the components required within a preceptorship experience to achieve the intended learning outcomes. Data from interviews with preceptors, nursing students and nurse educators in Ghana were analyzed using thematic analysis. Although preceptors were used, the clinical teaching approach did not reflect the traditional concept of preceptorship. The members involved in preceptorship in Ghana had knowledge about preceptorship but the conceptualization of preceptorship was not well understood. For instance, preceptors did not usually work the same shift with the students and

the preceptors taught more than one student at a time in the clinical setting. Stakeholders in nursing education influenced the clinical teaching environment. The stake holders in nursing education in Ghana were responsible for providing educational preparation of preceptors to teach effectively. However, the preceptors were inadequately prepared to take up their roles and a few of the participants felt preceptorship was not valued by the stakeholders.

The roles of members involved in the preceptorship team in Ghana were similar to those roles that have been described in the literature. However, inadequate preceptor support, lack of equipment in clinical settings and inconsistencies in the evaluation process were challenges for the effective implementation of preceptorship in Ghana. Despite the above mentioned challenges, it is a significant achievement that preceptorship is being implemented to facilitate effective clinical teaching and learning in a low income country such as Ghana. This study provides insight and strategies to improve the implementation of preceptorship in Ghana. Countries with similar challenges could benefit from the use of the study findings to facilitate the implementation of preceptorship within the context of their nursing education. This study derived data from the perspectives of participants who had experience in preceptorship in Ghana. Further research using quantitative or mixed method designs could be used to explore the perspectives of nurses who do not engage in preceptorship in Ghana. This will increase knowledge about the impact of preceptorship in nursing education in Ghana.

APPENDICES

Appendix A - Information letter to student nurses, preceptors and faculty members/ nurse educators

Title of study: Preceptorship in the Ghanaian context.

Introduction

My name is Mary Asor Asirifi a Master of nursing student in the University of Alberta, Faculty of Nursing. I am interested in studying the preceptorship experience from the perspectives of Ghanaian student, preceptors and faculty members/ nurse educators. Preceptorship is a well-known effective clinical teaching and learning approach that supports students learning in the practice setting. As part of the nursing educational program in Ghana, preceptors work with the health educational institutions such as universities and/or colleges to support the supervision of students at their practical or clinical fields. Research evidence indicates that preceptorship promotes effective clinical teaching and learning. However, the preceptorship experience from the perspectives of student, nurses, preceptors and faculty members in Ghana has not been studied. This study will explore and acquire insight into the beliefs and values of three groups of individuals (preceptees, faculty members/nurse educators, preceptors) who engage in the preceptorship experience in Ghana. A focused ethnographic approach in qualitative inquiry will be used to conduct this study. Semi-structured interviews will be used to gather data for this study. Findings from this study can generate new knowledge about potential strategies that can contribute to the facilitation of the preceptorship program in Ghana.

Because you are being preceptored or have been preceptored, or have preceptored before, I will like you to take part in this study. The important information you possess and could share with me will greatly increase my understanding of preceptorship experience in Ghana.

Purpose of the study:

The purpose of this study is to explore and gain insight into the preceptorship experience of Ghanaian preceptors, faculty and student nurses. To that end, I will acquire the views of students, nurses, preceptors and the faculty members about the preceptorship approach to teaching and learning in preparing student nurses for the professional nursing practice.

I will collect data by:

1. Interviewing student nurses, preceptors and faculty members who are willing to share their experiences about the preceptorship in Ghana.

Procedure:

As preceptors, student nurses and faculty members you will be invited for an interview to share your knowledge about preceptorship. You will be encouraged to talk with me about preceptorship in Ghana and share your experiences, thoughts, and feelings about preceptorship with me. The interview will last for about an hour. The interview will be taped (recorded) and typed word for word by me.

Consent:

The student nurses, preceptors and faculty members who participate in this study will sign a consent form voluntarily. You are free to stop the interview at

any time. You are free to agree or disagree to any part of the interview. I will explain what will happen at that point in time of the interview to you. You are free to ask for clarification of the interview at any time.

Discomforts or risks:

There are no known discomforts or risks expected with this study.

Whenever you feel uncomfortable or need a break or need to stop, you are free to do so.

Cost:

There are no costs for participating in this study.

Benefits:

As a result of participating in this study, you may develop greater understanding of the student nurses', preceptors' and faculty members' experiences in preceptorship in Ghana. Findings from this study can generate new knowledge about ways that can contribute to the improving preceptorship in Ghana.

Confidentiality and anonymity:

The signed forms and information will be stored separately in locked cabinets in a separate location than where the data will be stored. The names and identifiers of study participants will be eliminated from the transcripts to preserve anonymity of the research participants. The researcher alone will have access to the names of the participants. The researcher will preserve the research study materials appropriately to maintain confidentiality. The members of the supervisory committee will have access to the data during the study for the

purpose of assisting me in the research process. The information or data that will be obtained from the study will be stored by the researcher for at least five years after the study has been completed.

Freedom to withdraw:

You are free to withdraw from the study at any time. You do not need to give a reason for withdrawing. There will be no effect on your employment or occupation.

Future use of the study:

Findings of the study will be presented to participants and interested individuals at the study sites. Recommendations arising from the findings will be presented to the policy makers of nursing education. The findings of the study will be presented at local and international conferences, workshops/seminars on nursing education and published in journals.

Additional contacts:

If you have any question or concerns about any part of the study, please contact Professor Christine Newburn-Cook (Associate Dean; Research; Faculty of Nursing, University of Alberta).

I have read the foregoing information. I have had the opportunity to ask questions about it and any question I have asked have been answered to my satisfaction. I consent voluntarily to participate as a subject in this study and understand that I have the right to withdraw from the study at any time without in any way it affecting my employment or occupation.

Name _____ Signature _____

Address _____

Phone number _____ Email _____

Appendix B - Guiding questions

Grand tour/ General question

From your perspective who would you describe as a preceptor?

What does preceptorship mean to you?

What are your beliefs and values about preceptorship?

Can you describe how the preceptorship experience in Ghana is like for you?

Appendix C - Questions for preceptors

Describe your role as a preceptor?’

How did you prepare for your role as preceptor?

What kind of support do you receive in your role?

What do you perceive as the challenges of a preceptor?

Briefly describe how these challenges could be solved.

What motivated you to become a preceptor?

What things did the student do that assisted you in guiding her learning?

Tell me about how you are involved in student’s clinical evaluation performance.

What factors do you perceive promote or inhibit good clinical teaching environment?

What attitudes should the preceptor possess to render effective preceptor ship in the clinical field?

What factors facilitate or inhibit the effective role of the preceptor in clinical teaching and learning?

How best do the designs of preceptors’ roles and clinical experiences in Ghana reflect current nursing education or nursing practice?

What other contribution could you give to enhance on the effectiveness of the present preceptorship model?

Questions for students

Tell me about your role in the preceptorship program?’

What are the roles of preceptors and faculty members in the preceptorship program of preceptors?

What things did your preceptor do that helped your learning?

What did the staff members in your unit do to assist your learning?

What do you hope to achieve from the preceptorship program?

What advantages and limitations does preceptorship have over other clinical/practical experiences you have ever had?

Tell me about incidents that facilitated your learning during the preceptorship program.

How are you involved in your clinical evaluation performance?

What factors do you perceive contribute to effective or ineffective roles of the preceptor in clinical teaching and learning?

How do these factors bring your goals and objectives in line with the course objectives?

Questions for Faculty members/nurse educators:

Tell me about the nurse educator's role and responsibilities in the preceptorship program?

What factors do you perceive promote or inhibit good clinical teaching environment?

What attitudes should the preceptor possess to render effective preceptor ship in the clinical field?

What factors facilitate or inhibit the effective role of the preceptor in clinical teaching and learning?

How are you involved in the evaluation and review of the nursing education clinical component?

How best do the designs of preceptors' roles and clinical experiences reflect current nursing education or nursing practice?

How exactly do you see your role in the preceptorship experience?

How would you describe the support that you provide to the preceptor?

Appendix D -Consent form**Principal Investigator:**

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Title of the study: Preceptorship experience in the Ghanaian context.

Do you understand that you have been asked to be in a research?

Yes No

Have you read and received a copy of the attached information sheet?

Yes No

Do you understand the benefits and the risks involved in taking part
 in this research study?

Yes No

Have you had an opportunity to ask questions and discuss this study?

Yes No

Do you understand that you are free to withdraw from the study at any time,
 without having to give a reason and without being victimize by your action.

Yes No

Has the issue of confidentiality been explained to you?

Yes No

Do you understand you will have access to the information you provide?

Yes No

Do you understand who will have access to your data?

Yes No

Who explained this study to you? _____

I agree to take part in this study: Yes No

Signature of research participant _____

(Print Name) _____

Date: _____

Signature of witness _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of investigator or Designee _____ Date _____

The information sheet will be attached to the consent form and a copy will be given to each participant.