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Exploring the Phenomenological Experience of Precepting

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Abstract

Nurse practitioners and physicians are increasingly sought to volunteer as preceptors for nurse practitioner students. Preceptors serve a crucial role in student education in providing mentorship, instruction, and supervision in the clinical setting. However, preceptors are often difficult to come by, leaving a shortage of available clinicians willing to participate in preceptorships. There is a paucity of information related to exploring the experiences of precepting among clinicians who have served as preceptors. Insight into these experiences are imperative in identifying the impetuses that drive or dissuade clinicians to commit to the preceptor role. This DNP project implemented a survey designed to delve into the barriers and facilitators experienced by preceptors. The survey also assessed how clinicians regarded the idea of attending free workshops that would prepare them for their role as preceptors. Findings of this study will be utilized to promote the recruitment and retention of preceptors associated with the Eleanor Manning School of Nursing at the University of Arkansas.

Keywords: preceptor, perceptions, students, nurse practitioners, physicians

Exploring the Phenomenological Experience of Precepting

The purpose of this proposal was to conduct a doctor of nursing practice (DNP) research project for the Advanced Nursing Education Workforce (ANEW) Grant Team at the Eleanor Manning School of Nursing (EMSON), designed to assess the incentives, barriers, and support requisites that are fundamental among clinical providers to precept nurse practitioner (NP) students. Preceptors perform an indispensable role in the shaping the future generation of providers. Barriers and facilitators towards precepting vary among providers. Accordingly, it is imperative for the ANEW Grant Team to understand the driving force behind providers that are willing to perform the preceptor role and evaluate methods that can assist in furthering the recruitment and retention of preceptors for EMSON.

Background and Significance

Nurse practitioners play a pivotal role in alleviating the shortage of competent healthcare providers. The passage of the Affordable Care Act and Medicaid expansion in 2010 introduced healthcare coverage for an additional 20 million individuals that were previously uninsured (Kominski et al., 2017). Since 2010, the number of licensed nurse practitioners within the United States has increased fivefold to 290,000 to meet the growing demand (American Association of Nurse Practitioners [AANP], 2019). Considering these statistics, it is important to illuminate the role of the nurse practitioner.

NPs provide a unique model of care delivery that differs from that of physicians. The NP role embodies the belief that patient care is holistic, with intersecting realms of physiology, psychology, emotional, and spiritual dimensions, that views the patient as a whole, rather than singular domains (Judge-Ellis & Wilson, 2017; Jasemi et al., 2017). In addition, Judge-Ellis and Wilson (2017) explain that NPs see health through a nonfragmentary lens, in that health is not

merely the absence of disease, but also constitutes the comprehensive wellbeing of the patient. A 2018 Cochrane review concluded that NPs provide care equivalent to physicians and attain similar patient outcomes through the incorporation of this unique care delivery model (Laurant et al., 2018). NPs also render many of the same services offered by physicians, but at a lower cost to the consumer (Rosenberg, 2018). Correspondingly, AANP (2019) asserts that care provided by nurse practitioners has led to higher rates of patient satisfaction, increased health counseling, preventive care, improved communication, greater follow-up, decreased emergency room visits, and more time spent with patients. With an ever-increasing patient population in the United States, NPs remain essential in filling the need for competent, quality healthcare.

The Commission on Collegiate Nursing Education (2020) recognizes over 400 nurse practitioner programs throughout the United States. NP students are required to complete at least 500 hours of clinical practice in order to qualify for national certification (National Organization of Nurse Practitioner Faculties [NONPF], 2016). Clinical practice within NP academic programs revolves around experienced clinicians or preceptors, comprised of allopathic physicians (MD), osteopathic physicians (DO), and nurse practitioners, who volunteer to educate, mentor, and supervise students throughout their clinical preceptorships (Davis & Fathman, 2018). Towards the culmination of the NP academic program, preceptors guide students in developing high-level clinical reasoning, competencies and skills throughout their clinical practicums (American Association of Colleges of Nursing [AACN], 2015). Therefore, their role is fundamental in converting didactic education into tangible patient care.

Acquiring and retaining proficient clinical preceptors is a progressively complex challenge for NP academic institutions and students (McQueen et al., 2018; Fulton et al., 2017). The AACN (2015) surveyed nurse practitioner education programs around the United States and

found that 94% of respondents were ‘moderately concerned’ or ‘very concerned’ about the availability of preceptors for students. The expansive increase of NP programs leaves students competing for clinical placements with other medical, nursing, and allied health professions. Limited preceptor availability and clinical site shortages compound these concerns (Hood et al., 2019). Evaluating methods to increase the pool of preceptors available to students is an intricate process. It is first necessary to explore the precepting experience of clinical preceptors including their perceptions and experiences, and to identify measures essential for them to feel confident and supported prior to implementing recruitment and retention efforts. Previous studies related to this phenomenon indicate that there are a multitude of factors that galvanize clinicians to precept including the enjoyment of precepting, confidence in their teaching ability, and a professional obligation to give back to their discipline (Todd et al., 2019; Baldor et al., 2001; Morgan et al., 2018; Minor et al., 2019). Prevalent barriers that dissuade clinicians from precepting involve issues related to time constraints, productivity demands, feeling unprepared to teach, lack of faculty support, and the experience level of the student (Webb et al., 2015; Davis & Fathman, 2018; Roberts et al., 2017). However, there is no literature to date that explores the lived experience of precepting among clinicians affiliated with EMSON. Collecting data through a survey of EMSON-associated preceptors will provide first-hand knowledge of precepting and assist in determining the unique needs required by these preceptors to strengthen and sustain clinical preceptorships. These inquiries will ultimately guide EMSON in how to best support their preceptors and to determine factors that can be utilized to enhance preceptor recruitment and retention.

Problem Statement

The problem statement for this DNP quality improvement project is that allocation and retention of clinical preceptors remains a persistent issue for EMSON. Currently, there are a limited pool of clinical preceptors available to EMSON's nurse practitioner students. As such, these constraints prove challenging to attainment of clinical preceptorships. See Appendix D to view the Conceptual Map.

Purpose Statement

The purpose of this DNP clinical inquiry project is to create and conduct a survey that will explore the perceptions of current and former clinical preceptors to identify the barriers and facilitators of quality preceptorships. The results of the survey and subsequent recommendations will be presented to the ANEW Grant Team at EMSON to assist in recruiting and sustaining clinical preceptors.

PICOT Question

Among clinical providers working with nurse practitioner students, what are the identifiable barriers and facilitators related to precepting at different stages in their careers?

Needs Assessment***Objective***

According to a study from Auerbach et al. (2020), concerns about the nationwide shortage of physicians has provoked policy makers to promote the use of nurse practitioners to meet the growing demand of healthcare needs. This development prompted a surge of new nurse practitioner programs, which increased from 356 in 2010 to 467 in 2017 (Kacik, 2020). The sudden expansion of NP programs inadvertently created competition for preceptorships among nurse practitioner students and other peers in allied health programs including medical students

and physician assistant students. The ANEW Grant Team has recognized that this is a challenge in securing clinical placement for nurse practitioner students at EMSON. As such, the needs assessment was accomplished through interviews with members of the ANEW Grant Team to assess the ability to meet program objectives for exploring the lived experiences of preceptors.

Participants

Members of the ANEW Grant Team were included for the needs assessment with respect to their interactions and involvement within the team. This aggregate consisted of the project director, project manager, project quality manager, preceptor coordinator, and clinical faculty. All of the individuals mentioned are shareholders within the ANEW Grant Team. These shareholders serve as key influencers in providing valuable input regarding clinical placement concerns for EMSON's nurse practitioner students. This includes the desire to investigate the barriers and motivations that current, former, and prospective preceptors have towards precepting, as well as the need to determine what type of support can be offered to these clinicians to encourage and retain preceptorships.

Rationale

EMSON, akin to the myriad of NP programs throughout the country, has struggled with clinical preceptor acquisition and retainment. The ANEW Grant Team has sought to address these issues and concerns by strengthening clinical partners and increasing quality preceptorships. Therefore, this needs assessment was conducted to assess the phenomenon surrounding these concerns among the ANEW Grant Team and how the team can address them in the future.

Methodology

Qualitative interviews and discussions were conducted with the ANEW Grant Team via the video and web conferencing platform Zoom. Exploratory questions presented during the meetings were broad and open-ended to elicit the concerns of the team. Follow-up questions were encouraged with the goal of expanding on ideas relevant to preceptorships at EMSON. Key themes and concepts were summarized to the team to assure that their sentiments were thoroughly inferred. Responses to questions were annotated.

Sample, Sample Size, Sample procedure

The participants used in the assessment incorporated the ANEW Grant Team, which sought to understand the inhibiting and driving forces among current and former clinical preceptors. Two interviews were conducted with the ANEW Grant Team through Zoom on June 4, 2020 and June 16, 2020 consisting of exploratory and open-ended questions administered to the team.

Implementation and Data Analysis

Interviews were conducted through Zoom on June 4, 2020 and June 16, 2020, between 11:00-13:00 and 10:00-12:00 respectively. Respondents included the ANEW Grant Team project director, project manager, project quality manager, preceptor coordinator, and clinical faculty. Open-ended questions were read aloud and responses among the team were recorded.

Responses were analyzed for themes. The team affirmed there was not a particular methodology in place for acquiring preceptors. Instead, students were most often responsible for finding their own preceptors if the clinical faculty could not procure one for the student. The most prevailing characteristics among the team were that there is a need to investigate the lived experience of preceptors including barriers and incentives that drive the desire to precept.

Recommendations from the ANEW Grant Team to explore this phenomenon included the construction of a survey to be sent out via email and telephone interviews directed to current and former EMSON-associated preceptors.

Overall, concerns regarding the recruitment and retention of clinical preceptors was a shared sentiment among the ANEW Grant Team during the needs assessment. Information gathered from the assessment will be used to design a translational survey to explore the lived experience that providers have towards precepting. Consequently, the results of the survey will be utilized to generate a needs assessment attributed to preceptors that will be presented to the ANEW Grant Team to assist in the recruitment and retention of current and prospective preceptors.

Aims and Objectives

Specific Aim

We will identify the factors related to preceptor hesitancy, recruitment, and retention by conducting a clinical inquiry that will survey a representative sample of current and former clinical preceptors, to understand their lived experiences with precepting, and present a needs assessment with the data collected from the survey to the ANEW Grant Team at EMSON by the end of spring 2021. See Appendix A for the Global Aims statement.

Objectives

- To conduct a survey on current and former preceptors to explore their lived experience in preceptorships.
- To analyze results within the survey that depict barriers, motivating factors, and resources for support as perceived by current and former preceptors.
- To assess the willingness of current and former preceptors to attend preceptor workshops.

- To present survey results and recommendations to the ANEW Grant Team at EMSON to assist them in developing a long-term place for allocating and retaining preceptors

Review of Literature

Clinical preceptorships are the cornerstone of nurse practitioner programs. One of the most prevalent challenges to preceptorships involves the acquisition of quality clinicians that are willing to function in the capacity of a preceptor. Doherty et al. (2020) detail that preceptor shortages hinder education for upcoming NPs and ultimately impede the ability to meet the rising demand for healthcare providers. As such, it is imperative to explore the perception of preceptorships among current and former preceptors associated with EMSON, in an effort to build sustaining avenues for clinical placement.

The University of Arkansas research librarian was consulted when conducting this review of literature. Several scholarly databases were utilized to garner information regarding the motivations, barriers, and incentives attributed to providers that engage in precepting students. The databases searched included CINAHL, PubMed, Google Scholar, and MEDLINE. Key words encompassing this search contained terminology including but not limited to preceptor, precepting, perceptions, motivations, incentives, barriers, nurse practitioner, and physician. The initial search yielded 560 entries. The combinations of key words were revised and refined to narrow search results. Inclusion criteria was initially limited to English-only data published between 2015 – 2020. However, due to a low search yield, the inclusion criteria were amended to encompass data published between 2000 – 2020. Exclusion criteria included other than English texts, editorials, blogs, theses, and dissertations.

Attributes of a Quality Preceptor

Clinical practicums conducted under the supervision of preceptors provide a unique opportunity for students to develop and enhance clinical competencies and skills in preparation for the complexities associated with patient care. Blevins (2016) notes that effective preceptors retain specific qualities to foster a positive learning environment for their preceptees. These qualities encompass the preceptor's role as a teacher and role model by promoting a conducive learning environment and engaging in meaningful feedback to the student (Blevins, 2016). Similarly, Knisely et al. (2015) identify a multitude of characteristics indicative of effective clinical preceptors. The top five characteristics include that the preceptor: demonstrates competent clinical reasoning and judgement skills, serves as a positive role model, incorporates open communication skills, motivates students, and engenders confidence (Knisely et al., 2015). Lee-Hsieh et al. (2016) complements these sentiments when noting that effectual learning among preceptees is derived from the performance, attitude, knowledge, experience, and skills of their preceptors in the clinical setting. Consequently, the attributes of an effective clinical preceptor play an influential role in the transition phase of the nurse practitioner student to competent provider.

Barriers to Precepting

There is a need to comprehend barriers that hinder the desire to precept from the preceptor's point of view. In a study conducted by Roberts et al. (2017), time constraints and limited clinician experience as a provider are identified as common barriers among preceptors. Webb et al. (2015) echoed a similar position in noting that prominent barriers for precepting included time factors, the inability to meet productivity expectations, and the provider's level of confidence with respect to their clinical expertise and teaching abilities. The recognition of

impediments to precepting are necessary to promote a culture of support for current and prospective preceptors. Therefore, assessing barriers perceived by current and former EMSON-associated preceptors may assist in mitigating the shortage of clinical preceptors.

Retaining Quality Preceptors and Fostering Sustainable Preceptorships

Analyzing the compelling motives behind the desire for clinical providers to precept is significant to promote the acquisition and retention of quality preceptors and sustainable preceptorship opportunities. According to Davis and Fathman (2018), the most prominent catalyst motivating preceptors to precept derives from inherent reasoning associated with the inspiration to teach future practitioners and the desire to give back to the profession. However, extrinsic factors have been found to also persuade clinical providers to precept. Amirehsani et al. (2019) remark that financial compensation, access to continuing education (CE) programs, development of a relationship with faculty, and preceptor training are among the leading inclinations to precept. Davis and Fatham (2018) corroborate these sentiments by noting how monetary compensation, tuition remission, preceptor training, and continuing education opportunities were motivating factors in the retention of preceptors. In virtue of the unparalleled position that preceptors perform, studying the motivations of clinical providers is crucial to retaining quality preceptors and promoting sustainable preceptorships.

Interventions to Assess the Impetus to Precept

Recruiting and retaining preceptors remains a challenge for NP programs. It is important to investigate the driving force behind a provider's motivations to precept in order to advance the clinical precepting experience and professional relationship between the preceptor, student, and academic program. Various research methods such as interviews, focus groups, and secondary data analysis can be utilized when studying the lived experience of preceptors. However, it is

important to the ANEW Grant Team at EMSON that the information acquired is specific to the multitude of preceptors that are associated with the university. This limits each of the previously mentioned research methods due to distance, time constraint, and the need for distinct answers to key questions sought by the ANEW Grant Team at EMSON. Conversely, surveys provide the advantage of assessing participant's opinions, attitudes, and motives (Nardi, 2015). Surveys can be conducted from a distance, whether telephonically or through the internet, offering convenience and flexibility due to the self-paced nature of a questionnaire.

In utilizing a survey as a data collection tool, it is vital to ensure that the survey is both valid and reliable. To increase the reliability and validity of surveys, Cypress (2017) asserts that purposive sampling strengthens the transferability of results. Regrettably, Nardi (2015) notes that it is difficult to gauge the reliability and validity of one-time use surveys. Colorafi and Evans (2016) explain that the validity of a survey is enhanced if the survey itself has been used in similar studies and improved predictions or promoted recommendations based on data gained from survey questions. Therefore, to enhance validity and reliability, construction of the survey for this DNP project will be comprised of questions adapted from surveys used in similar studies that explored the lived experience of preceptors. The survey will investigate the viewpoints of clinical preceptors to evaluate the driving force behind the desire to precept and hindrances that dissuade precepting. The results of the survey will be analyzed through Qualtrics. Data and recommendations will be presented to the ANEW grant program at EMSON to aid in establishing a long-term plan to recruit and retain quality preceptors. See Appendix B to view the Evidence Table.

Theoretical Framework

The demand for clinical preceptorships is a prevailing concern for nurse practitioner students. As such, recruiting and retaining quality preceptors remains a top priority for NP programs. In an effort to obtain preceptors, exploring the motivational factors that provide the impetus for clinical providers to partake in preceptorships is the antecedent in acquisition and retention. The Self-Determination Theory (SDT) centers on examining the intrinsic and extrinsic contingencies that drive individual motivation (Ryan & Deci, 2000). More specifically, Deci and Ryan (2000) identify that the propensity for motivation are nestled within three psychological needs involving competence, autonomy, and relatedness. The fulfillment of these psychological needs is essential to enhancing motivation and promoting the continued well-being and integrity of an individual (Deci & Ryan, 2000). Accordingly, the framework of SDT can be utilized to create a survey to explore the feelings and perceptions of clinical preceptors related to their role in preceptorships.

Intrinsic Contingencies

Competence

Deci and Ryan (2000) describe competence as the adaption to new challenges or mastery of changing contexts. Oftentimes, this leads individuals to seek out challenges that suit their capabilities and enhance their skills (ten Cate et al., 2011). The embodiment of competence incorporates how an individual feels with respect to the actions they perform. Within clinical preceptorships, the feeling of being an effective preceptor satisfies the need for competence and enhances the intrinsic motivation to teach (Lochner et al., 2012). Competency is also sustained from the satisfaction the preceptor derives through the preceptee's progress and advancement in the context of structure. Knight (2018) asserts that structure incorporates the amount of

instruction and clarity of information that a preceptor provides to a preceptee with respect to the expectations and methods of achieving a desired outcome. Elements of structure can involve guidance and direction within the clinical setting, as well as constructive feedback. Fostering competency within a preceptor hinges on exploring their personal needs to promote their proficiency as a provider. Minor et al. (2019) point out that approaches for enhancing competency can center around faculty development efforts, continuing education, access to resources, and recognition of excellence in teaching. In these manners, SDT provides a framework to strengthen the competency of clinical providers by reinforcing their motivations to precept.

Autonomy

Autonomy is defined as the interworking of integration and freedom at the core of human functioning (Deci & Ryan, 2000). ten Cate et al. (2011) illustrates that autonomy provides the groundwork to understand the internalization of integration and behavioral regulation, with the goal of self-regulating and controlling one's surroundings. Providing autonomy support to preceptors involves taking their perspective into consideration. Autonomy-supportive efforts can include interactions that inquire about the preceptor's goals for preceptorship and scheduling, while encouraging questions and providing meaningful answers to preceptors (ten Cate et al., 2011). Additional supportive measures to enhance autonomy involve incorporating faculty and preceptors in the process of guidelines and objective development for courses and providing flexibility with respect to the preceptor's time and how they choose to teach the student within the clinical setting (Minor et al., 2019). Supporting this facet of autonomy within the SDT framework will serve to enhance the motivation to teach and aid in preceptor retention.

Relatedness

Relatedness focuses on the human desire for broad connectiveness, close relationships, and a sense of belonging (Deci & Ryan, 2000). Minor et al. (2019) notes that precepting allows preceptors to give back to their profession by molding the next generation of clinicians and mentoring students throughout their clinical training. The establishment of rapport and interpersonal involvement between the preceptor and faculty, as well as the preceptor and the student, serves as a catalyst to encourage precepting. Receiving feedback from both faculty and students validates the preceptor's performance both as a clinician and mentor. As such, surveying preceptors on their inherent desires to precept suffices to meet the SDT posit citing that intrinsic motivation is fomented through satisfying the need for relatedness (Lochner et al., 2012).

External Motivation

The tenets of SDT postulate that void of any extrinsic incentives, individuals possess an innate tendency to evolve towards autonomy and self-determination (ten Cate et al., 2011). ten Cate et al. (2011) goes on to claim that although the role of extrinsic incentives such as financial compensation may motivate individuals, SDT affirms that the inability to internalize such incentives will result in the cessation of the modified behavior. However, extrinsic motivation that is guided by the integration of behavior through internalization founded on the experiences, values, and attitudes of the individual, can embody qualities of intrinsic motivation (Lochner et al., 2012). An example of this process can include certificates of recognition, positive student feedback, and thank you notes which invoke a preceptor's sense of pride in being connected with an academic institution (Minor et al., 2019). Consequently, external motivation for preceptors should focus on incentives that can be internalized to strengthen intrinsic motivation.

Theory-based research within the framework of SDT contributes to investigating and evaluating the influential factors that elicit preceptor motivation. Lochner et al. (2012) assert that self-determined behavior correlates with higher satisfaction and effective performance. Both intrinsic and extrinsic incentives contribute to the overall desire of a clinician to precept. However, the domains of competence, autonomy, and relatedness associated with intrinsic incentives that cultivate inherent satisfaction, are the foundation of SDT. Outcomes directly related to SDT will be measured using a 5-point Likert scale, in which questions will be devised to explore the intrinsic and extrinsic factors that motivate clinicians to serve as preceptors. Thus, SDT will serve as the framework for this DNP project to delve into the perceptions and impetuses that drive and dissuade preceptors, in an effort to recruit and retain quality experts to mentor students in the clinical setting. See Appendix C for the Theoretical Framework model.

Methodology

Project Design

An exploratory research design was utilized to conduct a clinical inquiry on the perception of EMSON-associated preceptors to identify barriers, incentives, and support needed to promote their recruitment and retention. Exploratory research is a method used to explore or investigate a problem at the preliminary stages, particularly when there are limited studies or information available on the subject (Brown, 2006). This type of research delves into the nature of a problem to help researchers establish a greater understanding of the issue and lays the groundwork for future study (Exploratory Research Design, 2016). Exploratory research is conducted through the investigation of various sources including published secondary data, data gathered from surveys, and opinions (Exploratory Research Design, 2016). In utilizing the tenets

of exploratory research, a survey was employed to discern the preceptorship experiences of current and former preceptors at EMSON.

Project Description

This DNP clinical inquiry project commenced with the creation of a survey that incorporates quantitative and qualitative components to investigate the lived experiences of preceptors. Constructs of the survey integrated questions adapted from exploratory research-based surveys identified through scholarly databases that are approved by the ANEW Grant Team at EMSON. Data for this DNP project was collected through Qualtrics, an online survey platform. Qualtrics served as the modality to disseminate survey questions and to analyze quantitative elements of results. These analyses helped to identify barriers and incentives to precepting, as well as resources for support that are sought among preceptors to encourage their recruitment and retention. Results from the survey will then be presented to the ANEW Grant Team at EMSON to develop specific solutions for this problem.

Setting

The proposed project setting was web-based through the University of Arkansas School of Nursing.

Study Population

The study population for this proposed project was attained through convenience sampling. The sample consisted of current and former preceptors, composed of nurse practitioners and physicians, who precept nurse practitioner students enrolled at EMSON. Surveys were conducted via phone call or internet through Qualtrics, to acquire qualitative and quantitative information congruent with their perceptions on precepting.

Study Intervention

Pre-Implementation Phase. The proposed DNP project began with a needs assessment of the ANEW Grant Team at EMSON. This allowed for the coinvestigator to determine what the ANEW Grant Team was seeking to investigate and to solidify the goals of the clinical inquiry project. Following the needs assessment, a compilation of survey questions, adapted from scholarly databases and journals, were composed to explore the lived experience of preceptors. The survey questions were presented to the ANEW Grant Team and assessed for bias, suitability, validity, and reliability. Survey questions were transcribed into Qualtrics. IRB approval was received in October 2020. After the approval, subject recruitment from the EMSON database was initiated.

Implementation Phase. Subject recruitment included current and former preceptors within the EMSON database. Once subjects were recruited for the study, an introductory email was sent to participants discussing the goal of the project, consent, and how the survey was to be administered. A phone interview using the approved survey questions was initiated in Fall 2020. A weblink to the survey on Qualtrics was disseminated through email for providers that preferred to complete the survey online. Survey response rates were monitored throughout the latter part of Fall 2020 and the beginning of Spring 2021. The coinvestigator intervened throughout the duration of the survey phase to improve response rates. This included follow-up opportunities to complete the survey via email, and was sent to subjects that did not respond to the initial request for phone interviews.

Post-implementation Phase. Results from the survey underwent the appropriate statistical analyses, which were dependent on the number of participants. Recommendations were prepared based on survey data and statistical analyses. Dissemination of the results and

recommendations will subsequently be presented to the coinvestigator's DNP committee and the ANEW Grant Team at EMSON. Further dissemination to the professional community will occur at the end of Spring 2020 and will include the National Organization of Nurse Practitioner Faculties, *Nurse Educator*, the *Journal of Nursing Education and Practice*, and the *Journal of the American Association of Nurse Practitioners*.

Study Measures

Conceptual Definitions. Conceptual definitions within this project integrated variables that required measurement to assist in gauging the perception of preceptors. Variables for this DNP project included the barriers, incentives, and support measures characterized by preceptors that can aid with their future recruitment and retention. Barriers focused on any form of internal inhibitions or external impediments that dissuaded clinicians from becoming or continuing as preceptors. Incentives incorporated intrinsic and extrinsic contingencies that promoted preceptorship among clinicians. Resources for support identified elements that providers found beneficial to their roles as preceptors. These definitions played a role as a preceding step to the construction of operational definitions that further enhanced the understanding of a phenomenological study.

Operational Definitions. Operational definitions focused on redefining a variable in measurable terms. It also functioned to describe abstract concepts, which captured the primary facets of this phenomenological investigation that focused on the lived experiences of preceptors. Consequently, the survey explored barriers, incentives, and resources for support needed among preceptors, with the use of a 5-point Likert scale. Barriers were operationally defined as to how strongly a provider agreed or disagreed with factors or obstacles that inhibited precepting. Incentives to precept were operationally defined as to how important a provider believed that

select intrinsic and extrinsic factors motivated their desire to precept, ranking them from ‘not important’ to ‘very important.’ Resources for support were operationally defined in two aspects. First, preceptors ranked how important they believed specific resources were in their decision to precept, ranging from ‘not important’ to ‘very important.’ Second, preceptors ranked how likely they were to attend a free preceptor development workshop, from ‘not likely’ to ‘very likely.’ Each of the operational definitions discussed allowed for the abstract conceptual definitions of the project to evoke a measurable, quantifiable understanding. Parametric tests were conducted subsequent to the survey and analyzed Likert scale responses. These analyses provided meaningful assumptions with respect to the barriers, incentives, and resources needed for support amongst the underlying EMSON-associated preceptor population.

Outcome Measures. Outcome measures related to this clinical inquiry project included perceptions related to precepting nurse practitioner students, in addition to resource materials and support mechanisms suggested by preceptors to promote successful preceptorships. What follows were the outcome measures sought from the results of the survey:

- To determine the mean score of the three highest-rated barriers characterized by preceptors
- To determine the mean score of the three highest-rated motivating factors to precept
- To determine the mean score of the three highest-rated perceptions among providers based on factors that impact precepting
- To determine the percentage of subjects willing to participate in precepting workshops

Data parameters included current and former preceptors, comprised of nurse practitioners, MDs, and DOs, that had precepted in association with EMSON. Outcome measures were collected using a single survey completed through Qualtrics. In discussions with the

ANEW grant team, the percentage of surveys completed was expected to be limited as a result of an uninterested group sample and nonresponse bias. This sentiment was corroborated by various studies which indicated that survey response rates among healthcare providers are generally very low (Cho et al., 2013; McLeod et al., 2013; Cook et al., 2016; Brtnikova et al., 2018). As a result, the interpretation of survey results may not be generalizable to the comprehensive preceptor population. Outcome measures were collected until mid-February 2021 using Qualtrics. Qualtrics also served to analyze the raw data gathered from the survey to interpret frequency statistics for each of the outcome measures.

Process Measures. The process measure in this project played a vital role in the acquisition of previously detailed outcome metrics. It was as follows:

- Percentage of providers that complete the survey

The greater the percentage of providers that completed the survey, the higher the probability that results from the survey would derive a more advanced understanding of preceptorships to aid in the recruitment and retainment of preceptors.

Balancing Measures. The balancing measure of this study focused on the percentage of providers who were more likely to precept after completing the survey. This allotted information for the ANEW Grant Team at EMSON in the future development of a preceptor program.

Study Instrument

The coinvestigator generated a questionnaire to elicit the perceptions of preceptors who engaged in clinical training with nurse practitioner students associated with EMSON. The coinvestigator collaborated with the ANEW Grant Team and developed the survey, adapting questions from previous studies that had investigated the phenomenon of precepting. According to the University of Arkansas' Statistical and Measurement Support Services team member Ji Li

(personal communication, July, 16, 2020), adapting questions from preceding studies that had explored the lived experience of preceptors, helped to enhance the validity and reliability of the questionnaire. Additionally, the Delphi method was implemented in coordination with the ANEW Grant Team and reviewed survey questions for clarity, bias, and comprehension. The questionnaire was transcribed into Qualtrics for dissemination among the current and former EMSON-affiliated preceptors.

Risks and Benefits

Surveys completed by preceptors through Qualtrics were confidential. Participants were identified with a random number that verified which respondents completed the questionnaire. Confidentiality was secured through data analysis of aggregated results that did not include the identification of preceptors.

Benefits related to this study provided a better understanding of the lived experience of preceptors. The results of this study identified the motivating factors and inhibitions that preceptors have towards precepting. Additional results provided an understanding of the resources and support measures desired by preceptors. Ultimately, the information gathered by the survey will be utilized by the ANEW Grant Team to create a plan for the recruitment and retention of preceptors.

Subject Recruitment

Participants in this study included current and former EMSON-associated preceptors. Contact information for these participants was ascertained through the ANEW Grant Team at EMSON. No further methods or materials for subject recruitment were required. See Appendices H and I for the participant recruitment scripts via telephone and email respectively.

Consent Procedures

Consent for completing the survey was established through Qualtrics for preceptors to read and acknowledge prior to the commencement of the questionnaire. See Appendix G for participant consent.

Subject Cost and Compensation

Participants in the study did not incur any costs, nor were they compensated throughout the duration of this project.

Project Timeline

The DNP project began in November 2020 and ended in February 2021. Surveys were sent through Qualtrics via email to all participants in early November. The survey was resent at various intervals to respondents that had not yet participated in the survey. Data collection was completed February 15, 2021. Raw data from the survey was analyzed through Qualtrics between February 2021 and March 2021. The results and data analysis accrued from the survey will be presented to the ANEW Grant Team at EMSON in April 2021. See the Gantt Chart in Appendix E.

Required Resources and Economic Considerations

Resources and economic considerations for this project included a computer with internet availability and access to Qualtrics. Email communication with the ANEW Grant Team was conducted to acquire contact information for the sample population. These resources were of no cost to either the coinvestigator, the ANEW Grant Team, or EMSON.

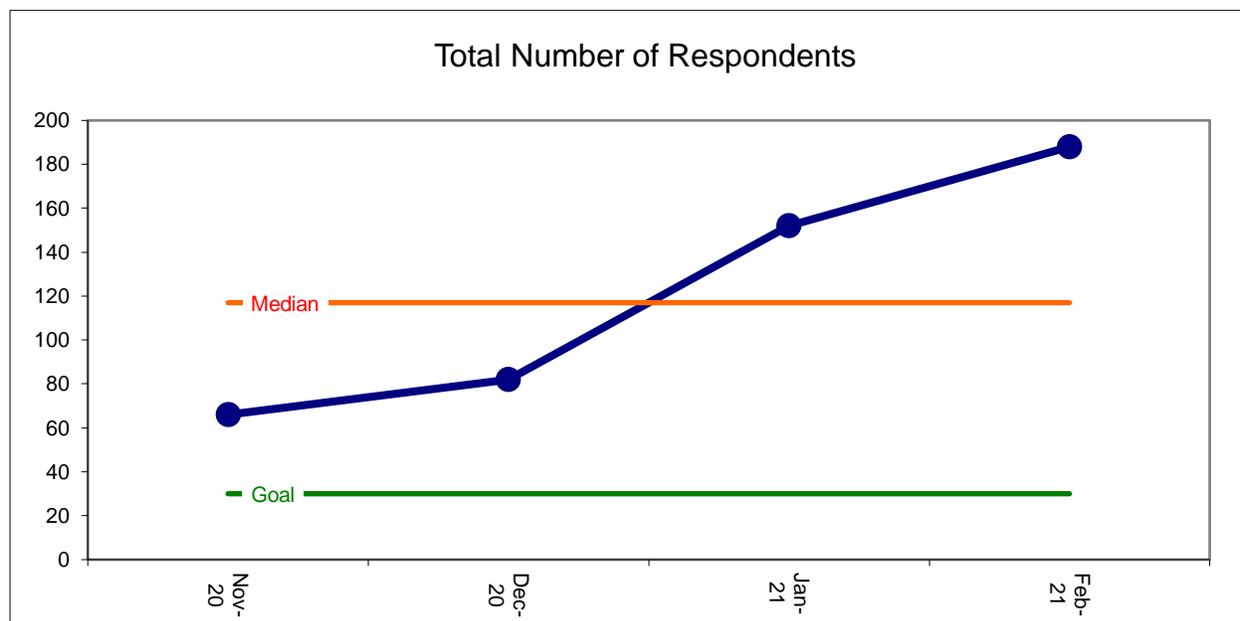
Implementation Phase

The implementation phase for this DNP project was estimated to begin September 2020. However, implementation was delayed until November 2020, pending institutional review board (IRB) approval. IRB approval was ascertained at the end of October 2020. Aside from the late start, there were no further deviations from the implementation plan.

The sample population for this DNP project consisted of 477 current and former preceptors associated with EMSON at the University of Arkansas between 2014-2020. Contact information for the sample population, including telephone numbers and email addresses, were provided to the coinvestigator by the ANEW grant team at EMSON. The contact information was transcribed to an Excel worksheet and duplicate contacts were deleted by the coinvestigator. Phone interviews were the initial modality of survey outreach. However, this mode did not result in any respondents. Emailing the questionnaire proved more successful in rendering survey responses. Qualtrics, a secure cloud-based platform, was utilized to disseminate the online survey and gather respective data. The survey was emailed to the sample population on November 13, 2020. Response rates were analyzed weekly and participants that completed the survey were annotated. Individuals that did not respond to initial and subsequent requests to complete the survey were emailed weekly with a link to the questionnaire starting on November 20, 2020. Survey outreach continued through February 08, 2021, except between the fall and spring semesters at the University of Arkansas. Data collection was concluded at 11:59 pm on February 15, 2021. At that time, 188 preceptors completed the survey to yield a 39.4% response rate. Figure 1 provides a visual display of the process cycles delineated by the total number of survey respondents between November 2020 and February 2021.

Figure 1

Cumulative number of survey respondents between November 2020 and February 2021.



Communication with the coinvestigator's preceptor and DNP committee occurred weekly to discuss survey outreach and to provide continued guidance on the project. The goal of the DNP committee and the ANEW grant team was to attain at least 30 survey respondents. This objective was overwhelmingly exceeded with the acquisition of 188 survey respondents, accounting for 39.4% response rate. Table 1 depicts steps within the implementation process and respective dates of completion.

Table 1

Phases of implementation with respective dates of completion and response rates

Date	Intervention	Response Rate
11/13/20	Initial survey sent to sample population	N/A
11/20/20	Survey resent to nonrespondents	5.0%
12/01/20	Survey resent to nonrespondents	8.8%
01/19/21	Survey resent to nonrespondents	20.1%
01/26/21	Survey resent to nonrespondents	29.9%
02/01/21	Survey resent to nonrespondents	31.5%
02/08/21	Survey resent to nonrespondents	36.4%
02/15/21	Data collection completed	39.4%

Evaluation of Results

Process Measures

The process measures surrounding this doctor of nursing (DNP) project reflected the percentage of current and former preceptors that complete the questionnaire, and was formally represented by the survey response rate. The importance of this process measure cannot be overstated. Smith et al. (2019) explain that an insufficient response rate can increase the risk of nonresponse bias and impact meaningful conclusions that can be deduced due to limited data collected. To further compound the problem, survey response rates among healthcare providers are relatively low (Cho et al., 2013; McLeod et al., 2013; Cook et al., 2016; Brtnikova et al., 2018). Therefore, it is not uncommon for internet-based surveys of health professionals to generate a response rate of less than 20%, particularly among physicians (Dykema et al., 2013).

The sample population for this DNP project consisted of 477 current and former preceptors associated with EMSON at the University of Arkansas. Contact information for the

sample population, including telephone numbers and email addresses, were provided to the coinvestigator by the Advanced Nursing Education Workforce (ANEW) grant team at EMSON. The contact information was transcribed to an Excel worksheet and duplicate contact information was deleted by the coinvestigator. Phone interviews were the initial modality of survey outreach. However, this mode did not result in any respondents. Emailing the questionnaire proved more successful in rendering survey responses. The survey was emailed to the sample population on November 13, 2020. Response rates were analyzed weekly and participants that completed the survey were annotated. Individuals that did not respond to the initial and subsequent requests to complete the survey were emailed weekly with a link to the questionnaire starting on November 20, 2020. Survey outreach continued through February 08, 2021, except between the fall and spring semesters at the University of Arkansas. At the conclusion of data collection at 11:59 pm on February 15, 2021, 188 preceptors completed the survey to yield a 39.4% response rate. Table 2 illustrates the dates of survey outreach (interventions) and respective response rates.

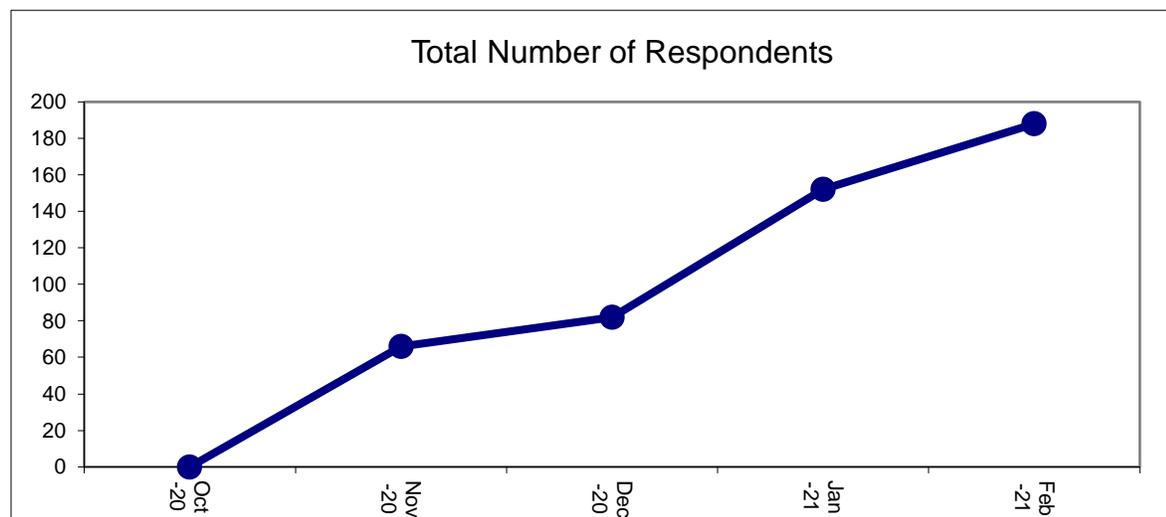
Table 2*Survey outreach interventions and respective response rates*

Date	Intervention	Response Rate
11/13/20	Initial survey sent to sample population	N/A
11/20/20	Survey resent to nonrespondents	5.0%
12/01/20	Survey resent to nonrespondents	8.8%
01/19/21	Survey resent to nonrespondents	20.1%
01/26/21	Survey resent to nonrespondents	29.9%
02/01/21	Survey resent to nonrespondents	31.5%
02/08/21	Survey resent to nonrespondents	36.4%
02/15/21	Data collection completed	39.4%

Figure 2 provides a depiction of the cumulative response rate throughout the project's implementation phase, which are a direct reflection of the weekly survey outreach interventions previously discussed.

Figure 2

Cumulative number of survey respondents between 11/15/20 – 02/15/21



Demographics

The majority of respondents were females (71.3%), Whites (84.6%), and nurse practitioners (73.1%). The median age range of preceptors was between 40-49 years old. A master's degree was the most common level of education among nurse practitioners (54.4%), followed by Doctor of Medicine among physicians (23.9%). The median range in which respondents had served as health care providers was between 10-14 years. Family Nurse Practitioner (50.3%) was the most common specialty among APRNs, while Internal Medicine (26.5%) was the most common specialty among physicians. The median range for which respondents had served as a preceptor was between 5-9 years. Additional characteristics of respondents are illustrated in Table 3.

Table 3*Characteristics of survey respondents*

Characteristics	Percentage of Respondents
<hr/>	
Sex	
Female	71.3%
Male	27.1%
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Age (years)	
21-29	1.1%
30-39	24.3%
40-49	30.9%
50-59	28.7%
60-69	13.8%
70+	1.1%
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Race	
White	84.6%
Black	4.4%
Native American	2.7%
Asian/Pacific Islander	0.0%
Other	5.6%
<hr/>	
Highest level of education	
Master's	54.4%
Post-Master's	5.0%
Clinical Doctorate	13.9%
Research Doctorate	1.7%
Doctor of Medicine	23.9%
Doctor of Osteopathy	1.1%
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Certification	
APRN	73.1%
Physician	26.9%
<hr/>	
Specialty (APRN)	
Family	50.3%
Acute Care	25.9%
Adult/Gerontology	24.4%
Pediatrics	5.9%
Clinical Nurse Specialist	5.1%
Other	3.0%
<hr/>	
Specialty (Physician)	
Internal medicine	26.5%
Family medicine	20.4%

Pediatric medicine	14.3%
Emergency medicine	6.1%
Critical care medicine	10.2%
Neurology	6.1%
Other	16.3%

Years as a provider	
1-4	10.7%
5-9	23.0%
10-14	21.9%
15-19	14.6%
20-24	13.5%
25+	16.3%

Years as a preceptor	
1-4	32.4%
5-9	31.8%
10-14	17.6%
15-19	10.8%
20+	7.3%

Outcome Measures

Survey questions for this DNP project were constructed using a five-point Likert scale. Outcome measures employed the use of descriptive statistics, particularly the rank-ordered mean score [Range: 1-5], to depict the most prominent barriers and motivating factors to precept, elements that impact precepting, and the willingness of respondents to participate in preceptor workshops. Cronbach's coefficient (α) was calculated to evaluate the reliability of the survey to adequately identify the impetuses and impediments to precepting, and the impact that precepting had on a provider's practice. Customarily, acceptable values of α range from 0.70 to 0.95, in which greater values within the range equate to a higher index of reliability (Tavakol & Dennick, 2011). Additionally, t-tests were conducted to evaluate for any significant differences between APRNs and physicians, and their perceptions of the variables surveyed. The probability value (p) used for the t-tests was set at $p < 0.05$ by convention. Results of the t-tests also considered

Cohen's d or the effect size ($d = 0.5$) to ensure that any magnitude of difference between APRNs and physicians was statistically significant.

Motivating Factors to Precept

The first outcome measure sought to uncover the drive behind a provider's desire to precept. Cronbach's coefficient ($\alpha = 0.84$) was calculated and indicated that survey questions investigating factors that motivate a provider to precept were internally consistent and serve as a reliable instrument to measure the variable. As denoted by their respective mean, the most prevalent motivating factors to precept included a professional obligation and the desire to "give back" to the profession (3.95), personal enjoyment and fulfillment (3.66), and prior association with a student or faculty member (2.93). Conversely, personal recognition and awards (1.46), and tax credit for precepting (1.49) were the least influential considerations in motivating providers to precept. Further results for factors that motivate precepting can be found in Table 4.

Table 4*Factors that motivate providers to precept*

Variable	Mean	Std. deviation	Variance
Professional obligation/desire to “give back” to the profession	3.95	0.98	0.96
Personal enjoyment/fulfillment	3.66	0.94	0.88
Prior association with a student or faculty member	2.93	1.3	1.68
Opportunity to network professionally	2.85	1.19	1.41
Updated information on issues affecting practice (i.e. clinical treatment guidelines, clinical screening guidelines)	2.67	1.35	1.82
Credit toward recertification	2.55	1.40	1.96
Free continuing education opportunities	2.39	1.38	1.91
Computer linkages to institutional library and resources	1.80	1.19	1.42
Faculty planning and constructive advice for your practice	1.76	0.99	0.98
Professional development/workshops	1.68	0.98	0.97
Tax credit for precepting	1.49	1.03	1.07
Personal recognition/ nomination for service awards	1.46	0.87	0.75

A one-sample t-test was calculated between APRNs and physicians (MD/DO) to assess for significant differences regarding the underlying drive to precept. APRNs had a higher tendency than physicians to regard the following items as motivating factors to precept students:

- credit towards recertification ($p = < 0.0001$, $d = 0.869$)
- prior association with a student or faculty member ($p = 0.001$, $d = 0.566$)
- continuing education credits ($p = 0.002$, $d = 0.561$)
- updated information on issues affecting your practice ($p = 0.002$, $d = 0.551$)
- opportunity to network professionally ($p = 0.005$, $d = 0.539$)

Barriers to Precepting

The second outcome measure investigates barriers that discourage providers from precepting. Cronbach's coefficient ($\alpha = 0.83$) was calculated and demonstrates the reliability of survey questions to effectively measure the perception of barriers to precepting. Prevailing barriers, as indicated by their mean, included time constraints (4.06), the ability to meet productivity expectations (3.18), and concerns related to electronic health records (EHR) (2.83). These results lend credence to similar studies corroborating time constraint, productivity issues, and EHR concerns, as leading barriers to precepting (Davis & Fathman, 2018; Roberts et al., 2017; Todd et al., 2019). In contrast, the provider's confidence in their own clinical experience (1.91) and the level of confidence the provider retains about their own ability to precept (2.02) were the least hindering factors to precept. These results are also supported by Webb et al. (2015) in which the level of confidence a preceptor retains in their clinical expertise and their ability to teach/mentor were not regarded as barriers to precepting. Table 5 provides an in-depth description of additional factors that serve as barriers to precepting.

Table 5*Barriers that deter providers to precept*

Variable	Mean	Std. deviation	Variance
Time constraints	4.06	1.05	1.09
Productivity expectations	3.18	1.38	1.91
EHR issues	2.83	1.34	1.80
Limited space in facility	2.78	1.36	1.84
Ineffective communication with program faculty	2.48	1.24	1.53
Lack of support from employers	2.46	1.36	1.86
Patient receptivity to student	2.43	1.22	1.48
Inadequate staff support	2.39	1.19	1.42
Risk of liability	2.16	1.13	1.28
Level of confidence in your precepting ability	2.02	1.25	1.57
Level of confidence in your clinical experience	1.91	1.19	1.42

A one-sample t-test was conducted among APRNs and physicians to assess for significant differences in their perception of barriers to precepting. However, no compelling distinctions were noted between these groups.

Impacts of Precepting

The third outcome measure investigates the impact that precepting has on a provider's practice. Cronbach's coefficient ($\alpha = 0.78$) was calculated and confirms the internal consistency of survey questions that measure the impact of precepting constructs. Providers perceive that the impact of precepting helps keep their knowledge current (3.86), enhances their enjoyment of patient care (3.49), and improves the quality of their practice (3.32). Alternatively, providers were less inclined to believe that precepting interfered with their patient relationships (1.90) or

that precepting students made their patients feel uncomfortable (2.01). Table 6 outlines the sentiments associated with how a provider perceives the impact that precepting a student asserts on their practice.

Table 6

Preceptor perspective: Precepting a student in my practice would...

Variable	Mean	Std. deviation	Variance
Help keep my knowledge current	3.86	1.06	1.13
Enhance my enjoyment of patient care	3.49	1.13	1.27
Improve the quality of my practice	3.32	1.13	1.27
Increase my overall stress level	3.18	1.14	1.29
Disrupt patient flow	3.12	1.12	1.25
Enhance time and support with patients who prolong/ lengthen office visits because they enjoy to socialize	3.05	1.13	1.29
Increase my productivity	2.17	1.04	1.09
Make patients uncomfortable	2.01	1.02	1.04
Interfere with my patient relationships	1.90	1.05	1.10

A one-sample t-test was calculated between APRNs and physicians to gauge for any significant differences in their perception of the impacts that precepting students had on their practice. No notable differences were identified.

Willingness to Attend Workshops

The final outcome measure delved into whether respondents were interested in attending free preceptor workshops conducted through the University of Arkansas. In Figure 3, only a combined total of 35.7% of respondents described that they were “somewhat likely” or “very likely” to attend a free preceptor workshop.

Figure 3

Likelihood of respondents attending free preceptor workshops: 1 = not likely; 5 = very likely

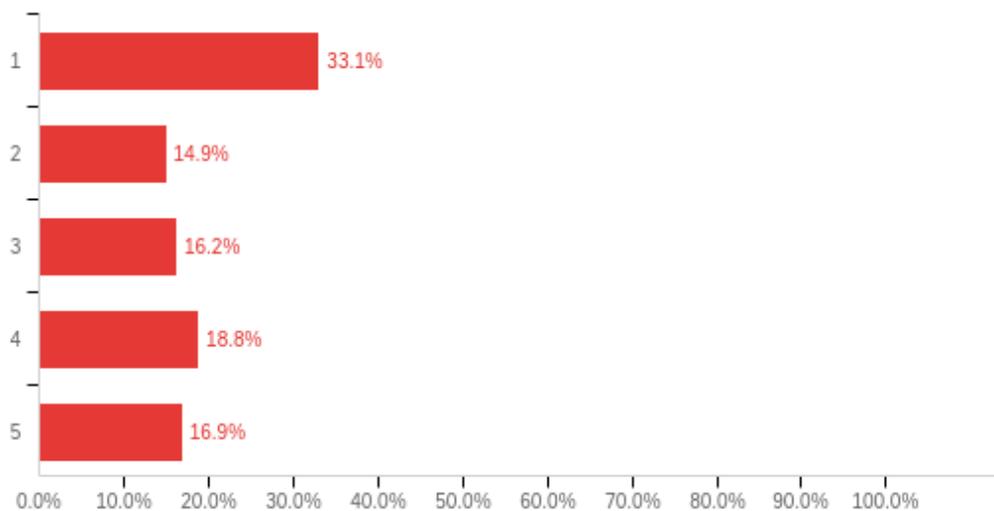
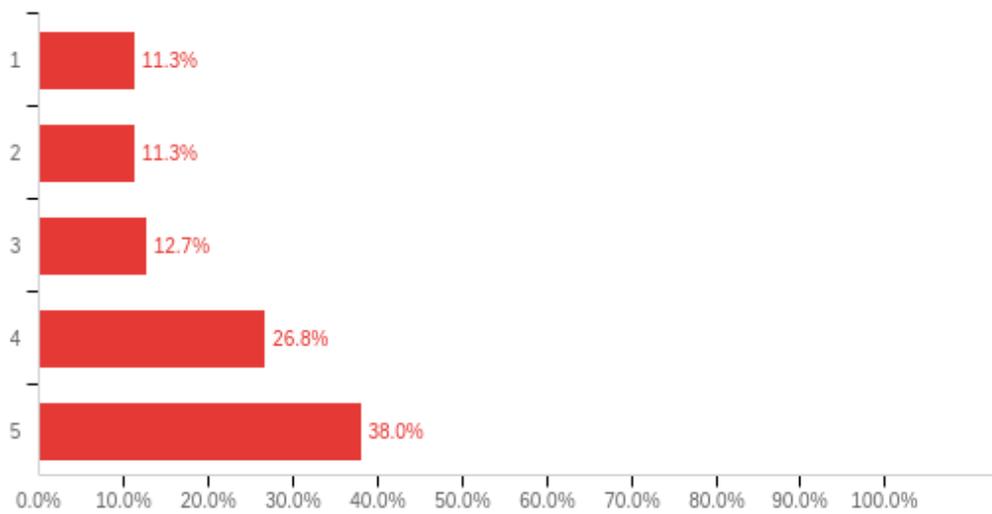


Figure 4 depicts that when continuing medical education (CME) or continuing education (CE) credits were offered in free preceptor workshops, a combined 64.8% of respondents were “somewhat likely” or “very likely” to attend.

Figure 4

Likelihood of respondents attending free preceptor workshops when CME/CE credits are offered: 1 = not likely; 5 = likely



The results are corroborated by a paired t-test ($p = < 0.00001$, $d = 0.730$) identifying that providers were more inclined to attend preceptor workshops if CMEs and CEs were offered. A one-sample t-test was also conducted to determine if any notable differences existed between APRNs and physicians in their willingness to attend preceptor workshops with and without CME/CE. However, no significant differences were calculated.

Discussion

This study sought to explore the phenomenological experience of preceptors. At the behest of the ANEW grant team at EMSON, the focus of the study was to identify factors that motivated or impeded providers to precept nurse practitioner students. The overarching goal of this study was to extract data that would aid the ANEW grant team in their attempt to promote sustainable preceptorships.

Survey results identified a variety of distinguishable factors that drive providers to precept including professional obligation and the desire to “give back” to the profession, personal enjoyment and fulfillment, and prior association with a student or faculty member. These results are echoed in previous studies in which preceptors cited their enjoyment of precepting, professional obligation, and previous affiliation with a student or faculty, as highly influential in their decision to precept (Webb et al., 2015; Davis & Fathman, 2018; Todd et al., 2019). Open text responses most commonly referenced the opportunity to educate and the inherent desire to impart knowledge as motivating factors to precept. Obtaining CMEs/CEUs and payment for precepting were also notable responses.

Personal recognition and awards, along with tax credits for precepting, were cited as the least influential factors in motivating providers to precept. Interestingly, some of these findings are not consistent among comparable studies. Webb et al. (2015) discovered parallel sentiments

indicating that recognition and gifts were the lowest-rated incentives among preceptors. However, Webb et al. (2015) also asserted that highly-rated incentives among preceptors included remuneration. Other studies have identified that remuneration serves as leading impetus for providers to precept (Amirehsani et al., 2019; Staples & Sangster-Gormley, 2018). In one study, preceptors ranked financial compensation as the most important reason to commit to the role (Roberts et al., 2017). These inconsistencies may indicate an evolving perspective of the voluntary role of preceptors and lends credence for considerations of remuneration.

In this study, time constraints, productivity expectations, and issues revolving around electronic health records (EHR) ranked as the highest barriers to precepting. These findings are widely consistent among preceptors in which precepting is extensively perceived as a hindrance to daily workflow (Davis & Fathman, 2018; Roberts et al., 2017; Webb et al., 2015; Morgan et al., 2018). Although open text responses addressing barriers were limited, preceptors cited that a student's willingness to learn and the abundance of documentation required by providers to complete, were deterrents to precepting.

A provider's confidence in their own clinical experience and the level of confidence the provider retains about their own ability to precept were found to be the least hindering factors to precept. These results are also supported by similar studies in which the level of confidence a preceptor retains in their clinical expertise and their ability to teach/mentor were not regarded as barriers to precepting (Webb et al., 2015; Morgan et al., 2017).

Lack of compensation has also been implicated as a barrier to precepting (Davis & Fathman, 2018; Roberts et al., 2017). Open text responses from this project asked respondents to identify how EMSON can best support them as preceptors. Several comments addressed the notion that extrinsic or tangible incentives may entice providers to precept, while inadequate

compensation may dissuade precepting. One respondent explained that “medical schools are using financial incentives and their students are taking up most of the available preceptor slots in our office.” The inclination among providers towards remittance for precepting may reflect a shift in the voluntary paradigm surrounding preceptorships. It remains unclear what methods of extrinsic or tangible incentives are most appealing to preceptors, and whether such incentives alone or in conjunction with additional variables would effectively increase the number of willing and available preceptors. Regardless, the intersection of ethics paired with the need to offset demand for competent preceptors poses quandary for academic institutions.

Economic and Cost Benefits

The cost to survey preceptors was minimal, rendering it as an efficient and economic tool to explore their lived experiences. Although there are no direct economic and cost benefits associated with this DNP project, indirect benefits prevail. Analyzing data results from the survey will aid EMSON on how to best reinforce and sustain the university’s professional relationship with preceptors. This will assist in reducing time and manpower hours of students and university personnel involved with coordinating clinical placement. By identifying and addressing the barriers, facilitators, and needs of preceptors, recruitment and retainment will become more efficient, thereby confirming an economic time benefit.

Limitations

Convenience sampling was employed to accrue participants for this study, hindering the ability to extrapolate information about the general preceptor population. Convenience sampling also contributed to a paucity of geographical diversity. The sample population was comprised of preceptors associated with a specific academic institution, which practiced largely within

Arkansas and the surrounding region. As such, data within this study may not be representative of the broader population of preceptors.

In an effort to minimize the effects of these limitations, the survey instruments were constructed using the Delphi method and questions adapted from comparable studies. Internal consistency for the survey instruments were assessed using Cronbach's coefficient. Coefficients ranged from 0.78 to 0.84, indicating that the study instruments were internally reliable. Survey outreach was conducted at multiple intervals to increase the response rate. Ultimately, respondents within the study were archetypal constituents of the target population specifically sought by the ANEW grant team in their efforts to bolster preceptor recruitment and retention.

Sustainability

The results of the survey and data analysis from this project will provide insight into how EMSON can promote preceptor recruitment and retention. Recommendations derived from survey data will be used to reinvigorate the relationship between preceptors and the academic institution, and generate amenable strategies to increase the availability of preceptors for EMSON's nurse practitioner students.

Recommendations

The survey established that inherent motives largely galvanize providers to precept. However, open text responses discussing methods by which EMSON can support preceptors pointed to extrinsic incentives as prospective elements of encouragement to precept. Distinguishing the types of compensations and remuneration that are available and feasible through EMSON are vastly important in addressing recruitment and retention efforts.

Open-text comments also expressed frustration with respect to the amount of paperwork required by EMSON for preceptors to complete. Considerations for reevaluating EMSON's

administrative paperwork that providers are compelled to review during preceptorships can help limit extraneous documents. Renewed focus should instead streamline only the most pertinent information to preceptors. Suggestions from respondents included providing clear expectations for preceptors and students, incorporating information on previous courses and clinicals completed by the student, and having students specifically define areas of clinical practice that they desire to partake in or improve upon during their clinical rotation. Although not explicitly stated, instituting such changes may concomitantly decrease negative perceptions associated with time constraints and the infringement that precepting places on productivity demands.

Healthcare Quality Impact

This DNP project will not have an explicit improvement on healthcare quality and safety measures. However, ancillary benefits from this DNP project will indirectly function to increase healthcare quality and safety. The survey results from this project will help EMSON to strengthen excellency in preceptorships. Workshops and courses geared towards addressing preceptor needs from the survey can help to reinforce clinical competencies and leadership skills. Lim et al. (2016) explain that the value of preceptor education serves to not only prepare preceptors to guide students into the profession, but also enhances patient safety and quality care. By honing in and strengthening the clinical skills and competencies of preceptors, these clinicians will be prepared to influence the next generation of providers by embodying evidence-based practices and clinical proficiency that will augment quality care and safety into the future.

Policy Implications

With respect to policy implications at a local level, EMSON will be able to utilize the data gathered from the survey to implement policies and interventions within the university's nurse practitioner program and preceptorships. On a state and national level, by understanding the lived experiences of preceptors, healthcare committees and organizations can provide grant funding to research and further foster preceptor networking and relationships.

Dissemination

Research and dissemination facilitate contribution to the science of nursing practice through advancement, implementation, and scholarship. The doctorate-level nurse practitioner student retains the unique ability to translate research into prospects that can expand innovation within the realm of nursing. This sentiment is relayed by Trautman et al. (2018) in describing how doctorate-prepared nurses have a responsibility to serve as purveyors of the profession in developing and disseminating scholarship.

Various outlets are available for dissemination. Journals, presenting to the study site, nursing organizations, conferences, and social media are viable dissemination options when considering platforms to publicize research findings (Curtis et al., 2017). Based on this information, the most appropriate avenues to disseminate the results of this DNP project will include the ANEW grant team at the Eleanor Manning School of Nursing (EMSON), the National Organization of Nurse Practitioner Faculties, and a variety of scholarly journals.

This DNP project was requested on behalf of the ANEW grant team at EMSON. The grant team's objective sought to investigate the perceptions of precepting inherent to current and former EMSON-affiliated preceptors. The results and recommendations derived from the project will be used to develop long-term solutions to bolster preceptor recruitment and retention at

EMSON. Therefore, the internal dissemination of research findings to the ANEW grant team affords the organization insight as to how they can best accommodate and maintain successful preceptorships.

NONPF is an organization dedicated to furnishing up-to-date information and resources for nurse educators, and particularly, for providers that serve as preceptors to nurse practitioner students (National Organization of Nurse Practitioner Faculties, 2021). Each April, NONPF conducts an annual conference that focuses on enriching nursing education. This year's agenda for the conference includes presentations detailing preceptor perceptions of workplace and educational institution support, and the expansion of nurse practitioner clinical placements. Although the coinvestigator would be unable to present at the 2021 conference, this symposium affords the opportunity to disseminate research findings and recommendations associated with this DNP project. Therefore, NONPF remains a top contender for dissemination.

Finally, professional reporting throughout the scientific community will consist of submissions to *Nurse Educator*, the *Journal of Nursing Education and Practice*, and the *Journal of the American Association of Nurse Practitioners*. The aforementioned journals have previously published articles addressing nurse practitioner student clinical placement and methods that enhance successful preceptorships. The coinvestigator's research findings and recommendations will impart leading insight of underlying perceptions associated with precepting, and ultimately strengthen the relationship between preceptors, education institutions, and nurse practitioner students. Consequently, these scholarly publications are appropriate outlets to include in the dissemination process.

Conclusion

The purpose of this DNP project was to explore the phenomenological experience imparted by clinical providers in their roles as preceptors. EMSON does not currently facilitate clinical placement. As such, nurse practitioner students are responsible to find their own preceptors for clinical rotations. This method of preceptor acquisition is not practical, and often leaves students scrounging for last-minute clinical placement. Consequently, this DNP project was designed to delve into the lived experiences of preceptors to understand the barriers that discourage preceptorships, as well as facilitators that encourage providers to continue serving in the preceptor capacity.

Results from the project demonstrated that providers are driven to precept through a series of intrinsic factors including professional obligation, enjoyment of precepting, affiliation with a student or faculty member, and the opportunity to network professionally. Time constraints and productivity demands were viewed as barriers to precepting. Open text responses allowed preceptors to indicate measures needed to support preceptorships. Suggestions included faculty appointments and curriculum input, along with remuneration in the forms of stipend, continuing education credits, and free or reduced tuition at the university.

Data from this project will contribute to nursing practice knowledge through the recognition of motivations and barriers connected to precepting and comprehension of the lived precepting experience. Integrating recommendations and aligning policy to meet the needs of preceptors offers the prospects of overturning barriers to encourage these clinicians to inspire the next generation of future healthcare providers. The results of this project will be utilized by EMSON to create innovative solutions that will not only function to support the growth of individual preceptors, but to also bolster the allocation and retention of competent providers to

serve as preceptors for years to come. Further research on this topic is encouraged to reassess the fluctuant needs of preceptors and embolden the viability and preservation of future preceptorships. Future inquiry should specifically focus on acquiring objective data about extrinsic or tangible factors that incentivize precepting, to establish measures that encourage providers to precept and support sustainable preceptorships.

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