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Nursing Preceptors' Need for a Supportive Intervention
Program in a Group Setting and Their Commitment to
the Preceptor Role

Long Abstract

Phd Thesis in Sociology

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ABSTRACT

This study dealt with the development of a model of a supportive intervention program for nursing preceptors, providing a response to the support needs of preceptors that is associated with their commitment to the preceptor role. Preceptors are the most significant and important figures in the training of students in the clinical fields as nursing graduates and there is a consensus that the preceptor role is a challenging, complex and demanding role from many aspects. In the current decade there is a considerable need to increase the number of preceptors due to the demand to increase the number of nursing students. At the same time, there is still a discrepancy between the number of preceptors who complete the training course for this role and the number of preceptors who occupy the preceptor role in practice. In light of this, it is essential to support the preceptors. The research literature indeed discusses the support of preceptors at length, however preceptors also seek a different type of support. They seek ongoing support in which they can communicate with other preceptors and support each other. This type of intervention, which provides a supportive response associated with commitment to the preceptor role, has not been sufficiently investigated in the literature.

The study is of the sequential exploratory MM type and it is an action research. In the qualitative stage, 16 interviews were conducted with preceptors to examine their supportive needs in a group setting. The findings of these interviews constituted the basis for constructing the intervention program. Furthermore, two focus groups of preceptors were held, and these evaluated the intervention program based on participation in it. Based on the qualitative findings, a closed questionnaire unique for this study was constructed, where the primary goal was to examine the association between the preceptors' need for a supportive intervention program in a group setting and their commitment to the preceptor role. Also examined were two hypotheses dealing with preceptors' need for the intervention program with regard to gender differences and seniority levels within the population of preceptors.

The preceptors reported a need for professional development as well as for social support in a group setting. These needs were found associated with the preceptors' commitment to their role. Such needs were less reported by male preceptors and those at the extremities of the seniority range reported a higher need for this type of support. The intervention program that emerged from this study includes components that are based on a response to needs identified and related to preceptors' commitment to their role.

The unique intervention model proposed in this study constitutes a contribution to theoretical knowledge in the field of group facilitation, the sociological theory of social support, as well as theories of organizational behavioral and human resources. In this way, the study filled the knowledge gap in these areas. The model is based on developing the practical knowledge of preceptors who participated in the group as a type of social support. This model can lead to advancing preceptors' commitment to fulfilling their role. It can also lead to a change in awareness among decision makers with regard to the possible type of support for preceptors.

Keywords: *Preceptor, Nursing, Commitment to the Preceptor Role, Intervention Program, Support Needs, Professional Development, Social Support, Group Facilitation.*

INTRODUCTION

The nursing profession is a complex and varied field encompassing many areas of occupation related to physical and mental health throughout the entire life span, from infancy to old age. In the 21st century, this profession strives to embrace some of the physician's roles, coinciding with the rapid changes in medical knowledge and technology (Shachaf, 2014). This endeavour and the status of nursing as a progressive and developing profession require that anyone wishing to engage in nursing participate in a suitable program of professional training. Nursing preceptors play a vital role in this program of professional training as part of the clinical studies of nursing students (Staykova, Huson & Pennington, 2013; Cloete & Jeggeles, 2014).

Preceptors are academic nurses who are part of the hospital staff and have received training in preceptorship authorizing them to train nursing students in the various clinical domains on behalf of institutions of higher education. Their role is described in the literature as challenging, complex and stressful (O'connor, 2015; Yonge, Hagler, Cox & Drefs, 2008). Although nurses are increasingly participating in preceptorship training courses, it appears that a significant percentage are not fully committed to maintaining the preceptor role (Hyrkas & Shoemaker, 2008; Rothstein, 2015). Moreover, in the current decade in Israel there is an essential need to increase the number of practicing preceptors as there is a national goal of raising the number of students in nursing training tracks (State of Israel, Ministry of Health, Nursing Division, 2018a). For these reasons, it is important to preserve the commitment of preceptors to the preceptor role, among other things by providing a response to their various needs with regard to their role as preceptors.

Studies in the literature deal with the needs of preceptors with regard to commitment to the preceptor role. Intrinsic benefits and rewards (reinforcement of skills, feedback, self esteem) have a greater impact on the commitment of preceptors to their role than do extrinsic rewards (Ben Natan, Qeadana & Egbaria, 2014; Viljoen, 2014). Support provided by various sources, from the direct nursing management to nursing schools, is also mentioned in the literature in the context of the commitment of preceptors to their role (Ben Natan et al., 2014). Preceptors who experience support have been found to exhibit more commitment to the preceptor role (Hyrkas & Shoemaker, 2008). Preceptors who do not feel that they receive support are less efficient in their

role and there is less of a chance that they will continue as preceptors (Yong et al., 2008). Various studies discuss the type of support that preceptors would like to receive. The most significant type of support for preceptors involves ongoing support. Ways of achieving ongoing support described in the literature do not sufficiently answer the intrinsic needs of preceptors (Alspach, 2008). Preceptors expect support that will enable them to share their experiences with each other (Bradshaw et al., 2011) and receive feedback and reinforcement of their skills as an intrinsic reward.

Indeed, Carlson (2013) recommended that the management of hospitals and of educational institutions should provide preceptors with ongoing support. This because in this way it is possible to create a regular learning environment that supports preceptors' work while discussing their professional experience. This type of support can be provided by a supportive intervention program in a group setting, a supportive intervention program based on the principles of group facilitation.

Gap in Knowledge

There is a shortage of literature describing models of supportive intervention programs in a group setting in the context of nursing preceptors and there is a dearth of studies on the congruence between support provided to preceptors in a group setting and their commitment as professionals to the role of preceptor.

Following the knowledge gaps in the literature on this subject, the study addresses the development of a supportive intervention program for preceptors that provides a response to needs associated with their commitment to the preceptor role.

Research Aims

The aims and research questions of this study are:

1. To identify the needs of nursing preceptors with regard to support in a group setting.
2. To examine the associations between nursing preceptors' need for support in a group setting in the form of an intervention program and their affective commitment to fulfil their role.

3. To develop an intervention program model for supporting nursing preceptors in a group setting.

Research Questions

1. What needs of nursing preceptors can be identified regarding support in a group setting?
2. What are the associations between nursing preceptors' need for support in a group setting in the form of an intervention program and their affective commitment to fulfilling their role?
3. What components might comprise an intervention program in a group setting that can cater to the preceptors' needs for support in association with their affective commitment to their preceptor role?

The study was conducted in Israel, from June 2016 to November 2017. The research paradigm chosen for the current study is sequential exploratory mixed methods. This due to the need to uncover the support needs of preceptors with regard to the group setting and the associations between these support needs and preceptors' commitment to the role, and to propose a model for an intervention program in accordance with the implementation of a program providing a response to these needs.

The research population included 259 practicing preceptors in seven of the eleven general government-run medical centres in southern, central, and northern Israel.

1. THE THEORETICAL FRAMEWORK OF THE STUDY

The study is based on the following main theories: Evaluating training program - Four-levels model (Kirkpatrick & Kirkpatrick, 2007; Kirkpatrick, 1994), Group stages of development (Tuckman & Jensen, 1997; Tuckman, 1965) within group facilitation. Organizational commitment (Meyer & Allen, 1991), Social support (Cutrona, 1990; House, 1981) and the “Two factors theory” (Herzberg, 1987; Herzberg, Mausner & Snyderman, 1959).

The following components of the conceptual framework were selected from among the major theories as suitable anchors for the current study: Intervention program (Dunst, Trivette & Thompson ,1991) in a group setting, Affective commitment (Meyer, Allen & Smith, 1993), Nursing preceptor (Lazarus, 2016; State of Israel. Ministry of Health, 2007), needs for support (Bradshaw et al., 2011), group setting (Forsyth & Elliott, 1999; Cutrona, 1990), Social support (Shumaker & Brownell, 1984), Professional development (Wenger, 2010; Borko, 2004), Evaluating intervention program (Cronbach et al., 1980). Figure 1 presents a visual model of the conceptual framework.

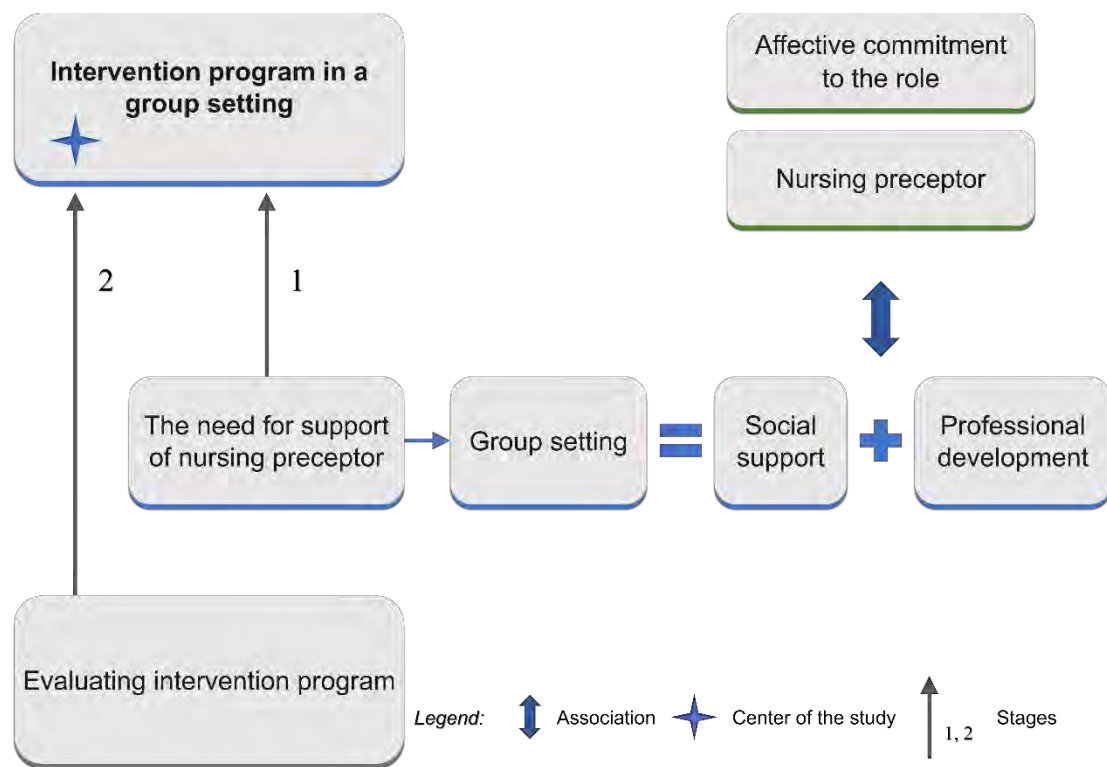


Figure 1. Visual model of the conceptual framework.

Figure 1 shows the components of the study's conceptual framework, to be detailed below.

Intervention program in a group setting:

Constitutes a systematic process of planning and evaluation with the purpose of correcting, preventing, or advancing a certain phenomenon (Dunst, Trivette & Thompson, 1991).

There is a clear connection between interventions and programs. A program is a group of strategies and thus of various types of interventions intended to achieve a certain goal (*Planning Implementing and Evaluating and Intervention*, n.d.). A program is built from among several planned interventions that occur or are proposed throughout a time period (Moore, Ochiltree, & Cann, 2001). The intervention program in the current study dealt with support for preceptors in a group setting.

Affective commitment is an affective relationship with the organization (Meyer and Allen, 1991). Employees with strong affective commitment remain affiliated with the organization as this is their desire (Meyer, Allen & Smith, 1993). Workers develop affective commitment to the organization according to the degree that the organization provides for their needs, answers their expectations, lets them to achieve their goals (Wallace, 1997). Commitment to the profession and to one's role can be understood based on different forms of organizational commitment (Meyer, Allen & Smith, 1993; Meyer, Stanley, Herscovitch & Topolnytsky, 2002). In this study, the term refers to preceptors' affective commitment to the preceptor role.

Nursing preceptor

Nursing preceptors are academic nurses who are part of the hospital staff and have received training in preceptorship and are employed in this role by institutions of higher education (State of Israel, Ministry of Health, 2007). They are defined as specialized tutors who provide students with practical training in the practice setting as part of the preceptorship program (Lazarus, 2016; Moyer & Wittmann-Price, 2008). Nursing preceptors are the subject of the current study.

Needs for support for nursing preceptors

There are different types of support (Viljoen, 2014) and there are various types of support for preceptors (Ben Natan et al., 2014). In the current study, the term refers to a different type of support than that mostly mentioned in the literature (Ben Natan et al., 2014). Preceptors seek to be provided with opportunities to share experiences, connect with other preceptors and obtain role support (Ohrling & Hallberg, 2000; User et al., 1999). Interaction between preceptors allows them to share experiences, support each other and improve practices related to the preceptor role (COUTH, 2001; Bradshaw et al., 2011), receive continuous feedback and recognition (Martensson et al., 2013). This is a type of support that must take place in a group setting.

Group setting

The group setting helps connect between people and thus keeps individuals from feeling lonely. It is an efficient source of social support, particularly in stressful or traumatic situations (Forsthy & Elliott, 1999). Social integration is a type of group setting that is relevant for the current study. All the group members are gathered around one shared field of interest (Cutrona, 1990), which is their coping with the preceptor role. Social integration constitutes one component of social support.

Social Support

This is support based on reciprocity. Reciprocity includes exchanging resources between at least two people. Exchanging resources between at least two people is perceived by the provider or by the recipient as aimed at improving the addressee's well-being (Shumaker & Brownell, 1984). In the current study, this term refers to the need for social support (House, 1981) between preceptors from different clinical fields in a group setting, as a way of exchanging professional resources.

Professional development

Professional development makes it possible to achieve a balance between the organization's needs and the individual's needs and is aimed at promoting knowledge, skills, and values (Borko, 2004).

Wenger (2010) emphasizes that professional development is social-cultural learning made possible by interaction between a group of people, shared fields of knowledge

and practices that people develop in order to be efficient in that field. In the current study the term refers to the professional development of nursing preceptors.

Evaluating intervention program

This means the systematic examination of events that occur within and as a result of an existing program, examination intended to help improve the applied program and other programs with similar goals (Cronbach et al., 1980). In the current study, the term refers to systematic examination of the intervention program in order to improve it and construct a suitable model (Kirkpatrick & Kirkpatrick, 2007).

In summary, the purpose of the study was to construct a model of an intervention program for preceptors that would provide a response to their needs associated with their affective commitment to the preceptor role and with regard to support in a group setting. For this reason, the intervention program is the core of the study. In order to determine the components of this type of program it is first essential to assess preceptors' needs with regard to support in a group setting (1); social support and professional development, and then to examine the associations between preceptors' need for support in a group setting in the form of an intervention program and their affective commitment to the preceptor role and to let the preceptors themselves evaluate the implementation of this program (2).

2. SUPPORTIVE INTERVENTION PROGRAM FOR NURSING PRECEPTORS IN THIS STUDY

The goals of the intervention program in this study were:

1. Personal and professional development of nursing preceptors through a supportive intervention in a group setting.
2. Development of affective commitment among nursing preceptors to fulfilling their role as preceptors

Objectives of the program:

The objectives of the intervention program in this study were:

1. To acquire tools for dealing with the needs and challenges of the preceptor's role

2. To enhance and improve instruction skills
3. To fortify the preceptor's professional confidence in the role of preceptor
4. To instil cognitive flexibility within the role through fertile and productive peer discourse.

The target population of the intervention program in this study was:

Fifteen practicing preceptors from different clinical fields at a medical centre in central Israel.

Setting of the program:

In a psychoeducational group such as that employed in the current study, which is aimed at combining content and process with the goal of integrating staff support and development, it is advisable to opt for weekly sessions over a period of six to twelve weeks, according to the group's needs and goal (Benson, 1992). The group in the current study was planned to meet for eight sessions, at a frequency of once a week, for two months. Weekly sessions maintain an impetus, arouse a sense of belonging and commitment, consistency and predictability (Benson, 1992).

Topics of the sessions:

The topics of the sessions for the intervention program in this study and the content of the sessions are listed in short in Table 1 below.

Table 1. Topics of the sessions for the intervention program in the study and its contents.

	Topic of the session	Contents
1	Forming a peer group based on trust and security	Opening words by the management of the medical centre and the school management Familiarization with the group members Presenting the study, including presenting the schedule of the sessions Building a group contract based on coordinating expectations
2	Promoting the preceptor's role in a process of effective learning	Effective learning – the preceptor's perception Our challenges/limitations with regard to conditions for effective learning in the clinical field The meaning of planning; mapping needs and priorities Matching principles of effective learning to reality in the field
3	Developing guided reflection as a means of developing critical thinking and assuming professional responsibility through the student's reflection process	Advanced practicing of questioning skills through the student's reflection on their nursing work. Practicing with examples from the field. Focus: questioning as a tool and not as a goal, how is a question formed, the significance of creating specific questions for each student according to the contents of the reflection
4	Managing the preceptor's feelings in stressful situations within the preceptorship	Identifying stressful situations in the preceptorship: overload, conflict, lack of control Practicing coping with stressful situations in the preceptorship based on the model devised by Lazarus & Folkman (1984)
5	Managing students' behaviour; "looking at the limits from a different perspective"	Perception of the issue as seen by the preceptor and the student The significance of the intergenerational context (Generation X and Generation Y) and role theory (Biddle & Thomas, 1966; Biddle, 1986) for managing student behaviour Professional responsibility and essential limits that must be set for students Awareness of developing social cognition The possibility of a win-win situation
6	Raising the motivation of nursing students in the preceptorship	Internal and external motivation needs Mapping the student's needs Possible ways to raise motivation within the limitations in the field

	Topic of the session	Contents
7	"The preceptor's limit of responsibility for the student's achievements" – The challenge of providing feedback and evaluating students	The grade dilemma: The preceptor's perceptions and responsibility with regard to evaluating the student's achievements (Covey, 1996). 100% responsibility of the preceptor (towards the student, the profession and the patient) versus 100% responsibility of the student (towards themselves, the profession and the patient) Maximal realization of the student's behaviour manifestations for the relevant areas of evaluation Challenge of providing feedback and evaluating the student in light of perceptual change
8	Summary and leave taking with a view of the future	Group summary of thoughts and feelings following participation in the program and how to continue from here

The intervention program in the group setting integrated relevant theoretical material and experiential work through applied practice, group discussions and analysing incidents taken from the preceptors' work in the field with the students. These facilitation methods enabled emotional, instrumental, informational and appraisal support between the group members, of course maintaining the structure of the sessions as described above.

The methodology for achieving this and other goals will be presented in the next chapter.

3. METHODOLOGY

Introduction

In accordance with the aims presented in the conceptual framework, the variables examined in this study were: The need for a supportive intervention program in a group setting (variable I) and the affective commitment of nursing preceptors to the preceptor role (variable II), In addition, two independent variables related to the need for a supportive intervention program in a group setting were explored: gender of the preceptors and seniority in the preceptor role.

Research Hypotheses

1. A curvilinear association will be found between seniority in the preceptor role and preceptor's need for a supportive intervention program in a group setting. In more details, this need will be higher among preceptors whose seniority is at the extremes of seniority in the role than among the other preceptors.
2. Differences will be found between the two gender groups in the level of need for an intervention program, such that the group of male preceptors will report less need for a supportive intervention program in a group setting than the group of female preceptors.
3. Positive associations will be found between the level of affective commitment and preceptors' need for a supportive intervention program.

Following the goals and the questions, the mixed methods research approach was selected as the most suitable for this study.

3.1. The Research Design

The research design in this study is summarized in table 2.

Table 2. *The research design.*

	Goal	Research tool	Research population	Analysis method
Stage I - qualitative	Assessing needs	Interviews (semi-structured)	Practicing preceptors (n = 16)	Content analysis
	Implementing and evaluating the intervention program	Focus groups: 1. For mid-point evaluation of the program 2. For a concluding evaluation of the intervention program	Practicing preceptors participating in the intervention program (n = 6-7 for each group)	Content analysis
Stage II – quantitative	Examining the associations between preceptors' gender, seniority in the role, and affective commitment to their role with their need for support in a group setting	Closed-ended questionnaire	Practicing preceptors (excluding the 15 participants included in the intervention program) (N = 259)	Statistics

3.2. The Research Population and Sampling Method

The population of the current study is practicing nursing preceptors involved in instructing students at general government-run medical centres. Eleven general government-run medical centres are located throughout the country, from northern to southern Israel, with the large hospitals located in central Israel. On average, there are about 70 practicing nursing preceptors at each centre, with the minimum number of preceptors at each medical centre being 18 and the maximum 130. In 2017 there were approximately 770 practicing nursing preceptors at these medical centres.

3.2.1. Sample of the Qualitative Research and the Sampling Method

The sample of preceptors who participated in the interviews, which constitute the first part of the qualitative stage, consisted of sixteen practicing preceptors, male and female, from different clinical fields at a medical centre in central Israel. The medical centre is affiliated with the Tel Aviv University and belongs to the Ministry of Health. In total: Four preceptors from adult internal medicine, three preceptors from adult surgical, one preceptor from adult internal care integrated specific surgical, two preceptors from intensive care units, two preceptors from adult/paediatric emergency rooms, three from the maternity and neonates division, and one preceptor from the operating room. Clinical experience of 4-27 years. Number of years as a preceptor 2-15. Mean: 5.43.

The purposive sampling method focuses on selecting participants who best represent the population of preceptors and are capable of providing information on the studied phenomenon (Shkedi, 2015). This sampling method was also chosen since it involves (i) interviews aimed at assessing the needs of preceptors, for which it is important to choose participants who can express themselves and take part in a conversation, and (ii) implementation of an intervention program, in which active participation of the group members is a significant part.

The sample of participants in the two focus groups

The second part of the qualitative research included a different sample group of 6/7 practicing preceptors in each focus group, all members of the group who work at a medical centre in central Israel and participated in the intervention program.

3.2.2. Sample of the Quantitative Research and the Sampling Method

The quantitative study is being conducted with a sample of 259 preceptors, male and female, from different clinical fields in seven of the eleven general government-run medical centres in southern, central, and northern Israel. Of the seven medical centres sampled, the study was conducted at two medical centers in central Israel, one in southern Israel, and four in northern Israel.

The study deals with an examination of the correlations between two variables. Therefore, in order to calculate the sample size in the current study, the quantitative

stage utilized these main factors: Threshold probability for rejecting the null hypothesis. Type I error rate= 0.05, power of 80% or in other words the probability of failing to reject the null hypothesis under the alternative hypothesis. Type II error rate= 0.2, and the expected correlation coefficient (r) is equal to 0.2. The minimum sample size is 194 participants (Hulley et al., 2013) .

The research sampling method chosen for this quantitative part of this study is convenience sampling a type of non-probability sampling (Bryman, 2012).

Tables 3 and 4 describe the preceptor sample in accordance with the demographic and occupational variables.

Table 3. Demographic variables of the preceptor sample (N = 259).

Variable	N	%
Gender		
Male	42	16.2
Female	217	83.8
Nationality		
Jewish	204	78.8
Muslim	34	13.1
Christian	19	7.3
Druze	2	0.8
Country of birth		
Israel	118	45.6
Other	141	54.4

Missing values: Number of children – 3

Table 4. Occupational variables of the preceptor sample (N = 259).

Variable	N	%
Academic education		
BA	154	59.5
MA	105	40.5
Field of highest degree		
Nursing	157	60.6
Health Systems Administration	71	27.4

Variable	N	%
Public Health	7	1.7
Other	24	9.3
Advanced course in clinical nursing		
No advanced course	65	25.1
Participated in advanced course	194	74.9
Preceptorship seniority (years)		
1-3	75	29.0
4-6	73	28.0
7-9	33	12.7
> 10	78	30.1
Average number of preceptor groups per year		
1-2	101	39.1
3	71	27.6
4-5	51	19.7
> 6	35	13.5
Type of clinical field		
Internal medicine –surgical adult	97	37.5
Intensive care units	47	18.1
Urgent medicine	18	6.9
Internal medicine – surgical children	19	7.3
Gynecology – obstetrics	47	18.1
Operating room	8	3.1
Other	23	8.9

3.3. Research Tools and Methods of Analysis

The research tools used to collect the data in this study were interviews, focus-group and questionnaire.

The Interview

The interview consisted of demographic data and background data questions (five questions), open questions aimed at mapping needs for support in a group setting (stage II – 17 questions), and the interview's concluding questions (two questions). Another aspect related to the order of the questions is that the background data

questions were followed by questions on instruction processes that work well for that preceptor (the preceptor was asked to give examples) and then questions on examples of difficulties in the instruction processes. This order of questions maintained a logical sequence and facilitated a sense of openness in the interview. The big challenge in the interviews was to listen and not respond in order to avoid bias .

The Focus Group

The guide for discussion in the focus groups was developed by the researcher specifically for the current study. The discussion began with a general, nonjudgmental question, followed by open questions intended for evaluation, and outcomes as a result of participation in a program held in a group setting.

Since the moderator in the focus group is also the facilitator in the program, the participants in the focus groups received an explanation of the difference and that the moderator cannot react to that which is said, in contrast to the role of facilitator in the intervention program. Moreover, since this is a group of people who are connected by virtue of the intervention program, they felt comfortable expressing their attitudes without being concerned of how others would respond.

The Questionnaire

The questionnaire was distributed among practicing preceptors at seven general public medical centres in Israel over six months, from June 2017 to November 2017. Two hundred fifty-nine questionnaires were received.

The questionnaire is constructed of five parts. Four of the five parts were developed by the researcher specifically for this study, based on the study's qualitative findings. The first part of the questionnaire was mostly adopted from other studies (Dibret & Goldenberg, 1995; Marincic & Francfort, 2002). Internal reliability was examined with Cronbach's alpha. The values were found to be satisfactory (0.71-0.95).

The parts of the questionnaire, Measures, and scores produced for the research variables:

A. Part A: " Affective commitment to the preceptor role"

This part includes nine statements related to affective commitment (for example: "I am proud to tell someone else that I am a preceptor"), with which the respondent was

asked to rank to what degree they agree on a scale of 1 (strongly disagree) to 6 (strongly agree). The higher the score the higher the affective commitment of the preceptor to the preceptor role, and vice versa.

B. Part B dealt with social support needs of the preceptor with regard to the supportive intervention program. This part was constructed to include a reference to the four components of preceptors' need for social support located and reported in the qualitative stage (notably, the four components were also compatible with the world of concepts regarding social support proposed by House(1981) and Cutrona (1990).

Parts C and D dealt with **the need for professional development of the preceptor** with regard to the supportive intervention program.

C. Part C: "Need for improving general ability in the preceptor role".

This need component included 5 statements (for example: "Participation in a support program in a group setting will raise my professional confidence") with each of which the respondent was requested to rank to what degree they agree on a scale of 1 (strongly disagree) to 6 (strongly agree). In order to construct the measure, a mean of the five items was calculated after reversing questions 2 and 4, such that a high score would indicate a strong need of preceptors for an intervention program that would provide a response to improving general ability in the preceptor role.

D. Part D: "Need for improving instruction skills"

This need component included 8 statements (for example: "Operating in stressful situations in the preceptor role ") with each of which the respondent was requested to rank to what degree they agree that it is important for them that the component be included in the intervention program on a scale of 1 (strongly disagree) and 6 (strongly agree). In order to construct the measure, a mean of the eight items was calculated, such that a high score would indicate a high need to include in the intervention program a larger number of topics referring to improving instruction skills.

The final and fifth part (E) dealt with **the demographic information of the preceptors.**

Methods of Analysis

In the qualitative part of the research, a content analysis of the interviews and of the focus groups' data was conducted. Content analysis of the interview data focused mainly on identifying needs of the preceptors in a group setting from their point of view. During the content analysis, the same needs that were identified and that recurred were arranged as themes and categories. In the quantitative part, statistical analysis was performed using computer software. Statistical tests were used to examine the hypotheses in the study. The final step was to interpret the findings in light of the initial hypotheses or research questions. In this interpretation, the study explored whether the hypotheses were confirmed or refuted.

4. FINDINGS

4.1. Findings Associated with Research Question 1

Qualitative findings associated with research question 1

The findings emerging from data analysis of the 16 interviews.

Table 5 presents the themes and categories of preceptor needs with regard to research question 1.

Table 5. Themes and categories with regard to research question 1.

Categories/ themes	Theme 1: Needs related to learning methods and interpersonal communication in the preceptorship	Theme 2: Needs related to managing stressful situations in the preceptor role	Theme 3: Needs related to managing student behaviour	Theme 4: Needs related to support in an institutionalized setting	Theme 5: The need to develop professional confidence
Category 1	Upgrading learning methods	Managing a situation of workload stemming from the disparity between preceptors' expectations and abilities.	Setting limits for the student	What exists? Available and accessible support sources	—
Category 2	Upgrading communication skills versus the student	Sense of lack of control over certain situations in the preceptorship	Motivating the student to learn	What else is needed? Support in a group setting Subcategory 1: Instrumental and informational support in the group setting	
Category 3	Managing an internal conflict involving giving the student truthful feedback and evaluation	Managing a situation of workload as a result of conflicting roles: between the nurse role (providing a response to the patient) and the preceptor role (providing a response to the student)	Imparting professional responsibility	Subcategory 2: Emotional support in the group setting Subcategory 3: Appraisal support in the group setting Subcategory 4: Ongoing support in the group setting	

Quantitative Findings Associated with Research Question 1

Table 6. Means, standard deviations and minimum and maximum scores of the preceptor sample in the research variables ($N = 259$).

Feature of the preceptor's need for an intervention	Measure	M	SD	MIN	MAX
A. Need for social support	1. Informational-instrumental support	5.36	0.80	1.00	6.00
	2. Emotional support	5.09	0.97	1.50	6.00
	3. Appraisal support	5.13	1.02	1.50	6.00
	General social support	5.23	0.83	1.25	6.00
B. Need for professional development	1. Improving general ability in the role	4.67	0.93	2.60	6.00
	2. Improving instruction skills	5.26	0.78	2.00	6.00
	General professional development	5.03	0.75	2.23	6.00

In all scales the possible values are 1 to 6.

Need for social integration – As evident from Figure 2, it appears that the large majority of the preceptor sample (84.6%) are interested in social integration in the form of an intervention program, namely to participate in an intervention program where a group of preceptors gathers to discuss preceptorship issues accompanied by a facilitator.

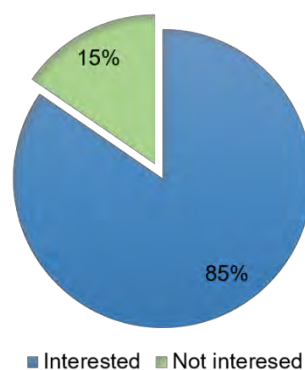


Figure 2. Percent of interested and not interested in the program.

Examination of hypotheses 1 and 2

Hypothesis 1: A curvilinear association will be found between seniority in the preceptor role and preceptor's need for a supportive intervention program in a group setting. In more details, this need will be higher among preceptors whose seniority is at the extremes of seniority in the role than among the other preceptors.

In order to examine the hypothesis, seniority was divided into four groups: low seniority (1 to 3 years), medium seniority (4 to 6), high seniority (7 to 9) and very high seniority (10 years +). The distribution into levels of seniority was based on the researcher's professional experience.

Table 7 shows the results of the one-way analyses of variance, including means and standard deviations, of the four seniority groups in each of the need variables.

Table 7. One-way analyses of variance to examine the differences between four groups of seniority in the role in the need variables, including means (and standard deviations) ($N = 259$).

	Measure	F(3,255)	Contrasts	1 Low seniority	2 Medium seniority	3 High seniority	4 Very high seniority
A. Need for social support	1. Informational-instrumental support	2.30*	1+4>2,3*	5.52 (0.59)	5.25 (0.96)	5.14 (0.82)	5.40 (0.79)
	2. Emotional support	2.48*	1+4>2,3*	5.27 (0.82)	5.00 (1.01)	4.76 (1.01)	5.14 (1.00)
	3. Appraisal support	2.92*	1+4>2,3*	5.36 (0.80)	4.94 (1.17)	4.88 (1.06)	5.20 (1.00)
	General social support	2.87*	1+4>2,3*	5.41 (0.65)	5.11 (0.94)	4.97 (0.86)	5.28 (0.81)
B. Need for professional development	1. Improving general ability in the role	4.90*	1+4>2,3* 1>4	5.00 (0.83)	4.49 (0.92)	4.47 (1.00)	4.60 (0.91)
	2. Improving instruction skills	5.72*	1+4>2,3* 2>3	5.43 (0.61)	5.18 (0.72)	4.81 (1.00)	5.34 (0.80)
	General professional development	5.81**	1+4>2,3*	5.27 (0.60)	4.92 (0.71)	4.68 (0.92)	5.06 (0.74)

* $p < .05$, ** $p < .01$. Preceptor groups by years of seniority in the preceptor role: low = 1-3 years, medium = 4-6 years, high = 7-9 years, very high = 10+ years.

Table 7 indicates that the hypothesis was confirmed. Figures 3 and 4 visually demonstrate the picture received for the general scores – need for social support and need for professional development. Notably, for all seniority levels preceptors' need for a supportive intervention program was still high (means of about 5 and higher).

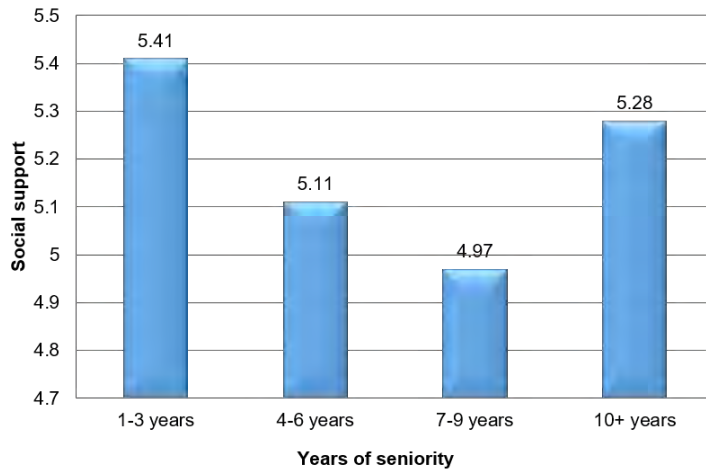


Figure 3. General need for social support by years of seniority.

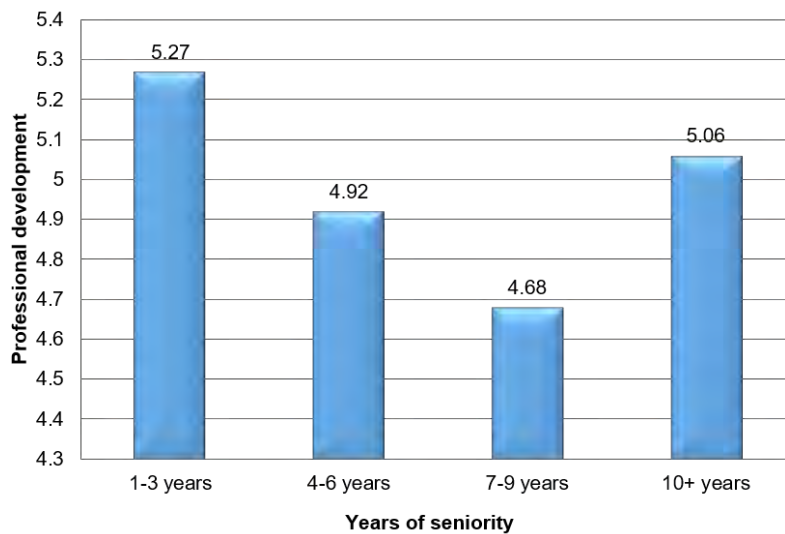


Figure 4. General need for professional development by years of seniority.

Hypothesis 2

Differences will be found between the two gender groups of preceptors with regard to the need for an intervention program, such that the group of male preceptors will report a lower need for a supportive intervention program in a group setting than the group of female preceptors.

In the t-tests conducted (Table 8) the differences found between the two gender groups were significant for the large majority of measures of need for an intervention program.

Table 8. T-tests checking for differences between the two gender groups in the need variables, including means and standard deviations (Women: $n = 217$, Men: $n = 42$).

	Measure	t(257)	Direction of gender difference	Male Preceptors	Female Preceptors
A. Need for social support	1. Informational-instrumental support	1.80*	Women > Men	5.15 (0.83)	5.40 (0.79)
	2. Emotional support	2.35*	Women > Men	4.77 (1.04)	5.15 (0.94)
	3. Appraisal support	2.19*	Women > Men	4.82 (1.03)	5.19 (1.01)
	General social support	2.24*	Women > Men	4.97 (0.86)	5.28 (0.81)
B. Need for professional development	1. Improving general ability in the role	<1	Women = Men	4.66 (0.93)	4.67 (0.92)
	2. Improving instruction skills	2.34*	Women > Men	5.00 (0.81)	5.31 (0.76)
	General professional development	1.54	Women = Men	4.87 (0.78)	5.06 (0.73)

* $p < .05$

4.2. Findings Associated with Research Question 2

The second research question focused on the associations between preceptors' need for support in a group setting in the form of an intervention program and their affective commitment to the preceptor role. Therefore, the findings are only quantitative.

The measure of affective commitment to the preceptor role was comprised of the mean of 9 items, such that the higher the score the higher the preceptors' commitment to the preceptor role. The mean found for commitment was high ($M = 5.14$; $SD = 0.65$). This picture is compatible with the research premise that the population of practicing preceptors is characterized by high affective commitment to the role.

According to hypothesis 3, a positive associations would be found between the level of affective commitment and preceptors' need for a supportive intervention program.

Table 9 presents the Pearson correlations between affective commitment on one hand and the measures (features) of preceptors' need for the program on the other.

Table 9. Correlations between commitment and preceptors' need for a supportive intervention program (N = 259).

Preceptor's need for the intervention program	Measure	Correlation
A. Need for social support	1. Informational-instrumental support	.36^{***}
	2. Emotional support	.35^{***}
	3. Appraisal support	.29^{***}
	General social support	.38^{***}
B. Need for professional development	1. Improving general ability in the role	.47^{***}
	2. Improving instruction skills	.37^{***}
	General professional development	.46^{***}

^{***} p < .001

4.3. Findings Associated with Research Question 3

The findings associated with research question 3: What components might comprise an intervention program in a group setting that can cater to the preceptors' needs for support in association with their affective commitment to their preceptor role?

Emerging from data analysis of the two focus groups with preceptors who participated in the intervention program. The focus groups were held in order to reach a mid-point evaluation and a concluding evaluation of the intervention program. Table 10 presents the themes and categories with regard to research question 3.

Table 10. Themes and categories with regard to research question 3.

Category /Theme	Category 1	Category 2	Category 3	Category 4
Theme 1: Components related to the setting	Session topics according to needs	Manner of facilitation	Physical environment of the sessions' location	The time frame
Theme 2: Forming group support	—			
Theme 3: A shift in thinking patterns	Developing cognitive flexibility	Reframing meaning; the force of the group in an institutionalized setting	—	—
Theme 4: Generating behavioural change	—			
Theme 5: Developing professional confidence	—			
Theme 6: Developing the desire to perform the preceptor role	—			

5. CONCLUSIONS

5.1. Factual Conclusions: Answers to the Research Questions on the Research Topic

5.1.1. Factual Conclusions Emerging from Research Question 1

The discussion of the findings associated with research question 1 shows that the intervention program is characterized by providing a response to preceptors' needs to upgrade learning methods, manage the internal conflict with regard to student evaluations, manage stress situations in the preceptorship, manage student behavior and motivate students to learn, and develop professional confidence in performing the role. Moreover, the intervention program is characterized by a response to preceptors' needs for social support in a group setting, including informational and instrumental support, emotional as well as appraisal support, as a basis of the need for ongoing

support. Furthermore, the intervention program is directed at providing a response to the needs of both younger and more experienced preceptors and, as a rule, to the entire population of preceptors, with attention to gender differences.

5.1.2. Factual Conclusions Emerging from Research Question 2

The discussion of the findings associated with research question 2 which dealt with the associations between preceptors' need for support in a group setting in the form of an intervention program and their affective commitment to the preceptor role, shows that the higher the preceptor's affective commitment to their role - the higher the preceptor's need for an intervention program that will provide a response to the need for social support and to the need for professional development. The intervention program makes it possible to provide a response to those needs that are positively associated with affective commitment to the preceptor role: social support and professional development. This conclusion is presented as an innovation of the current study as there is insufficient literature on this issue.

5.1.3. Factual Conclusions Emerging from Research Question 3

The discussion of the findings associated with research question 3 that examined the program's components that can provide a supportive response to preceptors, show that the intervention program is comprised at an initial basic stage of topics directly associated with preceptors' professional support needs and a manner of facilitation that constitutes modeling for the program participants as well as a strong basis for building the group's power. Furthermore, it is comprised of a defined dynamic time frame of several consecutive sessions according to the group's needs and of developing a sense of belonging and consistency of the preceptors participating in the program. Additionally, the program is based on a process of creating an atmosphere of group support. In this next stage, the program is characterized by the principle of developing cognitive flexibility as part of forming new thinking patterns among the participants as well as creating awareness of the group's power, a group power that enables support of the preceptors and their needs. At the next, more advanced stage, the program is characterized by creating a behavioral change in the preceptor role in the field among the program's participants, by practicing applied guidance tools. Finally, two factual conclusions involve general functioning in the preceptor role.

These conclusions stress that the intervention program is based on the principle of developing professional confidence that occurs as part of professional development in the role and on the principle of developing preceptors' desire to engage in the preceptor role as a goal in itself. All this in response to the needs for support of preceptors, associated with affective commitment to the preceptor role. This final conclusion is presented as an innovation of the current study.

5.2. Conceptual Conclusions

From a conceptual outlook, the conclusions emerging from this study indicate a shift in the awareness required of stakeholders with regard to the type of professional support recommended for nursing preceptors. The professional support proposed by the current study is an ongoing intervention program in support of preceptors that combines components of social support and professional development as a possible way to cater to preceptors' support needs that are associated with affective commitment to the preceptor role. The manner of facilitation constitutes modeling of clinical guidance and a strong basis for building the group's power. This is presented in the model of the intervention program in Figure 5.

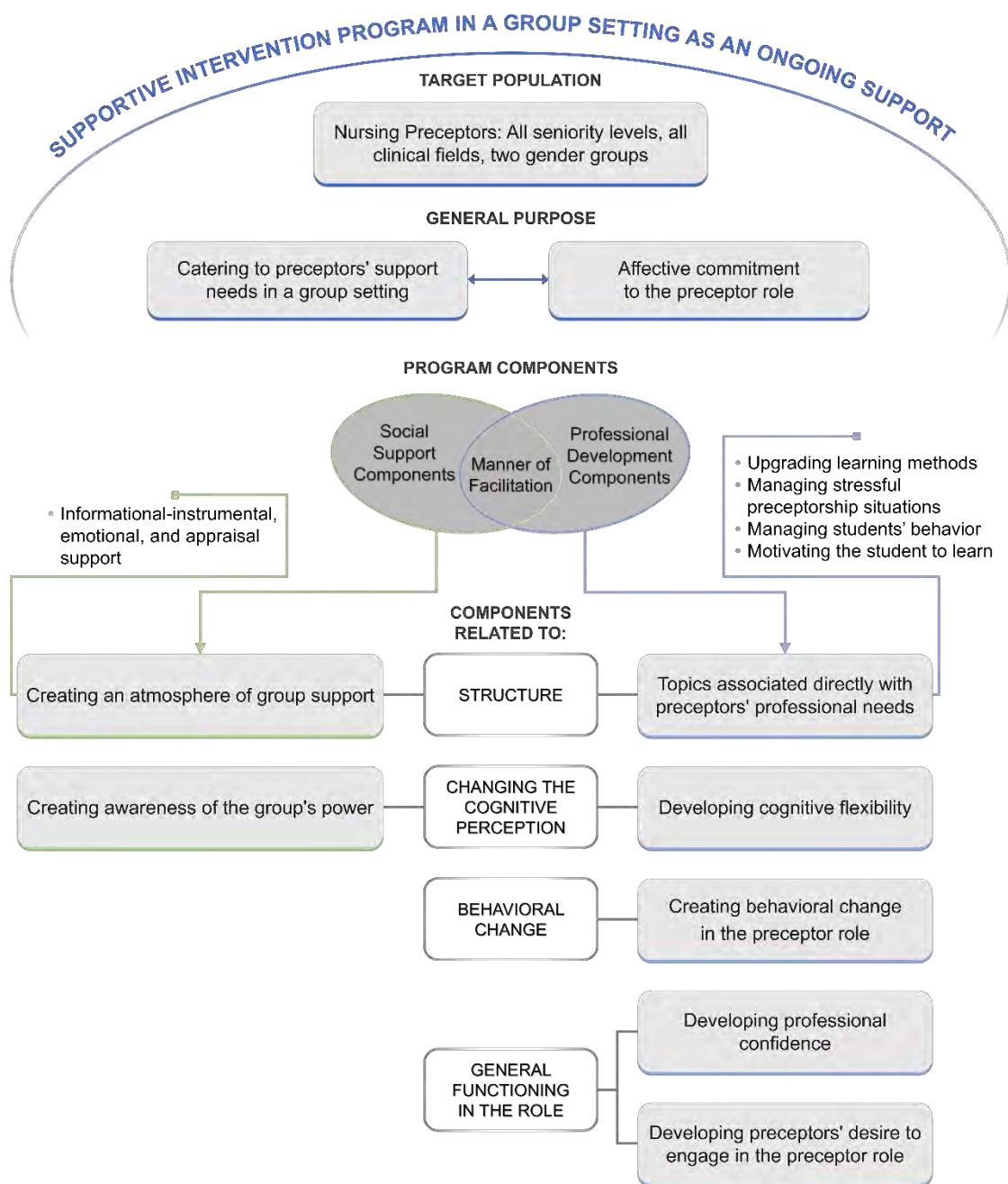


Figure 5. *The supportive intervention program for nursing preceptors model.*

It is evident from the model presented above that the intervention program for preceptors proposed in this study is a holistic, modular, and integrative program that combines professional development and social support, and entails management, perceptual, emotional, practical and social aspects. This ongoing support constitutes a possible way to cater to preceptors' support needs associated with affective commitment to the preceptor role.

Moreover, the intervention program is dynamic and dependent on preceptors' needs and experience at any given time. Furthermore, the proposed program is humanistic, focused on preceptors from both gender groups as well as preceptors with diverse levels of seniority. This while emphasizing the group and individuals in the group as a condition for social support. Finally, the program is a creative program as there is insufficient literature on programs that combine professional development with sociological aspects, while addressing the preceptors' affective commitment.

5.3. Implications and Recommendations

1. Raising awareness of cooperation between stakeholders with regard to implementing the intervention program's model by including the head nurse of the Nursing Division, national forums of directors of nursing, guidance directors at hospitals, as well as guidance directors at educational institutions, colleges and academia.
2. Allocating resources of time, place and money.
3. Developing training settings for guidance practitioners targeting nurses engaged in preceptorship or in managing a preceptorship system, as facilitators of support programs such as that proposed in the current study and for general support of preceptors.
4. Strictly planning the recruitment of preceptors for participation in this type of program. This for two reasons. One – there is need for preceptors with practical experience in order to process the material within the framework of the program on a higher level of integration between theory and practice in the field.
5. Assessing the preceptors' needs in a successive, structured and institutionalized manner.
6. Performing ongoing evaluation of the program.
7. Providing individual and group support at the conclusion of the program to participants over reasonable periods of time and adapted to their needs.

5.4. Research Limitations

Table 8. Summary of the research limitations.

	Research limitation	Minimizing the limitation
Type of Research	Qualitative research: subjective interpretations – trustworthiness is questionable	<ol style="list-style-type: none"> 1. The professional role of the researcher 2. Presenting the content analysis: <ol style="list-style-type: none"> i. To two organizational counsellors and group facilitators. ii. To the participants of the program for their approval - about four months after the completion of the program. 3. Using a closed-ended quantitative questionnaire.
Research Tools and the Researcher's View	Social desirability	<ol style="list-style-type: none"> 1. Adherence to the interviewees' words, active listening without guidance 2. Using expert validation 3. Signing informed consent forms
Generalizability		Triangulation through using two types of research and several research tools allows for generalizability

5.5. Contribution to Knowledge

5.5.1. Contribution to Theoretical Knowledge

In this study a model was constructed of an intervention program for the professional support of preceptors in a group setting, one that provides a response to professional needs associated with the preceptor's commitment to their role, thus reducing the knowledge gap. The study is based, as stated, on sociological theories, theories of group facilitation; Social support (Cutrona, 1990; House, 1981), Group stages of development (Tuckman & Jensen, 1997; Tuckman, 1965) in addition to a human resources theory: the 'Two factors theory' (Herzberg, 1987; Herzberg et al., 1959) and an organizational behavior theory: Organizational commitment (Meyer & Allen, 1991), as well as a model that deals with evaluation of an instruction program (Kirkpatrick & Kirkpatrick, 2007; Kirkpatrick, 1994). Therefore, it adds knowledge to these theories with regard to the social support needs of nursing preceptors and the association of these social needs with preceptors' commitment to the preceptor role. Moreover, this study adds to the existing theoretical knowledge in the field of group facilitation with regard to the aspect of manner of facilitation and leading a psycho-educational group of nursing preceptors.

The innovativeness and originality that can be attributed to the current study stems from several aspects: There are insufficient models of support programs similar to that of the current study, which have been examined in research with a mixed methods paradigm and a strategy of action research in the field of nursing education. There are insufficient models similar to that of the current study that combine theories of human resources management, sociology, and group facilitation. Moreover, the questionnaire was mostly developed (aside from most of the items in the commitment measure) according to the needs of preceptors in this study and based on sociological and human resources theories, such that it is original and innovative for the field of nursing education. The contribution to knowledge stems also from the aspect of change in the awareness of decision makers concerning the essence of ongoing support for preceptors and what support can answer their need for professional development. This contribution can change the policy of nursing education institutions and of medical centers in this area.

5.5.2. Contribution to Practical Knowledge

Since this model is modular, each educational and clinical setting can choose parts of the model according to the specific needs of preceptors in that setting. The intervention model is based on developing the practical professional knowledge of preceptors who participate in the group, such that the practical contribution for them and for the educational and clinical settings can have a high degree of significance. This contribution might lead to a change in the attitude of preceptors to fulfilling their role as preceptors.

5.6. Further Research

To explore the effect of the program's implementation on the affective commitment of preceptors to the preceptor role using a strategy of quantitative research. Additionally, to expand the study to the population of preceptors who engage in guidance in clinical fields in the community, at non-governmental general hospitals, and at mental health facilities.

REFERENCES

- Alspach, G. (2008) Calling All Preceptors: How Can We Better Prepare and Support You? *Critical Care Nurse*. 28 (5). p.13-16.
- Benson, J. F. (1992) *Working More Creatively with Groups*. Kiriatic Byalic: Ah Pub. p.35-36. [Hebrew].
- Ben Natan, M., Qeadana, H., & Egbaria, W. (2014) The Commitment of Israeli Nursing Preceptors to the Role of Preceptor. *Nurse Education Today*. 34. p.1425-1429.
- Biddle, B. J. (1986) Recent Developments in Role Theory. *Annual Review of Sociology*. 12. p.67-92.
- Biddle, B. I. & Thomas, E. I. (1966) *Role Theory: Concepts and Research*. New York: John Wiley & Sons.
- Borko, H. (2004) Professional Development and Teacher Learning: Mapping The Terrain. *Educational Researcher*. 33 (8). p.3-15.
- Bradshaw, C., Butler, M., Cassidy, I., Egan, G., Fahy, A., Mc Namara, M., O'Conner, M., Quillinan, B., Tierney, C., & Tuohy, D. (2011) Competency Assessment Methods Tool Processes: A Survey of Nurse Preceptors in Ireland. *Nurse Education in Practice*. 11 (5). p.298-303.
- Bryman, A. (2012) *Social Research Methods*. 4th Ed. NY: Oxford.
- Carlson, E. (2013) Precepting and Symbolic Interactionism: A Theoretical Look At Preceptorship During Clinical Practice. *Journal of Advanced Nursing*. 69 (2). p.457-464.
- Cloete, I. S. & Jeggels, J. (2014) Exploring Nurse Preceptors' Perceptions of Benefits and Support of and Commitment to the Preceptor Role in the Western Cape Province. *Journal of the Democratic Nursing Organization of South Africa*. 37 (1). p.1-7.
- Council of University Teaching Hospitals (2001) *Models and Best Practices in Recognizing and Supporting Preceptors and Mentors*, Council of University

- Teaching Hospitals Strategy Paper*. [Online]. Vancouver, BC, Canada
 Vancouver, BC, Canada: Council of University Teaching Hospitals. Available
 from: <http://www.bcahc.ca/pdf/STRAT-F.pdf> Accessed March 3, 2010.
 [Accessed: 20 February 2016].
- Covey, S. C. (1996) *The Seven Habits of Highly Effective People*. Tel-Aviv, Israel:
 Or-Am. [Hebrew].
- Cronbach, L. J., Ambron, S. R., Dornbusch, S. M., Hess, R. D., Hornik, R. C.,
 Phillips, D. C., & Weiner, S. S. (1980) *Toward Reform of Program
 Evaluation*. San Francisco: Jossey-Bass.
- Cutrona, C. E. (1990) Stress and Social Support in Stress of Optimal Matching.
Journal of Social and Clinical Psychology. 9 (1). p.3-14.
- Dibert, C. & Goldenberg, D. (1995) Preceptors' Perceptions of Benefits, Rewards,
 Supports and Commitment to the Preceptor Role. *Journal of Advanced
 Nursing*. 21 (6). p.1144-1151.
- Dunst, C. J., Trivette, C. M., & Thompson, R. B. (1991) Supporting and
 Strengthening Family Functioning: Toward Congruence Between Principles
 and Practice. *Prevention in Human Services*, 9 (1). p.19-43.
- Forsyth, D. & Elliott, T. (1999) Group Dynamics and Psychological Well-Being: The
 Impact of Groups on Adjustment and Dysfunction. In Kowalski, R. M. &
 Leary, M. R. (eds). *The Social Psychology of Emotional and Behavioral
 Problems: Interfaces of Social and Clinical Psychology*. Washington, DC, US:
 American Psychological Association. p.339-361 .
- Herzberg, F., Mausner, B., & Snyderman, B. (1959) *The Motivation to Work*. New
 York: John Wiley and Sons, Inc.
- Herzberg, F. (1987) One More Time: How Do You Motivate Employees? *Harvard
 Business Review*. 65 (5). p.5-16.
- House, J. S. (1981) *Work Stress and Social Support*. Englewood Cliffs, NJ: Prentice
 Hall.

- Hulley, S. B., Cummings, S. R., Browner, W. S., Grady, D. G., & Newman, T. B. (2013) *Designing Clinical Research*. Philadelphia: Lippincott Williams & Wilkins. p.79.
- Hyrkas, K. & Shoemaker, M. (2008) Changes in the Preceptor Role: Re-Visiting Preceptors' Perceptions of Benefits, Rewards, Support, and Commitment to the Role. *Journal of Advanced Nursing*. 60 (5). p.513-524 .
- Kirkpatrick, D. L. & Kirkpatrick, J. D. (2007) *Implementing the Four Levels, A Practical Guide for Effective Evaluation of Training Programs*. San Francisco, CA: Berrett-Koehler Pub.
- Kirkpatrick, D. L. (1994) *Evaluating Training Programs*. San Francisco: Berrett-Koehler Publishers, Inc.
- Lazarus, J. (2016) Precepting 101: Teaching Strategies and Tips for Success for Preceptors. *Journal of Midwifery & Women's Health*. 61 (S1). p.11-21.
- Lazarus, R. S. & Folkman, S. (1984) *Stress, Appraisal and Coping*. New York: Springer Publishing.
- Marincic, P. Z. & Francfort, E. E. (2002) Supervised Practice Preceptors' Perceptions of Rewards, Benefits, Support, and Commitment to the Preceptor Role. *Journal of the Academy of Nutrition and Dietetics*. 102 (4). p.543-545.
- Martensson, G., Engstrom, M., Mamhidir, A., & Kristofferzon, M. (2013) What are the Structural Conditions of Importance to Preceptors' Performance? *Nurse Education Today*. 33. p.444-449.
- Meyer, J. P. & Allen, N. J. (1991) A Three-Component Conceptualization of Organizational Commitment. *Human Resource Management Review*. 1. p.61-98.
- Meyer, J., Allen, N., & Smith, C. (1993) Commitment to Organizations and Occupations: Extension and Test of a Three-Component Conceptualization. *Journal of Applied Psychology*. 78. p.538-551.

- Meyer J. P., Stanley J. S., Herscovitch L., & Topolnytsky L. (2002) Affective, Continuance, and Normative Commitment to the Organization: A Meta-Analysis of Antecedents Correlates, and Consequences. *Journal of Vocational Behavior*. 61. p.20-52 .
- Moore, T., Ochiltree, G., & Cann, W. (2001) *Best Start Effective Intervention Programs: Examples of Effective Interventions, Programs and Service Models*. Melbourne: Department of Human Services.
- Moyer, B. A. & Wittmann-Price, R. A. (2008) *Nursing Education: Foundations for Practice Excellence*. Philadelphia, PA: F. A. Davis.
- O'Connor, A. (2015) *Clinical Instruction & Evaluation: A Teaching Resource*. 3rd Ed. Burlington, MA: Jones & Bartlett Learning. p.379-397.
- Ohrling, K. & Hallberg, I. (2000) The Meaning of Preceptorship: Nurses' Lived Experience of Being a Preceptor. *Journal of Advanced Nursing*. 33 (4). p.520-540.
- Planning Implementing and Evaluating an Intervention* (n.d.) [Online]. Available from: <https://www.cdc.gov/violenceprevention/pdf/chapter1-a.pdf> [Accessed: 15 January 2017].
- Rothstein, R. (ed.) (Winter 2015) *Preceptorship Module*. Jerusalem: Ministry of Health. [Hebrew].
- Shachaf, S. (2014) *Good Enough Nurse: Nursing Between Ideal and Reality, Israel 1960-1995*. Tel Aviv: Resling. [Hebrew].
- Shkedi, A. (2015) *Words of Meaning. Qualitative Research – Theory and Practice*. Tel Aviv: Ramot Publications, Tel Aviv University [Hebrew].
- Shumaker, S. A. & Brownell, A. (1984) Toward a Theory of Social Support: Closing Conceptual Gaps. *Journal of Social Issues*. 40 (4). p.11-36.
- State of Israel. Ministry of Health (2007) *Updated Circular no. 49: The Authorized Preceptor*. Available from: http://www.health.gov.il/hozer/ND68_07.paf. [Accessed 20 February 2016]. [Hebrew].

- State of Israel, Ministry of Health, Nursing Division (2018a) *2018 Work Plan, Nursing Division* [Online]. Available from: https://www.health.gov.il/PublicationsFiles/nr_annual2018.pdf [Accessed: 10 April 2018]. [Hebrew].
- Staykova, M., Huson, C., & Pennington, D. (2013) Empowering Nursing Preceptors to Mentoring Undergraduate Senior Students in Acute Care Settings. *Journal of Professional Nursing*. 29 (5). p.e32-e36.
- Tuckman, B. W. & Jensen, M. A. (1977) Stages of Small Groups Development Revisited. *Group and Organization Studies*. 2. p.419-427.
- Tuckman, B. (1965) Developmental Sequence in Small Groups. *Psychological Bulletin*. 63. p.384-399.
- Usher, K., Nolan, C., Reser, P., Owens, J., & Tollefson, J. (1999) An Exploration of the Preceptor Role: Preceptors' Perceptions of Benefits, Rewards, Support and Commitment to the Preceptor Role. *Journal of Advanced Nursing*. 29 (2). p.506-514.
- Viljoen, A. (2014) *Nurse Preceptors' Perceptions of Benefits, Rewards, Support and Commitment to the Preceptor Role in the Intensive Care Units of Five Major Academic Hospitals in Gauteng*. [Unpublished master's thesis, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa]. [Online]. Available from: <http://wiredspace.wits.ac.za/handle/10539/18652>
- Wallace, J. E. (1997) Becker's Side-Bet Theory of commitment revisited: Is it Time for a Moratorium or a Resurrection? *Human Relations*. 50 (6). p.727-749.
- Wenger, E. (2010) Communities of Practice and Social Learning Systems: The Career of a Concept. In *Social Learning Systems and Communities of Practice*. London: Springer. p. 179-198.
- Yonge, O., Hagler, P., Cox, C., & Drefs, S. (2008) Listening to Preceptors. Part B. *Journal for Nurses in Staff Development*. 24 (1). p.21-26.