SOCIAL RESEARCH REPORTS

ISSN: 2066-6861 (print), ISSN: 2067-5941 (electronic)

THE NEED FOR SOCIAL SUPPORT AMONG NURSING PRECEPTORS

Iris GOLDMAN, Stefan COJOCARU

Social Research Reports, 2017, Vol. 9, Issue 1, pp. 7-21

The online version of this article can be found at:

www. researchreports.ro

Published by:

Expert Projects Publishing House



Covered by Index Copernicus International

www.indexcopernicus.com

Directory of Open Access Journals

www.doaj.org

On behalf of:

Center for Program and Social Development

Aditional services and information about Social Research Reports can be found at:

www.researchreports.ro

Social Research Reports
Vol. 9, Issue 1, 7-21
© The author(s) 2017
Expert Project Publishing

THE NEED FOR SOCIAL SUPPORT AMONG NURSING PRECEPTORS

Abstract

Nursing preceptors have a significant role in the transition of nursing students from the classroom to clinical practice. Despite the training provided to preceptors, their role has been classified as one that is challenging and stressful (O'Connor, 2015) and described as often leading to overload, conflict and burnout. Therefore, it is important to support the preceptors in performing their role. Studies discuss the type of support needed and emphasize that the most significant support for preceptors involves ongoing support. Ongoing support makes it possible for preceptors to share their professional experiences with each other. They lack this type of support, which is considered social support. This study deals with identifying needs regarding support of nursing preceptors in a group setting. The research method is qualitative. A semi-structured interview was conducted with 16 practicing preceptors from a medical centre in central Israel. The sampling method selected is purposive sampling. One of the themes that emerged from the content analysis was the preceptors' need for social support.

Keywords: preceptor, nursing, social support, preceptor needs.

Iris GOLDMAN

Alexandru Ioan Cuza University, Department of Sociology and Social Work, Iasi, ROMANIA. Mazkeret Batya, ISRAEL. E-mail: irisgoldman55@ gmail.com (Corresponding author)

Stefan COJOCARU

Alexandru Ioan Cuza University, Department of Sociology and Social Work, Iasi, ROMANIA. E-mail: contact @stefancojocaru.ro

Introduction

Nursing preceptors

The nursing profession is a complex and diverse field that includes many areas of practice involving physical and mental health over the entire life span, from infancy to old age. In the 21st century, this profession strives to embrace some medical roles as well, coinciding with the rapid changes in medical knowledge and technology (Shachaf, 2014). This goal and the status of nursing as a progressive and developing profession requires that all who wish to engage in nursing participate in a suitable program of professional training. The core curriculum of professional training in nursing education is provided at universities, colleges and academic schools of nursing. The training program is based on academic studies in a setting that includes classroom teaching as well as clinical studies in a variety of clinical fields (Ministry of Health Israel, 2011).

The transition of nursing students from the classroom to clinical practice is facilitated by nurse preceptors. Preceptors are academic nurses who constitute part of the hospital staff and have received training in preceptorship, authorizing them to train nursing students in the various clinical domains on behalf of institutions of higher education (Ministry of Health Israel, 2007). Thus, they play a significant role in the transition experienced by nursing students (Staykova, Huson & Pennington 2013; Cloete & Jeggeles, 2014), and aim to support students in performing their multiple roles within the healthcare system. This period of transition is limited and consists of those hours of instruction dictated by the clinical requirements of the core program and not by the student's wishes (Barker, 2010).

The authority of the preceptor includes setting the limits of care provided to patients by students (Ministry of Health Israel, 2007), developing clinical skills (Ministry of Health Israel, 2007; Barker & Pittman, 2010), developing critical thinking and supporting students in the learning process (Ministry of Health Israel, 2007; Hyrkas & Shoemaker, 2008). Hence, the roles of the preceptor may be categorized as teaching, tutoring, coaching, counselling and mentoring as a role model. In addition, it is evident that preceptors bear a great deal of responsibility for the care provided by others (for instance, students) and therefore they are also responsible for the knowledge required of themselves in the clinical field. In Israel, academic nurses attend a training program that prepares them for the role of preceptor based on the preceptor's areas of responsibility and authority (Ministry of Health Israel, 2017). Notwithstanding the training provided, the preceptor role has been classified as challenging and stressful (Yonge *et al.*, 2008; O'Connor, 2015) and it is described as generating situations of overload, conflict, and burnout (Hall, 2016). Moreover, some of the preceptors are not sufficiently ready for the role and lack confidence in it (Stavkova, Huson & Penningtom, 2013). In order to retain the preceptors in their role and lead them to good performance, one of the issues that must be dealt with is the response to their professional needs.

Nursing preceptors' professional needs

The literature on the needs of preceptors defines them as intrinsic and extrinsic rewards and benefits and includes research on the rewards and benefits valued by preceptors (Yonge, Hagler, Cox & Drefs, 2008). Some examples of extrinsic rewards mentioned in the literature include financial payment for instruction, subscriptions for professional journals, reimbursement of tuition and participation in conferences (Hyrkas & Shoemaker, 2008). In contrast, the most commonly cited examples of intrinsic rewards and benefits are the opportunity to learn and influence nursing practice, to share knowledge with others and encourage professional thinking, to appreciate the work of others and to help novice nurses acquire professional confidence (Hyrkas & Shoemaker, 2008). Other rewards listed in the literature include career advancement and professional development (New Zealand, Ministry of Health, 2004; COUTH, 2001). Also, feeling appreciated and recognized for one's contribution (DeWolfe, Laschinger & Perkin, 2010 ; Biggs, Cheryl & Schriner, 2010).

One of the most significant preceptor needs discussed in the literature is the need for professional development in various issues related to the preceptor role, in addition to the training program. One complex issue that reflects a need for professional development is the skill of evaluating students. Evaluating student performance can be a complex and stressful skill for preceptors (Wu *et al.*, 2016) (precep. New2 7), particularly when the student objects to the evaluation given (Young, Krahn, Trojan, Reid & Haase, 2002b) or when the preceptor must reach a difficult ethical decision when the student's performance is below the standards of professional practice (Earle-foley, Myrick, Luhange, Yonge, 2012). Namely, this is the ability to honestly and objectively evaluate the student's performance in caring for patients (Boyer, 2008; Myrick & Barrett, 1994, Patton, 2010) and to examine the student's achievements with regard to the good of the patient as a first priority.

Other challenges encountered in the field by preceptors may attest to the need for professional development and for additional instructional tools to that described above. These include tools related to managing role conflict (Hyrkas and Shoemaker, 2008; Lui *et al.*, 2010; O'Brien *et al.*, 2013), managing priorities, time and resources, managing student behaviour and promoting underachieving students (Yonge *et al.*, 2002a, 2002b) as well as guiding students through reflective practice (Duffy, 2009). This despite the knowledge base acquired in the training program for the role of preceptor. This need of the preceptors reflects their need for support, as well as for development of their role and of professional confidence. The training that the preceptors received is not always sufficient and there is a lack of role support in the context of professional development. This appears to be an international issue (Rynan & McAllister, 2017).

Preceptors' need for support

The support provided to the preceptors by various sources, ranging from the direct nursing management to nursing schools, was mentioned in the literature in connection with the preceptor's commitment to his or her role. Preceptors who experience support were found to have a greater sense of commitment to the preceptor role (Hyrkas & Shoemaker, 2008). Preceptors who feel that they receive no support are less efficient in their role and have less chance of persevering in their work as preceptors (Yong *et al.*, 2008). A possible explanation of the finding whereby support by the direct nursing management is important for raising the preceptor's commitment to his or her role is that the preceptors experience a double role, an excessive workload and stress (Ben Natan et al, 2014). The preceptors expect additional professional support aside from that mentioned in the context of the direct nursing management. Most preceptors have no support resources for developing instructional skills in their daily work as preceptors (Yonge et.al, 2008; Alspach, 2008; DeWolfe, Laschinger & Perkin, 2010), that could facilitate performance of their role, beyond the foundations they received.

The literature review suggests specific ongoing interventions related to professional support of the preceptor and of the preceptor's role development (Alspach, 2008), such as preceptor newsletters (Biggs & Schriner, 2010) and workshops (COUTH , 2001), while according to the literature the preceptors have need for other ongoing support interventions (Henderson, Fox & Malko-Nyhan, 2006; Horton, DePaoli, Hertach & Bower, 2012). In addition, several studies identified the need to provide preceptors with opportunities to share experiences, connect with other preceptors and obtain role support (Carlson 2013; Ohrling & Hallberg, 2000). Interaction between preceptors allows them to share experiences, support each other and improve practices related to the preceptor role (COUTH, 2001; Bradshaw *et al.*, 2011), as well as to gain professional confidence and reduce perceived stress (Hautala *et al.*, 2007).

Studies discuss the type of support necessary and emphasize that the most significant support for preceptors is that which involves ongoing support. Ongoing support makes it possible for preceptors to share their professional experiences with each other and to receive feedback and enhancement of their skills and professional confidence and thus develop professionally as an intrinsic reward. They lack this type of support, meaning that they lack ongoing support in a setting that consists of a group of preceptors, which is considered social support. The next part of the literature review will deal with social support combined with intrinsic rewards.

Social support

Social support is a middle range theory dealing with structure and interaction in relationships (Schaffer, 2013). Theorists and researchers are challenged in conceptualizing, defining and measuring social support (Hupcey, 1998). They are not agreed as to the dimensions of social support (Bloom, 1990). Some perceive one over-encompassing factor (Brown, 1986), while others see social support as including several categories or components (Barrera, 1986; Wandersman, Wandersman & Kahn, 1980).

House (1981) provided a wide definition of social support and he lists four types of social support that refer to the contribution provided: **Emotional support** –includes providing trust, empathy and attention. This type of support is included in one way of another in other types of support. **Instrumental support** – consists of material behaviours, namely providing direct assistance that is essentially practical: tangible aid, goods or services. This type of support has psychological implications, as it expresses concern and caring. **Informational support** – provides individuals with information and knowledge that can help them handle problems and stressful situations. **Appraisal support** - provides information associated with self-evaluation. Feedback is provided on one's functioning, and this can improve the individual's self-evaluation. Other people serve as sources by which the individual appraises him or herself. The four attributes mentioned by House include all possible forms of social support (Langford *et al.*, 1997). Therefore, House's approach was found to be the most appropriate type of social support for preceptors, together with the integration component revealed by Cutrona (1990) in a later study.

Knowledge Gap

Based on the literature review described above, it is evident that there is insufficient identification of the needs of preceptors that can be provided *in a group setting*. The current study adds theoretical knowledge on the sociology as well as professional knowledge about the needs regarding support of nursing preceptors in a group setting. The methodology for achieving this shall be presented in the next chapter.

Methodology

The purpose of the paper is to identify the needs of nursing preceptors regarding support in a group setting.

Type of research

The study utilizes a descriptive research design, based on qualitative data collection methods. Semi-structured in-depth interviews intended to present the needs of nursing preceptors regarding support in a group setting were conducted.

Setting and participants

Sixteen in-depth interviews were held with practicing male and female preceptors from a variety of clinical fields at a medical centre in central Israel. The profile of the interviewees was: four preceptors from adult internal medicine, three preceptors from adult surgical wards, one preceptor from adult specific combined internal medicine, two preceptors from intensive care units, two preceptors from adult and paediatric emergency rooms, three from the obstetric and paediatric division, and one preceptor from the operating room. Clinical experience: 4-27 years. Mean: 14 years. Years as preceptor: 2-15 years. Mean: 5.43 years.

The sampling method selected for this study is the purposive sampling method that focuses on selecting participants who best represent the population of preceptors and are capable of providing information on the phenomenon studied (Shkedi, 2007). This method was chosen since it involves interviews aimed at assessing the needs of preceptors, for which it is crucial to choose participants who can express themselves and take part in a conversation. The weakness of the manner in which the sample was constructed is the possible bias, since all the preceptors chosen were from a single medical centre in central Israel and for this reason, as well as due to the size of the sample; it may not reflect the needs of all preceptors.

All 16 interviews were held in person during June to August 2016. Each interview was scheduled through a personal telephone call with each preceptor. The interviews lasted 30-60 minutes and were held in a room isolated from noise at the academic nursing school adjacent to the medical centre. All the interviews were recorded and transcribed, maintaining the anonymity of the interviewees. All interviewees gave their informed consent to participate in the study.

The interview was a semi-structured interview constructed of demographic data and background data questions (Five questions), open-ended questions intended to map the need for support in a group setting (second stage – 17 questions) and questions that concluded the interview (Two questions).

Method analysis

Content analysis of the interview data was performed, focusing on identifying the needs of preceptors regarding support in a group setting from their own perspective. During the content analysis, identified needs that recurred were arranged as themes and categories.

Findings

The content analysis of the semi-structured interviews with the preceptors yielded the following themes and categories that refer to the research question: *What needs of nursing preceptors can be identified regarding support in a group setting?*

Theme I: Needs related to managing stressful situations in the preceptor role

Category 1: **Managing a situation of workload stemming from the disparity between preceptors' expectations and abilities**: Evidence of this category was provided by one of the preceptors, who described the responsibility entailed by the preceptor role, as he perceives it: *„It is responsibility for the students' future and also responsibility for caring for the patients."*

Category 2: **Sense of lack of control of certain situations in the preceptorship:** Evidence of this was provided by the statement *„We face dilemmas on a daily basis. You never know which situations you will encounter tomorrow and how you will behave. Sometimes it is very hard to be ready for the situations."* Another aspect of this category was expressed by one of the preceptors: *„I explain and explain and it doesn't help and I feel that I, I don't know, am maybe even a little angry at the student"*. Another preceptor described her feeling at this situation: *„I had to push each student, physically 'push' them, to motivate them to act. I felt completely burned out, it threw me"*.

Category 3: **Managing a situation of workload resulting from conflicting roles: between the nurse role (providing a response to the patient) and the preceptor role (providing a response to the student):** Evidence of this was provided by the statement: *„I know that I have a preceptorship of six or eight students in the operating room that are my responsibility and I don't do anything with them so it's a little frustrating. At the end, just when they're cutting a certain body part and I have to explain - I'm not there with them, I'm assisting in another surgery"*. In this situation, the preceptor receives responsibility for patients in addition to instructing the students (=cares for other patients in addition to those cared for by the students). Another interesting aspect of this category is when preceptors *do not* receive additional patients, namely when they instruct the students and are responsible only for them and for the patients under the

students' care. Evidence of this was provided by another preceptor: *„It makes me tense and stressed, it takes them (the students) time to distribute medications so everything happens late. It's not like being a regular worker in the department… eight a.m. and you're already out with the medicine cart, giving medications. Here with students sometimes I only start preparing the medications at 9:30 and the last of them only at ten".*

Theme 2: Needs related to managing students' behaviour

Category 1: **Setting limits for the student:** „Because the students test the limits". „A student who was late several times was very angry when I contacted the school. He said: 'I didn't kill anyone' „. „A student told me 'I'm the type of person that is late. No matter when I get up I'm always late. Accept me as I am. Even at school they couldn't fix me' „ Intergenerational differences are another aspect manifested in the preceptors' references to the need to set limits: „The students are constantly busy with their Smartphones". The experienced preceptors stressed that they would like to know the balance and the golden path to setting limits. „And sometimes you have to know not to be a commander… It is necessary to be considerate of the students. I would like to know how limits are set." „I want to know how to let off a little. How to trust".

Category 2: **Motivating the students to learn:** The statements were: „I may have to repeat the same subject several times…"."I ask them questions about medications and I don't always receive answers." It was interesting to see the preceptors' conflicting perceptions of their role in motivating students: „If the student is not willing it's one thing and if he can't do it then I as a preceptor am here for him". „The preceptorship must be adapted to their needs… You have to identify who is in the group and not be fixated". Another aspect manifested here as well by the interviewees in the motivating category pertains to intergenerational differences and preceptors' needs in this context. „When you tell them to work with books they no longer agree, they constantly find information on the internet and you don't know how to deal with this."

Category 3: **Instilling professional responsibility:** „I expect students to be close to the field and to really be familiar with the nurse's work. They shouldn't think that being a nurse means only providing treatment or making an assessment, but much more than that… To be with the patient as much as possible and in the seminar room (study room in the field) as little as possible… I expect them to express interest in the profession and to truly want to be part of the profession… And not only because there are jobs and this way you can find a job easily and get paid." In other words, the preceptors experience the students as focused on their task, while the preceptors want more than this. One of the reasons for the difficulty in instilling professional responsibility among students is the intergenerational differences as grasped by the preceptors.

Category 4: **Managing internal conflicts involved in giving the student truthful feedback and evaluation:** The content analysis raised a very strong need for support concerning how to give students who did not meet the requirements

feedback and evaluation and how to do this professionally and from an emotionally strong position. „I had a crisis and I was compelled to fail a student… If someone had supported me at that stage and had helped me it might have been easier." Another preceptor said: „I'm deciding people's fate." This shows a strong need for support. Yet another preceptor said: „Sometimes I say… okay I'll pass him… (Laughs in embarrassment)." In other words, the preceptor understood that it is wrong but still passed the student to avoid confronting the student's reactions. In contrast, another preceptor stressed that when responding in this way she indeed avoids a confrontation with the student but she understands that this has professional consequences. „You are afraid that one day you will have to work with him and you won't be able to trust him as a nurse. And then you will ask yourself 'So why did you let him continue'?!"

Theme 3: Needs related to support in an institutionalized setting

Category 1: Available and accessible support sources: Evidence of available and existing sources of support for preceptors can be seen in the statements: „I often consult with other preceptors but do not always accept their opinion. But it's important for me to consult with them". „I'm not ashamed of asking more experienced nurses and preceptors, because sometimes they have more tools." Preceptors also use support sources that consist of formal authority: „A head nurse or assistant head nurse","The nursing school staff", because as they see it „it creates order and it is very helpful." However, in some places preceptors have no one to consult with: „That is the problem, sometimes you really don't want to take things out but there is no one to consult with in the department. I feel quite alone…".

Category 2: What else is needed as support? Support in a group setting: „The group of preceptors can retain me in this role, but not only – rather also." „As much as we spoke about the degree of responsibility in the preceptorship course, you must still feel and understand it. The more you advance, the more you are exposed to situations and sometimes you tell yourself that you don't exactly know everything and you're not really ready for everything and you do need support… There is a hope that there will be a group and that this group will exist and support". This category is divided into subcategories according to the type of support in a group setting: informational and instrumental, emotional and appraisal, and in addition the subcategory of the frequency of group sessions.

Informational and instrumental support in a group setting

„Some topic will be thrown at the group and we will discuss and analyse the topic. We will receive feedback as well as tools for coping. That's how I see the group. That would be an effective group in my opinion."

It is also evident from the preceptors' words that they are interested in discovering new, unfamiliar and non-routine information in the group setting. „There is no movement. I am in a type of closed box and I want to be exposed to more." „That the next time I have a real problem I will already have the tools to extract myself from situations."

Emotional support in a group setting

„I thought to myself that if there was a group of preceptors that met from time to time and thus to have a cup of coffee and simply to pour out… to receive support from other preceptors because you have a reputation among the students." „For me it's a type of emotional ventilation". „Someone who will understand me". The additional aspect of emotional ventilation in this subcategory is the sense of shared fate and the peer group. This is evident in the strong words of the preceptors: „There is a feeling that you are not alone, that it happens to everyone." „We are all in it together."

Appraisal support in a group setting

The preceptors' statements express a need for this type of support: „We will receive feedback in the group… a type of appraisal…" „It will help me understand whether I acted right or not." „.. It will improve something in my work."

Ongoing support in the group setting: The content analysis raised the need to hold the group in a setting of consecutive sessions rather than in one day that resembles a conference day: „I'm in favour of having groups that follow a period of time, a number of different sessions." „Consecutively… again and again… not as a course but as a group". In other words, the wish is to form a group that will have a dynamics and content, rather than as a pure content course. One reason that the preceptors seek a sequence of sessions is to give each of the participants the possibility to reach real exposure in the presence of the group. „Ongoing; one-time will not help because I have to expose myself and also to see how they would have dealt with it".

Conclusions

The role of the preceptor is defined as a challenging role accompanied by overloaded and conflict-ridden stressful situations as well as a sense of burnout. Hence, it is important to provide preceptors with support. This study indicates that the support expected by preceptors in a group setting, is that described by House, together with the integration component discerned in a later study by Cutrona (1990).This for the following reasons:

- **Emotional support component:** The nature of the role and the capabilities required of the preceptors are based, among other things, on emotional capabilities. They themselves must provide emotional support in the process of their work, while also handling the challenges of their role. Thus, they naturally need emotional support. This fulfills the emotional component mentioned by House.
- **Information component:** The role of the nursing preceptor deals with a reality described among other things by much professional-instructional information and also with the development of the profession and of the generations who acquire this profession. Hence, support in a group setting from this aspect can help process the information and also develop other ways of thinking, which will enable efficient coping with a large quantity of complex information and facilitate the preceptors' work.
- **Instrumental component:** The tools given and practiced in the group setting make it possible to process information, generate measurement tools, and gather data and additional learning methods. By practicing the instructional tools, group members can receive feedback on strengthening their professional skills.
- **Appraisal component:** The group setting is a force that improves the preceptor's professional confidence, through group members' appraisal of the preceptor's performance and skills.
- **Integration component:** All members of this group gather around one common field of interest (Cutrona, 1990), which is dealing with the preceptor role. Each member contributes uniquely to the group in all aspects, leading to integration of this field. All these components emerge from the interviews. Furthermore, the interviews indicate that the preceptors emphasized that this support must be provided in an ongoing structure in order to enable true exposure of feelings and thoughts as part of the group's development, thus providing an optimal response for these support components. This kind of social support is essential for the preceptors in the following situations: effective learning by the students, managing student behaviour, managing stressful situations in the preceptorship, raising the students' motivation and evaluating their achievements. Providing a

response to these support needs in a group setting can lead to professional development and enhancement of one's professional confidence in the form of intrinsic rewards, retaining the preceptor in the preceptor role, and facilitation of the preceptor's work. As stated by the preceptors: *„Participation in the group will develop more confidence in uncertain situations". „I will feel that I have the ability, that I am capable and leading."*

Limitation

A limitation of this study may involve social desirability by the preceptors and this should be taken into account. Nevertheless, and despite the small size of this study, an important recommendation can be derived based on the findings. It is important to apply the needs described in a supportive group setting in the form of an intervention program in order to examine its true contribution. As stated by one of the preceptors: *„I think that being in the group will help me. But those are only my thoughts. Because I may simply sit in the group and not understand what I'm doing here."*

Acknowledgements

This study is part of the first stage of the sequential exploratory mixed methods research undertaken in the context of the author's doctoral studies.

References

Alspach, G. (2008). Calling all preceptors : how can we better prepare and support you*? Critical Care Nurse, 28*(5), 13-16.

Barker, E.R. & Pittman, O. (2010).Becoming a super preceptor: A practical guide to preceptorship in today's clinical climate. *Journal of the American Academy of Nurse Practitioners*, *22*, 144–149.

Barrera, J.M. (1986). Distinctions between social support concepts, measures and models. *American Journal of Community Psychology*, *14*(4), 413-445.

Ben Natan, M., Qeadana,H., & Egbaria, W.)2014). The commitment of Israeli nursing preceptors to the role of preceptor. *Nurse Education Today*, *34* , 1425-1429.

Biggs, L. & Schriner, C.(2010). Recognition and support for today's preceptor. *The Journal of Continuing Education in Nursing*, *41*(7), 317-322.

Bloom, J.R. (1900).The relationship of social support and health. *Social Science and Medicine*, *39*(5), 635-637.

Boyer, S.A. (2008). Competence and innovation in preceptor development: Updating our programs. *Journal for Nurses in Staff Development, 24*(2), E1-E6.

Bradshaw, C., Butler, M., Cassidy, I., Egan, G., Fahy, A., Mc Namara, M., O'Conner, M.,Quillinan, B., Tierney, C. & Tuohy, D.(2011). Competency assessment methods tool processes: A survey of nurse preceptors in Ireland. *Nurse Education in Practice*, *11*(5), 298-303.

Brown, M.A. (1986). Social support during pregnancy: A unidimensional or multidimensional concept ? *Nursing Research*, *35*(1), 4-9.

Carlson, E. (2013). Precepting and symbolic interactionism -a theoretical look at preceptorship during clinical practice. *Journal of Advanced Nursing*, *69*(2), 457-464.

Colete, I.S. & Jeggels, J. (2014). Exploring nurse preceptors' preceptions of benefits and support of and commitment to the preceptor role in the Western Cape Provice. *Journal of the Democratic Nursing Organization of South Africa, 37*(1), 1-7.

Council of University Teaching Hospitals (2001). *Models and Best Practices in Recognizing and Supporting Preceptors and Mentors, Council of University Teaching Hospitals Strategy Paper.* [Online].Vancouver, BC, Canada Vancouver, BC, Canada: Council of University Teaching Hospitals. Available from: http://www.bcahc.ca/pdf/STRAT-F.pdf Accessed March 3, 2010. [Accessed:20th February 2016].

Cutrona, C.E. (1990). Stress and social support in stress of optimal matching. *Journal of Social and Clinical Psychology, 9*(1), 3-14.

DeWolfe, J., Laschinger, S. & Perkin, C. (2010). Preceptors' perspectives on recruitment, support, and retention of preceptors. *Journal of Nursing Education, 49*, 198-206.

Duffy, A. (2009). Guiding students through reective practice - The preceptors experiences. A qualitative descriptive study. *Nurse Education in Practice*, *9*, 166-175.

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

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

Hautala, K.T., Saylor, C. R. & O'Leary-Kelley, C. (2007). Nurses' perceptions of stress and support in the preceptor role. *Journal for Nurses in Staff Development*, *23*(2), 64-70.

Henderson, A., Fox, R. & Malko-Nyhan, K. (2006). An evaluation of preceptors' perceptions of educational preparation and organizational support for their role. *The Journal of Continuing Education in Nursing, 37*(3), 130-136.

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

House, J.S. (1981).*Work Stress and Social Support*. Englewood Cliffs, NJ: Prentice Hall.

Hupcey, J.E. (1998). Clarifying the social support theory-research linkage. *Journal of Advanced Nursing*, *27*(6), 1231-1241.

Hyrkas, K. & Shoemaker, M. (2008). Changes in the preceptor role: Re-visiting preceptors' perceptions of benets, rewards, support, and commitment to the role. *Journal of Advanced Nursing*, *60*(5), 513-524.

Langford, C.P., Bowsher, J., Maloney, J.P., & Lillis, P. (1997). Social support :A conceptual analysis. *Journal of Advanced, Nursing*, *25*(1), 95-100.

Lui, M., Lei, Y., Mingxia, Z. & Haobin, Y. (2010). Lived experience of clinical preceptors: A phenomenological study. *Nurse Education Today, 30*, 804-808.

Ministry of Health Israel (2011). *Nursing Administration Circular no. 91: Updated Core Curriculum for the Degree of Registered Nurse*. Available from : http://www.health.gov.il/hozer/nd91_11.pdf. Accessed 6 February 2016. [Hebrew]

Ministry of Health Israel (2017). *Government Licensing Course in Preceptorship: Structure and Description of the 2017 Program*. [Online] (Available from the Ministry of Health, Nursing Division, Israel). [Hebrew]

Ministry of Health Israel(2007). *Updated Circular no. 49: The Authorized Preceptor.* Available from: http://www.health.gov.il/hozer/ND68_07.pef. Accessed 20 Febraury 2016. [Hebrew]

Myrick, F. & Barrett, C. (1994). Selecting clinical preceptors for basic baccalaureate nursing students: A critical issue in clinical teaching. *Journal of Advanced Nursing*, *19*, 194-198.

New Zealand .Ministry of Health. (2004). *New Graduate First Year of Clinical Practice Nursing Programme: Evaluation Report.* Wellington, New Zealand, [Online]. Available from: http://www.moh.govt.nz/notebook/nbbooks.nsf/0/7350A0E642BD28CACC257731000757BA/$file/CTANewGraduateEvaluationReport.pdf [Accessed:20th February 2016].

O'Brien, A., Giles, M., Dempsey, S., Lynne, S., McGregor, ME., Kable, A. ,Parameter, G. & Parker, V. (2014). Evaluating the preceptor role for pre- registration nursing and midwifery student clinical evaluation. *Nurse Education Today, 34*(1), 19-24.

O'Connor, A. (2015) *Clinical instruction & evaluation: A teaching resource* (3rd ed.). Burlington, MA: Jones & Bartlett Learning, pp. 379-397.

Ohrling, K. & Hallberg, I. (2000). The meaning of preceptorship: Nurses' lived experience of being a preceptor. *Journal of Advanced Nursing*, *33*(4), 520-540.

Patton, B.I. (2010). The professional practice knowledge of nurse preceptors. *Journal of Nursing Education, 49*(3), 143-149.

Ryan, C., & McAllister, M. (2017). Enrolled Nurses' experiences learning the nurse preceptor role: A qualitative evaluation. *Collegian*, *24*(3), 267-273.

Schaffer, M.A. (2013). Social support. In Peterson, S.J.& Bredow, T.S.(eds.). *Middle Range Theories: Application to Nursing Research.* 3rd ed. Philadelphia: Lippincott Williams & Wilkins, pp.108-127.

Shachaf, S. (2014). *Good Enough Nurse: Nursing Between Ideal and Reality, Israel 1960-1995.* Tel Aviv: Resling. [Hebrew]

Shkedi, A. (2007). *Words of Meaning . Qualitative Research – Theory and Practice.* Tel Aviv: Ramot Publications, Tel Aviv University [Hebrew].

Staykova, M., Huson, C. & Pennington, D. (2013).Empowering nursing preceptors to mentoring undergraduate senior students in acute care settings. *Journal of Professional Nursing, 29*(5), 32-36.

Wandersman, L., Wandersman, A. & Kahn, S. (1980). Social support in the transition to parenthood. *Journal of Community Psychology, 8*, 332-342.

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

Yonge, O., Hagler, P., Cox, C., & Drefs, S. (2008). Listening to preceptors. Part B. *Journal for Nurses in Staff Development*, *24*(1), 21-26.

Yonge, O., Krahn, H., Trojan, L., Reid, D., & Haase, M. (2002a). Being a preceptor is stressful! *Journal for Nurses in Staff Development, 18*(1), 22-27.

Yonge, O., Krahn, H., Trojan, L., Reid, D., & Haase, M. (2002b). Supporting preceptors. *Journal for Nurses in Staff Development, 18*(2), 73-79.