



Preceptors' experience on their support and training at the pediatric and adolescent clinic - Turku university hospital

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Abstract:

To address the global nursing shortage and increased healthcare demands due to an aging population, organizations are facing heightened competition for skilled healthcare personnel. Current literature indicates that well-structured preceptorship can improve job satisfaction, reduce turnover rates, and enhance professional development and efficiency in healthcare workers. Prior studies highlight the need for support and training for preceptors. The aim of this thesis is to investigate the current training and support practices for preceptors within the VARHA Department of Pediatrics and Adolescent Medicine, assess the preceptors' perceptions of their adequacy, and identify their expected needs. A descriptive quantitative survey was conducted, inviting all clinic healthcare staff with precepting experience to participate in an online In the Webropol questionnaire, 21% (n=72) of the healthcare staff participated. Most of the respondents viewed precepting as an important part of their work and felt that they benefited from it. However, many were unaware of existing training programs and expressed a desire for more training in their preceptor role. They also felt undersupported, particularly desiring more involvement and resource allocation from supervisors. The current precepting relies on dedicated preceptors and the existing orientation plans, but concerns include inadequate training, limited supervisor support, and insufficient time for effective precepting all of which need addressing to ensure high-quality patient care amid nursing shortages.

Keywords: Preceptor, orientation, support, training, VARHA

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ABBREVIATIONS

Arto	Domestic Article Reference Database in Finland
DPAM	Department of Pediatrics and Adolescent Medicine
FIOH	Finnish Institute of Occupational Health
HPS	High preceptor support
KEVA	Public sector pensions
KT	Local Government and County Employers
LPS	Low preceptor support
Medic	Finnish health sciences database
NMC	The Nursing and Midwifery Council
PubMed	Resource supporting the search and retrieval of biomedical and life sciences literature
RN	Registered nurse
Swemed+	Swedish medical article reference database
TENK	Finnish national board of research integrity
VARHA	Wellbeing Service County of Southwest Finland
WHO	World Health Organization

1 Introduction

The global population is experiencing rapid aging. The proportion of individuals aged 60 years or older is set to double from approximately 11% in 2000 to 22% by 2050. Europe is at the forefront of this trend, with projections indicating that about 34% of its population will fall within this age bracket by 2050. (World Health Organization, 2016) Compounding this demographic challenge, the Western and Nordic regions face a growing scarcity of healthcare professionals. The Finnish municipal sector faced significant challenges regarding healthcare workforce estimates as of 2022. Specifically, there was a noted shortage of 16,657 nurses and a deficit of 8,839 practical nurses (Keva, 2023). Highlighting this impending shortfall, Finland predicts that around 43,000 nurses will retire by 2029 (KT, 2020).

Together with the shortage of nurses, and an aging population with a rising number of healthcare needs, there exists a disproportion between healthcare staff and the number of people in need of healthcare (Bemelmans et al., 2012). This disparity is leading to heightened competition for skilled personnel within the healthcare sector (Heinonen, 2019). However, the challenge is not merely to attract healthcare professionals but to effectively integrate them into the field, ensuring their long-term commitment.

In study conducted in 1981, Beyers et al. (1983) highlighted the crucial role of orientation in recruiting and retaining nurses, especially during periods of staffing shortages (Beyers et al., 1983). Decades later, the challenges around nurse retention persist as highlighted by Keva, (2023). Beyers' insight remains notably relevant in the current context of significant nursing shortages. Research has shown that successful orientation promotes employee commitment, bolsters the organization's reputation, and increases the quality, productivity, and well-being in the workplace (Miettinen et al., 2006).

Preceptors who are defined as experienced and skilled professionals providing guidance, instruction, and mentoring to less experienced individuals (Durkin et al., 2022; Miettinen et al., 2009; Nielsen et al., 2017; Phillips, 2006), play a pivotal role in orientation on guiding and assimilating new employees into their professional roles (Peltokoski et al., 2013). Current literature indicates that well-structured preceptorship can enhance job satisfaction (Peltokoski et al., 2013), reduce turnover rates (Butler & Felts, 2006; Dirks, 2021; Peltokoski et al., 2013;

Quek & Shorey, 2018), and foster the professional development and overall efficiency of healthcare workers (Gruber-Page, 2016).

Although the significance of preceptors and their impact on the job satisfaction of students and new employees has been acknowledged (Butler & Felts, 2006; Peltokoski et al., 2013) a concerning observation is that only a few professionals have undergone formal precepting training (Lindfors et al., 2022). Preceptor training varies across countries (Dobrowolska et al., 2015; Quek & Shorey, 2018). In Finland, general recommendations for the qualifications of registered nurses (RN) serving as preceptors have not been established, despite their mandate to precept (Lindfors et al., 2022) and there is a lack of programs designed to enhance or develop preceptors' capabilities (Peltokoski et al., 2013).

This knowledge underscores the importance of our study, which aimed to investigate the support and training mechanisms for preceptors. Our study focused on understanding the experiences and expectations of healthcare staff within the Wellbeing Service County of Southwest Finland (VARHA) Department of Pediatrics and Adolescent Medicine (DPAM) as they take on preceptor roles, irrespective of whether they are guiding students or new employees. The study insights will hopefully equip managers at the DPAM with the knowledge and tools to better support and train the preceptors. Understanding the needs and expectations of preceptors is vital to provide effective support.

2 Background

It is widely established that successful orientation is associated with patient safety, organizational commitment, a positive work culture, and decreased employee turnover (Pohjamies et al., 2022). In recent years, an increase in publications that concern preceptorship has raised awareness of the positive factors associated with precepting (Hilli & Sandvik, 2020). Even though preceptorship is identified as an effective model to support learning and professional development, there is yet no consensus on what it is in preceptorship that supports future employees learning and development. Supporting factors for good preceptorship have been identified and advantageous personality characteristics and skills for the preceptor have been defined. (Nielsen et al., 2017) The positive role of preceptors is undeniable, but the support and training of the preceptors have been less studied, especially in a Finnish context.

2.1 Definition of preceptor

There is much ambiguity in reviewing the definitions of experienced nurses responsible for orienting new employees or students (Yonge et al., 2007). Walker et al. (2013) use titles such as mentor, facilitator, peer instructor, or preceptor, Barnum (2006) refers to teacher, instructor, and tutor, while Quattrin et al. (2010) uses the term clinical guides, and Glynn et al. (2017) refer to clinical instructors or supervisors. Regardless of many options, mentor and preceptor are the most common definitions to describe the person responsible for the orientation of the student or new employee.

Mentorship is viewed as a long-term relationship between an experienced healthcare worker and a less experienced individual, offering guidance and support (Yonge et al., 2007). In contrast, preceptorship is a shorter, structured program that provides hands-on experience to develop skills and guide newcomers (Barker & Pittman, 2010; Nielsen et al., 2017). The roles of mentor and preceptor have become intertwined encompassing support and guidance in a broader context. Although in academic research, the terms 'mentorship' and 'preceptorship' are often used interchangeably, leading to potential confusion (Yonge et al., 2007) both 'preceptor' and 'mentor' refer to a nurse tasked with guiding nursing students and new employees in a clinical environment (Pohjamies et al., 2022).

Therefore, a preceptor can be defined as an experienced and knowledgeable individual who provides guidance, instruction, and mentoring to a less experienced individual, typically in a professional or educational setting (Durkin et al., 2022; Miettinen et al., 2009; Nielsen et al., 2017; Phillips, 2006). Preceptors facilitate the integration of both students and new employees into their roles (Peltokoski et al., 2013). They are an indispensable part in guiding newcomers through their orientation (Speers et al., 2004) and are often acknowledged for bridging the gap between academic knowledge and its practical application. Additionally, they instill professional values and ethics (Quek & Shorey, 2018), share valuable wisdom (Chen & Lou, 2014), and boost preceptees' confidence in their clinical skills (Dorgham et al., 2022).

In this study, a 'preceptor' refers to an experienced healthcare professional with qualifications such as a RN, public health nurse, paramedic, midwife, or practical nurse who has guided students or new employees. Conversely, a 'preceptee' is either a nursing student or a RN with limited expertise in a particular clinical area. The pairing of preceptors and preceptees is

typically facilitated by a third party, such as the unit supervisor, and collectively, this relationship between a more and less experienced nurse is referred to as 'preceptorship' (Pohjamies et al., 2022). The term 'new employee' denotes a newly registered nurse, a recent organizational hire, or a nurse transitioning from another specialty. In line with this, when referring to the introductory and integrating actions taken by a preceptor towards a new employee or student, the term of 'orientation' is used to describe this active assimilation process. In this study a distinction is not made between orientation for students and new employees because the skillset necessary for precepting both groups, is similar (Tuomikoski et al., 2018) and RN are responsible for providing orientation to both as part of their daily duties (Pohjamies et al., 2022).

2.2 Laws and regulations for precepting

The Nursing and Midwifery Council (NMC, 2006) defines preceptorship as integrating newly registered professionals into a new role and working environment. The council recommends that all registered nurses acting as preceptors receive appropriate ongoing support and feedback on their preceptorship role. (NMC, 2006) Furthermore, NMC (2008) set the requirements for preparing healthcare professionals to be a preceptor. Requirements involve ten days of learning programs in both academic and practice settings and the requirement to maintain and develop their knowledge, skills, and competence (NMC, 2008).

In Finland orientation at the workplace is subject to specific legal regulations, such as the Employment Contracts Act 55/2001, the Occupational Safety and Health Act 738/2002, and the Regulation on Continuing Education for Healthcare Personnel 1194/2003. While orientation is subject to regulations, the organizations have the autonomy to design and implement their own orientation procedures.

The law mandates that employers provide employees with adequate information about workplace hazards and risks, along with instructions on prevention and avoidance. Employers are also responsible for ensuring that employees receive comprehensive training and orientation, covering aspects related to their job tasks, working conditions, methods, and equipment. Supplementary instruction and guidance must be provided, as necessary. (Occupational Safety and Health Act, 23.8.2002/738)

According to the Finnish Institute of Occupational Health (FIOH) job orientation refers to job guidance aiming to ensure that employees receive thorough instruction on their responsibilities, workplace dynamics, tools specific to their role, and workplace safety protocols. This process aims to facilitate a smooth transition into the employment relationship, fostering a clear understanding of the tasks and environment. Importantly, job orientation is not limited to new employees; it is also essential when job tasks change, an employee assumes new responsibilities, or returns to work following an extended absence. An employee is considered fully oriented, as per the FIOH, when both the instructor and the instructed party agree that the criteria for task proficiency have been met. (Finnish Institute of Occupational Health, n.d.)

The European Union Directive for Recognition of Professional Qualification (2005/36/EC & 2013/55/EU) regulates nursing education. In Finland Quality Recommendations for Health Care Traineeships have also been updated in 2020, incorporating new researched knowledge related to practical training. These recommendations provide information for students, preceptors, and universities of applied sciences regarding practical training. They aim to serve as useful guidance for nursing professionals who precept students in practical training. (Jokelainen et al., 2020)

3 Previous research on preceptorship

A comprehensive data search was conducted for the background data collection. Using both systematic search and snowball systems. In a systematic search, specific criteria are established to define the scope of the search and identify relevant studies (Bramer et al., 2018). Snowballing is a means to find additional papers by exploring the reference list or the citations of the existing essential study or set of studies (Wohlin, 2014). A hybrid search strategy is an effective choice for providing a comprehensive background (Wohlin et al., 2022).

At first, a systematic search was performed in four electronic scientific databases: PubMed, Medic, Swemed+ and Arto. The search was refined by applying filters such as; peer-reviewed, publication date 2013-2023, and full text available (Table 1). A Bolen search was conducted to identify the resources and narrow the search results. In our literature search, we employed specific keywords including "preceptor*", "nursing*", "support", "training" and "Finland". In the Finnish databases, we utilized the term "perehdyttäjä" to ensure a culturally and linguistically relevant exploration.

Table 1. Results of the literature review

DATEBASE	SEARCH WORDS	RESTRICTIONS	RESULTS
Pubmed	Preceptor*	Full text online	2994
	Preceptor* AND nursing*	Full text online	1397
	Preceptor* AND nursing* AND support	Full text online	632
	Preceptor* AND nursing* AND training	Full text online	1319
	Preceptor* Finland	Full text online	40
	Preceptor* AND Finland AND support	Full text online	28
	Preceptor* AND Finland AND Training	Full text online	39
Medic	Preceptor*	Full text online	76
	Preceptor* AND nursing*	Full text online	37
	Preceptor* AND nursing* AND support	Full text online	1
	Preceptor* AND nursing* AND training	Full text online	0
Swemed +	preceptor*	Peer-reviewed + full text online	207
	preceptor* AND support	Peer-reviewed + full text online	5(all medicin)
	nursing* AND preceptor*	Peer-reviewed + full text online	83
	nursing* AND preceptor* AND support	Peer-reviewed + full text online	0
	nursing* AND preceptor* AND training	Peer-reviewed + full text online	8
Arto	perhdyttäjä	Full text online	0
	preceptor*	Full text online	2

PubMed served as a comprehensive information source for literature on nursing preceptors, boasting a vast collection of 2994 articles on the overarching theme. Most articles emphasized the preceptor's role in improving the orientation and well-being of students and new employees, with less attention given to the well-being of the preceptors themselves. When the focus was adjusted on the intersection of 'preceptorship' and 'nursing', the database presented 1397 articles. However, it is noteworthy to mention that the bulk of these articles primarily address organizing training for students and new employees, rather than directly focusing on training the preceptors themselves. On the regional front, when we turn our attention to Finland, the numbers become more modest. A mere 40 articles discuss preceptors in a Finnish context, and even fewer, around 28 and 39, broach the subjects of support and training. These numbers indicate a limited exploration of the topic in Finland, potentially highlighting an area ready for additional academic investigation.

Upon reviewing the national databases Arto and Medic and additionally Swemed+, there was a noticeable scarcity of relevant hits. Swemed+ showed the most results with 207 articles for "preceptor" but narrowed down to just 8 for "nursing AND preceptor AND training" and 5 for "Preceptor AND support". Medic offered 76 articles under "Preceptor", but the specificity of nursing reduced this to 37, with even fewer articles as more terms were added. Medic's entries mainly pertained to medical, not healthcare preceptorship. Meanwhile, Arto had minimal data, with no results for the Finnish term "perehdyttäjä" and only two outdated entries for "preceptor". This highlights a significant research gap in the Finnish context for nursing preceptorship.

3.1 The transition period from novice to competent practitioner

In Finland, nursing training aims to provide comprehensive education for individuals aspiring to become adept healthcare professionals. The curriculum is divided into theoretical instruction and practical training, aligning with the EU's professional qualification directive which mandates that a general nursing program for becoming a RN should comprise 50% clinical education in a genuine learning setting (EU Directives: 2005/36/EC & 2013/55/EU). Accordingly, this balanced and comprehensive approach readies nursing students for their roles by combining academic knowledge with practical skills and ensuring a smooth transition into the profession.

After graduation, the orientation phase is crucial for new nurses and employees, marking the shift from novice to skilled practitioner. During this time, theoretical knowledge merges with practical application, allowing individuals to deliver safe and patient-centred care (Barnes et al, 2021). Orientation programs provide an overview of the organization's policies, culture, and procedures and a more focused training on the skills, roles and responsibilities associated with an individual's position (Miettinen et al., 2009). Such programs are crucial for upholding quality care and patient safety standards (Kennedy et al., 2012). Beyond improving clinical excellence, effective orientation programs have been shown to boost job satisfaction (Gavlak, 2007; Miettinen et al., 2006; Scott et al., 2008), decrease turnover rates (Kennedy et al., 2012; Rush et al., 2019), and foster professional advancement (Miettinen et al., 2006). However, despite recognizing the importance of orientation, the duration and details of the process can vary significantly, ranging from as brief as one day to as extensive as 18 months, depending on role complexity, the professional's prior experience, and the distinct requirements of the

healthcare environment (Baxter, 2010; Scott et al., 2008). Those with thorough, prolonged orientations report greater satisfaction (Lindfors et al., 2021; Scott et al., 2008).

As elucidated by Strauss et al. (2016), the first year is often seen as a critical turning point in transforming new graduate nurses into adept professionals. This highlights the importance of improving the working environment for new graduates, as the first year is associated with an elevated risk of turnover, a point further supported by the findings of Brook et al. (2019) and Parker et al. (2014). Casey et al. (2004) note that many graduate nurses do not feel skilled, comfortable, or confident for as long as one year after being hired agreed by Kauhanen (2010) who suggests that it takes a year for full work contribution. This is also supported by Ward and McComb (2017) literature review where the conclusion based on previous research recommends from one to two years of experience. Hilli & Melender (2015b) declare that currently in Finland there exists no general recommendation about the work experience a nurse should have before starting to precept students.

The journey from a novice to a proficient practitioner has been a subject of considerable discussion and exhibits notable variability within scholarly circles. The development of nursing expertise is often characterized by Patricia Benner's "Novice to Expert" theory, which outlines five stages of nursing expertise: novice, advanced beginner, competent, proficient, and expert. Each stage represents a distinct level of clinical proficiency and decision-making ability, and it takes years before reaching expert status. (Benner, 2001) Novice nurses begin their careers with limited practical experience. Within six months, advanced beginners expand their skills and deepen their clinical understanding. Competent nurses, after 1-2 years, confidently handle diverse patient situations. By three years, they reach the proficient stage, gaining expertise to mentor newcomers. After several years, they achieve the expert stage, with extensive experience. (Benner, 2001; Benner et al., 2009). Studies indicate that a new employee's first year is crucial for transition, with graduates moving from novices to experts (Benner, 2001; Benner et al., 2009; Casey et al., 2004; Duchscher & Windey, 2018; Kauhanen, 2010; Strauss et al. 2016).

The integration of newcomers into a workplace profoundly impacts their long-term commitment and the transition process to a qualified nurse is often seen as stressful, discouraging, and shocking (Duchscher, 2009; O'Shea & Kelly, 2007). Duchscher and Windey

(2018) explore this "transition shock" and outline a newly graduated nurse's progression into work through three stages: doing, being, and knowing.

In the doing phase, 3-4 months post-orientation, new nurses contend with high expectations versus their novice status, underscoring the need for substantial support. At this point, Duchscher and Windey (2018) assess that quality support is vital for employee well-being and for reducing turnover, as this is the stage of shock and adjusting. The being phase from 4-9 months sees them balancing skill development with an internal crisis, often yielding to authority out of a lingering fear of error. By the knowing phase, spanning from 9th to 12th month, they have assimilated, confidently owning their roles and evolving from knowledge seekers to disseminators, poised for intricate tasks and guiding newer staff (Duchscher & Windey, 2018).

The significance of a comprehensive orientation process, coupled with the invaluable role of experienced preceptors becomes paramount. While academic institutions provide a solid foundation of theoretical knowledge, the clinical environment introduces novel challenges and complexities. To bridge this gap and ensure the successful transition of new nurses, preceptors take on the responsibility of guiding, mentoring, and supporting novices during orientation and preceptorship periods (Miettinen et al., 2009).

3.2 Preceptorship in healthcare

In Scandinavian countries, the preceptorship model is common in undergraduate nursing education (Ohrling & Hallber 2010, as cited in Luhanga et al. 2010a). However, there is a concerning trend across Europe where the role of nurse teachers in clinical practice is diminishing, despite the recognized significance of their involvement. This shift places greater demands and responsibilities on preceptors, who are tasked with guiding nursing students during their clinical practice. (Pramila-Savukoski et al. 2020) According to Nielsen et al. (2017) and Ward and McComb (2017) preceptorship, in a student context, indicates learning; attaining knowledge and skills in clinical practice by actively participating in the nursing care of patients. Extending this discourse, Dorgham et al. (2022) define preceptorship as a professional relationship, where an experienced nurse assists an inexperienced nurse colleague or student to obtain professional knowledge, attitudes, and skills.

The preceptorship model eases the transition for both nursing students and newly employed individuals into their professional roles as RN (Luhanga et al., 2010b). Defined within the healthcare context, preceptorship involves a structured mentoring relationship in which an experienced professional, the "preceptor," guides a less-experienced individual, often referred to as the "preceptee" or "mentee" (Barker & Pittman, 2010; Hautala et al., 2007; Nielsen et al., 2017). Central to the model's efficiency is the ability to provide consistent guidance, support, and feedback (Nielsen et al., 2017), which is invaluable for learners at the onset of their careers or when acclimating to new clinical environments.

The main goal of preceptorship includes helping students and newcomers orient themselves to the clinical environment, allowing them to understand routines, protocols, and patient care (Nielsen et al., 2017). Under the watchful eye of their preceptor, preceptees can practice and refine their clinical skills in a supportive setting (Hautala et al., 2007; Lee et al., 2009; Ward & McComb, 2017; Muir et al., 2013). Beyond skills, preceptors illuminate the cultural dimensions of the healthcare field, aiding preceptees in understanding their integral role within the broader healthcare system (Peltokoski et al., 2013). Preceptorship is underscored by its solid relationship between student and preceptor, marked by dedication, mutual respect, and responsibility, forming the foundation for developing caring and empathetic professionals. It is vital to understand that these attributes cannot be solely imparted through theory, active guidance and backing are essential to mold students and newcomers into adept, compassionate nurses. (Hilli & Sandvik, 2020)

While the context may differ slightly between precepting a new employee or a student, given that new employees not only seek to bolster their competence but also aim for commitment and job satisfaction (Chen & Lou, 2014), the foundational elements of preceptorship remain consistent. The preceptor employs the same core skills of assessment, feedback, and reflection in both scenarios (Tuomikoski et al., 2018). Moreover, nurses in the study by Pohjamies et al. (2022) indicated that the roles of student mentor and preceptor closely align, suggesting that experiences and knowledge gained from mentoring students can seamlessly translate to precepting new employees.

Preceptorship has many advantages. Literature suggests that well-organized and executed preceptorship can heighten preceptees job satisfaction (Peltokoski et al., 2013), decrease turnover (Butler & Felts, 2006; Dirks, 2021; Peltokoski et al., 2013; Quek & Shorey, 2018),

and improve the professional growth and overall performance of healthcare professionals (Gruber-Page, 2016; Irwin et al., 2018). Preceptors, on the other hand, benefit from professional development (Yonge et al., 2008), personal satisfaction (Pohjamies et al., 2022), opportunities for introspection (Tuomikoski, 2018), and acknowledgment of their expertise (Yonge et al., 2008). Furthermore, institutions stand to gain as well, witnessing better patient care (Cotter & Dienemann, 2016; Lee et al., 2009), patient safety (Chen & Lou, 2014) and higher staff retention rates (Brook et al., 2019; Lee et al., 2009; Chen & Lou, 2014), which can lead to reduced personnel costs due to decreased need for recruitment (Lee et al., 2009; Chen & Lou, 2014).

However, while preceptorship is a recognized and beneficial model for teaching and mentoring within the clinical setting, it comes with its own set of distinct challenges. As elaborated by Yonge et al.; (2008) and Pohjamies et al. (2022) precepting is consistently integrated into a professional's day-to-day responsibilities. Similarly, Lindfors et al. (2022) observe that precepting is frequently viewed as both a routine obligation and an inherent aspect of a nurse's daily duties. Therefore, a fundamental issue faced by preceptors is the delicate act of managing their dual roles (Danielsson et al., 2009; Carlson et al., 2009; Richards & Bowles, 2012) and the conflict between these roles (Chen & Lou, 2014). Preceptors work diligently to ensure their patients receive the best care, while also balancing their role as preceptors, taking the preceptee's needs for learning into consideration, giving feedback and instruction, and investing time amid ongoing clinical duties.

Simultaneously managing precepting duties and patient care often leaves preceptors feeling stretched for time (Carlson et al., 2009; Dirks, 2021; Pohjamies et al., 2022; Yonge et al., 2008), leading to an increase in workload (Chen & Lou, 2014) and stress (Hautala et al., 2007, Valizadeh et al., 2016, Chen & Lee, 2014). As a result, offering adequate support to new employees becomes a challenging task for them (Danielsson et al., 2009; Carlson et al., 2009). Correspondingly both Danielsson et al. (2009) and Pohjamies et al. (2022) emphasize that acting as a preceptor can be a demanding and time-consuming endeavor. Despite facing these challenges, nurses undertaking this role often receive neither additional compensation nor a reduction in their regular workload (Butler & Felts, 2006; Lindfors et al., 2022).

Implementing a successful preceptorship program requires a thoughtful selection of preceptors, as not all seasoned professionals might be skilled enough or a good fit (Vuotilainen, et al.,

2019). Factors like the length of work experience within healthcare and the work experience in the current unit are related to orientation competence (Pohjamies et al 2022), supported by Chen & Lou (2014) who conclude that senior staff nurses should be priority candidates for preceptors. Experience brings confidence, which may enable the preceptor to plan to work more effectively, leaving time for precepting (Kälkäjä et al., 2016).

Personal traits like patience (Lalonde & Hall, 2016; Lee et al., 2009), empathy, and encouragement skills affect preceptors orienting competence (Voutilainen et al., 2019). Personal eagerness to guide new employees and the motivation for current work were also significantly linked to orientation competence (Pohjamies et al, 2022). Ideal candidates should be genuinely interested in teaching (Hautala et al., 2007), possess solid clinical skills (Hautala et al., 2007), and have communication skills to mentor effectively (Lalonde & Hall, 2016; Lee et al., 2009). The success of a preceptorship program hinges on the commitment of its participants and on the foundational, structural, and organizational support it receives (Lindfors et al., 2017). For an effective teaching process, preceptors need to be appropriate in terms of both personal and professional qualities (Voutilainen et al., 2019) require support from the organization and management (Lindfors et al., 2017) and training (Pohjamies et al., 2022).

3.3 The role and impact of support in preceptor performance and wellbeing

In today's fast-changing healthcare environment, the role of the preceptor is essential for providing hands-on learning and skill development. However, the crucial nature of their role often comes with a hefty price—physical exhaustion, emotional burnout (Durkin et al., 2022), and a never-ending juggle between patient care and educational responsibilities. The impact of support—or the absence of it—on preceptor performance and well-being holds significant implications for both the quality of healthcare education and, by extension, patient care. Regarding work well-being and employee turnover, organizational factors seem to impact nurses' choices to leave their positions, whereas personal factors determine whether they stay in the profession (Leineweber et al., 2016). In a study conducted by Blegen et al., (2015) findings indicated that hospitals with high preceptor support (HPS) saw both newcomers and preceptors reporting more positive experiences and enhanced competence compared to those in low preceptor support (LPS) hospitals. Furthermore, HPS hospitals exhibited higher retention rates by the end of the first year.

The critical importance of motivated preceptors within an organization highlights the need to invest in their well-being, as noted by Vuotilainen et al. (2019). Studies emphasize the importance of support and training programs for preceptors (Danielsson et al., 2009; Tuomikoski et al., 2019b) and acknowledge the significance of collaborative efforts and support between colleagues (Phillips, 2006). The shared responsibility for precepting is noticed as a vital factor for the purposeful division of tasks, engaging the entire staff, and encouraging all staff members to be familiar with the orientation program and its objectives (Miettinen et al., 2006). Shared responsibility is also essential for prioritizing tasks timewise (Burt et al., 2021; Carlson et al., 2009) and enabling the preceptor to sufficiently concentrate on the precepting role (Pohjamies et al., 2022). Yonge et al., (2008) conducted a study on preceptor preparation, highlighting that financial compensation played a significant role in influencing preceptor's decision to continue precepting. This was also found in a study made by Stone & Rowels (2002) and Burt et al. (2021). Additional motivators included training related to the preceptor role, manageable workloads, and acknowledgment from both peers and management (Stone & Rowels 2002; Yonge et al., 2008). However, in the study by Yonge et al. (2008), it is notable that 11 of the 78 participants felt the intrinsic rewards of the precepting experience to be fulfilling, requiring no external incentives.

Several research has outlined different ways in which preceptors would benefit if organizational managers provide support, thereby enhancing their effectiveness (Hilli & Melender, 2015a; Hilli & Melender, 2015b; Pohjamies et al., 2022; Pramila-Savukoski et al., 2019; Tuomikoski, 2018; Tuomikoski et al., 2019a) These include providing regular feedback, facilitating continuous education (Hilli & Melender, 2015b; Pohjamies et al., 2022; Pramila-Savukoski et al., 2019; Vuotilainen, et al., 2019), implementing structured preceptorship programs (Hilli & Melender, 2015a), offering additional support from managers (Pohjamies et al., 2022; Pramila-Savukoski et al., 2019) and ensuring adequate time allocation for preceptorship activities (Chen & Lou, 2014; Hilli & Melender, 2015b; Pramila-Savukoski et al., 2019; Yonge et al., 2008; Vuotilainen, et al., 2019). Assistance from colleagues is seen as crucial for preceptor satisfaction (Hilli & Melender, 2015a/b, Ward & MacComb, 2017). The support can manifest in formal recognition, constructive feedback on preceptor performance, a checklist to structure activities, or a coworker doing some tasks to ease the burden of the preceptor (Ward & MacComb, 2017). By implementing these measures, nurse preceptors' competence and motivation can be improved, which could significantly improve the quality of care provided by newly employed nurses in the workplace.

It is of relevance that management in charge of preceptor's competence, identify the skills needed in nurses serving as preceptors. These include guidance, communication, knowledge of precepting methods, reflection, feedback, and assessment skills. Various international tools have been designed to measure competence in precepting and evaluate precepting expertise. Only one metric, Hishinuma et al.'s MCCM metric, has been developed to measure orientation competence in healthcare, but this has not reportedly been tested in a Finnish context. (Vuotilainen et al., 2019) As student guidance competence is more studied (Vuotilainen et al., 2019) these assessment tools may also be utilized to assess precepting competence. Pohjamies et al. (2022) used a Preceptorship Orientation Competence Instrument in their study and were able to identify different orientation competence profiles. Organizations should acknowledge the existence of orientation competence profiles among nursing staff and therefore the choice of a preceptor should consistently prioritize competence over availability (Pohjamies et al., 2022).

Based on studies conducted in Finland preceptorship is often neither planned nor structured (Hilli & Melender, 2015a). This lack of structure is attributable to the absence of regulations governing the role of preceptors. Most nurses have never participated in any educational or supporting program regarding their role as preceptor (Hilli & Melender, 2015a; Pohjamies et al., 2022; Tuomikoski, 2018) or have not received an adequate amount of support from their manager (Hilli & Melender, 2015a; Pohjamies et al., 2022; Pramila-Savukoski et al., 2019). Ensuring that preceptors are adequately trained and supported is not just instrumental in the successful transition, job satisfaction and retention of new employees but is also beneficial for preceptors' well-being and a feeling of being appreciated (Phillips, 2006).

Pohjamies et al. (2022) highlight that the willingness to act as a preceptor and the motivation towards an individual's current work is correlated with precepting competence. Nurses report higher levels of orientation competence when they possess adequate clinical and theoretical experience, have prior experience in orientation, are motivated in their work, and have participated in orientation education programs (Miettinen et al., 2006). Further contributing factors to enhanced precepting competence include working in a unit with a specialized new employee orientation program, having sufficient time allocated for preceptorship responsibilities, and receiving adequate support from both colleagues and supervisors. (Pohjamies et al., 2022) Knowing and understanding the content and objectives of an orientation program is essential for both employers and employees. Recognizing the objectives

helps new hires understand what is expected of them and what they can expect in return. Additionally, it helps preceptors tailor the orientation process to meet those expectations effectively (Miettinen et al., 2006).

3.4 Educational programs for enhancing preceptors' performance

Precepting is a complex and demanding task. It requires extensive knowledge, emotional intelligence, patience, and resilience to guide novices through their experiences, as noted by Phillips (2006). Additionally, the effectiveness of precepting relies on the systematic training that preceptors receive, as highlighted by Luhanga et al. (2010b). In Chapter 2.2, it is noted that the Nursing and Midwifery Council (NMC) offers guidelines to emphasize ongoing support and feedback from management (NMC, 2006) and training programs to improve preceptors' skills (NMC, 2008).

In a study conducted by Hong and Yoon (2021) in Korea, it was found that 89.5% of employees served as preceptors to new colleagues, and 73.3% of them had received training in their role. Another study by Kennedy et al., (2012) at the Academy of Medical-Surgical Nurses indicated that the majority (72.2%) of respondents had received traditional preceptor preparation, but ongoing education was lacking. Research by Durkin et al. (2022) at Boston Children's Hospital revealed that 78.6% had participated in a basic preceptor workshop and 47.7% in a difficult conversation workshop. In contrast, a majority of individuals in Finland lack preceptor training, as highlighted by the findings of Tuomikoski et al. (2018). The research, conducted to registered nurses in two central hospitals in Northern Finland, reveals that 62% of respondents have not undergone any training (Tuomikoski et al., 2018). These disparities underscore differences in attention to preceptor training compared to practices elsewhere in the world.

Orientation programs designed to guide and provide a structured transition for students and new employees are pivotal in many professions. At the heart of these programs are preceptors—experienced professionals chosen to guide and mentor novices (Öhrling & Hallberg, 2001). Preceptors are expected to be proficient educators, counselors, and role models (Luhanga et al., 2010b). To prepare preceptors for this multifaceted role, comprehensive training programs are essential, equipping them with the necessary skills and knowledge to nurture their preceptees growth (Luhanga et al., 2010b; Riley-Doucet, 2008). Proper preceptor training ensures not only technical expertise but also the pedagogical tools

needed for effective teaching (Voutilainen et al., 2019). To ensure consistency and quality in preceptorship, the preceptor's ability to navigate the complexities of guiding newcomers needs to be enhanced (Öhrling & Hallberg, 2001). As stated in a study by Dorgham et al. (2022), preceptors experienced that in the preceptorship training program, they learned to be educators, facilitators, role models, and evaluators.

Studies have identified several areas where preceptors may face challenges. These include a lack of educational tools for adult learning and effective feedback delivery (Durkin et al., 2022) as well as deficits in interaction and reflection competence (Voutilainen et al., 2019). Additionally, preceptors encounter communication challenges when dealing with unmotivated or unsafe preceptees (Yonge et al., 2008), and they often experience ethical stress when providing unfavorable feedback (Black et al., 2013).

Luhanga et al. (2008) identified a connection between preceptors' emotional experiences and the role of educational institutions in providing guidance and support. Their research revealed that preceptors often navigate a spectrum of emotions, from relief to heightened anxiety and frustration, particularly when evaluating students displaying unsafe clinical behaviors or assigning failing grades. In a study conducted by Hauge et al. (2019) in Norway 16.8% of mentors admitted to passing students who should have failed, and 2.3% had done this repeatedly. The lack of institutional support during the assessment phase was a significant concern, with 54% of preceptors attributing their hesitation to fail students to this factor. (Hauge et al., 2019)

Preceptors sense inadequate support from faculties and many express a desire for more substantial faculty engagement (Hauge et al., 2019; Luhanga et al., 2008). The assessment of preceptees presents challenges, given the preceptors often lack standardized tools and a unified knowledge base for evaluating newcomers, leading to varied evaluation methods (Yonge et al., 2008) One approach to address these challenges and foster a stronger connection between faculty and preceptors is the organization of preceptor preparation programs within faculties (Luhanga et al., 2010b; Öhrling & Hallberg, 2000). Moreover, Richards and Bowles (2012) described the importance of investing in the support and professional development of preceptors by the management. Nurse managers are seen to be in a pivotal position to lead change and should invest in pedagogical education and tools to support preceptors in precepting newcomers (Hilli et al., 2014).

The importance of providing precepting training systematically for all staff, also for those with less work experience, was highlighted in a study by Kälkäjä et al. (2016), because those participating assessed that they were more familiar with the workplace student counseling practices and procedures with students and teachers. The training for preceptors should equip preceptors to navigate complex teaching and learning scenarios effectively mastering teaching and evaluation (Speers et al., 2004) and skills to define clear objectives for their learners (Pohjamies et al., 2022). Therefore, preceptors' communication skills should be improved, emphasizing active listening, constructive feedback provision, and conflict resolution (Durkin et al., 2022; Phillips, 2006).

Education and the dissemination of knowledge can be executed through a variety of methods. Phillips (2006) underscores the prevalence of preceptor training programs, typically structured as workshops and complemented by pre-assigned reading materials tailored to the desired learning outcomes. While recognizing the value of traditional methods, Phillips advocates the online learning environment for its accessibility and its role in facilitating continuous education, thereby providing consistent organizational support. The standardized nature of online courses ensures a consistent educational experience, which proves invaluable for organizations. Such courses also boast flexibility, accommodating diverse shift schedules and overcoming geographical boundaries (Phillips, 2006).

Despite the countless advantages of online platforms, it's crucial to acknowledge the associated challenges. Pramana et al. (2022) and Siah et al. (2022) indicate that online training might induce feelings of isolation among participants. The virtual medium can also delay feedback and raise potential misinterpretations, given the lack of direct, face-to-face communication. Echoing these findings, Dumford & Miller (2018) highlighted the nuanced dynamics between online courses and student engagement. Their research revealed that online students, in comparison to their traditional classroom peers, often encountered less effective teaching methods and lower-quality interactions. Their study further emphasized that conventional face-to-face learning inherently fosters group tasks, interactions with educators, and lively discussions among diverse participants. To address these issues, a blended learning approach—integrating both online and in-person instruction—may offer an optimal solution, harnessing the strengths of each method. (Dumford & Miller's, 2018)

Another training method is mentioned in the Hong & Yoon (2021) study where they examined the effects of preceptor training courses on preceptors' clinical teaching behaviors (CTBs). Their findings emphasized that while positive preceptor experiences correlated with enhanced CTBs, this enhancement was more pronounced in nurses who had undergone specific preceptor training. Notably, role-playing emerged as an influential training method. Hence, continuous support for preceptors and the emphasis on role-playing in training programs was presented. (Hong & Yoon, 2021)

In addition to different types of training, Luhanga et al. (2010b) emphasize the importance of providing printed manuals to all preceptors to better equip them for their roles. This form of support is also acknowledged by Høium & Tørris (2018), who further note that preceptors frequently express a desire for standardized guidelines, such as a manual, to guide their mentoring activities. According to the researchers the provision of such resources not only standardizes the preceptorship process but also enhances preceptors' motivation and willingness to engage in their roles (Høium & Tørris, 2018).

Further, an important aspect to consider is the regular updating of preceptor training programs (Hilli & Melander, 2015a; Hilli & Melander, 2015b; Pohjamies et al., 2022; Pramila-Savukoski et al., 2019; Tuomikoski et al., 2018; Tuomikoski. et al.2019b; Vuotilainen, et al., 2019). Both Danielsson et al. (2009) and Tuomikoski et al. (2019b) highlight the importance of ongoing training and support for preceptors to ensure high-quality nursing education and patient care. To stay relevant and effective, training programs should be reviewed and updated periodically, drawing from feedback from both preceptors and preceptees, and incorporating the latest research findings and best practices (Danielsson et al., 2009). Hilli & Melander, (2015b) also highlighted a “bottom-up” perspective when developing preceptorship. In their study, they recognized an immense potential in involving nurses in the units; for example, the cooperation among units and faculties increased.

Training programs for nursing preceptors enhance their understanding of newcomers and lead to strong preceptor-preceptee relationships (Kang et al., 2016). However, the intimate nature of this preceptorship can also breed conflict. Formal training helps preceptors navigate such challenges (Kang et al., 2016) and a successful relationship benefits both parties, while a strained one may prevent preceptors from mentoring future newcomers (Mamchur & Myrick, 2003). Participation in training programs bolsters the competence of preceptors, as is found in

many studies (Dorgham et al., 2022; Pohjamies et al., 2022; Tuomikoski et al., 2018; Tuomikoski et al., 2019a; Vuotilainen et al., 2019) and such trainings lead to both professional and personal growth and development (Hilli & Melender, 2015b). Additionally, training enhances self-confidence and assurance, leaving preceptors feeling better prepared for their roles (Phillips, 2006).

3.5 Preceptors' support and training programs at VARHA

In order to gain insights into the clinic's orientation practices and preceptor training, it was essential to obtain up-to-date information. This was particularly crucial considering the clinic's ongoing development and evolving healthcare practices. The interview with Ms. Maiju Riikonen, the Clinical Nursing expert at the clinic, conducted on October 31, 2023, provided valuable insights and information about these practices.

The Department of Pediatrics and Adolescent Medicine has been actively engaged in the development of an orientation program. In 2022, a comprehensive orientation initiative was introduced, encompassing an online course and a collaborative orientation day designed to cater to all newly hired personnel. This multifaceted approach includes skill and equipment workshops as well as peer interactions. The department is currently in the process of further enhancing this program, with plans for its development in 2023. (Riikonen, 2023)

The online course, a pivotal component of this orientation program, covers basic aspects, thereby eliminating the necessity for preceptors to individually address these basics when precepting newcomers. The overarching objective of the orientation program is to establish a standardized orientation process while reducing the demands placed on preceptors, particularly when the environment is characterized by ongoing orientation activities. Through this standardized onboarding process, the goal is to deliver a high-quality and comprehensive orientation, ensuring that everyone receives comprehensive and quality training. Within the context of a university hospital, the responsibility of precepting is considered an integral and obligatory component of each employee's job description. Consequently, preceptors do not receive additional compensation for undertaking this role. (Riikonen, 2023)

Unit-specific orientation and structure have undergone refinement and enhancement within the DPAM during the spring of 2023. This initiative involved the introduction of updated and

newly designed orientation booklets tailored to cater to the needs of both students and newly hired personnel. The primary objective of these booklets is to provide comprehensive support to newcomers but also to help preceptors, aiding them in the process of precepting and guiding individuals at distinct stages of their development. (Riikonen, 2023)

For students, these orientation booklets encompass several essential components, including an introductory overview of the unit, an explanation of routine procedures, an introduction to the personnel, practical training guidelines, weekly learning objectives, and a comprehensive checklist of essential competencies to be acquired. Additionally, these booklets incorporate specialized terminology, medical calculations, and reflective scenarios for a more immersive learning experience. (Riikonen, 2023)

However, for new employees, the orientation booklets contain similar content but go into greater detail and depth. Unlike the weekly learning objectives for students, the orientation for new employees is structured around three to four proficiency levels: trainee, beginner, and skilled/expert, corresponding to their evolving competence levels. Transitioning from novice to expert level in all pediatric care units takes several months to years. Progression between levels is regularly assessed in collaboration with the unit supervisor. (Riikonen, 2023)

Presently, a comprehensive handbook or formalized training program specifically tailored for all preceptors in their instructional roles is lacking. However, VARHA offers a range of training initiatives, including the Orientation for New Student Coordinators, Basics for Student Mentoring online course, Start Up (2 credits), Skills Up (2 credits), and Mentor-Training programs. It should be noted that these training courses primarily target student coordinators. Student coordinator is a term used for nurses who have usually received more training on how to support students' learning. The student coordinator informs the supervisors and other personnel about the students arriving at the units and the details about the training program itself. Within each unit there are their own student coordinators and they engage in regular meetings and training sessions. The overarching objective is for them to disseminate information to their units, such as presenting discussed matters during departmental meetings. Nevertheless, the process of information dissemination lacks a systematic structure. (Riikonen, 2023)

The competencies of preceptors are not assessed. Only in certain tasks, the preceptor is obligated to know a skill before teaching it forward. Often, willingness may have been asked, but in some units, the mentors may have been decided in advance. The burden of precepting is not shared equally because the aim is that the preceptor and preceptee have as much shift together as possible. Therefore, depending on an individual's holidays, shifts, etc. the responsibility for precepting may vary. A newly implemented model for precepting, on some units, is a model without designated on-site preceptors. In this model, discussions with the student would be conducted by the unit's student coordinators, and all staff members would share the precepting responsibilities evenly. (Riikonen, 2023)

Knowing that the role of the preceptor is essential for engaging the new nursing staff in the work field (Butler & Felts, 2006) and, on the other hand, only a few professionals have completed preceptorship training programs (Lindfors et al., 2022) makes this study, where we investigate the support and training arranged for preceptors, critical.

4 Purpose, aim and research questions

The aim of this research is to explore the support and training provided to preceptors who orient new nurses or students in clinical settings at DPAM. The objective of the research is to identify common and influential factors in supporting and training a preceptor in a clinical setting and to provide directions for managers.

Research Questions:

- 1) What are the current practices for supporting and training preceptors who orient new nurses or students in clinical settings?
- 2) How do the preceptors perceive the sufficiency of the support and training that they have been offered in their role as preceptors?
- 3) What kind of support and training do preceptors expect when orienting new nurses or students in clinical settings?

5 Data and methodology

In this chapter the study aim and research questions will be introduced as well as the methodology. The methodology for this study is a descriptive quantitative survey, aligning

seamlessly with the study's objectives and questions. The chosen design is foundational to empirical research, and requires a broad and representative sample for validity, reliability, and generalizability (Heikkilä, 2014). Therefore, an online questionnaire was utilized to include all nursing staff with precepting experience at DPAM. Also, an overview of the techniques used for data collection is presented, explaining why these methods are important for getting the relevant information and answers to the research questions. In addition, this section explains the assessment of the content validity and reliability of the questionnaire designed for this study.

5.1 Data collection

A structured questionnaire was developed for this study, based on the literature, previous studies, and the research objectives. The questionnaire consists of closed and open questions (see Appendix A & B). Closed questions are in the form of multiple-choice and Likert scale. Likert scales are commonly used in questionnaires because they offer a simple and effective way to measure attitudes, opinions, and behaviors (Vehkalahti, 2014). The goal was to provide an accurate and objective description of the characteristics, patterns, and trends within the studied population. The questions focused on the following variables:

Demographics: This category included questions on age, education level, unit type, and work experience background. The question about gender was omitted because most of the staff at the pediatric clinics are female. Thus, including a gender-related question would not hold significant relevance or importance.

Attitude and behavior towards preceptorship: This section contained questions on how preceptors see themselves as preceptors and described the level of engagement and participation in preceptorship.

Experience on support and training: In this category the study examined how the preceptors are experiencing support from nursing leaders, colleagues, or preceptorship training programs.

Suggestions/proposals: This section of the questionnaire focused on solving the factors that preceptors perceive as supporting in the context of precepting.

The authors applied for a permit to conduct the study in June 2023, and received the permit in August 2023 (Appendix C). After receiving the permit, some changes were made to the

questionnaire based on the feedback from the pretesting, and some additional background knowledge on the topic. Written approval to modify our questionnaire was requested from the original permit grantor, and the changes were approved as they did not alter the fundamental direction or focus of the study.

Data collection was conducted by an online questionnaire with Webropol 3.0, with the VARHA organization license. The hyperlink to the Webropol questionnaire's definitive version was distributed online on 1.10.2023 via e-mail by our contact person at VARHA. The email was sent to all personnel at DPAM, including the entire healthcare personnel (N=337). The e-mail was titled with the inclusion criteria, "Healthcare preceptors" to attract individuals fulfilling the inclusion criteria for the study. Together with the hyperlink to the Webropol questionnaire, a cover letter was sent (see Appendix D) with details about the study. The time for participation was two weeks 1.10-15.10 2023 and the estimated response time was 10-15 minutes.

In survey studies, there is a risk of nonresponse or an unevenly distributed participant rate (Heikkilä, 2014). Due to this, a bias might occur, and the results cannot necessarily be generalized. To maximize participation, the authors visited all nine units at DPAM in September 2023 to present the study, and the objectives, answer questions, and inform potential participants about the study. To effectively disseminate information about the study, an engaging and cheerful advertisement was created (see Appendix E) and distributed on the visits to the units and left in the break rooms of the units. The advertisement served as a notification about the ongoing study and encouraged voluntary participation. This approach was expected to increase the study's visibility, encourage participant engagement, and improve response rates. Additionally, a reminder email was sent out a week into the survey (9.10) by our contact person at DPAM. This measure was intended to improve the response rate and optimize the accuracy and representativeness of the collected data (Heikkilä, 2014).

5.1.1 Validity and reliability of the questionnaire

The reliability and validity of the questionnaire utilized in this study are essential aspects to consider. In content validity analysis the instrument is evaluated based on its capability to measure what it is intended to measure (Nummenmaa, 2009). The main concern when deciding to use an instrument not used before is whether the instrument accurately captures the intended data points and constructs relevant data to the study's objectives.

Reliability in survey research refers to the consistency of the measurement tool and is defined as the ability to produce non-random results (Heikkilä, 2014). In this context, it implies that if the questionnaire of this study were to be administered under similar conditions at different times, it should yield consistent results. The reliability of this survey is anchored in its structured design, ensuring consistent interpretation and response by all clinics healthcare personnel. This consistency is vital for establishing the dependability of the survey findings.

In this study, a content validity analysis and reliability assessment were conducted on the questionnaire through pretesting with a small group of healthcare workers (7 individuals) in August 2023. The pretesting individuals were from a different unit and possessed experience in precepting. The testers assessed the clarity, comprehension, and relevance of each item on the designed questionnaire. To further enhance reliability, authors evaluated whether the responses received were effectively addressing the study's research questions. According to the suggested corrections and the authors observations, minor changes were made to the questionnaire for the final version.

5.2 Data analysis

For the quantitative part of this study Webropol 3.0 was used to perform statistical analysis on closed-ended questions in the questionnaire. The qualitative part of the open-ended question dataset was analyzed using two approaches: deductive content analysis and inductive thematic analysis. The decision to combine two qualitative questions was made to add depth to the findings. Qualitative and quantitative research approaches can be effectively complemented by one another (Heikkilä, 2014).

None of the respondents were excluded from the dataset, as all of them met the inclusion criteria. Regarding the background variables, age was consolidated into six broader categories, while the other categories remained unchanged. Given the study's design as a descriptive statistical analysis, the respondents' background data is presented by frequency and percentile distributions, while their perceptions of precepting were characterized by measures such as median, mode, and percentages.

In this study, respondent evaluations of their experience as preceptors were measured using a 5-point Likert scale. With the use of the Likert scale in the questionnaire, respondents can rate

to what degree they agree or disagree with a statement. The responses can be ranked or rated but the distance between responses is not measurable (Sullivan & Artino, 2013). This measurement scale allows for the ordering or ranking of observations hierarchically, but it does not assess the magnitude of differences between measurement values (Nummenmaa, 2009). Utilizing the mean and standard deviation of the variables, we computed averages and standard deviations for each category. Score 1 was categorized as "very poor," while a score of 2 was categorized as "poor," a score of 3 as "average," a score of 4 as "good," and a score of 5 as "excellent." In this study, scores above 3.5 were considered to be indicative better than the average.

The study's open-ended questions aim to explore the participants' perceptions of the type of support and training that would enhance their ability to improve the quality of their precepting and increase their resilience as preceptors. The purpose of the open-ended research questions is to capture detailed qualitative insights and gather in-depth insights into the participants' views on the studied matter. The written answers to the two open-ended questions were analyzed by processing the text. The first open-ended question (n=44), Describe in your own words what would be the best possible support for a trainer when guiding students and orienting new employees? was analyzed through deductive content analysis based on the main categories of the research; support, and training. Both authors systematically reviewed the responses, seeking insights pertaining to research themes, and agreed categories. These were compared and discussed, further resulting in eight subcategories. This methodological approach allowed for a comprehensive exploration of the research findings and their implications within the context of this study.

The second question, Open for discussion was subjected to inductive thematic analysis based on the data conditions. The data from respondents to the second open-ended question (n=23) was initially analyzed separately by both authors. Subsequently, the results were compared to identify the types of categories that emerged. Following this comparison, five main categories were formed. This process was done to heighten the reliability of the findings.

6 Results

Within the clinic's total healthcare workforce of N=337 members, a total of n=72 healthcare workers, serving as preceptors participated in the survey representing 21% of the clinic's entire

healthcare workforce. The primary criteria for selection centered around precepting experience. Given this criterion, determining an exact percentage correlation of responses from all employees who function as preceptors is a challenge. Findings are presented in a comprehensive manner, combining textual descriptions, numerical data, and visual aids like tables and charts. By analyzing participants' rankings and responses to open-ended questions, the study aims to examine preceptors' experiences, attitudes, perceptions, and expectations regarding support and training in their roles.

6.1 Characteristics of participants

Table 2. Characteristic

Characteristic		(n = 72) n	Percent
Age group	< 25 years	4	5,6%
	25 – 30 years	15	20,8%
	31 – 40 years	24	33,3%
	41 – 50 years	15	20,8%
	51 – 60 years	12	16,7%
	> 60 years	2	2,8%
Education	Practical nurse	4	5,5%
	Nurse/ midwife/ public health nurse/ paramedic	67	93,1%
	Other	1	1,4%
Work experience after graduation	0-3 months	2	2,9%
	4-6 months	1	1,4%
	7-12 months	2	2,9%
	1-5 years	12	17,1%
	6-10 years	10	14,3%
	over10 years	42	61,4%
Work experience on the current unit	0-3 months	2	2,8%
	4-6 months	2	2,8%
	7-12 months	5	6,9%
	1-5 years	17	23,6%
	6-10 years	10	15,3%
	over10 years	35	48,6%
Employment relationship	Fixed term	18	25%
	Permanent job	54	75%
The unit in which you work	Outpatient clinic	9	12,5%
	Inpatient unit	19	27,8%
	Emergency	2	2,8%
	Intensive care unit	37	51,4%
	Standby Staff	4	5,5%

The participants encompassed a broad age spectrum (Table 2), ranging from 20 to 65 years. Notably, the age group of 31-40 years emerged as the most predominant, representing 33,3% of the respondents. On the education front, most of the participants, at 93.1%, hail from backgrounds as nurses, midwives, public health nurses, or paramedics. Practical nurses

represented a smaller fraction at 5.5% and the remaining 1.4% fell under other educational backgrounds not explicitly specified. The distribution of work experience among individuals' post-graduation reveals that the majority (61,4%) of individuals have over 10 years of work experience. Also, most of the respondents have worked in their current unit for over 10 years (48,6%). The majority, accounting for 51.4%, were affiliated with Intensive Care Units, the Inpatient Ward came next, capturing 27.8% of the participants.

Table 3. Demographic characteristics of individuals involved in preceptorship

Characteristic		(n = 72) n	Percent
Student coordinator	Yes	7	9,7%
	No	65	90,3%
Have you acted as the designated preceptor for a student?	Never	9	12,5%
	< 5 times	11	15,3%
	6-15 times	19	26,4%
	16-25 times	14	20,8%
	> 25 times	18	25,0%
Have you acted as the designated preceptor for a new employee?	Never	10	14,1%
	< 5 times	25	36,6%
	6-15 times	27	38,0%
	16-25 times	5	7,1%
	> 25 times	3	4,2%
I have oriented a new employee or student even though I haven't been designated preceptor.	Yes	70	97,2%
	No	2	2,8%
Do you act as a preceptor for a student or a new employee:	Weekly	19	26,4%
	Monthly	25	34,7%
	A few times a year	28	38,9%
The last time I acted as a preceptor for a student or a new employee was:	Within a week	36	50,0%
	Within a month	22	30,6%
	Within the last 6 months	9	12,5%
	Over 6 months ago	5	6,9%

Based on the responses collected from 72 respondents, the following insights provide an understanding of the prevalence of precepting activities among participants (Table 3). A significant majority of participants (90.3%) do not have a title as student coordinator. The data reveals that a sizable portion of the participants have acted as a designated preceptor for students, with the majority having done so 6-15 times (26.4%). Interestingly, while a combined 74.6% have acted as a preceptor for a new employee between 1 to 15 times, very few (11.3%) have done so more than 15 times. An overwhelming majority (97.2%) have adopted the responsibility of orienting a new employee or student, even without the actual designation to the preceptor role. In terms of frequency, most respondents serve as preceptors several times annually (38.9%), closely trailed by those engaging monthly (34.7%). Half of the participants (50.0%) reported having precepted a student or a new employee within the past week, displaying an active involvement in orienting.

6.2 The preceptor's knowledge of existing support and training

Table 4. The preceptor's knowledge of existing support and training

Characteristic		(n = 72) n	Percent
Are you aware of the trainings organized for student or new employees orientation at your clinic?	Yes	30	41,7%
	No	42	58,3%
From whom/where have you received information about the previous trainings organized at your clinic?	Workplace intranet	(n=30) 15	50,0%
	Supervisor	10	36,7%
	Colleague	10	36,7%
	Work email	14	46,7%
	I am not aware	0	0%
Have you participated in the trainings organized by the clinic regarding student or new employee orientation?	Yes	11	15,3%
	No	61	84,7%
Are you aware of the preceptor trainings organized in VARHA?	Yes	12	16,7%
	No	60	83,3%
Have you participated in the preceptor trainings organized in VARHA?	Yes	(n= 71) 1	1,4%
	No	70	98,6%
Have you heard of the following trainings offered by your employer (select all appropriate options)?	-Orientation for new student coordinators.	(n= 70) 25	35,7%
	-Basics of student guidance online course.	17	24,3%
	-Start Up (2op)	10	14,3%
	-Skills Up (2op)	8	11,4%
	-Mentor instructor training	9	12,9%
-I haven't heard of any previous training.	37	52,9%	
In our unit, there are a guidelines for acting as a preceptor	Yes	(n= 71) 28	39,4%
	No	43	60,6%
In our unit, there is an orientation plan for students	Yes	64	88,9%
	No	8	11,1%
Are you aware of the content of the student orientation plan in your unit?	Yes	49	68,1%
	No	23	31,9%
In our unit, there is an orientation plan for new employees.	Yes	63	87,5%
	No	9	12,5%
Are you aware of the content of the new employee orientation plan in your unit?	Yes	56	77,8%
	No	16	22,2%
Are you aware of the joint orientation for new employees at the clinic (online course + on-site day)	Yes	(n=71) 60	84,5%
	No	11	15,5%
Have you familiarized yourself with the joint orientation online course?	Yes	21	29,2%
	No	51	70,8%
Has your competence as a preceptor been assessed?	Yes	(n=71) 6	8,5%
	No	65	91,5%

The data examined the preceptor's awareness and participation in the various training and support systems established at their clinic and VARHA (Table 4). 41.7% were aware of the

existing preceptor training for orienting students or precepting new employees at the clinic, while 58.3% were not. Among those who were aware, information about these trainings was sourced from different platforms: 50% obtained this from the workplace intranet, 36.7% from their supervisor, another 36.7% from a colleague, and 46.7% received this information through their work email. Delving deeper, only 15.3% had participated in the training organized by the clinic regarding student guidance or the orientation of new employees, while a substantial 84.7% did not. Similarly, when asked about the preceptor training organized in VARHA, 16.7% were aware, and only 1.4% had participated, while 98.6% had not. When specifically asked about their knowledge of the different training programs, 52.9% did not know of any of the offered preceptor training programs. The program best known, 35.7%, was the orientation program for the new student coordinators.

When considering the supporting instruments available to preceptors, 39.4% confirmed the presence of a guideline for acting as a preceptor in their unit, while 60.6% indicated its absence. Furthermore, 88.9% confirmed the existence of a student orientation plan in their unit, and 68.1% were aware of its content. Similarly, 87.5% acknowledged the presence of a new employee orientation plan, with 77.8% being aware of its content.

The dataset also highlighted that 84.5% were aware of the newly established joint orientation for new employees at the DPAM, which combines an online course with an on-site day. However, only 29.2% had familiarized themselves with the online component of this joint orientation. Lastly, when inquired about the assessment of their competence as preceptors, a mere 8.5% confirmed that their competence had been evaluated, while 91.5% indicated otherwise.

6.3 The preceptor's experiences in their role

The present chapter sheds light on the experiences and attitudes towards different aspects of preceptors' roles. The perceptions were measured through a five-point Likert scale ranging from "Completely disagree" to "Completely agree"(Table 5).

Regarding precepting students and new employees, a majority of the participants expressed a willingness to precept students (72.2% agreed to some extent or completely) with a mean score of 3.7 and a median score of 4.0. A similar sentiment was noted in the willingness to precept

new employees, where 82% agreed to some extent or completely, reflected by a mean and median score of 4.0.

Table 5. Preceptor's attitudes and behavior (n=72)

	Completely disagree	Disagree to some extent	I don't know	Agree to some extent	Completely agree	Mean	Median
I am willing to precept students	4,2%	16,7%	6,9%	48,6%	23,6%	3,7	4,0
I am willing to precept new employees	2,8%	8,3%	63,9%	54,2%	27,8%	4,0	4,0
I find precepting to be motivating	5,6%	23,6%	18,0%	43,1%	9,7%	3,3	4,0
I consider precepting to be an important part of my job	1,4%	2,8%	8,3%	55,6%	31,9%	4,1	4,0
I benefit from precepting myself	4,2%	9,7%	12,5%	51,4%	22,2%	3,8	4,0
I learn new things myself through precepting	0,0%	11,1%	20,8%	48,6%	19,5%	3,8	4,0
I find precepting time-consuming	0,0%	4,2%	1,4%	44,4%	50,0%	4,4	4,0
I find precepting exhausting	4,2%	6,9%	11,1%	54,2%	23,6%	3,9	4,0
I feel that precepting is evenly distributed in my unit	6,9%	34,7%	22,2%	30,6%	5,6%	2,9	3,0

In relation to motivation and the importance of precepting 52.8% of the respondents found precepting motivating, either to some extent or completely. This favorable attitude towards precepting was reflected by a mean score of 3.3 and a median score of 4.0. Additionally, 87.5% saw precepting as an important part of their job, further highlighted by a mean score of 4.1 and a median score of 4.0.

Concerning preceptors' benefits and learning opportunities the perceived benefits of precepting were evident, with 73.6% of the participants agreeing that they benefitted from precepting either to some extent or completely. This sentiment is backed by a mean score of 3.8 and a median of 4.0. Moreover, a substantial 68.1% stated that they learn new things through precepting, emphasizing its role as a shared learning process.

As for challenges in precepting the data shows a time-consuming nature of orientation, with 94.4% of participants agreeing either to some extent or completely. This is further reflected in the high mean score of 4.4 and a median score of 4.0. In terms of the exhaustion associated with precepting, 77.8% found it exhausting to some extent or completely, leading to a mean

score of 3.9 and a median score of 4.0. Only 36.2% felt that precepting was evenly distributed in their unit, with a mean score of 2.9 and a median of 3.0.

6.4 Preceptor's experience of support and training

The following chapter provides results on the existing training and support from colleagues and management (Table 6). The majority of participants felt that they had not received sufficient training for acting as a preceptor, with 33.3% completely disagreeing and 41.7% disagreeing to some extent, leading to a mean score of 2.1 and a median of 2.0. Additionally, 69.4% completely disagreed with the statement that they had repeatedly attended training sessions supporting orientation, which is reflected in the mean score of 1.5 and a median of 1.0.

Table 6. Preceptor's experience of support and training (n=72)

	Completely disagree	Disagree to some extent	I don't know	Agree to some extent	Completely agree	Mean	Median
I have received sufficient training for acting as a preceptor	33,3%	41,7%	12,5%	8,3%	4,2%	2,1	2,0
I have repeatedly attended training sessions that support precepting	69,4%	22,2%	4,2%	1,4%	2,8%	1,5	1,0
I have received sufficient support from colleagues as a preceptor	6,9%	34,7%	12,5%	41,7%	4,2%	3,0	3,0
I have received sufficient support from my supervisor as a preceptor	42,2%	36,6%	11,3%	9,9%	0,0%	1,9	2,0
The supervisor is interested in the progress of the orientation process	26,4%	29,2%	18,0%	25,0%	1,4%	2,5	2,0
I have been asked about my willingness to precept	47,2%	33,4%	8,3%	9,7%	1,4%	1,8	2,0
Sufficient time has been allocated to me for precepting	45,8%	40,3%	6,9%	5,6%	1,4%	1,8	2,0
The orientation plan supports me as a preceptor	9,7%	9,7%	26,4%	45,9%	8,3%	3,3	4,0
Do you feel that you possess sufficient precepting skills?	5,5%	16,7%	8,3%	54,2%	15,3%	3,6	4,0
I have received information on how to assess a student's or a new employee's competence.	20,8%	38,9%	13,9%	23,6%	2,8%	2,5	2,0
I have received information on how to handle challenging precepting situations.	38,6%	40,0%	8,6%	10,0%	2,8%	2,0	2,0

Regarding getting support from colleagues, 41.7% agreed to some extent while a 34.7% disagreed about the sufficiency of colleague support resulting in both the mean and median scores were 3.0, suggesting a neutral perception of colleague support in the preceptor role. In contrast, a majority felt unsupported by their supervisors, with 42.2% completely disagreeing and 36.6% disagreeing to some extent and 0,0% completely agreeing on getting support from supervisor. This sentiment corresponds to a mean score of 1.9 and a median of 2.0.

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While 25% of respondents agreed to some extent that their supervisor is interested in the progress of the orientation process, 26.4% completely disagreed and 29,2% disagreed to some extent. The mean and median for this category stood at 2.5 and 2.0 respectively. When it comes to the proactive approach of inquiring about an individual's willingness to act as a preceptor, the responses were majorly skewed towards the negative. 47.2% of the participants completely disagreed that they were ever asked about their interest or willingness in precepting, while an additional 33.4% disagreed to some extent. This resulted in a mean of 1.8 and a median score of 2.0.

A majority of the participants, 54.2% agreed to some extent that they possessed sufficient guidance skills, supported by a mean score of 3.6 and a median of 4.0. However, when it came to receiving information on assessing a student's or a new employee's competence, the responses were ambivalent with a mean score of 2.5 and median of 2.0. Moreover, a noteworthy 38.6% completely disagreed, while 40% disagreed to some extent, on receiving information about how to manage challenging precepting situations. This corresponds to a mean and median score both at 2.0.

As an additional question, the questionnaire surveyed the compensation or bonus received for precepting, to which 98.6% responded not receiving any compensation. Only one out of 72 respondents answered affirmatively and mentioned receiving a clinic's internal reward once.

6.5 Preferred Support for Preceptors at Work

The objective of this chapter is to present the results of the survey aimed at determining the type of support preceptors wish to receive in the workplace (Table 7). When it comes to the desire for more support from their supervisors, 76.4% of the respondents either agreed wholly or to some extent. This desire is further emphasized by the mean and median values which were 3.9 and 4.0, both leaning towards agreement. The sentiment was slightly more mixed regarding support from colleagues. While 59.7% of the participants expressed a desire for more assistance from their peers, there was also a notable 32% who were unsure about this. The mean and median values stood at 3.7 and 4.0. 83.3% expressed the wish for training to bolster their roles as preceptors. The emphasis on this need was mirrored in the mean and median values which were 4.2 and 4.0. A substantial 77.8% felt that any training provided should be continuous or recurring.

Table 7. How could the support and training of a preceptor be improved?(n=72)

	Completely disagree	Disagree to some extent	I don't know	Agree to some extent	Completely agree	Mean	Median
I would like more support from my supervisor.	0,0%	9,7%	13,9%	52,8%	23,6%	3,9	4,0
I would like more support from my colleagues.	0,0%	8,3%	32,0%	44,4%	15,3%	3,7	4,0
I would like training to support me in my role as a preceptor	0,0%	1,4%	15,3%	48,6%	34,7%	4,2	4,0
The training should be ongoing/ recurring.	0,0%	2,8%	19,4%	50,0%	27,8%	4,0	4,0
I would like allocated time for precepting.	0,0%	0,0%	4,2%	37,5%	58,3%	4,5	5,0
As a preceptor, I would be motivated by rewards	0,0%	1,4%	5,6%	2,8%	72,2%	4,6	5,0

In terms of allocated time for precepting, there was a clear consensus. 95.8% either wholly agreed or agreed to some degree that they would benefit from having dedicated time for their precepting duties. The strength of this sentiment was reflected in the high mean and median values of 4.5 and 5.0. Lastly, the topic of motivation through rewards was broached. Here, 75% felt positively about the prospect, with 72.2% completely in favor. The mean and median for this segment were 4.6 and 5.0.

A standout aspect across all the support and training claims of this section is the striking 0.0% rate on option 'Completely disagree'.

6.6 Open ended questions

Open-ended questions, characterized by participants' freedom from predefined answer choices, encouraged individuals to articulate their thoughts and experiences openly. The analysis of the two open-ended questions aimed to uncover in-depth thoughts among the participants regarding support and training. Among the 72 study participants, the first question received responses from 44 individuals, while the second was answered by 23 respondents.

6.6.1 Best support for preceptor when orienting students and new employees

In the initial open-ended question participants were asked to describe the ideal support for preceptors when orienting students and new employees. Analysis of responses (n=44), revealed eight subcategories, originating from two main themes: support and training (Figure 1). The subcategories under "support" included time allocation, resource allocation, clarity, supervisor and colleague support, compensation, and development. The subcategories related to "training" were training and competence.

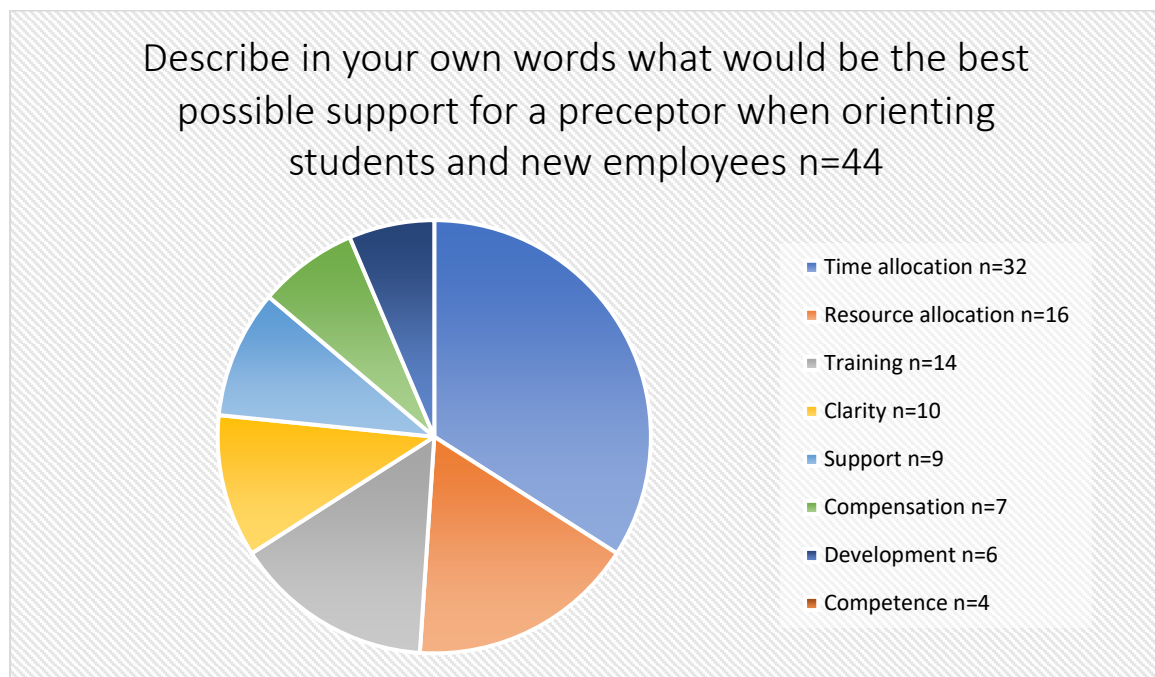


Figure 1. Pie chart of the subcategories from the question: "Describe in your own words what the best possible support for preceptor would be when orienting students and new employees?"

Time Allocation (n=32): The predominant theme that emerged from the participants' responses was the issue of time allocation. 73% of preceptors raised the lack of time as the biggest concern

and expressed a strong desire for dedicated time for their work as preceptors. Hopes for time allocation were described as following:

"... thorough orientation requires an adequate amount of time. Rushed orientation leaves both the preceptor and the preceptee feeling exhausted."

"...sufficiently allocated time for it."

"Time for orientation, so that one can focus on teaching and guiding without having to worry about patient safety, guidance, and one's own well-being in a rush."

Resource Allocation (n=16): Resource allocation was the second most prominent theme, with 36% of respondents discussing it. Preceptors highlighted the need for a reduced workload, fair attention to work distribution, and a manageable number of tasks related to their preceptor roles. This theme emphasized the importance of balancing workload with preceptorship responsibilities as demonstrated by the following citations:

"Occasionally, time would be allocated for orientation without it being included in the ward's staffing levels"

"There should be an adequate number of preceptors per preceptee, and the shifts for orientation should be evenly distributed."

"At the start of the orientation, it's important not to have too many patients to care for alongside the trainee, allowing sufficient time for effective teaching and guidance."

"A reasonable workload to ensure successful orientation; naturally, the same shifts as the preceptee."

Training (n=14): Training emerged as the third major theme, with 32% of respondents emphasizing this significance. While most responses underscored the importance of training, some also put forth ideas on educational topics and expressed a desire for ongoing training to further improve their preceptorship skills. 14 participants expressed the desire for self-development as illustrated by the following comments:

"Adequate training at regular intervals."

"It would be important to receive training on how to handle challenging situations and provide constructive/negative feedback."

"Regarding students, more training sessions in guidance, as currently all sessions are full, and they are rarely available."

"Preceptors should also be trained to orient new employees so that they can assess the competence and needs of the new employee/student."

Clarity (n=10): Clarity in preceptorship expectations and processes was the fourth most prevalent theme, as indicated by 23% of participants. Preceptors expressed the need for clear and consistent plans on what to teach and when, as well as well-defined criteria and objectives for the preceptorship. They also called for systematic and uniform orientation procedures for all preceptors as described by one respondent:

"Clear instructions and forms outlining what to go through during the orientation process with the preceptee. Objectives and criteria."

Support from Supervisors and Colleagues (n=9): Support from supervisors and colleagues was highlighted by 20% of the respondents as a crucial element. Preceptors underscored the importance of receiving support from their supervisors, particularly in terms of acknowledging the importance of resource allocation for precepting, and assistance in handling challenging situations related to their role as indicated by the following statements:

"The supervisor's assistance in handling specific problem situations, without automatically assuming deficiencies or issues in the orientation process or with the preceptors if the orientation isn't progressing smoothly or isn't producing results."

"The supervisor could also actively participate in monitoring orientation (whether objectives are being achieved, whether the employee is taking responsibility, whether there is sufficient time) and enable the success of high-quality orientation"

"The support from both supervisors and colleagues is of paramount importance."

Compensation (n=7): Compensation emerged as the sixth significant theme, with 16% of respondents indicating that a separate form of compensation, remuneration, or rewards would increase their motivation for precepting. Some responses also indicated that compensation would be justified because not everyone participates in precepting to the same extent, and some have attended training and possess specialized knowledge in this regard.

"Having a sufficient amount of time to conduct orientation thoroughly and thoughtfully makes the orientation process itself a more rewarding experience."

"Additional compensation for serving as a preceptor, as not everyone acts as on-site preceptors."

"Also, if someone has undergone specific training to become an orientation instructor or student coordinator, it would be great to receive compensation for that. All specialized expertise should be rewarded in some way; it would be motivating."

Development (n=6): The seventh theme, mentioned by 14% of participants, emphasized the need for improving the orientation process. Preceptors suggested creating specific guides for preceptors, regular updates and development of orientation programs, involvement of experienced employees in decision-making, and enhanced collaboration between different units within the clinic.

"A handbook for preceptors. Additionally, the process of orientation could be carefully planned, and feedback could be sought from those who have been on the unit for some time to determine what worked well in their orientation and what needs improvement."

"Orientation should also be the responsibility of a small group within the unit, regularly reviewed, updated, and developed."

"Active listening to experienced employees and involving them in decision-making!"

"Collaboration with other clinic departments on this matter is also important: good ideas can come from other departments to benefit our own. Overall, knowledge sharing is important."

Competence (n=4): The final theme that emerged from the responses mentioned by 9% of respondents, highlighted the importance of competence among preceptors. Preceptors should be experienced and possess a wide range of expertise. Additionally, one preceptor pointed out that initial orientation should be the responsibility of individuals with proper training to ensure consistency, another response emphasized that not all employees may be suitable for the role of preceptors.

"The preceptor should possess extensive experience and expertise in the work unit, enabling the individual undergoing orientation to inquire about a wide array of subjects and receive precise, thorough responses to their inquiries."

"Designated individuals should assume responsibility for initial orientation, having undergone comprehensive training on the principles of orientation to ensure consistency for all participants."

"Not all employees are suited to be preceptors, and those in this role should possess ample knowledge, skill, and experience before they can guide students or new employees."

In response to this question, 7% (n=3) of the answers expressed appreciation for some elements that effectively complement the existing support and training systems. Specifically, positive mentions were directed toward the orientation guide provided for new employees and students and one answerer had perceived support from student coordinators.

6.6.2 Open for discussion

The second open-ended question, "Open for discussion" (n=23), yielded five distinct themes (Figure 2) based on their frequency of occurrence: quality of preceptorship, staff retention and turnover, precepting as an integral part of work, compensation, and demotivation and fatigue.

Quality of preceptorship (n=16) The most prominent theme, accounting for 70% of the responses, centered around concerns related to the quality of preceptorship. Preceptors express concern about an increasing workload and responsibility falling on a shrinking group of experienced personnel. One respondent highlighted that as the nursing teacher's involvement in students' practical training declined, responsibility for student training has increasingly fallen on the preceptors.

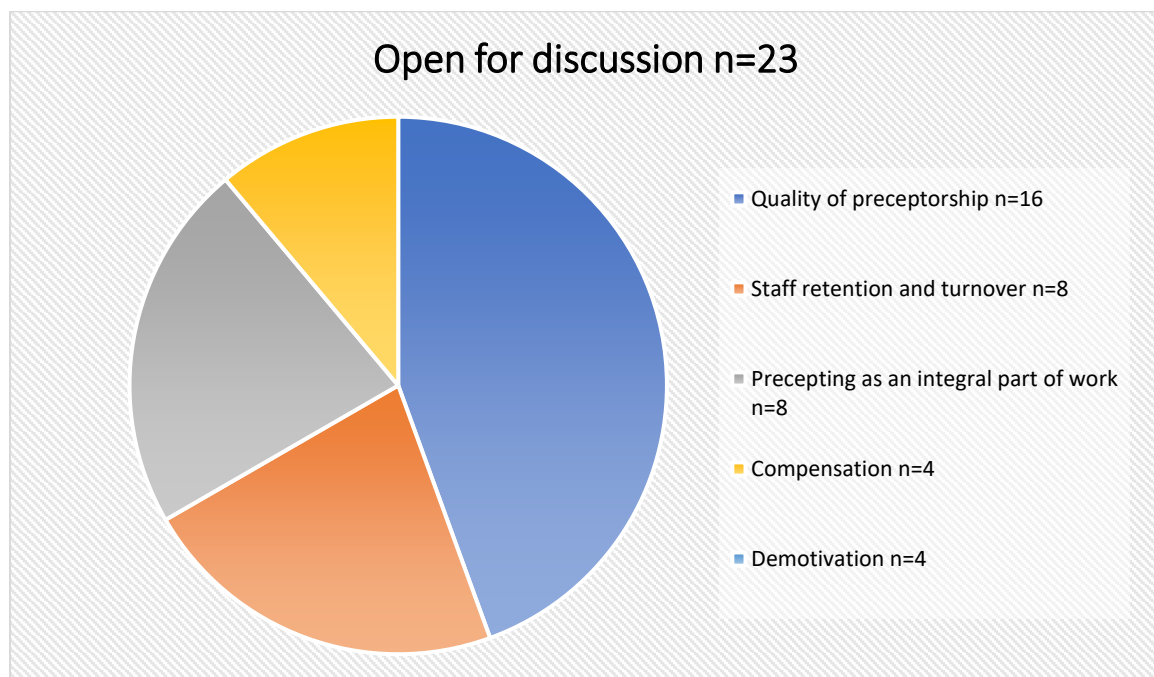


Figure 2: Categories of the second open ended question "Open for discussion"

Furthermore, there was a notable mention of the quantity of students undergoing orientation. Some expressed that the presence of too many students at once may strain available resources and complicate the orientation process. Preceptors feel a sense of responsibility for ensuring the quality and fairness of orientation within their departments. One respondent's concern was that involving newcomers and non-permanent staff in the orientation process could lead to lower quality, potentially exposing new employees to overly demanding situations too quickly.

This, in turn, could jeopardize patient safety and hinder new employees' adaptation to their work unit. The following two citations highlight this;

"I'm a relatively new employee in the unit, and it seems unreasonable that I'm expected to be responsible for a new employee or student's activities while I'm still in the midst of my own orientation. I'd prefer to take the time to familiarize myself with the unit's operations at my own pace before providing support and guidance to a new employee or student."

"Currently, perception is required by relatively new employees and also by individuals who are not employees of the work unit. Due to busy situations, the quality of orientation also suffers, and new employees are exposed to challenging situations too quickly. This does not support the well-being and commitment of new employees to the new work unit. Consequently, patient safety may be compromised when new employees do not receive clear and proper orientation."

Another point of consideration was the frequency with which individuals are asked to serve as preceptors. Preceptors stress the importance of thorough orientation but struggle with time and resources constraints to perform well.

Retention and turnover (n=8): The second most common theme, representing 35% of the responses, revolved around staff retention and turnover. The continuous cycle of orientation and high staff turnover is described as exhausting and frustrating for preceptors. This ongoing challenge affects preceptors' drive as they often lose motivation to train, especially when new hires do not stay for an extended period. They express a desire for management to encourage longer staff retention. The frequent presence of temporary hires in the workforce leads to frustration among preceptors, this is highlighted by the following citation;

"Motivation for preceptorship diminishes and eventually disappears when a newly oriented employee reaches a level of competence where they contribute significantly to the unit's operations and then the employment contract of this employee is not renewed, and a new individual is hired, commencing the orientation process once again."

Precepting as an integral part of work (n=8): The third theme, mentioned by 35%, focuses on preceptors' perspectives regarding precepting. Even though preceptors acknowledge that orientation is an expected component of their job, they recognize the significance of precepting. They raise a concern because they have limited time available due to patient responsibilities. Preceptors perceive that the broader culture often emphasizes "orientation" without fully appreciating the depth of the responsibility. Additionally, preceptors reflect on their own

experiences as newcomers, and this informs their current perspective on the importance of orientating. The following citations reflect on this theme;

"It appears that orientation is often assumed, even though there is insufficient time for patient care."

"The current work culture is simply: provide orientation"

"Orientation is an important matter, and everyone should remember that they have been in the role of a newcomer at some point."

Compensation (n=4): Compensation appeared in 17% of responses. Within this category, participants highlight the potential for motivation to be sustained through rewards and incentives, recognizing these as valuable mechanisms to keep preceptors engaged in their roles. Also, commitment to the workplace is identified as a potential motivating factor for preceptors as cited by one respondent.

"Rewards for supporting the well-being of the mentor."

"Employee commitment would motivate precepting."

Demotivation and fatigue (n=4): The fifth theme, also represents 17% of responses. Preceptors find themselves overwhelmed due to the constant influx of students and new staff and the need for perpetual orientation. This overwhelming demand leads to fatigue and demotivation among preceptors as demonstrated by the following citations.

"There are simply too many students and new employees, and orientation becomes exhausting."

"I wish that employees would be heard when it is said that someone may not be a suitable fit for the unit."

7 Discussion

This study aimed to investigate the current support and training practices for preceptors at Pediatric and Adolescent Clinic. It assessed preceptors' perceptions of the sufficiency of existing support and training, while also exploring their expectations for future improvements in the preceptor roles. All clinic's healthcare employees serving as preceptors were invited to

partake in this study. The primary findings revealed that while there recently has been an investment made in clinics' orientation, less emphasis has been placed on the training and resources provided to the preceptors. Notably, preceptors currently lack targeted training and a comprehensive handbook. The majority of preceptors do acknowledge the significance of their role and hold a favorable attitude toward the orientation process. However, they expressed a strong desire for formal ongoing training and brought up different support measures, particularly in terms of time and resource allocation, to effectively fulfill their responsibilities.

7.1 Preceptors' support realities and their expectations

According to the survey findings, a substantial portion (41.7%) of respondents reported receiving some level of support from colleagues in their preceptor role. In line with the conclusions drawn by Hilli & Melender (2015a), Pohjamies et al., (2022), and Pramila-Savukoski et al. (2019), this study echoes a consistent theme, revealing that a significant majority (78.8%) of participants felt unsupported by their supervisors, with none affirming the adequacy of the support received. Moreover, our study uncovered that only 25% of respondents agreed to some extent when evaluating supervisors' interest in the progression of the orientation process. The reported lack of support for preceptors and the perceived disinterest in the orientation process could result in a less effective orientation experience for both preceptors and new employees, potentially impacting their integration and commitment into the organization.

It's worth highlighting the apparent absence of proactive involvement from supervisors, as indicated by the significant 80.6% of participants who either completely disagreed or disagreed to some extent when asked whether they had ever been approached regarding their interest or willingness to serve as preceptors. This is a notable observation because according to the study by Pohjamies et al. (2022) willingness to precept correlated to precepting competence. This can lead to a disconnect, where potential preceptors might feel that their voices and preferences are not adequately recognized or valued especially because only 36.2% felt that precepting was evenly distributed in their unit. This indicates that there might be disparities in the allocation of precepting responsibilities among the staff. Unmotivated preceptors might negatively impact new employees or student's competence, confidence, and well-being, causing elevated turnover and strained relationships and risking patient safety, job satisfaction, and organizational reputation.

The survey results clearly indicate that preceptors have a strong desire for support in their roles. A substantial 59.7% of participants expressed a desire for increased assistance from their colleagues, while an even more significant majority (76.4%) sought additional support from their supervisors. These findings are consistent with the results of studies by Pohjamies et al., (2022) and Pramila-Savukoski et al. (2019), highlighting the evident importance of support from both supervisors and colleagues based on the observations among preceptors. Having the support of colleagues can enhance a preceptor's confidence and effectiveness, underscoring the importance of creating a collaborative work environment where preceptors can seek guidance and share experiences with their peers.

Moreover, an overwhelming 86.1% of respondents perceived the allocated time for precepting as insufficient. This concern also surfaced prominently in responses to the open-ended questions. Preceptors stress the crucial need for dedicated time to fulfill their preceptorship responsibilities. The results are in line with previous research emphasizing the importance of time allocation as a supportive element for preceptors, as demonstrated in studies conducted by Hilli and Melender (2015b), Pramila-Savukoski et al. (2019), Yonge et al. (2008), and Vuotilainen et al. (2019). The simultaneous role of preceptor and caregiver leaves preceptors feeling stretched for time (Carlson et al., 2009; Dirks, 2021; Pohjamies et al., 2022; Yonge et al., 2008). Without adequate time, the overall quality and depth of the training process can be compromised, potentially hindering the preceptee's development and the fulfilment of the preceptor's role.

Lastly, the aspect of compensation and rewards for precepting emerges as a critical area for potential enhancement. An astounding 98.6% of respondents reported receiving no compensation or bonus for their roles as preceptors, a finding consistent with the recognition of the lack of incentives for precepting in a study by Hilli & Melender (2015b). While relevant motivation and a genuine desire to precept others may drive some individuals, the absence of concrete recognition or rewards could potentially impact long-term commitment and enthusiasm for the preceptor role. A notable 72.2% of participants agreed that rewards could function as a motivating factor for preceptors, aligning with previous research findings that indicate rewards can significantly enhance commitment to continuing as a preceptor (Burt et al., 2021; Stone & Rowels, 2002; Yonge et al., 2008).

Numerous factors may influence the current state of supervisor support in the clinic. The operational processes within the organization could benefit from further refinement. This would involve placing a higher priority on preceptorship and allocating more substantial resources to effectively support preceptors. Addressing these repercussions necessitates a thorough evaluation of the underlying causes, including organizational processes and time constraints. Implementing corrective measures to enhance supervisor support and improve the overall work environment may involve resource allocation and a cultural shift towards recognizing the significance of preceptorship and support within the organization. By implementing these measures, organizations can create a more supportive environment for preceptors and enhance the effectiveness of the orientation process.

7.2 Preceptors' training realities and their expectations

This study provides insights into preceptors' awareness and involvement in clinics' training, and perspectives on training expectations. Although the clinic's orientation process improved from 2022 to 2023, only 29.2% familiarized themselves with the online course, and 15.3% actively participated. Low participation may be attributed to the online course's focus on new employees. A similar trend is observed in external training programs, with 52.9% unaware of preceptor training programs within VARHA, and only 1.4% participating. This suggests that barriers may hinder full participation, limiting the clinic's ability to capitalize on the existing resources. The existing training opportunities do not attract sufficient interest. Whether this is due to a lack of awareness, disinterest, or a shortage of resources allocated from the unit is unknown based on the study's findings.

There was favorable finding on awareness and familiarity with the supportive instruments, with a significant percentage of preceptors confirming the presence of orientation plan guidelines for both students (88.9%) and new employees (87.5%) in their unit implying that while training programs may not be well-known, foundational structures and orientation plans are better recognized.

Foremost, a significant concern revolves around the training provided to the preceptors. The majority of participants expressed dissatisfaction with the lack of training for their role as preceptors, which is also recognized by the clinical nursing expert (Riikonen, 2023) as she mentioned that there is currently no systematic training for preceptors available. 75% of

respondents either strongly disagreed or expressed some degree of disagreement regarding the adequacy of their training demonstrating the lack of sufficient training for preceptors, correlating with findings from Tuomikoski et al. (2018). This raises concerns about the preparedness of preceptors and their ability to effectively fulfill their responsibilities, as well as the quality of orienting and support that preceptees receive. Addressing this issue is crucial, as inadequate training may hinder the quality of the orientation process and the development of preceptees (Mamchur & Myric, 2003).

One of the concerns arising from the data is the limited assessment of preceptor competence. A significant 91.5% of respondents reported that their competence had not undergone assessment, leaving a vast majority without a formal appraisal of their ability to precept. The study's open-ended responses suggest a need to specify the criteria for preceptor qualifications. Some respondents pointed out that individuals undergoing orientation are also tasked with orienting others which is unsustainable. According to Pohjamies et al. (2022) when choosing a preceptor, competence should always be placed ahead of availability.

Corresponding with other studies (Dorgham et al., 2022; Stone & Rowels 2002; Yonge et al., 2008) our survey findings reveal a strong desire for training among preceptors, with 83.3% expressing a wish for training to enhance their preceptorship roles. Participants acknowledged the importance of preceptors having significant experience and a diverse range of expertise. Some respondents also highlighted that “not all employees are suited to be orienters” which is also acknowledged by Vuotilainen et al. (2019) who points out that preceptors need to be appropriate both personally and professionally. Proper training, combined with suitable personal traits, is considered essential for maintaining consistency in the orientation processes.

Significant 91,6% of participants reported not repeatedly attending training sessions supporting orientation and 77.8% of preceptors feel that training should be continuous or recurring, indicating the need for ongoing skill development. This aligns with the recurring findings in several previous studies (Danielsson et al., 2009; Hilli & Melender, 2015a, Hilli & Melender, 2015b, Pohjamies et al., 2022; Pramila-Savukoski et al., 2019; Tuomikoski, 2018; Tuomikoski. et al., 2019b; Vuotilainen, et al., 2019), which underscore the significance of regularly updating preceptor training programs as a pivotal component of preceptor development. It is crucial for organizations to prioritize the provision of continuous professional development to preceptors, ensuring they stay current and proficient in their roles.

A positive aspect of the findings is the willingness demonstrated by the respondents in this study to provide orientation to both students (72,2%) and new employees (82%). Furthermore, despite the preceptor training challenges and perception of inadequate support, more than half of the participants (54,2%) believed they had sufficient guidance skills, which might suggest an inherent confidence in their capabilities or previous experiences. Notably, this aligns with the findings of Pohjamies et al. (2022), suggesting that personal eagerness to guide new employees and motivation for current work are significantly linked to orientation competence.

Preceptors may encounter difficult scenarios, which were also noticed by the respondents. The lack of knowledge and training on managing challenging precepting situations and assessing competence is a notable concern among preceptors which is compliant with previous studies (Durkin et al., 2022; Luhanga et al., 2008; Phillips, 2006; Speers et al., 2004; Voutilainen et al., 2019) Therefore preceptors must be equipped with the skills and knowledge on communication to handle orientation effectively. Providing resources and training in these areas is essential.

In preceptors' responses, the need for training was evident, although the specific type of training preceptors prefer was not clearly defined. Whether there is a preference for online courses, or in-person training only came up in the context of the ongoing need for knowledge updates and education. In line with Luhanga et al. (2010b) findings emphasizing the significance of printed manuals, our study similarly identified a demand for the development of instructional materials specifically for preceptors with clear plans, well-defined criteria, and systematic orientation procedures. This need for structured support aligns with the observations made by Høium and Tørris (2018), who have also noted that preceptors consistently articulate a preference for standardized guidelines. Furthermore, preceptors are requesting improvements in orientation programs and collaboration between clinic units, emphasizing the importance of involving experienced staff in decision-making processes, a proposal that receives support from the study by Hilli & Melender (2015b).

Due to the absence of recommendations and dedicated training programs for preceptors, it appears that preceptor training is not prioritized. Instead, the emphasis seems to be on viewing precepting as an obligation or a mandatory component of the job description. While mandatory precepting may ensure that individuals take on the responsibility, the question arises as to whether this approach is conducive to creating the most positive and enriching learning

environments. A good guideline for implementing training could be to follow the NMC (2008) requirements, which involve ten days of learning programs including continuous maintain and development of knowledge, skills, and competence. Adequate preceptor training is not just about fulfilling a duty but also about equipping preceptors with the skills, knowledge, and tools needed to be effective preceptors and educators. It involves understanding the dynamics of adult learning and feedback mechanisms (Durkin et al., 2022), effective communication (Phillips, 2006; Younge et al., 2008), and fostering a supportive learning environment (Richard & Bowles, 2012).

Given the challenges faced in healthcare settings, such as nursing shortages and limited resources, it is valuable for organizations to recognize that investing in preceptor training to achieve effective orientation is beneficial not only for individuals but also for the organization. Good orientation is connected to many advantages; including better patient care (Cotter & Dienemann, 2016; Lee et al., 2009), patient safety (Chen & Lou, 2014), and higher retention (Brook et al., 2019; Lee et al., 2009; Chen & Lou, 2014), which can reduce personnel costs due to decreased need for recruitment (Lee et al., 2009; Chen & Lou, 2014).

7.3 Strengths and weaknesses of the study

This research faced certain limitations and strengths in its methodology and execution. Firstly, a specific instrument aligned with the study's objectives was absent, leading to the development of a new questionnaire. The questions for the questionnaire were derived from previous research and the study aim. To heighten the reliability of the instrument, it was worked on by the authors, the clinic expert, and the supervisors of this thesis. To verify the instrument's content validity and reliability the instrument was pretested and evaluated by objective individuals not involved in the research. Despite thorough testing and development of the questionnaire, one respondent noted in an open-ended question that the background questions were unclear. This feedback raises the possibility that other participants may have shared similar concerns, even though only one explicitly voiced them.

A strength of the study' lies in the questionnaire design, which incorporates both closed and open-ended questions. This dual approach enhances the depth of the findings. Notably, the substantial engagement with open-ended questions by over half of the respondents contributes richness to the study's insights. A notable strength is the inclusion of all clinics' healthcare

personnel, ensuring a representative sample. The utilization of a common hyperlink for participant-maintained anonymity, safeguarding the integrity of responses. However, a limitation lies in the low participation level (21%), despite efforts to enhance response rates. Consequently, generalizing findings should be done with caution, as they are confined to the personnel of a specific clinic within a single hospital.

The 21% participation rate is a crucial factor in this study. While this rate indicates the level of engagement among the clinic's healthcare personnel, it also implies that the findings might not comprehensively represent the perspectives of the entire staff. It is essential to consider this aspect when interpreting the results, as it might reflect certain biases or non-response issues which could impact the generalizability of the findings. However, it is essential to acknowledge that a lower response rate does not inherently undermine the validity of the study's findings; rather, it necessitates a careful consideration in the extent to which the results are generalized.

In this study, it is important to acknowledge that one of the authors has worked in the DPAM, Neonatal Intensive Care Unit (NICU) for several years. This association potentially had a positive influence on the response rate within this specific department, which is evident from the notably high response rate of 54% in intensive care units. While having someone with this kind of background could bring a depth of understanding and insight it can also pose a challenge in maintaining objectivity in the interpretation of results. However, the involvement of another author in the study serves as a mitigating factor to this phenomenon. Consequently, this aspect is not a limitation but rather underscores the value of a collaborative and diverse study team, enhancing the study's credibility and the validity of its findings.

Therefore, a strength in our study is that there have been two authors, making it possible to challenge predispositions and provide diversity of perspectives, skills, and expertise. Given the diverse backgrounds, knowledge, and approaches of the authors, complementing each other becomes possible, thereby enhancing the overall quality of the study. This diversity contributes to a more comprehensive understanding of the subject and reduces the risk of bias. Additionally, collaboration between two authors allows for efficient division of tasks, shared workload, and increased creativity in problem-solving.

7.4 Recommendations for future practices and research

Based on the study results, the clinic's training and support for preceptors stands for development through constructive recommendations. Supervisors are encouraged to actively engage with and support preceptors, implementing regular check-ins, and feedback sessions and fostering a collaborative environment. To optimize precepting duties, specific time allocation is advised, ensuring preceptors have ample time for effective orientation without compromising other responsibilities and guaranteeing quality training and support for both preceptors and preceptees. Supervisors could prioritize a balanced workload and equitable distribution of precepting tasks to prevent burnout and promote fairness. Consideration of compensation or rewards, such as financial bonuses or professional development opportunities, can further motivate and acknowledge preceptors.

Regarding training development, the study's results suggest that organizations can improve preceptor training by making existing courses more accessible, setting up regular training programs to maintain competence, creating comprehensive materials that suit preceptors' diverse needs, and encouraging ongoing professional development. Given the concerns about managing challenging precepting situations, it is important to provide preceptors with resources and training in areas such as communication, conflict resolution, and competence assessment. Clear and consistent orientation plans, coupled with systematic training programs, can enhance the competence and confidence of preceptors. Developing preceptor training and updating orientation programs, including experienced employees in decision-making processes, and fostering open communication channels are integral steps toward ensuring the preceptor's well-being and effectiveness.

7.5 Ethical considerations

Throughout the research process, we upheld ethical considerations, adhering to the EU General Data Protection Regulation (2016). According to the Finnish national board of research integrity (Tenk) there was no requirement to obtain a permit from the ethics board. A research permit for VARHA was applied for in June 2023 and accepted in August 2023.

Participants were thoroughly informed about the survey's purpose and the intended use of the data on the prearranged presentations at the participating units by the authors. Also, a comprehensive overview of the study's significance, goals, and methodology was provided in

a cover letter. The right to voluntary participation was emphasized in the presentations and the cover letter. The anonymity of the participants was upheld throughout the study.

The Webropol survey was set up so that a shared hyperlink was used by all participants, ensuring that individual responses could not be traced back. Personal details were not collected in the survey, only indirect background information was gathered. Consent to participate was asked as the first question on the questionnaire, and this was the only mandatory question. By proceeding to the questionnaire via the provided hyperlink and giving consent was seen as permission to use the participant's answers according to the research aim.

The collected data from the survey was stored on Webropol. The data was stored securely with restricted access only to the authors. The measures taken were to ensure the confidentiality and integrity of the data. The data collected was used only for this research, after grading it will be destroyed.

8 Conclusion

This study focused on the precepting system, a key tool for orientation of a student or a new employee uncovering both its strong points and areas needing improvement. The findings reveal that preceptors view their role as important, beneficial, and an opportunity for learning. Currently, the preceptor system seems to be functional, likely to the dedication of the preceptors and the existence of the orientation plans. Key areas of concern include the lack of training sessions, diminished supervisor support, and insufficient time allocation for effective precepting. Our goal was not just about new findings; it was also about assessing the current practices and an opportunity to fortify the understanding of the support and training desired by preceptors. Addressing the identified gaps can ensure a more effective, supportive, and rewarding precepting experience for all involved, ensuring that students and new clinic employees receive the best orientation possible.

With the global decrease of nurses' and mounting healthcare demands due to an ageing populace, organizations are struggling with a shortage of healthcare personnel leading to nurses experiencing a significant increase in workload. By investing in preceptors' organizations can ensure new healthcare professionals are well-integrated and committed. Therefore it is critical for supervisors to adjust the workload for preceptors, aiming to alleviate long-term stress. Ensuring that preceptors have enough time enables them to instruct, guide, and provide

feedback without compromising the quality of nursing care and patient safety. A good working environment with adequate and well implemented preceptorship can function as a competitive advantage.

Further research could investigate the following aspects: what kind of training preceptors are actively seeking and why many are not engaging in the existing programs. In-depth exploration into these concerns could reveal potential barriers such as resource issues, issues in flow of information, motivational challenges, or hidden obstacles. As time allocation was the biggest singular theme on supportive measures, studying the ideal time required for effective precepting and correlating this with preceptee outcomes can offer insights into optimizing time allocation. Furthermore, a nuanced exploration into the reasons supervisors might not be fully engaged or supportive could reveal outdated management methods that need revision or underlying organizational and resource-related challenges affecting the level of support and engagement.

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As part of a degree thesis, employees were prompted to complete a survey, incurring minimal costs to the organization due to the time spent on this task. Nevertheless, given the brevity typical of such surveys, the costs were deemed negligible.

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Appendix A- Questionnaire in English

1 PAGE

Survey on Healthcare Personnel: Their Support and Training as Mentors

Dear Participant,

We assure you that all responses and information provided in this study will remain completely anonymous. Each participant receives the same survey link, making it impossible to trace individual responses back to you. Your participation in this research means that your answers cannot be connected to your identity. Your responses will solely be used for the purpose of conducting this study, and once the research is concluded, all collected data will be securely deleted.

Participation in this study is entirely voluntary, and choosing not to participate or discontinuing your involvement will have no impact on you.

We extend our sincere gratitude in advance for your participation and for your valuable contribution to this research.

Sincerely,

Martiina Lifländer and Sofia Ylinen

"By answering YES and proceeding with the survey, you consent to becoming a voluntary research participant and grant permission to use your responses as part of our thesis."

2 PAGE

SECTION I – BACKGROUND INFORMATION

Please answer the following questions on your background regarding your current employer, and workplace.

AGE

EDUCATION

- Practical Nurse/Child Care Worker/Basic Nurse
- Registered Nurse/Midwife/Public Health Nurse/Paramedic
- Other

WORK EXPERIENCE AFTER GRADUATION

- 0-3 months
- 4-6 months
- 7-12 months
- 1 - 5 years
- 6 - 10 years
- over 10 years

WORK EXPERIENCE ON THE CURRENT UNIT

- 0-3 months
- 4-6 months
- 7-12 months
- 1-5 years
- 6-10 years
- over 10 years"

EMPLOYMENT RELATIONSHIP

- Fixed Term
- Permanent

THE UNIT IN WHICH YOU WORK

- Outpatient clinic
- Inpatient unit
- Emergency
- Intensive care unit
- Standby staff

PAGE 3

DO YOU SERVE AS THE STUDENT COORDINATOR IN YOUR UNIT

- Yes
- No

HAVE YOU ACTED AS A DESIGNATED PRECEPTOR FOR A STUDENT

- Never
- Less than 5 times
- 6-15 times
- 16-25 times
- Over 25 times

HAVE YOU ACTED AS A DESIGNATED PRECEPTOR FOR A NEW EMPLOYEE

- Never
- Less than 5 times
- 5-15 times
- 16-25 times
- Over 25 times

I HAVE TORIENTED A NEW EMPLOYEE OR STUDENT EVEN THOUGH I HAVEN'T BEEN DESIGNATED AS A PRECEPTOR

- Yes
- No

DO YOU ACT AS A PRECEPTOR FOR STUDENTS OR NEW EMPLOYEES

- Weekly
- Monthly
- A few times a year

THE LAST TIME I MENTORED WAS A PRECEPTOR FOR A STUDENT OR NEW EMPLOYEE WAS

- Within a week
- Within a month
- Within the last 6 months
- Over 6 months ago

PAGE 4

ARE YOU AWARE OF TRAININGS ORGANIZED FOR STUDENT- OR NEW EMPLOYEE ORIENTATION AT YOUR CLINIC?

- Yes
- No

FROM WHOM/WHERE HAVE YOU RECEIVED INFORMATION ABOUT THE PREVIOUS TRAININGS AT YOUR CLINIC? (YOU CAN CHOOSE MULTIPLE OPTIONS)

- Workplace intranet
- From the supervisor
- From a colleague
- Work email
- I am not aware of any training

HAVE YOU PARTICIPATED IN THE TRAININGS ORGANIZED BY THE CLINIC REGARDING STUDENT- OR NEW EMPLOYEE ORIENTATION?

- Yes
- No

ARE YOU AWARE OF THE PRECEPTOR TRAININGS ORGANIZED IN VARHA?

- Yes
- No

HAVE YOU PARTICIPATED IN THE PRECEPTOR TRAINING SESSIONS ORGANIZED IN VARHA?

- Yes
- No

HAVE YOU HEARD OF THE FOLLOWING TRAININGS ORGANIZED BY YOUR EMPLOYER? (SELECT ALL THAT APPLY)

- Orientation for new student coordinators
- Basics of student guidance online
- Start Up (2 credits)
- Skills Up (2 credits)
- Mentor instructor training
- I haven't heard of any of training

PAGE 5

IN OUR UNIT, THERE ARE GUIDELINES FOR ACTING AS A PRECEPTOR

- Yes
- No

IN OUR UNIT, THERE IS AN ORIENTATION PLAN FOR STUDENTS

- Yes
- No

ARE YOU AWARE OF THE CONTENT OF THE STUDENT ORIENTATION PLAN IN YOUR UNIT?

- Yes
- No

IN OUR UNIT, THERE IS AN ORIENTATION PLAN FOR NEW EMPLOYEES.

- Yes
- No

ARE YOU AWARE OF THE CONTENT OF THE NEW EMPLOYEE ORIENTATION PLAN IN YOUR UNIT?

- Yes
- No

ARE YOU AWARE OF THE JOINT ORIENTATION FOR NEW EMPLOYEES AT THE CLINIC (ONLINE COURSE + ON-SITE DAY)?

- Yes
- No

HAVE YOU FAMILIARIZED YOURSELF WITH THE JOINT ORIENTATION ONLINE COURSE?

- Yes
- No

HAS YOUR COMPETENCE AS A PRECEPTOR BEEN ASSESSED?

- Yes
- No

SECTION II – PRECEPTOR'S ATTITUDES AND BEHAVIOR

How well do the following statements describe you as a preceptor for new employees or students?

Please respond to the following questions considering your current employer and workplace.

Choose the option that best represents your opinions:

Completely disagree – Disagree to some extent - I don't know – Agree to some extent - Completely agree

- I am willing to precept students.**

- I am willing to precept new employees.**

- I find precepting to be motivating.**

- I consider precepting to be an important part of my work.**

- I benefit from precepting myself.**

- I learn new things myself through precepting.**

- I find precepting time-consuming.**

- I find precepting exhausting.**

- I feel that precepting is evenly distributed in my unit.**

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SECTION III - PRECEPTOR'S EXPERIENCE OF SUPPORT AND TRAINING

How well do the following statements describe you as a preceptor for new employees or students?

Please respond to the following questions considering your current employer and workplace.

Choose the option that best represents your opinions.

Completely disagree – Disagree to some extent - I don't know – Agree to some extent - Completely agree

- **I have received sufficient training for acting as a preceptor.**

- **I have repeatedly attended training sessions that support precepting.**

- **I have received sufficient support from colleagues as a preceptor.**

- **I have received sufficient support from my supervisor as a preceptor.**

- **The supervisor is interested in the progress of the orientation process.**

- **I have been asked about my willingness to precept.**

- **Sufficient time has been allocated to me for precepting.**

- **The orientation plan supports me as a preceptor.**

- **Do you feel that you have sufficient precepting skills.**

- **I have received information on how to assess a student's or new employee's competence.**

- **I have received information on how to handle challenging precepting situations.**

I HAVE RECEIVED SEPARATE COMPENSATION/REWARD FOR PRECEPTING.

- Yes
- No

SECTION IV - HOW COULD MENTOR SUPPORT AND TRAINING BE IMPROVED?

How well do the following statements describe you as a preceptor for new employees or students?

Please respond to the following questions considering your current employer and workplace.

Choose the option that best represents your opinions.

Completely disagree – Disagree to some extent - I don't know – Agree to some extent - Completely agree

- **I would like more support from my supervisor.**
- **I would like more support from colleagues.**
- **I would like training to support my role as a preceptor.**
- **Training should be ongoing/recurring.**
- **I would like allocated time for precepting.**
- **As a preceptor, I would be motivated by rewards**

PAGE 9

- **DESCRIBE IN YOUR OWN WORDS WHAT WOULD BE THE BEST POSSIBLE SUPPORT FOR PRECEPTOR WHEN ORIENTING STUDENTS AND NEW EMPLOYEES?**

- **OPEN FOR DISCUSSION.**

Appendix B - Webropol questionnaire in Finnish




Kyselytutkimus - hoitohenkilökunnalle heidän saamastaan tuesta ja koulutuksesta perehdyttäjinä

Arvoisa osallistuja,

Tutkimuksen kaikki vastaukset ja osallistujien antamat tiedot käsitellään täysin anonymieina. Kaikille osallistujille jaetaan sama linkki kyselyyn eli yksittäisiä vastauksia ei pystytä jäljentämään. Tämä tarkoittaa, että vastauksianne ei voida yhdistää Teihin. Vastauksia ei myöskään tulla käyttämään mihinkään muuhun tarkoitukseen kuin tämän tutkimuksen toteuttamiseen. Tutkimuksen valmistuttua kerätyt tiedot hävitetään. Osallistuminen tutkimukseen on täysin vapaaehtoista, eikä osallistumatta jättäminen tai keskeyttäminen vaikuta Teihin millään tavoin.

Suuret kiitokset jo etukäteen osallistumisestanne ja arvokkaasta panoksestanne tähän tutkimukseen.

Martiina Lifländer ja Sofia Ylinen

 Pakolliset kysymykset merkitty tähdellä (*)

Vastaamalla KYLLÄ ja jatkamalla kyselyyn suostutte vapaaehtoiseksi tutkimushenkilöksi ja annatte luvan käyttää vastauksianne osana lopputyötämme.

KYLLÄ

Seuraava

1 / 9

OSIO I - TAUSTATIEDOT

Vastaa seuraaviin kysymyksiin taustastasi, nykyistä työnantajaa ja toimipaikkaa ajatellen

Ikä *

Koulutus

- Lähinhoitaja/lastenhoitaja/perushoitaja
- Sairaanhoidtaja/kättilö/terveydenhoitaja/ensihoitaja
- Muu

Työkokemus valmistumisen jälkeen

- 0-3kk
- 4-6kk
- 7-12kk
- 1 - 5 vuotta
- 6 - 10 vuotta
- yli 10 vuotta

Työkokemus nykyisellä osastolla

- 0-3kk
- 4-6kk
- 7-12 kk
- 1-5 vuotta
- 6-10 vuotta
- yli 10 vuotta

Onko palvelusuhteesi

- Määräaikainen
- Vakituinen

Toimiala, missä työskentelet

- Poliklinikka
- Vuodeosasto
- Päivystys
- Teho-osasto
- Varahenkilöstö

Edellinen

Seuraava

Toimitko omassa yksikössäsi opiskelijavastaavana

- Kyllä
- En

Oletko toiminut opiskelijan nimettynä perehdyttäjänä

- En ollenkaan
- alle 5 kertaa
- 6-15 kertaa
- 16-25 kertaa
- yli 25 kertaa

Oletko toiminut uuden työntekijän nimettynä perehdyttäjänä

- En ollenkaan
- alle 5 kertaa
- 5-15 kertaa
- 16-25 kertaa
- yli 25 kertaa

Olen perehdyttänyt uutta työntekijää tai opiskelijaa vaikka en ole nimetty perehdyttäjä

- Kyllä
- Ei

Toimitko perehdyttäjänä opiskelijalle tai uudelle työntekijälle

- Viikoittain
- Kuukausittain
- Muutaman kerran vuodessa

Edellisen kerran olen perehdyttänyt opiskelijaa tai uutta työntekijää

- Viikon sisällä
- Kuukauden sisällä
- Viimeisten 6kk sisällä
- Yli 6kk sitten

Edellinen

Seuraava

Oletko tietoinen opiskelijan ohjaukseen tai uuden työntekijän perehdyttämiseen järjestettävistä koulutuksista klinikallasi

- Kyllä
 En

**Mistä/keneltä olet saanut tietoa järjestettävistä koulutuksista klinikallasi?
(voit valita useamman vaihtoehdon)**

- Työpaikan intra
 Esimieheltä
 Kolleegalta
 Sähköpostissa
 En ole tietoinen koulutuksista

Oletko osallistunut klinikan järjestämiin koulutuksiin koskien opiskelijan ohjausta tai uuden työntekijän perehdyttämistä

- Kyllä
 En

Oletko tietoinen VARHA:ssa järjestettävistä perehdyttäjä koulutuksista

- Kyllä
 En

Oletko osallistunut VARHA:ssa järjestettäviin perehdyttäjä koulutuksiin

- Kyllä
 En

Oletko kuullut seuraavista työnantajasi tarjoamista koulutuksista (valitse kaikki sopivat vaihtoehdot)

- Uuden opiskelijavastaavan perehdytys
 Opiskelijaohjauksen perusteet verkkokurssi
 Start Up (2op)
 Skills Up (2op)
 Mentor-ohjaajakoulutus
 En ole kuullut mistään koulutuksista

Edellinen

Seuraava

Yksikössämme on ohje perehdyttäjänä toimimiseen

- Kyllä
 Ei

Yksikössämme on perehdytysuunnitelma opiskelijoille

- Kyllä
 Ei

Oletko tietoinen yksikön opiskelijaperehdytys suunnitelman sisällöstä

- Kyllä
 En

Yksikössämme on perehdytysuunnitelma uusille työntekijöille

- Kyllä
 Ei

Oletko tietoinen yksikön uuden työntekijän perehdytysuunnitelman sisällöstä

- Kyllä
 En

Oletko tietoinen lasten ja nuorten klinikan uusien työntekijöiden yhteisperehdytyksestä (verkkokurssi + lähipäivä)?

- Kyllä
 En

Oletko tutustunut yhteisperehdytyksen verkkokurssiin?

- Kyllä
 En

Onko osaamistasi perehdyttäjänä arvioitu?

- Kyllä
 Ei

Edellinen

Seuraava

OSIO II - PEREHDYTTÄJÄN ASEENTEET JA KÄYTTÄYTYMINEN

Miten hyvin seuraavat väittämät kuvaavat sinua uuden työntekijän tai opiskelijan perehdyttäjänä?

Vastaa seuraaviin kysymyksiin nykyistä työnantajaa ja toimipaikkaa ajatellen

Valitse mielipiteitänne parhaiten kuvaava vaihtoehto

	Täysin eri mieltä	Jokseenkin eri mieltä	En osaa sanoa	Jokseenkin samaa mieltä	Täysin samaa mieltä
Perehdytän mielelläni opiskelijoita	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perehdytän mielelläni uusia työntekijöitä	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perehdyttäminen on mielestäni motivoivaa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perehdyttäminen on mielestäni tärkeä osa työtäni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hyödyn itse perehdyttämisestä	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opin itse uutta perehdyttämisen kautta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Koen perehdyttämisen aikaa vievänä	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Koen perehdyttämisen uuvuttavana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Koen, että perehdyttäminen jakautuu yksikössäni tasaisesti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Edellinen

Seuraava

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III OSIO - PEREHDYTTÄJÄN KOKEMUS TUESTA JA KOULUTUKSESTA

Miten hyvin seuraavat väittämät kuvaavat sinua uuden työntekijän tai opiskelijan perehdyttäjänä?

Vastaa seuraaviin kysymyksiin nykyistä työnantajaa ja toimipaikkaa ajatellen

Valitse mielipiteitänne parhaiten kuvaava vaihtoehto

	Täysin eri mieltä	Jokseenkin eri mieltä	En osaa sanoa	Jokseenkin samaa mieltä	Täysin samaa mieltä
Olen saanut riittävästi koulutusta perehdyttäjänä toimimiseen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Olen osallistunut toistuvasti perehdytystä tukeviin koulutuksiin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Olen saanut riittävästi tukea perehdyttäjänä kollegoilta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Olen saanut riittävästi tukea perehdyttäjänä esihenkilöltä	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Esihenkilö on kiinnostunut perehdytyksen kulusta ja sujumisesta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minulta on kysytty halukkuutta perehdyttämiseen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minulle on varattu riittävästi aikaa perehdyttämiseen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perehdytysuunnitelma tukee minua perehdyttäjänä	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Koetko omaavasi riittävät ohjaustaidot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Olen saanut tietoa miten arvioida opiskelijan tai uuden työntekijän osaamista	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Olen saanut tietoa haastavien ohjaustilanteiden kohtaamiseen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Olen saanut erillisen korvauksen/palkkion perehdyttämisestä

Kyllä

Ei

Jos olet saanut korvausta perehdyttämisestä, mitä olet saanut?

IV OSIO - MITEN PEREHDYTTÄJÄN TUKESTA JA KOULUTUSTA VOITAIIN KEHITTÄÄ?

Miten hyvin seuraavat väittämät kuvaavat sinua uuden työntekijän tai opiskelijan perehdyttäjänä?

Vastaa seuraaviin kysymyksiin nykyistä työnantajaa ja toimipaikkaa ajatellen

Valitse mielipiteitänne parhaiten kuvaava vaihtoehto

	Täysin eri mieltä	Melko eri mieltä	En osaa sanoa	Melko samaa mieltä	Täysin samaa mieltä
Haluaisin enemmän tukea esimieheltä	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Haluaisin enemmän tukea kollegoilta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Haluaisin koulutusta perehdyttäjänä toimimisen tueksi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Koulutuksen pitäisi olla säännöllinen/toistuva	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Haluaisin kohdennettua aikaa perehdyttämiseen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perehdyttäjänä minua motivoisi palkitseminen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Edellinen

Seuraava

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Kuvaile omissanoissu mikä olisi paras mahdollinen tuki perehdyttäjälle hänen ohjatessaan opiskelijoita ja perehdyttäessään uusia työntekijöitä?

Sana on vapaa

Edellinen

Lähetä

9 / 9



Kiitos osallistumisesta!



Kysely luotu Webropolilla

[Klikkaa tästä](#) ja lue lisää

Appendix C – Research permit



ALLEKIRJOITETTU TUTKIMUSASIAKIRJA SIGNED RESEARCH DOCUMENT SIGNERAD FORSKNINGSDOKUMENT

Tutkimusasiakirja on allekirjoitettu liitteineen twoday X-Sign -palvelussa. Prosessin tunnus on 55681faf-2eb3-48eb-95be-87601a831fd8.

Research document is signed with attachments in the twoday X-Sign service. The process ID is 55681faf-2eb3-48eb-95be-87601a831fd8.

Uppsats är signerad med bilagor i tjänsten twoday X-Sign. Process-ID är 55681faf-2eb3-48eb-95be-87601a831fd8.

Allekirjoitukset/Signatures/Signaturer

Allekirjoittaja/
Signer/
Undertecknare TERHO JOHANNES HEIKKINEN

Allekirjoitusaika/
Signing time/
Signeringstid 03.08.2023 15:14

Allekirjoittaja/
Signer/
Undertecknare OUTI ANNELI TUOMINEN

Allekirjoitusaika/
Signing time/
Signeringstid 09.08.2023 15:25

Allekirjoitetut asiakirjat/Signed documents/Undertecknade dokument

Asiakirja/
Document/
Dokument T1279_2023 Tutkimuslupa 187951.pdf

Appendix D – Cover letter

Dear recipient,

We are master's degree students, studying Nordic healthcare management at Arcada University of Applied Sciences. We are now seeking to involve the nursing staff working at TYKS Children's and Adolescents' Clinic, who have served as preceptors.

Participation in the study is welcomed for individuals who have served as a preceptor for new employees or students, whether as an officially designated preceptor or filling in for an assigned preceptor's absence on a temporary basis, even for a single day. If you are interested in participating, please review the announcement below. Participation is entirely voluntary.

While previous studies in Finland often emphasize the experiences of those being precepted, the perspective and well-being of preceptors have received less attention. It is known, however, that high-quality orientation enhances job satisfaction, reduces employee turnover, and increases patient safety. Therefore, it is of utmost importance to effectively support and educate preceptors. Due to the above-mentioned factors, adequate support and training for preceptors is crucial.

In this study, we aim to understand the emotional response that orientation elicits, how nursing staff have been supported and trained in precepting, and what additional support they may need. We hope that the results obtained will help improve the training and support of preceptors in the future.

The master's thesis is based on a quantitative research method and uses a survey questionnaire as the data collection method. Participants are invited to respond to the survey on Webropol between October 1 and 15, 2023.

Link to the survey: <https://link.webropol-surveys.com/S/EA81BCA5C3XXXXXX>

By responding to the survey, participants give their consent for the use of their responses for research purposes. Participants are anonymous, and their identities cannot be determined from the results. Participants have the right to skip questions and withdraw from participation at any time. The collected data will only be accessible to the researchers. The data will be stored until the completion of the thesis, and after that, it will be disposed of. The thesis is expected to be completed in early 2024.

We hope for a high level of participation. If you have any questions, please contact the individuals responsible for the research. Contact information can be found below.

Sincerely,

Martiina Lifländer and Sofia Ylinen

Master's students, Leadership for Nordic Healthcare, Arcada University of Applied Sciences.

Sofia Ylinen Email: ylinenso@arcada.fi Phone: +358445XXXXXX

Martiina Lifländer Email: martiina.liflander@gmail.com Phone: +358405XXXXXX

Link to the survey: <https://link.webropol-surveys.com/S/EA81BCA5C3XXXXXX>

Appendix E- Advertisement for research units



Äänesi on tärkeä!

Toimitko perehdyttäjänä Turun yliopistollisen keskussairaalan lasten- ja nuorten klinikalla?

Osallistu tutkimukseemme perehdyttäjien saamasta tuesta ja koulutuksesta. Arvostamme näkemystäsi sekä asiantuntemustasi ja haluamme kuulla juuri sinun kokemuksistasi!

**Webropol kysely on auki
1.10-15.10.2023**

Lisätietoa ja linkki kyselyyn löytyy sähköpostistasi



ARCADA

Martiina Lifländer & Sofia Ylinen