

# Being in the Space for Teaching-and-Learning

The Meaning of Preceptorship in Nurse Education

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TEACHING-AND-LEARNING**

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## ABSTRACT

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The aim of this thesis was to illuminate student nurses' and nurses' lived experience of preceptorship and develop an understanding of the meaning of being a preceptor and of teaching and learning in a preceptor-preceptee relationship during student nurses' clinical education on hospital wards. A phenomenological approach was applied to study the experiences of those who are living in an ongoing experience of preceptorship. Seventeen student nurses and the seventeen nurses acting as their personal preceptor volunteered to participate. To illuminate their experience of preceptorship, tape recorded narrative interviews were conducted, transcribed verbatim and analysed by using a phenomenological-hermeneutic method.

According to the findings, the student nurses disclosed the meaning of being precepted in themes related with their being directed towards increased competence and with the feelings and bodily sensations that accompanied the learning, a learning that occurred when performing practical nursing actions. The student nurses learning was facilitated by preceptors who created a space for their learning and in that space provided concrete illustrations, exercised control and managed to find the peace and quiet needed for reflection. The meaning of being a preceptor revealed a balancing to find solutions to the problem of interrupting the time for nursing when including the student in one's daily work, as well as increased awareness of the processes of learning. In good examples of preceptoring the meaning of preceptoring was understood as the preceptors sheltering and facilitating the student nurses when learning by the use of teaching strategies.

The meaning of preceptorship was compared with a didactic model, where the student-preceptor relationship formed the basis of the processes of teaching-and-learning, which embraced intentions, acting, lived-experience and reflections. Further, it is demonstrated that preceptorship supports the student nurses and the preceptors increasing their competence in nursing, parallel with the student nurses reducing their dependence on preceptor support.

Keywords: Preceptors, Preceptee, Preceptor-preceptee relationship, Preceptorship, Nursing practice, Student nurses, Nursing education, Lived experience, Phenomenological hermeneutics, Teaching-and-learning, Didactics.



*To my mother, Inga-Mari Nyberg*



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## CLARIFICATION OF TERMS

Terms used in this thesis

**Nurse:** The nurses participating in this study were all registered nurses.

**Preceptor:** A registered nurse who is employed by a hospital, who is pre-selected and who assumes the responsibility of becoming a preceptor for an individual student nurse during the duration of her/his clinical education (translated into Swedish: personlig yrkeshandledare). (c. f. Nehls, Rather & Guyette, 1997).

**Preceptoring:** The provision of on-site supervision and clinical teaching and instruction in a one-to-one relationship with a student nurse. The process of preceptorship takes place parallel with the preceptor's work as a nurse.

**Preceptorship:** An individualised teaching and learning strategy in which a nursing student is assigned to a preceptor in order that she or he may be able to experience day-to-day- practice in the clinical setting with a resource person who is immediately available (c. f. Chickerella & Lutz, 1981; Barret & Myrick, 1998).

**Student nurse:** Used in general for all those following a study programme in nursing, irrespective of the term in common use during the period when the programme was offered. The student nurses (also sometimes referred to as students) participating in the present study were all pursuing a programme in nursing that would qualify them as registered nurses, after the completion of their studies.

## ORIGINAL PAPERS

This thesis is based on the following papers, which will be referred to in the text by their Roman numerals:

- I** Öhrling, K. & Hallberg, I.R. (2000). Student nurses' lived experience of preceptorship. Part 1 – in relation to learning. *International Journal of Nursing Studies*, **37**, 13-23.
- II** Öhrling, K. & Hallberg, I.R. (2000). Student nurses' lived experience of preceptorship. Part 2 – the preceptor-preceptee relationship. *International Journal of Nursing Studies*, **37**, 25-36.
- III** Öhrling, K. & Hallberg, I.R. (2000). Nurses' lived experience of being a preceptor. (Accepted for publication in *Journal of Professional Nursing* in the July-August 2000 issue.)
- IV** Öhrling, K. & Hallberg, I.R. The meaning of preceptorship: nurses' lived experience of being a preceptor. (Submitted for publication)

The papers have been reprinted with the kind permission of the respective journals and Elsevier Science (Paper I and II).

## INTRODUCTION

Increased understanding and knowledge of the processes influencing teaching and learning in the health care clinic can serve as a help in improving nurse education and in the development of nurses' professional competence. The area of interest in this thesis is preceptorship during student nurses' clinical practice on hospital wards. An attempt is made to give a voice to registered nurses' and student nurses' lived experience of a preceptor–preceptee relationship and to understand the meaning of preceptorship in relation to the process of teaching and learning.

### **Studies of teaching and learning in clinical practice - implications for new questions**

Teaching and learning in practice has been identified as a phenomenon of significant interest for all involved in nursing education in Sweden, as well as in an international perspective. For natural reasons, the processes of teaching and of learning in practice are to a great extent tied to the culture in question and its context. The main point of departure in this thesis is therefore a Swedish cultural context, but comparisons are made with views of the subject from an international research perspective. Pilhammar Andersson (1991), focusing on student nurses' change of perspective during their education, found that two out of three student nurses developed a traditional thinking as nurses, and scarcely one out of three developed a perception of the nurse's role as being a critical and autonomous role, characterised by a desire of further development. According to Pilhammar Andersson (1991), the results were influenced by the students meeting academic and vocational traditions. This indicates a need for further investigation of the interactions influencing this meeting. Such an investigation was carried out recently by Linder (1999), who showed that student nurses adopt contradictory perspectives, reflecting a discrepancy between the theoretical and clinical parts of their education. Few of the student nurses in Linder's (1999) study saw any benefit from scientific articles that could improve the daily work of nurses.

The complexity of students meeting different traditions seems to increase when analysing Pilhammar Andersson's (1991, p. 271) findings, describing the students more as being "... outside the team on the ward". The questions that arise from Pilhammar Andersson's (1991) findings are interesting to scrutinise. If the student nurses' position when learning in the clinical field was dominated by "being outside" the team, then why is their learning dominated by traditional thinking? One could also consider the extent to which the student nurses could discuss and verbalise their experiences in practice with

practitioners, when their meeting was of the kind described by Pilhammar Andersson (1991). One more reason for the student nurses' traditional thinking is provided by Pilhammar Andersson (1991, p. 263), who stated, "The visions of the future and the ideals of nursing education do not correspond to the reality of health care." The expectations from the professionals in the health care system may provide a great impact on student nurses' conceptions of nursing. The exciting question then appears of what will happen if the student nurses have an individual nurse as their preceptor during their practical studies. Will the student nurses then have a greater opportunity to confirm themselves, in accordance with the findings of Åström (1995) that the development of nurses is related with their possibility of affirming themselves? However, it seems logical that the individual student nurse, with limited earlier experience of difficult care situations, should benefit when learning to provide nursing actions and moral judgement by interacting with a more experienced nurse. Consequently, it appears important to ascertain what will happen when the supervision of student nurses is changed to a more close relationship with experienced nurses in practice.

Lack of clinical supervision may have an impact on student nurses' learning in clinical practice. When studying the learning in the clinical field of student nurses pursuing study programmes lasting both two and three years, Mogensen (1994) found that their personal learning was supported by narratives, pictures and 'doing', while their social learning was strengthened by being in collective relationships. Therefore, to what extent student nurses can learn by narratives is a new question that arises from Mogensen's (1994) findings, since the students mostly had to manage by themselves. The data also indicated a need to investigate aspects of the nurses' context when providing narratives and pictures and when supervising student nurses. The need for further studies is strengthened by the identification made by Mogensen (1994) of the limited space for pedagogical ambitions in the clinic, "The students must to a great extent manage by themselves during their period of nursing practice. However, learning by themselves, which is completely dependent on their own initiative, does seem to work in many cases, all the same" (p. 176). This seems to place a great responsibility on each student nurse for succeeding in her/his studies. These aspects indicate, together with the findings of Thorell-Ekstrand (1994), which show that students do not prepare adequately for their first clinical training, the need for concern regarding educational support when learning.

The student nurses in Mogensen's (1994) study were supervised by both enrolled nurses and registered nurses in charge, and the continuity was dependent on the organisation of the nursing care. A similar organisation of clinical supervision was presented by Lindberg-Sand (1996). It is, however, important to focus on the way in which supervision is organised and relate this to the convention used when teaching nursing knowledge in practice. The need for further studies on alternative ways to organise supervision

appears to be significant for the development of professional nursing practice. This is especially relevant when considering the reality shock that Lindberg-Sand (1996) revealed amongst former students during the first months of their first job as a nurse, all of whom had experience of working with patients prior to their training. The student nurses' options for developing the knowledge needed for their future work need to be explored. The organisation of supervision in Lindberg-Sand's (1996) study seemed to strengthen the student nurses' feeling of being students without authority. The student nurses had first to create a platform with the enrolled nurses and the nursing assistants before they gained access to the nurses as supervisors, and the student nurses themselves were mainly responsible for the development of a fruitful relationship with the nurses. According to Lindberg-Sand (1996), the student nurses were met and supervised by the collective rather than individual nurses. Lindberg-Sand (1996) did not find any signs of a tradition for transferring knowledge of nursing culture, embracing an "... individual and personal supervision relationship..." (p. 307).

The freedom which each university college or university has when planning higher-level nursing education (Proposition 1992/93:1) has resulted in a great variation of the organisation of such education and in efforts to strengthen the academic status of clinical training in Sweden (Segesten & Furåker, 1999). A similar tendency seems to be common in an international perspective (Glen, 1994; Hawthorne & Yurkovich, 1995; Ferguson, 1996), and much effort is being put into different projects aiming at improving nursing education (Duffy *et al.* 1995; Esterhuizen, 1996; Veitch, May & McIntosh, 1997; Fealy, 1999). The relationship between what students are learning in the clinical field and their theoretical studies has been identified as a conflict between theory and practice in the discipline of nursing (Bjørk, 1995; Brereton, 1995; Rafferty, Allcock & Lathlean, 1996). The world-wide debate and evaluation currently taking place can be seen as one reason for the ongoing development and the efforts being made to find alternative ways of organising the teaching of student nurses in practice. Another reason can be the one identified by Bentling (1992) as the professional development of nursing, which is making demands on nurses' ability to provide theoretical explanations.

Student nurses' theoretical and practical knowledge is significant when considering the complexity of the demands in their future profession, as well as the relationships involved in teaching and learning. Theories can, as Benner, Tanner and Chesla (1996) suggest, guide the beginner to the right region and help nurses to learn certain kinds of responses and expectations, but always to a limited extent compared with the concrete manifestation of clinical understanding in practice. How students conceive and change their conceptions is, according to Bendz (1995 p. 177), dependent on "the students' own capacity and experience and an external caring context". The focus of Bendz's (1995) study was not on students' theoretical knowledge, but rather

on their conceptions of nursing situations. The questions raised by her study concerned to what extent the students integrated theories in their learning, identified by Bendz (1995) as a change of the levels in different categories. Linder (1999) identified a lack of support between theoretical tuition and clinical training in nursing education. Since her study focused on how students conceived their future profession and not on their context for learning, no relationship with the organisation of students' supervision or preceptorship was revealed. However, Linder (1999, p. 317) could identify the work of nurses as demanding, with increased administrative and medical-technical tasks leading to frustration among those students who represented "... a behavioural science perspective on the profession ..." and were therefore not able to provide desirable closeness to the patients. As Linder (1999) put it, the students at the end of their education still have a fragmentary image of the profession. The dilemma that this recent study raises affects the quality of care for patients in the future. For all involved in the nursing profession and in nursing education, the utmost goal is that student nurses should through training become nurses who are able to provide good nursing care and, hopefully, in accordance with Söderlund's (1998) suggestions, able to preserve the patients' humanity. Thoughts like these are supported by Reed (1995), who states:

Nursing can never return to a pre-post-modern era to regain lost and lofty assumptions about knowledge development and nursing. But nursing still possesses the innovativeness and imagination to continue progressing in the metanarrative Nightingale originally established – empowerment of human beings' natural potential for health and healing. (p. 82)

Despite the research that has been conducted on the teaching and learning of student nurses during the clinical parts of their education (Bendz, 1995; Lindberg-Sand, 1996; Mogensen, 1994), there is still a need for research regarding alternative models of supervision. Furthermore, most of the Swedish educational research on teaching and learning in nursing education has taken the perspective of the student. This indicates a need to integrate the perspectives of students and those of nurses acting as preceptors, to increase the understanding of teaching and of learning in practice.

## **Nursing education from a historical perspective**

### **The apprenticeship era**

It is important to focus on different aspects interfering with the progression of nursing knowledge and the development of nursing. Nursing knowledge

can grow if we, as Reed (1995) suggests, dare to support innovations and processes of imagination and open the connections between science, philosophy, and practice. Yet, in my personal opinion, there is a need to increase awareness of the profession's history and use as a foundation between the past and the future. Maybe such a linkage can to some extent make an impact on the present and thus also on the development of future nursing knowledge.

Following the history of Swedish nursing education, it is easy to see the importance that practical and theoretical knowledge has played for the development of nursing as a scientific discipline and as a profession. When the first profane school of nursing started in 1867, the two students had to obtain the right to work amongst the sick and pursued a short theoretical programme during the six months of their education (Dillner, 1965). It was the nurse Emmy Rappe, educated at St Thomas' hospital in London, who precepted the students and sometimes gave lectures (Bohm, 1972; Götherström, 1997). Nursing education was in its early phase dominated by the students working in the clinic. At some nursing schools instructing nurses were employed, and their main task was to provide methodological supervision for the students (Dillner, 1965). However, this task was for financial reasons changed towards more theoretical tutorial tasks, and thus the supervision came to be provided by the staff (Dillner, 1965).

However, parallel with the increasing need for nurses, new schools for nursing education started, all of which varied greatly concerning the length and quality of their education (SÖ, 1978). The textbook used at the end of the nineteenth century emphasised, as Emanuelsson (1990) writes, that student nurses were to become experts in care, while the doctors were to have the medical responsibility. According to Bohm (1972), one could not find two comparable study programmes in the more than 50 schools for nursing that existed in the early part of the 20<sup>th</sup> century. This divergence led to the need for change of and restrictions in the nursing education which was provided by the Government.

During the period of 1916-1948, nursing education was embraced by official reforms and regulations of the National Board of Health (Erlöv & Petersson, 1992). When separate theoretical and clinical courses were introduced in 1927, it was, according to Carlson, Henriksson and Carlsson (1988), more common that the lack of hospital staff rather than educational needs was the reason for a change to clinical studies on the ward. Nursing education during this period was regulated to include at least two years at first, and then three years from 1930; and it was organised and provided in accordance with the apprenticeship system (Dillner, 1965). During the period of 1948-1964 nursing education was reformed so that nurses would be trained to be able to meet the changed demands coming from doctors and resulting from the development of medicine (Erlöv & Petersson, 1992). This led to changes in practical training, requiring that student nurses should have

practical training in various specialist areas within hospitals. The theoretical part of nurse education increased to about 1 100 hours at the end of the period (Dillner, 1965). The status of the student nurse was changed from being an apprentice to being a student, although, according to Sandin (1988), this happened at a slow pace. In 1958 student nurses obtained the right to apply for registration as fully qualified nurses, and educated nurses were thus held responsible for their actions and their work became more independent (Bohm, 1972).

During the 1960s it became obvious that a reformation of Swedish nursing education was necessary to meet society's increased need for nurses, and more specifically for nurses with a more specialised education (Sandin, 1988). This resulted in a change in nursing education from 1966, with more detailed descriptions of what the students had to perform during the practical parts of their education. To be able to co-ordinate the theoretical and practical parts of study programmes, teachers at nursing schools were engaged (Erlöv & Petersson, 1992), and it was nurse teachers on hospital wards who were responsible for the supervision of the students in the clinical field. Johansson (1979) established, in the first scientific study concerning Swedish nursing education, the medical dominance in the study programmes during this time. Before 1977, the aim pervading nursing education was to train competent assistants for doctors, as well as to develop critical thinking, good discernment and independence in one's actions (Sandin, 1988).

### **Nursing education raised to a higher educational level**

From 1977 all schools of nursing were raised to higher educational level (SOU 1978:50). Although the practical parts of nurse education were not regulated in detail, it was stated that the students should be taught in the clinic by trained teachers and supervised by "different members of staff" (SOU 1978:50 p. 171). When the study programmes in nursing started in 1982, the length of the programmes was reduced to two years, although the applicants had to complete a 2 year programme consisting of theoretical and practical studies in nursing at upper secondary school to obtain admission to a university college of health sciences (Kapborg, 1998). The goals of the curriculum (UHÄ, 1981) declared that the education of student nurses should prepare them for further studies and scientific and development work, should be based on science, and should provide the knowledge necessary for work in the profession. According to Sandin (1988) there was a great difference compared with earlier curricula regarding the emphasis placed on the analysis and evaluation of nursing care actions. However, amongst nurses graduating from university colleges of health sciences, Sandin (1988 pp. 166-167) found a "dominance of adaptation" to a traditional pattern, whilst the connection with

science rather resembled a weak link, after one to two years of work. Maybe every educational reform needs a considerable amount of time before changes are seen in practice.

The assertion made by Rafferty, Allcock and Lathlean (1996) that student nurses need to be introduced to the genesis and generation of nursing knowledge seems easy to adopt from this historical point of view. One important aspect in this connection was presented by Hamrin (1990), who focused on the development of nursing research and postgraduate education that has taken place in Sweden since the 1970s, and concluded that, since nursing is a very young science, one still needs time to develop it further. Sandin's (1988) findings were later confirmed by an analysis performed by a Government commission of the consequences of raising nursing education to the university level (SOU, 1992). The commission found that a natural contact with research was lacking, despite the university colleges' extensive and fruitful work in raising nursing education to a higher academic level. There was still a need to make the university colleges' organisation more clear and develop the lecturers' competence (SOU, 1992).

The latest change took place in July 1993 (Ds 1991:81), and as a result nursing education in Sweden came to be based on the law regulating all Swedish State universities (SFS 1992:1434). Similarly, nursing education in Sweden began to follow other European countries (Ds 1992:34) concerning the length, goals and contents of study programmes. Parallel with these regulations, every higher educational unit was given greater freedom to organise its education and research, approve students and use its educational resources (Proposition 1992/93:1). This meant that nursing education in Sweden was once again provided in three-year programmes, with half of the time organised as practical studies (Ds 1992:34). Each university college was hereby empowered to organise its own study programmes and write its own curricula, in order to defend plurality and freedom in society.

Since it was specified that almost half of each study programme was to contain practical studies (Ds 1992:34), questions regarding collaboration between those working in the clinical field and those involved in teaching at universities were of great interest, especially when considering the slow pace at which the effects of earlier changes in nurse education had appeared (Sandin, 1988; Johansson, 1979). One reason for this could be the fact Hamrin (1990) identified, namely that the progress of nursing science has been closely related with educational reforms. Moreover, a conflict arising from practising nurses adopting the traditional medical dominance rather than the science of nursing, with its short history, could be another reason why the effects of educational change have been slow to materialise.

The first recommended priorities for developing knowledge for nursing practice were formulated through consensus at a symposium held in Scandinavia in 1995 (Hamrin & Lorensen, 1997). However, collaboration between researchers in the Nordic countries has been progressing since the

end of the 1960s and is still making important contributions to the recognition of nursing science as a discipline (Hamrin & Lorensen, 1997). Despite this development of knowledge, nurses' working conditions do not seem to have improved, and nurses rather point to a deterioration (Nyman, 1998). Another reason for focusing on the relations between theory and practice is identified by Hewison and Wildman (1996) as the need to recognise differences between the values underpinning nursing education and those governing practice. As Brereton (1995) suggested, further examination of the theory-practice relationship needs to be undertaken.

### **Learning in practice**

As the historical perspectives unveil, nursing education has always comprised both theoretical and practical studies, and has undergone many changes aiming at improving study programmes. The development of nursing education has been characterised by a switch from an education based more on practical experience to an education founded on theories and more abstract knowledge (Wendt, 1998). The knowledge that experienced clinicians have (Benner, Tanner & Chesla, 1996) is of a kind that is not available in classrooms. This highlights the need to provide student nurses with efficient learning situations in the clinical field. Meanwhile, the time for students' learning in practice is reduced, and their learning in practice is supported by theories (Scheel, 1994). Fagermoen (1993, pp. 27-32) described a complementary model named "theories-in-practice", providing a natural interaction between theories and knowledge in practice. One other suggestion was given by Schön (1987), in the form of two kinds of practice supporting the students' learning of skills. Firstly there is the performance of actions and secondly there is reflection-in-action. The example from architecture given by Schön (1987), which involves the need for competent practitioners for the creation of a reflective practicum, may be of similar importance for other professions.

To cover both aspects of practical and theoretical knowledge, we can, similarly to Polanyi (1967, p.7), use the term "knowing" to express the knowing of 'what' and of 'how'. Student nurses' learning in practice is to a great extent characterised by compulsion to act and can, because of this, be regarded as involving demanding and complex processes (Fagermoen, 1993). The dilemma of these processes, when learning in clinical practice, can be compared with the circumstances of actions focused on by Molander (1996), who states that:

... doing is *one*, irrevocable, final ... The action is still the point when we leave the room of mere possibilities and act in a *certain* way – the world is changed, there is no way back. (p. 17, present author's own transl.)

Seeing the character of actions as far more complicated compared with the thoughts on the actions created Polanyi's (1967) understanding of the basic structure of tacit knowing. The writings of Polanyi (1967) have influenced writings about the learning and development of nursing knowledge and competence (Benner, 1984; Meerabeau, 1992). Thus, from the perspective presented so far, it seems to be complicated for student nurses to learn in clinical practice today. This is due to the fact that professional, skilful nurses may have difficulties in expressing their knowing, since the situations in clinical practice are very complex and demanding and the time available to student nurses for learning in the clinic has been reduced. Increased understanding of student nurses' experience of learning in practice could serve as an inspiration when organising theoretical and clinical courses in nursing education.

Regarding learning as a kind of process coincides with Molander's (1996, pp. 58-62) view of knowledge as being active and a "living knowledge". Lave (1995) provides a similar explanation of learning in practice, by focusing on the relations between the learner and processes in the setting that may transform the problems for the learner. According to Norberg *et al.* (1992) the development of knowledge for work in practical fields embraced a knowing of facts, measures, understanding, judgement and virtues in permanent processes. This involves both theoretical and practical knowledge which is defined by Sarvimäki (1988) in the following:

Theoretical knowledge is a *view* or *conception* of the world or some part of it. This view consists of a set of *components* and a set of *relations* between these components. .... *Practical knowledge in education and health care* consists of a set of implicit action schemata and implicit practice theories, manifested in appropriate action. (Ibid. pp. 184-185)

The processes identified by Mogensen (1994), when student nurses were learning in practice, were related with the students' constructions of their own genuine relationships with their coming profession. From this perspective learning seems to take place in the individual. The students' experiences were, as Mogensen (1994) described, in the form of three mental representations: the narrative, the visual and the sensory motor representations, all influenced by the environment of learning in clinical practice. The clinical learning environment appears to constitute a frame for the students' personal learning. It seems easy to agree with this thought, when considering the writings of Lave and Wenger (1998):

... rather than learning by replication, the performance of others or by acquiring knowledge transmitted in instruction, we suggest that learning occurs through centripetal participation in the learning curriculum of the ambient community. Because the place of knowledge is within the community of practice, questions of learning must be addressed within the developmental cycles of that community ... (p. 100)

To be able to learn and acquire the knowledge necessary for work as a nurse, according to the ideas of Lave and Wenger (1998), the student nurses need to be allowed to have at least a peripheral participation in the practice of nursing. Therefore, student nurses need to have access to the community of practice, a community that for student nurses can be on different wards at hospitals, at health centres and in the community. Lave and Wenger (1998) described the community as involving relations between persons, activities and the world, over time and with other similar communities. There seems, however, to be a lack of research regarding the experiences of the persons who give access to that kind of community of practice which the hospital ward constitutes. The role played by the nurses with access to the community of practice is unclear, as well as the role of the other staff and the patients. However, according to Roger's (1976) writings the students' learning is supported by qualities of the teacher, a teacher who in this study is a nurse acting as a preceptor.

## **Teaching in practice**

Following Roger's (1976) ideas of the individual person and her/his qualities influencing learning in practice, represented by students as learners and nurses as teachers, I would like to add the need to focus on the different ways to organise clinical training. The variety of models applied for clinical instruction is a result of attempts to provide efficient teaching and learning situations for student nurses. One common model used involves faculty members (Nehls, Rather & Guyette, 1997) or clinical teachers (Paterson, 1997) in the provision of clinical instruction and teaching. The faculty members/teachers are typically on site several days and provide direct supervision for small groups or individual students. The clinical role of the nurse teacher lacks clarity and was found (Forrest, Brown & Pollock, 1996) to best assure the students' learning when the nurse teachers were supporting clinically based nurses in their teaching role. This model was gradually abolished in Sweden after the reformation of nursing education in 1982. The other common model for on-site supervision is the preceptor model (Dibert & Goldenberg, 1995; Nehls *et al.* 1997), where nurses, in addition to their nursing responsibilities, take on the role of preceptor and provide on-site

supervision and clinical instruction for one student nurse or newly hired nurse. The preceptors' commitment to their role is, according to Dibert & Goldenberg (1995), influenced by their perceptions of benefits, rewards and support.

The use of different terms when describing alternative models of teaching student nurses in practice seems to be common. Sometimes the term supervision is used (Severinsson, 1996; Severinsson & Borgenhammar, 1997; Hallet, 1997; Pilhammar Andersson, 1997; Löfmark, Hannersjö & Wikblad, 1999) when describing a model similar to the preceptor model as defined in this study. Pilhammar Andersson (1997) described each student nurse as being supervised by very experienced nurses, a model that is similar to the preceptor model with the clarification, however, that the students were also supervised by other staff members. This may or may not involve an individual nurse assuming the responsibility of being a preceptor in a one-to-one relationship. The risk of confusion is obvious when translating from one language into another, but maybe also within a Swedish perspective. Due to the use of the word "handledare" in many different senses in Sweden, there is a risk of misunderstanding. "Handledare" is in our country used in the sense of nurses, as well as other professionals, *or* of faculty members being supervisors *or* being preceptors, in educational situations *or* when providing expert support for nurses in their profession, *and*, besides this, when being supervisors of scientific studies. A similar risk of increasing the confusion, due to various interpretations and definitions, has been identified by Castledine (1994) in an international perspective. According to Castledine (1994), mentors, counsellors, tutors, sponsors and coaches are other examples of common terms used to describe teaching in practice. Even when focusing solely on preceptorship there can be a lack of definition and clarity, as is seen in the findings of Bain (1996) in her review of the literature on the concept of preceptorship.

Student nurses who are taught directly by a registered nurse in a one-to-one reality-based clinical experience can, according to Barret and Myrick (1998), be defined as participating in preceptorship. The role of the preceptor can be compared with Roger's (1976) description of the role of the teacher in the classroom. On the basis of Roger's (1976) ideas, one can see the preceptor on the ward, through her supervision, as supporting the student nurse's learning, by creating a climate of confidence, by trusting the student pursuing her/his aims when learning, by providing resources for learning, by observing feelings, and by being aware of her own limitations.

Methods useful for supervision in nursing have been recommended by Petersson and Vahlne (1997), e.g. the creation of structures related with the problems that present themselves. Their model selected as its starting point nurses' past experiences, which could be reflected on by analysis, play, the 'paper and pencil method' and by creative group discussions. Another suggestion has been provided by Lauvås and Handal (1993), through their

examples of supervision related with practical occupational theory. The supervision model (Lauvås & Handal, 1993) is presented as a relation between two or a few persons, within vocational education, dealing with relations between theories and practice, aiming at the development of the students' practical theory, and being carried out in the form of conversations. Thus, Lauvås and Handal describe a model that will increase reflection amongst those being supervised. In a similar manner, focusing on verbal communication in supervision, Selander and Selander (1989) described psychological aspects of supervision in the education of professionals. Hiim and Hippe (1996) outlined pre- and post-supervision when teaching in practice within teacher training, in the form of discussions. The ideal ideas and methods suggested for supervision in the literature highlight the importance of increasing the understanding of what preceptors are doing to facilitate student nurses' learning.

The level of preceptors' commitment when precepting and teaching is important for student nurses' learning. The preceptors in the study conducted by Nehls *et al.* (1997) were all deeply involved and committed to nursing education. The question of whether job satisfaction amongst preceptors may have an impact on students' clinical performance was answered by Barrett and Myrick (1998). Barret and Myrick, however, did not find any such impact, and their findings rather indicated a general satisfaction amongst both preceptors and preceptees with their work. The relationship between preceptors and preceptees was characterised, from a Canadian perspective, with support from others, honesty, mutual respect, encouragement and a mutual sharing of experience (Hsieh & Knowles, 1990). When comparing these findings with the ideas of Rogers (1976), one finds similarities in the relationships described. However, there seems to be a limited number of studies focusing on the implications of nurses acting as preceptors. To be able to develop further support for preceptors' supervision, clinical instruction and teaching in practice, it is important to gain a deeper understanding of the processes of preceptorship. Thoughts like these are supported by Molander (1997), who focuses on the importance, when studying all human activity, of investigating what conditions give the greatest benefit to all the people involved. Other indications are provided by Söderlund's (1998) findings, in the form of a conflict between dehumanisation and humanisation in the caring processes, leading to a need for increased understanding of the processes of teaching and of learning in the clinical field.

## **The context for teaching and learning in practice**

Parallel with the transformation of nursing education into today's academic education, the context of nursing practice has developed and changed

dramatically. Edqvist and Trewe (1997) provided an explanation of this development by their description of nursing as a dynamic, creative process belonging to ordinary life that in our modern society has been transformed by the Government and become institutionalised. Changes at medical and organisational levels are making new demands on nurses, e.g. by the introduction of day-care wards, which is one of the examples given by Pilhammar Andersson (1997). Other changes, such as patients staying at hospitals for shorter periods, and the deterioration in the health status of patients at hospitals, have created severe and more complex needs with regard to nursing and treatment (Bjelvehamar & Olsson, 1982). Such new demands on nurses may have an impact on their job satisfaction, which has also recently been ascertained (Ternelius, 1999). The major factors contributing to staff turnover and absence from work in nursing were found to be related with the job satisfaction of nurses (Gaucia Borda & Norman, 1997). From this perspective it is obvious that the voices of nurses must be heard to a greater extent than previously (Edqvist & Trewe, 1997). Findings from nursing research can intensify such a debate and have an impact on nurses' experience of their roles. Idvall, Rooke & Hamrin (1997) have contributed one such study that will provide nurses with new knowledge for the ongoing debate about the quality of clinical nursing.

Dramatic changes related with computerisation in the whole of society, including hospitals and other health care agencies, are also making new demands on those working and studying in nursing and health care. The effects of the extensive spreading of information technology have, as Castells (1999) points out, led to work playing a greater role, since the workers' potential has increased through the new technology. Potential sources for stress within the health care system were reported by Hingley (1989), and one source was the strict limitation of the time available to nurses for their relationships with patients. It seems reasonable to assume that the risk of even greater limitation of the time which nurses can spend with patients has increased by the addition of new tasks during the period after Hingley's (1989) study. Increased documentation is such a task (SOS, 1999), leading to a need for support in the work of nurses. Aspects like these raise interesting questions regarding the amount of time that nurses acting as preceptors may have for their provision of preceptorship. However, concern must also be expressed about the content of study programmes and the kind of knowledge that the student nurses of today have to learn. It seems that, besides general and specific knowledge of nursing related to individual patients and their relatives, nurses' learning must also involve advanced technology in the context for their learning.

Other sources of the changes in nursing practice are related with the financial conditions that can create confusion concerning traditional nursing boundaries (Atkin & Lunt, 1996) and the role of the nurses. According to Rinne (1997), the loss of traditional bonds on the working community forces

individuals to find new forms of security for themselves and for others. Besides this, financial constraints can also force nurses to make difficult ethical and moral decisions, in situations that also involve the student nurses, when they are training in practice (Pilhammar Andersson, 1997). Decision-making in circumstances like these can be regarded as solving ethical dilemmas. As Kemp (1991) suggested, the development of science and technology leads to the need for humans to formulate ethical questions while realising that “what we *can* do is not necessarily what we *ought to* do” (p. 44). However, nurses seem to perform moral actions in relation to the situation at hand, and, as Jansson (1993) described, nurses tend to stress the uniqueness in every situation. For the skilful and experienced nurses participating in Jansson’s (1993) study, the most important factor for being able to act in accordance with ethical conviction was the presence of a support group to share their thoughts with. The frame of reference for student nurses and inexperienced nurses in situations of ethical dilemmas, like those participating in Jansson’s (1993) study, still remains to be investigated.

The findings of Heggen (1993), regarding the role played by the collective in student nurses’ structuring when learning in practice on a hospital ward, are meaningful to focus on. She identified the importance of students gaining entrance into the community of work for their development of knowledge and being supported by frequent meetings with ‘the master’ and involvement in the ongoing work. Factors influencing the facilitation of student nurses gaining access to such community and to meetings with the ‘masters’ have to be identified. One dilemma focused on by Heggen (1993) regarded the need for control in each practitioner, working as an independent professional, in the form of self-focused reflection. Through such self-focused reflection, the nurse’s professional competence increased and functioned like a reservoir of the practitioner’s knowledge.

According to Norberg *et al.* (1992), nurses within their work are involved in many processes that embrace psychic, social, cultural and spiritual values. The work of nurses also embraces dealing with and making many choices (Norberg, Engström & Nilsson, 1994), choices that sometimes are connected with ethical problems and dilemmas. The ethical elements in nurses’ conditions of work indicate, similarly to the writings of Heggen (1993), the need to reflect on different values. Hopefully nurses acting as preceptors are able to carry out self-focused reflection and increase their competence, since student nurses meeting preceptors in the context of practice involves an interaction with the knowledge reservoir of preceptors, in the process of teaching and learning.

## **The aim of the thesis**

The aim of this thesis was to illuminate student nurses' and nurses' lived experience of preceptorship and develop an understanding of the meaning of being a preceptor, of being precepted, and of teaching and learning in a preceptor-preceptee relationship during student nurses' clinical education on hospital wards. The aim of the respective papers was to illuminate:

... student nurses' experiences and the meaning of learning within a preceptor - preceptee relationship on a hospital ward. (Paper I)

... student nurses' lived experience of preceptorship and its meanings, in relation to a preceptor - preceptee relationship on a hospital ward. (Paper II)

... the meaning of nurses' lived experience of being a preceptor for student nurses in an inpatient setting. (Paper III)

... nurses' lived experience of the process of preceptoring and the meaning within the activities taking place when precepting student nurses with varied previous experience. (Paper IV)

## METHODOLOGY

The initial scientific problem and the subject matter of each research study guide the researcher in the process of research and are decisive for the methods used. The point in time when the study is performed also plays a crucial role, since each researcher lives in a society where knowledge, social relations and the existing paradigms influence her/him to use certain methods. Johansson (1995, p. 13) pointed out the need "... to apply methods more commonly used in the fields of ethnographic and anthropological research, thus adding increasing aspects of action-research to the character of our own work", and outlined how researchers sometimes have to make new leaps and in this way change paradigms. Moreover, as Van Manen (1990) writes, it is always the researcher's understanding of the questions of research that guides the adoption of the research approach when carrying out human sciences research. The researcher's use of methodology and analysis and the findings of a study can, similarly to the descriptions of Alerby (1998, pp. 30-33), be related with the ontology and epistemological position of the researcher. In my search for the meaning of and the experience of preceptorship, phenomenology offered me the tools needed, since, according to Van Manen (1990), it is discovery-orientated and tries to find out what a phenomenon means and how it is experienced.

### **Tracing the roots of phenomenology**

Modern phenomenology started with Husserl (1859-1938) as a branch of philosophy and a foundation for sciences (Karlsson, 1995). Since the development of phenomenology can be traced and seen as a movement of scholarship providing a set of traditions for each researcher (Spiegelberg, 1982), I found it important to clarify my present understanding of it. The phenomenological ideas presented by Heidegger (1992), Merleau-Ponty (1996), Ricoeur (1976, 1993) and Van Manen (1990) have increased my understanding of the existential - hermeneutic perspectives on phenomenology. Relational views of humans being with their self, with others and in the world are focused on by Heidegger (1992, p. 59), describing the phenomenological concept of the phenomenon as "... self-showing, through the being of beings - its meaning, modifications, and derivatives". This can, similarly to what Hallberg (1990) writes, mean that a person's relationships with herself/himself, with other human beings and with the world give form to her/his history and future in the present.

All people are living in a world, full of culturally meaningful things, and as Merleau-Ponty (1996, p. 5) writes, "We are caught up in the world and we do not succeed in extricating ourselves from it in order to achieve

consciousness of the world.” According to Bengtsson (1993), Merleau-Ponty’s opinion is that thinking must follow and give justice to the lifeworld, a world where we live our lives every day. Merleau-Ponty (1996) describes the lifeworld in terms of being alive and present in our perceptions as conscious, experiencing subjects, with an inner communication with the world, the body and other people. Thus the subject’s lived experiences always are inherent in the body and the world of life.

When studying a phenomenon concerning two persons (e.g. the preceptor and the preceptee, as in the present study), the lived experiences of each person involved are unique. The uniqueness also involves the researcher, leading to the need for phenomenological researchers to make their pre-understanding explicit (Van Manen, 1990). To be faithful to the studied phenomena, contemplation and description are necessary. However, the contemplation is based on structures of understanding, as a result of which interpretation is needed, thus creating the insight that “... phenomenology must be hermeneutic” (Bengtsson, 1991, p. 33). The intention of phenomenological research, the study of the lifeworld (Heidegger, 1992; Van Manen, 1990), is to gain a deeper understanding of the nature or meaning of everyday experiences, in this case the experience of preceptorship.

## **Aspects of the phenomenological research process**

When conducting phenomenological studies, which, according to Spiegelberg (1982), are characterised by a systematic search for what the studied phenomena are and why they appear, the researcher needs awareness of aspects of the given object known as a whole. Besides this, an awareness is needed of the different perspectives from which one can view the object studied, as well as an awareness of the perception of the studied object, described by Spiegelberg (1982, p.705) as “modes of clarity”. Thus, the researcher’s awareness is important and, as Gallagher (1995, p. 33) writes, “Behind every application of method stands the researcher, who is a person.” This indicates the need for the researcher to present herself/himself. Respect between the researcher and the participants as embodied persons is essential (Benner, 1994), to allow a dialogue and a listening, not only to what is said, but also to silences.

### **Pre-understanding of the researcher**

The choice of preceptorship as the phenomenon in focus for this study can be related to several reasons. One reason is my own interest in the issue, stemming from experiences during the 1970s, when I supervised student

nurses during my work as a paediatric nurse. It was this interest, among others, that led me to become a teacher of nursing, before becoming a qualified lecturer in nursing, in the same cultural region of Sweden as where the empirical studies were carried out. Maybe the most important reason for choosing the phenomenon of preceptorship as a research subject came when I turned to the literature. In an attempt to find answers to questions related with preceptorship, teaching, and learning in the clinical field, many new questions were raised, some of which have been presented earlier in the introduction of this thesis. Thus my selection of the research subject is rooted in history and in my present ontological understanding. My view is that people and the world are not separated. Rather, there is an internal relationship between people and the world, leading to an understanding of individual people living in a pluralistic and changeable world, who create different lived experience that will affect the world. The acceptance of individual sensations and experiences belonging to certain fields and aspects of the world has led to the adoption of lifeworld phenomenology as a point of departure for this study. According to Merleau-Ponty (1996, pp. vii-xxi), a sense of wonder is needed to create a certain awareness, in order to capture the meaning of the world.

During the process of research, my understanding of the meaning of preceptorship has gradually increased, since all the interviews were carried out in one sequence, and my understanding developed most clearly during the analysis phase. However, the genuine interest that I met amongst all the participants gave me the feeling of having chosen a topic worth being studied. Through the analysis of the interviews presented in Paper I – II, the vulnerability and strength of individual student nurses, when learning in practice, became more evident to me. The findings indicated also the importance of the role of the preceptors when facilitating the student nurses' learning. The analysis of the findings concerning the preceptors' experiences (Paper III - IV), guided by newly acquired understanding, provided me with insight into each preceptor's own learning when struggling to balance her/his duties as a nurse with being a preceptor.

My current writings, when focusing on the impact that preceptorship may have, is permeated with a gradually changed understanding of teaching and of learning. My understanding of the term 'teaching-and-learning', which corresponds to the Swedish word "lärande", is that it signifies a process where teaching is engaged in learning and learning in teaching simultaneously, influenced by the present context, by aspects from history and ideas on the future. Teaching-and-learning always deals with some object and has to be found and studied amongst subjects. However, it is important to take care with regard to my understanding of the term, due to the complexity involved in describing and studying the processes of teaching and of learning (c.f. Tanner & Lindeman, 1987; Härnqvist, 1997; Kroksmark, 1997; Alerby, 2000).

## Gathering and analysing data on human experiences

By adopting the philosophical ideas of phenomenology, as I have done in this study, the researcher needs to be open to the studied phenomenon (Merleau-Ponty, 1996; Van Manen, 1990), a phenomenon that in my case focuses on preceptorship of student nurses. To be able to describe and understand preceptorship in the qualitative way which “phenomenological seeing” (Bengtsson, 1989, p.71) requires, I have turned to those who are living in an ongoing experience of it. In my search for meanings of preceptorship, it became important to include both the student nurses and the nurses acting as preceptors for the students, in order to be able to study the phenomenon of preceptorship from different perspectives.

The idea of Lauder (1996) that meaning in individuals’ experiences is best revealed when looked upon from the inside rather than from the perspective of the detached external observer has inspired me, as well as his idea that individuals’ experiences are best articulated in the form of narratives. Consequently, individuals may construct narratives, and thereby reveal different perspectives, and as Lauder (1996, p. 94) asserts, “Narratives are repositories for a rich tapestry of formal theoretical knowledge, cultural norms, tacit knowledge and moral values.” To uncover meanings and feelings when studying the application of contextual and relational knowledge in practice, first-person narratives can, as Benner *et al.* (1996) suggest, provide text for interpretive phenomenological studies. It is, however, a special sort of narrative that results from research interviewing. Mishler (1991) declared that those involved in speaking are dependent on culturally shared assumptions, often tacit, about how to express themselves, and that they have a certain language competence. Kemp (1991) discerned the importance of the speaker’s narrative competence, i.e. her/his ability to link the content with something understandable, when narrating about actual events. Mishler (1991) stated that each interview is constructed by the shared understanding of the interviewer and the respondents as the meanings emerge during the interview. The complexity of carrying out narrative interviews can be compared with Öberg’s (1997) view of life-stories as a part of many processes involving countless relations and aspects. By focusing on professional narratives (May & Fleming, 1997), new and increased understanding of professional identity can be gained. However, if “randomness” in life is an important feature of the world, similarly to Kvernbekk’s (1999a, p.14) writings, then chance will govern what events each narrator will speak about. The narrators are, however, guided to a certain region of their lived experiences by the questions asked in the research interview, and in that region the narrators are free to choose what to speak about.

I acknowledge the fact that it is possible to use many different methods and steps when analysing the texts of interviews (Spiegelberg, 1982; Karlsson, 1995; Crotty, 1996; Kvale, 1997). Bengtsson (1999a) stated that

phenomenological studies require the researcher to return to the studied phenomenon and on the basis of this develop methods for the analysis. In an attempt to construct an interpretative description of peoples' perceptions in the lifeworld, Honey (1987) suggested the use of Ricoeur's hermeneutic model when analysing interviews. From Ricoeur's paradigm, Honey (1987) confirmed that the meaning of the interview must be interpreted as a whole from the text's structural characteristics and from the path of analysis suggested by the text. The interpretative approach of hermeneutics is described by Leonard (1994) as:

Further, because persons are fundamentally self-interpreting beings for whom things have significance, understanding human action always involves an interpretation, by the researcher, of the interpretations being made by those persons being studied. (p. 55)

This presentation of the hermeneutic dimension of phenomenology comprises, according to my own interpretation, all human beings. The goal of a hermeneutic account is, in agreement with Leonard (1994), to find and understand meanings and paradigm cases in everyday skills, practices and experiences. Realising the variety in life, as well as the difference between genuine lived experiences and the recollections of them (Van Manen, 1990), highlighted the need for me to examine alternative research questions for the interviews by conducting a pilot study. Consulting phenomenological literature (Spiegelberg, 1982; Van Manen, 1990; Karlsson, 1995) unveiled a variety of possible methods when analysing and reflecting on the text of phenomenological studies, creating a need to try out alternative methods for analysis.

# THE FRAMEWORK OF THE EMPIRICAL STUDY

## Pilot study

Different types of interview questions were examined in a pilot study conducted in 1997. One research question, formulated through the inspiration of Kristensson Uggla (1994), focused on the time aspects of preceptorship and was tested by performing tape-recorded interviews with one student nurse and one preceptor. Another question, tested similarly, focused on aspects of good experience and not so good experience of preceptorship (Benner, 1984). When analysing and discussing the transcribed interviews in a seminar, the necessity of changing the questions became obvious. In a third attempt, an open-ended question was formulated (see Paper I and III) to support the interviewee in the narration of her/his lived experience of preceptorship (Mishler, 1991), inspired by the writings of Åström *et al.* (1993). On the basis of the individual responses, subsequent questions were asked to clarify statements. This last interview model was tested and later became the one used in the empirical studies (Paper I - IV), since it was found to be the model that best captured the narrator's lived experience of preceptorship.

When considering methods useful for analysing the texts of narrated lived experience of preceptorship, demands related with phenomenological studies, the extent of the text, and the researcher's confidence created a need to examine different alternatives. One computer-designed software for qualitative data analysis was tested and rejected, since it was experienced as being too blunt in this case. Inspired by Spiegelberg (1982), another attempt was made in one interview to identify meanings in the studied phenomenon, by distinguishing between 'intended actions', 'intended content' in the narrative and the subjective definition of 'basic function' in the text. A third method, a phenomenological-hermeneutic analysis method, developed and used by researchers in Umeå in Sweden and Tromsø in Norway (Lindseth *et al.* 1994, Åström *et al.* 1994; Söderberg, Lundman & Norberg, 1999) and inspired by Ricoeur (1976), was also tested in one interview. The result of the analysis was in favour of using the phenomenological-hermeneutic method, as a tool to increase the understanding of the meaning of preceptorship. This last method was used when analysing the text (Paper I - IV), in addition to ideas from Van Manen (1990), concerning the uncovering of thematic aspects in the phenomenon studied.

## Ethical considerations

The principles of research ethics approved by the Swedish Council for Research in the Humanities and Social Sciences (HSFR, 1996) guided me

when carrying through the empirical study in this thesis. Information and permission were obtained from the relevant managers prior to the study. The participants were informed, their consent was obtained and they were assured of having the option of withdrawing from the study at any time. As there were so few male students (2 persons), no special attention was given to them in order to guarantee anonymity. To assure the participants' confidentiality, the identification of the actual study programme is omitted, as well as the exact date when the interviews were carried out. It is important to realise the moral aspects of delving into and making public the experiences and narratives of individuals. Concerns like these must be valued and compared with the potential of providing voices to those who have maybe not been heard and the potential of studying phenomena not fully explored, similarly to the ideas of Sparkes (1995). Such evaluations must be continually made throughout the research process, as has been done during the entire process of the present study.

## **Participants**

One class, consisting of thirty-two nursing diploma students in the final year of a three-year study programme in nursing at a university college in Northern Sweden, was given information and consented to participate in the study. During the last two semesters of their programme, the students undertook two courses of clinical education, corresponding to a total of 20 credits (one credit is the equivalent of one week's full-time study), at wards in five different hospitals in the region. Three students, studying at two hospitals located at a long distance from the university college, were for practical reasons excluded. The other students were studying at three different hospitals. The staff working at two of these hospitals were undergoing major processes of change before an approaching amalgamation, while the staff at the third hospital were working in normal conditions. These circumstances influenced the selection of the participants for this study. All of the students at one of the hospitals undergoing great changes and all the students at the hospital characterised by normal working conditions were selected. Each of the 17 student nurses included was receiving her/his clinical education and training at one hospital ward within a context of medical, surgical or geriatric care or rehabilitation. This ward had also functioned as one of the students' "basic places for clinical study" during their education. Most of the students (16) had met the nurse who was their preceptor during previous field studies lasting about 14 days in total, on four different occasions during their first and second year of studies. One student now met the preceptor for the first time. Demographic data on the students are presented in Paper I.

Each nurse had accepted to become a preceptor to a student nurse during her/his nursing practice at the nurse's ward. The nurses were invited to the university college for preceptor information prior to the students' arrival at the wards. During this preceptorship programme, the educational objectives, the study guide of the students and the pedagogical aspects of supervision in the clinic were introduced. Written and oral information was given and consent obtained prior to the study. Most of the preceptors had previous experience of being a preceptor and of supervision of student nurses, and were regarded as clinically competent due to their long previous experience (see demographic data presented in Paper III – IV).

## Interviews

The findings presented (Paper I-IV) are based on interviews carried out during week 6 to 10 during the first part of the students' clinical studies. The period was selected so that the aspects of the students' lived experience of preceptorship that would be illuminated might be as varied as possible (c.f. Ramhøj & Oliveira, 1991). A second round of interviews was conducted during week 16-20, although the results are not presented in this thesis. A separate room was booked and each participant was contacted by phone prior to the interviews to agree on the most suitable time for the interview. The participants narrated their experience of preceptorship in a tape-recorded interview, except for one person who did not want her interview to be tape-recorded. The interviews lasted from a minimum of 28 minutes to a maximum of 89 minutes (Paper I – IV). During each narrative, I wrote notes, to be able to pose subsequent questions to the interviewee, to clarify statements made, to focus on examples that stood out, and to facilitate their narration. This method created, as Van Manen (1990) described, a reflection on their lived experiences and can in this sense be regarded as the hermeneutic dimensions of the interview. Most participants provided their narratives in an easy flow, while some needed more questions from the interviewer to facilitate their narrating. All the interviews were conducted in one series, without listening to or analysing any tape in between, to make it possible for me to be as open-minded as possible throughout the interviews. Similarly to the notion of Van Manen (1990), it is important to be aware of the fact that tape-recorded interviews "... are already *transformations* of those experiences" (p. 54), and thus the experiences have lost their genuine existence. A verbatim transcription of the interviews was performed, by writing down every single word, by using explanatory expressions like cough, laugh and crying, and by indicating pauses by the use of punctuation (one "dot" for every ten seconds). The coded transcribed text was later controlled, by repeatedly listening to the speech of each tape, before the interpretation.

My feeling about the tape and the text material, at this stage in the research process, was that I had obtained a valuable and rich source of lived experience related with preceptorship.

### **Interpretation of the interviews**

The interpretation started by analysing the text from the interviews with the student nurses (Paper I – II), and one year later I began to analyse the text of the preceptors (Paper III – IV). The phenomenological-hermeneutic method consists of separate steps that are interwoven with each other in the final interpretation. The first step was to read the text and obtain a ‘naive’ understanding of the text, beginning with the text for each participant and then taking all the text as a whole. The ‘naive’ understanding was documented by taking written notes. This step in analysing the text started out from the understanding that had evolved during the interviews, the transcriptions of the tapes and the listening to the tapes when checking the transcriptions. The next step was to perform a structural analysis, through repeated reading and identification of meaning units that could embrace one or several sentences related to the same content in the text. Each meaning unit was subsequently condensed and abstracted into meaning units, interpreted meaning units from which sub-themes and themes were identified. The text revealed expressions communicating both what the preceptors intended to say (the utterer’s meaning) when narrating about lived experience of preceptorship and what the sentences meant (the utterance meaning) (c.f. Ricoeur, 1976). Within the structural analysis, the metaphors appearing in the text were identified, analysed and presented (Paper III). The last step in the analysis consisted of an interpretation of the whole material. This interpretation was performed by reading the text in its entirety again, involved the understanding that had started during the interview and developed during the structural analysis, and was based on thoughts related with the thematic insights gained and the naive reading in a search for the meaning. The whole process of interpretation embraced explanation and the dynamic process of reading, and finally resulted in a new understanding (Ricoeur, 1976). Van Manen’s (1990) writings on the uncovering and identification of thematic aspects of the phenomenon studied gave valuable inspiration to my new understanding in this last part of the analysis process.

My comprehension of the method has influenced the way in which I have used it and is presented in Paper I – IV. Ricoeur (1976, p. 73) writes that interpretation “...is a particular case of understanding. It is understanding applied to the written expression of life.” Ricoeur (1976) also explains understanding as being directed more to the intention of the text and explanation more towards the analytical structures of the text. Therefore,

interpretation is seen as a dynamic process combining understanding and explanation, and as a process between the reader and the text. During this process it was found valuable to be able to focus entirely on the text and have all one's concentration directed towards the text without unnecessary interruptions. The value found in this intense nearness changed, however, towards a value found in being distanced to the text. This change of value from nearness to distance occurred when the steps in the analysis (Paper I – IV) turned from the structural analysis to the interpretation of the whole.

Whether the findings managed to catch and describe the meanings of the messages given by the participants in the text in a credible way was important to reflect on. In order to increase confidence in this respect, different strategies were used. One method to validate the findings was valuable discussion with my scientific supervisor and co-author (Paper I – IV). Another method was to analyse the text by using different approaches in the structural analysis, such as reflection on meaning units and analysing the metaphors used. A feeling of saturation, obtained after the structural analysis of 12 interviews (Paper II - IV) and later confirmed by comparing the results with the remaining five interviews, pointed to the fact that the essential meaning of preceptorship had been grasped.

The immature findings (Paper I-II) were presented to the class of participating student nurses, and the discussion with and responses from the student nurses provided me with a feeling of working in the right direction. The findings of Paper I - II were presented for two groups of professionals participating in a preceptorship programme and discussed, without any deviation between the comments and the findings. Rather, the nurses' comments indicated a recognition of experiences similar to those from their own education. Seven nurses who were participants in the study were invited for a presentation of the findings (Paper III - IV), which were discussed and valued as reliable. It is, however, important to note that, as is apparent in Paper IV, when someone is focusing on something, other things merely form the background.

## FINDINGS

The findings, describing the lived experience and the meaning of preceptorship, are presented from two perspectives. The first one is the perspective of the student nurses when training and learning in clinical practice and being in a preceptor–preceptee relationship on a hospital ward. The other perspective is that of the nurses, when working and being a preceptor, experiencing lived processes of preceptorship in a relationship with the preceptee.

### **The meaning of preceptorship when learning in practice**

#### **Being in a mode of learning**

Student nurses learning within a preceptor–preceptee relationship means their being in a mode of learning, a mode which was understood as being directed, acting and feeling when learning, and which was characterised by alterations in the form of movements and pendulating (Paper I). Some of these variations concerned the students, while others were related to the preceptors taking an initiative and allowing the students to carry out nursing actions. The mode of learning included the student nurse as a whole and was found to be a very energy-demanding process, where bodily experiences and sensations accompanied the learning until the knowledge became inherent in the student, a process varying in the individual experiences over time and in the effort needed. It was necessary for the students to be directed towards the performance of nursing care until they had incorporated the manual knowledge into their body (Paper I). The aim of the students' learning was understood as the aim of increasing their competence and their feelings of maturity on the one hand, and reducing their dependence on the preceptor on the other hand. Their lived experience of learning was mainly focused on performing daily nursing actions in the genuine situations present at the ward.

The naive reading of the interviews (Paper I and II) revealed the two major domains in the student nurses' experience of preceptorship, of which "learning in practice" was one and "meeting the preceptor" the other. During the structural analysis, when focusing on aspects of learning, three main themes were chiselled out. The findings in Paper I presented each of these themes as being unique, but also inherent in each other. These themes, "*directing learning*", "*learning in practical actions*" and "*feeling in learning*", were all parts of processes of movement towards the increased competence and responsibility of the student nurses. The students' learning, through thinking and feeling when performing and practising nursing actions in real-life situations, was based on their theoretical knowledge, with comparisons made

with the preceptor as a role-model. In this way, the preceptor became important for the student nurses' learning, due to their own limited previous experience of nursing. The student nurses could acquire one new perspective on how to perform a certain nursing action, through the preceptors carrying out that nursing action and thus creating an alternative to the students' own thoughts. The preceptors provided the students with additional perspectives, which the theme "*providing concrete illustrations*" (Paper II) revealed. The student nurses' talking with the preceptors and listening to their narratives, before, during or after different nursing situations, unveiled alternative action and widened the students' understanding of the situations. Through this dialogue with and nearness to the preceptors, the student nurses could more easily link their theoretical knowledge to practice. The closeness to the preceptors provided the student nurses with the opportunity to overhear the general discussions of the preceptors. Such talk gave further historical perspectives on the development of and values embedded in the practice of nurses.

### **Preceptors facilitating the student nurses' learning**

The student nurses' linkage of theory and practice was facilitated, as the findings in Paper II indicated, by the preceptors demonstrating their provision of nursing care to the student nurse. Student nurses who had been afforded such observations could gain a widened understanding. Assisted by such observations, the student nurses' feelings could mature until they could decide whether or not they had enough competence to perform the nursing task by themselves. The processes of maturing and the time needed for maturing were different for each student nurse, but were also contextually dependent.

The student nurses' learning was related with findings in the overriding theme "*creating space for learning*" (Paper II), a theme that was understood as the basis for their learning and for the processes of preceptoring. The student nurses' learning was facilitated by the preceptors, who created such a space. The space of the student nurses' learning embraced physical and mental dimensions of the place, time and feelings of security. The student nurses who had a space for their learning also experienced feelings of being secure. This feeling of security can be understood as resulting from their having received a legitimate right to be at different places on the ward and perform nursing care actions, actions needed for their learning. Gaining access to the preceptors' time and interest and being encouraged to ask them questions also created feelings of having obtained a space in the preceptors' time. The preceptors who introduced the students to the ward, the patients and the staff were understood as handing over a 'symbolic key'. Having received such a key, the students' returning to places needed for their learning was facilitated. In the

interviews, examples were also given of the broadening of this space, to include the whole hospital. Sometimes the space for learning was also reduced, by the preceptors' selection of minor nursing tasks, leading to feelings of security in actions within a limited area. Other mental dimensions were found amongst the preceptors, who were listening to questions, were waiting, were seeing the student nurses and were sharing responsibility with them. In the text analysed, meaning units occurred that indicated quality variations in the creation of a space for learning,

The preceptors, being aware of more aspects in the world of practice than the student nurses were, could by their encouragement support the student nurses in asking as many questions as were needed. Through this support, the student nurses' courage was strengthened and they dared to reveal more easily that they actually felt a lack of competence. Such dialogue could serve as a guide for the preceptors when deciding whether or not to transfer responsibility to the student nurse, similarly to the findings in Paper III. Despite these examples, the preceptors also provided the student nurses with verbal support when necessary in certain difficult nursing actions, such as the one presented in Paper II (p. 101).

The findings in Paper II revealed quality differences in the students' experience of the time available for dialogues with the preceptor. The student nurses found it worthwhile having time for dialogues with the preceptor that were supportive of their learning. However, the limited time available for such dialogue (Paper II-III) reduced the possibility of increasing the student nurses' understanding of the relations between actions and their effects. According to the results presented in Paper II, the student nurses more easily accepted that the preceptors had a limited amount of time when they were met by the preceptors' will to satisfy the students' needs when learning. Most students wanted to spend more time discussing things with their preceptors, but adapted themselves to the preceptors' workload. An adaptation that was mirrored by the theme "*seeking reflection*", characterised by attempts to find peace and quiet needed for reflection. The student nurses achieved a deeper understanding and valued their learning higher, when they had been able to sit down with the preceptor and discuss individual feelings, values, skills and knowledge related to their lived experience of nursing.

### **Relationships with the preceptor when learning**

In the student nurses' learning, the interaction with the preceptor played an important role. The findings concerning such interactions (Paper I) were that much of the pace of the student nurses' learning was guided by the preceptors' confidence in the students, and by the preceptors providing them with access to performing genuine nursing care. However, the interaction with the

preceptors was also in the form of the preceptors' understanding and acceptance of the students' dependency on them when performing nursing care. Preceptors not interacting with the students in these respects can be matched with the paradigm case of poorer preceptoring (Paper II). Since the students' learning was accompanied by bodily sensations and their feelings of having learnt something were found to be vague, the preceptor could help the students by confirming their knowledge (Paper I).

The confirmation of the student nurses' knowledge made demands on the preceptors "*exercising control*" of their learning, which is one of the themes in Paper II. Being controlled by the preceptors increased the students' feelings of being guarded. As one student narrated, the preceptor "in some way" saw when the student nurse felt safe, and could, by this interacting and seeing, increase the students' own responsibility in similar actions. Control was also asked for by the students, even in situations when they were completely sure themselves that they had enough competence and skill for the approaching task. In this respect control was understood as positive confirmation and as being supported in the feeling that they were acting in the right way and were thus being competent.

## **The meaning of preceptorship when teaching in practice**

### **The impact on daily life of being a preceptor**

Being a preceptor meant balancing one's responsibility between the needs of the patients and those of the student nurses. Alongside their ordinary work, all the nurses participating in this study had accepted becoming a preceptor for a student nurse. The meaning of being a preceptor was for these nurses understood as structures of experiences in the form of the main themes "*including the student in their daily work*" and "*increasing awareness of the process of learning*" (Paper III). Despite the fact that the experience of preceptorship focused on and emanated from a present preceptor-preceptee relationship, aspects from historical experiences and ideas on the future were present. All the preceptors wanted to create opportunities for the student nurses to learn, a wish inherent in the theme "*being responsible for nursing care and creating space for learning*" (Paper III). However, this wish required the preceptors to pay attention in two directions, always prioritising the care of patients more than the students. The most striking aspect of being a preceptor was the variations in the nurses' experience of time and of their nearness to the student nurses. In addition to the fact that the working conditions varied, the individual preceptors' lived experience of the time needed for preceptorship and the time available varied. It was the preceptors' individual past experiences, in relation to their idea of good nursing care and of good preceptoring, that

influenced their consciousness of time. The preceptors' adaptation of their role as a preceptor to their role as a nurse varied between individuals. Conditions caused by the workload were, however, the most common reason for preceptors experiencing a lack of time to explain to and discuss with the student as much as they wanted. Experiencing a lack of time could give the preceptors a bad conscience, especially when meeting student nurses without previous experience of work within health care.

Being a preceptor created uncertainty in some individuals (Paper IV) as to whether the student nurses could gain the right knowledge and skill, an uncertainty related with an awareness of the theoretical development within their profession. Dimensions of co-operating were included in the sub-theme "*conferring with others*" (Paper IV), in the form of the preceptors' need to share their responsibility with others. By such conferring the preceptors were supported in their assessing of the students' progress in learning. The conferring with other nurses or members of the faculty also functioned as an occasion for the preceptors to receive feedback on their preceptoring. Such feedback for the preceptors sometimes indicated the need to make changes in their preceptoring, and thus shelter the student nurse from not learning the knowledge and skill needed.

### **Teaching strategies of the preceptors**

Performing various genuine nursing actions was central to the student nurses' learning (Paper I). One of the teaching strategies in the preceptors "*using different methods*" (Paper IV) was the selecting of nursing care tasks and giving the student nurses access to increasingly complex situations related with their progress when learning. The findings verified the importance of preceptors feeling fully confident in the student (Paper III), a confidence that was facilitated by the preceptors arranging a "honeymoon period" to allow the preceptor and the preceptee to become acquainted with each other. Having confidence in the student nurses facilitated the preceptors giving the student nurses increased responsibility. Increasing the student nurses' responsibility was also based on valuing dimensions of the sub-theme "*assessing competence*" (Paper IV). One strategy of the preceptors, when valuing the student nurses' understanding in situations and their interaction with the patients, was to listen to their talk. Assessing and valuing the student nurses' competence were also performed directly by close observation, indirectly when listening to the students' questions and from a short distance by looking at their performance. In a way appropriate to the students' needs for learning, the preceptors were "*choosing actions*" in nursing situations in the present context for learning, as well as choosing the time suitable to carry them out, choices mostly made in co-operation with the student nurse (Paper IV). It was

the preceptors who were setting the boundaries and the students were free to choose within them, as in the example given by preceptor (6) (Paper IV). As a result of such negotiating, the risk of the students' failing was limited.

Within the theme "*facilitating the students' learning*", task-orientated learning was one dimension encountered (Paper IV). The preceptors' planning of the student nurses' learning covered their whole period of clinical studies (Paper IV), while the students' attention was more focused on the present situation, although they were aware of their utmost goal sometime in the future (Paper I). The teaching strategies of the preceptors (Paper IV) consisted of demonstrating, facilitating and providing hints, before, during or after nursing actions. One other strategy was drilling, in the form of the preceptors repeatedly questioning the student, mostly in the situation of learning to administer medicine. The use of alternation between nearness and distance to the student over time was a further strategy of the preceptors. The preceptors demonstrating their way of carrying out nursing care tasks was a strategy most commonly followed by letting the student perform the tasks by themselves, if they felt ready to go further (Paper I). When the student nurses started to act by themselves, most preceptors were present and ready to facilitate their learning and help them find out their own best way. The preceptors could motivate, explain and support the learning by pep-talk. In the theme "*providing concrete illustrations*" (Paper IV), the narratives of the preceptors were understood as aiming to create a deeper understanding in the student nurses. The preceptors' narratives about their experiences also meant creating insight into the rich variation possible concerning genuine nursing care.

### **Relationships with the student nurse when precepting**

All preceptors narrated about the need for "*developing trust in the student*" (Paper III), a trust expressed as a mutual confidence in the relationship with each other. Trust in the student nurse was expressed as a feeling that grew stronger over time and was central to the preceptors, who used different strategies to facilitate this feeling. One strategy was to organise time for discussions so that the preceptors and students could become acquainted with each other on the first day of practice. In these meetings the objectives of the student nurses' learning were discussed and negotiated (Paper IV). It took time to develop trust in the student (Paper III), a time that was expressed as "some weeks" and was related with the individual student as a person. The development of trust in the student nurse was understood as being the most central aspect for the outcome of the process of precepting. Wishing the student nurse success in her/his learning and development of autonomy was found in the meaning of preceptors having trust in the student.

*“Conversing”* (Paper IV), a sub-theme of the preceptors’ facilitating the students’ learning, was comprehended as the preceptors talking and narrating when working together with the student nurses. Common topics in these talks and discussions were values involved in nursing care. In some of these conversations, the preceptors revealed their own feelings when providing nursing care in different situations, feelings that in some situations had included fear and uncertainty. Many preceptors argued for the need to create a realisation in the students that all human beings have their merits and limitations. By such conversations the preceptors aimed to support the student nurses in daring to reveal a lack of knowledge, in asking for help, in taking their responsibility and in acquiring thereby increased self-awareness. The preceptors’ intention of providing regular time for reflection together with the student nurses could, however, not be realised by most of the preceptors, due to the fact that they lacked the necessary time. The sub-theme *“reflecting”* (Paper IV) was thus related with being able to provide time for reflection or not. The time needed for reflection was described as a time when the preceptors could withdraw from the ordinary duties and sit down, think and reflect on the student nurses’ experiences. The preceptors’ communication with the student nurses who were provided with time for reflection concerned listening to the students’ experiences and making comparisons with their own experiences in similar situations. By such reflection the student nurses’ understanding could be widened.

In the theme *“being near the student”* (Paper III), the nearness was related with the preceptors’ need to identify the learning needs and capacity of the student nurses. A nearness was also found in the theme *“sheltering the students when learning”* (Paper IV), in the preceptors’ planning for the student nurses’ learning. The plans derived mostly from the student nurses’ needs and/or study guide, which the preceptors tried to follow. It was, however, the preceptors who took the responsibility for adjusting the plans in relation to the actual situation at the ward, in order to shelter the student nurse from not learning enough for her/his future role as a nurse.

The nearness to the student was also related with the preceptors’ struggle to balance the time required for their work with the time that the student nurses needed for learning (Paper III). This placed demands on the preceptors, requiring them to have the patience to wait for the student and to realise the importance of altering their pace of work, which was a process that was energy-demanding. How energy-demanding the preceptors experienced this process, which involved being near the student and changing their own pace of work, was related to where in the phase of learning the student was. Meeting student nurses without previous experience, in the beginning of the period of clinical studies and when new nursing tasks were being introduced led to the preceptors experiencing the time for preceptorship as being insufficient. However, it was also the individual preceptors’ experience of time ‘standing still’ and not being active by themselves that were energy-

demanding. Besides this, the nearness to the student, as a role-model, observer of the student's performance or more in general, was also demanding. Feelings like these must, however, be considered against the positive feeling that the preceptors experienced. To be someone who could serve as a facilitator in the student nurses' learning was a positive feeling and created a pleasure in the preceptors. The preceptors' experiences were twofold, as is seen in the theme "*wanting the student to become a competent nurse*" (Paper III), namely being stimulated as a preceptor, as well as feeling uncertainty and great responsibility.

### **Learning when precepting in practice**

One meaning of being a preceptor was found in the theme "*increasing self-reflection in nursing care*" (Paper III), namely creating an expanded awareness of oneself as a professional. Meeting a student entering the ward with limited previous experience and newly learned theoretical knowledge also involved meeting a person who asked many questions. Conversations with the student nurses and answering their questions forced the preceptors to think more before answering them and created a new understanding in the preceptors (Paper III-IV). Thus, questions from the student nurses seemed to provide the preceptors with an increased awareness of themselves as professionals and as members of a team and of the provision of nursing, and consequently functioned as a quality assurance. The texts also revealed that, by observing the student nurse in action, new insights were created in the preceptors, who became aware of the development of their own thinking and knowledge in practice (Paper III). Meeting the student nurses awoke in the preceptors positive and negative memories in relation to their previous educational experiences, connected with the theme "*relating to previous learning situations*" (Paper III). Consequently, not only were the preceptors' memories of failure, vulnerability and unsuccessful performance recalled, but also feelings of pleasure when progressing in learning. One meaning of being a preceptor seems to be to increase one's awareness of the processes of learning.

## DISCUSSION

The aim of this thesis was to illuminate the lived experience of preceptorship during student nurses' clinical education on hospital wards. It was the lived experiences of the student nurses and the nurses acting as preceptors that were the focus of the study. The aim was also to illuminate the meaning of being a preceptor, the meaning of being precepted, and the meaning of the teaching and the learning within a preceptor-preceptee relationship, and thus develop a understanding of the relations between preceptorship and teaching and learning in the clinical situation.

### **Methodological considerations**

The empirical study that this thesis is based on was planned and carried out in accordance with the ideas of phenomenology and the present author's current understanding of phenomenology. This understanding is based on the adoption of Merleau-Ponty's (1996) assertion that all the knowledge that people have of the world is gained from their own particular point of view. The 'phenomenological need' to turn to those involved in preceptorship (Van Manen, 1990; Merleau-Ponty, 1996), the student nurses and the preceptors, also meant the exclusion of others. In this study the other members of staff at the hospital wards, the members of staff of the university college, and the patients and their relatives were not heard. It could have been of relevance to include members of these groups in the study, since learning in clinical practice is also related with the performance of genuine nursing care tasks and thus involves patients and their relatives, and often other members of staff. Furthermore, the student nurses follow a study programme when learning to become a nurse and are thus guided by the curriculum (Kansanen, 1997). From such a perspective it would have been of interest to include the perspective of the members of staff of the educational institution. It was, however, the identified need (Bendz, 1995; Cox, 1995; Schoener & Garrett, 1996; Lindberg-Sand, 1996; Mogensen, 1994) to focus on the experience of the student nurses and the preceptors and their relationship that, together with my pre-understanding of preceptorship, supported the selection of the participants. It is, nevertheless, important to note that further studies dealing with student nurses' learning in the clinical field would benefit from including the perspective of the patients. This is supported by the findings that most of the students' learning was guided by strong emotions, feelings and bodily sensations in connection with the performance of nursing care tasks for patients (Paper I). It seems also reasonable to assume that the design of the present study affected the findings (Paper I-IV), in that the narratives regarding the role of the university college were limited. Rather, the findings

in the study were dominated by the participants' individual experience of being in the present preceptor-preceptee relationship (Paper I-IV).

The choice of interviews as a research method was supported by writings of Van Manen (1990) and Öberg (1997), who, similarly to Bengtsson (1999b), stressed the advantage of communication and interaction in a dialogue for gaining entrance into the lifeworld of others. In this way the interview method was used in an attempt to illuminate lived experiences and understand the meaning of preceptorship. The phenomenological approach (Karlsson, 1995 p.17) consists of "a focusing on the experience of the phenomenon in question", and thus an inside experience is pursued.

The interview, used in this study as a method to gather qualitative data on lived experiences, is also connected with some limitations. Interviews cannot achieve what ethnographic observations can achieve (Pilhammar Andersson, 1996), namely provide the researcher with pictures of the present context, or of body language, body movements, positions, intonation in speech, or other aspects that the illustration of an observation demands. Another limitation of interviews is related with the participants' narrative competence (Kemp, 1991), an aspect that other methods of gathering qualitative data, such as photos, pictures, drawings or other visual techniques, do not have to deal with. All the participants in the present study were assumed to be healthy and well educated, and to have the narrative competence needed. However, my own experience as a nurse was found to be valuable in that the dialogue with the narrator was facilitated in a way similar to what Mishler (1991) describes, due to the fact that I had no problem in understanding the words used. The interaction with the narrator was also facilitated by an easier identification of the seriousness in the narrators' lived experiences in connection with some nursing situations, nursing diagnoses or medical treatment of the patients. The advantage of performing research within one's own field is, however, also combined with some risks. One such risk was related with recognition, leading to the risk of not asking the respondents for clarifications of their narration, and thus accepting the contemporary interpretation too quickly. Such risks are important to be aware of, for the researcher and for the reader of scientific papers. However, due to the feeling of saturation obtained during the analysis process (Paper II-IV), the trustworthiness of the findings was supported.

There has been some discussion as to whether qualitative interview research can produce scientific knowledge of high standards (Kvale, 1997). One contributing element that may interfere with the quality of the research is the competence of the interviewer (Ibid.). Entering the research process without experience of holding research interviews could be one reason for the deficiency concerning the findings of the pilot study. At this stage of the process, however, the focus was more on the ability of the interview questions to capture the essence of preceptorship, to determine the possible need to transform the questions. However, when the major study started, the

performance of the six pilot interviews had increased my experience of being an interviewer and had also created an insight into the value of listening, similarly to what Wolcott (1994) advocated. Retrospective comparison of the way in which the interviews were carried out in this present study with the seven steps that Kvale (1997 p. 85) has described, shows that the interview process coincided with Kvale's description.

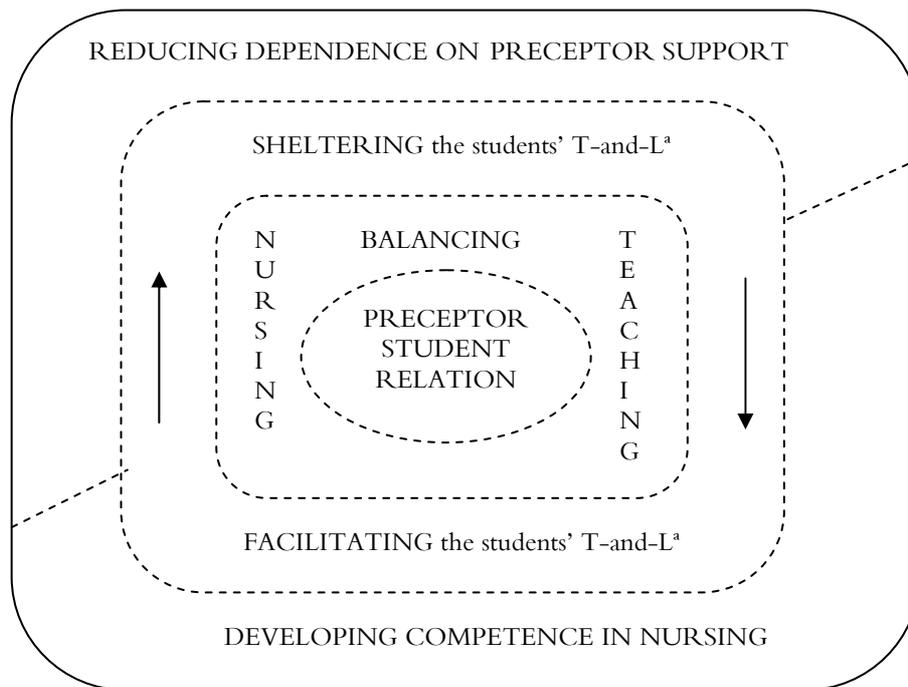
The participants included in Paper III and IV consisted of nurses working under two different circumstances, in that some of them belonged to a hospital that was about to be amalgamated with another, while the remainder belonged to a hospital in a more 'normal' state. This is one important aspect that may have influenced the findings. However, the great changes in the working conditions of nurses (Nyman, 1998; Ternelius, 1999) indicate that the workplaces of many nurses are characterised by changes rather than by stability. From such a perspective, the context for preceptorship (Paper I-IV) can be seen as representative of the variation in nurses' conditions of work. Thus the transferability of the understanding of preceptorship obtained in the present study seems to be supported, when considering the varied circumstances experienced by nurses acting as preceptors.

The way in which the gathering and analysis of the text have been performed, discussed and valued, together with a qualified supervisor, participants, external groups, and through theoretical comparisons, has been chosen in an attempt to increase the credibility and confirmation (Begley, 1996) of the findings (Paper I-IV). From such a perspective it is possible to regard the findings of the present study as general in relation to the studied phenomenon. However, the context of the study will function as one horizon from where the findings must be understood. My opinion, however, is that the findings will serve as an inspiration for others dealing with teaching and learning in practice.

## **Interpretation and general discussion of the findings**

The findings of the various studies (Paper I-IV) indicated that the lived experience of preceptorship was permeated with processes of teaching, learning, nursing, remembering teaching and learning, and thinking about the nurses' future profession, processes that are all related with the clinic as a context for preceptorship. The preceptors and the student nurses engaged in the process of preceptoring were understood as striving towards the student nurses developing the knowledge and skill, the disposition and the competence needed for future work as a registered nurse. The meaning of preceptorship (Figure 1) was understood as developing a preceptor-student relationship that served as a core for preceptorship, a unique relationship that could accomplish the balancing of nursing and teaching actions in the process

of preceptorship. By such balancing of nursing and teaching actions the student nurses' teaching-and-learning became sheltered and facilitated, leading to a reduced dependence on preceptor support and, rather, developing the competence in nursing of those involved in the process of preceptorship.



(<sup>a</sup> T-and-L is Teaching-and-learning)

Figure 1. The meaning of preceptorship for teaching-and-learning

### Relations in teaching-and-learning

According to the findings (Paper I and II) the quality of the student nurse's learning when training on a hospital ward will depend not only on the pedagogical strategies and teaching actions that the preceptor uses, but also on the relations that will develop between the preceptor and the student nurse in the actual context. Thus the behaviour of both parties will be dependent on their relations, similarly to the notion propounded by Kvernbekk (1999b, p. 16), who argued for the value of seeing teaching expertise as relational, "... it is played out in a relation between teacher and students where the behaviour

of both parts are both causes and effects.” Following these thoughts further, the student nurses’ learning can be understood as causes and effects of the preceptors’ teaching activities when precepting, as well as of the student nurses’ and the preceptors’ experience of these processes. Furthermore, the processes of student nurses’ learning cause the preceptors’ learning.

Seeing the processes of teaching and learning as perspectives that are interwoven into each other resembles Merleau-Ponty’s (1996, p. 354) description of the role of communication as opening up “... this alien life,...” of human beings. In meeting others and seeing them using objects familiar to me, it is language that, according to Merleau-Ponty (1996), plays a crucial role in the perception of the other through the dialogue that creates a dual being. Consequently, the student nurse can be regarded as a teacher when learning and the preceptor as a learner when teaching, similarly to the reflections made by Alerby (2000), who regards teaching-and-learning as something more than teaching and something more than learning. This understanding is in line with Uljens’ (1997, p. 77) descriptions of the assumptions necessary for calling a model “interactional”, in that the students’ and the teachers’ intentions and experiences will result in specific activities in the pedagogical situation.

From such a perspective I would like to advocate an understanding of “teaching-and-learning” (in Swedish ”lärande”) as being interactionally and didactically interwoven in the processes of preceptorship and nursing. Support for such an understanding is obtained from Säljö (2000), who saw teaching-and-learning as a normal aspect of all human activities, irrespective of where they take place. From an understanding of teaching-and-learning as something that normally occurs throughout the life-span, Andersson (1997) raises questions necessary to discuss for the development of pedagogy. One such question, “Who is learning about what?” (Andersson, 1997, p. 34) is touched on in this study. According to the findings (Paper I and III) there is an indication that both the student nurses and the preceptors develop competence in nursing within preceptorship. Support for the understanding of teaching and learning as complementary processes is also gained from Hiim and Hippe (1996), who state that people can learn a great deal without teaching and that teaching is no guarantee for learning taking place. Jank and Meyer (1997, p. 27) described teaching and learning as being “two sides of the same thing - the teaching process (Unterrichtsprozesse).” If one turns Jank and Meyers’ (1997) description around, the focus will switch to the learning process, while the understanding of teaching and of learning within preceptorship is experienced as something more than the two sides, namely a new entity in the form of the teaching-and-learning process.

There is, however, a special intention when supporting processes of teaching-and-learning within nursing education that cannot be regarded as an aspect of ‘all human activities’. Nursing education, traditionally based on theoretical and clinical studies (Dillner, 1965; Bohm, 1972) and law (SFS 1992:1434), is guided by a curriculum. From such a position neither the

preceptors nor the student nurses are entirely free when teaching-and-learning, and their relationship ought rather to be based on the values of the curriculum. The teachers have to follow the curriculum, which, according to Kansanen (1997), is developed by the teachers when using it and by which the teachers can integrate their own values into the study programme. The findings (Paper IV) indicated that the study guide was sometimes used for the identification of goals for learning by the preceptors. It was rather the student nurses who were understood as the transmitters of the values underpinning the current curriculum of the study programme (Paper I), values that were brought to the fore front by the student nurses when discussing their learning needs with the preceptor. If the Swedish conditions are similar to those described in Petersen's (1999) findings, which established that Danish nurses worked within a mutual dependency of medical treatment and nursing, one find it difficult to see nursing as an autonomous field. It can thus be assumed that the meeting of the preceptor and the student nurses can be regarded as a meeting of different values. It seems most likely that the values of nursing, originating in the apprenticeship era, still dominate and play an important role in student nurses' learning. According to Petersson (2000), student nurses at the end of their education understood learning scientific methods as enhancing the reputation of nurse education rather than something useful for their future profession. Findings like these can to some extent indicate possible reasons for the slow pace in seeing the results of educational changes in practice (Sandin, 1988). However, it is also important to note that changing nursing into a autonomous field of science in nursing and care must be the responsibility of others than the student nurses, and this process still needs to be developed.

The preceptors' narration about using the study guide was limited and that can be related with their having internalised the values of the study guide, either through their long experience of being a preceptor or from attending preceptorship programme. Such internalised knowledge can be regarded as having tacit dimensions (Molander, 1996) and thus as taken for granted and not narrated. Another reason for the findings can be related with the interview question focusing on lived experience of preceptorship, while, on the basis of an understanding nourished by Merleau-Ponty (1996), the curriculum and study guide functioned as a background for the preceptors' narratives. According to such an understanding one can regard the values and intentions that underpin the curriculum as being related with the preceptors' and the student nurses' actions in their context for teaching, learning and nursing (Paper I-IV) and as exerting an influence on preceptorship. Seeing preceptorship as a form of intentional activity offers the possibility of understanding preceptorship as comparable to didactics and, by such a comparison, the understanding of preceptorship can be developed. The school didactics model (Uljens, 1997, p. 59-122) facilitates such development.

The understanding of relations as central to preceptorship is related with the findings (Paper II and IV) concerning the pedagogical activities that were carried out. The relations between the preceptor and the student nurse can, through a comparison with Uljens' (1997, p. 65) model, be seen as developmental processes for their "individual and shared intentions, activities, experiences, reflection and their situated teaching, studying and learning experiences", processes present in the findings (Paper I-IV) concerning lived experience of preceptorship. The preceptor-student nurse relations also incorporate, however, relations with the patients when nursing, and with others in the team at the ward. Uljens' model (1997) facilitates the identification of 'what' aspects in the provision of teaching actions and of the preceptor student relations, as well as where in the process these relations exist, in the planning, teaching or evaluation. The activities of relational character comprised dimensions of co-operating and communication, which were found (Paper IV) as the preceptors negotiating the aim, conferring with others, conversing and reflecting. It was in meetings with the individual student nurse that the preceptor's planning and negotiating of the aim were done, which is similar to what Uljens (1997) named preparatory planning. Such initial planning needed, however, to be adapted to the context of nursing and the student nurse's progress when learning by daily planning. Within the balancing of the teaching and nursing activities, the planning had to be revised many times, a revision that resembles what Uljens (1997) names individual pedagogical planning. In this respect all the preceptors gave priority to the patients (Paper III), a prioritising that had to be balanced against the desire to be good as a preceptor and support the student nurses' progress when learning and being good as a nurse. These findings indicate the uniqueness in preceptoring, in that the necessity of balancing the student nurses' need when learning with the patients' need for nursing is always present.

The identification of 'how' the preceptor-preceptee relationship is constituted needs to be grasped in order to understand the value of such a relationship within preceptorship. This is supported by the thoughts of Merleau-Ponty (1996), who sees people as being collaborators for each other in confirmatory reciprocity, creating an understanding that personal meetings are relations of value. Consequently, the value of a relationship based on lived experience will make an impact on the teaching-and-learning of both the preceptor and the student nurse. The findings (Paper II) indicated that the student nurses' learning was facilitated by the preceptors' preceptoring, which helped the student nurses to 'grow and actualise' themselves in a similar way to that described by Mayeroff (1972) for caring and by obtaining a space for their learning (Öhrling, 2000). Transforming Mayeroff's (1972) philosophy to a preceptor-student relationship, the preceptors are seen as needing to know and follow the student's rhythm when learning and to be patient so that the student can find herself/himself in her/his own time. Further, the preceptors need to see the students truly, to be honest and humble towards her/him, and

to have trust in and hope for the student, as well as the courage to go with the other into an unknown future.

A relationship characterised by such values (Mayeroff, 1972) can also be regarded as including a genuine will to understand who the other is, which is a meaning of the one-to-one relationship constituted by the close meeting in preceptorship. From the perspective of the preceptors (Paper III), this will to understand was also identified, in the form of a need to develop trust in the student, as one important component in their relationship with the students. Developing mutual confidence and identifying the students' learning needs and capacity required a nearness to the student nurses. Such a close relationship was, however, also demanding for the preceptors, which resulted from their need to balance their wanting the students to become competent nurses against the provision of nursing and teaching actions needed. The balancing needed when being a preceptor (Paper III) and when learning (Paper I) was thus performed within the one-to-one relationship. The conversation, talk, narration, and discussions taking place in the preceptor-student relationship (Paper II and IV) served perhaps as the medium where the individual experiences of the preceptors and the students could be transformed into a public space in a similar way to that described by Arendt (1988). Through the space of a relationship where "... others [see] what we see and hear what we hear ..." (Arendt, 1988, p. 75), both the preceptors and the student nurses will be provided with assurance about their own reality, the reality of others and the reality of the world. Every relationship can be regarded as unique for the individual people interacting, and necessary for the preceptor who is interested in the student nurse as a person acting concretely. The teacher's interest in who the pupil is is according to von Wright (2000), required for a pedagogical meeting, and it is assumed that the preceptor's interest in who the student nurse is is needed in a similar way.

The findings pointed to a "honeymoon" period (Paper III) as the time needed for the valuing dialogue necessary to acquire an insight into who the other is. It may be so that this time is needed for the preceptors to learn who the student nurse is and to see a potential nurse in her/him. Through seeing such potential, it is likely that the effort required from the preceptors (Paper III) is facilitated, when balancing nursing and teaching strategies, through the preceptors finding it worthwhile to support the student nurses in developing competence in nursing. The understanding of student nurses being met by a preceptor 'seeing a potential nurse' can be compared with Mead's (1995) understanding of developing meaning within social actions. According to Mead (1995) human actions are not only caused by interactions with others but also by interactions within the individual, and consequently people's experience of themselves and acting by themselves as an "I" depends on the way the situation in which the "I" is defined by the "me". Thus the student nurse gains experience of "me" by the understanding of the "me" as a future nurse and through the attitudes of the preceptor, similarly to Mead's (1995)

discussions. Following Mead's (1995) thoughts further the "I - future nurse" will have an impact on the actions of the "me - student nurse", regarding her/his conscious responsibility when carrying out nursing actions. From such an understanding Mead (1995) provides an explanation of the social processes needed over time, similar to the one-to-one relationship in preceptorship, for the preceptors to develop trust in the student nurses (Paper III), which is needed for the student nurses' learning (Paper I). In preceptorship there are, however, two adults that meet, and from such a perspective it is important that both of them are interested in who the other is.

### **Preceptors and student nurses balancing nursing and teaching**

The pedagogical activities identified in the findings concerning the preceptors and the student nurses and their experience of preceptorship revealed great similarities, even if there were variations in the interpretation. One example of such a variation was related with the theme "*exercising control*" (Paper II) from the student perspective and "*assessing competence*" (Paper IV) from the preceptor perspective. The student nurses who were precepted by a nurse who exercised control felt safe and experienced the preceptor's responsibility towards the patients' safety, parallel with increased feelings of security in their learning. One reason why student nurses' learning is facilitated by control can be related with the evolving of values, which according to Fagermoen (1997), is supported by interaction with others, in this case the preceptors. One other possible reason is similar to what Malek (1988) stated, namely that evaluation of student nurses must be performed regarding their merits when performing nursing actions, as well as the worth that the actions are imbued with. Preceptors who exercise control, by close observation, by listening to or by looking from a short distance at the student nurses' performance, can provide them with feedback concerning both these dimensions. One dilemma identified (Paper III), related with the preceptors' struggle to adapt the time for preceptorship to the time for nursing, indicates that individual preceptors' provision of feedback can vary.

From the viewpoint of the preceptors, "*assessing the competence*" (Paper IV) of the student nurses was one of the pedagogical activities performed. This evaluation was carried out to ensure that the legal, technical and ethical codes involved in the work of the nurse were followed. The assessing of the student nurses' competence also functioned as a tool for the preceptors' planning of preceptorship. Most preceptors adapted the plans for the student nurses to the present context on the ward (Paper III), an adaptation that meant many necessary shifts, related with the student nurse, the patient, the preceptor and processes of nursing interwoven with each other. The interpretation of the findings (Papers IV) is supported by Colnerud (1997), who asserts that teachers

being empathic have to combine empathy with the use of power in the processes of assessing. The dilemma identified by Colnerud (1997), on the basis of research on teacher education, highlights the need for teachers to increase their awareness of the twofold assignment from the perspective of society and the individual student. The findings (Papers II and IV) indicate, however, that preceptorship involves both these positions.

The balancing of the preceptors between nursing and teaching was related with their “*choosing actions*” and “*using different methods*” (Paper IV). The interaction of the preceptors’ pedagogical activities with the student nurse and with others (patients, relatives, staff, lecturers in relation to the present, history and the future) can be understood as dealing with different perspectives, similarly to the didactic idea propounded by Kroksmark (1987, p. 211) of keeping the “what- and how- perspectives” of teaching integrated. Similarly to Uljens’ (1997, pp. 59-87) model of “school didactics”, it is possible to understand the preceptors’ teaching strategies as activities with different forms and levels in relation to a context. The forms of activity in the model are planning, teaching-studying-learning in the classroom and evaluation. The levels of the activities described can be the collective level, the individual teacher level, the interactional level and the student level. And lastly the activities that take place (Uljens, 1997) are always situated in a cultural and historical context. Consequently, the preceptors’ planning and teaching strategies can be understood as being predominantly on an interactional level, while evaluation embraced all levels of activity. The divergence found in the emphasis compared with Uljens (1997, p. 63) can be a result of the fact that teaching within preceptorship is an activity within a one-to-one relationship that is not typical of teachers teaching at school. The findings (Paper IV) indicated, however, that the preceptors’ planned activities were carried out and valued in continuous processes with the student nurses. The preceptors adapting their plans to the student nurses’ learning can also be understood as a movement following the student nurses’ increased competence. This resembles the findings of Akre and Ludvigsen (2000), seeing doctors’ learning as a movement from a legitimate peripheral participation to a full participation in the doctors’ community of practice. Thus, the preceptors’ use of pedagogical activities seems to be more common than the findings of Pilhammar Anderson (1997) indicated, which show nurses using strategies without any foundation in pedagogical thinking about how supervision should be carried out. One reason for the divergence in the findings, can be related with the character of Pilhammar Andersson’s (1997) study, which is based on an ethnographic approach that increases the disclosure of nurses’ conscious pedagogical thinking more explicitly than what is done in the present study. Even in comparison with Mogensen (1994), whose findings were based mainly on the student nurses’ perspective, the preceptors’ pedagogical activities (Paper IV) seem to be more common in the present study. One reason for the divergence in the understanding of the preceptors’ use of

pedagogical activities can be related with the analysis method used in the present study. In the text both the utterer's and the utterance meanings (Ricoeur, 1976) were analysed and that revealed the preceptors' use of conscious and unconscious pedagogical activities when precepting student nurses.

The nurses' pedagogical activities in the form of "*providing concrete illustrations*" (Paper II and IV), activities containing dimensions of task-orientated learning, were understood as a sequence that can be included in a didactic model (Uljens, 1997). Whether the preceptors' provision of concrete illustrations can be regarded as a satisfactory or a poorer pedagogical activity for support of the student nurses' learning can be debated. According to Jensen (1994) there is a risk that teaching-and-learning within an apprenticeship model, a model that resembles the findings concerning "*providing concrete illustrations*" (Paper II and IV), may lack the ability to develop a critical and renewing attitude in the learner. Such a risk is not supported by the findings of this study (Paper II). On the contrary providing concrete illustrations was understood as a method that facilitated the student nurses in linking their newly learned theoretical knowledge to practice. Through the preceptors acting as real-life models, the student nurses' understanding was widened and the student nurses could mature and acquire courage before they started their own actions in practice (Paper II), actions necessary for their learning (Paper I). One explanation for this understanding is provided by Merleau-Ponty (1996) in his statement, "All knowledge takes its place within the horizons opened up by perception." (p. 207) indicating the value in student nurses acquiring new horizons by a focused seeing and listening to new nursing aspects presented by the preceptors. The understanding of the findings is in this respect supported by Bandura (1965), who found it obvious that mere exposure to modelling stimuli was not an adequate condition for imitative learning. According to the findings concerning student nurses' learning (Paper I), a learning that took place when the student nurses performed and practised genuine nursing care, such learning can rather be understood as an integration of new theoretical knowledge with a development of knowledge in action by lived experience of nursing. Watching the preceptors when they provided nursing actions increased the student nurses' feelings of security, feelings related with being able to value their own knowledge and skill in respect of their future actions. When understanding the concrete illustrations in the form of a picture, the value of being with preceptors who provide concrete illustrations for the student nurses resembles the findings of Mogensen (1994), describing student nurses' learning as being supported by narratives and pictures. Consequently, the role models provided by the preceptors could support the student nurses' learning and shelter the student by limiting the risk of failure, thus avoiding the risk of humiliation that, according to Akre and Ludvigsen (1997), is connected with bad learning situations.

## **Developing competence in nursing when being in the space for teaching-and-learning**

The findings concerning “*creating space for learning*” (Paper II) indicated that the student nurses’ teaching-and-learning is facilitated by the preceptors giving them access to a genuine world of nursing. Support for this understanding of the facilitating of learning related with preceptorship is gained from Heggen (1993), who described involvement in a co-ordinated community of knowledge as being the most important for student nurses’ learning. Such a community is, according to Heggen (1993), supported by frequent meetings with a ”master” and participation in the ongoing work, and serves as a precondition needed for the creation of competent professionals. In this respect the preceptors who create a space for the student nurses’ learning (Paper II) can be regarded as those who invite the student nurses into a community of practice (Heggen, 1993). Further understanding of the value of preceptorship for the student nurses’ teaching-and-learning, through the preceptors giving access to nursing, is gained from Lave and Wenger (1998), who described the process of gaining a legitimate peripheral participation as the most important for learning. Student nurses who gain access to a close relationship with a nurse acting as a preceptor receive at least a legitimate peripheral place. By being involved in such a community of practice (Heggen, 1993, Lave & Wenger, 1998), the student nurses can be supported in their development of competence in nursing by preceptorship, leading to a reduction in their dependence on preceptor support.

However, the need for student nurses’ involvement in the community of practice of nursing concerns more than just a passive visit there. Rather, the student nurses’ learning is directed towards increased competence and responsibility when practising genuine nursing care and is always connected with varied feelings (Paper I). This can be compared with Lave (1995), who concluded that the persons acting, in this case the student nurses performing nursing actions, and the settings together in activity create dilemmas and shape solutions. Hence an understanding is gained of the value found in the student nurses increasing their learning and competence by considering, doing and reflecting on things by themselves (Paper I). The twofold aspects described by Lave (1995), as creating dilemmas and shaping solutions can also be one reason for all the variations and pendulum movements found in the student nurses’ learning (Paper I). The learning that takes place when acquiring new knowledge is also related with the student nurses’ changed attention in doing (Paper I), and such changed attention creates new insights and perspectives in nursing for the student nurses. Learning can thus be regarded as changes in the student nurses’ awareness, similarly to what Marton and Booth (1997) maintain, who also described the presence of discernment and simultaneity as aspects of learning. However, teaching-and-learning can also, in accordance with Lave’s (2000) writings, be regarded as a fundamental change in one’s

participation in one's social life. In this study, however, the focus was on a teaching-and-learning directed towards a special social life, namely gaining increased competence in nursing. When following the writings of Lave and Wenger (1998) learning and a sense of identity are inseparable, thus indicating the students' need to be included in the identity of the nurses, which is facilitated by preceptorship. The findings concerning change as a central aspect in learning are also supported in a recent study (Kovero, 1999) of health workers developing a changed and new understanding through their lived experience and reflection on their professional role. The learning of nursing also involves (Paper I) bodily experiences and sensations and energy-demanding processes when entering into practice as a future nurse. The energy-demanding processes that are needed to acquire "knowledge in the hands" are according to Merleau-Ponty (1996, p. 144), supported by the experience of harmony between the intention and the performance. The preceptors' teaching strategies in preceptorship involve the negotiation of the aim, conferring with others, and a choosing of actions in relation to the assessment of the student nurses' competence (Paper IV). Thus the student nurses' learning within such a preceptorship will be sheltered from unnecessary failure and from the risk of causing harm to the patient. Rather, the student nurses' chances of experiencing harmony increases through such a preceptorship, and consequently the student nurses' learning and development of competence in nursing will be facilitated. This can also be compared with the assertion of Aristotle (1976, p. 203) that "... one should exert oneself and relax neither too much nor too little ...". The alteration in the effort needed and the changes of the mode of learning that occur when the student nurses' most urgent learning goals are achieved (Paper I) are changes that can be facilitated by preceptorship (Paper II and IV). Similarly to what Aristotle (1976) maintains, the student nurses' learning can be facilitated by supporting the student nurses balancing their exertion with relaxation.

When human beings take a decision to act or not to act they can also be held responsible for their actions (Kemp, 1991) and, similarly to what Molander (1996) asserts, there is still a space for making changes and acting in a certain way before the doing is performed. This insight of the student nurses can be one reason for the importance attached by the student nurses to the preceptors being with, seeing and listening to them during their own acting in nursing in the beginning. The dynamic processes related to the student nurses' learning are accomplished through a desire to do well, in accordance with their newly learned theoretical knowledge (Paper I). The student nurses "*seeking reflection*" (Paper II) and the preceptors "*increasing self-reflection in nursing care*" (Paper III) and "*reflecting*" (Paper IV) indicate the presence of a need to deepen the understanding of virtues and increase the quality of nursing within the processes of teaching-and-learning of preceptorship. Teaching-and-learning in practice seems to benefit from distanced reflecting in peace and quiet (Paper II), which can be one method to develop what

Kvernbekk (1999c) named knowledge that works in practice. To acquire such knowledge, which is of a general character, a relationship between actions and their effects is needed (Kvernbekk, 1999c). From such a viewpoint it is difficult to adopt that kind of reflecting-in-action which Schön (1987) advocates, due to the student nurses' limited knowledge and experience. Rather, an understanding of distance is needed (Bengtsson, 1995) to gain a better and deeper understanding. Reflection can be supported by the preceptor, who, according to Merleau-Ponty (1996, p. 91), can be the "second body" needed to observe the student nurses and provide the student nurses with a different perspective on their acting. For the preceptors and the student nurses in this study (Paper II-IV), it seems to be a challenge to find the time and take the time for reflection, findings that resemble Piersons (1998) description of the necessity to create a safe environment for processes of reflection. However, reflection is regarded as one teaching strategy of preceptorship that has the potential to increase awareness and understanding of nursing situations and thus support the development of competence of a general character for those involved in teaching-and-learning.

### **Further research**

Several questions for further research arise as a result of these studies. One question concerns the nurses' use of teaching strategies when they are precepting student nurses. There is still a need to increase the understanding of the pedagogical thinking of nurses within processes of preceptorship. The present studies revealed the nurses' experience of having limited time for preceptorship, making it desirable to perform more research regarding qualitative differences in nurses' experience of time for nursing and preceptorship, and to analyse what in the nurses' daily work facilitates and/or hinders them in their role as a preceptor. Considering the value found in preceptorship of student nurses, it is worthwhile to carry out intervention studies comprising alternative ways of organising preceptorship, as well as studies aiming at identifying supportive strategies for the preceptors.

Since the present studies were performed in the first part of a clinical study, there is still a need for further research regarding changes over time in, or the stability over time of the meaning of preceptorship. The findings of the present study concerning student nurses' learning within clinical studies were related to their narratives about lived experience of preceptorship on hospital wards. However, there is also a need to investigate student nurses' learning further, on the basis of their lived experience of nursing in different contexts, since the ongoing changes in nursing are making new demands on and creating new conditions for student nurses' learning. Through such research it would be possible to identify the student nurses' learning in a variety of fields.

Moreover, future research would benefit from including the patients perspective.

There can be many different circumstances related with the question of why some preceptors provide better preceptorship than others. Further research is needed to find out what in the learning environment is supportive of preceptorship and teaching-and-learning. To be able to judge qualitative variations in the learning environment within different areas and regions within the country, studies that apply other scientific methods are perhaps needed. The responsibility for the further development of the science and profession of nursing is another question approached in these studies. From that question arises the need to consider the role of nursing education, as a higher academic education, and the health care system of today's society, as well as the collaboration between the two.

### **Practical implications**

The findings of this study may provide nurse educators with some insight into the value and necessity of affording student nurses access to teaching-and-learning when being in genuine nursing situations. The meaning of preceptorship appears to have the potential for creating empowerment amongst the students when facilitating and sheltering their teaching-and-learning. From such a perspective, joint planning between the health service and nurse education is recommended to organise the time needed for preceptorship. Ways to include preceptorship more directly in the nurse's workload may be found, and special attention has to be paid to the nurse's time for preceptorship during extreme workload situations and when the students are less experienced.

However, it also seems that students' learning functions as a medium between theory and practice, providing practitioners with limited insights into new theories. This suggests that those responsible within the health service and teaching staff should be required to find and organise 'real-life situations' in a positive way, for the sake of student nurses, preceptors and above all patients. Perhaps a model that, besides description and reflection, uses a critical/emancipatory phase (Kim, 1999) can be useful to help clinicians develop and generate knowledge.

The high value that students attach to reflection makes demands on all those involved in nurse education, requiring them to find ways and means to increase the amount of time and peace needed for reflection. The need to increase the preceptors' awareness of values in the nursing profession is highlighted, when considering the dimensions found in the present study of co-operating, valuing, task-oriented learning and communicating in preceptorship. These dimensions are related to the level of competence

needed to provide good nursing care and to the preceptors' use of pedagogical strategies in the process of preceptoring. To increase the awareness of values and knowledge in nursing, creating networks between preceptors could perhaps be used. Another way to increase this awareness could be to engage faculty members as reflective partners for preceptors and to hold reflective meetings regularly. Through such strategies the preceptors' contextual working knowledge and competence and the faculties' research-based theoretical knowledge could be linked and interwoven and promote each other, to the best advantage of the students' learning.

Since the preceptors' experience of their own nursing education and previous preceptorship plays an important role for their understanding of the present situations, these aspects seem to be important to focus on and discuss during preceptorship preparation. The preceptor's idea of ideal nursing care in the future is another issue of value for preceptor preparation.

## CONCLUSIONS

The findings of this thesis indicate that the teaching-and-learning of student nurses embraces movements, feelings and a reaching to achieve enough competence to be able to perform like registered nurses. Such processes are found to be energy-demanding and to be characterised by bodily experiences and sensations that accompany the learning until the knowledge becomes inherent in the student. The student nurses develop their knowledge when performing nursing actions and practising genuine nursing, within the context of nursing and in relation to the preceptors' responsibility and will. When the student nurses are in a state of learning, their actions are accomplished through their desire to do well, in accordance with newly learned theoretical knowledge, leading to them acquiring increased competence in nursing. However, questions regarding the level and extent of the learning achieved are not answered in this study.

Further, it is revealed that 'creating space for learning' functioned as the basis of the ongoing process of preceptoring and, in turn, of teaching-and-learning. The student nurses' teaching-and-learning was sheltered from not being successful and facilitated by preceptorship. Thus the preceptors, who balance teaching with nursing and make it possible for the student nurses to first observe the preceptors and later be with them before their own provision of nursing, can support the student nurses' developing competence. It is also demonstrated that acting as a preceptor to a student nurse is a conscious, energy-demanding role that has to be balanced with the ordinary duties involved in working as a nurse. Besides alterations in the conditions of work, individual preceptors' lived experience of the time needed for preceptorship and the time available varies.

The preceptor's nearness to the student nurses creates new perceptions for the nurse, perceptions which in turn provide an opportunity for increased self-reflection and the development of knowledge in the context of nursing practice. However, it also seems that the processes of the students' teaching-and-learning function as a medium between theory and practice, which can provide practitioners with limited insights into new theories. From these perspectives preceptorship is understood as one way of increasing nurses' competence.

The value found in the meaning of 'good' preceptorship was understood as diminishing the risk of student nurses failing and as supporting their learning. The understanding of preceptorship that emerged from this study is different from the understanding that has been depicted in the literature earlier, illuminating the simultaneous presence of sheltering the students and facilitating the students when learning. Thus it seems that nurses' thinking and use of pedagogical strategies in the process of preceptoring constitute both conscious and unconscious action.

## POPULÄRVETENSKAPLIG SAMMANFATTNING

### “Att vara i lärandets rum.Handledningens innebörd i sjuksköterskeutbildning”

I den här avhandlingen var syftet att belysa sjuksköterskestudenters och sjuksköterskors erfarenheter av handledning och att utveckla en förståelse av vad det innebar att få handledning och att vara handledare. Dessutom var syftet att utveckla förståelsen för vad handledning innebar för studenternas lärande under den kliniska utbildning på en vårdavdelning.

Studien har genomförts från de synsätt fenomenologisk tradition förespråkar (Bengtsson, 1993; Merleau-Ponty, 1996) vilket inneburit ett försök att ge en beskrivning av upplevelser av handledning. I fenomenologiska studier försöker forskaren enligt Van Manen (1990) att vara öppen för och förstå vad ett fenomen innebär och hur det upplevs utifrån en mångfacetterad verklighet. Den här studien kom således att utgå från hur sjuksköterskor som är handledare och studenter som blir handledda erfar handledningen och vad handledningen har inneburit för dem.

Innan studien genomfördes hade tillstånd inhämtats från berörd arbetsledning och från deltagarna själva som också garanterades konfidentialitet och möjlighet att avbryta sitt deltagande när som helst. Sjutton sjuksköterskestudenter i sitt tredje studieår deltog i studien som genomfördes under deras kliniska utbildning om 20 veckor (utbildningen är delad i två kurser som består av 10 poäng vardera) vid två skilda sjukhus i norra Sverige. Dessutom deltog de sjutton sjuksköterskor som i sin anställning var personlig yrkeshandledare för studenterna. Individuella, bandinspelade intervjuer genomfördes under fem veckor inom utbildningens två kurser. Den ordagrant utskrivna texten har analyserats med en fenomenologisk-hermeneutisk metod. Denna metod har utvecklats och använts av omvårdnadsforskare i Umeå och Tromsø, inspirerade av den franske filosofen Paul Ricoeur. Analysmetoden består av olika steg där den första tolkning gjordes genom att läsa texten i sin helhet för att få en “naiv känsla” för texten. Nästa steg, den strukturella analysen, bestod av att identifiera textavsnitt med likartat innehåll, så kallade meningsenheter och att analysera dessa. Slutligen har texten tolkats i sin helhet, med stöd av den beskrivning, förklaring och förståelse som erhållits i de tidigare stegen för att få en ny förståelse.

Resultaten av analyserna är i avhandlingen presenterade utifrån studenternas erfarenheter av handledning (Studie I och II) och handledarnas erfarenheter (Studie III och IV). I avhandlingens diskussion förs ett teoretiskt resonemang kring resultaten för att försöka förklara och förstå dem.

Studenternas berättelser om handledning (Studie I), medförde även berättelser om erfarenheter av att befinna sig i ett *sätt att lära*. Studenternas sätt att lära sig varierade under lärande processen, och var hela tiden *riktat mot*

ökad kompetens. Lärandet utvecklades genom att de fick *utföra handlingar* och delta i äkta omvårdnad och innebar varierade *känslor* i lärande. Lärandet handlade om att röra sig mot en ökad kompetens och ökat ansvarstagande, en rörelse som ibland gick bakåt men som mestadels gick framåt vilket då minskade studenternas beroende av handledaren. Lärandet innebar också att pendla i initiativ och att ändra och vidga uppmärksamheten i omvårdnadshandlingarna. Studenternas känsla av att kunna och av att ha kompetens, i de delar av omvårdnaden de höll på att lära sig, uttrycktes som en känsla i kroppen. Känslan av att ha lärt sig var ofta vag. För att våga lita på den egna känslan kunde handledare stödja studenten genom ett bekräftande.

Resultaten av studenternas erfarenheter av att få handledning (Studie II) visade att ett tema, *skapa rum för lärande*, var centralt för vad handledning innebar för studenterna. Studenter som möttes av handledare som visade runt på avdelningen, som uppmuntrade dem att ställa frågor, var nära när de själv utförde omvårdnad bidrog till att skapa trygghet för deras lärande. Förutom denna trygghet kunde studenter av handledare som hade tid att vänta på dem, som såg studenten och hennes sårbarhet och delade ansvar med henne/honom erhålla ett "rum" skapat för deras lärande. Detta förstods som att handledare skapade ett sådant rum, genom att de gav både fysiskt och känslomässigt utrymme, tid och en känsla av säkerhet till studenten. Att lära sig *när* det fanns ett sådant rum, medförde en känsla av trygghet för studenterna vilket underlättade deras lärande och det var lättare att våga avslöja känslor av osäkerhet. Rummet för lärande fungerade även som en grund för den fortsatta processen i handledning. Studenternas lärande utgick från deras nyligen förvärvade teoretiska kunskaper vilket i kombination med att få se *handledaren utföra omvårdnadshandlingar* underlättade lärandet. Att få möjlighet att se, höra och att samtala med handledaren underlättade inte bara studenternas lärande utan vidgade också deras förståelse innan de själva utförde omvårdnad i sitt fortsatta lärande. Att bli *kontrollerad* av sin handledare innebar en känsla av säkerhet och trygghet för studenterna som i sin omsorg om patienterna blev försäkrade att göra rätt och inte skada någon. För de studenter som fått tid att i lugn och ro *reflektera* över sina erfarenheter, tillsammans med handledaren, innebar detta att de fick en djupare förståelse samtidigt som de efter sådan reflektion också värderade sina nya utökade kunskaper högre.

För de sjuksköterskor som deltog i studien (Studie III), innebar rollen att vara handledare att *inkludera studenterna i sitt dagliga arbete* vilket inte alltid var lätt, eftersom det var vanligt att uppleva begränsad tid i arbete. Att vara handledare innebar också nödvändigheten att dela sin uppmärksamhet på patienterna med uppmärksamhet på studenten. För att kunna ge studenterna det utrymme för lärande som de behövde var det viktigt för handledarna att *utveckla en tillit till studenten* genom att lära känna dem och att få veta något om deras tidigare erfarenheter och deras känsla av ansvar. Handledare som under den första tiden av handledningen utförde omvårdnad och *var nära studenten* utan att ställa några större krav, kunde genom värderande samtal och dialog

med studenten få en insikt i hennes/hans kunskaper. Närhet med studenten innebar också att vara nära när studenterna själva började utföra omvårdnad. Denna närhet ställde krav på handledaren att ha tålamod. Bland annat krävdes det tålamod för att stå stilla och vänta under den tid studenten behövde för sitt handlande, något som också kunde upplevas mycket energikrävande.

Att vara handledare innebar också *ökad medvetenhet om lärandeprocesser* (Studie III). Detta var en medvetenhet hos handledaren som tidsmässigt omfattade både deras egna tidigare erfarenheter av lärande, lärandet i nuet men även tankar om studenters lärande för att klara framtida yrkeskrav. Mötet med studenterna innebar även att handledarnas *självreflektion i omvårdnad ökade*, något som växte fram av studenternas frågor och funderingar. Att vara handledare innebar således att tvingas tänka efter och att reflektera mer än vanligt över sig själv och sitt eget handlande i omvårdnad, något som kunde upplevas ansträngande. Men en sådan självreflektion innebar också att handledarna fick nya insikter i sitt arbete, samtidigt som reflektionen bidrog till en positiv känsla i att lära sig, vilket fungerade som en kvalitetssäkring.Handledning innebar också ett ökat ansvar som kom till uttryck i handledarnas *vilja att studenterna skall bli kompetenta sjuksköterskor*. En del handledare upplevde ansvaret för studenternas lärande tungt medan andra snarare såg att studenterna själva bar det ansvaret. I relation till den känsla av ansvar som fanns i rollen som handledare förekom bland annat önskemål om utökad stöd från lärare, deltagande i utbildning för handledare och finansiell ersättning.

Vad själva processen i handledningen innebar framgår av resultaten i Studie (IV) där tolkningen, i form av två unika teman *skydda studenters lärande* och *underlätta studenternas lärande*, redovisas. Den handledning som handledarna gav studenterna innebar bland annat att tillsammans med studenten *förhandla om målet* med utbildningen och att *samråda med andra sjuksköterskor och lärare*. Genom denna samverkan ökade handledarnas möjligheter att förstå vad studenten behövde lära sig för att därefter kunna anpassa planeringen till den rådande situationen på avdelningen. Andra pedagogiska aktiviteter som handledningen resulterade i innebar *val av handlingar* och *bedömning av kompetensen*, aktiviteter som också medförde att yrkets juridiska, etiska och praktiska regler för omvårdnadsarbete synliggjordes och följdes. Genom att välja lämplig tidpunkt, svårighetsgrad och omfattning av omvårdnadshandlingar för studenten kunde handledaren skydda henne/honom från att misslyckas. Detta innebar ibland att begräsa uppgifter och andra gånger att introducera nya eller mer komplexa omvårdnadsmoment som ingår i sjuksköterskors kompetens. Genom att *använda olika metoder* som att demonstrera och ge råd, variera mellan att vara aktiv eller passiv och ibland använda drill underlättades studenternas lärande. En annan pedagogisk metod i handledning var att *visa konkreta exempel* genom att utföra omvårdnad med studenten närvarande eller att i berättelser ge exempel. Efter sådana demonstrationer var det vanligt att studenterna själva utförde omvårdnad med

handledaren närvarande som då kunde peka på värdet i att studenten utvecklade sitt eget bästa sätt.

Handledarna underlättade även studenternas lärande genom *samtal*, där de kunde motivera och förklara nödvändigheten av viss kunskap i relation till möten med enskilda patienter, för att öka förståelsen i omvårdnaden. Samtalen innebar även att ge stöd under pågående omvårdnadssituationer, i form av uppmuntrande ”tillrop”, men även att diskutera värdefrågor relaterade till omvårdnaden. I kommunikation med studenten önskade handledare också *tid* för *reflektion*, att kunna sitta i lugn och ro med studenterna. Behovet att kunna gå till ett avskilt rum för att reflektera, en önskan som de flesta handledare inte kunde förverkliga, stod i kontrast till all rörelse, förändring och utveckling som fanns i berättelser om lärande och omvårdnad.

Tillsammans visade studierna att handledning under sjuksköterskeutbildning innebar en strävan mot att studenten skulle utveckla teoretiska och praktiska kunskaper, handlag, sinnelag och den totala kompetens som behövdes för framtida arbete som legitimerad sjuksköterska, en stävan som fanns hos både studenter och handledare. Mest centralt för vad det innebar att vara handledare och att bli handledd var *utvecklingen av relationen* mellan handledare och student. Denna relation som byggde på ömsesidig tillit, fungerade som en kärna för handledning och för handledarnas balansering av omvårdnad och undervisning. För studenternas lärande var det nödvändigt att få tillträde till och möjlighet att utföra äkta omvårdnadshandlingar, vilket handledarna hade tillfälle att tillgodose genom att skapa ett ”rum för lärande” på vårdavdelningen. I detta rum balanserades undervisning och omvårdnad på ett sätt som kunde jämföras med en didaktisk modell. Handledarna kunde via sina kunskaper om och relation med studenterna planera för studentens lärande, en planering som utgick från patientens behov i omvårdnad. På detta sätt kom både studenten, patienten och handledaren att skyddas under studentens lärande. Via de undervisningsstrategier handledarna använde underlättades studenternas lärande, samtidigt som deras beroende av stöd från handledarna minskade.Handledningens positiva värde, i underlättandet av studenternas kompetensutveckling, innebar även en kompetensutveckling för handledarna. Dessa resultat borde uppmärksammas bland ansvariga inom vård och utbildning. Det finns behov av en fortsatt gemensam planering för att skapa tid och utrymme för handledning i sjuksköterskeutbildningen.

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# Paper I



# Student nurses' lived experience of preceptorship. Part 1 — in relation to learning

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## Abstract

In this first part of a research project a phenomenological approach was applied to understanding student nurses' experience of preceptorship. The lived experience of seventeen student nurses learning within a preceptor–preceptee relationship on hospital wards formed the basis of the study. Tape-recorded interviews were conducted, transcribed and analysed. The phenomenological–hermeneutic analysis revealed three themes of meaning central to the lived experience of learning. These were (a) directing learning; (b) learning in practical action and (c) feeling in learning. The themes included six sub-themes with internal variations. The results indicate that learning, as a phenomenon, could be understood as being in different modes of learning, including directing learning, learning in practical actions and feeling in learning. Each theme was also found to be inherent in the others in an ongoing changeable process. The findings were compared with Aristotle's five modes of learning and revealed that the student nurses' learning embraced scientific knowledge, technical skills, practical wisdom and limited intuition. The study may provide nurse educators with some insight into student nurses' learning by being in real-life situations and performing nursing actions within a preceptor–preceptee relationship. © 1999 Elsevier Science Ltd. All rights reserved.

*Keywords:* Learning; Nursing; Practice; Preceptor; Student nurse

## 1. Introduction

Knowledge about the significance of preceptorship as a clinical teaching method, using a registered nurse as a preceptor, and its meaning for student nurses' learning can offer guidance to those involved in nursing education. In turn such knowledge can help to make clinical teaching more efficient. Hyrkäs (1997) stressed the need to answer questions concerning the

quality of clinical teaching in relation to financial and clinical aspects of education. Although the use of preceptorship has increased within nursing education during the last decade (Barrett and Myrick, 1998), little has been written about student nurses' perceptions of preceptorship. Hsieh and Knowles (1990) argued for more studies in order to understand all the many variables that influence the preceptor–preceptee relationship.

This paper reports on a research project that applied a phenomenological approach in order to understand and give voice to student nurses' experience of preceptorship, and it is published in two parts. This first part investigates student nurses' lived experience of learning

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within a preceptor–preceptee relationship on a hospital ward. Part two focuses on student nurses' lived experience of preceptorship and its meaning in relation to the preceptors.

There has been some interest in issues related to clinical practice within Swedish nursing education research (Mogensen, 1994; Bendz, 1995; Lindberg-Sand, 1996). However, there remains a need for a deeper understanding of the clinic as a learning environment from the perspective of student nurses. Throughout the world the development of nursing education from being an apprenticeship to an academic education seems to have had some impact on organising the clinical side of the education in various ways (Patton and Cook, 1994; Grant et al., 1996; Warelow, 1997; Gordon and Grundy, 1997).

There are two common models (Nehls et al., 1997) of clinical instruction in nursing education. One model involves faculty members working directly with student nurses in clinical settings. The other, the preceptor model, utilises nurses who are employed in hospitals and provides on-site supervision and clinical instruction. It is this latter model which is the focus of this study. Patton and Cook (1994) described the use of preceptorship as being based on the assumptions that a one-to-one relationship facilitates learning and socialisation into the nurse's role. Student nurses who are taught directly by a registered nurse in a one-to-one reality-based clinical experience can, according to Barrett and Myrick (1998), be defined as participating in preceptorship. In their study Barret and Myrick focused on preceptors' and preceptees' job satisfaction and clinical performance, and found that preceptees were more satisfied with supervision than were preceptors. The question still remained whether the preceptees' daily-lived experiences with the preceptor were satisfactory. The development of a preceptorship programme in an attempt to bridge the gap between nursing education and service was found to be very positive when evaluated by all involved (Patton and Dowd, 1994). The one-to-one relationship between the student and supervisor (Hallet, 1997a) had important consequences. Amongst the most important found by Hallet (1997a) were that everyone knew who was responsible for the learning, that the system permitted continuity of learning and that a close relationship between the supervisor and student developed. Hallet (1997b) discovered that it was difficult for student nurses to learn nursing without help from their supervisors, i.e. nurses working in the community. The preceptor role within a hospital ward regarding nursing practices may be of similar importance for the student nurses' learning.

According to Bjørk (1995) there is a lack of research in nursing education, especially into how nurses develop practical skills, and the author stressed the

need for research that emerges from using the clinical setting as a place for learning nursing actions influenced by context and interpersonal relations. When Campbell et al. (1994) studied students' learning in a clinical setting they identified the practising clinical instructor and peer support as major factors facilitating students' learning. Both factors are meant to provide opportunities for students to develop close social relationships. Student nurses stressed the importance of the competent clinical instructors acting as role models and not the practising nurses. This indicates the need to seek knowledge about the ways in which the learning of student nurses is affected when practising nurses are used as preceptors.

In practice, student nurses' learning in relation to the preceptorship experience is varied with regard to the individual and context. Accepting the broad definition that Sweeney (1994) gives of personal knowledge, namely recognition of a new pattern, opens up another understanding of the concept of knowledge. Sweeney (1994) also accepts the idea of a learner who is free to process information cognitively in any way. Ridley et al. (1995) found that student nurses perceived themselves as possessing strong concrete skills, but were less confident about abstract skills. Nevertheless, both skills were rated higher after they experienced preceptorship. Stutsky and Spence Laschinger (1995) also reported similar findings. The concrete competence involved being sensitive, listening, gathering information, imagining implications, organising information, testing theories, designing experiments and analysing quantitative data (Ridley et al., 1995; Stutsky and Spence Laschinger, 1995). However, neither the concrete nor the abstract adaptive competence includes 'hands-on' skills in nursing in the way that Bjørk (1995) argued for. Thus there still remain questions to be answered about student nurses' learning in a clinical setting.

The aim of this part of the study was to illuminate student nurses' experiences and the meaning of learning within a preceptor–preceptee relationship on a hospital ward.

## 2. The study

### 2.1. Design

This study presupposes that an analysis of student nurses' narrated descriptions of their lived experience (lived experience implies the totality of life (Van Manen, 1990)) of being preceptored by a preceptor on a hospital ward can be understood and interpreted with regard to learning within this situation. The philosophical ideas of phenomenology (Van Manen, 1990; Ricoeur, 1993; Heidegger, 1993; Merleau-Ponty, 1996)

put essence back into existence and the study of the life world (the world where we live our lives every day, the world that is alive and present in our perceptions (Merleau-Ponty, 1996)) is central. Heidegger (1993) emphasises that phenomena can be studied as they present themselves to consciousness. The phenomenological idea (Heidegger, 1993 p. 58) is to allow that which manifest itself to be seen from oneself and involves the being of beings without special observation of the body. Merleau-Ponty (1996), inspired by Heidegger, describes phenomenology as the study of essence and as a philosophy for which the world is always 'already there' for the subject. And it is a subject, a person, who is conscious and is experiencing, with an inner communication with the world, the body and other people, as described by Merleau-Ponty (1996, p. 96). Thus the subject's lived experiences are always inherent in the body and the world of life. This involves also the need for phenomenological researchers to make their pre-understanding explicit (Van Manen, 1990). One important difference between the life world and the world of physics (Fjelland and Gjengedal, 1994), is that the former has meaning, while the latter does not. The intention of phenomenological research, the study of the life world (Van Manen, 1990; Heidegger, 1993), is to gain a deeper understanding of the nature or meaning of everyday experiences. In an attempt to construct an interpretative description of peoples' perceptions in the life world, Ricoeur's hermeneutic model can be used in analysing interviews (Honey, 1987).

## 2.2. Sampling strategy

This study represents one part of a larger study. One class, 32 nursing diploma students in the final year of a three-year nursing programme within a university college of health sciences in Northern Sweden was given written and oral information explaining the nature of the study. After this information, all consented to participate in the study. The first author of the present paper was familiar with the students as a former teacher on one previous course, while the second author, who was unknown, was introduced to the students. The sample consisted of all the 17 student nurses who were allocated to two different hospitals and scheduled to do the whole of their 20-week practical training on the same ward with a registered nurse selected as their preceptor. The student nurses were 21–49 years old ( $M = 33$ ,  $S.D. = 9.6$ ) and there were two males and 15 females. Six students did not have any experience of nursing service before starting their education, and 11 had worked as enrolled nurses or nursing assistants for 0.5–20 years ( $M = 8.9$ ,  $S.D. = 8.5$ ). As there were so few male students, no special attention was paid to gender in order to guarantee anonymity.

## 2.3. Methods

In-depth one-to-one interviews were carried out over a period of five weeks, starting after five weeks of training on the ward. The interviews took place in a separate room with the first author and the respondent and were tape-recorded. An open-ended question was used to help the student to narrate his or her lived experience of preceptorship (Benner, 1985; Mishler, 1995). "*Please narrate your experience and your view of the preceptorship. As nothing is right or wrong you can feel free to narrate whatever you wish. In order to help you do this you can start from where you are right now in the present preceptor–preceptee relationship. Please tell me about the process that you and your preceptor have gone through during your time together. You may start from the beginning and go on till today*". Arising from the individual students' responses subsequent questions were asked to clarify statements. The interviews, lasting from 28 to 89 min, were transcribed verbatim, producing a text of 140,466 words.

The text was analysed using a phenomenological–hermeneutic method, inspired by the philosophy of Ricoeur (1976) and developed and used by researchers in Scandinavia (Åström et al., 1993; Lindseth et al., 1994; Rasmussen et al., 1995). The interpretation involved a systematic analysis where the authors' preliminary understanding (Leonard, 1994) formed the basis of the interpretation. The authors' preliminary understanding consisted of their having been student nurses and having worked as nurses, as well as the first author's work as a qualified lecturer in nursing and the second author's work as a senior researcher, with long experience of clinical supervision of nurses in their everyday practice. Hermeneutic phenomenology was adopted through an interest in meeting students where they were, naturally engaged in their human world (Van Manen, 1990). In this meeting the authors' preliminary understanding was seen as contributing to remaining true to the phenomenon under study. The whole text of the interviews and its parts were analysed and interpreted in the following steps in an attempt to illuminate the phenomena that would emerge.

## 2.4. 'Naive' reading

All the interviews were read to gain a sense of the whole, and this 'naive' reading yielded the following impressions. The student nurses narrated their experience of being preceptored as meeting and working with the preceptor, who gave security and piloted them in their activities, with the initiative-taking pendulating between the students and preceptors. The nursing actions that took place during practical training were treated with great concern and responsibility and evoked a variety of feelings. Learning seemed to be a

movement within the student nurses' progress towards increased nursing competence. Two major domains were found embedded in the text, 'learning in practice' and 'meeting the preceptor'. The result presented here in Part 1 of this study focuses on learning in practice. The result of the interpretation of the meaning units in relation to being preceptored is presented as Part 2 of the study.

### 2.5. Structural analysis

The text was read several times to identify meaning units embracing one or several sentences that were related through their content. The text was viewed open-mindedly and the reading resulted in 2407 meaning units. In the analysis process the meaning units were read and transcribed into condensed meaning units where each unit was read in relation to the whole. Each meaning unit was interpreted in an attempt to achieve a better understanding of the student nurses' lived experience of being preceptored. At this stage the interpretation process revealed two major perspectives, one of learning and the other of being preceptored. In order to achieve a better understanding, the interpreted meaning units with learning perspectives were compared across the interviews, interpreted, labelled, and organised into three themes and six sub-themes (Table 1). Eleven meaning units with descriptions of patients' comments, health status and the organisation of work were not coded since they were not of relevance to learning in practice.

### 2.6. Interpretation of the whole

The interpretation of student nurses' narrations of their experience of being preceptored is seen as a particular case of understanding applied to written expressions of life (Ricoeur, 1976). Interpretation embraces the whole process of explanation and understanding, which in this study was focused on the student nurses' learning experiences fixed in discourse. The text was also read as a whole with the focus on existing metaphors. The interpretation was an active process but also involved distance and consideration in order to make sense, understand the text and discover the essence of the phenomenon of learning.

## 3. Findings

The student nurses were found to be directed, regarding their individual learning, to performing limited nursing actions in relation to preceptors and patients. When the students narrated their experience of preceptoring during nursing practice, the meaning in the text revealed an alteration in *the mode of learn-*

*ing*. The modes of learning include three themes according to which the student nurses' learning can be understood. These were (a) *directing learning*, (b) *learning in practical action* and (c) *feeling in learning* (Fig. 1). Each of these three themes was characterised by variations such as movements, pendulating or alterations. The variations in learning changed with respect to time, learning goals and the students' feelings during and about nursing actions. There was also a pendulating movement between the preceptors and students in taking the initiative to carry out nursing actions following the students' increased competence and level of responsibility. The pace of learning nursing actions changed, as well as the domain in focus. The movements could also be seen as going forward and back in the student nurses' learning process.

The three main themes were seen as separate but inherent in each other and understood as variations in being in a mode of learning. Thus the movement found in learning was related to directing and involved actions and feelings. Learning related to movements in actions involved directing and feelings, and learning related to altered feelings involved directing and actions. When the student nurses were concentrated and focused in the situation of carrying out nursing actions there was a variation in feelings, thoughts and self-confidence. This can be understood as a result of the students' entering new settings with only limited previous experience. According to Merleau-Ponty (1996, p. 204), one must rely on a previously constructed world of thought in order to conceive an object in its complete entity, and only by perceiving it from a position in space, on its surface, in it and outside of it can one see it in perspective. Performing movements in a setting against a background must be seen as a matter of 'I can' and is done in relation to the setting in which it takes place (pp. 137–138). All the student nurses were goal-directed in learning, even if their individual goals shifted and all expressed various feelings during their learning in action. Merleau-Ponty (1996) helps us to understand the necessity for students to be directed towards the thing, to perform nursing actions until the body has understood them and incorporated them into the body's world. This is not made easier when each situation can differ widely from case to case and to acquire even a limited habit in the form of manual knowledge of nursing actions, nursing actions must first have taken place.

### 3.1. Directing in learning

The theme of directing learning concerned the student nurses' (a) movement towards increased competence and (b) responsibility. Awareness of learning needs varied among the student nurses from the subtle to the very tangible. It was important for them to have

Table 1  
Examples of meaning units, condensed interpreted meaning units, sub-themes and themes in the structural analysis<sup>a</sup>

Meaning units	Condensed interpreted meaning units	Sub-themes	Themes
(I) "How does it feel, to take more responsibility?" (S) "Yes, it's good, it feels as if one is just starting to get a little nearer to becoming a nurse, so to speak..." (S-5)	(S) takes more responsibility and advances towards the professional role	moving towards increased competence	directing learning
"Because then I had started to do some things by myself, but it felt insecure and I wanted to wait, so sometimes it did feel, some days I felt it went backwards again." (S-11)	waiting for (P) to have confidence gave (S) a feeling of going backwards	moving towards increased responsibility	
"... Now I want to start, now this I can really manage I have given injections and I have given, yeah, taken a lot of blood samples and ECGs... so I felt mature, I felt mature doing such things." (S-4)	(S) felt mature enough to manage technical things		
"Sometimes she asks, if there is something, "do you want to go and do it or do you want me to go with you or..." Yes, then I say I feel that I can manage it, but sometimes I say please come with me this time and watch." (S-6)	(P) asks and (S) can choose to have support in carrying out action	pendulating initiative	learning in practical action
"... No, I do not know, but it is everything you do, not just technical things, but when you are allowed to take care of patients by yourself and talk, yes this is being allowed to work, to do things yourself and to think for yourself increase your feeling of self-esteem, for me." (S-15)	self-esteem increases through being allowed to think and do by oneself	performing, practising and carrying out genuine nursing care	
"Because, when you are insecure for example, if I am going to adapt a PVK, or set up a drip for example, you are so focused on just doing that then, so sometimes you forget other things." (S-6)	insecurity about carrying out actions limits field of vision		
"But now it all falls into place, it's in my bones, yes; but the first time when she let me do it alone, oh my God, was it on his right or left, was it really a green one or a pink one, it was like you had a bad memory, because there was so much going on." (S-4)	more harmony in doing compared with the first time when it was overwhelming and difficult to structure	emotions in action	feeling in learning
"Yes, you feel satisfaction knowing that you have got somewhere, have learnt something, that you are not at a standstill, instead it feels good." (S-9)	feels satisfaction and delight in taking responsibility		
"Like when I change the CVK, it is absolutely necessary, the position is with the head down, do things right, close them in the right order, all the taps and... because it is more risky then I think, it's here, or here maybe it is here — in my bones." (S-2)	learning the right way to do risky things is felt in your bones	bodily sensations	

<sup>a</sup> I is the interviewer, S the student and P the preceptor.

**Main theme A: Directing learning***Sub-themes*

- Moving towards increased competence
- Moving towards increased responsibility

*Internal variations*

Being aware of the goal  
 Going forwards and backwards  
 Feeling mature  
 Reducing dependence

Developing maturity needed for taking responsibility  
 Being aware of risks  
 Thinking and remembering knowledge

**Main theme B: Learning in practical actions***Sub-themes*

- Pendulating in initiative
- Performing, practising and carrying out genuine nursing care

*Internal variations*

Do when preceptors 'let go'  
 Act when one feels ready to go further

Considering and reflecting in doing  
 Increasing learning and competence by doing things oneself  
 Changed attention in doing

**Main theme C: Feeling in learning***Sub-themes*

- Emotions in action
- Bodily sensations

*Internal variations*

Pendulating between happiness and sorrow  
 Pendulating between feeling secure and feeling confused

Pendulating between feeling competent and incompetent  
 Vague sensations of having knowledge, need preceptor support  
 Feeling competence in the bones, hand or body

Fig. 1. Modes of learning with main themes, sub-themes and internal variations.

time to discuss their learning needs with a preceptor who could help by giving advice in formulating learning goals. When the students' most urgent learning needs were satisfied, they entered another mode of being in learning. The new mode could be characterised by increased moderation, calmness, reflection and self-confidence. The process of being in learning was a dynamic one, where student nurses' use of metaphors can widen the understanding of the instability in the life of learning. Learning seems to be moving ahead, standing still but also moving backwards, or as one student put it:

... that was the week when I believe I had been... I did rather a lot wrong, nothing special happened, but I mixed things up, and so on..., then I know I felt down, but things started to work out better and better and you are pleased with yourself, and then feel down again. (S-9)

Going backwards in learning could be understood as the student nurses needing to wait until the preceptor was confident in them in action or as actions going wrong. The learning was mostly directed ahead, but the speed and manner varied from "it is not happening

so fast”, “it has just rolled along”, “it has just been running smoothly” to “I’m feeling I’m growing all the time”. There was a balance between dependence on a preceptor and independence, which followed the student nurse’s movement towards increased competence. The dependence was seen as positive for the students’ learning when the preceptors could see, understand and react to their dependence. It seemed to follow maturation in action, and when the student nurses felt more confident in action they became more independent. One student described in the following way, how she felt when she was dependent and the preceptor did not understand this:

I think she herself has been taught, like... been thrown out, now you must take responsibility, I mean now, you have to do this when you are qualified as a nurse... I’m not there yet, but she trusts me... and it’s good in a way but it’s too hard, it really feels too much. And it takes too much energy, I have felt dreadfully tired. (S-7)

The feelings of dependence varied over time within the individual and between individuals, but were also related to the students’ awareness of their responsibility in action. The student nurses’ own responsibility in actions was related to ‘being given’ responsibility by the preceptors in an interactive way. There seemed to be an interaction process between preceptors ‘letting go’ and student nurses taking the given responsibility. The students described how they needed time to develop the courage to take action in the clinical setting. Carrying out nursing actions on their own responsibility seemed crucial for the student nurses’ learning. The student nurses commented:

Because you grow with responsibility, the more responsibility I feel I am getting, the more I need to learn, the more I need to know and the more I can suddenly do.... (S-12)

And I want to have more and more responsibility to be able to develop; the more secure I begin to feel in everything, the faster I can do everything and the more smoothly everything goes, and then I feel too it’s time to take a bigger share of the responsibility in some way. (S-14)

The student nurses expressed feelings of great responsibility when carrying out nursing actions, even though they were all aware that their actions were the preceptors’ responsibility. There seemed to be an interaction with the preceptor. When responsibility was transferred to the students, their awareness and thinking about theoretical knowledge, legal demands, skill performance and ethical considerations guided their

actions. They needed time, however, to mature and develop the feeling of being ‘ready to do’, and the time needed varied amongst individuals. The students’ maturation determined when it was time to widen their experiences of action. Within the close one-to-one relationship with the preceptors it was usually a mutual decision as to when it was time to widen the students’ access to training in practice.

### 3.2. *Learning in practical action*

Learning in practical action could be understood in the sub-themes of (a) pendulating initiative and (b) performing, practising and carrying out genuine nursing care. The initiative, regarding the students’ actions pendulated between the preceptor and the student. When the preceptors had ‘let go’, the students started to perform and carry out actions and develop their individual competence. When the students had the chance to perform similar nursing actions several times, the feeling that they were competent and secure became stronger. The nursing actions performed were initially mostly limited to basic nursing techniques. The most frequently described techniques were using equipment/aids, preparation and administration of drugs, taking blood samples, talking to patients, documentation and ‘limited patient responsibility’ for nursing actions. The student nurses expressed the importance of allowing them to make their own choices and perform nursing actions by themselves without interference and time restrictions. Their knowledge of nursing actions was limited and fragile in the beginning and when the practice on the ward was not consistent with the students’ newly learned theoretical knowledge, this created uncertainty. Ways of finding solutions to this dilemma varied, and included looking in textbooks or method books, and discussing problems with the preceptor to acquire the insight that there are several ways of doing the same thing. Another consequence of this uncertainty in knowledge was the students’ need to start to act in the new context from a lower level of competence, as exemplified by one student:

... even taking a blood sample, which I had done in... I want to see their routines and their..., what they use, because you want to see; everybody does it a little different and so on. No one takes a blood sample in exactly the same way, but anyway, so for my own feeling of security, we started completely from the beginning even though perhaps you know more than that. (S-16)

The students wanted to feel more secure, learn to have a wider view in relation to the patients and to be able to work faster in performing nursing actions

before entering new domains of action to learn further. This wish to work faster must be seen in combination with the students' appreciation of being allowed to act as a student and have time to meet the patients' needs. This included the preceptors' awareness of the students' need to have more time to carry out an action. The students needed more time to think, make their own choice, prepare nursing actions, act and interact with the patients and the preceptor in the process of carrying out nursing actions.

### 3.3. *Feeling in learning*

Feeling in learning included two sub-themes (a) emotions in action and (b) bodily sensations. The pendulum movement in learning included emotions, which alternated between feeling good and bad, happiness and sorrow, nervousness, insecurity and courage. Being met with understanding and acceptance by the preceptors helped the students to develop feelings of competence in parallel with self-esteem in learning. The student nurses expressed feelings of such bodily sensations as discomfort, pressure, tiredness, hesitation, and being overwhelmed and unable to think clearly because of being tired. The feelings were found to be related to an imbalance between the students' experience of their own capacity and the internal and external demands. More experienced students also said that they were tired during the first few weeks of practical training.

Feelings of having learned were connected with many obstacles on the way, such as 'reducing the feeling of being clumsy', overcoming feelings of discomfort in learning or starting from a dreadful feeling of uncertainty. Feelings of pleasure and satisfaction were also found. When students were new, they had difficulty in discerning what was most important, and it was important in the acquisition of competence to be able to master everything within a limited situation. The students felt well when they performed the same action several times, and even limited experience could be appreciated, as one student narrated:

Then I got to take away that feeding-tube, OK it's nothing but still, just to have done that, you don't need any more than that, just that, and you feel more secure next time. (S-12)

Through doing, practising and training nursing actions and thinking and feeling about them, the students' learning developed and they sought to find their own ways of doing things based on their theoretical knowledge and comparisons with the preceptor as the role-model. The student nurses felt increased responsibility in nursing actions in relation to increased skill in performance, limited to some tasks. Feelings of having

learned were expressed as bodily sensations, and the learned action was 'at their finger tips', was 'felt in their bones' or as a 'performance without butterflies in the stomach'. Even to know and to be aware of something that went wrong were narrated as an experience, as having gained a new insight. However, the experience of feeling that they had learned was sometimes vague and needed to be confirmed by the preceptor in order to help the students to trust their own bodily sensations.

## 4. Discussion

This phenomenological study illustrated that the student nurses investigated were very much focused and goal-directed in their own learning. This was shown when the students were asked to narrate their experience of preceptorship during practical training on a hospital ward. The students' learning could be understood as being directed towards increased competence, with learning occurring in practical actions by doing, practising and performing by themselves with the preceptor's permission. Bodily experiences and sensations accompanied the learning until the knowledge became inherent in the student nurse. A central point in the findings was the instability expressed as movement in the mode of learning. Another central issue was how energy-demanding the process is when students enter into practice as future nurses with newly learned theoretical and only limited practical knowledge. The findings also illuminated learning as a mode within the students, a mode that altered during a period of 10 weeks and varied within a day, and between days and individuals. It seems that the students' knowledge and understanding grow out of practice in a way similar to that which Hallet (1997b) found in community practice. From Merleau-Ponty's (1996, p. 144) point of view, acquiring "knowledge in the hands" cannot be achieved without making bodily efforts. Merleau-Ponty (1996) states that to understand and to acquire habits with the body as a mediator of the world, require the experience of harmony between the intention and the performance. This can bring understanding to students' experiences when learning knowledge "embedded in" nursing practice (Benner, 1984, pp. 1–12). To acquire this knowledge they had, of necessity, to be engaged in genuine nursing practice.

While Heideggerian phenomenology (1993) is orientated towards interpretation and understanding, Ricoeur (1976) adds the need for explanation in order to understand. Understanding is directed more towards the intentional unity of discourse, and explanation towards the analytical structure of texts and, as Ricoeur (1976, p. 71–88) states, the whole process of interpretation of the utterer's and the utterance's

meaning can be applied. To use the developed analysis model, as this study does, in the analysis of texts brings understanding to the results. There is a risk that the process of narrowing down the concepts may culminate in an abstract form. This may be one reason for the finding of the 'absent patient'. However, another, and probably more credible reason why the students limited their narrations involving patients, can be found in the researchers' interview questions. However, the student nurses' narrations did deal with patients and relatives and they were aware of the importance of the patients' presence, albeit in a more peripheral way. There is a need to realise (Van Manen, 1990, p. 54) that lived experiences captured in written discourse are never identical to the lived experiences themselves. Nevertheless, these findings resemble those of Bendz (1995) in that the students lacked the ability to notice the patients' specific needs.

Seventeen student nurses participated in this study. It was a limited study performed at two hospitals with students from one university college of health sciences in Sweden. The meaning of lived experience differs among individuals in the same context, as well as in different educational contexts (Johansson, 1995, p. 14). This indicates that these findings must be regarded as one confined contribution to widening the understanding of what it means to be in a mode of learning as a student nurse. The analysed text was a result of interviews with student nurses, which took place within the first half of their clinical training with the same preceptor on the same ward. From this perspective the authors have taken into account awareness of the time remaining for further learning. The authors' own experiences create the domain within which they seek and attempt to grasp the meaning of learning for the students with reference to what the text reveals. The first author's previous relations with the students may have interfered with the analysis. In an attempt to limit the risk for biases due to this fact, all interviews were coded and the structural analysis was performed with a focus on the text. The analysis was thereafter examined and discussed by the second author, who did not know the students and the contexts, in order to obtain consensus about the interpretation. The fact that both authors were familiar with the students' use of medical and nursing care terms was found to facilitate the process of interpretation.

The findings of this study indicate that the student nurses' learning alters regarding direction, action and feeling and they are seen as being in a mode of learning. All movements, alterations, pendulations and variation can be understood as a result of the energy-demanding situation that the students described in the process of moving towards increased competence within their learning, especially in the beginning. The movements and alterations can also be seen as the

meaning of learning in a phenomenological world. From the perspective of Heidegger (1993, p. 59), all movements and alterations found can be examples of 'modifications' and 'derive' from being involved in the self-evidencing of phenomena. The alteration in meaning can be understood from the students' meetings with other individuals on the ward, each with their own life story. These are meetings between the students' own life stories and the expectations that 'others' have of the students in a new world, i.e. the world of being a student nurse on a hospital ward. Another understanding of the energy-demanding process of learning knowledge in nursing practice is provided by Merleau-Ponty (1996, p. 142). He suggests that to learn one must "acquire the power to respond with a certain type of solution to situations of a certain general form". And even if the students know parts of the nursing actions, situations can differ from case to case. To acquire "knowledge in the hands" (Merleau-Ponty, 1996, p. 144) requires bodily effort. This gives support to the variations found in the student nurses' lived experience of time, effort and sensation. Learning seen as a multidimensional process is supported by Andrusyszyn (1989), who argues for the need to evaluate all domains of learning, affective, cognitive and psychomotor, in the clinical settings.

The learning of the student nurses was mainly focused on performing nursing actions in a genuine situation, often limited to carrying out basic nursing techniques. When the students' most urgent learning needs had been satisfied, an alteration in the mode of learning took place. The way, in which the students talked about these situations was characterised by emphasis and a variety of feelings, which indicates the importance of this learning. In a way this can be seen as the students' ambition to acquire and master the art or technical skills — *techne* — that registered nurses need to have. Their learning is, however, based on their previous theoretical knowledge, from which their thinking before, in and on actions derives. Adopting Aristotle's (1976) definition of science or scientific knowledge — *episteme* — as the knowledge thought to be teachable and capable of being learnt and conditioned in a certain way, the students also embrace scientific knowledge when learning in actions. From Aristotle's perspective, art is concerned with production, and prudence or practical wisdom — *phronesis* — with action. He described the difference between art, which aims to bring something into being, and action, which aims merely to do something well. The alteration in the mode of learning by doing, practising and performing can be understood as embracing *techne*, *episteme* and *phronesis*, three modes or states of mind by which 'truth' is reached. The two students who talked about learning related to another mode described by Aristotle (1976), intelligence or intuition

— *nous* — both had more than 15 years' experience of work as enrolled nurses. No students narrated any experience of learning that could be regarded as wisdom — *sofia*. From this perspective the student nurses seem to reduce the gap between theory and practice by using newly learned theory when acquiring practical knowledge.

As Aristotle (1976) wrote, one must exert oneself in order to try to find a balance in the mode of learning and to relax neither too much nor too little. This can be compared with the changed mode that the students described once they had achieved their most urgent learning goals. In a way it seems that, when this goal, often in relation to *techne* skills, is achieved, the learning of *phronesis* starts from the basis of *episteme* and creates a deeper understanding from knowledge. In this learning the preceptor plays an important role.

## 5. Conclusions

The findings of this study indicate that the learning of student nurses requires them to practise genuine nursing, to be able to perform actions on a hospital ward. The finding that there are movements, feelings and learning taking place in nursing actions indicates that, when students perform nursing actions, there is always a reaching towards something. Their ultimate goal is to achieve enough competence to be able to perform like registered nurses. The dynamic process that was found of being in a state of learning is accomplished by a desire to do well, in accordance with newly learned theoretical knowledge. It is in daily nursing actions, in combination with the preceptor's responsibility and will to let the students perform, that student nurses develop their own knowledge. However, questions regarding the level and extent of the learning achieved are not answered in this study. These findings may provide nurse educators with some insight into the value and necessity of affording student nurses access to learning by being in real-life situations. This suggests that those responsible within the service and education be required to find and organise 'real-life situations' in a positive way, for the sake of student nurses, preceptors and above all patients.

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# Paper II



# Student nurses' lived experience of preceptorship. Part 2 — the preceptor–preceptee relationship

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## Abstract

Student nurses' experience of preceptorship was the focus of this second part of a phenomenological study. The aim was to illuminate student nurses' lived experience of the preceptor–preceptee relationship on hospital wards. A phenomenological-hermeneutic analysis was made of tape-recorded interviews with seventeen student nurses. The interpretation process culminated in four themes, namely: (a) creating space for learning; (b) providing concrete illustrations; (c) exercising control and (d) seeking reflection. Each theme included sub-themes with internal variations. The theme 'creating space for learning' was understood as basic in relation to the other themes and as the foundation of student learning and preceptoring. The ongoing process of preceptoring meant that the preceptors acted as role models, were with the students and also exercised control. Control was directed both to patient safety and to student learning. The students' 'seeking reflection' included attempts to find peace and quiet either by themselves or with the preceptor. The reflection together with the preceptor facilitated the students' transformation of knowledge, from the specific situation to a general knowledge and increased the value of learning. © 1999 Elsevier Science Ltd. All rights reserved.

*Keywords:* Nursing; Practice; Preceptorship; Student nurse

## 1. Introduction

Practising nurses play a significant role in student nurses' development (Fitzpatrick et al., 1996) and learning (Diers, 1990; Hallet, 1997). Student nurses who have a qualified nurse as a personal preceptor during practical training have to share that nurses' attention as a preceptor with the daily work. According to MacLeod (1994) nursing practice is built on complex practical knowledge imbued with theoretic

cal knowledge and must be sought in exploring everyday nursing work. From this point of view it is interesting to illuminate student nurses' experience of preceptorship and meeting with a nurse as a preceptor. The focus in this second part of a major study is on student nurses' narratives of lived experience within a preceptor–preceptee relationship on a hospital ward.

Student nurses' access to supervision by a preceptor varies while learning by practice. Polifroni et al. (1995) found that 10% of baccalaureate nursing students' time was spent with a registered nurse and that learning was largely unguided. Nursing students supervised time, time spent with an instructor or any registered nurse, comprised 25% of their study time and Polifroni et al. (1995) raised questions with regard to

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the quality of clinical practice. Wilson (1994) found that nursing students in clinical settings needed more clinical time in order to learn more skills. The students were supervised by a supervisor and worked with nurses. The role of the supervisors was seen as being to evaluate and learning took place outside the student–instructor interaction. Nursing students in Wilson's study (1994) identified staff nurses with the real world of clinical practice. One implication was the need to differentiate teaching time from evaluation time. However, questions from the students' perspective of being preceptored remain to be answered.

Pilhammar Andersson (1997) studied student nurses' supervision by a registered nurse and found a lack of planning concerning how supervision should be carried out. Pilhammar Andersson (1997) also discovered that supervisors used many strategies and techniques that had no foundation in any pedagogical thinking. The nurses' role and function in the students' learning and mastery of practical skills in nursing education need to be guided. Farley and Hendry (1997) offered preceptors methods by which they could develop their role in order to facilitate student nurses' learning of clinical skills. Goldenberg et al. (1997) found that self-efficacy was valued amongst nursing students and preceptors following a preceptor programme. Harding and Greig (1994) stressed the dilemma of practitioners not having sufficient experience and training to be accountable for the teaching, supervision and assessment of learners. Their conclusion was drawn from a theoretical perspective and indicates a need to investigate whether nursing students' experiences support the conclusions. Green and Holloway (1997) found that students were concerned that clinical supervision was inadequate and too irregular. There was, however, great diversity among students. One reason (Marrow, 1997) for this diversity in student learning was related to whether a task- or a patient-orientated system was used in the clinical field.

There seem to be several unresolved issues (Corbett, 1998) within nursing education in the UK. One is the favouring of theoretical approaches to clinical skills and students' access to training within British nursing education. Corbett (1998) considers that the university setting of nurse education is de-skilling both teachers and students and is influencing the discourses on clinical skills through official guidelines. Similar tendencies will perhaps be found in other countries when nurse education becomes an academic discipline. According to Fealy (1997) the relationship between theory and practice could be understood in different ways, as an applied science or as separate endeavours upholding the theory–practice dualism. Or it may be as Molander (1997) states, that the theoretical tradition has to draw its references from practice. One way to bridge the gap between theory and practice was suggested by

Ferguson and Jinks (1994), who proposed a comprehensive and multidimensional model for use by curriculum planners. Ferguson and Jinks (1994) argued that this model was the only way to achieve the integration of theory and practice within nursing curricula. Their model was presented from the teachers' and practitioners' perspectives, but questions regarding the student nurses' perspective also need to be raised.

The aim of this part of the present study was to illuminate student nurses' lived experience of preceptorship and its meanings, in relation to a preceptor–preceptee relationship on a hospital ward.

## 2. The study

### 2.1. Background to the study

This paper constitutes the second part of a larger study, which was designed from a phenomenological perspective and which created the basis of this data. Within phenomenological studies the life world (the world where we live our lives every day, the world that is alive and present in our perceptions (Merleau-Ponty, 1996)), the world of lived experience (lived experience implies the totality of life (Van Manen, 1990)) is both the source and the object. Phenomenology as a philosophy and research method has many variations. Heidegger (1993) is one of those who have contributed to the development of the concept of life world. Merleau-Ponty (1996) establishes connections with Heidegger when developing phenomenology with an emphasis on the relationship between nature and culture. As phenomenological human science is discovery-orientated (Van Manen, 1990), it wants to find out what certain phenomena mean and how they are experienced. The phenomenological study presented in this paper deals with how preceptorship was experienced by the same seventeen student nurses who were investigated in Part I.

Thirty-two nursing diploma students, all in the final year of a three-year nursing programme at a university college of health sciences in Northern Sweden, were informed in writing and orally about this project by the first author. The first author was familiar with the students as a former teacher on one previous course, while the second author, who was unknown, was introduced to the students. After explaining the nature of the study and the requirements of participating all students voluntarily consented to participate. A sample was selected, consisting of all 17 students who were allocated to two different hospitals and scheduled to do the whole of their 20-week practical training on the same ward, with a registered nurse selected as their preceptor. Individual tape-recorded interviews were conducted when the students had experienced five

weeks of clinical practice, the last being performed during the tenth week and were transcribed verbatim. The texts contained the narrated experiences of student nurses who were being preceptored. Following a phenomenological-hermeneutic method, the interpretation started with a reading of the entire text to search for the sense 'of the whole' in the text. The present paper, Part two of the study, focuses on student nurses' narratives related to the experience of being preceptored. The first 'naive' reading was followed by structural analysis. In the structural analysis the text was read several times and meaning units were identified and interpreted. To reach a deeper understanding a contextual interpretation of the whole text was made.

### 2.2. Structural analysis

The meaning units were transcribed into condensed meaning units, i.e. interpreted meaning units and later subsumed into four themes and ten sub-themes (Table 1). The interpretation within the structural analysis was carried out as a reflection on meaning units within the phenomenon of being preceptored by a preceptor. The concept of meaning is what the speaker intends to say, the utterer's meaning and what the sentence actually says, possibly without the speaker being aware of it, which is the utterance meaning (Ricoeur, 1976). Examples of utterers' and utterance meaning, when considering one theme, are to be found in the following statement:

That one does not just do what everybody else does, everyday work, but doing something, sometimes you can sit down and do something by yourself that isn't part of the day's work, but that you are allowed to do... yes, you can have time to sit down and... (S-11)

In the above example the utterer's meaning was expressed as 'having time to sit down'. The utterance meaning found in 'you are allowed to do that' has dimensions that were understood as a feeling of mental security. Both the utterer's and utterance meanings explained experiences belonging to the theme 'create space for learning'. The text analysis revealed both utterers' and utterance meanings found in relation to the students' lived experience and were interpreted in relation to each meaning unit and its relation to the whole text.

### 2.3. Interpretation of the whole

After the structural analysis the text was read again and interpreted as a whole. Existing meaning units were compared and evaluated and explanations were discussed from both a practical and theoretical per-

spective. The analyses of all the meaning units revealed internal variations within each theme. Each theme also had value variations, which were understood as representing good or bad aspects of the meanings of being preceptored. The theme 'creating space for learning' was found to have an overriding function compared with the other themes.

## 3. Findings

Four themes were revealed from the student nurses' narrated experience of being preceptored: (a) creating space for learning, (b) providing concrete illustrations, (c) exercising control and (d) seeking reflection. All the themes consisted of sub-themes with internal variations (Fig. 1). Both the sub-themes and their internal variations provided examples of what the preceptors were doing and the ways in which they were doing it. The value variations found to be inherent in the text were interpersonally related to individual experiences of preceptorship. In the good example of preceptoring the preceptor provided the student nurses with space for learning, concrete illustrations, together with exercising control and reflection. The preceptors who did not act in this way were seen as providing poorer preceptorship. The following paradigm cases present examples of good and poorer preceptorship:

In the beginning student Sue accompanied preceptor Pat in her daily work on the ward. Sue could see the nursing actions that Pat performed and how these were done. Pat used to tell Sue what she was doing while she did her nursing work. Pat also liked to discuss alternative ways of doing things and compare her ways with the way that Sue had learnt. During the planning of what Sue needed to learn, Sue had revealed her fear of taking intravenous blood samples. They discussed this together and came up with a plan for dealing with this. Sue could observe Pat doing this job until she felt ready to try it by herself. The first time Sue was to do this, Pat chose a patient and asked for consent. Before meeting the patient Pat had asked Sue how she planned to proceed and they had inspected the equipment. When she met the patient, Sue was very concentrated and focused on the vein and the needle, Pat, who saw this, gave her attention to the patient. Sue was successful and when she had completed the whole procedure and documentation she and Pat discussed the experience.

When preceptor Pat and student Sad met, Pat had only a limited time at the end of the day to discuss

Table 1  
Examples of meaning units, condensed interpreted meaning units, sub-themes and themes in the structural analysis<sup>a</sup>

Meaning units	Condensed interpreted meaning units	Sub-themes	Themes
'...and I have been treated kindly by all and by (P) and everyone else too. And that is important too, because you feel that you have a place there with them.' (S-17)	feeling of belonging with personnel	physical/mental place	creating space for learning
'...you can think that if they are very busy, if they have a lot to do, then you can understand if they don't have time for students; but they do have a lot here too and even worse...and still they have time for their students...' (S-8)	difference in feelings about having time for students unrelated to workload	physical/mental time	
'...I do feel secure with her and I do not know why; it's just that she is calm and unmoved and I dare to ask, just that has a lot to do with how you are treated'. (S-17)	(P) is calm and unmoved and creates feelings of security	physical/mental feeling secure	
'Yes in some way I do want to see that, yeah; whether she does it the same way as I would have done it or not. I do not know if it is me, that I am just like that, but I do really want to see first, once'. (S-6)	(S) wanted first to see (P) acting first, doing it for the first time	acting as role model	providing concrete illustration
'...and then I was allowed to do it ... let me see, it was a patient with cancer that should get it; and then I did it completely and marked it and then we went there and I was allowed to give it to the patient and (P) was there all the time'. (S-9)	(S) mixed the drug and gave it to (P) with (P) present	being with student	
'And then that they do check, I always want to show what I have done and that it is good'. (S-15)	(S) confirmed knowledge by being controlled by (P)	take responsibility for patients' safety and students' learning	exercising control
'Even if (P) observes me, so I think, she is my (P) and she should watch. To be able to tell me if I do something wrong and what I can do better or if it was OK'. (S-3)	(S) understands (P)'s control as a way to obtain help in learning		
'And yes, it has felt sometimes as if something was missing sometimes, that you would like to sit down and think for a while, discuss each other's experiences'. (S-14)	(S) lacks time to sit down and share experiences with (P)	find peace and quiet	seeking for reflection
'Because I felt my (P) wants me to think by my-self how I want it to be... That I have to think, that is a good thing, if there was just the time'. (S-10)	it is good when (S) has time to think	by oneself	
'(P) gets me to activate all my senses and really reflect if this is reasonable and so on... yes then have the feedback, when I say why I do things this way, then she gets it back and so on'. (S-1)	(P)'s questions open (S)'s mind, reflection is simultaneous with thinking	together with preceptor	
'...yesterday we had an evaluation, half-time evaluation. Then for the first time I really heard that... yeah that everything was good'. (S-11)	first time (S) heard learning was OK when evaluated with lecturer	together with lecturer in nursing	

<sup>a</sup> (S = student; P = preceptor; Pt = patient).

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**Overriding theme A: Creating space for learning**
*Sub-themes*

- Physical/mental space
- Physical/mental time
- Physical/mental feeling of security

*Internal variations*

'Open doors' to the ward  
 Encourage questions  
 Give access to genuine nursing actions  
 Be with students in actions  
 Wait for student  
 Listen to students' questions  
 See and support individual students  
 Share responsibility

**Theme B: Providing concrete illustrations***Sub-themes*

- Acting as role model
- Being with student

*Internal variations*

Work as nurse  
 Talk/narrate before, during or after nursing situations  
 Talk/narrate in general  
 Go in front of, with or after students  
 Give hints

**Theme C: Exercising control***Sub-theme*

- Take responsibility for patient safety and student learning

*Internal variations*

Ask questions  
 Observe/control  
 Confirm students

**Theme D: Seeking reflection***Sub-themes*

- Find peace and quiet
- By oneself
- Together with preceptor
- Together with preceptor and lecturer in nursing

*Internal variations*

Relate theory and practice  
 Gain deeper understanding  
 Increase value of learning  
 Evaluate

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Fig. 1. Meanings of being preceptored with overriding theme, main themes, sub-themes and internal variations.

Sad's education and learning needs. Sad felt a little confused after the first day, but when she discussed this feeling with Pat, she was assured, "It is nothing to bother about." Sad expressed her need to learn how to interact with patients and learn practical skills. When some time later a patient was to receive nutrition information, Pat asked Sad to deal with it. Pat gave Sad advice about where to look for information. When Sad had done this, she still felt insecure and wanted Pat to accompany her, because as she said "I have never done this before and the patient is old". Pat's answer to this request was: "It is better you do it by yourself, you have to manage things like this". Sad gave the information and the patient, who was very talkative, made the

time fly by. When Sad reported to Pat that the information had been given, Pat commented "What a time you took". Sad wondered to herself what other way this task could have been done.

These paradigm cases should be viewed in the light of the fact that all the students narrated mainly positive experiences of preceptoring. Some students had negative experiences related to some of the themes.

### 3.1. *Creating space for learning*

The overriding theme (a) creating space for learning had a special function in relation to the other themes. This space for learning consisted of having a place and

time and feeling secure about practising nursing care with a preceptor. Being met in turn by the preceptors' trust was also inherent in this theme. Creating space for learning functioned as the foundation of student learning and concerned the place where preceptorship took place. Creating space for learning can be seen as a prerequisite for the preceptor's ongoing process of preceptoring. It was easy to reveal feelings of uncertainty and learning needs when the preceptors had created space for learning. Both physical and mental dimensions were found to be inherent in this theme. Student nurses who were given space for learning on a hospital ward certainly felt secure. The importance of being met by the preceptors was understood as the basis (Fig. 2) of the ongoing process of preceptoring and learning.

Space for learning meant that the preceptors created a place where the students could feel secure and which allowed them to learn, grow, mature and acquire professional competence. A place like this could also be compared to feelings of 'being at home'. Van Manen (1990) described home as a place '...where we can *be* what *we are*' (p. 102). From this perspective, the student nurses can be seen as dependent on their preceptors with regard to the ongoing process of preceptoring and learning. This can be understood as dependence on a person who, hopefully, can, will and manages to provide preceptoring in the space created for learning. It is a meeting with a person who, according to Merleau-Ponty (1996; p. 140), belongs to a space and time with imprecise horizons, which contains other points of view. The students could be seen as performing in a space or in a setting against a background which was not empty. While the students experienced something, there were other things in the world of practice that they were not aware of. Schön

(1987; p. 37) argued that '*background learning*' often proceeds without one's being aware of it.

The overriding theme of creating space for learning had the following sub-themes on the physical and mental plane: (a) place, (b) time and (c) feeling secure. The student nurses described how the preceptors guided them on the ward, showed them around and introduced staff and patients. This presentation was accompanied by varied impressions and some students expressed feelings of being overwhelmed. The preceptors' presentations of localities and introductions were understood as providing the students with a symbolic key, giving them access to the place for learning. Afterwards the students could easily go back by themselves, look for people, talk to them and learn within the whole ward to which they had been given access. The students were also given a 'place in the preceptor's workload' through the preceptor's assurances and encouragement to 'ask questions whenever they felt the need'. The preceptors' support in asking questions was found to satisfy the students' wish to 'look competent' and nurtured them so that they felt able to reveal actual feelings of incompetence. To give access to genuine nursing actions was found to be another variation within this theme. If the preceptors did not do this, it would be difficult for the students to learn. When the preceptors gave access to genuine nursing actions, this created a feeling of seriousness. This student-focused perspective towards a limited action pushed other things out of perspective for the moment. The focus of the students' perspectives widened as learning progressed.

The student nurses' experience of 'the time' spent with the preceptors varied within and between days and weeks. Sometimes it was understood rather as 'mental time', as the students knowing that the preceptors had time for them, if they needed it. Occasionally the students needed the preceptor's time as a waiting time in which the students thought and acted. The preceptors' time was also needed for listening to the students' questions. Permission to ask as many questions as necessary was stressed by all the students. According to the analysed text most questions were asked before entering the patient's room. Many questions were asked when going together from one place to another. This was described as 'preceptoring on the way' and cued limited time. The students expressed their awareness of the preceptors' limited time and tried to accommodate to it, as the following student narrated:

But I understand my preceptor because there are always too few staff, because two have been ill and they obviously do not get any one to fill their places. So the situation left something to be desired, but I have to adapt to the situation as it is. (S-2)

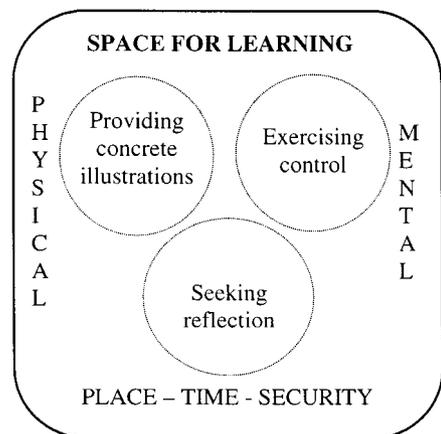


Fig. 2. Relational aspects of themes in the process of preceptoring.

It was easy to accept being met by preceptors who mentally wanted to create time to wait, listen to and be with students, but lacked the physical time. Nevertheless, the students wanted to spend more time discussing things with the preceptors. The preceptor who saw and supported the student nurse was, in doing this, creating space for learning. The students felt secure when they were seen as individuals in an authentic and genuine way by the preceptors. To see each other involved more than seeing just the professional role. The preceptors and students had close relations and this also involved showing some personal interest and becoming acquainted with each other. Through knowing a little more about each other, more understanding of each other's perspectives could be achieved. All the students discussed their learning needs with their preceptor and their lecturer according to the study guide provided by the University College of Health Sciences. When the students knew that the preceptors knew what they wanted to learn, they felt secure. Being able to share responsibility with the preceptors also gave the students a feeling of security. The importance of someone suitable to share responsibility with was related to students being engaged in genuine nursing practice. At the beginning of the practice, feelings of shared responsibility were often described as 'being close to each other'. When the students' learning progressed, their need to be near the preceptor diminished, but feelings of security still remained with the preceptor at a distance. For there to be these feelings of security at a distance, it was essential for them to have been established earlier on.

### 3.2. *Providing concrete illustrations*

The second theme in the process of preceptoring was interpreted as the preceptors providing concrete illustrations and consisted of sub-themes (a) acting as a role model and (b) being with the student. The preceptors acted as role models either in their work or in their narrations and talk. When the student nurses were on the ward, they followed the preceptors' schedules and spent most of their study time together with the preceptors. The students observed the preceptors in their daily work and followed them closely, especially during the first part of the ten-week practical training. The way the preceptors acted towards patients, relatives and staff provided the students with a possible pattern for their own actions. All the students highlighted the importance of being with the preceptors, even those who had long experience of previous work as enrolled nurses. To be able to observe at least one concrete illustration provided the students with a genuine alternative to their newly learned knowledge, as the following quotation exemplifies:

I think it is just that I have been able first to see how she does it and then you have learnt at college to do it in a special way and then later to see how she does it; and she tells you why she does it in the way she does. (S-8)

Via this real-life role model, the students could link their theoretical knowledge to practice and widen their understanding before embarking on their own acting and learning in practice. Some students needed to be with their preceptor for a longer time (three to four weeks), before they felt mature enough to carry out certain actions by themselves, while others needed less time. Apart from individual variations in the time that the student needed to use the preceptor as a role model, there were also contextual variations related to the complexity of the tasks and actions.

The student nurses were focused on performing certain nursing actions (Öhrling and Hallberg, submitted; Part 1.). In this performance the preceptors acted as role models when they talked and narrated before, during or after nursing actions. Thus the preceptors' knowledge and understanding revealed in actions were also presented verbally. This gave the students a further perspective on the actual situation. The preceptors could also verbally support the students in actions when this was needed, of which the following is an example:

... and this feeling when I saw it and really smelled the pus, then I felt I could *not* manage this, because it was such a nasty thing to pull out of the stomach. It was too much and then she just said "take a deep breath, you'll manage very well" and I thought, I have to do it (laugh) and then I took a deep breath and carried on. (S-17)

Even if the students were narrowly focused when thinking about and doing their own tasks, the preceptors' general talk and narrations functioned as models by providing concrete verbal examples. This created an understanding in the students of how to communicate with patients, relatives and ward and service staff. From being close to their preceptors when they were speaking in general, the students acquired an insight into how certain knowledge and experience had developed over time. This general talk overheard by the students also functioned as a foundation of the values embedded in the nurses practice.

All the student nurses stressed the importance of having a preceptor who first showed them how to perform nursing actions. The time needed to simply follow the preceptor without feeling any demand to act and be active varied among the students. Having time to be with their preceptors, observe and listen before carrying out nursing actions themselves allowed the

students to mature and acquire the courage to act by themselves. This courage was accompanied by feelings of uncertainty. At first the students needed the preceptor's presence when they performed nursing actions. All the students were aware of their own limited capacity to communicate with patients when performing nursing actions for the first time. In this situation the preceptors helped by being with the students and interacting with the patients. This need for the preceptor's presence during an action changed in relation to the students' increased competence. When the students had acquired competence to a certain level, they felt more at liberty to develop their own knowledge by acting with the preceptors at a distance. When the students performed nursing actions by themselves, these were concluded by reporting back to the preceptor. These reports functioned as 'being with the preceptors' at a distance. Apart from this, making reports was another nursing action that the students needed to learn by doing it in practice. The preceptors also gave the students valuable hints. These were mostly practical and aimed at making it easier for the student to learn and avoid pitfalls as the following example shows:

And I have had problems with those air bubbles in the syringe, how (laugh) to get rid of them ... and in the beginning I flicked and flicked and nothing happened, but then she showed me, "Just do it this way". And so we took it from the beginning next time. (S-3)

The hints given were derived from the contextual practice in which the preceptors worked. Some students gave the preceptors or other nurses hints, mainly from their newly learned theoretical knowledge.

### 3.3. *Exercising control*

Being with preceptors who exercised control meant, for the student nurses, feeling safe when the preceptors took responsibility for the patients' safety and the students' learning. The preceptors exercised control by asking questions. The questions could be asked before, during and after the students had performed various actions. The questions focused on the students' thinking and they became concentrated on the actions. Another way to exercise control was through the preceptors' observation of what nursing actions the students were performing and how, or as one student narrated:

... and then I did it lots of times and she was with me and I remembered to check everything. And it was the same when she, she saw in some way that I felt secure when I went in there, when I., then she

started to let me go and said go and give this to the patient. (S-16)

The above situation is an example of the alternation between the need to be near each other and the need to be controlled at a distance. All the student nurses narrated the experience of being controlled. Most concern and control were narrated in relation to the handling of drugs. The control was exercised either openly, directly by the preceptors or was felt as 'being watched over'. To be controlled was seen as a guarantee that the student acted correctly and did not cause any harm. From this point of view all the students appreciated being with a preceptor who exercised control. The student nurses' learning was confirmed by the preceptors' control and their feelings of security in their learning increased. Even when both the preceptors and students knew that the latter were competent and acted correctly, they still sought control by the preceptors. This was understood as the students wishing to be given positive confirmation and to be supported in feeling competent.

### 3.4. *Seeking reflection*

The theme 'seeking reflection' involved sub-themes (a) finding peace and quiet, (b) being by oneself, (c) being with the preceptor and (d) being with the preceptor and the lecturer in nursing. To reflect seemed to mean to have peace and quiet either by oneself or with the preceptor and/or lecturer in a changed state of activity. The peace and quiet, as related to reflection, contrast sharply with the inherent movements found in the other themes of preceptorship. The newly learned theoretical knowledge was the basis of the student nurses' thinking before and during action. Some places on the ward were experienced as being not quiet enough for the students' thinking. They needed time in peace and quiet to think, remember and reflect by themselves about their theoretical knowledge before performing nursing actions. A deeper understanding of practice could be gained by the students when they returned to the literature, read, thought and analysed their own experiences after nursing actions. The preceptors seldom took the initiative in relating theory to the students' understanding of nursing actions.

The student nurses who had time and a place to be with their preceptors and reflect on nursing actions thought that they achieved a deeper understanding. The students valued their learning more highly if they had reflected on their experiences with their preceptors. In their reflections the students discussed with the preceptors their experience of feelings, values, skills and knowledge in a genuine action. The more experienced preceptors could help the students to understand different alternatives, solutions and outcomes in action. The

aim of reflection was that the students would create their own extended knowledge, which would make them more prepared for the next time. If experiences of a certain emotional character were not reflected on in close relation to the relevant actions, they seemed to pale before new problems, as the following statement reveals:

... but still, yes..., I felt it was not quite right in his last moment of life ... and that was a situation when I would really have liked to sit down afterwards and talk about it and also maybe ask why we had to ... but I think, it was not because of the amount of fluid but, yes there were a lot of questions afterwards that wouldn't go away. (S-6)

This experience faded but was not forgotten, as this narration evidences. If this student nurse had had the time to reflect with the preceptor, her understanding of the situation could have been deepened. Only limited time was available to reflect with preceptors. However, there were also individual students who were afforded regular time to reflect with their preceptors. One alternative when the students were unsuccessful in their search for reflection was to use every single moment to discuss things with the preceptors. These discussions played an important role by solving the students' problems with nursing actions. The peace and quiet needed for deeper, wider thinking and focusing on learning problems did not, however, exist in these situations. The students' learning was evaluated with the lecturer and the preceptor. For some students the evaluation after five weeks of practical training was the first time they had had any response to their learning, whereas others had had it regularly. A special place was reserved for the evaluation and time was allowed for students to reflect on their learning. Through this evaluation the students got to know officially that they had made progress in acquiring knowledge when they had done so.

#### 4. Discussion

Student nurses' experience of preceptorship from practical training on a hospital ward, with a pre-selected nurse acting as their personal preceptor, was focused on in this study. One significant part of the nurses' role as preceptors was to create space for learning. The students who were given space for learning could feel that they had a legitimate place to be in and in which to act, a place to feel secure in, like 'a home'. 'Creating space for learning' functioned as the basis of the ongoing process of preceptoring and in turn of learning. In the space for learning, the nursing students' learning was facilitated by the preceptors' pre-

ceptoring. This can be compared with Mayeroff's (1972) descriptions of caring, as helping the other to grow and actualise him/her-self. To help another person to grow is to '...help him to care for something or someone apart from himself and it involves encouraging and assisting him to find and create areas of his own in which he is able to care' (Mayeroff, 1972; p. 10–11). The data in this study were interpreted and understood in terms of it being the preceptors who created the space for learning, whilst Mayeroff suggested that a person who helped another to grow, encouraged and assisted the other to find and create his own space. One reason for this difference can be found in the interpretation of the students' experience of the preceptors' role. When the students narrated about their preceptors' willingness to provide access to learning situations and time for questions and to encourage feelings of security, this was understood as an activity emanating from the preceptors. However, it was individual students' narrated experience of individual nurses' preceptoring, captured in a text, that was understood as creating space for learning. Perhaps the students were unaware of their own interacting role with the preceptors in this perspective. Russel and Cordingley (1996), who found it unlikely that students' clinical outcomes could be measured immediately before or after course cessation, lend support to this interpretation. Nevertheless, the space created for learning was seen as a basis of finding meanings within the process of preceptorship. The importance of students' access to space, time and feelings of security can be compared with Merleau-Ponty's (1996) descriptions of how our body inhabits space and time and provides indeterminate horizons in different ways. This brings an understanding of individual students' varied experience of space, time and feelings of security. Another aspect that this finding highlighted was that students need to be prepared before learning in practice and to be prepared to be active in learning.

Good preceptoring facilitated the student nurses' learning. The students learning when performing nursing actions was goal-directed, involved feelings (Öhrling and Hallberg, submitted; Part 1) and was characterised as an alteration in the mod of learning. The preceptors' willingness to provide students with concrete illustrations, exercise control and give opportunities for reflection put demands on the preceptor to watch and follow the students when they were learning. This requirement can be compared with those requirements which Mayeroff (1972) described in relation to caring. From Mayeroff's perspective preceptors need to know the student, follow the student's rhythm when learning and be patient so that the student can find herself in her own time. Preceptors who do not do this can be experienced as providing poorer preceptoring. From Mayeroff's (1972) viewpoint good

examples of preceptoring also involved seeing students truly and being honest both with oneself as a preceptor and with the students. Other major ingredients that Mayeroff (1972) described were trust, humility towards the other, hope and the courage to go with the other into an unknown future. People who are competent have not stopped learning (Molander, 1997) and in order to facilitate learning, students need preceptors who provide good preceptoring. In a preceptor–preceptee relationship preceptors can observe students, be a ‘second body’ (Merleau-Ponty, 1996; p. 91) and provide students with varied perspectives while they are learning to become competent nurses.

Student nurses’ experience of the world of preceptorship was focused on in this study. Phenomenological research is the study of lived experiences (Van Manen, 1990; Merleau-Ponty, 1996) and it is the study of immediate experiences of the life world rather than conceptualised aspects of it. However, it is important to understand that amongst the numerous phenomenological philosophers this paper adopts Heidegger’s (1993) perspective that an understanding of a person cannot take place in isolation from the person’s world. From this perspective student nurses were asked to narrate experiences of preceptorship in an attempt to explicate meanings as lived in clinical practice. When the first interview took place the students had five weeks experience of clinical practice; the last interview was conducted during the tenth week. This variation in the length of their experience time may have affected the findings. It is necessary to realise that lived experience ‘can never be grasped in its immediate manifestation’ (Van Manen, 1990; p. 36), but only reflectively as a past presence. The introductory question was the same for all students and was aimed at inspiring them to narrate lived experiences. Subsequent questions followed each student’s narration. This was done in an attempt to accompany the students in the process of their narration in a way similar to that which Mishler (1995) proposed. With this method the text that was analysed mirrored seventeen individuals’ experience of the same phenomenon. Nevertheless, at the end of the analysis process not many new variations were found.

When analysing the text, meaning units were identified to attain an understanding of each part, both independently and in relation to the whole text. According to Ricoeur (1976, p. 74) explanation is directed more towards the analytical structure of the text. In order to explain what was found and to understand the text as a whole, the text’s metaphors were analysed. Because metaphors are based in reality (Froggatt, 1998), they give implicit insights into the understanding of practical experiences. Froggatt met nurses who used metaphors when talking about sensitive subjects. This indicated a value in using metaphors when analysing the text. Ricoeur (1976) points out

that the interpretation process involves both an understanding of the intentional part of the text and an explanation more directed towards the analytic structures.

In the theme ‘exercising control’ a double function was found that was directed both towards the patients safety and to the students’ learning. The student nurses were aware of and appreciated being controlled and experienced that as a guarantee of the patients’ safety. However, in the analyses the utterance meanings revealed a further dimension within exercising control. This dimension was understood as the students seeking to be controlled and in this way obtaining positive confirmation from the preceptors. One explanation for these findings might be that the students are striving towards professional identity in a way similar to that which Fagermoen (1997) found amongst nurses. Nurses evolve a set of specific and differentiated values (Fagermoen, 1997) through working and interacting with colleagues, patients and relatives. Perhaps working with the preceptors and seeking control functioned as an interaction with a colleague where the students’ values could be confirmed, leading to professional identity. Another explanation for students seeking control could be their desire for empowerment. This, however, is not supported by Hokanson Hawks (1992; p. 610), who stated, ‘Leadership in an empowering setting focused on developing others, not on methods to control others’. The meaning found in preceptors exercising control can perhaps be related to the knowledge that students aimed to acquire. This knowledge, knowing-in-practice, can most fully be revealed (Macleod, 1994; Molander, 1997) by collectively exploring everyday work. From this perspective the students’ seeking for control could be seen as one method of collectively exploring nursing practice.

All the student nurses valued reflection highly when learning in practice. However, the students’ narrations were more characterised by a seeking for reflection than by experiencing reflection, showing a similarity to Pierson’s (1998) thoughts. Yet the students’ utterance meanings revealed awareness, understood as a certain consciousness of themselves when learning nursing actions. This was understood as the phenomenon called ‘apperception’ (Bengtsson, 1995; p. 29), which is a ‘presupposition for reflection and self-consciousness’. Reflection in action is described by Schön (1987; p.31) ‘as a process one can deliver without being able to talk about it’, whilst Van Manen (1995) believed that true reflection in action is difficult. Even Bengtsson (1995) argued for the need to reflect on something. The students stressed the need to be able to think before acting, as they were very focused when performing nursing actions. This thinking before acting was understood as reflection on one’s own preceding activity. The students’ reflection was derived from newly

learned theoretical knowledge that affected genuine practice. To reflect was seen as individual self-reflection and thinking and was always limited to one's own individual practice (Bengtsson, 1995). Reflection on actions in which the preceptors and students participated together resulted in the students gaining a deeper understanding and increasing the value of their learning. The preceptors' dialogues with the students served as an alternative perspective for the students in their learning of the practice within the profession. Through discussions with their preceptors and lecturers, the students received help in acquiring the distance needed for self-reflection and thinking. The need for finding peace and quiet in relation to reflection is possibly a prerequisite for being able to focus on oneself. The meaning of necessary peace and quiet is understood differently from the kind of 'stop and think' Van Manen (1995; p. 34) described. It is rather understood as presupposing the creation of an internal space for students' learning, similar to Arendt's (1988) description of the contemplative life. Perhaps it is within this internal space that the student's individual thinking, knowing and understanding of situations take place. Reflecting with others facilitates the transformation of the student's knowledge, from that experienced situationally to general knowledge. According to Kvernbekk (1998) 'working knowledge' embraces relations between actions and their effects and this knowledge is of a general character. These students reflecting with their preceptors was seen as one process in the learning of students who will later work in a professional field.

## 5. Conclusions

Student nurses experience of preceptorship during practical training on a hospital ward, with a pre-selected nurse as their personal preceptor, was the focus of this study. The findings revealed that 'creating space for learning' functioned as the basis of the ongoing process of preceptoring and, in turn, of learning. Even if these findings were limited, being from a small sample of seventeen students, nurses acting as preceptors may find inspiration in them. Individual experiences revealed good and poorer examples of preceptoring. It is important to analyse what, in the nurses daily work, facilitates and/or hinders them in their role as a preceptor and to emphasise the value found in preceptoring, as supporting students learning of practical knowledge. However, it also seems that students learning functions as a medium between theory and practice, maybe providing practitioners with limited insights into new theories. The high value that students put on reflection makes demands on all those involved in nurse education to find ways and means to

increase the amount of time and peace needed for reflection. As learning is a process that takes place within the students, the findings also indicate that students need to be prepared for this. These findings illuminate student nurses viewpoints on preceptorship from the first part of their practical training. Questions still remain about whether the meanings of doing nursing practice with a preceptor change over time and, if they do, in what ways.

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# Paper III

# Nurses' Lived Experience of Being a Preceptor

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## Abstract

Registered nurses' lived experience of preceptorship was studied in this phenomenological study. To illuminate the meaning of registered nurses' experience of being a preceptor for student nurses, individual tape-recorded interviews were conducted with 17 registered nurses. They narrated their experience of being a personal preceptor for student nurses during practical training on a hospital unit, and the interviews transcribed verbatim were analyzed phenomenological-hermeneutically. The analysis revealed two main themes (1) including the student in their daily work and (2) increasing awareness of the process of learning, as well as six other themes, which contributed to a new comprehension of the meaning of being a preceptor. All the themes were related to the ongoing preceptor-preceptee relationship. The preceptors' thinking on past experiences and their ideas of nursing care in the future were present simultaneously. Nurses acting as preceptors were perceived as conscious individuals, demanding a balance of their daily work responsibility with increased awareness of the professional demands of nursing care. Preceptors gained increased awareness of and a desire to fulfill the student nurses' varied learning needs and increased awareness of their own learning process.

Index words: Nurses; Preceptorship; Nursing practice; Student nurses; Phenomenological-hermeneutic analysis.

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## **BACKGROUND**

Despite the widespread use of preceptorship as a clinical teaching method for undergraduate student nurses (Schoener & Garrett, 1996), there is a marked lack of understanding about the implications for nurses acting as preceptors. The nurse provides on-site supervision and clinical instruction (Nehls, Rather & Guyette, 1997) as a preceptor. When nurses are preceptors, their major role is that of a clinical teacher involving a one-to-one relationship with the student while they continue to carry out the other responsibilities of their positions (Sloand, Feroli, Bearss & Beecher, 1998). According to O'Shea (1994) nurses' roles as preceptors include being a clinical teacher, mentor, and colleague, and involve a variation in the relationship to the adult learner ranging from the most formal to the informal.

Precepting students has been found to be labor-intensive and stressful, but it also brings a challenge, enthusiasm, and enrichment to the workplace (Sloand et al. 1998). In a Canadian study (Dibert & Goldenberg, 1995), the preceptors' own benefits and rewards were found to be the most compelling reason for becoming a preceptor and were expressed as an opportunity to assist preceptees to integrate into the nursing unit, to teach and improve one's teaching skills, to share knowledge with the preceptee, and to gain personal satisfaction. A similar pattern with mainly altruistic and professional development goals was found by Usher, Nolan, Reser, Owens and Tollefson (1999) among Australian preceptors. However, Usher et al. (1999) point to the importance for both educators and clinicians of taking responsibility for the development of preceptor skills, of support and of rewards for participation, so that preceptorship can be effective and fulfil its objectives. Since the use of preceptor programs is becoming more common, the need to describe its implications for nurses who act as a preceptor is important and worthy of further attention.

The preceptor model is being used increasingly in the United States (Kersbergen & Hrobsky, 1996; Schoener & Garrett, 1996) and in Australia (Beattie, 1998) in the final semester of undergraduate nursing study. When preceptors meet the undergraduate or graduate student nurse, they meet an adult learner, who is autonomous, who has life experience and social roles, and who tends to be problem-focused when learning (O'Shea, 1994). Also in specialist areas, such as bone marrow transplantation (Cohen & Musgrave, 1998), preceptorship programs have a key function for students' and nurses' learning.

Questions about using preceptorship as a model in clinical teaching also for beginning student nurses have been raised by Nordgren, Richardson and Brown Laurella (1998). They have outlined the use of a preceptor model as

one of four clinical models for teaching beginning student nurses. Nordgren et al. (1998) found that beginning student nurses clearly benefited from the precepted clinical experience. The students included in the pilot study by Nordgren et al. (1998) were, however, all experienced in nursing. This was to avoid the preceptors' workload becoming too heavy through meeting truly unskilled students. Although the nurses' experience of preceptorship was predominantly positive (O'Shea, 1994), some nurses reported negative aspects. For those involved in nursing education learning more about nurses' experiences when using the preceptor model is useful.

When studying the educational outcome of student nurses' clinical education, many questions are left to be resolved. Cox (1995) identified one area of concern: student nurses have taken different courses in subject areas where the clinical staff have had very limited preparation for their role. Cox (1995) stated, "*We may be expecting unrealistic levels of involvement by staff nurses in the education of others in addition to their prime objective of patient care.*" (Ibid. p. 21.). Although Cox's concern was raised in relation to variations in the ability of clinical staff to supervise students, similar dilemmas using a preceptorship model exist.

The need to find models that enhance students' human relational capacity is one perspective drawn out of Hartrick's (1997) study. Hartrick presents one model leading toward a process of transforming nursing practice to reflect specific values. Another suggestion for developing knowledge in practice is given by Rolfe (1997). He argues that it might be possible to begin to understand how experts think in a more controlled and logical way by helping practitioners articulate how they arrive at their decisions. This raises interesting questions with regard to nurses acting as preceptors. Is it the case that the discussion taking place and the questions asked in the preceptor-preceptee relationship contribute to the students' and preceptors' learning as well? And if this is the case, how does this process work, or do nurses acting as preceptors experience their workload as so overwhelming that questions from the preceptee merely create more stress?

Many efforts have been made in the search for effective promotion of learning in the clinical setting. Dancer and Watkins (1997) described a development of the student nurse coordinator role whereby a registered nurse, who enjoyed teaching and worked full time, could volunteer to be trained as a preceptor. The students knew exactly whom to go to for help. This resembles the findings of Hallet (1997), who reported the experiences of nurses acting as individual supervisors within nursing students' community-based practice. Moreover, mentoring in pre-registration nursing education resembles (Atkins & Williams, 1995) the concept of preceptorship. From O'Shea's (1994) perspective the roles of the clinical preceptor include being a teacher, mentor, and colleague. The advantages found (O'Shea, 1994; Schoener & Garrett, 1996; Beattie, 1998; Nordgren et al. 1998) in using a preceptor model for the clinical teaching of student nurses are important to

note. However, nurses' lived experience of being preceptors can vary. Sloan et al. (1998) described that experiences varied from being stressful and labor-intensive to bringing challenges, enthusiasm, and enrichment to the workplace. Questions that still remain to be answered include nurses' experience of being preceptors for student nurses with varying previous experience. The aim of the present study was to illuminate the meaning of nurses' lived experience of being a preceptor for student nurses in an inpatient setting.

## **METHOD**

This article draws on data collected as part of a larger phenomenological study focused on clinical teaching and learning within nursing education. The data in this part concerned preceptors' lived experience of preceptorship. The study was designed on the basis of phenomenology, seen as a discovery-orientated human science (Van Manen, 1990). A phenomenological-hermeneutic method developed and used by researchers in Scandinavia (Lindseth, Marhaug, Norberg & Udén, 1994; Söderberg, Lundman & Norberg, 1999), inspired by Ricoeur (1976, 1993), was used for analysis of the data. According to Kristensson Uggla (1994) there is a mutual relationship between phenomenology and hermeneutics within Ricoeur's hermeneutic phenomenology. Because we are in the world, affected by situations, we have something to say and express in language (Ricoeur, 1976). According to Ricoeur this is fundamental for regarding language as not only being directed towards ideal meanings, but also referring to one's experiences. Interpretation of experiences caught in text is a particular case of understanding (Ricoeur, 1976, 1993), embracing explanation, and a dynamic process of reading. Walters (1995) regards practical activity and its context as inseparable, and this view was adopted in this article, as well as the view that pre-understanding (Heidegger, 1993) influences one's perception and interpretation.

### ***Ethical considerations***

Permission was obtained from the relevant managers before the study. Informed consent was obtained from the participants, who had the option of withdrawing from the study at any time. The study was performed in accordance with the principles of research ethics approved by the Swedish Council for Research in the Humanities and Social Sciences (HSFR, 1996).

### ***Participants***

The study was performed at two hospitals, where all the 17 nurses acting as preceptors for individual student nurses volunteered to participate. Written and oral information explaining the nature of the study and what was required of the participants was given to the nurses. The nurses (all women) were preceptors to student nurses undertaking the first part of their major period of 20 weeks of nursing practice in the third year of a 3-year diploma program within a university college of nursing in Sweden. The ages of the nurses varied from 29 to 55 years (Md. = 45) and their work experience in health care ranged from 7 to 30 years (Md. = 19.5). The nurses' previous experience of being a preceptor ranged from no students to more than 20 students (<5 = 5 nurses, 5-15 = 9 nurses, and >15 = 3 nurses).

### **Narrative interviews**

The nurses were asked to narrate their experience of being a preceptor. An open-ended question was used,

*“Please narrate your experience and your view of being a preceptor. As nothing is right or wrong, you can feel free to narrate what you wish. In order to help you do this, you can start from where you are right now in the present preceptor–preceptee relationship. Please tell me about the process that you and your student have gone through during your time together. You may start from the beginning and go on until today”.*

Subsequent questions were asked to clarify statements selected from the individual respondents' answers. The audio tape-recorded interviews lasted from 33 to 61 minutes. One nurse did not want her interview to be tape recorded. During this interview notes were taken and checked with the subject before the interview was over. The interviews were transcribed verbatim into a text of 109,582 words.

### **ANALYSIS**

In the phenomenological-hermeneutic analysis of the data used in this study, three steps, naive reading, structural analysis and holistic interpretation were applied. The meaning of being a preceptor was in focus during the interpretation.

The *naive reading* of the 17 interviews revealed a great feeling of responsibility as a preceptor. This responsibility was expressed as a concern related to patients' safety, to the individual students' learning, and to piloting the less experienced into nursing care. Another impression was the variation between nearness and distance in the relations with the student, and a

variation in the feeling of exertion connected with the preceptorship, a variation that changed over time.

When performing the *structural analysis*, the text was read over and over again and divided into meaning units. Each meaning unit could embrace one or several sentences of the text related to the same content. All the meaning units of the preceptors' experience of preceptorship relating to the meaning of being a preceptor were extracted. The identified meaning units were compared between the interviews. An identification of the variation in the individual preceptors' experiences revealed seven interviews that represented the greatest variation, whereas the others were characterized more as various examples within these variations.

The meaning units were later abstracted into interpreted meaning units, sub-themes, themes and main themes in the seven identified interviews, a process that progressed until a saturation point was reached, which occurred after 12 interviews. The remaining 5 interviews were later interpreted using the same method and were treated as a reference group for comparison to establish credibility in the process of interpretation. In the on-going interpretation process each interview was read again, focusing on the metaphors in the texts. The metaphors were identified, extracted and analyzed by reading and discussing them many times. The preceptors used metaphorical expressions (Table 1) mostly in relation to their narrations about their experience of time and pace when being close to the student in the daily work. Because there are always more ways than one to interpret a text (Ricoeur, 1976) the interpretation progressed until the most probable one was found.

Finally, the *holistic interpretation* of the whole material was performed by reflection on interpretations, comparing the findings at the different stages, derived from the parts and the whole text, and comparing the findings for the two groups, to understand the nurses' experience of being a preceptor. This new understanding was developed as a process and consisted of nearness and distance over time to the text analyzed. The preliminary findings were orally presented to one group of 28 nurses and one group of 25 health care professionals (nurses, occupational therapists, physiotherapists and social workers) participating in a preceptorship program. These professionals confirmed the findings and felt familiar with them.

Table 1. The Preceptors' Metaphorical Expressions for Their Experience of Time, Pace and Nearness to the Students in Their Daily Work.

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"We had hardly any time to speak with each other then, it was just a question of [the student] coming along with me."

"It is more a question of holding on for a moment in order to let her set her own pace."

"Then suddenly they are taking part in the work ... because the other work is just running smoothly."

"What I have tried to bear in mind is that I shouldn't proceed too quickly."

"Difficult in the beginning when you are a preceptor with this great closeness, having someone following you around all the time."

"I felt the need for a breathing space in some way."

"She is supposed to manage by herself then, but I'm still supposed to keep an eye on her all the time."

"I'm supposed to stand like a hawk looking over her shoulder then."

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## FINDINGS

From the nurses' narrations about being a preceptor, the meaning of preceptorship was understood as comprising the main themes (1) Including the student in their daily work and (2) Increasing awareness of the process of learning. These main themes were related to each other, to time and to six different themes. These six themes were labeled (1) being responsible for nursing care and creating space for learning, (2) developing trust in the student, (3) being near the student, (4) relating to previous learning situations, (5) increasing self-reflection in nursing care, and (6) wanting the students to become competent nurses (Fig. 1).

The narrated experiences emanated from the present situation, but the preceptors' awareness in thought of the past and the future was also found as meaning in the text. The meaning emanated from an interpretation of what the preceptors intended to say, the "utterer's meaning" and what the sentence meant, the "utterance meaning" in the text (Ricoeur, 1976). The extension of the narrations in time was seen as a precondition for increased awareness of the process of learning. This interpretation is supported by Merleau-Ponty (1996), who stated the need for a kind of original past for grasping the full significance of reflection. The preceptors' awareness of themselves when delivering nursing care and their memories of, thoughts on, and experience of

either their own nursing education or of previous preceptorship were brought to the fore by the meeting with the student. The preceptors' original past experiences can also be seen as "the horizons" within which knowledge takes its place (Merleau-Ponty, 1996, p. 207) and is opened up by perception. From this horizon the preceptors increased their view of the student and in turn their insight of themselves. This increased self-awareness is related to their own work performance and their own learning. Being a preceptor for student nurses seems to create new perceptions, where the individual students' particular form of behavior is the key to the meaning of increased awareness of the process of learning.

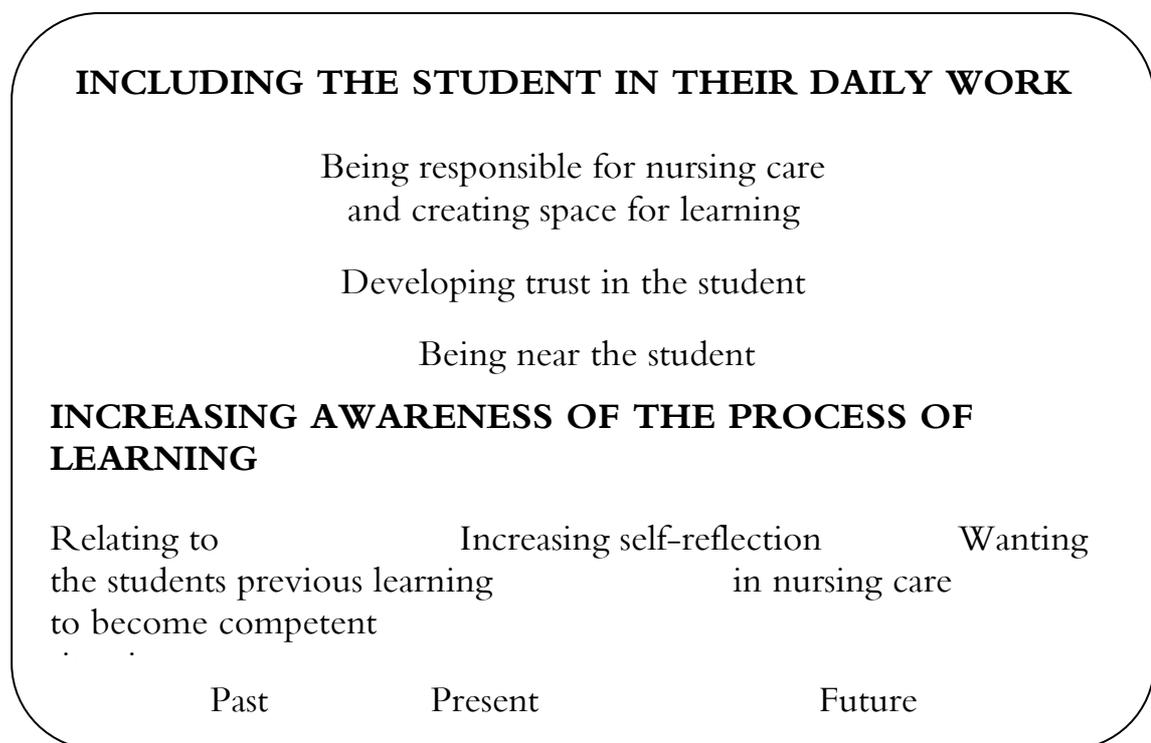


Figure 1. The meaning of being a preceptor for student nurses

#### Time, Pace, and Nearness to Student

In the main theme "Including the student in their daily work" the dimension of time was seen as one aspect of the variations in the theme. However, the experience of a time dimension was more related to nearness to the individual precepted student in this overriding theme, compared with the main theme "Increasing awareness of the process of learning", and this experience was often narrated in metaphors (Table 1). It was, however, also the individual preceptors' experience of being a preceptor in actual work

situations that interacted with their varying perceptions of time. Some preceptors did not sense a lack of time even if they had a heavy work situation whereas some of the other preceptors could not adapt their preceptorship to their work so easily as the following statements show:

*...precisely those days when [the student] started, it was a little calmer on the ward, so we had time to, yes time ... it does always take time to instruct; it does feel longer compared with the actual time it takes, because you are so used to everything without [the student], yes everything does go a little faster, yes things are different when you are working by yourself, because you know. (P-11)*

*So you have to take the opportunity when it comes, like, and, yes, there was an enormous pressure at the beginning and it was very difficult; I thought that it must be very difficult for [the student] when everything happens so quickly, I mean the patients have to have first priority when there are so few staff, that's the way it is, but then, in the afternoon or so, I tried to speak about the experience we had been through and .... (P-8)*

Adapting to the pace of the student and being followed by the student all day long were demanding. Merleau-Ponty (1996 p. 412) describes time as “not a real process, not an actual succession that I am content to record. It arises from *my* relation to things...What is past or future for me is present in the world.” The preceptors’ lived experience of time emanated from their consciousness, which, according to Merleau-Ponty (p. 414), constitutes time. In this perspective the preceptors’ experience of time must be seen in relation to their experience of their actual situation mirrored against their memories and ideas about future nursing care. This can result in an understanding of the variation in the experience of being a preceptor. The meaning of being a preceptor seems to be to accept and find solutions to the intervening in the preceptors’ time for nursing care that the nearness to the student caused, to want the students to learn, and to create a space for the students’ learning.

### **Being responsible for nursing care and creating space for learning**

The theme “being responsible for nursing care and creating space for learning” involved the sub-themes (1) becoming acquainted with the student, (2) prioritizing the patient, (3) being responsible and sharing the responsibility with the student and (4) adapting one’s time for preceptorship. Being a preceptor means paying attention not only to the patient and one’s ordinary work as a nurse, but also to the student.

It was important in the beginning of the preceptorship period for the preceptors to become acquainted with the student and find out her/his knowledge base, competence, and, most importantly, the student’s sense of

responsibility. Some nurses were preceptors for students without previous experience within health care, whereas others met students with more than 15 years' experience of work as enrolled nurses. Preceptors often felt guilty if they did not have to meet the learning needs of students, especially those without previous experience. Even when working with more experienced students, preceptors felt guilty if they did not have enough time with the student because of a heavy workload, which was made worse if they had an unrealistic picture of a good preceptor. However, most preceptors adapted to the time available and did the best they could in relation to the actual workload, and some preceptors experienced a calmer period than normal. In situations where the preceptors lacked the time to discuss with and explain to the student as much as they wanted, the most common reason was the workload, as the following preceptor narrated:

*And sometimes you think, "Oh, my God, I do not have time to do this." In other words I do not have the time to start from down here and explain everything. Rather you wish you could start there in the middle somewhere... And sometimes we don't have the time [to discuss] ..., but just have to leave it. Also, often you have to do what must be done, if things are happening really fast, as has been the case lately on our own ward. So then we say sometimes that we'll take that a little later, we have to let it be for the moment ....(P-16)*

In the earlier quote, the preceptor describes an example of feeling guilty, but she seemingly managed at the same time to hide her feelings from the student and sought a solution with the student in mutual acceptance. Being a preceptor means giving priority to patients, which is something found in all the nurses' narrations. This was balanced against the desire to be a good preceptor and support the students when they make progress in their learning. The preceptors rarely had to intervene during the students' own actions, but a more common problem was whether the preceptor or the student should have the responsibility; or as one preceptor put it:

*...he was quite well after his heart attack, so that was not the problem. Rather, the problem was this fear and all those questions, "How could all this happen to me?" So it is a little tricky to send in a student to sit down and talk about things like that, but then she just came along with me, so to speak. (P-13)*

The significance of being a preceptor seems to include balancing the responsibility of meeting the student's need to learn through performing various genuine nursing actions against the responsibility towards the patients. To fulfil their responsibility in these two respects, the preceptors gave the students access to increasingly complex nursing care situations in relation to the students' progress over time.

## Developing trust in the student

One precondition for the preceptors' decision-making process in supporting the students as they made progress in their learning, was found in the theme "developing trust in the student". This theme embraced the sub-themes (1) developing mutual confidence, (2) valuing the students' responsibility and (3) needing time together. All the preceptors discussed the need to develop trust in the student, a trust that was expressed as a mutual confidence that grew out of the time spent working and being together. The preceptors valued the students' genuine interest when learning nursing care. Moreover, they appreciated the fact that the students revealed a lack of knowledge and expressed the feelings evoked in them when performing nursing care. Developing trust was expressed as a feeling that grew stronger over time, and the preceptors used different strategies to facilitate this, as is shown by the narration of the following preceptor:

*Yes exactly, I always do that when they arrive the first day. I ask them who they are and what their background is, where they have worked and so on. The first day you do not get to know so much, but at least you get an idea about the person, what kind of person you are going to precept... And you try to create a communication where the students dare to tell you themselves whenever they experience something as hard or difficult. I think that is important, particularly when you are working with severely ill people...(P-3)*

The meaning found in this theme was understood to be perhaps the most central aspect for the outcome of the process of preceptoring. It seemed to be crucial for the preceptors to have trust in the student. When the preceptor had developed this trust, the base was created from which the preceptors could easily begin to widen the scope of the students' responsibility. When the preceptors felt fully confident that the student would tell them about any uncertainty in performing nursing care, the preceptors dared more easily to give responsibility to the students. The preceptors' need for direct control changed to supervision at a distance parallel to the development of trust in the student. From this perspective it is worth noting the awareness of the time needed for students to become acquainted with the preceptor and with rest of the staff, which is illustrated by the following narrations of preceptors:

*I knew roughly where I had her, and I kind of felt that I could trust her. If I said one thing, she could argue against that if she didn't have the same opinion as me. For it's always like that being a preceptor, yes, you work in different ways and you think that you'll try to let her think in her own way and at her own pace... I think that everything goes more smoothly when some weeks have*

*passed and they have become familiar with me and the other staff on the ward.*  
(P-2)

The time needed by preceptors to develop trust in the student, expressed as “some weeks”, was mostly related to the relationship with the individual student, but also to the actual nursing care situation. Parallel to the preceptors’ expressed need for trust in the students was their wish that the students should develop autonomy when learning to become nurses.

### **Being near the student**

In the theme “being near the student” the following sub-themes were found: (1) identifying the student’s learning needs and capacity, (2) having the patience to wait for the student, (3) demanding closeness and (4) experiencing that the time available was limited. In the beginning of the preceptorship period, most preceptors acted as role models, offering students the opportunity to be in direct nearness and observe the preceptor when working as a nurse, without making any demands on the student. During this period discussions and talks were important to enable the preceptors to become acquainted with the student. By valuing dialog with the students the preceptors acquired an insight into the students’ knowledge. This period, without special demands in any direction, was experienced as not so demanding by the preceptors and understood more as a sort of honeymoon, lasting from 2 days to about 2 weeks. However, some preceptors did not arrange any ‘honeymoon’ period.

Most preceptors were near the students when they started to perform nursing care and could, thus, observe the students in action. Preceptors could assess the students’ competence, understand the students’ learning needs, give support, and plan for the new learning situations. It was, however, not always so easy for the preceptors to stand still and wait while the students gave care. The preceptors needed to have patience and realize the need to alter their pace of work. The following remark gives one example of the patience needed when being close to the student in the time-consuming task of observing the student:

*Nevertheless, it does involve extra work having a student, at least in the beginning, then it can, of course, provide some help in the end (I – In what way do you experience that extra work?) Well, in the first place everything takes a lot more time, so I mean, if I were to do the work by myself, then I would do it in half the time, yes. Just standing beside [the student] and looking can often be very demanding.* (P-9)

The earlier-mentioned citation indicates that there was a variation in the preceptors’ experience of the time needed for being a preceptor related to the

students' learning. Variations were related not only to where in the phase of learning the student was, but also to the individual preceptor's experience of time standing still and waiting for the student. Most of the metaphors used by preceptors when narrating their experience were found in this theme (Table 1). Some expressions related to the preceptors' perception of the demanding process involved in nearness to the student, and are exemplified by "a spur on your heel," "get a stone in your stomach," and "were like stuck together"; whereas other expressions, such as "follow like a dog," "was like a shadow," and "always have a goat's eye focused on you," were perceived as signifying a more indirectly demanding nearness.

### **Relating to previous learning situations**

The theme "relating to previous learning situations" consisted of two sub-themes: (1) remembering their own education and (2) remembering their experience of preceptorship. Most preceptors narrated memories from their own nursing education. The preceptors' memories, mainly from practical training experiences, were recalled when interacting with the student. The situations remembered related to more negative experiences. Feelings of failure or vulnerability or perceiving a lack of coherence between theory and practice were those most easily remembered. Situations where the preceptors, as former students, had unsuccessfully performed in accordance with their own expectations were perceived as creating more negative paradigm memories. The more positive paradigm memories were mostly related to feelings of progress in their learning and to peer support. The preceptors' memories related to the organization of their own education were also narrated, as well as their general feelings, as illustrated by the following description given by a preceptor:

*...because it was like that for me too when I was a student. I had never worked within the somatic field...everything was so new and then it is difficult to organize [one's impressions]... (P-10)*

Being a preceptor and narrating experiences from the ongoing preceptorship also brought to the fore memories of previous experience of being a preceptor, both positive and negative stories. Examples of positive experiences are when a preceptor managed to help some student with special learning problems or when the preceptor could gain new knowledge from the student. Less positive experiences were meetings with students who lacked self-knowledge and with those who did not show motivation to learn. Previous experience of being a preceptor seems also to serve as a foundation for the preceptors' self-reflection in the ongoing role as a preceptor.

## **Increasing self-reflection**

In the theme “increasing self-reflection in nursing care” the sub-themes were (1) increasing one’s awareness of oneself, and (2) increasing one’s reading. One significance of being a preceptor was the increased awareness of oneself as a professional. Self-reflection was found to be most common in the narrations of preceptors with limited previous experience of preceptorship. Many preceptors expressed simultaneous aspects (e.g. at the same time as they experienced preceptorship as burdensome, they also experienced the task as joyful). The burden was related to the experience of being forced to think more before explaining to the students, at the same time as this demand created new insights into the preceptors’ own performance and was experienced positively. The increased awareness of oneself was also related to oneself as a member of the nursing team and to the way in which the nursing care was organized. Being a preceptor could also function as a means of quality assurance, as the following preceptor narrated:

*And you become aware of yourself, “Why am I doing this?” This also functions as a reflection about you yourself. I have to reflect on why I am doing this and whether I am doing it in the right way – a sort of quality assurance, checking if I am really doing it in the best way. This is what happens when many routines must be analyzed and you really give them a going-over ... I think that is good. (P-14)*

This increased self-reflection, thinking on and analyzing the best way to do things, also created an increased need for the preceptors to go to the literature and read and find answers. This was, however, most common among the preceptors who had most recently been students themselves. The questions that the preceptors were asked by the students were seen as one important way to communicate with the students. The preceptor got to know who the student was when answering and discussing the student’s questions, in the same way as the preceptor became aware of the gap between the student’s knowledge and her own knowledge. Many preceptors asked for the students’ views on the quality of nursing care and proposed that the students should openly express any criticism they might have. By being a preceptor the nurses increased their awareness of changes in the quality of care.

## **Wanting the students to become competent nurses**

The theme “wanting the students to become competent nurses” embraced the sub-themes (1) following the students’ movement in learning, and (2) contact with the faculty. Within the process of being a preceptor and following up the students’ learning, the experience of the preceptors was

twofold. From one perspective they experienced positive feelings and pleasure in being someone who could serve as a facilitator in the student nurses' learning, as was described by one preceptor:

*And then to see how [the student] grows, like, in every respect, “ This is something you didn't know when you came, and look what you're able to do now, how well everything is working out!” And that is very gladdening, it is very stimulating. (P-14)*

On the other hand, these positive feelings were accompanied by feelings of uncertainty and feelings of great responsibility. The preceptors felt responsible to facilitate the students' learning to become competent nurses. The desire to facilitate the students' learning was related to the preceptors' conception of the future demands of working as a nurse, as well as to some uncertainty about their own capacity for being a preceptor, as is described by the following preceptor:

*My wish is that one wasn't a preceptor single-handed; one wants them to become competent nurses, and perhaps one cannot give them everything they need. (P-17)*

The experience of being a preceptor was related to the relationship with the individual student and to the context of learning, which was within the first 10 weeks of a total of 20 weeks' practice. The feeling of responsibility that the preceptors expressed as a concern that they might not be good enough as a preceptor was coupled with satisfaction and with their awareness of the time remaining for the students' learning. Some preceptors felt that they had the ultimate responsibility for the students' learning, whereas others put the responsibility on the student. There were few preceptors who narrated about contact with the faculty, and these narrations related mostly to the planned meetings in which the students' competence was assessed. However, some preceptors wanted the lecturer in nursing to spend more time on the unit as a support for preceptors. Other aspects of the relationship with the faculty were related to the preceptors' wish to develop their preceptorship skills and to obtain financial rewards for participating.

## **DISCUSSION**

This phenomenological study attempted to illuminate the meaning of nurses' lived experience of being a preceptor for student nurses. The interpretation of the narrated experience of being a preceptor reveals two main themes, “including the student in their daily work,” and “increasing awareness of the process of learning,” and six other themes. The meaning of

being a preceptor seems to be to accept and find time for nursing care and for the student. The preceptors need to adapt their own duties with the student's need to carry out nursing actions when learning (Öhrling & Hallberg, 2000a) and to balance this with their responsibility for the patients.

Being a preceptor also means needing to adjust to the student's learning pace, which is facilitated by the development of mutual trust in the preceptor-preceptee relationship. This understanding of the meaning of being a preceptor can be compared with Rodwell's (1996) definition of empowerment as a process of enabling people to choose, take control and make decisions about their lives, and as a process which values all those involved in the helping partnership. When preceptors see students as capable of and interested in becoming competent nurses, and, also as vulnerable when learning, the demands of being a preceptor are more easily accepted.

Questions about what preceptors value when recognizing the students' ability to become competent nurses cannot, however, be answered by this study. Nevertheless, it is important to note the preceptors' need to sense the vulnerability and powerlessness of the student, which was described by Sorrell and Redmond (1997). Merleau-Ponty (1996) stated that one's understanding and reconstruction of the past, for example, in this case, the preceptors' memories of their own vulnerability during their education, create an understanding of these feelings among current students.

Despite the fact that the preceptors' lived experience of the time available for preceptorship varied, many narrations were found to be similar to Carlstedt and Forssén's (1999) descriptions of difficulties experienced by women in managing their workload in relation to time for work. When the ordinary work conditions of nurses are difficult to manage, this creates extraordinary demands on nurses to balance their role of being a preceptor with the role of a nurse.

The text analyzed emanated from 17 nurses' narrations of their lived experience of being a preceptor. Because all the preceptors were informed beforehand about the study, there is a possibility that their awareness of the interview influenced their preceptoring and in turn their narrations. To diminish this risk, the first interview was held after five weeks of practical training and the last during the tenth week. The impression of saturation was obtained after analyzing 12 interviews and was later confirmed by comparing the results with the remaining five interviews, which supports the fact that the grasp of the essential meaning of the studied phenomenon has prospered. It is important, however, to realize the difficulties in gaining insight into the essence of a phenomenon, in this case the meaning of being a preceptor, because people's lived experience can never be captured in its full richness and depth (Van Manen, 1990).

Also, this study was performed within the Swedish health care system and the culture of this system may have influenced the results. The authors' pre-understanding from the same culture, however, forms the basis of the

application of the phenomenological-hermeneutic analysis method used in this study. The experience of pre-understanding was perceived as especially valuable when the interpretation process dealt with the metaphors existing in the narrations.

Froggatt (1998), who considers metaphors rooted in reality, confirms this perception. The complexity involved when analyzing metaphors is emphasized by Ricoeur (1976 pp. 45-69), who writes about their ability to cause boundless numbers of potential interpretations at a conceptual level. However, the different steps of the interpretation process, involving both understanding and explanation, movements between the whole and the parts of the text, and nearness and distance, facilitated the development of a new understanding of the text. This understanding was later confirmed by comparison with the remaining five interviews. Nevertheless, perhaps it is as Merleau-Ponty (1996) says, "Tomorrow, with more experience and insight, I shall possibly understand it differently," (p. 346), but in all probability more as different nuances than altered themes.

The development of trust in the student, a mutual confidence in the relationship between the preceptor and the student, grew out of the time spent working and being together. The need for confidence in the student is one example of the ethics of nearness described by Vetlesen and Nortvedt (1994 p. 162), according to whom the "I-you relationship" is the "cradle" of the ethic.

The importance of preceptors and students feeling a mutual confidence resembles Levinas (1997), who states that the "I", in this case the preceptor, has a non-symmetrical relation with the "other", namely the student. Levinas (1997 pp. 95-101) states that "I" am responsible for the "other" without waiting for reciprocity, and that the reciprocity has to derive from the other. From this perspective we can understand the mutuality in the preceptor-preceptee relationship, even if it is not symmetrical. The students have to take their own "I" responsibility in relation to the "other", the preceptor, reveal their genuine interest, feelings and lack of knowledge when learning nursing care. The preceptors can, by providing the students with a space for learning, including feelings of security (Öhring & Hallberg, 2000b), support the students' courage to reveal their lack of knowledge. However, when precepting nursing students, the preceptors always have one more "other", namely the patient, to be responsible for. From this perspective, it is understandable that the preceptors experienced their role as demanding, at least until they felt that they could trust the student when learning/performing nursing care.

The positive role that the initial period termed the "honeymoon" plays is understandable as a time when communication with the other will involve uncertainty and is needed by the preceptors to enable them to take their responsibility as it has been assigned to them. The need for the preceptors to be near the "other", the student, can be explained as being similar to what

Levinas (1974/1998, p.124) calls “unlimited responsibility.” Trust needs nearness for its development and thereby makes it possible for the preceptors to widen the distance needed for the students’ learning. If this is a fact, then the ethics of nearness, as described by Vetlesen and Nortvedt (1994), can also embrace the student at a distance. When trusting the student, the preceptors can easily provide expanded learning experiences, and still see and be responsible for the other at a distance.

The increased need for reading new literature when being a preceptor was most common among the preceptors who had most recently been students. One reason for this may be that nurses with a more recent education are more used to consulting the literature and seeking their answers. Also, these nurses have more limited knowledge, however, all the nurses who participated in this study had more than 7 years of work experience, so their knowledge can be regarded as equivalent to that of expert nurses (Benner, 1984).

The increased thinking on and awareness of oneself when being a preceptor created new insights for the nurses into their own performance, and were experienced as positive. This is a finding similar to what Usher et al. (1999), Dibert and Goldenberg (1995) and O’Shea (1994) reported, and in which the preceptors’ reinforcement of their own competence is one aspect. It may be the case that nurses, by being preceptors, articulate their knowledge to the other, which is similar to what the students need (Benner, Tanner & Chesla, 1996). Because a great deal of the knowledge of nursing practice is relational and contextual, and by tradition has been kept more private and is not well articulated (Benner et al., 1996), questions from students can change the attention to the preceptors own theoretical and practical knowledge. Before preceptors can articulate their knowledge with students, they have to consider their own way of thinking and acting, which is apperception (Bengtsson, 1995), and is needed for self-reflection. Although self-reflection helps people to discover themselves as individuals, reflection in terms of thinking on any object creates a better and deeper understanding of it (Bengtsson, 1995). This understanding lends support to the conclusion that preceptorship increases the preceptors’ own knowledge and functions as a sort of quality assurance.

The preceptors in this study said little about cooperation with the faculty. One reason for this may be the way in which the research question was put, and another reason may be that the preceptors took for granted that the interviewers were familiar with the faculty’s role. From the results of the present study, it is difficult to see the faculty as the driving force in preceptorship programs in a way similar to that described by Schoener and Garrett (1996). However, because preceptorship was found to have a positive value from the students’ perspective (Öhrling & Hallberg, 2000a, 2000b; Nordgren et al., 1998), it seems important to develop preceptorship as a clinical teaching method.

The development of preceptorship programs emanates from educational needs, and, consequently, it must be the faculty that becomes the driving force in this respect. Similarly to what Usher et al. (1999) state, this is, however, a responsibility of both educators and clinicians. From the present results one can conclude that the major way to support preceptors in their role seems to be to create time for preceptoring, which requires both organizational and financial resources.

Another way to organize support for preceptors can be by creating a network between preceptors and thereby enabling them to discuss, reflect on and develop their own experience and learning. By linking such a network to faculty members, one would acquire better understanding of both perspectives, which in turn would benefit both students and preceptors. Because these results emanate from the first period of 20 weeks of nursing practice, the experience of being a preceptor during periods of practical studies of different duration needs to be studied further.

## **CONCLUSIONS**

This phenomenological study shows that acting as a preceptor to a student nurse is a conscious, energy-demanding role that has to be combined with working as a nurse. The study provides new understanding of the meaning of being a preceptor that emanates from a northern Swedish perspective, but can function as an inspiration for all involved in nursing education, despite their geographic location. The study highlights the importance of an ongoing focus and further studies on preceptors' experience of the time required for preceptorship. The time needed for preceptorship may have to be included in the nurse's workload in a more direct way, and special attention has to be paid to the nurse's time for preceptorship during extreme workload situations and when the students are less experienced.

The preceptor's nearness to the student creates new perceptions for the nurse, perceptions which in turn provide the opportunity for increased self-reflection and the development of knowledge in the context of nursing practice. From this perspective, preceptorship is understood as one way of increasing nurses' competence. Because the preceptors' experience of their own nursing education and previous preceptorship plays an important role for their understanding of the present situations, these aspects seem to be important to focus on and discuss during preceptorship preparation. The preceptor's idea of ideal nursing care in the future is another issue of value for preceptor preparation. Because the skill of involvement relates to "...our ways of being in the world" (Benner et al., 1996 p. 310), it is important for the future development of preceptorship programs that the voices of those involved are heard.

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Being in the space for teaching-and-learning

# Paper IV

# The Meaning of Preceptorship: Nurses' Lived Experience of Being a Preceptor

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## ABSTRACT

The aim of this phenomenological study was to illuminate nurses' lived experience of the process of preceptoring and the meaning of preceptorship. Seventeen nurses with varied previous experience of preceptorship volunteered to participate. Their narratives, describing their experience of being a personal preceptor for a student nurse performing practical training on a hospital ward, were transcribed verbatim. A phenomenological-hermeneutic interpretation disclosed the themes "sheltering the students when learning" and "facilitating the students' learning", together with eight sub-themes, which created an understanding of the meaning of preceptorship. The meaning of preceptorship was understood as facilitating the students' empowerment and reducing the risk of the students learning helplessness when learning in practice. The value found in the meaning of preceptorship highlighted the need for further preceptor support and development of the role. On the basis of the findings, suggestions were made to increase the preceptors' awareness of values in nursing practice and use of pedagogical strategies in the process of preceptoring. Through such strategies a reciprocal development of the preceptors' and the faculty's knowledge may be able to take place, to the best advantage of the students' learning and the development of the profession.

**Keywords:** Preceptors, Preceptees, Preceptorship, Preceptor-preceptee relationship, Nursing practice, Nurses, Student nurses, Nursing education, Lived experience, Phenomenological-hermeneutic analysis

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## BACKGROUND

Questions regarding preceptors' supervision and what they are doing within the process of preceptorship are important to raise, when considering the importance that registered nurses have as preceptors for student nurses' learning, in the clinical field. As a preceptor, nurses provide on-site supervision and clinical instruction in a one-to-one relationship with the student nurse (Nehls *et al.* 1997). The need for increased research about the preceptorship model is being highlighted at present (Nehls *et al.* 1997), since the use of this model within nursing education has become more common. Research regarding the preceptorship model has focused on issues like the preceptor's commitment to the preceptor role (Dibert & Goldenberg, 1995, Usher *et al.* 1999), the role of the faculty (Gordon & Grundy, 1997, Schoener & Garrett, 1996) and common meanings embedded in the preceptor model (Nehls *et al.* 1997, O'Shea, 1994). Other studies that have taken the student nurses' perspective have focused on what students are doing in the clinical field (Polifroni *et al.* 1995) and their learning in their relationship with the preceptor (Öhrling & Hallberg, 2000a & b). One important result of research on the students' experience of the nurses' role as a preceptor has been to underline the need to create space for their learning (Öhrling & Hallberg, 2000b). However, since being a preceptor is only one part of all the duties of a nurse, this indicates a need for research about preceptorship from the preceptors' own perspective. Questions regarding the role and function of preceptors for student nurses have not yet been fully examined.

When nurses are preceptors, they meet student nurses who are directed by their actual curriculum and study guide when learning during nursing practice. These documents are most often developed outside the preceptors' realm. One issue that has to be raised concerns the extent to which preceptors integrate their own values when using these documents. It seems likely that preceptors can use the curricula and study guides similarly to the teachers described by Kansanen (1997), i.e. mostly without any differentiation between the values of the curricula and those of the teachers. According to Kansanen (1997) teachers attain commitment to the values of the curriculum by becoming familiar with them, and by accepting and internalising the values of the curriculum. It seems possible that a similar process may be needed for nurses when acting as preceptors, in order that they might be able to act in accordance with the values expressed in the curriculum. However, there seems to be a lack of knowledge about the thinking and ideas of nurses when acting as preceptors. To what extent preceptors are familiar with and have accepted the values expressed in the curricula guiding the student is another important topic that has not yet been focused on by research studies.

In Twinn and Davies' (1996) study, the students provided patient care without supervision during a considerable part of their nursing practice. Similar findings have been reported by Mogensen (1994) and Polifroni *et al.* (1995). Results like these stress the need to find and develop alternatives for clinical practice within nursing education. One alternative presented by Packer (1994) was the use of both the college laboratory and the clinical laboratory (any site with patients or clients). Within the clinical laboratory students could gain experience and learn together with a qualified preceptor in a one-to-one situation supporting their adaptation to professional practice. The use of the preceptor model is one important aspect which Packer (1994) recommends at all levels, and not only for the final senior level. The recommended changes in clinical practice are presented from the faculty perspective (Packer, 1994), involve complex organisational and personal factors, and create a need for interaction with the staff in the clinic. Communication between the staff who facilitate learning in the clinical field and the faculty is described as necessary (Keating *et al.* 1994, Twinn & Davies, 1996, Watson & Kiger, 1994) to provide students with successful clinical learning experiences. According to Twinn and Davies (1996), the integration of theory and practice is more effective when strong links between the college and the clinical staff exist.

One way to create links between the faculty and clinical staff can be faculty-organised preceptor preparation. The success of such preparation has, according to Patton and Cook (1994), contributed to the smooth recruiting of preceptors. Other aspects described by Grant *et al.* (1996) were found amongst nurses who agreed in a significantly different way to teaching students, as a part of their role, compared with those who did not agree. It was those nurses who had undertaken further studies, who had volunteered to supervise students, and who were informed about the universities' expectations of students that were more likely to agree. Moreover, those nurses who found their teaching role satisfying were nurses who were informed about the universities' expectations (Grant *et al.* 1996). Links between the university and preceptors during nursing practice seem to be important for the preceptors and in turn the learner. Much of the learning within a preceptor – preceptee relationship can be compared with the master – apprentice relationship and the learning taking place in vocational educational traditions (Kvale, 1993, Lave & Wenger, 1991). However, since the process of teaching and studying according to Kansanen (1997) is part of a greater context and situated in some institute, the teacher, the preceptor in this case, and the student are not free to do what they would like to do. In spite of the fact that there are different relationships with adult learners (Kansanen, 1997), their learning is still guided by a curriculum, or by the goals of a study programme, as O'Shea (1994) puts it. Preceptors and students have space for making their own decisions, but the curriculum sets the boundaries. In consideration of these aspects, there is a

need for studies which can provide a framework for understanding preceptoring as a process to facilitate student nurses' learning in the preceptor's natural environment.

Questions concerning the clinical skills and competence of nurses are raised by Carlisle *et al.* (1999), in relation to frequent short placements during nurse education in England. Parallel with the rapid change of the role and function of the nurse, Carlisle *et al.* (1999) are concerned about the time available for consolidation of knowledge and skills in the clinical areas. In Sweden a similar rapid change is described by Kapborg (1998) as causing a need for nurses to develop confidence and assertiveness to adjust to a steadily changing environment. Considering the rapid change of the role and function of the nurse, it is quite timely to increase the knowledge about the nurses' own experience of being preceptors for student nurses.

## **THE STUDY**

### **Aim**

The aim of this study was to illuminate nurses' lived experience of the process of preceptoring and the meaning within the activities taking place when precepting student nurses with varied previous experience.

### **Method**

#### **Ontological foundation**

The findings presented in this paper represent one part of a larger phenomenological study designed to illuminate preceptors' and preceptees' lived experience of preceptorship. The intention of phenomenological research is to gain a deeper understanding of the nature or meaning of everyday experiences (Heidegger, 1926/1993, Van Manen, 1990). On the basis of phenomenology, the study of lived experiences (Merleau-Ponty, 1962/1996, Van Manen, 1990), this paper focuses on the preceptors' immediate experience of the lifeworld in their role as a preceptor. According to Merleau-Ponty (1962/1996) the lifeworld is the world where people live their everyday lives and the world that is present and alive in their perceptions. Adopting this thought, Van Manen (1990) points to the need to make the researcher's pre-understanding explicit. Both the authors of this paper have worked as nurses. Moreover, the first author works as a qualified lecturer in nursing, while the second author, who possesses long experience of

clinical supervision of nurses in their everyday practice, works as a senior researcher.

### Participants

This part of the study embraced 17 registered nurses at two hospitals, each of whom acted as preceptors for an individual student nurse during the student's final year of a three-year nursing programme, within a university college of health sciences in Northern Sweden. Each nurse had accepted to become a preceptor to a student nurse during her/his nursing practice on a hospital ward. The age of the nurses varied from 29 to 55 years (Mdn = 45) and 7 to 30 years (Mdn = 20) had passed since their own nursing education. Their previous experience of being a preceptor ranged from no experience to preceptorship of more than 20 students (<5 = 5, 5-15 = 9, and >15 = 3). Eleven nurses had undertaken further academic studies.

### Data Collection

The study was performed in accordance with valid ethical research principles (HSFR, 1996). Permission and informed consent had been obtained prior to the study and the participants could withdraw from the study at any time. All the preceptors volunteered to participate in the study. Tape-recorded one-to-one interviews, designed to support the individual in narrating her lived experience of being a preceptor, were performed in a separate room and lasted from 33 to 61 minutes. One preceptor did not want her interview to be tape-recorded. Hence the interview was documented by writing down notes. The first interview took place after five weeks and the last during the tenth week of a preceptorship period of 20 weeks. Since the analysis of narratives is related to human responses in creation and interpretation (McKnight, 1978), it was found valuable that it was the first author who performed the interviews and later transcribed them verbatim before the analysis and interpretation.

### Analysis

Researchers in Scandinavia have developed and used (Lindseth *et al.* 1994, Söderberg *et al.* 1999) a phenomenological-hermeneutic analysis method inspired by Ricoeur (1976, 1993) that was used when analysing the text. The whole text was read, and a 'naive' understanding of the text was captured and revealed narratives related to the meaning of being a preceptor and different strategies when precepting student nurses. The reading unveiled great feelings of responsibility for good nursing care for patients and at the same time for the students' learning, as well as an individual variation in the effort needed when being a preceptor.

Table 1. Examples of meaning units, condensed interpreted meaning units, sub-themes and themes in the structural analysis

Meaning units	Condensed interpreted meaning units	Sub-themes	Themes
<p>...Yes, what we decided was that, when (S) came, the first week [we would discuss] what her aim was, and (S) wanted first to be an observer and later learn the techniques step by step. (P-10)</p> <p>Then we can ask some third nurse too, since we are also rather inexperienced concerning this; is there anything you want to change? ... (P-15)</p> <p>So you also try to select the (Pt) suitable to be cared for by (S); not all patients want to be nursed by students ..., but you have to select the easier cases first ...; it is the same when registering new patients – you take an easier diagnosis that isn't so complicated; but sometimes it can seem easy but get difficult, so that mistakes can be made. (P-3)</p> <p>Yes, first of all I look at how their contact with the (Pt) works and how they talk with the (Pt), and then how they perform nursing tasks ... (P-9)</p> <p>... I may say this to them: "But I think it's good if you can look [for the answer] by yourself; we have books, literature on the ward, and, if necessary, we have to ask the doctor. ... The best way to learn is to look for the information by yourself, you know, then you will remember it more easily." I have noticed that some (S) ask questions that I remember answering the week before, and there they are asking the same question again. Looking for information by themselves gives the (S) more in return. (P-2)</p> <p>...but in my opinion you have to try to be rather like a role model and act like that in front of the (Pt), and maybe encourage the (S) to wonder how they themselves would like to be treated if they were in a similar situation. (P-5)</p> <p>Later we also discussed that - we brought up the question of heart attacks ... and we talked about what might happen if the (Pt) should come and say that he has pains in his chest: "What would you do then, and if you were not successful, what would we do then?" All these steps ... we were able to discuss them. (P-13)</p> <p>I wish we had time to sit down a few hours every week at least, and discuss things we have done and things that are unclear; of course everything ..., everything cannot be clear ... And we work four days in a row and are off two days, so I think that I ought to have some opportunity to leave my duties [and discuss with (S)]. (P-16)</p>	<p>(P) followed (S)'s aim for learning.</p> <p>To obtain feelings of security (P) and (S) ask for advice</p> <p>(P) selects appropriate (Pt) for (S)</p> <p>(P) observes (S)'s relations and actions with (Pt)</p> <p>(P) encourages (S) to seek answers by themselves as they learn best by themselves</p> <p>(P) wants to be a role model initiating (S)'s thinking from the (Pt)'s perspective.</p> <p>(P) speaks and converses to increase (S)'s understanding in action related to (Pt)</p> <p>(P) wishes regularly to have time for reflection in peace and quiet</p>	<p>Negotiating the aim</p> <p>Conferring with others</p> <p><b>Choosing actions</b></p> <p>Assessing competence</p> <p>Using different methods</p> <p>Providing concrete illustrations</p> <p>Conversing</p> <p>Reflecting</p>	<p>Sheltering the students when learning</p> <p>Facilitating the students' learning</p>

<sup>a</sup> S is the student, P the preceptor and Pt the patient

During the structural analysis the text was read repeatedly, and meaning units were identified that could embrace one or several sentences related to the same content in the text. All the meaning units related to the process of preceptoring and activities used when precepting student nurses were extracted (n= 946 meaning units). The seven interviews with the greatest variation were identified. These were first read, analysed, compared, valued and discussed, after which the remaining interviews were interpreted. This was done to ensure that the narratives about the most varied experiences would be taken into account. The text revealed expressions that communicated both what the preceptors intended to say (the utterer's meaning) when narrating their lived experience of preceptorship and what the sentences meant (the utterance meaning) (Ricoeur, 1976). During the process of analysis and interpretation each meaning unit was abstracted into condensed meaning units, interpreted meaning units, sub-themes and themes (Table 1). A feeling of saturation in the process of interpretation was obtained after 12 interviews and later confirmed by the analysis of the five remaining interviews.

Table 2. Themes, sub-themes and internal variations of the preceptors' activities within the process of preceptoring student nurses

<i>Theme: Sheltering the students when learning</i>	
Sub-themes	Internal variations
Negotiating the aim	<i>According to the students' need and/or study guide</i> According to the actual context for learning
	<i>Conferring with others</i> Other nurses
The faculty	
<i>Choosing actions</i>	Limiting Widening
<i>Assessing competence</i>	Observing
	Listening
<i>Theme: Facilitating the students' learning</i>	
Sub-themes	Internal variations
<i>Using different methods</i>	Selecting sequences of sub-tasks, whole tasks and more complex nursing care tasks
	Demonstrating, facilitating, giving hints Alternating between being active and waiting Drilling
<i>Providing concrete illustrations</i>	Providing nursing care with the student present Narrating one's experience of nursing care
<i>Conversing</i>	Conversing about nursing a patient Conversing about nursing in general Conversing about nursing as a profession
<i>Reflecting</i>	Providing time for reflection Not providing time for reflection

The analysis was finished with an interpretation of the whole material, by reading the text in its whole again, which involved the understanding that had developed during the structural analysis and the naive reading. The whole process of interpretation, which embraced explanation and the dynamic process of reading, ending up in a new understanding (Ricoeur, 1976), was performed through a work characterised by both intense, focused nearness and more relaxed thinking, like a variation in nearness and distance over time. The two themes and eight sub-themes with internal variations (Table 2) were found during the process that created the base for this understanding. To arrive at a certain thematic insight can also be compared with what Van Manen (1990) describes as a process of insightful invention, discovery and disclosure. The findings were presented for seven of the participants, discussed and valued as reliable.

## **FINDINGS**

### **Holistic interpretation**

The meaning of the activities that the nurses used within the process of preceptorship was, after the holistic interpretation, understood as comprising the two themes, *sheltering the students when learning* and *facilitating the students' learning*, themes that corresponded with each other (Figure 1). Inherent in the theme *sheltering the students when learning* were the following sub-themes: negotiating the aim, conferring with others, choosing actions, and assessing competence; and inherent in *facilitating the students' learning* were the following sub-themes: using different methods, providing concrete illustrations, conversing, and reflecting the sub-themes. In understanding the sub-themes four different dimensions were found, dimensions that viewed a new entity of the preceptors' activities in the process of preceptoring. These dimensions, which emanated from the narrated experience of preceptorship, were related to each other as if interwoven with one another, in addition to being related to the themes and the sub-themes. However, the dimensions were most prominent in relation to some sub-themes.

Within the theme *sheltering the students when learning*, dimensions of value were found when the preceptors chose actions for students and assessed their competence, as well as dimensions of co-operation. Through the preceptors' active choice of actions within situations of learning, the risk of students failing was diminished, as well as the risk of unnecessary patient discomfort. As a consequence of this it is reasonable to deduce that the level of stress,

connected with learning in the complex learning environment that a ward is (Bailey & Clarke, 1992), and the fear of failing in courses (Jones & Johnston, 1997) were reduced. The preceptors' co-operation with others was understood as a method to secure the students' learning enough for them to reach professional competence as a nurse and thus shelter them.

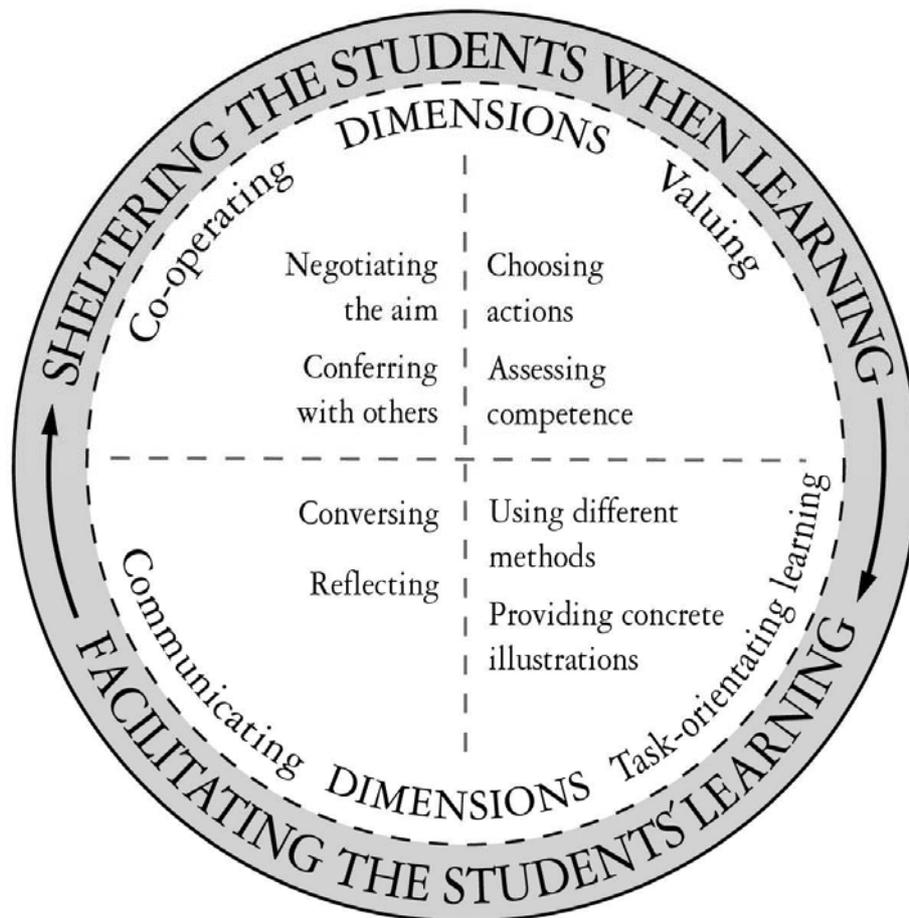


Figure 1. The meaning of preceptorship

*Facilitating the students' learning* is the other theme which can describe the understanding of the meaning of preceptoring. The dimension of being task-orientated and that of communicating were found in the theme, understood as the preceptors' facilitation of the students' learning. The preceptors used different methods, both as a consciously narrated strategy and, in some cases, in a more unconscious way, found as meanings in the text, utterance meanings (Ricoeur, 1976), that the narrator may not always have been aware of. In a similar manner the preceptors' awareness of their conversing and reflecting was understood as a communication aiming at facilitating the students' learning.

The meaning within the preceptors' sheltering the students and facilitating their learning, emanating from the text analysed, unveiled activities that were understood as a support for the individual student in her/his learning and in avoiding the risk of not being successful. Sheltering the students and facilitating their learning were present simultaneously in the role of the preceptor in a dynamic process. The preceptors' role can be understood as an attempt to reduce the student's sense of lacking control and the risk of failure and thus reduce the risk of both personal and universal helplessness described by Abramson *et al.* (1980). Sheltering was found in the preceptorship as choosing, assessing, negotiating and conferring, and was understood as reducing the risk of the students landing in situations beyond their control. Students getting into situations out of their control can be seen as an increased risk that they might gain experience without reaching the desired outcomes. When preceptors provided the students with concrete illustrations, used different methods, conversed and reflected, they also served as the 'relevant other', a real person, a person who by their success or failure to reach the desirable effects could provide the students with experience of alternative outcomes. From this perspective and comparing with Abramson *et al.* (1980 p 10), *sheltering the students when learning* can be seen as methods to prevent the students from developing personal helplessness, and *facilitating the students' learning* can be seen more as methods to prevent the students from developing universal helplessness. According to Abramson *et al.* (1980) it is more likely that individuals who attribute helplessness to internal/personal causes will be consistent in this over time. However, both the internal attribution and external attribution of learned helplessness are seen as having more and less stable dimensions (Abramson *et al.*, 1980).

## Co-operating dimensions

The co-operating dimensions within the theme *sheltering the students when learning* embraced the following sub-themes: negotiating the aim and conferring with others. Most preceptors discussed with the student at the beginning of the nursing practice her/his goals. When meeting the students' eagerness to learn everything as soon as possible, the preceptors could assure the students that sufficient time remained for learning. Awareness of the total time for the students' learning created a more relaxed feeling amongst the preceptors, which facilitated their acceptance of the students' most urgent learning needs. By asking questions, talking and listening, the preceptors obtained insight into the students' previous experience and learning needs. It was most common that the preceptors discussed, identified and accepted the students' experienced primary needs for learning during one of the first days of practice. Within this negotiation between the preceptor and the student the study guide was sometimes used to identify goals for learning. The preceptors

who had identified the students' learning needs tried to follow the students' wishes when planning their learning. However, since the ward is a special environment for learning, the preceptors had to adjust this plan in relation to the actual situation many times, as the following statement reveals:

... we set up goals and then we try to practise certain things. But it is also [a question of] what's happening on the ward, what you need to practise is not always available, and then you sometimes have to take more complicated tasks before the easier ones, and sometimes that can be a disadvantage. You have to make use of what's available ... (P-3)

Most preceptors planned, in collaboration with the student, the goals for the student's learning, plans that sometimes were revised daily or weekly. Nevertheless, it was the preceptor who from her perspective took the responsibility for widening the student's experience, in order to shelter her/him from not learning enough, which was necessary to prepare the student for her/his future role as a competent nurse and for being capable of working as a colleague.

Within the dimension of co-operating, the preceptor conferred with others in the process of preceptoring, a conferring that functioned like a quality assurance for the preceptor. The preceptors could thus share their responsibility for the students' learning with others, obtain confirmation that the learning progressed, and shelter the student. Discussions with other nurses on the ward about the preceptor's ongoing experience of being a preceptor could lead to new or changed initiatives in the present preceptor situation. The preceptors could have part of their work carried out by a colleague, when needed for the students' learning. Other nurses who met the student could provide the preceptor with new views on the student, perspectives that were not directly related to the preceptor's ongoing process in the relationship with the student. These new views from colleagues functioned as hints for the preceptor in her role. However, not all the preceptors narrated about conferring with others, even if many situations in preceptorship were understood as creating feelings of great responsibility. These feelings of responsibility were accompanied by feelings of loneliness amongst some preceptors. Feelings of loneliness were most prominent in narrated experience of problems connected with students' learning. Members of the faculty also served as co-operating partners when the students were evaluated. These discussions functioned as an occasion for the preceptors to receive feedback on their preceptoring, by being assured that the students were learning, and also provided a chance to discuss new theories. Since most preceptors seemed to be aware of the theoretical developments within their profession, this also created some uncertainty as to whether 'their student' could gain the right knowledge and skill.

## Valuing dimensions

Inherent in the theme *sheltering the students when learning* were the following sub-themes: choosing actions and assessing competence, in which dimensions of valuing were revealed. By sheltering the student through choosing actions and assessing the student, the preceptor ensured that the legal and ethical codes governing the work of a nurse were followed. The preceptors' choosing of nursing actions suitable for students to carry out was mostly accomplished in co-operation with the student, as the following quote demonstrates:

Yes, this question of giving reports ... (S) must learn how to give reports to the staff. And the very first time I asked (S), "Do you feel like giving a report to the night staff this evening, there won't be so many listening to you then?" And we did not have too many [patients], and in particular no difficult cases, and so (S) gave the report. (P-6)

It was, however, the preceptor who set the boundaries for the task in relation to her assessment of the student's competence, an instance of valuing related to the individual student and her/his progress in learning. By choosing the time and situation the preceptors could limit the risk of students failing. Sheltering the students also comprised a widening of the students' learning over time. The preceptors narrated about situations where the students wanted to remain practising newly learned knowledge and skills, and thus act with a feeling of being competent. In these situations the preceptors had to introduce new aims for the students' learning and consequently shelter them from not gaining enough varied knowledge and skills.

Most important in the preceptors' valuing were their observation of and listening to the students. The preceptors listened to the students to determine whether they had understood the most central parts in varying situations of nursing care and if they were capable of listening to and interacting properly with the patients. By asking the students additional questions the preceptors could deepen their understanding of the students' understanding in the ongoing situation. It seemed to be crucial for the preceptors to know that the students had enough insight when performing nursing tasks, as is exemplified by the following:

So, it is more difficult to control that, the purely theoretical parts. But then ... I mean the nursing profession is rather practical too. It's a kind of combination of practice and theory ... so in that (S) ...in that one can cope and knows and knows why one is doing this ... if (S) knows that, then I know that this will work out well. (P-8 )

Valuing strategies were integrated in the preceptors' daily work and were included in the narratives as both direct and indirect strategies, and in most cases as a conscious attempt to accept the student's personality. Direct valuing was performed directly by standing near the student and watching when they performed nursing actions, and indirectly when listening to the students' questions. Besides this, the preceptors used to look at the students' performance from a short distance in order to provide the students with space for their learning without stressing them by close observation.

### **Task-oriented learning dimensions**

Within the theme *facilitating the students' learning*, dimensions of task-oriented learning were found which contained the following sub-themes: using different methods and providing concrete illustrations. In the preceptors' narratives this was interpreted as the use of different methods and strategies, and the most common strategy was to start with the identified parts of the students' most urgent learning needs. On the basis of these needs the preceptors sequenced the parts identified and selected nursing care situations appropriate to the students' learning in practice. Parallel with the students' progress in learning, the preceptors widened their learning experiences to fulfil other learning needs, through progressing from situations involving less demanding tasks to situations involving more demanding tasks. Some preceptors had started to organise the students' learning of more complex nursing care tasks. However, all the preceptors were aware of the time remaining for the students' learning, and narratives similar to the following, describing plans for the students' future learning, were quite common:

Then these social aspects ... (S) has documented the provided care on paper, but getting into contact with people ... (S) will progress further and further until (S) gains a holistic perspective on planning for the patients. Later (S) shall step forward more and my intention is to withdraw so that (S) can grow into the role. (P-1)

The utterer's meaning in the above quotation revealed the preceptor's conscious use of different methods to facilitate the student's learning, as well as an alternation between nearness and distance to the student over time. To demonstrate and give hints when the students acted in nursing care situations were other methods described in the narratives that were understood as dimensions of task-oriented learning. The advice given was aimed at facilitating the students' provision of nursing care, resulted in support for their learning, and was provided before, during and after nursing actions. One method, mostly used when the students were learning how to establish the identity of the patients when administering medicine, was understood as

drilling. In these situations the preceptors used repetition when asking, “Who’s this for?” as a signal for the students. Besides this example, drilling was only mentioned (less frequently, however) in narratives describing situations related to the correct handling of sterile equipment.

Nearly all the preceptors used to demonstrate their own way of carrying out nursing care tasks whenever they arose and in relation to the students’ needs. Having provided nursing care on at least one occasion, with the student as an observer, the next step was to facilitate the student’s own actions. In the narratives the role of the preceptor was in this process described as that of standing near the student, observing and being ready to give hints during the student’s own actions. Many preceptors stressed the importance of the students learning and finding out her/his own best way to handle certain situations, and were conscious of the individual students’ strengths and weaknesses. The nearness to the student, when the preceptors wanted to facilitate the student’s learning when delivering good nursing care, was time-consuming for the preceptors. This time-consuming nearness was in more acute situations discarded in favour of the patients, as was narrated in the following quotation:

...when emergencies occur, it can easily happen that the students have to take a step back, because you quite simply do not have the time, if you understand what I mean. You have enough trouble attending to [the emergency] and then the student will, like ... and when I think about it ... but at the same time I think that they surely will take note of something (laughter) and indeed understand. There was a patient bleeding rather severely, you know ... but then I felt, like, “I should maybe have let (S) take part more then”, but for me it was like ... (S) had to take a step backwards, quite simply, yes, that’s just the way it was. (P- 12)

To some extent the above quotation and the last comment, “yes, that’s just the way it was ”, serve as an example of the reflection that resulted from the process of narrating lived experiences. In the text the preceptors often mentioned how they used to narrate their own previous experience of nursing care for the student. These narratives were understood as aiming to create a deeper understanding of the rich variation possible concerning genuine nursing care situations in relation to the students’ limited experience. The function of the preceptors’ narratives for the students, narratives emanating from lived experience of nursing care, could also be a source for increased reflection when precepting student nurses.

## **Communicating dimensions**

The dimensions of communicating were related to the theme *facilitating the students' learning* and the following sub-themes: conversing and reflecting. Considering the utterer's meaning and the utterance meaning in the text, the preceptors used to talk to, narrate for and converse with the students while they worked together. The preceptors could by their talk motivate the student and explain why certain knowledge and skills were necessary in relation to the nursing care of individual patients. When the preceptors identified certain nursing tasks that were experienced by the students as more difficult to learn, the conversing changed to a pep-talk, to support the students' learning. Some conversing emanated from certain situations of nursing care where the preceptors could reveal their own feelings as a nurse, feelings which had sometimes included fear and uncertainty experienced in similar situations. Many preceptors argued for the need to reveal their own experienced limitations, and thus create the insight among the students that all human beings have their merits and limitations. By making the students aware of the preceptors' own limited knowledge, the preceptors thought it more likely that the students might dare to reveal their own lack of knowledge, ask for help and take full responsibility in specific situations, and thus acquire increased self-awareness. Some preceptors narrated about the individual competence of colleagues, and argued for the need for students to discuss and learn by this.

Much of the talk with the students was presented in the narratives as attempts to give the students increased understanding of their actions when performing nursing care, and thus help them see these actions in relation to nursing care in general. However, the preceptors did not always have the time to discuss as much as they wanted, which is illustrated by the following:

... one hasn't been able to deal with all the nursing tasks as carefully as one would have wished. But the worst thing of all is that I haven't been able to discuss the incredible amount of good classical cases that we have had, and I would have liked to discuss these with (S). In my opinion that is the worst thing of all, that I haven't had the time to discuss the cases, and ... (P-14)

However, it was not always the preceptor who was the one taking the initiative in conversing. The students' questions and narratives related to their performance of nursing actions were also sources for conversations between the preceptor and the student. Values involved in nursing care were common topics in these talks, narratives and discussions, as well as topics of more pragmatic content.

Many preceptors had the intention of providing regular time for reflection with the student about their experience and learning in the present context. In

the preceptors' narratives about reflection, the need to be separated from ordinary duties was mentioned, which is something that most preceptors could not achieve. It seems that the time needed to go to a separate room and to sit down to think and reflect on the students' lived experiences was not available for most preceptors. Amongst the preceptors who managed to arrange time for reflection with the students, these situations were experienced as an opportunity to listen to the students' experiences and widen their understanding by discussing and comparing with other similar situations.

## DISCUSSION

The study presented here is based on 17 nurses' narrations about their lived experience of being a preceptor for student nurses on a hospital ward. When analysing the text, the focus has been on the nurse's role and activities when being a preceptor, and unique themes and sub-themes crystallised. This does not mean that there is no relation between them. On the contrary, all the themes are understood as being interwoven and present in each other. Such themes give, as Van Manen (1990 p. 88) expresses it, "shape to the shapeless" and they can, if they are reliably formulated, touch the core of the notion that one is trying to understand. The simultaneous presence of the two themes *sheltering the student when learning* and *facilitating the students' learning* created an understanding of the meaning of preceptorship. This meaning of preceptorship can also be seen as aiming at limiting the students' experience of not having the skill and responses needed to produce the desired outcome (Abramson *et al.*, 1980), and thus diminish the risk of students learning human helplessness. However, the meaning can also, from another perspective, be seen as an attempt to increase the students' experience of having the skill and responsibility needed, and hence the meaning can be understood as an educational process facilitating the students' development of empowerment. According to Feste & Anderson (1995) the empowerment philosophy accepts the capacity of human beings to make choices and assume responsibility for them. It seems reasonable to accept the presence of both perspectives when understanding the meaning of preceptorship during the first part of nursing practice, as in this study.

It was nurses with varied experience of nursing care and of preceptorship who, as informants, were the sources of the text analysed in this paper. This variety has been seen as an advantage when interpreting the text in accordance with phenomenological philosophy and the phenomenological-hermeneutic analysis method used. By asking the nurses to narrate their experience of being a preceptor in a present situation, they were free to choose what to narrate, but the focus was to be on preceptorship. According to Merleau-Ponty (1962/1996 p. 5), we are all "caught up in the world" and our consciousness

is always of something. However, it is important to note the fact that, when someone is focusing on something, other things merely form the background. This can explain why this study cannot provide an answer as to the extent to which the preceptors used different strategies aiming at reducing the risk of learned helplessness in the process of preceptoring. Nor can the study give any answers as to how the preceptors used body language, or give any detailed contextual description of the environment where the preceptorship took place. Obviously, other scientific methods must be used to answer questions like these. Instead, phenomenological studies (Van Manen, 1990, Merleau-Ponty, 1962/1996) can answer questions about the meaning of something, in this case the meaning of preceptorship.

It was the utterer's meaning and the utterance meaning in the text analysed that revealed the preceptors' use of conscious and unconscious strategies when precepting student nurses. It is not easy to provide an answer as to the extent to which this reflects the preceptors' awareness of their conscious use of different educational methods. It seems, however, that most preceptors in this study used different strategies in a conscious way, a use that had been found effective for nursing practice. This interpretation must, however, be treated with caution, since it is contrary to the findings of Pilhammar Anderson (1997), which show nurses using strategies without any foundation in pedagogical thinking about how supervision should be carried out. This divergence can be related to the different research method used in the present study compared with the study of Pilhammar Andersson (1997), who participated as an observer. Another reason may be the differences between the role of the nurse as a pre-selected preceptor in the present study and the role of the nurse as a supervisor in general in Pilhammar Andersson's study. The different understanding of nurses' thinking and use of pedagogical strategies highlights the need for further studies on preceptors' pedagogical thinking in the process of preceptoring.

The four dimensions of co-operating, valuing, communicating and task-orientated learning included in the meaning of preceptorship reveal some of the complexity that the context for learning in the clinical field inherits. Since nursing as a profession is permeated by systems of values, questions about the level of competence needed to provide good nursing care are connected with values and philosophy in the area of helping relationships (Johnstone, 1995; Åström *et al.* 1995). The dimensions found can, in this respect, be seen as helping relationships that create the preceptors' need to balance the co-operating and valuing dimensions when sheltering the students with the dimensions of communicating and task-orientated learning when they are facilitating the students' learning. This balancing also involves responsibility for the students' learning within the actual context for that learning, as exemplified above (P-3) by a preceptor. The balancing was saturated with sets

of values and understood as coming near the core of the preceptors' thinking about ethical, legal, practical and relational demands within their profession. Therefore, perhaps it is the case that the preceptors' knowledge interacts similarly to the findings of Åström *et al.* (1995) concerning the capacity of nurses to balance their helping relationships with patients with their helping relationships with students. Such an explanation and understanding create insights into the need for the faculty to organise and discuss the values incorporated in the curricula and study guides to attain the preceptors' commitment to the values of the curriculum, in a way similar to that proposed by Kansanen (1997).

In the process of preceptoring, the preceptors' work experience provided them with a much wider perspective concerning knowledge of nursing care than perhaps the students were aware of. It seems that the preceptors' knowledge of the demands of nursing played an important role in discussions with the student on her/his aim. In these discussions the preceptors met students who possessed new and newly learned theoretical knowledge and theories about how nursing care could be carried out, and who had limited practical experience. Some preceptors used the study guide when discussing with the student. Maybe the altered experience of preceptors and students functions in a way similar to what Merleau-Ponty (1996) describes concerning horizons. When the preceptors see and hear the students' need for learning, their understanding is founded on their "previously constructed 'world of thought' (Merleau-Ponty, 1996 p. 137)". The present study cannot give an answer as to the extent to which that 'world of thought' can be regarded as a good world, and, as Johnstone (1995) suggests, be utilised in appropriate moral education or influence how people cope with undesirable life events (Silver & Wortman, 1980). Instead, this study highlights the meaning of preceptorship and increases the understanding of the complexity involved in facilitating student nurses' learning in the clinical field. In consideration of the energy-demanding process of learning in nursing practice (Öhrling & Hallberg, 2000ba), it seems that student nurses need the preceptors' sheltering and facilitating when learning, to make this process easier. It also seems that the understanding of preceptorship acquired in this study reveals the preceptors' awareness of the students' vulnerability and need for support when learning, and reveals how being a preceptor created a need to adapt the preceptoring to the ordinary responsibilities of the nurse. The preceptors' support in the form of sheltering and facilitation is directed towards the unique student in the contextual situation when learning. According to Benner *et al.* (1996) the students need experience in applying theory to practice. However, Benner *et al.* also describe the limitations of theoretical language in describing the clinical understanding of nurses. From this perspective it seems to be most important that student nurses, when learning in the clinic, should be precepted by experienced nurses who can support them when learning. The

process of preceptorship must in this respect be regarded as part of a greater context involving both the preceptors' knowledge and experience, as well as close relations with some educational institute (Kansanen, 1997).

## **CONCLUSIONS**

The process of preceptorship has been described from an empirical perspective, experienced and narrated by nurses in an ongoing preceptor-student nurse relationship. The value found in the meaning of preceptorship was understood as diminishing the risk of student nurses failing and as supporting their learning. The understanding of preceptorship that emerged from this study is different from the understanding that has been depicted in the literature earlier, illuminating the simultaneous presence of sheltering the students and facilitating the students when learning. Thus it seems that nurses' thinking and use of pedagogical strategies in the process of preceptoring constitute both conscious and unconscious action. The meaning of preceptorship appears to have the potential for creating empowerment amongst the students, by decreasing the risk of students learning helplessness. These findings can be of interest for members of faculty and for nurses participating in preceptorship programmes, and perhaps also for other professionals with practical studies interwoven in their educational programmes.

When considering the dimensions in preceptorship found in this study, the need to increase the preceptors' awareness of values in the nursing profession is highlighted. These values are related to the level of competence needed to provide good nursing care and to the preceptors' use of pedagogical strategies in the process of preceptoring. To increase such awareness creating networks between preceptors could perhaps be used. This could also be achieved by engaging faculty members as reflective partners for preceptors and by holding reflective meetings regularly. Through such strategies the linkage between the preceptors' contextual working knowledge and competence and the faculties' research-based theoretical knowledge could be interwoven and promote each other, to the best advantage of the students' learning.

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