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Clinical Preceptorship Practices from the Perspective of Preceptor Nurses: A Mixed-Methods Study

Klinik Rehber Hemşirelerin Bakış Açısıyla Klinik Rehberlik Uygulamaları: Karma Araştırma Tasarımı

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ABSTRACT

Aim: This study aimed to explore the perspectives of nurses serving as preceptors for nursing students at the clinic regarding the practice of preceptorship.

Material and Method: The sample of the mixed-methods study consisted of 80 preceptor nurses, and the focus group meeting was held with 16 preceptor nurses. Data were collected using an Information Form and a Semi-Structured Interview Form. In the analysis of the quantitative data, frequency, percentage, mean, and standard deviation values were calculated. For the qualitative data, content analysis was conducted.

Results: Most participants reported not having participated in a preceptorship training program. They expressed interest in receiving training on the preceptorship process, student development, and communication. In the focus group meeting, it was emphasized that as a result of clinical preceptorship, the professional development and motivation of students increased, their adaptation to working life and teamwork was facilitated, and the workload of the preceptor nurse was reduced.

Conclusion: It is recommended that preceptor nurses be provided with training programs and consultation practices that support the educator's role in expert clinical settings to ensure the active participation of students in the management of clinical education.

Keywords: Preceptor, Preceptorship, Clinic Education, Nursing Education, Nursing

ÖZET

Amaç: Bu çalışma, klinikte hemşirelik öğrencilerine rehberlik eden hemşirelerin klinik rehberlik uygulamasına ilişkin görüşlerini belirlemek amacıyla yürütülmüştür.

Gereç ve Yöntem: Nicel ve nitel araştırma tasarımıdır. Çalışmanın örneklemini 80 klinik rehber hemşire oluşturmuştur. Odak grup görüşmesi 16 klinik rehber hemşire ile gerçekleştirilmiştir. Veriler Bilgi Formu ve Yarı Yapılandırılmış Görüşme Formu kullanılarak toplanmıştır. Nicel veri analizinde, frekans/yüzde değerleri, aritmetik ortalamalar ve standart sapma değerleri hesaplanmıştır. Nitel veri analizinde, içerik analizi yapılmıştır.

Bulgular: Katılımcıların çoğu klinik rehber hemşirelik ile ilgili bir eğitim programına katılmadıklarını ancak öncelikle klinik rehberlik süreci, öğrencinin gelişimi ve iletişim konusunda eğitim almak istediklerini belirtmişlerdir. Odak grup görüşmesinde, klinik rehberlik sonucunda öğrencilerin mesleki gelişim ve motivasyonlarının arttığı, iş hayatına ve ekip çalışmasına uyumlarının kolaylaştığı, ayrıca klinik rehber hemşirenin iş yükünün azaldığı vurgulanmıştır.

Sonuç: Klinik rehber hemşirelere, klinik eğitimin yönetimine öğrencilerin aktif katılımını sağlamak amacıyla; eğitimcinin uzman klinik ortamındaki rolünü destekleyen eğitim programları ve danışmanlık uygulamalarının sunulması önerilmektedir.

Anahtar kelimeler: Klinik Rehber Hemşire, Klinik Rehberlik, Klinik Eğitimi, Hemşirelik Eğitimi, Hemşirelik



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INTRODUCTION

Nursing education aims for the student to gain and develop the knowledge, skills, and values that are necessary in their individual and professional lives. Clinical instruction is an important part of achieving these outcomes. Clinical instruction provides the student with the opportunity to form a bridge between theoretical knowledge and nursing practices and get introduced to professional life (Huybrecht, Loeckx, Quaeyhaegens, De Tobel, & Mistiaen, 2011; Mikkonen et al., 2022; Kakyo, Xiao, & Chamberlain, 2022). As a requirement of national and international legal regulations regarding nursing education, at least half of the curriculum consists of clinical practice (Nursing Education Association, 2022). In nursing, fields of practice present the student with real learning experiences that show them what to do, why, and how. In this environment where they are supervised, the student gains the opportunity to combine theoretical knowledge and practice through learning by doing/experiencing. Clinical practice aims to contribute to the knowledge of nursing students, their internalization of the profession, development of professional capacities, and acquisition of positive attitudes toward the profession (TDK, 2015; Hafsteinsdóttir, Schoonhoven, Hamers, & Schuurmans, 2020). In line with this aim, in clinical instruction, preceptor nursing practices have become increasingly important. In addition to this, previous studies have emphasized problems experienced regarding the adequacy, scope, and quality of practice areas (Bulut, Hisar, & Demir, 2010; Demir, Demir, & Bulut, 2014).

In addition to faculty members, nurses at the clinic also have an influence in the development of the professional identity of the student, as well as their professional improvement. Nurses are expected to be aware of this responsibility, be role models for students, and guide them. Preceptorship is defined as a contract that is helpful for individual and professional development where experiences, expertise, and thoughts are shared between two individuals (Wynn, Holden, Romero, & Julian, 2021; Clutterbuck, 2022). The importance of this sharing process cannot be denied in terms of increasing the motivation of the student (Mikkonen et al., 2022; Kakyo et al., 2022). In this process, new knowledge is constructed through the bilateral sharing of knowledge and

experiences between the preceptor and the student (Wynn et al., 2021).

According to the information in the relevant literature, students need guidance in the practices they conduct at the clinic, and they expect to be supported and encouraged for doing something right and guided toward the right practice when they do something wrong with the appropriate feedback (Bulut et al., 2010; Huybrecht et al., 2011; Hafsteinsdóttir et al., 2020). While nursing students may underestimate the contribution of preceptor nurses to their education and think that nurses do not take adequate responsibility in their clinical training, preceptor nurses state that they sufficiently support students, and they see themselves as good role models for students (Biçer, Ceyhan, & Şahin, 2016; Pramila-Savukoski et al., 2019; Mikkonen et al., 2022). It was also reported that students did not think nurses were adequately willing in terms of their preceptorship roles (Titrek, Hakkakul, & Varlı, 2015).

In studies conducted in Türkiye on the topic, it has been observed that students supervise students (peers) (Bulut et al., 2010; Demir et al., 2014), and experienced nurses supervise newly starting nurses (Huybrecht et al., 2011; Kocaman, İtepel, Şen, Yürümezoğlu, & Özbıçakçı, 2012; Hafsteinsdóttir et al., 2020). However, there is a limited number of quantitative studies on preceptorship examining the views of nurses who supervise students in clinical training, whereas qualitative studies on the issue have not been encountered. The ability of a nurse to perform their responsibilities in the process of preceptorship to an expected degree is closely related to their perceptions, attitudes, and thoughts regarding preceptorship. This study examined the views of nurses who served as preceptors for nursing students at the clinic on the practice of preceptorship by using a mixed-methods research design.

Research Questions

In this study, answers to the following research questions were sought:

1. What are the sociodemographic and professional characteristics of preceptor nurses?
2. What are the views of preceptor nurses on the practice of preceptorship?

MATERIALS AND METHODS

Study Aim and Type

This study employed a convergent parallel mixed-methods design, in which quantitative and qualitative data were collected during the same period, analyzed separately, and then integrated during the interpretation stage (Creswell & Plano Clark, 2018). The quantitative part of the study involved the determination of the sociodemographic and professionals characteristics and preceptorship-related views of nurses that served as preceptors for nursing students at the clinic, while its qualitative part involved the in-depth and detailed determination of their views on the practice of preceptorship via a focus group meeting. The findings from the quantitative part (descriptive statistics) and the qualitative part (content analysis of focus group interview transcripts) were synthesized to provide a more comprehensive understanding of preceptorship practices. Specifically, the qualitative results were used to explain and enrich the quantitative findings, highlighting complementary insights.

Participants

The population of the study consisted of 131 nurses who worked at two different university hospitals as preceptors for nursing students. The inclusion criteria were determined as: (1) having at least an undergraduate degree, (2) having at least five years of professional experience, and (3) working as a preceptor nurse for at least one student two days a week. The exclusion criteria were: (1) having less than five years of professional experience, (2) not having served as a preceptor for at least one student, and (3) not consenting to participate in the study. It was aimed to reach the entire population, and 80 preceptor nurses who satisfied the inclusion criteria and voluntarily agreed to participate constituted the sample of the study. The reasons for nurses to refuse to participate in the study primarily included their workload, being on leave during the data collection period, or unavailability at the time of the interviews.

In the literature, it is suggested that focus group interviews can appropriately be conducted with six-twelve participants (Yıldırım & Şimşek, 2005). In this study, the first focus group interview was conducted with eight participants, who were selected using the maximum variation sampling method to reflect diversity in terms of age, professional experience, unit of employment,

preceptorship training status, and relevant perspectives. Since it was thought that data saturation had not been reached, a second focus group interview was organized, and this meeting also included eight participants selected using the same sampling strategy. With the views of a total of 16 participants, data saturation was deemed to have been achieved, as no new themes or codes emerged. Therefore, no further focus group interviews were held. This process ensured both the diversity of perspectives and the attainment of data saturation, thereby enhancing the credibility and trustworthiness of the qualitative findings.

Data Collection Tools

The data were collected using an Information Form and a Semi-Structured Interview Form.

Information Form: The form was developed by the researchers in line with the literature (Dobrowolska et al., 2016; Lee & Chiang, 2021; Busby, Draucker, & Reising, 2022). It consisted of 13 questions, including 9 closed-ended questions on the sociodemographic characteristics (age, gender, level of education) and professional characteristics (professional experience, unit of employment, experience at the unit of employment, duty, status of having participated in a training program on preceptorship, status of wanting to receive training on preceptorship) of the participants and 4 open-ended questions about their views on the practice of preceptorship.

Semi-Structured Interview Form: The Semi-Structured Interview Form was developed by the researchers based on the relevant literature to explore the perspectives of the participants on clinical preceptorship (Yıldırım & Şimşek, 2005; Dobrowolska et al., 2016; Busby et al., 2022; Jacobsen, Sandsleth, & Gonzalez, 2022). To ensure alignment with the objectives and theoretical framework of the study, as well as the clarity of the questions, the form was reviewed by three nurse faculty members with expertise in nursing education. Adjustments were made based on their feedback. Subsequently, a pilot study was conducted with two nurses using the revised form. Feedback and suggestions received during the pilot interviews were incorporated into further revisions, resulting in the final version of the interview form. The nurses who participated in the pilot study were not included in the main sample. The finalized Semi-Structured Interview Form comprised three open-ended questions, designed to elicit in-depth insights into the experiences and perspectives of the participants regarding clinical

preceptorship.

1. What are the strong aspects of the practice of preceptorship?
2. What are the difficulties/problems experienced in the practice of preceptorship?
3. What are your recommendations to make the practice of preceptorship effective?

Procedure

The study was carried out between September 2017 and September 2018. The data collection period of 2017–2018 coincided with a critical time in Türkiye, when the universities from which the sample of the study was selected were undergoing institutional division and restructuring, and various national sociopolitical events influenced higher education. Nevertheless, the findings remain relevant because preceptorship education programs in Türkiye have been developed and expanded in line with HEPDAK (Nursing Education Programs Accreditation Board) criteria. These standards continue to guide nursing education, and structured preceptorship models are increasingly being implemented. Therefore, despite the passage of time, the results retain their validity and contribute meaningfully to both current practice and policy discussions. The quantitative data were collected through face-to-face interviews in the hospitals where the participants were employed, during working hours but outside of their direct patient care responsibilities. The completion of the forms took approximately 6-10 minutes for each participant.

The qualitative data were collected with the method of focus group meetings by using the Semi-Structured Interview Form. The meetings took approximately 45-60 minutes. The meetings were held in the meeting room of the hospital from which the sample was selected, and each meeting with eight different participants was conducted as a single session outside of the working hours of the participants to ensure comfort and participation. The materials required for the focus group meetings (audio recorder, transcription notebook, observation notebook) were prepared beforehand. In the meeting, while one researcher was supervising the focus group meeting, the other researcher took notes by making observations in the group environment. The focus group meetings were held with a seating organization in which the participants could easily see each other. Before the meeting, the participants were given name tags for them to write the aliases they wanted to use in the

meeting. It was explained to them that they would be referred to with these aliases during the meeting. In addition to the questions in the Semi-Structured Interview Form, follow-up questions were also asked when needed, and the meeting ended when data saturation was achieved.

Ethical Consideration

Before the study, Ethics Board approval (Date: 1.11.2016 and Approval Number: A-57) and institutional permissions were obtained from a university in Türkiye. Verbal and written consent was received from the preceptor nurses based on volunteerism.

Ethical principles were followed within the scope of storing and protecting qualitative data. All participant data were anonymized during transcription by removing identifying information and assigning codes to the participants. The audio recordings and transcripts were stored on a password-protected computer accessible only to the research team. Only the two principal researchers had access to the raw data. After the completion of the analysis, the audio recordings were securely deleted, while anonymized transcripts were retained for verification purposes. These steps ensured confidentiality and data protection throughout the research process.

Data Analysis

For the quantitative data, the analyses were conducted using SPSS version 31.0, and the threshold for statistical significance was set at $p < 0.05$. In the analysis of the quantitative data, frequency, percentage, mean, and standard deviation values were calculated.

The qualitative data analysis was conducted by four researchers who have formal training and prior experience in qualitative research methods. The content analysis method was employed in this process, following the steps outlined by Yıldırım and Şimşek (2005). After transcribing the interview recordings verbatim, all of the researchers independently reviewed the transcripts, performed initial coding, and then grouped the codes into categories and themes. To ensure rigor, the coding process was carried out separately by the researchers and subsequently compared. Any discrepancies were discussed until consensus was reached. Inter-coder reliability was established, and a high level of consistency was achieved. This procedure enhanced the dependability, credibility, and confirmability of the qualitative findings.

However, since consensus was reached through discussion and negotiation rather than statistical testing, Cohen’s Kappa was not calculated.

RESULTS

Sociodemographic and Professional Characteristics of Preceptor Nurses

Table 1. Sociodemographic and Professional Characteristics of Preceptor Nurses (N: 80)

Characteristics	n	%
Gender	Female	78 97.5
	Male	2 2.5
Education	Undergraduate	46 57.5
	Postgraduate	32 40.0
	PhD	2 2.5
Position	Nurse manager	53 66.3
	Staff Nurse	13 16.2
	Other	14 17.5
Has participated in a training program on preceptorship	Yes	24 30.0
	No	56 70.0
Would like to receive training on preceptorship	Yes	47 58.8
	No	33 41.2
Topics suggested for inclusion in training programs one wishes to attend* (n: 47)	Preceptorship process	35 79.5
	Student development and career planning	17 38.6
	Instruction methods and materials	7 15.9
	Measurement-evaluation	6 13.6
	Communication	6 13.6
	X ± SD	Min-Max
Mean of age	40.74 ± 6.51	25-56
Professional experience	19.39 ± 7.03	6-35
Experience working at the same unit	14.83 ± 8.39	1-35

*Multiple choices were allowed

While 97.5% of the participants were women, 57.5% held undergraduate degrees, and 40% held postgraduate degrees. The mean age of the participants was 40.74 ± 6.51, and their mean experience in the profession was 19.39 ± 7.03 years. It was found that 66.2% of the participants were working as nurse managers, they had been working at the same unit for a mean duration of 14.83 ± 8.39 years. Seventy percent of the participants stated that they had not participated

in a training program on preceptorship, while 58.8% said they would like to receive training. Among those who wanted to receive training, the topics that they wanted to receive training on were the preceptorship process for 79.5%, student development and career planning for 38.6%, instruction methods and materials for 15.9%, and communication and measurement-evaluation for 13.6%.

The mean age of the participants of the focus group meetings was 39.87 ± 6.51 years, and their mean amount of professional experience was 16.12 ± 6.45 years. It was found that 56.3% of these participants had undergraduate degrees, and 43.7% had postgraduate degrees.

Views of Preceptor Nurses on the Practice of Preceptorship

The participants described the strong aspects of the practice of preceptorship as providing the student with knowledge and skills (50.6%), preparing the student for the profession (45.6%), and contributing to the individual and career development of the student (43.0%). They described the difficulties/problems they experienced in the practice of preceptorship as not being able to allocate sufficient time for the student due to workload/low number of nurses (44.4%), insufficient qualifications of the preceptor nurse (20.4%), weak school-hospital collaboration (16.7%), and lack of interest/willingness of the student (13%). It was stated by 50.0% of the participants that they did not experience any difficulty/problem in the practice of preceptorship. The participants listed their recommendations to make the practice of preceptorship effective as making regulations regarding the practice of preceptorship (50.0%), determining qualifications/criteria for preceptor nurses (23.2%), providing preceptor nurse training (19.6%), and increasing school-hospital collaboration (17.9%).

Codes Related to the Views of Preceptor Nurses on the Practice of Preceptorship

The views of the preceptor nurses who took part in the focus group meeting on the strong aspects of the practice of preceptorship were gathered under five codes as follows: contribution to professional development, increase in professional motivation, fast adaptation to working life, adaptation to teamwork, and reduction in workload.

Table 2. Views of Preceptor Nurses on the Practice of Preceptorship

Views		n	%
Strong aspects of the practice of preceptorship* (n: 79)	Providing the student with knowledge and skills	40	50.6
	Preparing the student for the profession	36	45.6
	Contributing to the individual and career development of the student	34	43.0
	Contributing to the preceptor nurse	9	11.4
	Increasing learning and persistence	7	8.9
	Making the student realize their shortcomings	6	7.6
	Contributing to the institution	1	1.3
Difficulties/problems they experienced in the practice of preceptorship* (n: 54)	Not being able to allocate sufficient time for the student due to workload/low number of nurses	24	44.4
	Insufficient qualifications of the preceptor nurse	11	20.4
	Weak school-hospital collaboration	9	16.7
	Lack of interest/willingness of the student	7	13.0
	not having access to preceptor nurse training	3	5.6
	Unsuitable physical conditions	3	5.6
	Unclear expectations from preceptor nurses	2	3.7
	Problems with educational institutions	2	3.7
I did not experience any difficulty/problem	27	50	
Recommendations to make the practice of preceptorship effective* (n: 56)	Making regulations regarding the practice of preceptorship	28	50.0
	Determining qualifications/criteria for preceptor nurses	13	23.2
	Provision of preceptor nurse training programs	11	19.6
	Increasing school-hospital collaboration	10	17.9
	Reducing the number of students supervised by each nurse	3	5.4

*Multiple choices were allowed

Table 3. Codes Obtained from the Views of Preceptor Nurses on the Practice of Preceptorship (N: 16)

Interview questions	Codes
Strong aspects of the practice of preceptorship	<ul style="list-style-type: none"> ▪ Contribution to professional development ▪ Increase in professional motivation ▪ Fast adaptation to working life ▪ Adaptation to teamwork ▪ Reduction in workload
Difficulties/problems experienced in the practice of preceptorship	<ul style="list-style-type: none"> ▪ Lack of training for preceptor nurses ▪ Insufficient preceptor experience ▪ Lack of time ▪ Lack of physical environment ▪ Insufficient number of nurses ▪ Intense workload ▪ Adaptation problems of students to the clinic
Recommendations to make the practice of preceptorship effective	<ul style="list-style-type: none"> ▪ Preceptorship training ▪ Training more preceptor nurses ▪ Paying students stipends ▪ Including students in night shifts ▪ Material development ▪ Increasing research activities ▪ Reducing professional responsibilities

“For me, I am reinforcing my knowledge; I am more involved in terms of care and treatment for the patients. I do my job more eagerly and with more satisfaction. In terms of students, I believe their confidence in themselves in the care and treatment of patients increases. Additionally, with

a preceptor nurse, their adaptation to the profession and eagerness will increase, their self-confidence and skills will improve, and they will be able to see the actual positive and negative aspects of their field of work.” (age: 38, 14 years, staff nurse)

“With the guidance of the preceptor, students learn about taking responsibility, being confident, taking active part in practices, teamwork, and communication skills.” (age: 28, 7 years, staff nurse)

“I think students who receive supervision are more robust and confident, their professional skills are more developed, and they express themselves better. They make clearer decisions about the field they want to work in in the future.” (age: 39, 18 years, surgical staff nurse)

The views of the participants on the difficulties/problems experienced in the practice of preceptorship were gathered under seven codes as follows: lack of training for preceptor nurses, insufficient preceptor experience, lack of time, lack of physical environment, insufficient number of nurses, intense workload, and adaptation problems of students to the clinic.

“Although they receive the same training, students have different skills and knowledge levles. Students experience difficulties due to the differences between the theoretical education at the school and the practice. Preceptor nurses experience time-related problems as they take on the duty of a preceptor in addition to their existing duties.” (age: 42, 21 years, staff nurse)

“...I wanted to provide students with more training and contribute to their development more. However, dealing with students, performing my responsibilities, and working as a nurse in my usual capacity at the same time... Indeed, I could not achieve what I wanted to achieve as my workload is heavier due to lack of [a sufficient number of] nurses” (age: 28, 7 years, staff nurse)

“...always a problem of time and personnel. ...and I assume, we accept that we are not very competent. Students enter such a chaos... You need to succeed in service orientation. You need to repeat what you know. You need to accompany [them] in nursing practices. This requires too much time.” (age: 42, 21 years, staff nurse)

The recommendations of the participants for making the practice of preceptorship effective were gathered under seven codes as follows: preceptorship training, training more preceptor

nurses, paying students stipends, including students in night shifts, material development, increasing research activities, and reducing professional responsibilities.

“Preceptorship training should be provided. Suitable people should be selected for preceptorship.” (age: 37, 17 years, staff nurse)

“The practice of preceptorship should not only aim to provide professional knowledge and skills, but it should also provide a professional stance and a professional point of view. This is why preceptor nurses should be role models with their personality structures, communication skills, styles, and statuses. Those who have these characteristics should be preceptors.” (age: 47, 25 years, nurse manager)

“Preceptor nurses can organize training sessions. Moreover, I believe it would be better if they worked as only preceptor nurses and not regular nurses, for [the sake of] both the student and the preceptor. I do not have anything else to say.” (age: 39, 18 years, staff nurse)

“...also, for students, a point of view towards life and moving forward. ...and I believe they have confidence. When they apply for a job and are asked “where have you worked”, I think it will provide more confidence to be able to say “I worked there, I can do this”.” (age: 38, 14 years, staff nurse).

DISCUSSION

Clinical practice plays a critical role in the professional and personal development of nursing students, and preceptor nurses are central to ensuring its effectiveness. In this study, preceptor nurses highlighted not only the benefits of preceptorship for students but also the challenges and training needs that they experienced. The findings of this study provide important insights into how the practice of preceptorship can be strengthened.

A notable finding was that more than half of the participants had postgraduate education, suggesting a strong academic foundation and openness to continuous learning. This educational background was perceived as a positive factor likely to enhance their preceptorship practices. Additionally, the age of the participants, their professional experience, and their long tenure in their clinical units were consistent with characteristics emphasized in the literature as desirable for preceptors (Ghosh, 2014;

Dobrowolska et al., 2016; Kakyo et al., 2022). Unlike some studies reporting that preceptors often have only 1–5 years of professional experience (Dobrowolska et al., 2016; Lee & Chiang, 2021), the higher level of professional and clinical experience among the participants of this study may be considered a strength that contributes to the effective supervision of students.

Another significant contribution of this study is the identification of a clear need for structured preceptorship training. Although most participants had not previously received such training, they expressed strong motivation and willingness to engage in programs on preceptorship, student development, communication, and teaching. This highlights both an existing gap and an opportunity for institutions to establish systematic training programs, consistent with international standards where preceptor training is compulsory (McKellar&Graham, 2017; Jacobsen et al., 2022). These findings underscore the importance of institutional investment in formal preceptorship education in the local context.

In this study, the participants also emphasized the positive impact of preceptorship on students, including enhanced professional development, motivation, adaptation to clinical environments, and teamwork. These findings align with previous research that describes preceptorship as a powerful mechanism for bridging the gap between theory and practice and promoting professional growth (Dobrowolska et al., 2016; Tuomikoski et al., 2020). The consistency of these results with evidence from studies carried out in other countries demonstrates the universal value of preceptorship, while the study also contributes context-specific insights into how these benefits are experienced in the local nursing education system.

At the same time, challenges that limit the effectiveness of preceptorship, most notably heavy workloads, staff shortages, limited time, and insufficient institutional support, were reported. These difficulties mirror issues highlighted in earlier studies (Lee & Chiang, 2021), yet the present study provides a more nuanced, context-specific understanding by showing how these challenges intersect with student adaptation problems and organizational structures in Turkish clinical settings. This contextual contribution strengthens the originality of the study.

Finally, the participants of this study suggested several practical strategies to improve preceptorship, including regulations to better organize and support preceptorship programs, structured training for preceptors, enhanced school–hospital collaboration, and limiting the number of students assigned to each preceptor. Additional recommendations such as student stipends, the inclusion of students in night shifts, and the development of teaching materials further demonstrate the proactive stance of nurses toward improving the system. These findings illustrate the capacity of preceptor nurses to not only identify challenges but also propose feasible solutions tailored to their practice environment.

In summary, this study contributes to the literature by providing empirical evidence on the experiences, training needs, and solution-oriented perspectives of preceptor nurses in Türkiye. By highlighting both strengths (high education and experience levels, recognition of student benefits) and challenges (lack of structured training, workload, institutional barriers), the findings underscore the necessity of establishing formalized preceptorship systems and training programs. This unique contribution offers valuable implications for policy development and curriculum planning, thereby enhancing the credibility and transferability of the qualitative findings of the study.

Limitations of the Research

This study relied on self-reported data, which may be subject to social desirability bias. Additionally, the study followed the principles of the GRAMMS (Good Reporting of a Mixed-Methods Study) checklist, which provides guidance for reporting mixed-methods research. While not all criteria could be fully addressed due to the scope of the study, the reporting was aligned with its main principles, and this is acknowledged as a limitation.

CONCLUSION

The results of this study revealed that preceptor nurses were highly experienced in the professional sense, most of them had not received training on preceptorship, but again, most wanted to receive training on this issue. The participants discussed the practice of preceptorship mostly in relation to the benefits it provides for the student, they experienced problems caused by the clinical environment and workload during preceptorship, and they recommended making regulations on the

organization and functioning of the practice of preceptorship.

For desired results to be obtained from the practice of preceptorship, preceptor nurses should have certain qualities and skills, and they should have received training on preceptorship. In this study, the participants emphasized the importance of a “preceptor training program” for improving the preceptorship skills of nurses who work as preceptors in clinical training. With a preceptor training program, the quality of the preceptorship services of nurses and clinical training will increase, and the collaboration between the clinic and the school will be strengthened. Therefore, the satisfaction of both the preceptor nurse and the student will increase. This study is also significant in terms of revealing the problems experienced in clinical preceptorship, bringing solution recommendations and using qualitative and quantitative methods together.

These findings not only highlight the importance of supporting preceptor nurses through training and consultation but also suggest broader implications for practice and policy. The results can guide curriculum development in nursing education by integrating structured preceptorship training, and they can inform institutional policies aimed at strengthening school–hospital collaboration and reducing workload barriers. Furthermore, at the policy level, the establishment of national standards and support systems for preceptor training could enhance the quality of clinical education and ensure more effective preparation of nursing students for professional practice.

Ethics Committee Approval

Ethics committee approval was received for this study from the Istanbul University Cerrahpasa Clinical Research Ethics Committee (Date: 1.11.2016, and Approval numbered: A-57).

Author Contributions

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Conflict of Interest

The authors have no conflict of interest to declare.

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