EXPLORING THE EXPERIENCES OF PRECEPTEES UNDERTAKING A POSTGRADUATE MULTIPROFESSIONAL PRECEPTORSHIP PROGRAMME

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Exploring the experiences of preceptees undertaking a postgraduate multiprofessional preceptorship programme

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Abstract

This thesis explores the experiences of newly qualified and internationally educated healthcare professionals (preceptees) undertaking a (validated) postgraduate multiprofessional preceptorship programme. Preceptorship is a structured programme designed to provide support and guidance to the newly qualified, return to practice and internationally educated healthcare practitioners during the first 12 months post registration. The transition phase also known as the reality shock can evoke many emotions, thoughts and feelings that lead to a variety of lived experiences as preceptees navigate as registered health and care professionals. Through experiential learning in professional practice preceptees use reflection to enhance and further develop their knowledge, skills, competence and confidence. Having a validated and credit baring level 7 module for preceptorship formalises these reflections and empowers the preceptees to develop skills of criticality when linking theory to professional practice.

This small phenomenological study explores the lived experiences of three newly qualified nurses, one internationally educated nurse and one newly qualified Allied Healthcare Professional undertaking a postgraduate multiprofessional preceptorship programme. Using semi structured interviews participants were able to describe a variety of different approaches to learning through preceptorship. They articulated their individual reasons for undertaking the postgraduate preceptorship module and shared the benefits this had on them both personally and professionally. The participants also acknowledged their own personal challenges and barriers of completing academic studies during the transition phase of their preceptorship and described how they were able to overcome them. The study concludes by interpreting and examining the participants individual experiences of learning through preceptorship and how this may aid the future design of the Preceptorship for Healthcare Practice postgraduate module.

Author's Declaration

I declare that the work in this thesis was carried out in accordance with the regulations of the University of Gloucestershire and is original except where indicated by specific reference in the text. No part of the thesis has been submitted as part of any other academic award. This thesis has not been presented to any other education institution in the United Kingdom or overseas.

Any views expressed in this thesis are those of the author and in no way represent those of the University.

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Glossary of terms

Continuing Professional Development (CPD)	A set of professional standards regarding continual learning or lifelong learning to ensure the registrant's experience, understanding and knowledge are kept up to date to ensure safe practice in the ever-changing world of healthcare. A set amount of CPD forms one of the requirements of the revalidation criteria for nurses, midwives and AHPs
Health and Care Professions Council (HCPC)	The professional body for Allied Health Professionals (AHPs) which includes Art therapists, Dieticians, Drama therapists, Music therapists, Occupational Therapists, Operating Department Practitioners, Orthoptists, Osteopaths, Paramedics, Physiotherapists, Podiatrists, Prosthetists and Orthotists, Radiographers and Speech and Language therapists.
Multiprofessional	More than one healthcare profession represented within a group.
Nursing and Midwifery Council (NMC)	The professional body for Nursing Associates, Nurses and Midwives.
Peer support	An individual or group of people drawing on their experiential learning to respectfully and holistically support others who maybe on the same journey or having shared an experience. It involves the sharing of knowledge along with the giving and receiving of support.
Postgraduate module	A university academic module at level 7 (Master's) following completion of an undergraduate degree. A module is study with an assessment, that if successful

	the learner is awarded a specified number of academic credits. To achieve a level 7 (Master's) degree a total of 180 credits is required.
Preceptee	The newly registered healthcare professional with the NMC or HCPC who could be a newly qualified healthcare professional, a return to practice practitioner (returning to work after a long period of time away) or an Internationally Educated practitioner (educated outside the UK and registering with NMC or HCPC for the first time). Preceptees receive support and guidance from a preceptor within the workplace.
Preceptor	A qualified healthcare practitioner who is the same banding or higher than the preceptee with a minimum of 12-months' post registration experience. A preceptor works within the same profession and area as the preceptee, providing support and guidance to the preceptee.
Preceptorship	Preceptorship is a structured programme designed to integrate the transition of the newly registered healthcare professional within the workplace. Through professional support, guidance and development the preceptorship period encourages the growth of the preceptees confidence, knowledge, skills and competence.
Preceptorship period	This is a designated period of time offering support and guidance to the newly registered healthcare practitioners.
Revalidation	A set of proficiency standards and requirements that healthcare professionals must achieve to maintain their

	professional registration. Revalidation helps maintain the quality of safe and effective standards of care.
Supernumerary / supervisory	The period of time preceptees are not counted as part of the staffing required for safe and effective care or assigned a clinical caseload within the setting.

Chapter 1 Introduction and background to thesis

1.1 Introduction

National Health Service (NHS) Employers (2021) strongly recommends that all newly qualified, return to practice and internationally educated practitioners attend a preceptorship programme to give them the best possible start to their careers. This small-scale research study explores the lived experiences of healthcare professionals undertaking a multiprofessional preceptorship programme delivered by Gloucestershire Health and Care NHS Foundation Trust. The preceptorship programme also provides healthcare professionals the opportunity to enrol and complete the bespoke postgraduate module Preceptorship for Healthcare Practice. This module was collaboratively written by colleagues from Gloucestershire Health and Care NHS Foundation Trust, Gloucestershire Hospitals NHS Foundation Trust and the University of Gloucestershire, where it was subsequently validated in 2022. This reflective module aims to consolidate the healthcare professionals learning enabling them to apply theory to professional practice whilst undertaking the preceptorship programme. This research study aims to answer the research questions (Chapter 2.3) focusing on the preceptees experiences of undertaking a postgraduate multiprofessional preceptorship programme. The study will provide a literature review (Chapter 2), a detailed description of the methodology used (Chapter 3), the findings from the research (Chapter 4), a discussion of the findings (Chapter 5), recommendations for organisations, for education and for research and a summary in the form of a conclusion (Chapter 6).

1.2 Background – What is Preceptorship?

Preceptorship is defined as “a period of structured transition for the newly registered practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning” (Department of Health (DH) 2010 p.11). Kumaran and Carney (2014) state preceptorship supports the newly registered

healthcare professionals through the transition phase often referred to as the reality shock by bridging the gap from being a student to a fully accountable and autonomous practitioner. NHS Employers (2021) declare a quality preceptorship programme is essential giving the best possible start for Allied Health Professionals (AHPs), Midwives and Nurses as they develop as independent, knowledgeable, accountable, and skilled practitioners (Nursing and Midwifery Council (NMC) 2020).

Preceptorship was introduced in the United Kingdom in 1991 (Irwin, Bliss and Poole 2018) and was embedded into the nursing profession (NHS Employers 2021), recognised as a positive tool (Barrett 2020) and a strategy to aid recruitment and retention (Jonsson, Stavreski and Muhonen 2021). For many organisations staff retention is a fundamental priority (Phillips et al 2014) as more nurses are reported leaving the NMC register than joining (Taylor, Eost-Telling and Ellerton 2018). Although preceptorship programmes are deemed to aid recruitment and retention they must be accessible, structured and effective in supporting individuals through the challenging transition phase. In 2010 Park and Jones (2010) identified the importance of getting this right as poor transition experiences are linked to high attrition rates. However, several years on, this statement is still valid (Jonsson, Stavreski and Muhonen 2021).

The NHS People Promise and the People plan (National Health Service England (NHSE) 2020) is a strategy that is concerned with improving staff experiences ensuring they are supported, respected and valued. The ambition of this strategy demonstrates that the NHS is a great place to work, as it not only cares for those who use its services, it also cares about its workforce who provide these vital services. By working collaboratively with its workforce and enabling them to have a voice which is heard and valued, this strategy aims to not only attract individuals but also retain them. Within the plan preceptorship features in the “We are a team” category and highlights the importance of having robust and consistent preceptorship frameworks, personal and professional development and access to timely support. It states preceptorship must be offered to all newly qualified Nursing Associates, Midwives, Nurses and AHPs.

For newly registered healthcare professionals known as preceptees there are many benefits of undertaking a preceptorship programme. DH (2010) identifies the

supportive transition phase enables development of confidence, knowledge, skills and competence leading to an increase sense of job satisfaction resulting in improved standards and quality of patient care. Preceptorship comprises of two parts; one being the support provided within the workplace from a preceptor and the second part from undertaking formal preceptorship training. Wray et al (2021) suggests this creates a positive learning experience enhancing the support for the preceptee. This is achieved by using formal and informal approaches, such as assessments and completion of role specific clinical competencies within the workplace along with classroom teaching.

Preceptorship programmes can be uniprofessional for one specific healthcare profession or they can be multiprofessional. Van Diggele et al (2020) declares multiprofessional programmes enable healthcare professionals to learn collaboratively alongside each other. The World Health Organisation (WHO 2010) states the benefits of using an interprofessional education pedagogic approach encourages two or more professions to learn about each other, with each other and from each other (Guraya and Barr 2018). This resonates with the findings of The NHS long term plan (NHSE 2023a) which states staff want to work in multiprofessional teams. This collaborative approach has been shown to improve multidisciplinary working between various healthcare professions resulting in an increase of the quality of patient care provided (Zanotti, Sartor and Canova 2015). From these positive outcomes and benefits to patient care (Van Diggele et al 2020), multiprofessional preceptorship programmes are encouraged.

1.2.1 Contextualising Preceptorship Frameworks

Over the last few years NHS England have conducted work and research regarding the quality and consistency of preceptorship offers in England. The research involved organisations completing baseline assessments about their preceptorship offer and subsequently participating in focus groups with the aim to develop a National Preceptorship Framework. This research resulted in the publication of the National Preceptorship Framework (for Nursing) (NHSE 2022b) and the AHP Preceptorship Standards and Framework (NHSE 2023b) used in conjunction with Health and Care Professions Council (HCPC) (2023) Principles for Preceptorship. The ambition for these frameworks, according to NHSE and HCPC is the standardisation of quality preceptorships being offered to newly qualified healthcare professionals empowering

them and improving confidence whilst transitioning into their new roles and workplaces. For some organisations this has required the development of preceptorship programmes as they had not offered them to their new starters before. For others who already had preceptorship programmes in place, this offered the opportunity to review their programme, to benchmark it against the national standards and to make improvements to align with the relevant preceptorship framework. Within the National Preceptorship Framework (for Nursing) (NHSE 2022b) an interim quality gold mark was introduced as an incentive for organisations to work towards and achieve to demonstrate their alignment to the relevant framework. This also provided assurance to the preceptees that gold quality mark preceptorship programmes were structured and robust whilst also meeting the standards of the framework.

One of the ambitions of The NHS Long Term plan (NHSE 2023a) is to make the NHS a better place to work, this links directly with the work NHSE have undertaken to improve the quality of preceptorships offered. NHSE therefore recommends all NHS organisations adopt the relevant preceptorship frameworks for Nurses and AHPs. Jonsson, Stavreski and Muhonen (2021) state having a robust and structured preceptorship programme will aid not only aid retention, but it will also aid recruitment as newly qualified healthcare professionals want the reassurance, they will be getting the necessary support and the best possible start to their career.

1.2.2 Academic development for preceptees

Some organisations have developed academic modules that run alongside the preceptorship programme. The few modules available in England create early opportunities for healthcare professionals to develop both personally, professionally and academically. The Preceptorship for Healthcare Practice is a 15 credit, level 7 (Masters) reflective postgraduate module which aims to consolidate knowledge and experiential learning. The funded postgraduate module is not mandatory and is offered to every preceptee undertaking the multiprofessional preceptorship programme. Additional information and sufficient thinking time is provided for preceptees to make their informed decision whether to undertake the additional study at the same time as completing their preceptorship programme. Preceptees are introduced to the world of research and develop skills of analysis, enabling them to think differently, and to be able to confidently challenge the evidence base or clinical practices. To aid this

learning two half day workshops are provided titled; “Writing Workshop” and “Assignment Sharing Workshop” where preceptees are guided and supported to work at level 7. A further two drop in online tutorials are offered for preceptees to attend if they wish. For the postgraduate module there are five learning outcomes all related to preceptorship, of which the preceptees choose two to write about. The learning outcomes include themes such as professional practice and development during preceptorship, multidisciplinary working within healthcare, maintaining health and wellbeing, leadership, effective delegation, self-awareness, importance of seeking feedback and creating an action plan for future development. The assessment comprises of a 3000 word reflective assignment and is submitted directly to the University of Gloucestershire for marking. If successful, the preceptee is awarded 15 credits at level 7. The postgraduate module can be completed as a stand-alone module or as an optional module towards the MSc Advanced Professional Practice pathway. The development and aim of educational pathways are to enable academic progression (Overholser 2023). It allows the learner to progress at their own pace giving them more ownership and control over their personal and professional development by engaging them with professional lifelong learning at the start of their careers.

1.2.3 Funding for academic modules

Garratt (2024 p.14) acknowledges the importance of enabling staff to continue to develop both personally and professionally and the impact this has on retention. He pledges to “support staff to continue learning by funding national Continuing Professional Development (CPD) for nurses, midwives and Allied Health Professionals (AHPs)”. The NHS Long Term Plan (NHSE 2023a p.65) is committed to developing the knowledge and skills of the NHS workforce stating, “staff need to be supported to meet their full potential”. Walter and Terry (2021) suggest funded CPD is one way to enable healthcare professionals to have the opportunity to complete academic modules without incurring any financial hardship or consequence, which is often a barrier and prevents the uptake of such modules. The Preceptorship for Healthcare Practice module was funded by national CPD monies and was offered to every preceptee undertaking the multiprofessional preceptorship programme.

1.3 Aim of research

The aim of this research study is to explore the experiences of newly qualified healthcare professionals known as preceptees undertaking a postgraduate multiprofessional preceptorship programme. This study will give a unique insight into the lived experiences of the preceptees and the impact of the postgraduate preceptorship module identifying its strengths, benefits and challenges from the perspective of the preceptees. A literature review will now be conducted to determine if this research has been undertaken and to what extent.

Chapter 2 Literature review

Having previously discussed the importance of preceptorship in Chapter 1, Chapter 2 will begin with an overview of preceptorship before conducting the literature review (Chapter 2.1). The NMC (2020) acknowledge one of the benefits of undertaking a preceptorship programme can aid preceptees to feel a sense of belonging within the workforce leading to feelings of being valued. These emotions enable the preceptee to experience an increased sense of satisfaction, morale (NHS Employers 2021) and self-confidence (Edwards, Hawker and Carrier 2015). Having a positive preceptorship experience has been shown to improve the retention rates of newly qualified registrants during the first two years following registration (Owen et al 2020). The programme also enables peer to peer and self-reflection with an opportunity for constructive feedback (DH 2010) helping develop those important assertiveness and communication skills (Mansour and Mattukoyya 2019). This motivates and empowers the preceptees to further develop and improve their clinical knowledge, confidence and competence which results in fewer mistakes and complaints being made as higher quality personalised patient care is being delivered (Twibell 2012). The programme also commences the start of the preceptees continuous lifelong learning journey (NMC 2020), which is pivotal to ensure all healthcare professionals maintain up to date knowledge and evidence-based practice techniques to be able to deliver safe and effective care (HCPC 2022). Continuing Professional Development (CPD) is one of the essential standards that forms part of the revalidation process for both NMC and HCPC registrants. These standards must be achieved by the registrants to maintain their registration with the regulatory professional body.

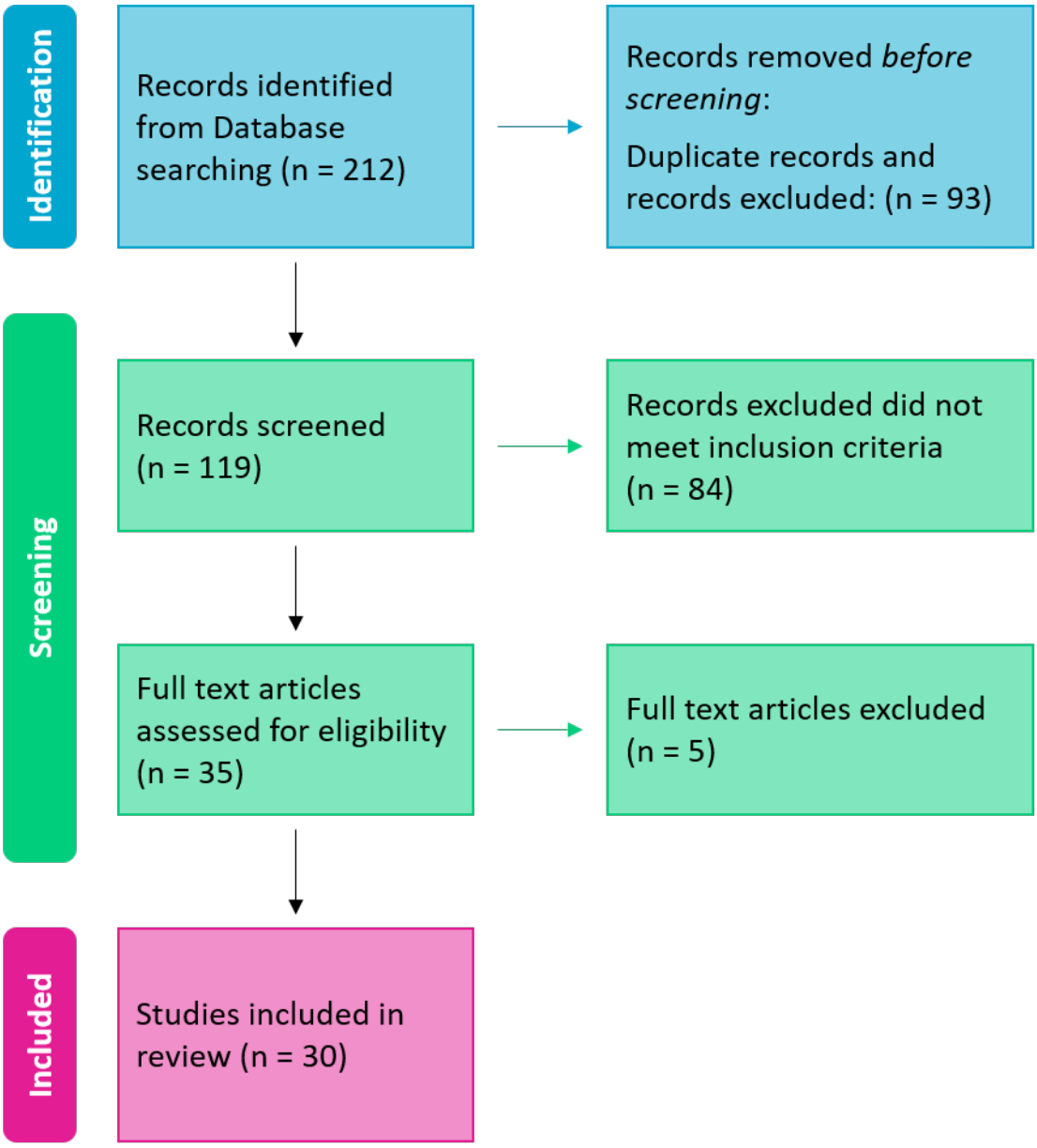
O'Driscoll, Allan and Traynor's (2022) integrative literature review highlighted several research studies around preceptorship with many themes focusing on the effectiveness of preceptorship programmes, the aspects of recruitment and retention, the role and expectations of the preceptor. Some studies used quantitative research concentrating on measurable outcomes whilst others focused on qualitative research looking at the experiences and perceptions of those involved with the programme (Aldosari, Pryjmachuk and Cooke 2021). There were many different themes identified, one being a suggestion from Whitehead et al (2016) that further research was required

for preceptors. This had a positive impact and generated a wealth of research leading to the development of specific preceptor training programmes. However, there are still very few studies that have explored the experiences of the preceptees undertaking a preceptorship programme.

2.1 The literature review search strategy

A literature review was undertaken to assess if any research had been conducted exploring the preceptee's experiences of undertaking a postgraduate multiprofessional preceptorship programme. An initial search of the literature was undertaken using the following search terms Preceptorship AND United Kingdom AND Preceptee. A second search used Physiotherap* AND/OR "Occupational Therapy" AND Preceptorship and a third search used Physiotherap* AND/OR "Occupational Therapist" AND/OR "Allied Health preceptee".

The following online databases were accessed and used; NHS Knowledge, evidence and Library hub, EBSCO Host, Scopus, CINAHL, Embase, RCN, ERIC, MEDLINE, Psyc INFO, Psyc Articles, Wiley online library and Cochrane library. Inclusion criteria included any literature, previous research, campaigns, anecdotal and existing literature reviews (Jolley 2020) dated 01.01.2014 to 30.11.2023 which focused on preceptorship and where possible information related to preceptees. The search criteria excluded any international literature as the focus was to explore the preceptorship programmes being offered within the United Kingdom. The Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) flowchart in Figure 1 captures the literature found and those that were excluded.



Adapted from: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

Figure 1 PRISMA Flowchart (adapted from Page et al 2020)

The search of the literature confirmed there were very few research articles which focused purely on the preceptee, and those that did, were limited to uniprofessional preceptorship programmes involving only Nurses, Midwives, District Nurses, Paediatric Nurses or Neonatal Nurses. It was therefore deemed important to extract

as much information as possible from various sources of literature such as reviews (scoping reviews and integrated reviews), research articles, peer reviewed papers, campaigns and anecdotal literature that mentioned preceptees and their experiences. To help decipher and extract relevant data from the literature search a critical appraisal tool was used. The Joanna Briggs Institute (2021 p.420) data extraction tool often referred to “data charting” was used identify each piece of evidence, the relevance to this study and its trustworthiness. Using this approach identified the evidence to include and which pieces to exclude.

2.2 Themes identified from the literature review

There were a number of recurring themes identified throughout the literature review included; length of preceptorship programmes, feelings experienced during the transition phase, confidence, competence and communication, the supernumerary period, preceptee and preceptor supervision, and finally peer support/networking.

2.2.1 Length of preceptorship programmes

The length of preceptorship programmes varies with DH (2010) stating it should be up to 12 months in length. However, the DH do not stipulate a minimum time limit for how long preceptorship programmes should be, and by stating up to 12 months, this has led to inconsistencies throughout England. More recently the National Preceptorship Framework (for Nursing) (NHSE 2022b) recommends these programmes should ideally be between 6-12 months but can be extended to suit the individual needs of the preceptee. A scoping review by Robinson and Griffiths (2009) found that preceptees had greater satisfaction if the programme took longer than 4 months to complete.

Fullstone and Hall (2017) collected data from reflective accounts of two newly qualified military graduates working within Emergency Departments, and reported the length of programmes can vary but identified they should be area specific. Fullstone and Hall (2017) suggest this is due to the increased number of clinical competencies required and so programmes could be anything in length from 4 to 18 months. Patterson, Bayley and Burnell (2010) identify emergency nursing as one of the most demanding

areas of the profession and suggest resilience and coping strategies are needed to form part of the structured preceptorship programme to enable preceptees to reflect and adapt their practice. Although face to face debriefs are mentioned, there is a suggestion from the reflective accounts that time constraints may have prevented this from happening, as preceptees are signed posted to an online debrief resource. The reflective accounts suggest further research is required to determine the effectiveness of such a resource and more importantly the experiences of the preceptees using it.

2.2.2 Feelings experienced during the transition phase

An integrated literature review involving 20 papers was conducted by Smythe and Carter (2022) who acknowledged the transition phase from student to autonomous practitioner can be overwhelming, socially isolating and stressful. These feelings are known to increase as the workload pressure, accountability and responsibility increases within their new role (Butler 2022) leading to emotional strain (Barrett 2020). Preceptorship is there to guide and support the registrant through this difficult time (Jenkins et al 2021), although these negative feelings can be exacerbated if preceptees are unaware or do not understand the relevance of undertaking a preceptorship programme. Salt, Jackman and O'Brien (2023) conducted a mixed method cross sectional study using online questionnaires followed up with two focus groups involving Allied Health Professionals (AHPs) from the Staffordshire and Stoke on Trent Integrated Care Systems (ICS). The preceptees responses from their online questionnaires indicated this could potentially be due to a lack of knowledge about preceptorship and was further explored within the focus group discussions. It was interesting to note more preceptors than preceptees took part in this study and overall employment figures were estimated rather than using actual figures due to a lack of available data. The findings from the research concluded there was a general lack of awareness, along with a poor understanding about preceptorship, and who should attend the preceptorship programme. This consequently led to confusion for both preceptees and preceptors resulting in a negative transition experience.

Whitehead, Owen and Holmes (2013) along with further research by Whitehead et al (2016) both report that some newly qualified nurses having positive experiences during this period have been linked to wards and departments that encouraged a positive culture of embracing and promoting the preceptorship. Phillips et al (2014)

discusses the importance of having a good, structured preceptorship programme supporting the preceptee through the transition period has been linked to increased job satisfaction and feeling valued leading to improvements with recruitment and retention. However, in contrast Rolt and Gillett (2020) report that some preceptees experienced feelings of hostility from established staff, which Halpin, Terry and Curzio (2017) suggest the preceptees were judged for their lack of experience and subsequently excluded from the team. Logina and Traynor's (2019) article suggested the negative transition experience can delay (nurse) preceptees from achieving their full potential and may take them longer to deliver safe and effective patient care. A review by Whitehead (2019) concurs with Philips et al (2014) that such a poor transition experience maybe one of the reasons why nurses are leaving the profession.

Darvill, Fallon and Livesley (2014) advocate the allocation of preceptors during the transition phase to help support, guide and develop the preceptee's confidence. However, despite having the support of a preceptor some preceptees did not have a positive experience during the transition phase. Qualitative research by Tucker et al (2019) using semi-focused interview focus groups involving 13 newly qualified district nurses and 14 preceptors highlighted preceptees experienced feelings of anxiety and isolation during the transition phase from student to newly qualified registrant due to a lack of preparedness from their educational programme. Fenwick et al (2012) identifies this as the theory practice gap and depicts it as being very different from what had been described or expected. This theory practice gap is often referred to as transition shock (Duchscher and Windey 2018) or reality shock (Kumaran and Carney 2014) which Allan et al (2017) states is a pedagogic challenge. To aid realistic expectations Lewis and McGowan (2015) recommend the sharing of information including an introduction on preceptorship be added to all third-year undergraduate nursing student programmes.

In 2022 the Nursing Times in conjunction with the Florence Nightingale Foundation and Unison conducted a survey for newly qualified nurses. It highlighted that not all organisations offered a preceptorship programme for this important transition period with nurses such as Woodward (2022) reporting they felt like imposters who had to quickly adjust and grasp the role in the current increased NHS pressures.

Stressors and stresses experienced during the transition period were also explored by Halpin, Terry and Curzio (2017). Their longitudinal explanatory sequential mixed methods research study recruited 288 adult nurses from one English university with data collected at regular intervals since point of qualification and then 6 monthly thereafter. Phases 1 to 3 included questionnaires with phase 4 comprising of semi structured interviews. Although 288 nurse participants were recruited only 4.86% completed the full research study. There was a significant drop out rate after phase 3 (12 months post registration) which had responses from 86 nurses, whereas phase 4 only 14 nurse participants completed the semi structured interviews. Key findings suggest the preceptees experience can be enhanced during the transition phase if the preceptorship programme seeks to understand and reduce stressors for the preceptees. Halpin, Terry and Curzio (2017) highlight that such stressors include incivility, unsupportive workplaces, high workload and feeling overwhelmed could potentially lead to burnout (Muldallal, Othman and Hassan 2017) ultimately impacting on the preceptees experience of their preceptorship. Acknowledging this Butler (2022) recognises that resilience and additional emotional support is required for all new registrants, deeming these are essential components within a preceptorship programme in aiding the healthcare professional to adapt and transition to their new role. Protecting the preceptee against emotional strain within the transition phase has been shown to have positive effects with readiness, confidence and retention (Woodruff 2017).

2.2.3 Confidence, Competence and Communication

Confidence building is seen as one of the main goals of preceptorship (Lewis and McGowan 2015). A review conducted by Irwin, Bliss and Poole (2018) advocated further research was required to understand what impacts on the newly qualified nurse's confidence and competence as this undoubtedly influences the preceptees overall experience of preceptorship. A qualitative study by Forde-Johnston (2017) using questionnaires and focus groups was undertaken at Oxford University Hospitals NHS Foundation Trust concentrating on developing and evaluating the mandatory preceptorship programme offered to 28 band 5 newly qualified nurses. Data collated revealed that all the newly qualified nurses reported they had developed an increase in confidence, however, the majority of preceptees (75%) had not received any feedback regarding their clinical skills as they had not spent time with their preceptor.

Qualitative research by Lewis and McGowan (2015) using a small purposive sample of 8 newly qualified nurses and one semi structured interview lasting 60 minutes revealed nurse preceptees had expectations of working alongside their preceptors, however in reality the experience was somewhat different.

The literature review and narrative synthesis by Walker and Norris (2020) consisting of 3 qualitative papers, 2 literature reviews and 7 preceptorship programmes acknowledges that preceptees aspire to be confident and competent practitioners with the outcome of making autonomous decisions. Twibell (2012) highlights as skills, competence and knowledge increase over time, it results in fewer errors in clinical practice enabling the newly qualified practitioner delivers safe and effective patient care (Kim, Lee and Eudey 2014). Power and Ewing (2016) state learning can be facilitated through the practitioner being reflective which Walker and Norris (2020) affirm this can be achieved through a structured preceptorship programme by peer support opportunities and using action learning sets. However, Walker and Norris (2020) acknowledge this learning would be difficult to achieve without having supervision or receiving any constructive feedback from within the clinical working environment. Hollywood (2011) states being thrown in at the deep end can enhance autonomy and confidence. However, qualitative research interviews undertaken by Wain (2017a) involving 8 newly qualified midwives uses the analogy of sink or swim to describe how confident and competent the preceptees were feeling. Swimming involving the positive support, interactions and relationships with others, whereas sinking involved preceptees feeling isolated, humiliated, foolish and intimidated resulting in feelings of anxiety and incompetence (Fenwick et al 2012). A qualitative exploratory study by Jenkins et al (2021) which recruited 18 registered nurses from an acute NHS trust and 25 registered mental health nurses from an NHS mental health trust used focus groups that revealed these negative feelings make it difficult for the nurses to ask for help and support.

Confidence and competence were also explored by Rolt and Gillett (2020). This study using semi structured interviews involving 6 newly qualified hospice nurse preceptees and 5 senior nurse managers revealed hospice nurse preceptees expressed concerns that a lack of clinical skills training had a negative impact on their confidence and competence. To aid the development of competence with clinical skills, some

preceptorship programmes incorporate the use of a competency framework. Researching the effectiveness of using a competency framework was undertaken by Edwards and Connett (2018). They recruited 11 newly qualified neonatal nurses and used mixed method questionnaires accessed by the nurse's mobile phones. They concluded 72% (8 neonatal nurses) expressed a framework was useful as it helped them to obtain clinical and personal objectives with 82% (9 neonatal nurses) indicating this enabled them to deliver more effective care. As the sample size was small, it would be interesting to see if the same themes were identified if the sample size was larger or contained different professions.

Papers by Tucker et al (2019) and Mansour and Mattukoyya (2019) both describe a lack of empirical research to link preceptorship having a direct impact on competence and confidence. The papers continue to highlight some preceptees may have not developed the necessary assertiveness skills to be able to communicate how they genuinely feel. Mansour and Mattukoyya's (2019) cross sectional survey involving both quantitative and qualitative methods reported that newly qualified nurse preceptees at four acute hospital trusts in east England had varying experiences related to their development of assertiveness and communication skills. Data collected through open-ended questionnaires suggested some preceptees felt the preceptorship programme had little benefit in them developing the assertive interpersonal skills to speak up which are used in clinical decision making and when challenging unsafe clinical practice. In their qualitative ethnographic case study, Allan et al (2017) explored three hospitals in England using 66 direct participant observations of 33 newly qualified nurses focusing on their confidence and competence with delegation and supervision of Healthcare Assistants (HCAs). Data collated through semi-structured interviews of all 33 newly qualified nurses, 10 HCAs and 12 Ward managers concluded, that preceptees need to be supported by an effective preceptorship programme during their transition phase to enable successful delegation and supervision of HCAs. The evidence suggests that a supportive culture (Law and Chan 2015) with positive role modelling (Bisholt 2012) is essential to aid the preceptees development of not only their communication skills, but to be assertive and speak up without being fearful.

2.2.4 Supernumerary period

The National Preceptorship Framework (for Nursing) (NHSE 2022b) recommends nurse preceptees have a minimum of two weeks supernumerary time. Using anecdotal reflections from the Nursing Times Campaign, Sainsbury (2022) states supernumerary status is essential in helping newly qualified nurses find their feet and develop the skills to critically reflect using clinical supervision with a dedicated nurse or coach in a safe psychological space. Elliot's (2022) anecdotal reflections agree with Sainsbury (2020) stating supernumerary status gives the feeling of safety to nurses during the transition phase. To determine the amount of supernumerary time required Whitehead, Owen and Holmes (2013), revisited by Whitehead et al (2016) produced an evidence-based toolkit consisting of four tools: organisational, managerial, local culture and allocated supernumerary time. They presented it to stakeholders at Chesterfield Royal NHS Foundation Trust. A framework to support and implement the toolkit was developed with the aim of achieving and maintaining a successful transition period for newly qualified nurses. It considered all previous experiences for newly qualified nurses and suggested the length of supernumerary time (usually 2-4 weeks) required for them to develop confidence and adjust to their new role. This toolkit identified nurses who had not undertaken any placements within the organisation they subsequently began their career with, generally took the longest time to settle in, so from this toolkit they are given 4 weeks supernumerary time. To ensure its effectiveness, the time toolkit was to be accompanied by discussions held between preceptor and preceptee. Owen et al (2020) also suggested the preceptorship toolkit could also be used by the newly qualified nurse to assess the quality of preceptorships on offer from various employers when making decisions of where to begin their careers. Cox (2022) suggests having a structured preceptorship programme with protected supernumerary status can have a positive impact on recruitment and retention during the first two years of a nurse's career. As Cox's suggestion is limited to nurses only, further research would be needed to determine if the outcomes and recommendations would be the same for other healthcare professionals.

2.2.5 Preceptee and preceptor supervision

Tracey and McGowan (2015) emphasize that during the preceptorship the preceptee is offered guidance, support and feedback from an allocated preceptor. Reflections

from preceptees have expressed a desire for preceptors to act not only as coach but also as a critical friend (Sainsbury 2022). For this to be effective the National Preceptorship Framework (for Nursing) (NHSE 2022b) identifies the need for protective time for both preceptee and preceptor during the preceptorship programme. Edwards and Connett (2018) support this defining it as one of the most important aspects of preceptorship and one of the emerging themes from their mixed method questionnaire involving 11 newly qualified neonatal nurses. However, they determined that protected time is not always available with 55% (6 neonatal nurses) claiming they had not worked with their preceptor. To support this, research data analysed by Wain (2017a) involving 8 newly qualified midwives and using semi structured interviews highlights that in reality the high acuity levels and shortness of staff have led to inadequate skill mixes, has resulted in preceptees not having the protected time as expected, and they have endured unpleasant experiences of trying to figure out which midwives were approachable, and which were not. Tucker et al (2019) suggests having senior management “buy in” thus embedding preceptorship within the organisation (Walker and Norris 2020) will ensure a co-ordinated approach to facilitate protected time for both preceptee and preceptor.

Wu, Fox and Stokes (2012) identify that 10% of the nursing workforce are preceptees and work stress has a direct impact on retention making it even more challenging for preceptees to have an allocated preceptor or have protected time with their identified preceptor. An early allocation of a preceptor is deemed as a priority as preceptees are looking for educational, clinical and emotional support (Walker and Norris 2020). Tucker et al (2019 p.555) supports this stating “having a named preceptor is vital” as this enhances the level of engagement and promotes feelings of belonging. However, Whitehead et al’s (2016) systematic review suggests preceptors are asked or simply chosen to undertake the role, which they could potentially be inadequately prepared for.

Hardie et al (2022b) states the role of the preceptor involves acting as a role model, providing learning experiences, professional guidance, clinical supervision, competency assessments and providing ongoing continuous feedback. Hardie et al (2022b) conducted research using qualitative interviews with 26 individuals including nurses, undergraduate nurses and patients with the information gained to develop a

series of co-design simulation workshops. The aim of his research was to design and develop a preceptorship education programme. The findings focused on the importance of effective communication, body language when making a first impression, the role of the preceptor and the importance of the preceptee receiving bi-directional regular feedback from the preceptor and the patient. Butler (2022) discusses the significance of preceptees needing frequent feedback to further develop and progress both personally and professionally. The importance of providing the constructive feedback in a timely manner is viewed as an essential skill all preceptors must develop, although Butler (2022) acknowledges it can be challenging to provide such feedback whilst being mindful not to discourage, upset or leave the preceptee feeling humiliated. Preceptors must be emotionally intelligent and mindful of not only the preceptees feelings but also of their own emotions when creating a collaborative learning environment (Hardie et al 2022a). To ensure preceptors were able to do this confidently, Hardie et al's (2022a p.7) scoping review identified the importance of developing and using virtual reality online practical pedagogy simulation training to enable preceptors to "develop interpersonal and communication skills" whilst using real life experiences within a safe controlled environment.

Within Odelius et al's (2017) scoping review, preceptees have described other barriers the preceptors have experienced with preceptorship. They reported finding the time to have the allocated meetings with a preceptor and vice versa (Bartley and Huntley-Moore 2021) were logistically challenging and difficult to ensure due to work pressures (Panzavecchia and Pearce 2014), pace of the clinical environment (Allan et al 2017), conflicting rosters (Edwards and Connett 2018), staff shortages and absenteeism (Mansour and Mattukoyya 2019, Tucker et al 2019). There is evidence of possible preceptor burn out from being repeatedly assigned preceptees (Bodine 2018), which Barrett's (2020) literature review suggests can be overcome by initially having a pool of engaged preceptors for preceptees to access with the view of the preceptee requesting one to be their assigned preceptor. This may reduce and mitigate any difficulties or clashes associated with the interprofessional relationship between the preceptee and preceptor. Scholes et al (2017 p.106) identifies a number of challenges which can affect these relationships making them "toxic", namely personality clashes (Wain 2017a), cultural differences, differences with age pairing (Poradzisz et al 2012) and negative staff attitudes (Johnstone, Kanitsaki and Currie 2008).

Although preceptorship was devised to address these issues, Tracey and McGowan (2015) recognise programmes vary with the level of support being provided and many programmes being inconsistent which Fullstone and Hall (2017) acknowledge preceptees are left feeling vulnerable and as a result often slow to develop. When exploring the preceptor/preceptee relationship much focus has been placed on the preceptor. The preceptorship toolkit revised by Whitehead et al (2016) was also peer reviewed by Owen et al (2020), identifying the roles and expectations of the preceptor and how best to support the preceptee. Findings from Irwin, Bliss and Poole (2018) systematic literature review reported support from the wider team was more beneficial to preceptees than support from an individual preceptor. The scoping review by Odelius et al (2017) assessing the value of nursing preceptorships suggests having only one preceptor is unrealistic as new nurses are often left without support and therefore rely on peer support which also provides moral support. Forde-Johnston (2017) recommends further research is required to identify support strategies and how these can enhance the development of newly qualified nurses. It is important to note, that preceptees who have a positive experience with preceptorship along with a supportive preceptor are highly likely to become preceptors themselves in the future (Edwards and Connett 2018). Preceptorship needs preceptors who fully understand their role and past preceptees who become preceptors have a true appreciation of the support and development a preceptee requires during the transition period enabling the cycle to continue.

2.2.6 Peer support/networking

Peer to peer support is an important factor for many preceptees (Bartley and Huntley-Moore 2021) as it not only enables networking with other newly qualified registrants, according to Jenkins et al (2021) it helps promote health and wellbeing whilst reducing workplace anxiety. Hardie et al (2022b) suggests it also encourages professional pedagogical learning along with the sharing of clinical decision making, problem solving and practices (Tucker et al 2019, Walker and Norris 2020). Hardie et al (2022b p.3) positively identifies that collaborative sharing, discussing and reflecting of practice provides the opportunity “to see situations from different perspectives” aids a deeper understanding of clinical practices.

Peer support has been described as a “powerful method of improving newly qualified nurses self-confidence” (Whitehead 2019 p.73) and to achieve this many organisations have introduced a buddy system (Power and Ewing 2016). Peer support and Networking can take place using various different methods and technology. The qualitative research by Jenkins et al (2021) and the mixed methods questionnaire by Edwards and Connett (2018) both identified the 24-hour accessibility use of online learning and social media was highly rated by their participants as it effectively promoted engagement and joint problem solving while supporting the sharing of information by encouraging the building of interprofessional relationships and behaviours such as critical reflection. However, not all preceptees shared the same positive experience. Reflections shared by Woolf (2022) revealed that online technology can actually present a lack of opportunity to network with other preceptees, as not all preceptees embraced and engaged with the technology. However, Cox (2022) deems this engagement is essential in building relationships and the sharing of experiences, whilst giving and receiving peer to peer support. Some preceptees also felt networks enabled them to keep up to date as any new information was communicated and cascaded within these groups.

2.2.7 Summary from literature review

There is a vast amount of literature regarding the preceptorship programme for newly qualified registrants. However, despite this Smythe and Carter’s (2022) integrated review states the experiences and perceptions of newly qualified nurses are under-researched within the United Kingdom. Whilst it is noteworthy that many research studies or literature reviews around preceptorship are uniprofessional focusing specifically on Nurses, Midwives, Neonatal Nurses, Health Visitors, District Nurses or Paediatric nurses, some preceptorship programmes within the United Kingdom are multiprofessional or interprofessional. These involve the registrants above along with newly qualified Allied Health Professionals. Further research would be beneficial to gain an awareness of the preceptees experiences from a variety of healthcare professionals all undertaking the same multiprofessional preceptorship programme. Although Scholes et al (2017 p.106) conducted qualitative research that involved both Nursing and Allied Health Professionals from 13 different NHS trusts, they concluded that despite initiatives to promote the multiprofessional programmes within the healthcare region, there was “little appetite” for them. As that was seven years ago

and healthcare is forever evolving, attitudes and programmes have now changed. Great benefit is highlighted by bringing professions together by having multiprofessional preceptorship programmes. Other changes have included a small number of preceptorship programmes within the United Kingdom successfully gaining accreditation and validation by universities at degree or masters level, facilitating the beginning of both the academic and professional lifelong learning journey for the newly qualified registrant.

Drawing upon Smythe and Carter's (2022) integrated literature review, this study explores the experiences of preceptees but expanding on their recommendation for research by not only including nurses, but also Allied Health Professionals, Return to Practice registrants and Internationally Educated Practitioners as well. I feel it would be beneficial to focus on a multiprofessional preceptorship programme and one which has recently been validated at level 7 (masters).

2.3 Research questions

Having undertaken a literature review the following research questions for this study were identified:

- What are the experiences of preceptees undertaking a postgraduate multiprofessional preceptorship programme?
- What do preceptees identify as the strengths and benefits of undertaking a postgraduate multiprofessional preceptorship programme?
- What do the preceptees identify as the challenges of undertaking a postgraduate multiprofessional preceptorship programme?

Chapter 3 will now explore the research methodology to identify and determine the philosophical approach and paradigm to be used for this study.

Chapter 3 Research Methodology

3.1 Philosophical approach

Identifying which philosophical approach to adopt when undertaking any research study can be a difficult decision. Tombs and Pugsley (2020) state philosophy is associated with the nature of the study, knowledge and associated assumptions. It stresses the importance of addressing which approach to take as researchers have different assumptions about knowledge and the nature of truth, and philosophy helps researchers to understand their individual assumptions. Peoples (2021) acknowledges philosophy can be difficult to understand due to its complexity and especially for the novice researcher (Moule, Aveyard and Goodman 2017).

Whilst there are many philosophical approaches available, careful consideration must be given to the benefits and the challenges of each, as this will have an impact on the research study. Having considered philosophical approaches for this research study including positivism, interpretivism, pragmatism, relativism, post modernism and critical realism, an interpretivist approach was adopted. Parahoo (2014 p.37) defines this explorative philosophical approach as seeking to understand and make sense of how people perceive and interpret different human experiences, cultures, behaviours, intentions, attitudes, motivations and aspirations. He further explains that this is achieved by focusing “on the subjective experience, perception and language in order to understand intention and motivation that can explain behaviour”. This supports Heidegger’s view that “human existence and experience, is made up of our interpretation of what we see, feel and experience” (Parahoo 2014 p.47) all of which are personal to the individual. Welford, Murphy and Casey (2011) identifies interpretivism being located within relativist ontology it is concerned about truths from multiple realities and perspectives. This is particularly important as this research study focuses on the experiences of preceptees undertaking a postgraduate multiprofessional preceptorship programme. Each ontological experience will be individual and unique representing many multiple realities of the same phenomenon.

Gerrish and Lathlean (2015) highlight this interpretivist philosophical approach is used within a range of disciplines such as nursing and social sciences and is a mix of art

and science which Ritchie and Lewis (2003 p.XV) state occurs through a “blend of empirical investigation and creative discovery”. Ellis (2019) concurs that empirical research is the process of establishing and understanding new truths. Walliman (2018 p.18) further supports and acknowledges this by defining empiricism as knowledge gained by sensory experience. Moule, Aveyard and Goodman (2017) acknowledge the work of Guba and Lincoln (1982) and associate the interpretivist approach with social and behaviour sciences. It is concerned with individual perspectives and experiences involving all the senses through a process of enquiry or from direct observation. Adopting this approach is particularly important for this research study as not only is the spoken word significant but so too is the body language and facial expressions.

Interpretivism is inclusive in nature and allows patterns and themes to emerge and through the process of inductive reasoning, Walliman (2018) suggests general theories or conclusions about phenomena can be developed. Hougton, Hunter and Meskell (2012) identified some limitations and suggest the interpretivist approach is limited in its ability to quantify data, identify commonalities and patterns. However, Popay et al (1998) contradicts this by stating the purpose of interpretivism is to create logical generalisations relating to similar situations and occurrences, rather than creating findings that are statistical in nature. Ellis (2019) concurs by explaining using this epistemological approach interpretivists aim to view the world through the lens of those they are studying rather than relying on numerical data to communicate the findings. This study is not concerned with quantifying data but exploring the individual experiences, thoughts and feelings of those undertaking a postgraduate multiprofessional preceptorship programme. Having established which philosophical approach this research study will take, consideration needs to be made to ensure the research paradigm used compliments the philosophical approach.

3.2 Establishing the research paradigm

Walliman (2018) describes the different characteristics of quantitative and qualitative research highlighting the characteristics of each being different. Welford, Murphy and Casey (2011) state research paradigms are sets of beliefs and practices which provide a framework or a lens through which to accomplish or view an investigation. Later work by Welford, Murphy and Casey (2012) suggest for this to be successful the researcher must become intensely involved, something which anyone new to research maybe fearful of. When comparing the research paradigms Moule, Aveyard and Goodman (2017) acknowledge both the quantitative and qualitative research approaches can present as competing with each other and viewed as divergent positions. Polit, Tantano Beck and Hungler (2001) suggests that qualitative research is flexible with no paradigm superior of that to others (Weaver and Olson 2006), although Ellis (2019) contradicts this saying some researchers claim one research paradigm is better or more important than another. Topping (2015) states this is short sighted and being open to various paradigms can add an extra dimension complimenting the findings. As a researcher it is important to understand how the two research paradigms work and how best they answer the research questions leading into the relevant and associated research methodologies and methods. Ritchie and Lewis (2003 p.15) further support this view by suggesting the two research paradigms should not been seen as contradictory or competing but “viewed as complimentary strategies” appropriate to the varying types of research issues or questions. Within the last decade and particularly within nursing and public healthcare research, researchers have been using a combination of both the quantitative and qualitative research paradigms which Carroll and Rothe (2010) refer to as mixed methods. Shorten and Smith (2017 p.74) firmly believe using an amalgamation of these research paradigms enables the researcher “to explore diverse perspectives and uncover relationships that exist between the intricate layers of the multifaceted research question.” However, achieving this may prove challenging for some researchers especially those new to research as mixed methods can be difficult to implement due to its complexity (Mistry et al 2016).

3.2.1 Quantitative Paradigm

Silverman (2020) outlines the quantitative paradigm is concerned with data that can be scientifically measured using statistical procedures (Jolley 2020) or mathematical models (Walliman 2018). Parahoo (2014) states this research approach is deductive in nature and is concerned with testing and proving theories or hypotheses for measuring cause and effect relationships (variables) or correlations (Moule, Aveyard and Goodman 2017), with the data either verifying or refuting the theory. Ellis (2019) highlights quantitative studies have well defined rules, are rigid in nature and concerned with standardisation and structure with no deviating from this rigid approach (Sarantakos 2012). Using this paradigm for the intended research could be restrictive in nature, as this study seeks to explore individual perceptions and experiences which will be unique and personal to everyone.

3.2.2 Qualitative Paradigm

Welford, Murphy and Casey (2012) state the purpose of using a qualitative paradigm for research is to yield in-depth rich descriptions of phenomena with the aim of identifying patterns, commonalities and themes that hope to explain reality. Burns and Grove (2001) explain there is no single reality in qualitative research as it is constantly changing over time so meaning is situational or contextual. Ellis (2019 p.32) puts this simply as the reality being, different people experiencing the same phenomenon but in different ways.

As qualitative methodologies are inductive in nature and use an interpretivist philosophical approach (Houghton, Hunter and Meskell 2012) researchers can explore, gain valuable understanding (Ellis 2019) and interpret (Moule 2021) the individual's lived experiences, beliefs, emotions and perceptions (Parahoo 2014). Researchers are not looking to test any theories but more concerned with being open to ideas and emerging themes, which Moule, Aveyard and Goodman (2017) support by stating there is no one single understanding or truth with these themes celebrating individual differences. Having already established this research study was adopting and undertaking an interpretivist philosophical approach, it seemed appropriate to conduct the research using the qualitative research paradigm. This study is not looking to prove any theories (Ellis 2019) but wanting to explore the in-depth rich data to understand (Carroll and Rothe 2010) the preceptees world and lived experience of

undertaking and completing the postgraduate multiprofessional preceptorship programme.

As with any research study it was important to have an awareness of the potential criticisms and limitations associated with using a qualitative research approach. Parahoo (2014) suggests it is difficult to quantify people's opinions as qualitative data is not amenable to measurement so cannot be accurately counted or measured. Although, Walliman (2018) recognises that variables and concepts maybe visible and real but acknowledges quantifying this would be difficult to measure and record. As a researcher it was not only important to have an appreciation of this but also to have an understanding as to why qualitative data is problematic to quantify and how this could potentially affect the research study. Ellis (2019) states that the nature of qualitative research is hard to replicate due to multiple realities, which makes the epistemology subjective as people's ideals, beliefs and attitudes will vary depending on their life experiences, cultures and nationalities and also how they are feeling at that particular moment of enquiry. He also suggests researchers are unable to be objective as they are so immersed in the data which could ultimately affect the reliability of the results. Whilst the data collected is crucial within any research study, it was important this research study did not lose focus on the aims of the research and so were revisited on a regular basis to reflect upon and act as a reminder as to why the research was being conducted. Parahoo (2014) questions and subsequently rejects reliability within the qualitative research paradigm, as he firmly believes that due to a unique encounter between participant and researcher it cannot be replicated nor standardised. However, Gerrish and Lathlean (2015) suggest findings can still be valid and accurate as long as they are recorded and transcribed verbatim, as this reduces the participant misinterpretation (Kaviani and Stillwell 2000).

Another criticism of the qualitative research paradigm to be aware of includes that of researcher bias and the impact this can have on the outcomes of the research study. Sundler et al (2019) identifies that bias or researchers' assumptions must be put aside and if this cannot happen, Ritchie and Lewis (2003) suggest making them transparent to assume an open mind (Jenkins et al 2020). Coule (2013) acknowledges achieving this can empower the participants to open up and share their experiences leading to richer accounts. Ellis (2019) recommends this can be achieved through the researcher

taking a reflexive approach by laying bare any pre-misconceptions. For this research study aiming to explore the experiences of participants on a postgraduate multiprofessional preceptorship programme, it was important to reduce any potential bias or assumptions and so a reflexive diary (Wilson 2015) was written alongside completing the research study.

Although there are many qualitative approaches available, Moule, Aveyard and Goodman (2017) highlight within nursing research typically phenomenology, ethnography or grounded theory are used. I am an experienced healthcare professional and my research study has naturally gravitated to these approaches. Research particularly within healthcare tends to use a holistic approach seeking to understand the perceptions and interpretations of its participants through their emotional, psychological, spiritual and physical behaviours (Cope 2015). As research informs education (Parahoo 2014) the majority of this research is patient centred looking to improve the quality of care provided. Some examples include identifying evidence-based practice techniques, improving professional decision making, evaluating current and new treatments, processes and procedures to produce clinical guidelines and policies reflecting the latest research (National Institute of Nursing Research 2023). Historically nursing research was mainly conducted using a qualitative paradigm. However, a variety of methods now exist often merging quantitative and qualitative paradigms together to form a mixed methods approach. The researcher's focus can involve many things such as the training of nurses and their education, the delivery of services, the working conditions and the impact of the working environment on nurses (Parahoo 2014). Nursing research is also concerned with the insights, perceptions, experiences, thoughts, feelings and effects on patients and families. This research study is similar in that it will explore and try to understand a person's experience but will focus on the registered healthcare professional and not the patient or its family. This study is concerned with the experiences, thoughts and feelings of registered healthcare professionals during their educational postgraduate preceptorship programme. Having identified the philosophical approach and paradigm to be used, Peoples (2021) suggests choosing a research approach that is the most suitable to accomplish the aims and answer the research question. It was therefore decided that adopting the phenomenology strategy of inquiry (Welford et al 2011) would enable this study to actively explore and understand the lived experiences

(Parahoo 2014) or essence (Ellis 2019) of those who have enrolled on the postgraduate multiprofessional preceptorship programme.

3.3 Phenomenological approach

Van Manen (1997) identifies the objective to phenomenological research is to study the way in which a person experiences or understands their world as meaningful, truthful and real, which Jolley (2020) simplifies as a study of a phenomenon. The phenomenological approach is concerned with identifying and understanding the meanings within the individual personal experiences, emotions, sensations and mood (Wilson 2015). Jolley (2020) suggests that can be achieved by gathering these life experiences through describing them and reflecting upon them. Husserl described these experiences as 'life world' and refers to them as essences. Ellis (2019) believes only those who have experienced the phenomenon are capable of being able to truly communicate their unique thoughts, feelings and experiences to the outside world. Parahoo (2014 p.47) agrees as the "human existence, and experience, is made up our interpretations of what we see, feel and experience" and are therefore personal to the individual. Having multiple realities about the same phenomenon will provide rich data that will enable this research study to further explore those experiences through data collection and data analysis. Wilson (2015 p.41) suggests phenomenology "empowers people and promotes understanding of others by allowing the lived experience to be experienced vicariously" and although can be challenging starts with a curiosity of what it is like for a person to have a particular experience. Wilson (2015) continues suggesting that this curiosity will drive the study and help keep the researcher focused. Using this qualitative method allows additional questions to be asked by both the researcher and the participants, and by empowering the participants this can foster and generate discussions. As more information is shared the researcher becomes intrigued wanting to know more and more. This stimulates, motivates and encourages the researcher to further explore the participants real world in the attempt to gain an understanding of its meaning.

This phenomenological approach uses rich, detailed and in-depth information and powerful data exploring the beliefs, attitudes, values and lived experiences which

guide their individual actions (Moule 2021). However, Wilson (2015) states that whilst phenomenology requires patience, it can also be perceived as being intrusive and so requires trust between the researcher and the participants for them to be able to fully share their lived experiences. Researchers must be mindful when being inquisitive not to push those boundaries as any trust developed between both the researcher and participant could be destroyed. The use of emotional intelligence skills will be crucial to this research study to not only recognise how the researcher is thinking and feeling, but more importantly being able to perceive how participants maybe feeling. This will be achieved by listening to the words used and observing the participant's body language and facial expressions. Having this awareness and knowledge enables the researcher to manage the relationships more effectively (Goleman 2019) and aids the researcher to recognise when the sharing of experiences must be concluded.

3.3.1 Transcendental and Hermeneutic Phenomenological Research Approaches

Within phenomenological research, particularly within the nursing domain, Parahoo (2014) and Wilson (2015) state there are two branches known as transcendental (descriptive) phenomenology and hermeneutic (interpretive) phenomenology. These approaches draw on the philosophical work of Husserl and Heidegger. The transcendental phenomenological approach originated from Husserl (1962) and focused on descriptions of life experiences gathered by participants through what is remembered, seen, heard, felt and acted upon (Polit and Beck 2014). To do this effectively Moule, Aveyard and Goodman (2017) insist researchers must enter the field leaving all preconceptions behind and have an open mind to be able to study the phenomenon without bias or presumptions. This is achieved through epoching or bracketing (Zahavi 2003) and requires the researcher to record any preconceptions by acknowledging their own views so they can be open when listening to the experiences of others.

Hermeneutic phenomenology was derived by Heidegger, who believed understanding the lived experience was more important than just describing it. He focused on the hermeneutics, the interpretation and understanding of language when interpreting the human experience. The researcher then applies their own interpretation as they "try to make sense of the subjects' attempts to make sense of their own world" (Ellis 2019

p.47). Moule, Aveyard and Goodman (2017 p.203) identify that “hermeneutic phenomenologists are more likely to develop fusions of horizons than essences” and are not looking to provide conclusions unlike transcendental phenomenologists but offer a picture or story that enables the reader to draw meaning and interpretations for their own use. Heidegger believed being present in the world and existing with others meant bracketing of any experience was not achievable and therefore developed the hermeneutic circle – a revisionary process of understanding (Peoples 2021). This cycle involves breaking down information, being able to analyse then synthesize before reviewing the information again and creating new understandings. Peoples (2021 p.33) puts this simply as “you move through it again in analysis, the parts make sense of the whole and the whole makes sense of the parts and this hermeneutic circle continues until a new understanding emerges”. Heidegger believed interpretation was a constant revision and that enabled people to make sense of a phenomenon. Although Doriani (2019) refers to this as the hermeneutical spiral (Figure 2) illustrates the process leading to the new understanding.

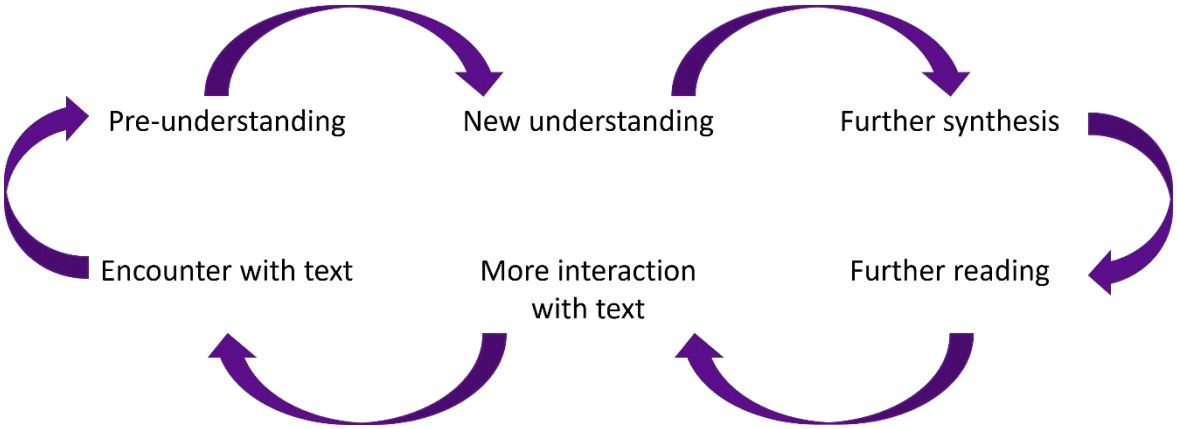


Figure 2 Doriani (2019) The Hermeneutical spiral

Having an appreciation of both these branches within phenomenology, it was decided this study would adopt the hermeneutic phenomenology approach as the focus was to explore and understand the preceptees experiences of undertaking and completing the postgraduate multiprofessional preceptorship programme. As researcher of this study the focus was about wanting to go deeper rather than simply describing the individual experiences that had been shared but wanting to interpret them in a

meaningful manner that provided understanding of the realities lived and experienced. Using Doriani's (2019) Hermeneutical spiral provided a much-needed structure for this study even though it was more of a cyclical process rather than a spiral. It provided guidance and direction throughout the study and was particularly useful when undertaking data analysis. By using this cyclic approach, the study concentrated on identifying the interrelated common insights and themes that participants best used to describe their insights and lived experiences. This phenomenological cyclic approach seeks to identify the "emergence of themes from the data" collated (Moule (2021 p.176) by looking for patterns and trends. Jolley (2020 p.128) describes inductive research as a "bottom up approach" stating "it deals with questions about practice and aims to create a new understanding". Silverman (2020) highlights the results of qualitative inductive thematic analysis are generally presented as illustrative quotations. This research study has been able to use quotations from the participants to emphasize their stories and personal lived experiences. Ellis (2019) further supports this and suggests using direct quotes from participants also ensures a certain degree of credibility and certainty.

3.4 Participant recruitment

Great consideration is required for any research study when identifying which sampling techniques to use. Moule, Aveyard and Goodman (2017 p.165) highlight the sample selection stage is crucial within the research process and that nurse researchers must adopt sampling techniques to make their projects manageable as using "poor sample techniques have the potential to compromise the research findings." Walliman (2018) identifies the two main sampling strategies or techniques and having reviewed these purposive sampling was selected. This not only gave an equal opportunity for all participants who met the inclusion criteria to take part, it would also provide relevant information enabling decisions and conclusions to be drawn (Moule 2021).

Parahoo (2014) states purposive or purposeful sampling is mainly used in qualitative research and involves the researcher deliberately selecting the population from which participants are recruited (Ellis 2019) on the basis they are the best people to provide

the data for the research study as they have the experience, knowledge and ability to answer the research question. However, Parahoo (2014 p.269) highlights the importance that the researcher must be guided by the “research question and not to be tempted to choose samples out of convenience”.

One of the many questions researchers ask is how many participants are needed to conduct phenomenological research, which Adler and Adler (1987) refer to as the epistemology of numbers. As a phenomenological research approach is concerned with powerful detailed rich accounts Giorgi (2008) recommends at least three participants are required and states one is not enough. Finlay (2009) contradicts this claiming one to three participants is acceptable for phenomenological research. However, Smith, Flowers and Larkin (2022) suggest for a master’s level research study a minimum of five participants are required, although Baker and Edwards (2012) suggest the focus should be on the quality of the engagement rather than the quantity of participants. Parahoo (2014) recommends when data saturation has been achieved, researchers have then achieved the ultimate sample size. Peoples (2021 p.49) defines data saturation as “reaching a point where no more new data can be obtained from the participants” with Jolley (2020 p.130) stating when this occurs “there is little point in continuing with the data collection”. Peoples (2021) concurs with Baker and Edwards (2012) that this is the goal of phenomenological research rather than focusing on sample sizes.

This study was undertaken at Gloucestershire Health and Care NHS Foundation Trust, with a homogeneous sample of healthcare professionals aged 18 years and over and all experiencing the same phenomenon (Ellis 2019, Walliman 2018) of undertaking the organisation’s multiprofessional preceptorship programme. The participants known as preceptees, were either newly registered health care professionals or internationally educated practitioners affiliated to a professional body such as the Nursing and Midwifery Council (NMC) or the Health Care Professions Council (HCPC). The organisation’s multiprofessional preceptorship programme runs twice a year in March and September, with the September cohorts being the largest as this is when many newly qualified health care professionals have just graduated from university and are recruited. The cohorts are made up of many different healthcare professions mainly referred to as Nurses and Allied Health Professional (AHPs) and include Nursing

Associates, Physical Health Nurses, Mental Health Nurses, Learning Disability Nurses, Internationally Educated Practitioners, Physiotherapists, Occupational Therapists, Speech and Language Therapists, Podiatrists, Dieticians and Art Therapists. The postgraduate multiprofessional preceptorship programme includes preceptees from diverse educational and cultural backgrounds.

Adhering to the organisation's Multiprofessional Preceptorship policy (2023) all preceptees undertaking the preceptorship programme were offered the opportunity for further personal and professional development to undertake the postgraduate module – Preceptorship for Healthcare Practice validated and accredited by the University of Gloucestershire. The postgraduate module went live at the start of the academic year in 2022 and was offered to every preceptee undertaking the September 2022 preceptorship programme. The module was not mandatory, and information was provided to the preceptees on day 1 of the preceptorship programme. Preceptees were free to choose whether to undertake the postgraduate module, and if they expressed an interest they were encouraged to attend the university's induction day where further information was provided. The enrolment process proceeded the induction and preceptees being asked to enrol onto the postgraduate module within a specified timeframe. A total of 13 preceptees enrolled with the university resulting in a blended mix of 9 nurses and 4 AHPs (Figure 3).

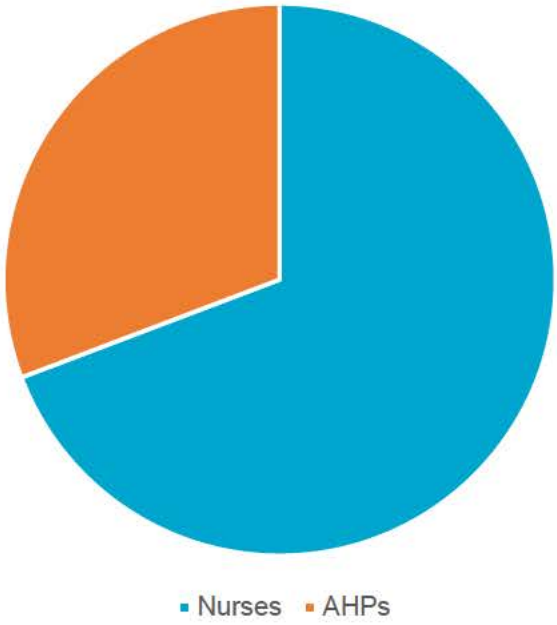


Figure 3 Sept 2022 Healthcare professions – enrolment data for postgraduate module

As the preceptorship programme continued, there were several preceptees who withdrew from the postgraduate module stating personal and professional reasons, with only 5 preceptees from the Sept 2022 cohort completing the module and submitting the 3000 word reflective assignment (Figure 4).

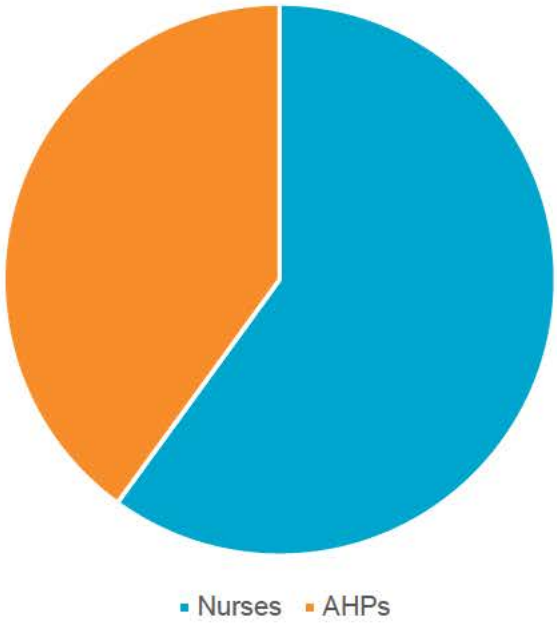


Figure 4 Sept 2022 Healthcare professions – completion and submission of postgraduate module

Recruitment of the participants took place via email. A participation information sheet (PIS) was produced (Appendix 1) and emailed to the participants who met the criteria of completing the postgraduate module. The PIS contained detailed information on the purpose and aim of the study which was exploring the experiences of preceptees undertaking a postgraduate multiprofessional preceptorship programme. The PIS highlighted that participation was completely voluntary, how data would be captured and importantly how confidentiality would be maintained. Jonsson, Stravreski and Muhonen (2021) identifies the importance of consenting to research and that consent must be obtained freely and without fear of consequence. A consent form (Appendix 2) was emailed at the same time for the participants to confirm they had read and understood the information within the PIS. Participants were asked to sign and return a copy of the consent form in order to participate in the research study.

One of the preceptees from the September 2022 cohort subsequently left the organisation leaving 4 preceptees who met the research study criteria. Of those 4, only 2 preceptees responded and consented to participate in the research. As this

sample size was small (Parahoo 2014), the research invitation was extended to all preceptees from the March 2023 cohort who met the inclusion criteria. The same process was followed regarding the participant information sheet and consent form being emailed to the preceptees. Initially there were 14 preceptees enrolled and were made up of 13 nurses and 1 AHP (Figure 5).

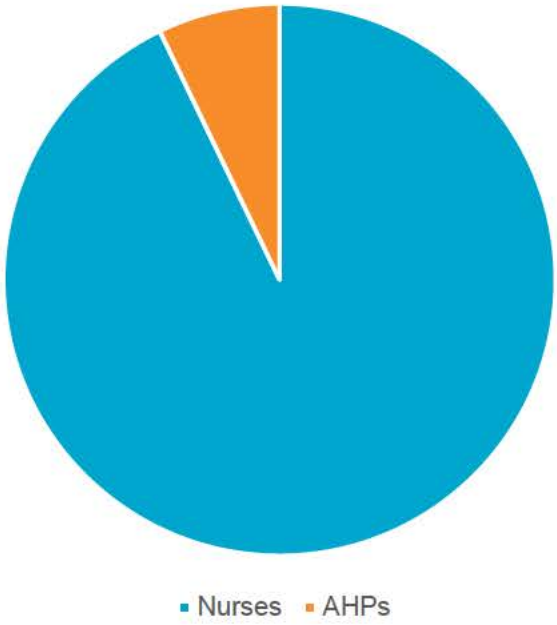


Figure 5 March 2023 Healthcare professions – enrolment data for postgraduate module

Unfortunately, one preceptee withdrew late in the process due to personal reasons, with a further 4 preceptees recorded as non-submission and this resulted in 9 preceptees who submitted the reflective assignment (8 x Nurses and 1 x AHP) (Figure 6).

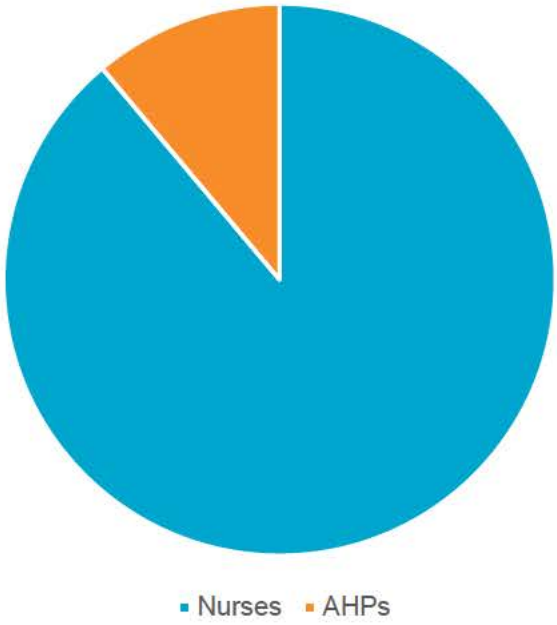


Figure 6 March 2023 Healthcare professions – completion and submission of postgraduate module

In total, between the two cohorts there were 14 preceptees who met the inclusion criteria with 6 preceptees who voluntary consented to participate within the research study (Table 1).

Postgraduate module	Sept 2022	March 2023	Total
Preceptees enrolled	13	14	27
Preceptees completed	5	9	14
Participants for research module	2	4	6

Table 1 Combined data for Sept 2022 and March 2023

With all parties in agreement and having given formal written consent to the research study and its objectives, the data collection process was then commenced.

3.5 Data collection

There are a variety of data collection methods available within the qualitative paradigm and this requires much consideration when initially designing the research study to ensure the most appropriate approaches are used in order to gain a full account of the participants lived experience. Establishing and understanding the strengths and limitations associated with each method of collection can enhance the content and quality of the data received.

Ensuring all participants were able to have a voice without fear of being criticised, feeling exposed or having a negative experience. It was decided that individual semi structured interviews would be the best way to hear everything everyone had to say. Silverman (2020) supports this by stating every voice is important and unique, and therefore this needed to be reflected within the data. Peoples (2021) highlights it is important for the researcher to provide a brief introduction thus setting the tone, discussing the focal point of the research and acknowledging the participant's unique lived experience.

3.5.1 Semi structured interviews

Moule (2021 p.137) reports interviews are a "flexible data collection tool" and is the second most common technique used to collect data which can be achieved in a variety of ways such as via the telephone or face to face. With advances in technology Walliman (2018) identifies video calling may seem the easiest option but recognises not all participants are comfortable with this. However, Coulson (2015) suggests some participants prefer video calling rather than having traditional face to face interviews. One of the benefits of the using a digital platform in the form of video calling enabled participants from various geographical areas within the county to take part (Smith, Flowers and Larkin 2022). The convenience of video calling also allowed the interviews to be fitted around working, caring and other personal commitments as there was no travel time involved. To note, two of the participants undertook the semi structures interviews in their own time and from home, as this suited their needs.

Another consideration to ensure the data collection method remained inclusive to all was to identify at the very beginning of planning the research study if participants had access to organisational or personal video calling technology. All preceptees

confirmed they had access to various technologies including mobile smart phones which supported the Microsoft Teams app.

Information regarding the collection of data and the intended use of synchronous video calling were provided in the participant information sheet (Appendix 1) and on the consent form (Appendix 2). Smith, Flowers and Larkin (2022) state one of the strengths in using video calling is that facial expressions and body language can indicate how comfortable the participant is feeling with the process or if they are showing signs of distress. However, being aware that some participants may be uncomfortable with their camera's on, they were given the option to turn them off. All the participants were happy to leave their cameras on. Having read widely, Benyon (2020) implies this confidence with technology has developed having come through the Covid 19 pandemic where Health and Social Care pedagogy was facilitated through blended learning. Having the cameras on allowed the recording of their behaviour and facial expressions whilst still being able to focus on the questions and discussions of the interview. Smith, Flowers and Larkin (2022) continue to say, noting these nonverbal modalities enables the participant not only to describe in detail their experiences but it also enhances and deepens the powerful reflections. Walliman (2018) also acknowledges the important facial expressions and body language of the researcher and suggests visual signs of smiling and nodding puts the participants at ease (Ellis 2019) resulting in greater interaction. However, Moule (2021) suggests these habits may influence the responses given and therefore has the potential to bias the results. Being aware of this, it was important as researcher to be mindful of when to smile and nod when exploring the individual participants lived experiences without influencing their "socially acceptable answers" (Parahoo 2014 p.312).

The semi structured interviews took place between September and December 2023 and varied in length due to the interactions and how much each participant had to say. Smith, Flowers and Larkin (2022) suggest semi structured interviews should last between 45-90 minutes and as a guide should contain 6-10 open questions. The longest interview took 40 minutes to complete, whilst the shortest was just under 15 minutes. Being new to research, the semi structured interviews seemed short to begin with, and as the confidence grew the interviews increased in length with conversations flowing. Parahoo (2014 p.218) suggests there is no recommended set length of time

for undertaking semi structured interviews, stating “interviews should be long enough to obtain concrete descriptions” with transcripts written from the recording.

By undertaking an interpretivist philosophical approach this allowed the researcher to be adaptable and flexible to uncover a greater understanding of the phenomenon by asking additional questions as to further explore and clarify the participants experiences (Braun and Clarke 2014). Gerrish and Lathlean (2015) concur stating this is achieved by using open ended questions which enables the development of deeper and richer accounts. Using this flexible method (Polit, Tantano Beck and Hungler 2001) was particularly useful as it was not only permissive in allowing additional details and exploration of points of interest (Sarantakos 2012), but it also ensured the questions being asked were fit for purpose and related to the original research question. Using a semi structured interview approach with questions prepared in advance helped to conduct the interviews in a confident manner. They also acted as a prompt when the participant had no more information to offer and the conversation began to dry up (Ellis 2019).

Walliman (2018) highlights that using a synchronous interview technique makes it easier for the participants to ask for clarification regarding the questions being asked to have a common understanding of a particular experience (Jolley 2020). Many of the participants interviewed felt comfortable and confident to be able to do this. Knowing this common understanding is important when trying to instigate a two-way conversation and informal chat rather than adopting a formal interrogative interview style. Having been involved with the preceptorship programme from the beginning, the development of the professional working relationships had already begun and this led to building the all-important researcher and participant trust. Being heavily involved with the development and delivery of the postgraduate multiprofessional preceptorship programme, and the preceptorship lead for my organisation, it was vital as researcher to hide/mask any personal, preconceived beliefs or thoughts about preceptorship from the participants as influencing any of their shared views or experiences would compromise the research study. (This is further explored in Chapter 3.8). Having an awareness of the Hawthorne effect which Ellis (2019) suggests occurs when participants are feeling fearful or vulnerable to opening up, and so tell the researcher what they think they want to hear. Gerrish and Lathlean (2015) recognise this leads to

a potential form of bias and so recommends researchers keeping reflective notes which Coule (2013) states can be empowering and therefore lead to richer accounts. Having spoken to the participants explaining that it may have been difficult for them, it was emphasized through the introductions the importance of them being open and honest and not to be afraid or fearful to saying anything. It was imperative that they did this to truly understand their unique lived experiences.

To ensure rigour and credibility all the semi structured interviews were video recorded and transcribed verbatim this enabled direct quotes from the participants to be used to support the data analysis (Moule, Aveyard and Goodman 2017). Parahoo (2014) acknowledges that transcription of data can be daunting, time consuming (Gibb 1997) and very labour intensive (Gerrish and Lathlean 2015). Roulstin (2014) suggests a 60 minute interview can result in 20 pages of transcript. Gerrish and Lathlean (2015) highlight the transcription of data is subjective to researcher bias and interpretation which Kaviani and Stillwell (2000) propose can be overcome by transcribing verbatim and thus reducing any misinterpretation. Ensuring the narrative account was truthful and valid (Ellis 2019) to overcome this challenge, digital technology namely Microsoft Teams recording functions was used as this enabled each participant to have access to the recording and the transcription following completion of the semi structured interviews. This demonstrated transparency with the data as participants were able to check the content for accuracy (Smith, Flowers and Larkin 2022). Having collected all the data, the next stage of the research process was to begin data analysis.

3.6 Data Analysis

Having undertaken a phenomenological research approach, it follows the Interpretative Phenomenological Analysis (IPA) method to review the data collected. Peoples (2021) describes the purpose of this idiographic approach which uses psychology and interpretation is to show how people make meaning from certain phenomena. Put simply Peoples (2021 p.117) states “IPA is best suited to researchers who aim to understand an experience and how people with those experiences make sense of them”. Smith, Flowers and Larkin (2022) suggest there is no right or wrong way of conducting IPA although the analytical approach needs to be appropriate for

the methodology and so highlight that IPA researchers need to be innovative with their approach. They acknowledge novice researchers will need more than general principles and information regarding the structure, strategies, principles and processes used to be able to find their way through and take the analysis to a deep enough level. Smith, Flowers and Larkin (2022 p.77) continue to state “the process of analysis gets easier with experience”.

Moule, Aveyard and Goodman (2017) suggest conducting data analysis is an ongoing and continuous process with several methods and frameworks available. This is particularly helpful to the novice researcher who is new to data analysis as it can be a daunting process with most looking for guidance and direction to reduce any confusion and/or anxiety. Some methods focus on analysing the language and social interactions that takes place between people while others are more concerned with trying to understand the lived experiences of the participants. How the data is analysed can be achieved in a variety of ways with Silverman (2020) describing the process as identifying a set of categories, labelling the data, and counting up the number of instances that fall into each category. Colaizzi (1978) devised a six-step process of analysis to which Edward and Welch (2011) added a seventh step that included noting and analysing symbolic representations during the interview such as music, poetry or painting. Other strategies, programmes and tools include those devised by the Joanna Briggs Institute (2022) to assist with analysing qualitative research data particularly within health and social science research.

3.6.1 The seven steps of IPA

Having reviewed the various methods and techniques available within data analysis this research study followed the framework devised by Smith, Flowers and Larkin (2022) titled “A heuristic framework for analysis – The seven steps of IPA” (Table 2) as it provided a unidirectional guide to conducting IPA. Smith, Flowers and Larkin (2022) continue to say, as most inexperienced researchers are over cautious and descriptive this structured analytical framework enables creativity, flexible thinking and being able to use initiative along with dynamic thinking and therefore able to follow the process of expansion and reduction.

Step	Process involved for each participant
Step 1	Reading and rereading the transcript
Step 2	Exploratory noting
Step 3	Constructing experiential statements
Step 4	Searching for connections across experiential statements
Step 5	Naming the Personal Experiential Themes (PETS)
Step 6	Continuing the induvial analysis of other cases
Step 7	Working with PETS to develop Group Experiential Themes (GETS) across cases

Table 2 The heuristic framework for analysis – The seven steps of IPA (Smith, Flowers and Larkin 2022)

Step 1: Reading and re reading the transcript

To facilitate analysis Moule, Aveyard and Larkin (2022) state the data collected needs to be explored by reading and reviewing the verbatim transcriptions, which Silverman (2020) refers to as an immersion in data. Ellis (2019) also acknowledges this as a first step concurring that data must be read and re read. Using verbatim transcripts ensured the data collected was valid and reliable (Jolley 2020), which Parahoo (2014) further supports by concurring the transcriptions must be accurate versions of the spoken word during each of the semi structured interviews. To ensure honesty and trustworthiness the recordings of the semi structured interviews were watched many times and the transcriptions read through to ensure they were succinct and identical in nature.

Step 2: Exploratory Noting

This exploratory step examines the language and semantic content used throughout the semi structured interviews whilst trying to maintain an open mind. This was crucial

for this study to accurately reflect the participants experiences. Any thoughts or feelings as researcher were recorded in a reflexive diary with the aim being to examine the data in an unbiased manner. (Reflexivity of the researcher is further explored in Chapter 3.8). The purpose of this stage is to produce detailed and comprehensive comments and notes on the data collected adding a layer of annotation whilst being mindful to "stay close to the participants explicit meaning" (Smith, Flower and Larkin 2022 p.79) to make sense of their lived experience.

Step 3: Constructing Experiential Statements

Smith, Flower and Larkin (2022 p.86) introduce the term experiential statement formerly known as emergent themes as this relates directly to the participants experience or to the "making sense of what has happened to them". Researchers are encouraged to make a concise summary of notes identified within the transcript as this enables the beginnings of the analyst's interpretation. Smith and Nizza (2021) suggest the importance of summarising short portions of text enables the researcher to remain focused and not to become distracted or too concerned at this stage with identifying main themes. Making these notes on the transcript was particularly helpful and ensured each participant's experience was truly explored rather than looking for recurring themes.

Step 4: Searching for connections

Step 4 focuses on looking for themes and connections through the mapping or charting of the verbatim transcript information. Smith (2007) describes this important part of the phenomenological research as an inductive and iterative cycle which Moule, Aveyard and Goodman (2017 p.91) state the researcher is "looking for connections between the experiential statements". Ellis (2019 p.73) acknowledges the infeasibility of presenting all the deep and rich collated data and so describes a method referred to as reducing the data that involves a process of coding by "whittling down and putting together the main points, observations or issues raised". Larkin, Watts, and Clifton (2006) suggest this is achieved by analysing the narrative transcripts line by line. Hautala, Saylor and O'Leary-Kelley (2007) further supports this and suggests that identifying common themes, clusters or codes transforms the data collated. For this study the frequency and similarity of words used by the participants during the semi

structured interviews were group together forming common themes. Generally, there are two ways in which the data is analysed, either manually or by using computer software. Parahoo (2014) highlights there are many programmes available to aid with coding along with the identifying of themes and categories. Computer assisted qualitative data analysis (CAQDA) aids researchers by indexing and coding large amounts of data which can then be easily stored and retrieved. Accessibility to software can be challenging and often costly, so researchers often follow the creative traditional route having colour coded the experiential statements and looked for themes and patterns by manually moving pieces of paper around on a table/floor. Having adopted this method for this study, enabled the retrieved data to be moved around and then organised into themes or categories enabling “keywords to reflect individual interpretations of the data” (Moule, Aveyard and Goodman 2017 p.371).

Step 5: Naming the Personal Experiential Themes (PETS)

Smith, Flowers and Larkin (2022) state step 5 involves clustering the experiential statements together and giving these individual personal experiential themes (PETS) a title. This idiographic and analytical process provided the opportunity to identify each statement with a page number followed by the keywords, phrases or quotations which prompted it. Smith, Flowers and Larkin (2022) continue to say they believe this methodical and logical process strengthens the credibility of the research as it provides an evidence trail. The identified and individual titled PETS are then placed into a document or table (Appendix 7). Initially this was quite challenging and having reviewed the same transcript several times key words and phrases were identified with a PETS document being created for the first participant.

Step 6: Continuing the individual analysis of other cases

This involves repeating steps 1-5 for each of the semi structured interviews and transcripts. Although this was time consuming (Ellis 2019) it was a necessity and had to be completed for accuracy reasons to provide rigour to the research, and also to ensure the themes identified were robust and valid. Smith, Flowers and Larkin (2022) highlight that researchers have been known to be influenced by what they have previously found and state reassuringly that following this systematic process will allow skills within the IPA process for new themes to emerge. Using this structured process

helped to maintain the focus when identifying the PETS of each participant and allowed each PET to be viewed individually without comparing or contrasting other data collated from the semi structured interviews.

Step 7: Working with PETS to develop Group Experiential Themes (GETS)

This dynamic back and forth process is concerned with honing in on the PETS, looking for commonalities and grouping them together to identify the GETS. Whilst completing this process, it important to be mindful of the questions Smith, Flowers and Larkin (2022 p.101) pose to researchers asking whether their analytic entities reflect the participants experience and as researchers are you “doing justice to their data?”. This is particularly important not only for this research study but for all research being conducted that the rich data collated accurately reflects the described experiences of the participants. Smith, Flowers and Larkin (2022 p.101) continue to say in this final cross case analysis step the main principle when organising a table of GETS is to “show convergence in the participants experience” and as researchers being able to demonstrate their “interpretative synthesis” of their “interpretative analysis” through the results and discussion section within the research study write up.

To ensure all participants are protected from harm when contributing within the research process, ethical considerations must have taken place and appropriate steps followed.

3.7 Ethical practice within the research process

Flick (2023) states research ethics is especially relevant within nursing and medical research. The university’s Research Ethics Handbook of Principles and Procedures (2023) identifies ethics and its principles as the primary responsibility of the researcher. Honkavuo (2020 p.1230) defines ethical principles and considerations as “guidelines, codes and rules aimed to establish boundaries, protect, safeguard and authenticate the research process”. Silverman (2020) states researchers must be compliant with all these considerations whilst maintaining the dignity and wellbeing of the participants (Health Research Authority 2020). Moule (2021) states ethical implications are throughout all the stages of the research and distinguishes what is

socially acceptable behaviour and what is not. Silverman (2020) further supports this by informing researchers, that ethics is not just a tick box exercise when undertaking the research process. Although, Dawson et al (2019) suggests research ethics is viewed as a tick box exercise to some researchers with its legalistic and procedural approach failing to capture the importance of ethics and is often viewed as going through hoops or jumping hurdles. Dawson et al (2019 p.4) continues to say “every project will not require the same intensity in retrospective review, but this should be matched to the risk, innovation and complexity of the research”. Researchers must be open and honest when applying for ethical approval as this leads to accurate assessments about the risks and benefits with the aim of protecting participants from harm.

Researchers must have a knowledge and understanding of Beauchamp and Childress’s (2013) six principles that guide ethical practice by providing an in-depth framework for all types of research (Parahoo 2014). Veracity is concerned with establishing trust, openness, honesty and being respectful of the rights of each of the participants. Non-maleficence ensures researchers must protect the vulnerable and ensure there is an avoidance of harm throughout the whole of the research process. Researchers must be honest about the benefits and potential risks of being involved within the study, having freedom of choice (Ellis 2019), being able to decide on a voluntary basis whether to participate or not without coercion or pressure (Parahoo 2014) and able to withdraw at any point and without consequence (Moule 2021).

Informed consent must be obtained prior to participants being involved with the research study. The Health Research Authority (2020) state consent is an ongoing process and being mindful of this consent was checked prior to, and during recording of all the semi structured interviews. Participants must be informed about the research study and with the information provided (Jolley 2020) will be able to decide (Silverman 2020) whether they give informed consent (Walliman 2018) to participate. Moule (2021) states prospective participants should be provided with written information known as a participation information sheet (PIS) to fully understanding the research study. Careful consideration was given to the presentation and layout, ensuring the subheadings were clear and the content easy to understand (Moule, Aveyard and Goodman 2017). The PIS (Appendix 1) provided detailed information on the proposed

study outlining the aim regarding the exploration of the participants experiences and why they were invited to take part. An explanation was provided how the study would be conducted, the technology used, how the confidential data would be anonymised by using a code, and how it would be stored securely adhering to the 7 key principles of the UK General Data Protection Regulation (GDPR) (Information Commissioners Office 2022) and the Data Protection Act (2018). Silverman (2020) suggests it is common sense that researchers must maintain confidentiality and safeguard personal information through anonymity. Reassurance was provided to all the participants within this research study stating confidentiality would be maintained and their identity protected by anonymising the data collected. This protection enabled the participants to speak freely sharing their experiences without being fearful. The PIS also the outlined the possible benefits and risks of taking part and explained participants could withdraw from the study at any point without fear or consequence. Information was also provided about what would happen with the results of the research study. The participants were given the opportunity and freedom to contact the researcher or the researcher's supervisor should they have any questions or need clarification before providing their informed consent by signing and returning a copy of the consent form (Royal College of Nursing (RCN) Research Society Ethics Guidance Group 2009). The RCN (2009) reiterates researchers must provide adequate thinking time for participants to make their decision about the research study before giving their informed consent.

The 5th principle of ethical practice is beneficence which Flick (2023) endorses that research on human beings should not be carried out for research sake and should produce or promise some identifiable and positive benefit by doing good. The final principle is related to justice and ensuring all researchers are being non-discriminatory, being fair and putting the interests of the individuals before the study. Put simply, Moule (2021 p.42) identifies the principles as "a framework to appraise research design and methods to examine the effects of the research on the participants". Ellis (2019 p.21) further supports this framework by stating researchers must adhere to the non-consequentialist approach and follow the "rules of conduct regardless of their consequence". Throughout this research study the focus has been on the participants experiences of undertaking a postgraduate multiprofessional preceptorship programme. The experiences are unique to the individuals and this study is not

concerned with judgement about what is deemed right or wrong. The focal point is and has always been about exploring and understanding what this phenomenon truly means to each of the participants.

Moule (2021 p.51) continues to state “all healthcare organisations undertaking research must comply with” the core standards, (Moule, Aveyard and Goodman 2017) UK Policy Framework for Health and Social Care Research (Health Research Authority 2023) the 19 principles within the Research Governance Framework (Dept of Health 2005), and independent ethical approval from research ethics committees (REC) (Moule, Aveyard and Goodman 2017). Walliman (2018) confirms every university has their own codes of practice for research and Jolley (2020) suggests most NHS trusts have a research ethics committee. As this research study involved participants working at Gloucestershire Health and Care NHS Foundation Trust ethical approval was required from both the organisation’s Research and Development Department and the University of Gloucestershire’s School of Health and Social Care Research Ethics Committee (SREC). Ethical approval involves a formal process and a completion of an Ethics application form (Walliman 2018). To gain ethical and project approval for this study, two university forms were completed: the Research Ethics Approval Application Form and the Project Approval Form adhering to the Principles and Procedures of the University’s Research Ethics Handbook (2023). The NHS trust’s Research and Development team along with the Clinical Governance team required additional information before they could provide permission for this study to be to carried out. Ethical approval was granted by the university’s SREC on 20th February 2023 (Appendix 3), the Project Approval form was granted on 3rd August 2023 (Appendix 4) and the NHS organisation approved the study to be commenced on 31st August 2023 (Appendix 5).

It is important to continually reflect as a researcher and experienced healthcare professional to identify, appreciate and fully understand the emerging themes so a reflexive approach was undertaken. This enabled any preconceptions to be drawn upon whilst being open to appreciating what is different and new. Ellis (2019) describes being reflexive as laying it bare as this allows the reader of the research to judge for themselves if the researcher’s preconceived ideas have impacted on the information participants have shared.

3.8 Reflexivity and why it matters in research

According to Jootun, McGhee and Marland (2009 p.42) reflexivity is “one of the great pillars of qualitative research” and enables the researcher to be self-aware (Goldspink and Engward (2019) accounting for their attitudes, influences, biases and opinions within the research process (Parahoo 2014, Ellis 2019). To ensure rigour, validity and accuracy within qualitative research, Parahoo (2014) recommends several strategies such as reflexivity, audit trails and validation by participants. Jooten, McGhee and Marland (2009) state the use and mapping of the reflexive process reduces the subjectivity within qualitative research and is achieved by being open and transparent. Ellis (2019) concurs that the credibility of the research process can be demonstrated by using the key tool of laying bare any preconceptions and understanding the impact their presence, choices and actions can have on the research process. Goldspink and Engward (2019 p.292) refer to these as “booms, whispers and clangs” and state they must be heard, explained, embraced and used. They continue to say (p.301) added listening and attending to those important reflexive echoes, which emerge “as an active conversation between the data and the researcher’s past and present self” will only occur when the researcher is looking through their own lens of subjectivity. To achieve this Smith, Flowers and Larkin (2009) suggest the researcher needs to be flexible and adaptable as the data shifts from descriptive to deeper interpretive work. Koch (2004) supports this recommendation stating it enables the readers of the research to decide if the study is credible or not. However, Engward and Davis (2015) identify there is limited practical guidance for this process which can be confusing for researchers. Cutcliffe (2003) implies engagement with reflexivity can be sceptical as researchers may not always be totally conscious of their cognitive processes. Ellis (2019) supports this suggesting it can be hard to detect or prevent biases within data collection and the writing of the research study. To overcome this barrier Wilson (2015 p.42) suggests that “keeping a reflective diary helps to support a reflexive approach” and helps researchers to identify their own preconceptions and biases. I kept a reflexive diary documenting all my thoughts and feelings as I was aware I needed to be unbiased and most importantly I needed to be receptive to anything the participants wanted to share with me whether I had an opinion on it or not. Flick (2023) further supports keeping a reflective diary by suggesting researchers also document their irritations, impressions and actions. This was extremely useful when reviewing the

transcriptions where the participants described the programme as disjointed. I documented my feelings as I was not expecting this feedback and how shocked I felt at the time. When reading the transcript, I no longer felt shocked as I had separated my feelings and closed them within my reflexive diary. I did not want these negative feelings to influence any data collected or analysed.

3.8.1 Understanding myself as researcher

Moule, Aveyard and Goodman (2017 p.366) state “reflexivity is part of nursing practice” and so “needs to be a consideration within nursing research” and where the “researcher may have a dual role”. Being a qualified healthcare professional for over 27 years, with 20 of those years working as a clinical education facilitator I am familiar with using reflective models to review and analyse different events and situations. Being new to the research process I had to keep reminding myself to think and reflect as a researcher rather than as a healthcare professional or an education facilitator which initially put me out of my comfort zone. I found this challenging and having peer supervision along with postgraduate tutorials helped me to view the research through a different lens enabling me to think differently. Beale-Mnurs and Wilkes (2001) acknowledge the challenge of the duality and dichotomy of these roles when nurses carry out research. From their literature review they concluded nurses needed better research education, management support and opportunities to debrief. These findings align with NHS England’s (2021a p.6) National Strategic Plan for Research for nurses who are already or maybe “thinking about getting involved in research, colleagues in academia and all those who support research”. Its ambition is to “empower nurses to lead, participate in and deliver research, where research is fully embedded in practice and professional decision making, for public benefit”. They continue to state “research led and delivered by nurses…can drive change”. Although I have found the research process challenging at times, I am very grateful for the opportunity to undertake my own research study and this has been achievable through the continued support and constructive feedback from my university supervisor and fellow nurse peer researchers.

3.8.2 Recruitment and Engagement of participants

Naively I thought engaging with the participants would be much easier than it was as I am the preceptorship lead for my NHS organisation. My role involves planning, developing and delivering the preceptorship programme, and ensuring the Multiprofessional Preceptorship Policy (2023) is aligned with the National Preceptorship Framework (for Nursing) (NHSE 2022b). I have contact with all the preceptees undertaking the programme and so mentioned the research study at the beginning of their preceptorship. I thought this information would prepare them for the research invitation that I would be sending, so it would not come as a surprise, and I had hoped they would be looking out for it. With the participants all experiencing the same phenomenon of undertaking a postgraduate multiprofessional preceptorship programme purposive sampling was used (Parahoo 2014). Having emailed all four of the preceptees who met the participant inclusion criteria, two participants responded quickly confirming their intentions to take part. As recommended by the Health Research Authority (2023) sufficient thinking time was given to the participants to respond, but still I heard nothing from the remaining two preceptees. Being aware of the current state of the NHS with its high acuity of patients, workload and low staffing numbers due to absenteeism and high attrition rates (RCN 2017) this may have been the reason the email was not responded to. I was mindful not to be coercive or influential (Parahoo 2014, Ellis 2019) as this breaches the ethical principles but wanted to ensure the email had been received, so I contacted one of the preceptees. The preceptee confirmed the email had been received but declined to take part in the research study. They were quite abrupt and curt and I was not prepared for such a response, but remained professional throughout this discussion adhering to the ethical principle of justice by being fair and putting the interests of the individuals before the study (Beauchamp and Childress 2013). Despite being professional my journal reflected my honest feelings of disappointed as with only two participants consenting to the research study, this meant putting the data collection on hold until the next cohort of preceptees who met the inclusion criteria could be invited to participate.

There were 14 enrolled preceptees from the next cohort who met the inclusion criteria. Decisions needed to be made about which preceptees to invite to the study. Would it be all who have enrolled on the postgraduate module, only those that submit the reflective assignment or only those who were successful with the assignment? Being

mindful of the time frame and wanting to give all preceptees an equal opportunity of participating (Moule 2021) an invitation was sent to all 14 preceptees with a deadline for responding. Only 6 participants responded and identifying dates and times to undertake the semi structured interviews was challenging. I was trying to be accommodating and offered to meet during my annual leave. Two participants did not want to be interviewed during their working hours (shift) as they were fearful, they would not be released due to workload pressures (Walker and Norris 2020) and could not be guaranteed the protected time. They were keen to show their commitment to the research study by attending the semi structured interview in their own time. However, one participant failed to remember to attend the interview on two separate occasions. My reflexive diary echoes I was feeling saddened, rather fearful and concerned that we would never meet to conduct the interview. I was relieved when we did eventually meet even though the participant was rather apologetic, I hoped this did not influence anything they shared with me, as I wanted their open and honest experiences (Wilson 2015).

3.8.3 Undertaking semi structured interviews

Even though I have a good working relationship with the participants, I found undertaking the semi structured interviews challenging at first as they were short in nature. Upon reflection I wish I had asked additional questions to enable me to probe deeper to gain a better hermeneutic understanding of their world (Smith, Flowers and Larkin 2022). There was confusion with the questions being asked within the first interview with the participant asking for clarification several times. I felt out of my depth and a little embarrassed, so was rather apologetic which may have affected the participants confidence in me as a researcher. For the subsequent interviews I made sure the questions were clear and concise, and as my confidence grew I was able to ask additional questions further exploring their individual experiences (Ellis 2019).

Parahoo (2014) identifies if the researcher and participants have experienced the same phenomenon this brings them closer together, which Horsfall (1995) suggests results in mutual recognition and a sense of feeling valued. Having already established the professional working relationships with the participants prior to the research study, it was still important to create a sense of safety (Hetherton, Garnham and Newsum 2021) during the interview for them to share their personal experiences and

confidential information (Morgan, Mattison and Stephens 2012). I had anticipated participants being potentially fearful (Ellis 2019) so I created a sense of safety by explaining what was going to happen prior to starting any of the recordings. I also wanted to empower the participants (Coule 2013) as by doing this they would be in control of how they answered the questions and how long they wished to take to explain their experiences. It was important for them to be open and honest with me (Flick 2023) and so again before recording commenced, I explained this was their opportunity to reflect and describe their experiences of undertaking a postgraduate multiprofessional preceptorship programme. For me, I wanted them to share their experiences without feeling fearful of consequence and I believe this was achieved.

I am emotionally intelligent and have a genuine passion for the preceptorship programme which is evident throughout my teaching style and expressed through my body language and facial expressions. I was mindful at the time of how I was thinking and feeling during the semi structured interviews and how this may have been conveyed. During the recordings of the interviews, I regularly looked at my face to ensure it was not influencing or reacting to anything the participants were sharing with me. One participant provided constructive feedback regarding the programme stating it was disorganised. I was shocked they felt like this as no one had provided this information before despite preceptees completing daily and end of programme evaluations. It was important to me as researcher not to be influential in any way, so I ensured my facial expression stayed neutral as this was the participant's personal experience which this research study is aspiring to explore and make sense of. I have therefore tried to keep the evaluations of the preceptorship programme separate to the voices of the participants within this research study.

Researchers need to have an awareness of the unpredictability of reflexivity. Goldspink and Engward (2019) state the familiarity and closeness of the phenomenon can provoke thinking of own memories, which can then influence the thinking of the researcher and distract them from obtaining the true lived experience of the participant. Having attended my own preceptorship programme in 1997, memories of the programme are rather vague, so I am unable to compare the programme to today's content. What I do remember is having a preceptor who empowered me to develop

both personally and professionally within the transition phase (Kumaran and Carney 2014).

3.8.4 Transcription of data and maintaining credibility, validity and accuracy

As the transcription of data is subject to researcher interpretation (Gerrish and Lathlean 2015) it was paramount that the data was transcribed verbatim to avoid any misinterpretations. I had used Microsoft Teams to record and transcribe the semi structured interviews and ensured all the participants had access to this so they could validate their interpretations (Moule, Aveyard and Goodman 2017) by reviewing the content for its transparency and accuracy. Although I found reviewing the transcription time consuming (Ellis 2019) there were several words spoken which the transcript did not reflect synchronously (Flick 2023) effecting the reliability of the research study and therefore had to be amended to be identical to the video recording. I also enlisted the help of a work colleague, who is not associated with the delivery of the preceptorship programme to review the transcriptions for accuracy before thematic analysis was commenced.

3.8.5 Reducing bias with the postgraduate assignments

Having successfully obtained my Postgraduate Certificate in Academic Practice (PGCAP) I am one of the first markers for the postgraduate Preceptorship in Healthcare Practice. To further reduce any potential bias, I made the decision at the start of the research planning process not to mark any submitted assignments from preceptees undertaking my organisation Gloucestershire Health and Care NHS Foundation Trust's preceptorship programme. As the postgraduate module is run collaboratively with Gloucestershire Hospitals NHS Foundation Trust, it was agreed I would mark their preceptee's assignments as this would keep my focus unbiased when undertaking the data collection. The submission date for the reflective assignment was due in October and being mindful not to influence the research study I invited all the preceptees who had enrolled on the postgraduate module and had not withdrawn. Some of the semi structured interviews took place before the assignment results were released from the University of Gloucestershire, and as first marker and preceptorship lead for my organisation I already knew which of the participants had been successful. I made a conscious effort not to reveal this information as I did not want to influence any of the discussions and so ensured my body language and facial

expressions remained neutral. I was pleased I achieved this as two of the participants referred to their assignments during their semi structured interviews sharing their thoughts and saying, “I hope I have passed”. The semi structured interviews that took place after the grades were released meant I could congratulate the participants when it was deemed an appropriate time during the interview. I did think it was interesting that one of the preceptees who had been unsuccessful with their first submission decided to participate in the research study. A date was arranged although they were unable to attend at the last minute. Unfortunately, they did not resubmit their assignment and was therefore deemed unsuccessful. They did not respond to any emails for over two months regarding setting up a new date for the semi structured interview and when they did respond, the data collection process had been completed.

Having undertaken such an approach by keeping a reflexive diary, I believe my research study is valid, credible, accurate and reliable, and the emergent themes reflect the words of the participants within ‘Findings’ Chapter 4.

Chapter 4 Findings

4.1 Themes identified

Having completed the seven steps of IPA and identified the participants personal experiential themes (PETs) (Appendix 7) from this, three group experiential themes (GETs) (Smith, Flowers and Larkin 2022) were identified (Figure 7). These included; Learning through preceptorship which had four sub themes, experiential learning within professional practice which had three sub themes and learning for progression which also had three subthemes.

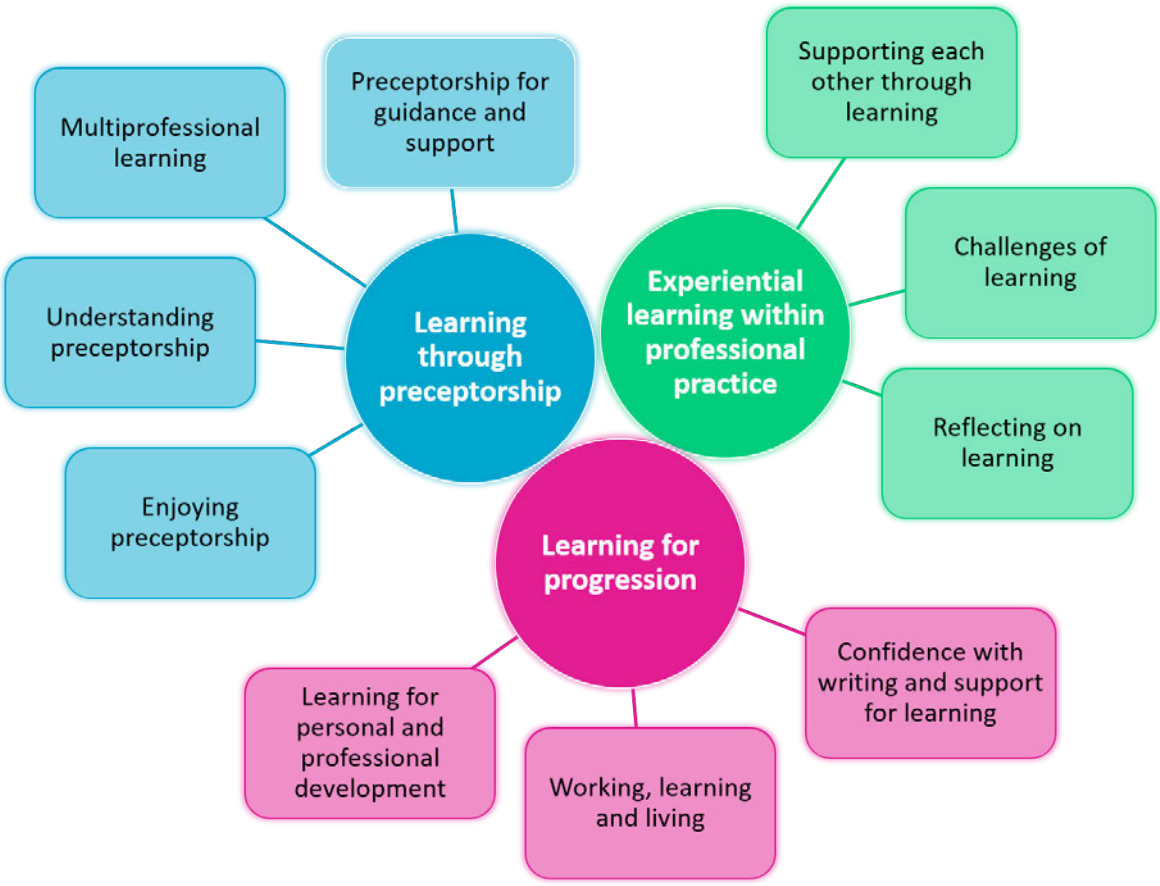


Figure 7 Participant GETs and sub themes

4.2 Theme 1 – Learning through preceptorship

This theme captured the learning of the participants through the 12-month period of preceptorship and included four subthemes; understanding preceptorship, preceptorship for guidance and support, multiprofessional learning and enjoying preceptorship. All five participants were open and honest and shared their experiences, thoughts and feelings of having attended a preceptorship programme, and how their perceptions of such a programme changed as they progressed through the transition phase.

4.2.1 Sub theme 1 – Understanding preceptorship

Prior to commencing the preceptorship programme all the participants openly shared they did not have a great understanding or an awareness of what preceptorship was, or what the programme entailed:

> *"There wasn't a conversation of that before … I did not know there could be a (preceptorship) validated module" (p.1) (Participant 1)*

> *"I kind of thought it would be like induction training, but more" (p.1) (Participant 2)*

> *"When I first went in, I didn't know what I was going into … I just thought oh no, not more learning … I couldn't face the thought of it" (p.1) (Participant 3)*

> *"I have never heard of something called preceptorship programme … I have no expectations and I was very curious to know that what is this really?" (p.1) (Participant 4)*

> *"I didn't really have any big preconceived ideas about what the preceptorship would be (p.1). …. I knew that it was actually a requirement of the NMC that we had some kind of support on qualifying. So, I guess it was just like a vague understanding" (p.2) (Participant 5)*

Participant 1 suggests they are not the only people within the organisation who do not have a great understanding about preceptorship:

> *"Just because we are all preceptees, we don't know what we're doing and then we go and ask somebody a question (about preceptorship) and they don't know" (p.8)*

Without being asked Participant 1 discusses how to raise awareness to aid further understanding around preceptorship and proposes how this barrier could be potentially overcome by promoting preceptorship:

> *"Like an open day…. you could do that prior to the starting of the preceptorship" (p.8)*

4.2.2 Sub theme 2 – Preceptorship for guidance and support

Understanding the importance of why newly qualified registrants, return to practice practitioners and Internationally educated practitioners should attend a preceptorship programme, only became apparent to the participants as they experienced and progressed through the preceptorship programme:

> *"I kind of understand this is a support for us, support for how I'm adapting, support for helping me to adapt to the role I am newly placed in. So, I kind of understand after getting the idea, the preceptorship programme will definitely help me and guide me, supervise me a kind of guiding tool" (p.1). "I think the preceptorship programme really moulded me … with some level of confidence … I would give that to one part of the success to preceptorship" (p.4) (Participant 4)*

> *"(Preceptorship) was there to kind of support me and educate me" (p.1). "I think I've really grown in confidence" (p.6) (Participant 5)*

> *"I think I expected the support, a lot of support (p.2). For me this was what I loved about it (preceptorship). It was terrifying going from being a student to a newly qualified nurse and the expectations, (Preceptorship was like) having someone hold your hand …" (p.4). "I still have a wobble some days, but I'm confident to ring someone and say I don't know what I'm doing … … I've got that confidence to do that" (p.10) (Participant 3)*

4.2.3 Sub theme 3 – Multiprofessional learning

The multiprofessional preceptorship programme came as a surprise to some of the participants as they thought they were undertaking a uniprofessional programme;

> *"I thought it was for nurses originally" (p.2) (Participant 3)*

> *"It was very nurse dominant … I don't know if that was the publicity of the preceptorship within AHPs" (p.6) (Participant 1)*

One participant who thought preceptorship was uniprofessional wanted some bespoke training for their healthcare profession but acknowledged:

> *"… that's difficult when you're dealing with more than one profession, isn't it?" (p.4) (Participant 5)*

Despite this the benefits of having a multiprofessional preceptorship programme were also recognised. Participants positively acknowledged their cohorts consisted of various different healthcare professionals and this aided the interprofessional working relationships by understanding each other's roles:

> *"It was like multidisciplinary … there was Speech and Language, OT (Occupational Therapists), just different nurses from different places … and it kind of gives you those contacts as well" (p.4) (Participant 2)*

> *"It's allowed me to understand other professions … understand my MDT (multidisciplinary team) in such that what stresses of the nurses are, and what the stresses of podiatrists are, OTs (Occupational Therapists) and things like that" (p.14). "It's allowed me to see it from their side and that I feel that's given me a strength as a (healthcare professional) and a strength of the (multiprofessional) preceptorship" (p.15) (Participant 1)*

> *"I think we only had one AHP … I think we had a Podiatrist … to be fair it's interesting" (p.2). "There were certain things they (other healthcare professionals) had brought at that (preceptorship), yet again was really beneficial for me as a nurse" (p.3) (Participant 3)*

4.2.4 Sub theme 4 – Enjoying preceptorship

All the participants acknowledged they enjoyed undertaking a preceptorship programme in conjunction with their preceptorship within the workplace:

> *"I enjoyed the preceptorship (p.1) … I enjoyed all the content (p.8) … I just really enjoyed it" (p.12) (Participant 1)*

> *"There was quite a few things that we did in the preceptorship that I enjoyed and learnt a lot from … … I enjoyed different people coming in and talking (p.4) … I think overall I thought the preceptorship was good" (p.11) (Participant 2)*

> *"I'm so glad I did it (p.1) … so, I think pretty much everything I expected to be there was covered" (p.3) (Participant 3)*

> *"The preceptorship programme is really good, I wish anybody who starts a new role should have some kind of support because it's not easy, especially if you are newly qualified. So, I think it's really important that we understand*

that people are there to support and they are accessible to us" (p.13) (Participant 4)

"I actually found it more valuable than I thought" (p.1) (Participant 5)

4.3 Theme 2 – Experiential learning within professional practice

Experiential learning was discussed by each participant and was deemed invaluable as this enabled them to further develop both their professional clinical skills and their personal attributes. This theme had three subthemes; supporting each other through learning, challenges of learning and reflecting on learning. This theme was particularly important in highlighting the link between theory and clinical practice, and how the two can be applied and embedded within professional practice.

4.3.1 Sub theme 1 – Supporting each other through learning

All five participants shared their experiences of attending the peer to peer support groups which took place on each of the preceptorship programme study days. All the participants concurred peer to peer support was the most beneficial aspect of the preceptorship programme. Within this safe space participants acknowledged how they were feeling and felt relief that others within the support groups were also feeling the same way. This created a special bond between the participants enabling them to not only open up to discuss issues and concerns without fear of consequence, but also to celebrate when things went well:

"I thought the peer support was like the best bit (p.3). It was really nice to hear other people's experiences and how they were finding being newly qualified, and just being given that kind of chance to say just how you were feeling and get other people's … support" (p.4) (Participant 2)

"You wasn't on your own (p.4). … You could … share different experiences … how they handled it and we talked about it as a whole (p.5) … speaking to your peers, they were feeling the same as you and you'd support each other in different ways" (p.6) (Participant 3)

"The peer review was honestly one of the best things I gained from it and from the preceptorship (p.7) … I felt supported by everybody (p.8) … that environment of new people, space to talk openly … . It allowed me to express myself (p.17). An opportunity to offload, an opportunity to be listened to (p.13) … I felt listened to" (p.14) (Participant 1)

> *"I found the whole experience of peer support was really valuable. People did treat it as the open space where they could just be confidential … it worked really well and we really shared ideas (p.4). It was just nice to know that you weren't on your own … everybody was in the same boat … . We were really kind, open and honest about what was happening … and how difficult somethings have been" (p.5) (Participant 5)*

> *"We share a lot of things and there's a lot of confidentiality and trust … and I don't want to share things to the ward manager".* (They discussed if issues or challenges needed to be escalated) *"somebody could do that on their behalf … if the preceptee agreed to share, that would be beneficial … because always people cannot express themselves in a great way" (p.3) (Participant 4)*

4.3.2 Sub theme 2 – Challenges of learning

All the participants shared their experiences of wanting to transition into role and to embed within their teams but found this challenging in various different ways. One participant shared their challenge of transitioning into role was affected by having to come out of the workplace to attend the study days of the preceptorship programme:

> *"It was difficult because you're busy at work and you have to take a day out of that … as much as … it's nice to take a day out … it's kind of like, oh I feel like I'm missing a day, so you're almost not necessarily as invested (in preceptorship) as you should be. I think that's quite natural (p.6). … If there were more sessions, then we would have missed more work and actually that would have been more annoying" (p.9) (Participant 2)*

In contrast one participant actively embraced the opportunity to come out of the workplace to attend the preceptorship programme study days:

> *"It gave me a day off. It gave me that time to breathe especially being like I think I was, maybe even not a month in just starting … . I know it shouldn't be promoted as a day off … it's almost like what I would call active rest" (p.12) (Participant 1)*

All participants confirmed they were released for preceptorship as well as additional clinical skills training. Although, capacity issues which included staffing pressures and increasing caseloads were described as a barrier for learning by one participant who was trying to transition into role. Having attended the relevant training, it proved too challenging for the team to work in pairs for the participant to be supervised and signed off as clinically competent, thus having a negative impact on their professional development which ultimately restricted their clinical practice:

"I felt frustrated … I felt like I was behind … so, I put pressure on myself … I like to be able to do everything that the team can do … . I want to do as much as I can to help them with the slack because there are times they've been overrun and I'm there, but I can't do it … because I've not got competency or I'm waiting for a course" (p.7) (Participant 3)

However, another participant describes a very different experience with positive outcomes after undertaking additional training alongside the preceptorship programme:

"I've always been allowed to go to any training sessions I want to and participate in getting all those skills and competencies. My manager's been really onboard with making sure once I've gone to do some training, that I've gone out there and got those skills and competencies, so it's been really good" (p.6) (Participant 5)

4.3.3 Sub theme 3 – Reflecting on learning

Each participant talked about the importance of their reflective journey as a preceptee, and through the process of reflection they were able to reflect and apply theory to practice. This has enabled them to grow and further develop as confident healthcare professionals:

"So, I think the other benefit (of preceptorship) is that it allowed me to do some reflective work to be in line with my governing body (p.14). It's about that reflection, and it's giving me the opportunity … and the time to reflect and actually as I was writing and the amount of times I actually had to read it, I was like ohh there's a lot of this I can actually implement" (p.30) (Participant 1)

"I think I work really well when I put things into practice … it sounds like a bit of homework … or maybe just write a little reflection about how that could be applied to your workplace" (p.11) (Participant 2)

Through reflection the importance of receiving constructive feedback was highlighted as essential in aiding the participants to progress and grow professionally developing skills, knowledge and clinical competence:

"Seeking feedback was difficult for me, I expect a bit more feedback (p.4) … it would be very beneficial if somebody give me feedback on how I'm doing it this moment … or if I do something wrong just correct me. I can take the feedback even if it's negative or positive. I think the more feedback … from the workplace … the beneficial" (p.5) (Participant 4)

When feedback was not forth coming, participants felt confident to be assertive and request constructive feedback feeding the desire to improve and to be the best they could:

> *"I started asking (for feedback) it won't come naturally … I started asking my mentor (preceptor), my colleagues also (p.5) … so just giving and getting feedback is like reassuring myself and improving, improving to the best … I know that I am not perfect, but wish I could get some negative feedbacks from my colleagues" (p.6) (Participant 4)*

Many shared their experiences of this journey reflecting back fondly and comparing how they feel now having completed the preceptorship programme with many describing themselves as confident healthcare professionals:

> *"It's a lot about retrospective viewing of doing the preceptorship" (p.16) (Participant 1)*

> *"I think I've really grown in confidence ... I feel like when I look back, I've come on so much in terms of my whole skill set and confidence" (p.6) (Participant 5)*

> *"I… was looking at my transition from the start of being newly qualified to where I am sat now…. I was like I've come quite far even in this first year" (p.12) (Participant 3)*

4.4 Learning for progression

This theme reflected the experiences of the participants undertaking the postgraduate module and included three subthemes; learning for personal and professional development, confidence with writing and support for learning, and working, learning and living. On the whole all the participants described having a positive experience when undertaking and completing the postgraduate module. Support and guidance throughout this module were also important to the participants enabling them to submit their reflective assignments.

4.4.1 Sub theme 1 – Learning for personal and professional development

The funded postgraduate module was seen as a great opportunity. It directly involved reflections around preceptorship empowering the participants to demonstrate their experiential pedagogy by linking theory to their professional practice. The participants

also shared how undertaking the postgraduate module has enabled them to grow both academically and professionally:

> *"It's all about the lifelong learning … it prompted me to make a plan for my lifelong learning or my lifelong career (p.31) … I'm interested in a masters … . I knew that I wanted to do it and I wanted to expose myself (p.20) … I like learning new things … . I would love to go into research … so that was another reason … that could open a few doors and it could allow me to explore" (p.21) (Participant 1)*

> *"I just thought it was a good opportunity … we were like doing a lot of it in the preceptorship … it just seemed like a no brainer to me really. (p.7) (On a) professional level … I did mine (assignment) about the importance of clinical supervision and leadership … (it) gave me a bit of a refresher in terms of things to do with leadership" (p.10) (Participant 2)*

> *"I never wanted to see academic work, but my band 6 … actually, said I really think it would be good for you to do … and further progress in my role (p.8) … . I am proud of where I've come personally and professionally … (the assignment) made me think a little bit more of what I was doing in my professional practice. I've become more confident with referring onto multidisciplinary teams (p.12) … … just thinking if I do my SPQ (Specialist Professional Qualification) for example, I've had a taste of level 7. I know what I'm expecting" (p.9) (Participant 3)*

> *"I won't get another opportunity like this where I'll get all the support (p.9) … . The first reason would be my intense wish to grow … . I have plans for continuous learning … so when the preceptorship programme came up with the validated module, I thought it would be a good place where I can start my learning (p.8) … . (The postgraduate module) obviously increased my confidence professionally and both personally (p.11) … I definitely want to do further studies … because I like learning. I like learning new things and gaining knowledge" (p.12) (Participant 4)*

> *"Having only done … the foundation degree, it was really quite a big leap (to level 7) … I wanted to kind of do it to prove to myself really, but also because I am invested in progressing (p.7) … It's made me more driven to go ahead and do my top up (to Registered Nurse) and carry on with what I want to achieve" (p.8) (Participant 5)*

4.4.2 Sub theme 2 – Confidence with writing and support for learning

Academically the module challenged the participants to think differently and to be able to write at level 7 (masters). They shared their individual experiences of how they developed the skills needed to critically appraise literature and how their confidence grew with writing the reflective assignment. They also shared how this knowledge and increased confidence has positively impacted their professional practice:

"I thought keep up the exposure of academic writing was needed (p.19) … . The strength it's given me is … the ability … (and) knowledge of criticizing pieces of work … it's allowed me to explore the language again and be able to explore the research, it's allowed me to explore that with my patients (p.22) … It's given me the strength of coming back into academic writing when I need to write letters to Doctors, Orthopaedics" (p.23) (Participant 1)

"I felt like it was … … a little bit of a confidence boost … the fact that I passed … had some nice feedback … gave me a little bit of confidence that maybe I would be able to in the future if I wanted to (do) education alongside work that … would be an option" (p.10) (Participant 2)

"I was really nervous … I really did think I'd struggle … I was really apprehensive (p.9) … When I actually sat and thought about it I found myself writing it, I was thinking I can actually do this … it was a bit of a confidence builder (p.10) … I'm glad I've done it now … I actually quite enjoyed it by the end of it … it gave me the chance to reflect upon myself (p.9) … Personally I'm proud I've done it" (p.12) (Participant 3)

"I struggled with my language (p.4) … . Language was a barrier for me … I seek help (for) the language … seek help of the people in the university who can help with my language and grammar … I seek help from you who helped me … I understand how to seek help … so that's also an important thing I learnt … . I think I improved my confidence with writing … I feel more confident that I can do this" (p.10) (Participant 4)

"I thought the writing workshops were really useful … and also the online session where we had the opportunity to read out a bit of what we were thinking … even listening to … other people and the feedback other people got. It was really useful in giving me direction and knowing that I was going in the right way (p.9) … If you go into all the research, that actually helped me realise how confident I was" (p.7) (Participant 5)

4.4.3 Sub theme 3 – Working, learning and living

Resilience played a big part in each of the participants lives when undertaking the postgraduate module and working at the same time. This was the first time the participants have experienced juggling work and studying, they shared the main challenges mainly that being time constraints and work life balance, along with the support and coping methods they implemented to ensure they met the assignment deadline:

"I've never done any work (study) alongside full-time work and full-time work was new to me (p.3) … Time was a big, big thing (p.23) … work life time schedule was the biggest challenge (p.25) … it always comes back to time constraints … It was the learning of doing a piece of work alongside work, alongside life (p.26) … The validated module prompted me to seek out

some help with the wellbeing line … because I identified that I wasn't as resilient as perhaps I could have been and it allowed me to reflect on the work that I'd been doing and allowed me to change" (p.29) (Participant 1)

"Why have I agreed to do this …. I think that's just because obviously you're juggling work as well (p.8) … I can do work better under pressure … I just found time for it and reached out for support" (p.9) (Participant 2)

"It was hard to sort of try and cram everything in, to be the mum, to be the nurse and to be the student again (p.11) … I took annual leave to actually get something in place because I could feel it creeping up and I was starting to feel quite anxious … so I took a week off" (p.12) (Participant 3)

"I struggled with language … . I understand about the accessible things here … I seek the help of the people at the university who can help you with my language and grammar (p.10) … It was quite a task for me and I put a lot of energy and time into completing it … . I was proved that hard work can bring outcomes" (p.11) (Participant 4)

"It was time consuming … and things had to take a back seat (p.7) … . I gave myself protected time at home, so I set aside a weekend … and I just shut myself away (p.8) … . I did have a little bit of (protected time) … my manager … said it might be quite valuable to have some time before the deadline … . So, she did allocate me a bit of (protected) time at the end" (p.8) (Participant 5)

Having reviewed the findings, Chapter 5 will discuss and explore the three emerging themes and sub themes, linking them to the literature review previously mentioned in Chapter 2.

Chapter 5 Discussion

The findings of this research identified three main themes for discussion: Learning through preceptorship, Experiential learning within professional practice and Learning for progression. These themes will now be discussed focusing upon the lived experiences of the participants.

5.1 Learning through Preceptorship

Throughout preceptorship there are a variety of learning opportunities which Chapter 5 further explores, both through the voices and experiences of the participants and linking this to the literature review in Chapter 2. Figure 8 identifies and illustrates the learning opportunities throughout preceptorship, the nuances of learning and how the learning is facilitated. Preceptorship occurs within the training room as protected learning as well as through transitional learning within the workplace.

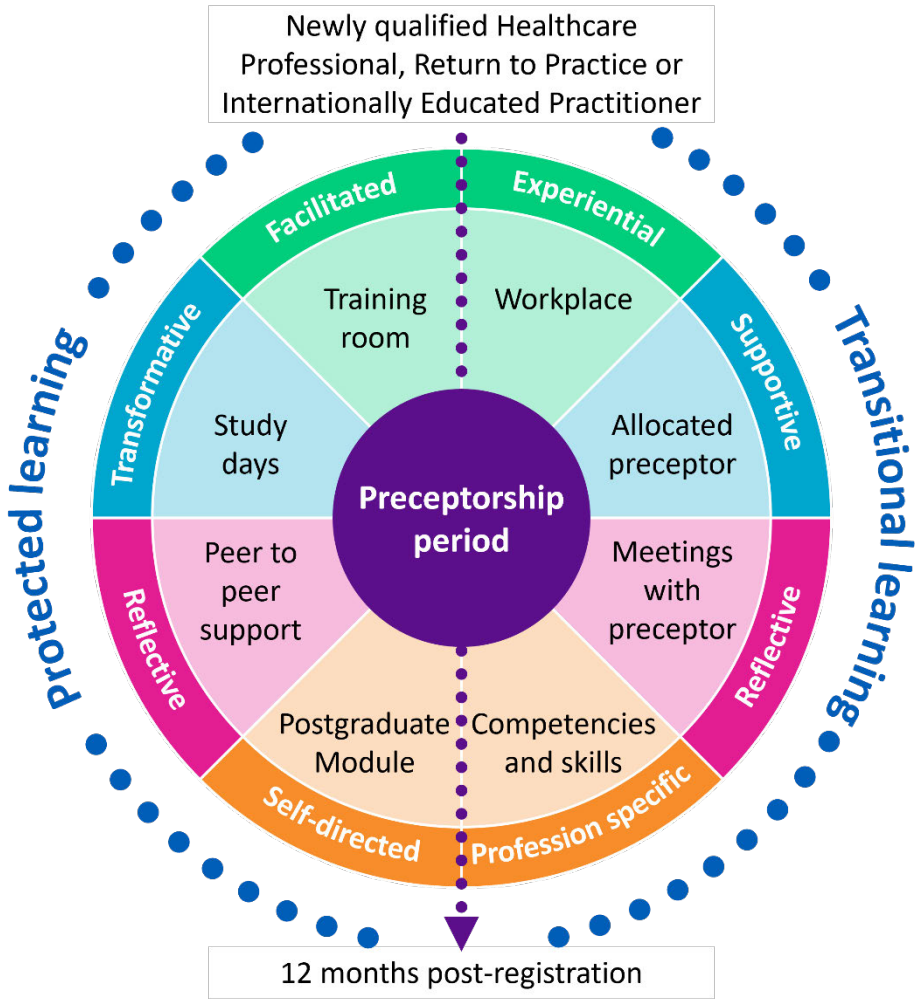


Figure 8 Learning opportunities throughout preceptorship

Having an awareness of preceptorship and the potential learning can enhance the experience for the preceptee during the important transition phase. As discussed in Chapter 4.2 the first theme explores the participant's understanding of preceptorship and their experience of adapting to registered practice.

5.1.1 Understanding Preceptorship

The NHS Long Term plan (NHSE 2023a) identifies the need for newly qualified healthcare professionals to attend a robust, high quality and structured preceptorship programme. For this to be achievable, preceptees are provided with protected learning (Figure 8) thus giving them the best possible start to their careers. The NMC (2023) principles of preceptorship supports the Long Term plan stating its principles are for

those who design and deliver the programme, for those undertaking the programme (preceptees) and for those who are supporting the preceptees on the programme (preceptors). As mentioned in Chapter 4.2.1 only one of the participants had a vague understanding of the support provided on qualifying:

> *"I knew that it was actually a requirement of the NMC that we had some support on qualifying" (p.2) (Participant 5)*

The remaining participants did not have any understanding nationally or locally about preceptorship:

> *"I have never heard of something called preceptorship programme" (p.1) (Participant 4)*

> *"I thought it would be like induction training" (p.1) (Participant 2)*

Although preceptorship features within the onboarding process, its main aim is to welcome and integrate preceptees into their new workplaces and is not designed to be used as a substitute for a formal induction (NMC 2023). There has been much work and publicity nationally over the last few years raising the profile of preceptorship, and why there needs to be a standardised approach to fully support the preceptees through the challenging transition period to autonomous practitioner. As discussed in Chapter 1.2.1 NHSE's (2022b) strategy to develop a National Preceptorship Framework (for Nursing), O'Driscoll, Allan and Traynor (2022) conducted a literature review exploring preceptorship. This was followed up with regional focus groups looking to assess, design and develop the status of preceptorship. NHS England subsequently developed the organisational baseline assessment tool which provided detailed information of all preceptorship programmes offered. It also revealed where preceptorship programmes were not offered and highlighted the disparity of preceptorship between healthcare organisations. From this research the National Preceptorship Framework (for Nursing) (NHSE 2022b) was developed. This framework provided recommendations for organisations to work towards achieving the core elements with the intentions to reduce inconsistencies and to standardise the offer of preceptorship programmes. Participant 1 described being a preceptee and acknowledged their limitations of not knowing what they are doing. They also

expressed their frustrations as their colleagues with whom they are working with do not fully understand preceptorship themselves:

> *"We go and ask somebody a question (about preceptorship) and they don't know" (p.8) (Participant 1)*

The findings from this research study suggest the participants were not the only registrants unaware of this national strategy and drive for improving preceptorship, this also applied to other healthcare professionals working within Gloucestershire Health and Care NHS Foundation Trust. Salt, Jackman and O'Brien (2023) suggest a lack of awareness around preceptorship may be due to a lack of understanding of the terminology used. Different healthcare professions use different words such as supernumerary or supervisory period but they mean the same thing. Participant 1 also suggested how this barrier of not understanding the principles of preceptorship could be overcome: "*Like having an open day"* (p.8) (Participant 1). This would provide an opportunity to share information about preceptorship, raise awareness and promote a greater understanding about what it entails. Having this knowledge may increase feelings of positivity and motivational drive for both preceptees and preceptors which could potentially influence the overall experience. Lewis and McGowan (2015) recommended sharing information including an introduction on preceptorship to be added to all third-year undergraduate nursing student programmes (Chapter 2.2.2). With the recent release of the AHP Preceptorship Standards and Framework (NHSE 2023b) incorporating the AHP Strategy for England (NHSE 2022a) bridging the gap between education and employment, pre-preceptorship has encouraged collaborative working with Higher Education Institutes (HEIs). This has been facilitated through recruitment fairs, and by NHS trusts visiting universities to showcase their preceptorship offers. To aid this collaborative working and prepare the undergraduates for employment, NHSE have developed and released the "Step to Work" video. This video provides information to the prospective registrant about preceptorship and the support available, and so prepares them for the transition phase from being a student to an autonomous practitioner.

5.1.2 Preceptorship for guidance and support

Despite the participants of this study having a lack of awareness and knowledge about preceptorship, all five participants stated they enjoyed preceptorship. They saw great value with being supported to manage their emotions and stresses (Butler 2022) during the transition phase which is often referred as reality shock (Kumaran and Carney 2014). This aligns with Wildemeersch and Stroobants (2018) who identified the importance of transitional learning as it can help and prepare newly qualified healthcare professionals for the unpredictable phase by learning how to be adaptable within the ever-changing clinical environment. The participants described how the transition phase was a challenging time as they tried to integrate into role, and how important the support from the preceptorship programme was to them:

> *"It was terrifying going from student to a newly qualified nurse and the expectations, (preceptorship was like) having someone hold your hand" (p.4) (Participant 3)*

> *"This is a support for us, support for how I am adapting, support for helping me to adapt to the role I am newly placed in. So, I kind of understand after getting the idea, the preceptorship programme will definitely help me and guide me, supervise me, a kind of guiding tool (p.1) …. I wish anybody who starts a new role should have some kind of support because it's not easy, especially if you are newly qualified" (p.13) (Participant 4)*

All organisations are encouraged as part of the National Preceptorship Framework (for Nursing) (NHSE 2022b) and AHP Preceptorship Standards and Framework (NHSE 2023b) to monitor key performance indicators which include the retention rates of their preceptees at 12- and 24-months post registration. As mentioned within Chapter 2 having a positive and supportive preceptorship experience is beneficial to both the preceptee and the organisation as results show improved retention rates during the first two years following registration (Owen et al 2020).

5.1.3 Multiprofessional learning

The multiprofessional programme and the variety of professions undertaking the programme came as a surprise to some of the participants who thought they were on a uniprofessional preceptorship programme for nurses only. Participant 5 expressed disappointment that there was no bespoke content for their area of speciality, although they did acknowledge this would be difficult to achieve:

"When you're dealing with more than one profession" (p.4) (Participant 5)

Van Diggele et al (2020 p.1) identifies the goal of uniprofessional pedagogy is concerned with "developing the depth of disciplinary knowledge … … to be prepared for practice". As uniprofessional pedagogy does not primarily focus on promoting interprofessional working relationships, this could potentially be viewed as a limitation of uniprofessional preceptorship programmes. The participants also acknowledged there was an uneven spilt between Nurses and AHPs:

> *"Very nurse dominant … . I don't know if that was the publicity of the preceptorship within AHPs" (p.6) (Participant 1)*

This may have affected their personal experience of the preceptorship programme as AHPs were also in the minority profession represented at the time. Since the publication of the NHSE (2023b) AHP Preceptorship Standards and Framework it would be interesting to see if there has been an increase with numbers of AHPs undertaking preceptorship programmes. Some of the participants positively embraced the multiprofessional aspect:

> *"I think we had a podiatrist … to be fair it was interesting (p.2) … there were certain things they had brought at that (preceptorship), yet again was really beneficial for me as a nurse" (p.3) (Participant 3)*

> *"It's allowed me to understand other professions … understand my MDT (multidisciplinary team) (p.14) … allowed me to see it from their side and that I feel it's given me a strength (as a healthcare professional) and a strength of the (multiprofessional) preceptorship" (p.15) (Participant 1)*

Multiprofessional preceptorship programmes not only promotes interprofessional learning it enables the development of interprofessional relationships between the various healthcare professions through collaborative learning. Van Diggele et al (2020) states interprofessional education is critical within the health workforce where collaboration and teamwork are essential to enhance high quality patient care. The multiprofessional preceptorship programme provides this opportunity for vital engagement and learning. The World Health Organisation's (WHO 2010) Framework for action on interprofessional education and collaborative practice states it is the bringing together of two or more different healthcare professions to learn about each other, from each other and with each other. Reeves et al (2016) highlighted this

pedagogical approach to learning improves perceptions and attitudes leading to an increase of collaborative skills and knowledge. It also enables the understanding of the different roles of the healthcare professionals (Guinat et al 2024) and endorses the NHS Long term plan (NHSE 2023a) that multiprofessional integrated working aids the quality and delivery of proactive personalised patient care. This would suggest multiprofessional preceptorship programmes are fundamental in the development of preceptees and their understanding of multidisciplinary working with the aim of delivering a positive patient experience (Van Diggele et al 2020).

5.1.4 Enjoying preceptorship

Although the participants had very little knowledge about preceptorship at the start of their journey, they all expressed how much they enjoyed the programme overall. They were able to share their lived experiences relating to both the taught preceptorship study days within the training room and the support within their workplaces:

> *"I enjoyed the preceptorship (p.1) … I enjoyed all the content, I enjoyed the team (p.8) … I just really enjoyed it" (p.12) (Participant 1)*

> *"There was quite a few things that we did in the preceptorship that I enjoyed and learnt a lot from … … I enjoyed different people coming in and talking (p.4) … I think overall I thought the preceptorship was good" (p.11) (Participant 2)*

> *"I'm so glad that I did it" (p.1) (Participant 3)*

> *"The preceptorship programme is really good, I wish anybody who starts a new role should have some kind of support because it's not easy, especially if you are newly qualified. So, I think it's really important that we understand that people are there to support and they are accessible to us" (p.13) (Participant 4)*

> *"I actually found it more valuable than I thought" (p.1) (Participant 5)*

The participants preceptorship experience within the workplace environment is further explored in Chapters 5.2.2 and 5.2.3. Whitehead (2019) states an effective preceptorship programme is linked to improved recruitment and retention rates which are essential to ensure better, effective and safer standards of care are provided (NMC 2023). As mentioned in Chapter 5.1.2 organisations are encouraged to monitor their recruitment and retention figures as part of their key performance indicators. Preceptees who have positive supportive preceptorship transitions often feel valued

leading to an increase in job satisfaction (Phillips et al 2014). This is reflected in the improved retention rates during the first two years following registration (Owen et al 2020). If the recruitment and retention rates fall, this could potentially mean a complete review and redesign of the existing preceptorship programme is required.

5.2 Experiential learning within professional practice

Kolb (2015) defines experiential learning as learning through experience and reflection upon doing, and suggests it is the most powerful and effective form of learning as it is cyclical in nature. The sequential learning cycle has four stages: (i) Concrete experience – having a new experience such as visiting a patient alone for the first time as a new registrant, (ii) Reflective observation – reflecting on the experience. Reviewing thoughts, emotions, existing knowledge, along with confidence, competence and capability, and how these may have impacted on the experience, (iii) Abstract conceptualisation – learning from the experience and identifying new knowledge gained that may result in new ways of working leading to an increase in confidence and competence, (iv) Active experimentation – putting knowledge into practice by trying out the revised ideas and applying the new learning or knowledge before revisiting the cycle again. Starting at any stage, this continuous process allows individuals to repeat the cycle as often as needed to maximise the learning from the experience (Petty 2014).

5.2.1 Supporting each other through reflective peer learning

An experiential and reflective pedagogical approach is used within preceptorship particularly during peer to peer support. Bengtsson and Carlson (2015) suggest adults learn best through having discussions with their peers by reflecting on their own experiences and integrating new knowledge. Peer support enables preceptees the opportunity to come together to network (Chapter 2.2.6), to support one another (Jenkins et al 2021), learn from each other (Tucker et al 2019) and improve self-confidence (Whitehead 2019). Within preceptorship, supporting each other through learning occurs when healthcare professionals come together to form peer to peer support groups (see Figure 8). These face to face facilitated support groups meet regularly during the transition phase at each preceptorship study day and through

positive engagement promote reflective discussions with preceptees to share and learn from each other's experiences. Stacey et al (2020) refers to these educational group meetings as resilience based clinical supervision (RBCS) and has parallels with restorative clinical supervision. By creating the safe psychological space this allows preceptees to be open and honest embracing a "compassionate flow to self, to be open to flow from others and also to develop flow to others" (Stacey et al 2017, Stacey et al 2020 p.2). The main aim of these RBCS groups is to provide a platform for meaningful reflection and self-evaluation, permitting preceptees not only to learn from each other, but also to seek reassurance from their peers enabling them to validate their feelings as "normal" while progressing through the transition phase. The peer to peer supervision support groups were highly valued by all five of the participants. By being open and honest each described gaining support along with reassurance knowing that they were not alone with their feelings of being a newly qualified registrant:

> *"It was really nice to hear other people's experiences and how they were finding being newly qualified, and just being given that kind of chance to say just how you were feeling and get other people's … support" (p.4) (Participant 2)*

> *"You could … share different experiences … how they handled it and we talked about it as a whole (p.5) … and you'd support each other in different ways" (p.6) (Participant 3)*

Having a safe and confidential space enabled the participants to share how they were feeling without fear of consequence:

> *"Found the whole experience of peer support was really valuable. People did treat it as the open space where they could just be confidential (p.4) … it worked really well and we really shared ideas … we were really kind, open and honest about what was happening … … and how difficult somethings had been (p.5)" (Participant 5)*

> *"There's a lot of confidentiality and trust" (p.3) (Participant 4)*

Through sharing their experiences both the positive and negative, the participants felt a sense of belonging which strengthened their relationships with their peers. This enabled them to become even closer as a group motivating them to open up and share their inner thoughts and feelings. It is not clear if this networking also involved using

any technology or social media, as participants only discussed the value of face to face peer support. Whitehead (2019) acknowledges the support and empowerment provided by these peer groups whether they be face to face or via technology also promotes the development of resilience and confidence. This enables the participants to be assertive when needing to challenge negative workplace stressors which can ultimately have an impact on the quality of the care provided. Mansour and Mattukoyya (2019) state these skills are essential for professional practice and recognises how preceptorship aids the crucial development and honing of these skills throughout the transition phase.

5.2.2 Challenges of learning

There were two identified challenges of learning within this sub theme which included undertaking the preceptorship programme study days and competency assessments for additional clinical skills.

5.2.2.1 Wanting to transition into role Verses Time to breathe

One of the core elements of both the National Preceptorship Framework (for Nursing) (NHSE 2022b) and the AHP Preceptorship Standards and Framework (NHSE 2023b) is protected time for the preceptees to attend a preceptorship programme (see Figure 8). The participants described the impact this has had on them and how they felt when undertaking the preceptorship programme study days. The participants shared different experiences with some finding it challenging as they did not want to attend the study days preferring to stay within the workplace and transition into role:

> *"It was difficult because you're busy at work and you have to take a day out of that … . I feel like I'm missing a day, so you're almost not necessarily invested (in preceptorship) as you should be" (p.12) (Participant 2)*

While others felt coming out of the workplace environment was beneficial, valuable and positive as it gave them chance to reflect:

> *"It gave me time to breathe" (p.12) (Participant 1)*

> *"It all sounded very nice to kind of have days out of clinical practice as well because it gave you a break, but it was actually really valuable" (p.1) (Participant 5)*

The aim of undertaking a preceptorship programme is not only to receive support but also structured training (Butler 2022). This enables the preceptee to translate, understand and imbed knowledge (NHSE 2022b), bridging the gap between theory and professional practice (Logina and Traynor 2019, Kaviani and Stillwell 2000). Although participant 3 shared their frustrations of having to attend such a programme this was due to a lack of awareness and understanding of its content and purpose:

> *"Honestly when I first went, I didn't know what I was going into….I just thought oh no, not more learning … . I couldn't face the thought of it" (p.1) (Participant 3)*

Preceptorship should not be viewed as additional study days but as a collaborative and reflective approach to learning with its aim to support professional practice by preparing, developing and improving preceptees knowledge, confidence and competence.

5.2.2.2 Clinical Competence

Forde-Johnston et al (2017) suggest preceptorship programmes that include the opportunity to practice clinical skills with feedback maybe viewed effectively or favourably by preceptees. Walker and Norris (2020 p.2) state "the aim of preceptorship is to develop the clinical skills, competence and confidence…. including understanding its interprofessional links and pathways". As this study focused on a multiprofessional programme any additional clinical skills required for the healthcare professional role are identified as profession specific learning (see Figure 8) and take place locally within the working environment. These additional clinical skills are associated with pathways of learning and involve a theoretical element often via eLearning and by attending a practical simulation day. Further practical assessments known as clinical competencies are carried out within the workplace under direct supervision. Whitehead et al (2016 p.62) suggests preceptees "should be assessed for competence as soon as practicable" which may involve some planning in advance to be achievable:

> *"I've always been allowed to go to any training sessions I want to and participate in getting all those skills and competencies. My manager's been really onboard with making sure once I've gone to do some training, that I've gone out there and got those skills and competencies, so it's been really good" (p.6) (Participant 5)*

Ebeling (2011) states competencies are robust assessments defining expectations of knowledge, skill, values and behaviours. They are used to formally assess and evaluate individual's performance and capability against set criteria. The NMC (2014) Standards of competence are vital for healthcare professionals not only to remain on the professional register, but also to demonstrate their lifelong learning commitment ensuring the standards and quality of care provided are safe and effective. However, accessing additional clinical skills training may prove challenging with Rolt and Gillet (2020) suggesting a lack of clinical skills training can lead to a barrier of professional development potentially having a negative impact on their competence and confidence:

> *"I felt frustrated … I felt like I was behind … so, I put pressure on myself … … I like to be able to do everything that the team can do … . I want to do as much as I can to help them with the slack because there are times they've been overrun and I'm there, but I can't do it … because I've not got competency or I'm waiting for a course" (p.7) (Participant 3)*

Having attended the relevant theoretical study day, participant 3 was left feeling frustrated as they could not perform the clinical competency assessments within the workplace. Preceptees assume clinical competencies are assessed as soon as they return to the workplace. However, the reality is often somewhat different and these "stressful experiences can trigger transformative learning" (Atherley et al 2019 p.567). Transformative learning is a cognitive process concerned with constructing new meanings from experiences using previously acquired knowledge, enabling adult learners to become "more liberated, socially responsible and autonomous learners" (Merriam and Bierema 2014 p.94). Mezirow (1981) identifies ten stages of transformative learning involving various stages of reflection. Mezirow continues to suggest by critically reflecting on the experience, along with self-reflection by being emotionally intelligent, this can lead to a clearer understanding thus helping form new or better judgements. Dialogue promotes the development of these new perspectives and the action or implementation of these leads to new learning opportunities. Although preceptees may find transformative learning uncomfortable, Brookfield (2017) suggests empowering preceptees to undertake this process creates a sense of confidence and knowledge.

To understand and aid the process of transformative learning, self-reflection is one of the essential components of the preceptorship programme (see Figure 8). It supports the newly qualified healthcare professional to become more resilient (Butler 2022) by recognising, accepting, managing and adapting to the ever-changing world of professional practice. Within the working environment, preceptees are encouraged to recognise emotions and feelings of frustration and develop transformative skills to navigate their way through whilst also being able to identify and reorganise other learning opportunities. Adopting this approach and using these newly acquired skills will enable preceptees to enrich their professional practice by permitting the continuation of learning opportunities allowing them to grow and progress. Bartley and Huntley-Moore (2021) recognise preceptees often feel the pressure to develop competences as quickly as possible. However, The Code (NMC 2018) and The Scope of Practice (HCPC 2021a) both state registrants are to work within the limit of their skills, knowledge and experience to ensure healthcare professionals are practicing lawfully, effectively and safely. It is therefore important for all healthcare professionals to reflect on their knowledge and clinical skills and have the capacity to recognise and understand their professional capabilities, boundaries and limitations. It is of utmost importance for all registrants to work within their scope of professional practice to protect patients from the risk of harm and to deliver safe quality care, ensuring the professional code of conduct is always adhered to. Participant 3 was able to recognise their capabilities and identified their professional limitations were due to lack of competence. They were able to confidently communicate this their colleagues as they have an open supportive culture within their team (Law and Chan 2015). This has the potential to aid the development of the preceptees assertiveness and communication skills enabling them to be able to speak up without being fearful or judged for their lack of experience (Rolt and Gillet 2020).

5.2.3 Reflecting on learning and linking theory to professional practice

To continue to improve knowledge and confidence preceptees must be able to put theory into action and analyse this learning through the power of critical reflection. Petty (2014) states reflection must include honest careful consideration about how the experience relates to theory and the need for honesty when identifying any changes required for next time. Wain (2017b) highlights there are numerous reflective models available providing structure and evaluation for learning. Apart from Kolb’s (2015)

experiential learning cycle (Chapter 5.2), there are other reflective models used within healthcare. Examples include Gibbs (1988) reflective cycle containing 6 stages of reflection concluding with an action plan identifying the learning or changes to be made. Driscoll's (2017) model of reflection is often used which incorporates Kolb's (2015) experiential cycle but also asks the following questions: What? So what? and Now what? aiming to contextualise the learning. Another reflective model often used is Schon's (1983) reflecting in action referred to as in the moment, and reflection on action looking back at an experience or event and identifying the learning for the future. Avis, Fisher and Thompson (2019) acknowledge these cyclical reflective processes enable the questioning of an event and through being critically reflexive allows the development of new understandings identifying how this learning could be applied to professional practice. As registered healthcare professionals, preceptees must take ownership for their learning as reflective practice is a requirement of the revalidation process to remain on the professional register (NMC 2018, HCPC 2021).

Preceptorship learning occurs in various ways (Chapter 5.1) and is achieved through; facilitated learning of the programme within the training room, reflective learning during peer to peer supervision sessions (Chapter 5.2.1) and supportive learning from an allocated preceptor working within the workplace (Chapter 5.2.3.1). Participants were also able to share the knowledge gained when they made the link between theory and professional practice after attending the preceptorship study days:

> *"It was good and you have the support and also our teaching sessions. There was things that you'd be sat there listening to, and you'd actually, oh yeah I can, I can use that so I did. It did help you … like you didn't know anything to that extra bit of support, and extra bit of learning but you need it, so that's the strength of it" (p.4) (Participant 3)*

> *"So, I think the other benefit is that it allowed me to do some reflective work (p.14) it's about reflection and it's given me the opportunity … and the time to reflect … . Now I am actually implementing it (p.15). I'm like ohh it was the preceptorship that helped me with the Mental Health Act … Ohh it was the preceptorship that made me identify acute kidney injury (p.16) … there's a lot of this I can implement" (p.30) (Participant 1)*

> *"I think I work really well when I put things into practice … it sounds like a bit of homework … or maybe just write a little reflection about how that could be applied to your workplace" (p.11) (Participant 2)*

Identifying these links between theory and professional practice provides the preceptees with the reassurance they are continually learning and are striving to be safe practitioners whilst developing confidence over time to become autonomous practitioners (Walker and Norris 2020).

5.2.3.1 The value of feedback for learning

Experiential learning also takes place within the workplace environment with preceptees being allocated a preceptor ideally within the second week of joining an organisation (NHSE 2022b). This supportive learning helps and aids the preceptee to transition into the team/ward environment:

> *"My friend who was in my preceptorship programme, she didn't get a mentor (Preceptor) until last week and that was terrible … . She had a lot of struggles during her first month" (p.3) (Participant)*

> *"I feel like I was really lucky with my job role. But a lot of people, you know had really difficult starts" (p.5) (Participant 2)*

Kumaran and Carney (2014) state that support from experienced healthcare professionals is required during the transition phase. Chapter 2.2.2 discusses the important role of the preceptor and identifies not being allocated a preceptor leads to feelings of vulnerability, stress, anxiety and isolation for the preceptee (Tucker et al 2019). Bartley and Huntley-Moore (2021) suggests this lack of support can also lead to preceptees feeling overwhelmed which could have detrimental effects to the quality of patient care provided and increasing the risk of harm to the patient (Logina and Traynor 2022). The supernumerary period is discussed in Chapter 2.2.4 with NHSE (2022b) recommending a minimum of 75 hours and is designed to provide the feeling of safety (Elliot 2022) allowing the preceptee to shadow and work alongside their preceptor. Although preceptees have an expectation that they will be working alongside their preceptor (Lewis and McGowan 2015), unfortunately the reality maybe somewhat different.

Preceptors are given protected time (NHSE 2022b, HCPC 2023) to meet with the preceptee at regular intervals throughout the transition phase. Having good effective communication skills (Walker and Norris 2020) enables feedback to be discussed and from this learning plans can be established setting realistic achievable goals aiding the

development of the preceptee's knowledge, confidence and competence. Feedback is vital for learning and not only comes from the preceptor but from other sources such as other healthcare professionals, patients, carers etc. The HCPC (2016) standards for conduct, performance and ethics state healthcare professionals must ask for feedback and use it to improve their practice:

> *"Seeking feedback was difficult for me, I expect a bit more feedback (p.4) … it would be very beneficial if somebody give me feedback on how I'm doing it this moment … or if I do something wrong just correct me. I can take the feedback even if it's negative or positive. I think the more feedback … from the workplace … the beneficial" (p.5) (Participant 4)*

Hardie et al (2022a) highlights that ineffective or a lack of feedback can have a negative impact on the preceptee, which Butler (2022) states leaves them feeling demoralised. Quite often preceptees are looking for reassurance they are practising the skill or task safely and this will then lead to the development of confidence. When feedback was not forth coming, participant 4 felt confident to be assertive and request constructive feedback feeding the desire to improve and to be the best they could:

> *"I started asking (for feedback) it won't come naturally… … I started asking my mentor (preceptor), my colleagues also (p.5) … so just giving and getting feedback is like reassuring myself and improving, improving to the best … … I know that I am not perfect, but wish I could get some negative feedbacks from my colleagues" (p.6) (Participant 4)*

Preceptors have a fundamental role within preceptorship (see Figure 8) and to perform this role effectively they need to fully understand what it entails. Preceptor training is essential before undertaking this role and is one of the core standards of both National Preceptorship Framework (for Nursing) (NHSE 2022b) and AHP Preceptorship Standards and Framework (NHSE 2023b). NHSE (2022b) released a resource folder for individual organisations to develop their own preceptor training within Nursing. Whereas NHSE (2023b) have designed the AHP Multiprofessional e-Compendium containing 5 modules. Both resources contain important information about the role and expectations of a preceptor, how to provide effective constructive feedback, how to lead self and others through role modelling, to adopt a coaching approach and how to be the best preceptor possible through the use of reflection. It is therefore paramount

that preceptors fully understand their role to be able to effectively support a preceptee through the difficult transition phase.

5.2.3.2 Looking back – The reflective journey of a preceptee

Using reflection on action (Schon 1983) the participants were able to reflect with an overwhelming sense of accomplishment and compare how they were feeling at the start of their preceptorship journey to where they are today. They all could appreciate how much they have learnt and grown both personally and professionally:

> *"It's a lot about retrospective viewing of doing the preceptorship" (p.16) (Participant 1)*

> *"I think I've really grown in confidence ... I feel like when I look back, I've come on so much in terms of my whole skill set and confidence" (p.6) (Participant 5)*

> *"I … was looking at my transition from the start of being newly qualified to where I am sat now … . I was like I've come quite far even in this first year" (p.12) (Participant 3)*

Through the support of the preceptorship programme and within the workplace, preceptees were able to recognise how much they have grown in knowledge, confidence and competence. Preceptorship enables regular reflections to occur through the peer support sessions at each preceptorship study day (see Figure 8) and through the regular meetings with their preceptors during the 12-month transition phase. This continual reflection allows the development for progression both personally and professionally.

5.3 Learning for progression

To remain on the healthcare professional register a requirement of the revalidation process is to ensure healthcare professionals are lifelong learners and must provide evidence of continuing professional development (CPD). Lifelong learning is the continuous updating of skills and knowledge throughout a healthcare professional's career (Miambo, Silen and McGrath 2021) to provide the most up to date, safe, effective and high-quality care. Learning can be achieved in a variety of ways and

examples may include shadowing other healthcare professionals, reading articles, attending courses or by completing academic modules.

5.3.1 Learning for personal and professional development

Every preceptee undertaking the preceptorship programme was offered the opportunity to undertake the funded 15 credit level 7 (Masters) Preceptorship for Healthcare Practice postgraduate module as additional self-directed learning (see Figure 8). All five participants felt this was a great opportunity as the assessment was reflective in nature and focused on their preceptorship experience:

> *"It's all about the lifelong learning … it prompted me to make a plan for my lifelong learning or my lifelong career (p.31) … I'm interested in a masters … . I knew that I wanted to do it and I wanted to expose myself (p.20) (Participant 1)*

> *"I just thought it was a good opportunity … we were like doing a lot of it in the preceptorship … it just seemed like a no brainer to me really" (p.7) (Participant 2)*

> *"I won't get another opportunity like this where I'll get all the support (p.9) … . The first reason would be my intense wish to grow … . I have plans for continuous learning … so when the preceptorship programme came up with the validated module, I thought it would be a good place where I can start my learning (p.8) (Participant 4)*

> *"I wanted to kind of do it to prove to myself really, but also because I am invested in progressing" (p.7) (Participant 5)*

Although the majority of participants saw immediate benefits of enrolling for this postgraduate module, one participant was a little unsure at first:

> *"I never wanted to see academic work, but my band 6 … actually, said I really think it would be good for you to do … and further progress in my role (p.8) (Participant 3)*

Walter and Terry (2021) discuss the influence organisations have on CPD and the impact managers have on the CPD accessed by individuals. They continue to say individuals are motivated to access CPD as it enables professional progression by consolidating, sustaining and updating skills. For healthcare professionals to progress with their careers, it often involves further academic study. However, managers who are approving this study need to be sure the preceptee has the necessary skills and

motivational drive to undertake such courses. It would be detrimental if managers influenced preceptees to undertake such study if the timing was not right for them personally or professionally. It is important for managers to know the individuals within their teams and to be open, honest and transparent when recommending CPD. As mentioned in Chapter 4.4.1 the scope of practice for participant 3 does involve the potential development for the SPQ. The preceptorship postgraduate module was seen as introductory for level 7 development and with support from their manager they were able to produce a successful reflective assignment.

5.3.2 Opportunities to grow

This postgraduate module enabled the participants to consolidate their learning whilst developing skills of criticality required for level 7 (Masters) study. It gave the participants the opportunity to develop confidence and skills in research:

> *I like learning new things … . I would love to go into research … so that was another reason … that could open a few doors and it could allow me to explore" (p.21) (Participant 1)*

The postgraduate module supports NHSE (2021a p.4) Making research matter strategy "to invest in career pathways enabling nurses to move between supporting, delivering and leading research". This strategic plan provides a structured framework for investment and development within research activity. Research is vital for improving, advancing and driving change within healthcare practice. The strategy provides the opportunity for nurses to participate in research increasing their skills and confidence enabling them to develop academically and professionally. The postgraduate module also supports the AHP Research and Innovation strategy (NHSE 2022a) which provides a framework to ensure safe evidenced based practice informs clinical decision making and service design. This strategy aims to promote and drive AHP research and innovation alongside its diverse communities by strengthening its reputation, visibility along with its influence and impact on services. Preceptees enrolled for the postgraduate module were encouraged to immerse themselves within research to reflect on their experiential pedagogy when linking theory to professional practice:

> *"I am proud of where I've come personally and professionally … (the assignment) made me think a little bit more of what I was doing in my*

professional practice. I've become more confident with referring onto multidisciplinary teams (p.12) (Participant 3)

"I did mine (assignment) about the importance of clinical supervision and leadership … (it) gave me a bit of a refresher in terms of things to do with leadership" (p.10) (Participant 2)

On a personal level, all the participants expressed how much more confident they were feeling and how proud they felt having undertaken and completed the postgraduate module whilst being a preceptee. Three of the participants expressed a desire to complete further academic studies that would allow them to continue to develop and grow professionally:

"Just thinking if I do my SPQ (Specialist Professional Qualification) for example, I've had a taste of level 7. I know what I'm expecting" (p.9) (Participant 3)

(The postgraduate module) "obviously increased my confidence professionally and both personally (p.11) … I definitely want to do further studies … because I like learning. I like learning new things and gaining knowledge" (p.12) (Participant 4)

"It's made me more driven to go ahead and do my top (to Registered Nurse) and carry on with what I want to achieve" (p.8) (Participant 5)

Undertaking the postgraduate module appears to have been a positive experience and has given the participants the opportunity to challenge themselves. The feelings of achievement at level 7 has left them feeling motivated and driven to grow professionally and to start thinking about additional academic courses to support future career aspirations and progression. This concurs with the career pathways and career progression (NHSE 2024a) Workforce, training and education for widening access and participation have been planning and undertaking. It states careers within the NHS are committed to supporting and enabling people to develop and grow both personally and professionally empowering individuals to reach their full potential. By offering preceptees the opportunity to complete a level 7 postgraduate module during their preceptorship programme gives them the best possible start to their careers and future progression.

5.3.3 Confidence with writing

As mentioned all the participants found the postgraduate module academically challenging requiring them to think differently developing skills of criticality whilst being able to appraise the literature. One participant felt having recently written academically that starting a new module without a break would be beneficial for them:

> *"I thought keep up the exposure of academic writing was needed (p.19) … The strength it's given me is … the ability … (and) knowledge of criticizing pieces of work … it's allowed me to explore the language again and be able to explore the research" (p.22) (Participant 1)*

Other participants shared being apprehensive and described the challenges experienced:

> *"I was really nervous … I really did think I'd struggle … I was really apprehensive (p.9) … When I actually sat and thought about it I found myself writing it, I was thinking I can actually do this … it was a bit of a confidence builder (p.10) (Participant 3)*
>
> *"I struggled with my language (p.4) … . Language was a barrier for me" (P.10) (Participant 4)*
>
> *"Having only done … the foundation degree, it was really quite a big leap (to level 7)" (p.7) (Participant 5)*

As discussed in Chapter 1.2.2 the postgraduate module was not mandatory, preceptees were provided with information about the module, the support that would be offered and given sufficient thinking time to decide if they wanted to enrol. They were also able to link in with the module lead at the university and the practice facilitators leading the preceptorship programme to discuss any fears or concerns. From these discussions preceptees were empowered to make their decisions as to whether they wanted to undertake the postgraduate module.

5.3.3.1 Support for learning

As with the transition phase, providing regular support for academic development is vital and is highly effective in growing the preceptee's confidence (Irwin, Bliss and Poole 2018). Kaviani and Stillwell (2000) identify to support learners effectively it involves identifying their learning needs whilst encompassing skills of leadership, supervision and facilitation. They suggest through effective communication, providing

timely feedback and using a coaching skills approach supports learners to self-evaluate through reflection aiding personal and professional development. It is important that preceptees take ownership for their learning and development as it is a requirement to keep their skills and knowledge up to date (HCPC 2023) and seek the necessary support to achieve this:

> *I seek help (for) the language … seek help of the people in the university who can help with my language and grammar … I seek help from you who helped me … I understand how to seek help … so that's also an important thing I learnt … . I think I improved my confidence with writing … I feel more confident that I can do this" (p.10) (Participant 4)*

Preceptees undertaking the postgraduate module were offered formal and informal support in the form of two workshops and online tutorials. These bidirectional feedback opportunities (Hardie et al 2022b) are a critical component of healthcare professional education to aid learning (Van Diggele et al 2020) and develop confidence (Butler 2022). Chapter 5.2.3.1 discusses feedback, although providing constructive feedback can be challenging at times, it is a necessity for progression and role development. Marks-Maran et al (2013) suggests this feedback has a positive effect by potentially reducing anxiety and stress leading to an increase of confidence:

> *"I thought the writing workshops were really useful … and also the online session where we had the opportunity to read out a bit of what we were thinking … even listening to … other people and the feedback other people got. It was really useful in giving me direction and knowing that I was going in the right way (p.9) … If you go into all the research, that actually helped me realise how confident I was" (p.7) (Participant 5)*

> *"I felt like it was … … a little bit of a confidence boost … the fact that I passed … had some nice feedback … gave me a little bit of confidence" (p.10) (Participant 2)*

All the participants felt a great sense of achievement on completing the postgraduate module and all commented how their confidence has grown. The participants were proud of their achievements and rightly so:

> *"I'm glad I've done it now … . I actually quite enjoyed it by the end of it all. It gave me chance to reflect upon myself" (p.9) … Personally I'm proud I've done it (p.12) (Participant 3)*

5.3.3.2 Applying new knowledge to professional practice

Since completing the postgraduate module, the participants have been reflecting on their learning and linking it to their professional practice. Reflective learning has been discussed in Chapter 5.2.3 and has shown to be powerful when linking theory to professional practice:

> *"it's allowed me to explore the language again and be able to explore the research, it's allowed me to explore that with my patients (p.22) … It's given me the strength of coming back into academic writing when I need to write letters to Doctors, Orthopaedics" (p.23) (Participant 1)*

> *"I've become more confident with referring on to multidisciplinary teams … we have a lot to do with multidisciplinary teams … that made me think a bit more about how I was going to use them and why we need to use, and the importance of them, what are the barriers, what are the advantages" (p.12) (Participant 3)*

Completing the reflective postgraduate module has enable the participants to think critically, to question practices and to apply new learning to their healthcare role. It has also enabled them to appreciate the roles of other healthcare professionals, understand the importance of clear communication between each other and the direct impact this has on the patient and the quality of care provided. Although the participants were able recognise and apply this newly acquired knowledge, they also shared the challenges they experienced whilst completing the postgraduate module.

5.3.4 Working, Learning and Living

For many of the participants working whilst studying was a new experience for them and something they had to overcome in order to complete the requirements of the postgraduate module and submit a 3000 word reflective assignment. The participants describe the challenges of juggling work and study, and more importantly finding the time to produce the assignment whilst having a work life balance:

> *"I've never done any work (study) alongside full-time work and full-time work was new to me (p.3) … Time was a big, big thing (p.23) … work life time schedule was the biggest challenge (p.25) … it always comes back to time constraints … It was the learning of doing a piece of work alongside work, alongside life" (p.26) (Participant 1)*

> *"Why have I agreed to do this …. I think that's just because obviously you're juggling work as well" (p.8) (Participant 2)*

> *"It was hard to sort of try and cram everything in, to be the mum, to be the nurse and to be the student again" (p.11) (Participant 3)*
>
> *"It was time consuming … and things had to take a back seat (p.7) (Participant 5)*

Taking on additional roles, responsibilities or studies whilst working can be challenging when trying to manage a work life balance. Ho, Stenhouse and Snowden (2021 p.2380) states that "maintaining strict boundaries between work and home" can be very difficult to achieve with work life invading into healthcare professionals home lives. This can lead to feelings such as stress, anxiety, unable to switch off, changes in emotions and behaviours that could lead to burnout (RCN 2021). Stacey et al (2020) identifies being emotionally intelligent by recognising, understanding and validating these feelings is part of self-care which develops resilience and positively influences wellbeing. Healthcare professionals must be self-aware and take ownership for their physical, mental health and wellbeing (RCN 2021) by embedding a culture of self-care as failure to do so can have a direct impact on the registrant's fitness to practice (HCPC 2021a). Learning to become self-aware, to manage emotions and develop resilience must be a crucial component of any preceptorship programme (Butler 2022). Neenan (2018) suggests to maintain resilience individuals must continually adapt to situations beyond their control and find ways of coping. Over a period of time this may prove to be difficult and challenging and so preceptees must be shown how to develop self-compassion, thus giving them permission to seek support from others rather than trying to cope alone.

Organisations have a responsibility and a duty of care for its employees and must have a variety of support available to tackle work related stress (Health and Safety Executive 2019). The NHS Health and Wellbeing Framework (NHSE 2021b) consisting of 7 elements and 16 domains was devised so organisations could develop health and wellbeing programmes to meet the needs of its workers to enable the delivery of high-quality patient care. The framework promotes services and interventions that empowers NHS workers to manage their emotional wellbeing. It is therefore important that NHS workers are made aware of what support is available and how it can be accessed (Whitehead et al 2016). As the participants were also students, information and support regarding health and wellbeing including academic support was also available from the university.

5.3.4.1 Overcoming the challenges

The participants were able to recognise the feelings of stress and anxiety caused by the pressures of working alongside studying and felt empowered to overcome this challenge by seeking support from various sources within the organisation and from the university:

> *"The validated module prompted me to seek out some help with the wellbeing line … because I identified that I wasn't as resilient as perhaps I could have been and it allowed me to reflect on the work that I'd been doing and allowed me to change" (p.29) (Participant 1)*
>
> *"I just found time for it and reached out for support" (p.9) (Participant 2)*
>
> *"I took annual leave to actually get something in place because I could feel it creeping up and I was starting to feel quite anxious … so I took a week off" (p.12) (Participant 3)*
>
> *"I seek the help of the people at the university" (p.10) (Participant 4)*
>
> *"I gave myself protected time at home, so I set aside a weekend … and I just shut myself away … I did have a little bit of (protected time)" (p.8) (Participant 5)*

To assist organisations to develop a culture of health and wellbeing, the NHS People plan and NHS People Promise (NHSE 2020) outline several key priorities aiming to ensure the workforce are supported to feel happy, healthy and well. One priority is to ensure every member of staff has health and wellbeing conversations, where diversity is respected and voices are both heard and valued. Creating healthy work cultures and promoting self-care enables the workforce to thrive as individuals, to speak up and seek support without fear of consequence. It is clear from the participants lived experiences they were all able to recognise and validate how they were feeling and felt confident to seek help and support. A variety of sources were used such as the organisations Wellbeing line, open and honest discussions with managers, linking in with the university and seeking support from their families. Walter and Terry (2021) view the support from families as crucial as it can make the difference between withdrawing or completing CPD. The participants were so determined and driven to complete the postgraduate module, they found ways to overcome the challenges of working, learning and living. All the participants described a sense of achievement,

feeling very proud to have successfully completed a postgraduate module whilst undertaking a multiprofessional preceptorship programme.

Having explored and discussed the themes and subthemes in detail linking them to the evidence base of the literature review (Chapter 2), it is clear there are various learning nuances throughout preceptorship (see Figure 8). The combination of protected learning and transitional learning over the 12 month period has been shown to aid the development of the participants knowledge, confidence and competence. Chapter 5.4 will now consider the limitations of this study.

5.4 Limitations

Within all research studies it is important to recognise any potential limitations. This small study was conducted recruiting and collecting data from five participants from one NHS trust undertaking a postgraduate multiprofessional preceptorship programme. Although the data produced was an accurate reflection and interpretation of the participants experiences, having a larger sample size or involving more than one organisation may have uncovered additional themes. The study was nurse dominant and only included one AHP which has limited the sharing of experiences from these healthcare professionals. There was also no representation from return to practice practitioners, who may have previously attended a preceptorship programme when they initially qualified. There were also limitations of the practitioner as researcher. Being new to research the researcher's knowledge, confidence and competence grew as the study progressed. These are further explored within Chapter 3.8 Reflexivity and in particular Chapters 3.8.1 and 3.8.3.

Chapter 6 will now provide recommendations and a conclusion for this phenomenological study.

Chapter 6 Recommendations and Conclusion

6.1 Recommendations

Following the completion of this research study there are some recommendations for Health and Social care organisations, for education and for research.

6.1.1 Recommendations for Health and Social Care Organisations

It is recommended organisations identify ways to raise the profile of its preceptorship offer. Organisations would benefit in promoting and sharing its preceptorship offer not only locally within its individual organisation but also nationally to the wider audience as this will also assist with future recruitment. This could be achieved through collaboratively working with HEIs and introducing preceptorship to students on professional healthcare courses and furthermore through the sharing of information using social media platforms and by attending regional preceptorship meetings. The Southwest of England has a multiprofessional Community of Practice (COP) facilitated by NHSE enabling the networking of preceptorship leads and the sharing of best practices. The postgraduate preceptorship module and pending research was showcased at one of these meetings attracting great interest. The plan is to publish and present the findings nationally and potentially internationally.

Attracting and recruiting staff is a key priority for all NHS organisations to ensure it has the necessary workforce to provide high quality care to its patients and service users. Having a positive preceptorship experience not only aids retention figures as the workforce feels valued and cared for, but it also increases the organisation's reputation as a good place to work which in turn aids recruitment. As this is a competitive process, organisations who promote, pledge and demonstrate their alignment to the national strategic plans such as the Long Term Plan (NHSE 2023a), National Preceptorship Framework (for Nursing) (NHSE 2022b) and/or AHP Preceptorship Standards and Framework (NHSE 2023b), could potentially be more successful with attracting and recruiting newly qualified healthcare professionals as they declare their commitment to providing a quality, structured, robust and supportive preceptorship programme. NHSE released the interim gold quality mark for organisations who achieved alignment for all 10 core elements of the National Preceptorship Framework (for Nursing) (NHSE

2022b) and 80% of the supplementary criteria in a bid to standardise preceptorship offers within England. To date 198 organisations (NHSE 2024b) have achieved this interim gold quality mark making preceptorship even more competitive. Having already achieved this quality mark, offering a postgraduate module attached to a preceptorship programme about the preceptee's reflective preceptorship experience makes this programme superior when compared to other preceptorship programmes available.

Investing in the workforce by providing additional learning opportunities for personal, professional and academic progression during the preceptorship period also attracts newly qualified healthcare professionals. Currently the postgraduate module is funded from a CPD budget, although it is uncertain how much longer this funding would be guaranteed. If preceptees had to self-fund their postgraduate module this may affect the uptake numbers for enrolment. It is therefore recommended that future identification of local and national funding streams needs to occur for it to remain funded for all, or the alternative would be to find ways of sustaining a funded offer but for a limited number of preceptees. Strict criteria would need to be developed and implemented to ensure the process would be fair and inclusive.

6.1.2 Recommendations for education

Being offered the opportunity to undertake the postgraduate module is a fantastic learning experience although formal reviews and evaluations must be conducted to determine the effectiveness, and the positioning and timeliness offered within the preceptorship programme. The postgraduate module was initially offered at the start of the preceptorship programme which can be deemed as a time of intense uncertainty for preceptees. This is the time when they are trying to transition and settle into role whilst learning the daily routines and trying to understand processes and procedures. Whilst undertaking this research study the start of the postgraduate module was moved from the beginning of the preceptorship programme and currently sits 5 months in allowing the preceptee the opportunity to breathe and transition into role. It is therefore recommended that using an evaluative method with stakeholder involvement will provide suggestions of the optimum time to commence the postgraduate module. It would also be advantageous to evaluate and review if the additional support provided such as the writing workshops, assignment sharing workshops and online

tutorials are effective with developing preceptee's confidence with writing at level 7 or whether it requires adapting to meet their individual learning needs.

6.1.3 Recommendations for research

Undertaking comparative research on a national level would be recommended focusing on other postgraduate modules offered as part of a preceptorship programme within the United Kingdom. This would identify how many are currently available, what the content and delivery modes are and how they relate to preceptorship. It would also identify if these are standalone modules or whether they sit within academic pathways enabling preceptees to grow and progress academically as well as professionally. This comparative research would also provide scope locally to further develop and improve the existing Preceptorship for Healthcare Practice postgraduate module.

Further research is recommended due to the size of this small study. Although the experiences of the participants were varied and detailed, having a larger sample size may have revealed additional themes or provided greater depth and breadth of lived experiences. A larger sample size would also encourage a more diverse range of healthcare professions particularly AHPs to be part of this research as it was very nurse dominant. This research did not include any return to practice healthcare professionals so their experiences, thoughts and views are still unknown.

6.2 Conclusion

This research has shown preceptorship is essential for all newly qualified, return to practice and internationally educated practitioners in aiding the transition from student to autonomous practitioner. Preceptorship assists this complex and challenging transition by providing preceptees with a variety of learning opportunities, guidance and support to develop in knowledge, confidence and competence.

This study revealed that although there was a lack of understanding and awareness of preceptorship it provided protected learning to the healthcare professionals enabling them to have a robust, structured and positive start to their careers. It was deemed valuable and impactful as it supported and guided them through the challenging transition period, with the participants metaphorically referring to the preceptorship

programme as “*holding your hand*.” The study recognised the benefits of adopting a multiprofessional preceptorship approach over a uniprofessional programme. The multiprofessional programme actively promoted and encouraged communication between the various healthcare professionals whilst also nurturing interprofessional learning and developing the important professional working relationships. The multiprofessional approach aided the understanding of each other’s roles and the positive recognition of how collaborative working can have a positive impact not only on the provision of patient care but also on the quality of care provided. The study revealed the healthcare professionals valued the multiprofessional facilitated peer to peer support sessions as they not only enabled important discussions but also provided the opportunity and a safe space for individuals to reflect on their professional practice whilst learning with others and from others. These reflective sessions were essential in validating the many emotions experienced by the healthcare professionals whilst also providing the reassurance the feelings were justified as the transition period is a challenging time.

The research study has shown preceptorship can only be effective within the workplace, if the preceptee is supported by a preceptor as this is where experiential learning occurs. The allocated preceptor must be confident, knowledgeable, enthusiastic and motivated to inspire, guide and empower the preceptee to grow and develop. This study discussed the important role of the preceptor but also acknowledged the challenges encountered by not providing feedback, and how this negatively impacts on the preceptees development, competence and confidence, ultimately resulting in a poor preceptorship experience. Therefore, it is vital that the preceptor fully understands the role and can provide constructive feedback to support, facilitate and aid learning.

The postgraduate module is a unique additional academic self-directed learning opportunity that specifically focuses on preceptorship. The module formulates reflective experiential pedagogy drawing upon experiences and consolidating the learning by transferring and applying theory to professional practice. The funded module was seen and experienced by participants as a great learning opportunity to aid personal, professional and academic development, along with a motivational drive for life-long learning. Participants shared their plans to complete additional academic studies to aid career progression, with one now feeling ready to complete their top up

to registered nurse. Another participant developed a passion for research and has since expressed a desire to work within a research role. Neither would be thinking about progression at this early stage of their careers if they had not had the opportunity or experience to complete the Preceptorship in Healthcare Practice postgraduate module.

The study highlighted that although the module was challenging at times and tested individual resilience, all participants felt empowered to find different coping strategies all of which were successful. The postgraduate module supported the development and skills of criticality with writing. This enabled the participants to grow in confidence, to think differently, to think wider, to question and to challenge rather than taking things at face value. This increase in confidence, self-assurance and learned knowledge has been applied not only to their professional practice through their communication skills but also within their written records, letters and referrals to other healthcare services.

By conducting and sharing this research study, it shows just how important progression is to our newly qualified registrants. It is envisaged this study will be shared both locally and nationally and highlights the importance of collaborative working between HEIs, NHS, Voluntary and Community sector organisations to ensure preceptorship is embedded. To be offered the opportunity to complete a postgraduate module whilst undertaking a preceptorship programme is a tremendous start to the registered healthcare professional's career. By grasping this opportunity not only enables personal and professional development, but also the commencement of their academic journey to a level 7 qualification. The module has not only had an impact on both recruitment and retention but more importantly, has increased the confidence and capabilities of our registered healthcare professionals, which gives our patients the most fantastic, effective, safe care they deserve.

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Appendices

Appendix 1 Participation Information Sheet (PIS)

UNIVERSITY OF GLOUCESTERSHIRE

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Exploring the experiences of preceptees attending a validated multiprofessional preceptorship programme

Dear Colleague,
I would like you to invite you to take part in a service evaluation study. Before you decide whether or not to take part, it is important for you to understand why the study is being done and what it will involve for you. Please take time to read the following information carefully and ask questions if anything you read is not clear, or if you would like additional information.

What is the purpose of the study?
This service evaluation is being undertaken as part of a Masters by Research and will explore the experiences of preceptees engaging with a validated multiprofessional preceptorship programme. As the validated module is a new addition to the existing multiprofessional preceptorship programme, this will be the first service evaluation study to explore the impact of a validated module and the experiences of the preceptees undertaking the module.

The aim of the study is to explore preceptees individual experiences of undertaking a validated module and to understand what impact this has had on their multiprofessional preceptorship experience.

Through a programme of service evaluation, I intend to collect and analyse qualitative data to understand the experiences of the preceptees. This data will support the ongoing development of the validated module at a local level working collaboratively with both our organisation and the university.

Why have I been invited to participate?
You are currently attending the multiprofessional preceptorship programme at Gloucestershire Health and Care NHS Foundation Trust (GHC) and have enrolled on the Preceptorship for Healthcare Practice module (AP7026). I believe you have important information to share about your experience of attending the multiprofessional preceptorship programme and completing the validated module.

Do I have to take part?
Participation is completely voluntary and it is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and will be asked to sign a consent form. If you decide to take part you are still free to withdraw up to two weeks after the interview has taken place which is before the recording has been transcribed and anonymised and deleted. Data that has been anonymised cannot be destroyed as we will not be able to reidentify your recording. You can withdraw from the study without giving a reason and with no consequence.

What will happen to me if I take part?
Demographic information regarding gender, job role, and affiliated professional body will be used to provide background and context for the study. You will be invited to share your experience of attending a multiprofessional preceptorship programme and completing the validated module through a semi structured individual interview. You will be asked to reflect and share your experience, including your views of the highlights and challenges of completing a validated module as part of attending a multiprofessional preceptorship programme. The interview will be recorded using Microsoft Teams and will last no more than 60 minutes. Recordings will be stored on a password protected laptop, and at the point of transcription a code will be assigned to protect the participants identity, and once the transcription is completed the recording will be deleted.

What are the possible benefits and risks of taking part?

Participating in this service evaluation will give you the opportunity to describe and share your experience. The confidential information that you share with me will help develop an understanding of the experiences from a research participant's perspective. This will also support the ongoing development of the validated module and continued provision for preceptees attending a multiprofessional preceptorship programme. There are no risks anticipated. If the semi structured interview causes concern for you, please let me know at your earliest opportunity so I can support you effectively and if required sign post you to appropriate organisational support.

Will what I say in this study be kept confidential?

Any information collected will be respected and kept strictly confidential to maintain your privacy and anonymity. As the sample size is small with possible ease of recognition, your identity will be protected and a code will be assigned to each of the recordings at the point of transcription. All legal and ethical practice will be adhered to as per the University Research Ethics Committee guidelines, and all information collected will be stored securely.

What should I do if I want to take part?

If you would like to take part, please let me know, my details are at the end of this information sheet. You will be given an opportunity to ask any questions that you may have and then asked to sign a consent form. Following this you will be contacted by email to arrange your interview.

What will happen to the results of the research study?

The results of the service evaluation will be used to guide the ongoing professional development of the validated module and to evaluate the provisions provided for preceptees attending a multiprofessional preceptorship programme. The service evaluation will be written up and submitted as my dissertation for my Masters by Research. Participants will not be identifiable and any direct quotes used will be ascribed to the assigned code. The results will also be presented at health care and education conferences and published in peer-reviewed health care and education journals.

Who should I contact if I want to find out more?

If you want to find out more, please do not hesitate to contact me:

Sylvia Jellyman [redacted]

Or, if you would prefer to discuss your concerns with someone who is independent from the employing organisation, please contact my research supervisor Liz Berragan [redacted]

Thank you for taking the time to read this information sheet.

Appendix 2 Consent form

UNIVERSITY OF GLOUCESTERSHIRE

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Voluntary informed consent to participate in a service evaluation

Exploring the experiences of preceptees attending a validated multiprofessional preceptorship programme

I confirm that: **Please initial boxes**

1.	I have read and understood the information about the project provided to me in the participation information sheet (Version 5 March 2023)	Initial
2.	I have been given the opportunity to ask questions about the service evaluation and my participation and my questions have been answered to my satisfaction.	Initial
3.	I understand that taking part in this study involves being interviewed and recorded using Microsoft Teams and that the conversation will be recorded on a secure device and saved to the GHC MS Azure Cloud Services.	Initial
4.	I understand that my real name will not be revealed, and all the information I give is anonymous and confidential.	Initial
5.	I understand I can withdraw my consent to participate up to two weeks after signing this consent form without giving reasons of why I no longer wish to participate and there will be no adverse consequences if I choose to withdraw.	Initial
6.	I understand that the information I provide will be used in a service evaluation report with the intention of local and national dissemination, and will contribute towards developing a greater understanding of the preceptees experiences of a validated multiprofessional preceptorship programme.	Initial
7.	I know who to contact if I have any concerns about this service evaluation.	Initial
8.	I voluntarily agree to participate in the service evaluation.	Initial

Name of participant	Date	Signature
Name of researcher	Date	Signature

Appendix 3 Ethical Approval (University)

UNIVERSITY OF GLOUCESTERSHIRE

A The Park
Cheltenham
GL50 2RH
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Monday, 20th February 2023

Dear Sylvia,

SREC.23.12.4: Exploring the experiences of preceptees attending a validated multi-professional preceptorship programme – Sylvia Jellyman

Thank you for submitting your application to the ethics committee for consideration.

I am pleased to confirm that your application has received approval from the School of Health and Social Care Research Ethics Committee.

We all wish you well.

Yours sincerely,

XXXX

Chair of Health and Social Care Research Ethics Committee

The School of Health and Social Care
Oxstalls Campus
Oxstalls Lane
Longlevens
Gloucestershire
GL2 9HW

Appendix 4 Project Approval (University)

From: Research Admin
Sent: Thursday, August 3, 2023 9:26:14 AM
To: Jellyman, Sylvia
Cc: PGR Supervisor
Subject: Project Approval Passed

Dear Sylvia Marcia Jellyman,

I am pleased to inform you that the Postgraduate Research Degree Lead for your School has now approved your Project Approval Form with the following details.

Degree: MSCR

Title of programme of research: Exploring the experiences of preceptees attending a validated multiprofessional preceptorship programme

Supervisory arrangements:

First supervisor: XXXXXXX (Removed to provide confidentiality)

Second supervisor(s):

Expected Date of Submission: 31/Jul/2024

You must arrange to submit your thesis for examination on or before your Expected Date of Submission. You must work with your first supervisor to ensure that your Intention to Submit form is presented to the School Postgraduate Research Lead at least three months prior to your submission date to provide sufficient time for planning your examination.

You must note the expected course duration for your award according to the Research Student Handbook and the maximum periods of registration permitted according to the University's Academic Regulations for Research Degrees Provision.

You must ensure that you note any future deadlines for action by you. Please also ensure that you are familiar with the mandatory tasks required of you, as outlined in the Research Student Handbook.

Guidance documents on all Postgraduate Research regulations and processes are provided on the PGR Hub Moodle site. Further information is also available using the MyGlos Help function. If you are unable to find the answer to any query you may have, please email researchadmin@glos.ac.uk

Yours sincerely,

Research Administration Office

Appendix 5 Organisational Approval

Approval to begin research from NHS Trust

From: Head of Research and Development
Sent: 31 August 2023 14:13
To: Jellyman Sylvia
Subject: RE: Project Approval Passed

Hi Sylvia

Apologies for not replying sooner, but great news and good luck. You have your approval from us, so we were just waiting on the uni to get going – all on you now! ;-)

If there is anything we can help with along the way, just let me know! ☺

Cheers

XXXX

XXXXXX
Head of Research and Development
Gloucestershire Health and Care NHS Foundation Trust

Appendix 6 Semi structured interview questions

[redacted]

Exploring the experiences of preceptees attending a (validated) postgraduate multiprofessional preceptorship programme

Semi structured interview questions

(Validated) Postgraduate multiprofessional Preceptorship programme:

1. Can you talk to me about your expectations of the preceptorship programme and validated module?
2. Can you share with me what you thought was missing from the programme?
3. Can you talk to me about your experiences on the preceptorship programme?
4. Can you share with me the strengths and benefits of the programme for you?
5. Can you talk to me about any challenges that you have experienced through the programme?
6. Can you share with me your reasons for enrolling and undertaking the validated module?
7. Can you share with me the strengths and benefits of the validated module for you?
8. Can you talk me through any challenges you experienced when undertaking the validated module?
9. Can you share with me how the validated module has impacted you on a personal and professional level?

Appendix 7 Personal Experiential Themes (PETs)

Participant 1 – Personal Experiential Themes (PETS)

LEARNING THROUGH PRECEPTORSHIP

➢ **UNDERSTANDING PRECEPTORSHIP**

Did not have an awareness or know very much about preceptorship prior to starting the programme

- **Did not know much about it**
  "*There wasn't a conversation about that before…. I did not know there could be a validated module" (p.1)*

- **Lack of knowledge re programme content** – ask preceptees who are doing it for feedback rather than top down

- **More engagement for promoting preceptorship "open day"**
  *"…Like an open day…you could do that prior to the starting of the preceptorship. Just because we're all preceptees, we don't know what we're doing and then we go and ask somebody a question (*about preceptorship*) and they don't know" (p.8)*

➢ **MULTIPROFESSIONAL LEARNING**

Did not feel there was equal representation of AHPs to nurses with AHPs being in the minority

- **Nurse dominant, wanted more AHP side of it**
  "It was very nurse dominant" (p.6)

- **Lack of publicity of preceptorship within AHP**
  "I don't know if that was the publicity of the preceptorship within AHPs, so I think personally I would have liked a bit more and in regards to an AHP side of things" (p.6)

- **Understanding of other professions and individual pressure of workload and stresses**
  "It's allowed me to understand other professions. It's allowed me to understand my MDT in such that what stresses of the nurses are and what the stresses of Podiatrists are, OTs (Occupational Therapists) *and things like that"* (p.14) *"It's allowed me to see it from their side and that I feel that's given me a strength as a (*healthcare professional) *and a strength of the* (multiprofessional) *preceptorship"* (p.15)

➢ **PRECEPTORSHIP FOR GUIDANCE AND SUPPORT**

Was able to gain new knowledge and skills from preceptorship

- **Increased knowledge particularly in MHA and AKI and able to implement knowledge learnt within clinical practice**
  "Now I am actually implementing it. I'm like ohh it was the preceptorship that helped me with the Mental Health act (p.15) *Ohh it was the preceptorship that made me identify acute kidney injury"* (p.16)

ENJOYING PRECEPTORSHIP

Felt undertaking preceptorship was a positive experience

- **Day out of the workplace, able to breathe to express and off load**
  "It gave me a day off, it gave me time to breathe, especially being like I think I was, maybe even not a month in just starting…. I know it should be promoted as a day off…. it's almost like what I would call active rest" (p.12)

- **Enjoying preceptorship**
  "*I enjoyed the preceptorship* (p.1) … *I enjoyed all the content, I enjoyed the team* (p.8) …*I just really enjoyed it*" (p.12)

EXPERIENTIAL LEARNING WITHIN PROFESSIONAL PRACTICE

➢ **SUPPORTING EACH OTHER THROUGH LEARNING**

The peer to peer supervision sessions were pivotal to aid learning through gaining support from other preceptees undertaking the same preceptorship programme

- **Peer to peer support – best thing from Preceptorship**
  "The peer review was honestly one of the best things I gained from it and from the preceptorship (p.7) …*I felt supported by everybody* (p.8) …*that environment of new people, space to talk openly…It allowed me to express myself"* (p.17)

- **Chance to offload and be listened to**
  "An opportunity to offload, an opportunity to be listened to (p.13) … *I felt listened to"* (p.14)

- **Understanding the challenges and working pressures of other professions**
  "I know that some people found it a challenge to get time off if they were in a higher pressured working environment" (p.17)

➢ **CHALLENGES OF LEARNING**

The preceptee felt there were challenges to their learning whilst trying to transition into role as a newly qualified autonomous practitioner and suggested how this challenge could be overcome

- **Opt in/ opt out with wearing a badge to identify as a preceptee "P plates"**
  "We got asked would you like a badge to say you're a preceptee and we were involved in that conversation…ask the people that are actually involved in it who are experiencing it…ask US questions to find out (p.9) …*an opportunity for us to say what we see"* (p.10)
  "Obviously you need learner plates when you're a learner, but a P plate…. not everybody opts for it, but I think opt in opt out…that's probably the sweet spot to be honest" (p.11)

Preceptee 1 shared they had some learning challenges and how they were able to overcome them

- **Planning deadlines for academic work as has a Learning Difficulty**, feedback and support from family and friends
  *"My challenge is (*a learning difficulty) *so I had to ask a lot of people to reread my work or tell me if I structured that sentence correctly and that took time"* (p.24)

- **Recognising when to access the support in order to receive feedback**
  "I definitely could have, or should have used a lot more help…. I could contact the people in the right amount of time to be able to get the feedback.... that was the biggest issue" (p.26)

➢ **REFLECTING ON LEARNING**

Preceptee 1 expressed that reflection during the preceptorship programme was extremely important enabling them to learn and further develop their knowledge by applying theory to practice

- **Its all about reflection, reflection, reflection**
  "It's a lot about retrospective reviewing of the preceptorship" (p.16)

- **Reflection in line with the professional governing body**
  "So, I think the other benefit (of preceptorship) *is that it allowed me to do some reflective work to be in line with my governing body"* (p.14)

- **Being able to reflect and apply to professional practice**
  "It's about that reflection, and it's giving me the opportunity and give me the time to reflect and actually as I was writing and the amount of times I actually had to read it, I was like ohh there's a lot of this I can actually implement" (p.30)

LEARNING FOR PROGRESSION

➢ **LEARNING FOR PERSONAL AND PROFESSIONAL DEVELOPMENT**

Personal and professional progression were not only important to preceptee 1 but they also acknowledged the requirements for continuing professional development and lifelong learning

- **Lifelong learning**
  "It's all about the life long learning…It prompted me to make a plan for my lifelong learning or my lifelong career…I've actually got a plan. I have a plan people (p.31) *…so that's very encouraging. It's very forward thinking"* (p.32)

- **Academic progression**
  "I'm interested in a masters. I wanted to expose myself to master's level and I'll be honest without pressure because I thought it was always explained to us that you can opt in (p.18) *…I knew that I wanted to do it and I wanted to expose myself"* (p.20)

- **A funded opportunity for master credits within an academic pathway**
  "It was a free trial…. it's not gonna cost you any money…I think the biggest thing for me was I could get credits (p.19) *…So that was a Brucey bonus"* (p.20)

- **Professional progression**
  "I like learning new things…give me an opportunity to do some more research…. I would love to go into research side of things in regards to (my profession) *…so that was another reason…that could open a few doors and it could allow me to explore"* (p.21)

➢ **CONFIDENCE WITH WRITING AND SUPPORT FOR LEARNING**

Preceptee 1 had some confidence with academic writing due to previous exposure but wanting to develop criticality skills

- **Exposure to keep up academic writing**
  "I thought keep up the exposure of academic writing was needed. On reflection, I think if I was asked to either do it now or in two years' time, I think I would have struggled more just to be out of the flow of things and I knew I was still in the groove" (p.19)

- **Explore the language and criticality of academic writing**
  "The strength (its) given me is…the ability to again sort of have knowledge of criticizing pieces of work…it's allowed me to explore the language again and be able to explore the research, it's allowed me to explore that with my patients" (p.22)

- **Confidence has grown professionally with writing professional practice letters to senior healthcare colleagues**
  "It's given me the strength of coming back into academic writing (and) when I need to write letters to doctors, orthopaedics" (p.23)

➢ **WORKING, LEARNING AND LIVING**

Preceptee 1 openly acknowledged the challenges of working and studying at the same time and how they sought help and support to get through this difficult time

- **Time constraints – working full time and studying**
  "I've never done any work alongside full-time work and full-time work was new to me (p.3) *…Time was a big, big thing"* (p.23)
  "Work life time schedule was the biggest challenge (p.25) *…It always comes back to time constraints…It was the learning of doing a piece of work alongside work, alongside life* (p.26)

- **Time management skills**
  "I was in charge of my own diary…. I was able to block out time for myself" (p.3)

- **Allocated study leave**
  "What am I allowed to have? Does this count as study leave? Am I allowed to book a day off for this study?" (p.4)

- **Recognising when to seek help and support**
  "The validated module actually prompted me to seek out some help with the wellbeing line with our trust…because I identified that I wasn't as resilient as perhaps I could have been, should have been…and it allowed me to reflect on the work that I'd been doing and allowed me to change (p.28)*…and actually putting that into practice and allowing me to realise my time out of work is very, very precious"* (p.29)

Participant 2 – Personal Experiential Themes (PETS)

LEARNING THROUGH PRECEPTORSHIP

➢ **UNDERSTANDING PRECEPTORSHIP**

Did not have an awareness about preceptorship prior to starting the programme

- **Thought it was part of the onboarding induction programme**
  "*I kind of thought it would be like induction training, but more"* (p.1)

- **Thought it was like induction lasting 12 months**
  "I thought it was a yearlong…I can't remember how long it was now, like 8 or 9 months" (p.2)

- **Felt it was important to know about various services within the organisation**
  "We looked at different services within the trust and (p.1) *… covered some of the basic things that you should know working in the trust"* (p.2)

➢ **MULTIPROFESSIONAL LEARNING**

Enjoyed the aspects of the preceptorship programme being multiprofessional, saw this as a positive experience

- **Multidisciplinary with different roles from different places**
  *"It was like multidisciplinary and there was, you know, Speech and Language, OT (*Occupational Therapy*), just different nurses from different places"* (p.4)

- **Contacts and networking**
  "There's probably people that I met on preceptorship that I could be like or go to them" (p.4)

➢ **PRECEPTORSHIP FOR GUIDANCE AND SUPPORT**

Although Preceptee 2 felt the programme was a little disorganised they did enjoy meeting and listening to the various speakers

- **Felt the preceptorship programme was sporadic and needed more structure**
  "I feel like maybe it didn't flow as well as it should…just in terms of….one month we do one thing and then…the next month it would be something completely different and wouldn't

necessarily flow. But then I guess its kind of hard for it to flow when it's sort of monthly….it just felt a little bit sporadic" (p.3)

- **Wanted themed days for the monthly preceptorship study days to give it structure**
  "I guess…. maybe like each month…. if there was more of a……theme around the day… if there was multiple people coming in to do talks" (p.12)

- **Particularly enjoyed different speakers presenting and discussing their roles**
  "I always thought it was really interesting when other people came in to talk about what they did" (p.5)

- **Appreciated the welcome and the support from Preceptorship team**
  "The support from you guys (Preceptorship team) *as ……all of you were really welcoming and I think well not just me, but made us all feel quite at ease, and you know it felt quite easy and natural straight away…. I think at that time it's nice to kind of have people that do. You can kind of know you can go to. I feel like I was really lucky with my job role. But a lot of people, you know had really difficult starts, I think if I had a difficult start I would have been able to easily come to like either (member of the preceptorship team)* (p.5)

➢ **ENJOYING PRECEPTORSHIP**

They felt undertaking preceptorship was a viewed as a positive experience overall

- **Preceptee 2 enjoyed preceptorship and found one topic particularly interesting**
  "There was quite a few things that we did in the preceptorship that I enjoyed and learnt a lot from……I enjoyed different people coming in and talking…. I liked the, I think it was Leadership" (session) (p.4) *I thought that was really good* (p.5)

- **Overall the preceptee enjoyed the preceptorship programme**
  "I think overall I thought the preceptorship was good" (p.11)

EXPERIENTIAL LEARNING WITHIN PROFESSIONAL PRACTICE

➢ **SUPPORTING EACH OTHER THROUGH LEARNING**

The peer to peer supervision sessions were enlightening and reassuring to all those on the preceptorship programme that they were not alone in how they were feeling

- **Best bit of Preceptorship**
  "I thought the peer support was like the best bit" (p.3)

- **It was reassuring to hear others were feeling the same**
  "It was really nice to hear other people's experiences and how they were finding being newly qualified and just being given that kind of chance to just say how you were feeling and get other people's…support" (p.4)

- **Hearing other new qualified experiences, able to compare these to individual experiences**
  "*I feel like I was really lucky with my job role. But a lot of people, you know had really difficult starts"* (p.5)

➢ CHALLENGES OF LEARNING

Preceptee 2 found parts of the preceptorship programme personally challenging as this did not fit well with their learning style. Preceptee 2 wanted to concentrate on transitioning into role within the work environment rather than having to attend preceptorship study days

- **Lots of sitting down at preceptorship**
  "*I think some days it was* (a challenge) *because you're sat down a lot and this is probably just a personal challenge, but being sat down and listening to people talk, sometimes it can feel a bit like some days felt quite long…. I don't like being sat down for too long"* (p.6)

- **Wanting to transition into role but having to attend the preceptorship programme was distracting as they felt like they were missing a day out of the workplace**
  *"I guess like towards the end of preceptorship…. it was difficult because you're busy at work and you have to take a day out of that and you're a bit like as much as it is, it's nice to take a day out…it's kind of like, oh I feel like I'm missing a day, so you're almost not necessarily as invested (*in preceptorship*) as you should be. I think that's quite natural"* (p.6)

- **Support for the postgraduate module was adequate, if additional days were taken more time would have been needed out of the workplace**
  "If there was more sessions than we would have missed more work and actually that would have been more annoying" (p.9)

➢ REFLECTING ON LEARNING

Preceptee 2 appreciated that reflection enables learning and felt the preceptorship programme was missing that element to reinforce learning

- **The preceptee wanted reflection homework about how to apply the learning from Preceptorship to the clinical workplace, applying knowledge and theory to practice**
  "I don't know how people would feel about it, but I think I work really well when I put things into practice……it sounds like a little bit of homework…. or maybe just write a little reflection about how that could be applied to your workplace" (p.11)

LEARNING FOR PROGRESSION

➢ LEARNING FOR PERSONAL AND PROFESSIONAL DEVELOPMENT

Preceptee 2 felt the postgraduate module was a good opportunity and acknowledged their own learning style which can present some challenges, but is able to overcome this

- **Funded education opportunity**
  "I just thought to get opportunity like it was free…. I'm gonna take some free education" (p.7)

- **Good opportunity as undertaking preceptorship anyway**
  "I just thought it was a good opportunity and obviously because we were like doing a lot of it in the preceptorship…It wasn't like there was loads of extra work that needed to be done…It just seemed like a no brainer to me really" (p.7)

- **Recent academic experience and fresh in mind**
  "Its not long since I've been at uni….it kind of does give you a little bit of like a reminder of just those writing skills" (p.8)

- **Learning on a professional level**
  "Obviously like professional level… I think I did mine about the importance of clinical supervision and leadership…. just gave me a bit of a refresher in terms of things to do with leadership…. leadership models and different sorts of models of supervision as well" (p.10)

➢ **CONFIDENCE WITH WRITING AND SUPPORT FOR LEARNING**

Feedback was important for preceptee 2 and this helped them succeed with academic writing at level 7

- **Received nice feedback from submission of assignment**
  "The fact that I passed, it had some nice feedback" (P.10)

- **Boosted confidence can work and study,**
  "I felt like it was quite a nice sort of a little bit of a confidence boost that I was able to do it at the same time as working" (p.10)

- **Confidence boosted so continuing future education is an option**
  So, I guess in that sense gave me a little bit of confidence that maybe I would be able you in the future if I wanted to (do) *education alongside work that …… would be an option"* (p.10)

- **Support gained from others undertaking the module**
  "I just found time for it (postgraduate assignment) *and reached out for support* (to another preceptee)" (p.9)

➢ **WORKING, LEARNING AND LIVING**

Preceptee 2 openly explored and discussed the challenges of working and studying at the same time

- **TIME to undertake the study was challenging when working at the same time**
  "Why have I agreed to do this.... I think that's just because obviously you're juggling work as well" (p.8)

- **Individual learning style is to leave everything to the last minute as they work better under pressure**
  "I can do work better under pressure" (p.9) …. *I just found time for it and reached out for support* (to another preceptee)" (p.9)

- **Rushing the work to complete the postgraduate assignment before the deadline**
  "I guess on a personal level it was nice because obviously I'd come out of uni and kind of doing it and I feel like I probably did rush it and probably didn't do it to the best of my ability" (p.10)

Participant 3 – Personal Experiential Themes (PETS)

LEARNING THROUGH PRECEPTORSHIP

➢ **UNDERSTANDING PRECEPTORSHIP**

Preceptee 3 did not really have much understanding about preceptorship prior to starting the programme

- **At first didn't really know anything about preceptorship**
  "I honestly when I first went, I didn't know what I was going into" (p.1)

- **Negative feelings about having to undertake the preceptorship programme**
  "I just thought ohh not more learning……I couldn't face the thought of it, but I'm so glad that I did it" (p.1)

➢ **MULTIPROFESSIONAL LEARNING**

Although being a multiprofessional programme was a surprise to preceptee 3, they did see the advantages of this rather than being uniprofessional

- **Thought it was uniprofessional and bespoke for community nurses**
  "I thought it was nurses originally…. I think we only had one AHP, you know didn't bother me to be honest with you…. I think we only had a podiatrist…. To be fair it's interesting" (p.2)

- **Multiprofessional really beneficial, sharing knowledge and professional role**
  "There were certain things they had brought at that, like yet again was really beneficial for me as a nurse" (p.3)

➢ **PRECEPTORSHIP FOR GUIDANCE AND SUPPORT**

Preceptee 3 found the preceptorship programme to be very supportive throughout the 12 month period

- **Preceptorship holds your hand**
  "For me this was what I loved about it (Preceptorship)*. It was terrifying going from being a student to a newly qualified nurse and the expectations,* (preceptorship was like) *having*

someone hold your hand…. You have to learn to work on your own, and there were days where I really would question myself and have I done the right thing" (p.4)

- **Extra support**
  "I think I expected the support, a lot of support talking us through what was expected as our role…I felt like it was gonna be more homed on what I was doing in my role" (p.2)

- **Recognises they still have wobbles and is both confident and assertive to ask for help. Happy with their autonomous clinical decision-making skills**
  "I still have a wobble some days, but I'm confident enough to ring someone up and say I don't know what I'm doing here…. I need to speak to somebody……I've got that confidence to do that, but most of the time now I can make a decision that I'm happy with" (p.10)

➢ ENJOYING PRECEPTORSHIP

They felt undertaking preceptorship was a viewed as a positive experience overall

- **Glad they completed preceptorship**
  "I'm so glad that I did it" (p.1)

- **They felt the preceptorship programme had covered everything**
  "So, I think pretty much everything I expected to be there was covered" (p.3)

EXPERIENTIAL LEARNING WITHIN PROFESSIONAL PRACTICE

➢ SUPPORTING EACH OTHER THROUGH LEARNING

The peer to peer supervision sessions were supportive and gave reassurance that other preceptees were also feeling the same way

- **Shared reflections and experiences and how they handled various situations**
  "It was good and you have the support and also our teaching sessions. There was things that you'd be sat there listening to, and you'd actually, oh yeah I can, I can use that so I did. It did help you …. like you didn't know anything to that extra bit of support, and extra bit of learning but you need it, so that's the strength of it, I'm glad I did that" (p.4)
  "You could sort of share different experience at that (Peer to peer supervision) *you had how they handled it and we talked about it as a whole. So yeah its good"* (p.5)

- **Not alone, others were feeling the same**
  "You wasn't on your own (p.4) *Speaking to your peers, they were feeling the same as you and you'd support each other in different ways"* (p.6)

➢ CHALLENGES OF LEARNING AND REFELCTING ON LEARNING

Preceptee 3 shared their experiences and challenges with learning and the frustrations they encountered when trying to transition into the clinical role. Reflecting on learning and the challenges of learning really merged together and were hard to differentiate.

- **Did clinical skills training alongside preceptorship**
  "I did a lot of extra training with my job role as well as preceptorship. So, what everyone may have missed on preceptorship was picked up in my early training of my job" (p.3)

- **Work pressures and capacity prevented being released for additional clinical skills training, feeling behind with accessing training**
  "Sometimes there was barriers… which does happen quite a lot, especially as I started to do more and more" (p.6) *"I felt frustrated…. because I couldn't get on it* (the training) *and it happened to hit the holidays…. where I couldn't get on……and I felt like I was behind"* (p.7)

- **á training = á skills = more appts, but capacity and work pressures prevent competency assessments needed for final sign off restricting tasks able to complete autonomously**
  "It's frustrating because it was the more training I was doing, which is what I want……the more appointments I was getting and it was harder to fit that in with somebody if there was capacity, who would go with me (For clinical competency assessments) *and sometimes we'd have this visit planned but due to capacity would have to be cancelled because we physically couldn't go…..that was a bit of a barrier"* (p.6)

- **Recognising professional limitations due to lack of competency assessments**
  "I've not been able to do it (clinical skills task) *and you feel bad…. but I can't do it…. because I've not got competency or I'm waiting for a course* (p.7) *you feel awful saying that"* (p.8)

- **Self-pressure to perform effectively and aspire to be clinically competent as other team members**
  "So, I put pressure on myself…. I was getting frustrated because I like to be able to do everything that the team can…. I felt like I was pulling back a bit…I want to do as much as I can to help them with the slack because there's times they've been overrun and I'm there" (p.7)

LEARNING FOR PROGRESSION

➢ **LEARNING FOR PERSONAL AND PROFESSIONAL DEVELOPMENT**

Although Preceptee 3 felt the postgraduate module was a good opportunity they doubted their ability to be successful at level 7

- **Saw the postgraduate module as an opportunity but wanted time off from academic study**
  "I sat and thought about it….and sort of felt like it was an opportunity, I was silly not doing so that is what actually pushed me in the end, but I actually wanted a year off from academic work" (p.9)

- **Encouraged by band 6 to undertake the postgraduate module for professional progression**

"I never wanted to see academic work, but my band 6 sat with me and actually said I really think it would be good for you to do…and further progress in my role…she said I think you'll regret not doing that" (p.8)

- **Professional and academic progression for future courses and not feeling afraid**
  "I think…just thinking of if I do my SPQ (specialist professional qualification) *for example, I've had a taste of a level 7. I know what I'm expecting"* (p.9)

- **Proud of their personal and professional development**
  "I am proud of where I've come personally and professionally….looking at my transition from the start of being newly qualified to like where I'm sat now….I've come quite far in the first year…… I've worked a lot with MDT (Multidisciplinary Team)*, so it specifically helped me as well, made me think a little bit more of what I was doing in my professional practice"* (p.12)

- **Increased confidence when referring to MDT**
  "I've become more confident with referring on to multidisciplinary teams…. we have a lot to do with multidisciplinary teams…that made me think a bit more about how I was going to use them and why we need to use, and the importance of them, what are the barriers, what are the advantages" (p.12)

➢ **CONFIDENCE WITH WRITING AND SUPPORT FOR LEARNING**

Growing in confidence was a gradual process for preceptee 3 as there was much self doubt

- **Feelings of apprehension and nervousness at level 7, felt it was a big jump from degree level**
  "I was really nervous about how I would find it because there was a massive jump from a level 5 to a 6……I really did think I'd find it a struggle……. I was really apprehensive about doing that……that was my sort of thought of a level 7, could I do it physically and mentally" (p.9)

- **Enjoyed it**
  "I'm glad I've done it now…. I actually quite enjoyed it by the end of it all. It gave me chance to reflect upon myself" (p.9)

- **Proud of achievement**
  "I gave myself a plan and I actually realised how far I had come…I mean, I don't know if I passed it yet, but I managed it (p.10) *Personally I'm proud I've done it* (p.12)

- **Postgraduate module was confidence builder**
  "I think I got myself in a bit of a rut with a level 6, but when I actually sat and thought about it I found myself writing it, I was thinking I can actually do this. So, it was a bit of a confidence builder as well……it did give me an insight into how much I've worked over the past 11 months" (p.10)

➢ **WORKING, LEARNING AND LIVING**

Preceptee 3 found this challenging, and having self-awareness of how they were feeling, enabled them to make plans of how to overcome this difficult time

- **Working and studying was a challenge**
  "My sort of home life and trying to do the module as well (was challenging) …*It was hard to sort of try and cram everything in, to be the mum, to be the nurse and to be the student again. So yeah, that was a bit of a barrier to me"* (p.11)

- **Being self-aware of how they were feeling enabled them to act**
  "I took annual leave to actually get something in place because I could feel it creeping up and I was starting to feel quite anxious….so I took a week off….I've had some health problems as well so I was struggling a little bit in that way, but I did manage to give myself enough time to do it in the end" (p.12)

Participant 4 – Personal Experiential Themes (PETS)

LEARNING THROUGH PRECEPTORSHIP

➢ **UNDERSTANDING PRECEPTORSHIP**

Preceptee 4 knew very little about preceptorship prior to starting the programme and was intrigued to know more

- **Didn't know what preceptorship was all about**
  "I'm an international nurse…. but I have never heard of something called preceptorship programme…. I have no expectations and I was very curious to know that what is this really?" (p.1)

➢ **PRECEPTORSHIP FOR GUIDANCE AND SUPPORT**

Preceptee 4 felt the preceptorship was supportive in enabling them to develop knowledge and confidence

- **Supportive programme for transition**
  "I kind of understand that like this is a support for us, support for how I'm adapting, support for helping me to adapt to the role I am newly placed in" (p.1)

- **Preceptorship guiding the newly registered practitioner through the transition phase**
  "So, I kind of understand after getting the idea, the preceptorship programme will definitely help me and guide me, supervise me and kind of guiding tool" (p.1)

- **Success of preceptorship helped with increasing confidence and communication**
  "I think preceptorship moulded me…. with some level of confidence……I would give that to one part of the success to preceptorship…. I struggled with my language and I thought my cultural and language barrier would (be) *a barrier for me to express myself. I could not speak. I could not connect with people. I had a lot of struggling emotional breakdowns, but I think the preceptorship programme really moulded me"* (p.4)

➢ **ENJOYING PRECEPTORSHIP**

Preceptee 4 enjoyed preceptorship so much they have asked to play an active role within the preceptorship team and the programme being rolled out to other preceptees

- **Preceptorship was a positive experience**
  "The preceptorship programme is really good. I wish anybody who starts a new role should have some kind of support because it's not easy especially if you're newly qualified. So, I think it's really important that we understand that people are there to support and they are accessible to us" (p.13)

EXPERIENTIAL LEARNING WITHIN PROFESSIONAL PRACTICE

➢ **SUPPORTING EACH OTHER THROUGH LEARNING**

The peer to peer supervision sessions enabled preceptees to reflect and share their experiences. Through these groups preceptees were able to support each other

- **Confidential and trusting in a safe space**
  "We share a lot of things…and there's a lot of confidentiality and trust" (p.3)

- **Not wanting to share some info with the manager**
  "I don't want to share things to the ward manager obviously" (p.3)

- **Preceptees not always able to express themselves in a great way, so gives consent for Preceptorship team to escalate concerns on their behalf**
  "If you think from something that the preceptee shared during the facilitated group and if the preceptee agrees to share that…. that would be really good because always the people cannot express themselves in a great way…if somebody could do that on their behalf that would be beneficial" (p.3)

➢ **CHALLENGES OF LEARNING**

Preceptee 4 encountered several challenges with learning especially within the workplace

- **More engagement is needed between the preceptorship team and clinical managers**
  "If there is a connection between…. our workplace and the people who are conducting the preceptorship programme…if they have good communication…I think that would be helpful for the candidates" (Preceptees) (p.2)

- **Late allocation of preceptor impacts preceptees experience**
  "My friend who was in my preceptorship programme, she didn't get a mentor (Preceptor) *until last week and that was terrible…. If they did that earlier I don't think she won't feel less supported at that point. She had a lot of struggles during her first month"* (p.3)

- **Seeking feedback to improve performance and gain reassurance**

"Seeking feedback was difficult for me, I expect a bit more feedback (p.4) *"I always try my level best to improve and be my best, but it would be very beneficial if somebody give me feedback on how I'm doing it this moment……or if I do something wrong just correct me. I can take the feedback even if it's negative or positive. I think more feedback…from the workplace…. would be beneficial"* (p.5)

- **Having to ask for feedback**
  "I started asking (for feedback) *It won't come naturally…I started asking my mentor* (preceptor), *my colleagues also* (p.5) *So just giving/getting feedback is like reassuring myself and improving, improving to the best…. I know I am not perfect, but I wish I could get some negative feedback from my colleagues"* (p.6)

- **Meeting regularly and merge clinical supervision with preceptor/preceptee meetings**
  "*The* (clinical) *supervision is…conducted every month, so I think if the mentor* (preceptor could) *give that every month along with the supervision that would be nice"* (p.5)

➢ **REFLECTING ON LEARNING**

Preceptee 4 reflected on their journey as a preceptee and their transition within the workplace

- **Reflecting on practice and the learning within the workplace**
  "One of the other things from the workplace…my mentor (preceptor) *and everybody helped me how to work with the team and how to constantly improve"* (p.4)

- **Cultural barrier and transitioning into the team**
  "I used to have a lot of insecurities because I'm an international nurse…. I don't want to be treated as …. someone different from the usual nurses here" (p.4)

- **Proud of their journey**
  "I'm not a speciality nurse in mental health, I have done my general nursing so I started from scratch and I'm proud of where I am now, but it was a very difficult path initially (p.6)

LEARNING FOR PROGRESSION

➢ **LEARNING FOR PERSONAL AND PROFESSIONAL DEVELOPMENT**

Preceptee 4 had a passion and a thirst for learning for both Personal and professional progression. They enjoyed the challenges this brought but also a great satisfaction on their achievements

- **Wish for continuous learning when undertaking the postgraduate module**
  "The first reason would be my intense wish to grow……I have plans for continuous learning. I like learning. I'm willing to improve and so when (the) *preceptorship programme came up with the validated module, I thought it would be a good place where I can start my learning"* (p.8)
- **Increasing confidence both personally and professionally**

Having completed the postgraduate module "*obviously increased my confidence professionally and both personally"* (p.11)

- **Future academic progression**
  "I definitely want to do further studies…. because I like learning. I like learning new things and gaining knowledge" (p.12)

➢ **CONFIDENCE WITH WRITING AND SUPPORT FOR LEARNING**

Preceptee 4 had some challenges with academic writing, and was proactive in seeking out help to overcome this difficulty

- **Confusion at start of postgraduate module**
  "When the team explained (the postgraduate module) *initially I was very confused, but I thought it would be a good start for me"* (p.8)

- **Opportunity with support to complete level 7 module**
  "The reassurance from the team that they will be there for support. I thought I won't get another opportunity like this where I'll get all the support. I just want to focus and bring my old energy into this" (p.9)

- **Academic writing is very different from home country**
  "The strength (of the postgraduate module) *would be to understand how to write a project in this country because I had no experience how to write this…because this cannot be related to in any way to the kind of writing in* (their home country) *because we do it very differently. This is more intense and deeper, the way we do it* (back home) *is a bit…. easier"* (p.9)

- **Never used a library before**
  "I understand about the accessible things here. I never used (a) *library before, I used* (the) *library really well"* (p.9)

- **Language and grammar barrier and how they overcame this**
  "I struggled with my language (p.4) *…Language was a barrier for me….I seek help* (for) *the language…seek the help of the people in the university who can help you with my language and grammar…I seek help from you who helped me…I understand how to seek help and how helpful the people in here, so that's also an important thing I learnt"* (p.10)

- **Proud of themselves and the achievement of academic writing**
  "I think I improved my confidence in writing…I feel more confident that I can do this" (p.10)

- **Increased confidence both personally and professionally**
  "I think it improved my confidence. We have some new…. Preceptees and they think (the) *validated module* (is not) *at all hard…. their attitude and my attitude was very different…I kind of proved it to myself. So that obviously increased my confidence professionally and both personally"* (p.11)

- **Working hard can bring positive outcomes**
  "It was quite a task for me and I put a lot of energy and time into it to complete it…I was proved that hard work can bring outcomes" (p.11)

Participant 5 – Personal Experiential Themes (PETS)

LEARNING THROUGH PRECEPTORSHIP

➢ **UNDERSTANDING PRECEPTORSHIP**

Did have some awareness about preceptorship prior to starting the programme, but did know what the programme consisted of

- **Some awareness of preceptorship from NMC guidance**
  "I knew that it was actually a requirement of the NMC that we had some kind of support on qualifying. So, I guess it was just like a vague understanding and then obviously we were given the agenda….so there was a rough kind of idea" (p.2)

- **Supportive programme with days out of clinical practice**
  "I didn't really have any big preconceived ideas about what the preceptorship would be. I knew it was there to kind of support me and educate me" (p.1)

➢ **MULTIPROFESSIONAL LEARNING**

Preceptee 5 felt there should be some break off within the preceptorship programme between nurses and AHPs in order to achieve some profession specific skills

- **Wanted some bespoke uniprofessional practical/clinical skills**
  "I know it's difficult cause we've all gotta do like proper official training and then competencies…but maybe…. going over some basic kind of skill…. like wound care ….I know there was a lot of community nurses in there and it's a massive part of what we do and maybe even some practical bits with something to do wound care" (p.3)

- **Acknowledging the difficulties of being multiprofessional and content of programme**
  "But that's difficult when you're dealing with more than one profession isn't it?" (p.4)

➢ **PRECEPTORSHIP FOR GUIDANCE AND SUPPORT**

Was able to gain new knowledge and skills from preceptorship

- **Days out of clinical practice giving that break**
  "It all sounded very nice to kind of have days out of clinical practice as well because it gave you a break, but it was actually really valuable" (p.1)

- **Subject matter expert speakers presenting content within the preceptorship programme**

"I think some of the speakers that came in, some of the educational stuff was actually really useful" (p.2)

- **Felt the preceptorship programme needed more practical skills**
  "Some days are quite heavy listening…. sometimes it would have been good to get up and actually practice a bit more…maybe more practical things" (p.3)

- **Supported within the workplace**
  "I think speaking to some people, I think I've been really lucky…. I'm in a really good team and I feel the whole team has supported me, as well as my preceptor and my band 6, my line manager has just been brilliant. I've definitely felt very supported" (p.6)

- **Grown in confidence whilst attending the preceptorship programme**
  "I think I've really grown in confidence…. I feel like when I look back, I've come on so much in terms of my whole skill set and confidence" (p.6)

➢ **ENJOYING PRECEPTORSHIP**

Felt undertaking preceptorship was a positive experience

- **Valuable**
  "I actually found it more valuable than I thought" (p.1)

- **Gaining knowledge from the various different subjects/topics**
  "I think the talk on (HIV and) *aids…I didn't have much understanding to be honest. I think I was a bit naïve and that was really kind of like, oh wow! I really remember that speech"* (p.2)

EXPERIENTIAL LEARNING WITHIN PROFESSIONAL PRACTICE

➢ **SUPPORTING EACH OTHER THROUGH LEARNING**

The peer to peer supervision sessions were seen as an essential part of the preceptorship programme. Preceptees were able to compare their experiences and provide peer support

- **The importance of peer to peer facilitated support**
  "I found the whole experience of peer support was really valuable" (p.4)

- **Confidential safe space where preceptees could be open and honest**
  "People did really treat it as an open space where they could just be confidential amongst our group and I think it worked really well, and we shared ideas and I think that was really valuable" (p.4)

- **Preceptees were all feeling the same**

"I think it was just knowing that other people were going through the same things…It was just nice to know that you weren't on your own and actually, everybody was in the same boat. I think that was really good" (p.5)

- **Sharing, caring and celebrating things that went well**
  "I think our group, we were really kind, open and honest about what was happening with them and how difficult some things have been. We also celebrated things that went well….It just felt really good" (p.5)

➢ **REFLECTING ON LEARNING**

Preceptee 5 reflected back on their journey as a preceptee in a positive manner and shared their experiences discussing the support they have had along the way Supportive team, preceptor and manager

- **Released for clinical skills training alongside preceptorship programme**
  "I've always been allowed to go to any training sessions I want to and participate in getting those skills and competencies. My manager's been really on board with making sure once I've gone to do some training that I've gone out there and got those skills and competencies. So, it's been really good" (p.6)

LEARNING FOR PROGRESSION

➢ **LEARNING FOR PERSONAL AND PROFESSIONAL DEVELOPMENT**

Personal and professional progression were important to preceptee 5 and having completed the postgraduate module this has motivated them to begin thinking about career progression which includes an academic route and time back at university

- **Reasons for undertaking the postgraduate module**
  "I think it was sort of double sworded really. I think that was a personal element to it. Just wanted to see whether I could do it really" (p.6)

- **Personal challenge**
  "Having only done…the foundation degree, it was really quite a big leap" (to level 7) (p.7)

- **Wanting to progress professionally**
  "I wanted to kind of do it (postgraduate module) *to prove to myself really, but also because I am invested in progressing* (p.7) …. *It's made me more driven to go ahead and do my top up* (to RN) *and carry on with what I want to achieve really, thought that was really good" (p.8)*

➢ **CONFIDENCE WITH WRITING AND SUPPORT FOR LEARNING**

Preceptee 5 found completing the postgraduate module was a positive experience and was able to access the support on offer

- **Using skills of research has increased confidence**

"I think it's certainly from doing the validated module and writing the assignment. I think I actually like the learning you get from doing that. If you go into all the research, that actually helped me realise how confident I was" (p.7)

- **Increased confidence**
  "I found it (postgraduate module) *really useful and I did do quite well with it, so I think it boosted my confidence even more"* (p.8)

- **Supportive writing workshops gave direction**
  "I thought the writing workshops were really useful….and also the online session that we did where we had the opportunity to kind of read out a bit of what we were thinking, we were going to do…. even listening to…. other people and then feedback other people got. It was really useful in giving me direction and knowing that I was going in the right way" (p.9)

➢ **WORKING, LEARNING AND LIVING**

Preceptee 5 acknowledged the challenges of working and studying at the same time and by having conversations with their manager enabled them to find ways of overcoming the challenge of finding additional time to complete the assignment

- **Wellbeing and resilience of self and others**
  From undertaking the postgraduate module *"I was able to support myself and my colleagues in continuing of like my wellbeing side of it"* (p.7)

- **The time taken to complete the postgraduate module**
  "I think it was really good to have done that, the challenges with that were obviously time, it was time consuming" (p.7)

- **Prioritising work, learning and living**
  "Things had to take a back seat and maybe you know you can't always do the things that you wanted to do while you're doing that because you have to get on and obviously there's a deadline but I'm definitely glad I did it" (p.7)

- **Overcoming the challenges of time for required for studying**
  "I gave myself some protected time at home. So, I set aside a weekend where I just thought that's what I'm doing…. I just shut myself away and did it really" (p.8)

- **Supportive conversations with their manager**
  "I did have a little bit of (protected work time) *towards the end* (of the postgraduate module) *because my manager had discussed it with me, and I said it might be quite valuable to have some time before the deadline just in case there's bits I need to finish off. So, she did allocate me a bit of time at the end"* (p.8)