Exploring the experiences of Newly Qualified Registrants (NQRs) who are undertaking a University Postgraduate module as part of the Preceptorship programme.

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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 were indicated by specific reference in the text. No part of the thesis has been submitted as part of any other academic award. The thesis has not been presented to any other education institution in the United Kingdom or overseas. Any views expressed in the thesis are those of the author and in no way represent those of the University.	
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2025

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Abstract

Background: Research shows that newly qualified registrants (NQRs) often experience anxiety, stress, and feel inadequately prepared for their new roles and responsibilities. Lack of confidence and feeling overwhelmed can affect self-esteem and ability to provide quality care to our patients. High patient acuity together with the fast pace of the healthcare environment gives the NQR little time to consolidate learning resulting in the NQR doubting their abilities and fear of making mistakes. Preceptorship programmes help ease this transition, helping to build competence, confidence, and retention. However, the literature review has revealed the paucity of evidence exploring the impact that a credit bearing module has. This study aims to address that gap by exploring the experiences of newly qualified registrants (NQRs) undertaking a university postgraduate module as part of the preceptorship programme and whether completing this module provides additional benefits.

Aims and Objectives: the aim of this study is to explore the experiences of NQRs who undertook the university postgraduate module as part of their preceptorship programme. The study discovers participants perceptions, expectations, and challenges and to identify the factors that relate to the success or failure of the university postgraduate module. This study also has the potential to provide data on how the postgraduate module further supports the next steps for the NQRs in their professional careers and personal development, which is especially important during the first year of becoming an NQR.

Methodology: Semi-structured interviews were conducted to share the distinct experiences and perceptions of a small number of newly qualified registrants who enrolled onto this university postgraduate module as part of their preceptorship programme. Seven NQRs of different grades across an acute NHS Trust were purposively sampled to take part in this study. Two of the participants were international nurses who had varying levels of experience. A further two participants were previously employed as healthcare assistants (HCAs) before undertaking their undergraduate nurse training and had varying experience in their previous roles. The remaining three preceptees had less experience. The semi-structured interviews were recorded using an audio recorder for data collection. All the

interviews were transcribed verbatim and then analysed thoroughly using Interpretive Phenomenological analysis to identify themes.

Findings and Discussion:

Themes were identified from the interview data which generated an account of participants experiences. Preceptorship is seen as a supportive programme however the study did highlight a lack of clarity regarding the postgraduate module as part of the preceptorship programme. The NQR accounts highlighting the main reasons and decision in undertaking this module, was to progress within their careers. Surprisingly, although the impact of further study on top of an already busy life was identified this did not deter NQR in undertaking this module.

Conclusion:

A period of preceptorship helps the NQR to develop their knowledge and skills as they make that transition into their new roles. Other benefits are also identified such as improving clinical practice, staff retention, reduction in staff turnover especially in the current climate of registrant shortages, however, preceptorship itself needs to be defined clearly. As the university postgraduate module is a recent addition to the preceptorship programme more research is required to help us explore if the experiences of completing this module have added benefits and impact for these NQRs as they continue their journey of lifelong learning.

Definition of terms

Newly qualified registrant. A person who has been employed for the first time in a particular position. This includes newly qualified nurses, midwives, newly qualified registered nursing associates, operating department practitioner, and allied healthcare professions who have just left University.

Newly Hired/ International Nurses. An experienced international nurse who has joined the workforce following the completion of OSCE examines and now holds a PIN with the Midwifery and Nursing Council.

Preceptorship. Preceptorship is a structured start for newly qualified registrants that help integrate newly qualified registrants into their new team. It provides support, guidance, and development to build confidence and competence as they make that transition to autonomous professional. Preceptorship gives the newly qualified registrant protected learning time and access to a preceptor who they meet with on a regular basis. Preceptorship helps to embed their knowledge into everyday practice, helping them to grow in confidence.

University postgraduate module. This module provided evidence of a practitioner's professional growth and development in the period following registration.

It is for all newly registered practitioners participating in their Trusts preceptorship programmes and includes return to practice new registrants. It aims to consolidate knowledge and experiential learning.

The module will prepare the students for their next steps in their professional careers by creating an early opportunity for both their academic and personal development.

Preceptor. An experienced and competent registrant who acts as a role model for the newly qualified registrant. They are assigned to help guide the newly qualified registrant as they start their professional journey and adjust to the clinical setting during their preceptorship period.

Preceptee. A fully qualified accountable practitioner, i.e., a nurse, midwife, allied health practitioner, entering practice for the first time, or from a different country for the first

time, E.G., international nurse following completion of OSCE. A preceptee works under the supervision of a preceptor.

OSCE. Observed structured clinical examination.

NMC. Nursing and Midwifery Council.

Project 2000. Established in the UK in 1984. Its aim to elevate nursing education from hospital-based training to higher education institution, like universities.

1 Introduction to thesis.

1.1 Introduction

This study will explore the perceptions, challenges and benefits experienced by NQRs who decided to undertake the university postgraduate module as part of the preceptorship programme. As patient acuity increase, hospital stays shorten, along with the rapid growth of healthcare specialisation and technology, the demand for highly experienced registrants has increased. The responsibilities of healthcare registrants today require ongoing long term career development. As an advanced beginner (Benner, 1984), completing the preceptorship programme and university postgraduate module will help provide the NQR with the first steps towards becoming a more competent practitioner (Baldwin *et al.,* 2022) and lifelong learner. This study also has the potential to provide data on how this university postgraduate module further supports the next steps for the NQRs in their professional careers and personal development. A brief history of preceptorship to provide background and context to the study will follow.

1.2 Background of the study – what is preceptorship?

Introduced in the United Kingdom (UK) in 1990's, preceptorship is not a new concept to healthcare professionals (Ward and McComb 2018; Edwards and Connett, 2018; Ciocco, 2020). As part of the Project 2000 reforms (Baldwin *et al*., 2020), the value and need for preceptorship have been highlighted (Odelius *et al.,* 2017) not just in academic papers and policies but also in Health Education England's (HEE) Shape of Caring review (HEE, 2015). The main aim of preceptorship was to provide a structured start that supports the NQR to develop their knowledge and skills as they make that transition into their new role (Whitehead *et al.,* 2016; Ho, Stenhouse and Snowden*,* 2021; Smythe *et al.,* 2022) whilst also reducing the challenges and stresses that often occur at this time (Haggerty, Holloway and Wilson, 2013; Duchscher, 2009).

It is widely documented that the psychological impact of being a NQR brings not only huge emotional strain (Gerrish, 2000; Higgins, Spencer and Kane, 2010; Begley, 2007; Duchscher, 2009), but also the realisation that as a NQR they often feel unprepared for the demands of their new role now they are accountable professionals (Feng and Tsai, 2012).

NQR's often experience feelings of insecurity, anxiety, and inadequacy, particularly when confronted with the reality that professional practice is far different to what was described or expected after several years of training (Duchscher, 2009; Tucker *et al.,* 2019). If the transition from student to NQR is poor, this may result in the NQR leaving the profession or their job within the first 12 months of becoming a NQR (Beecroft, Kunzman and Krozek*,* 2001, Wray *et al.,* 2021).

Preceptorship plays a key role in enabling NQR translate and then embed their knowledge into practice, fostering confidence during this transition period (Edwards *et al.,* 2015; NHS England, 2022). It creates a sense of belonging (Gerrish, 2000) while building on existing skills, behaviours, and values, marking the beginning of their lifelong journey (DOH, 2010, Park and Jones, 2010; Irwin, Bliss and Poole, 2018; Tucker *et al.,* 2019).

NQRs gain these skills and attitudes under the direction of an experienced role model (preceptor) who helps the NQR with a smooth transition into their new role (Higgins *et al.,* 2010; Whitehead *et al.,* 2016; Mansour and Mattukoyya, 2019; Ho, Stenhouse and Snowden*,* 2021). During initial months, preceptorship not only improves clinical practice (Taylor, Eost-Telling and Ellerton, 2018; Aparicio and Nicholson*,* 2020) but also enhances job satisfaction (Phillips *et al.,* 2014). Supporting the NQRs development, preceptorship has been seen as an effective strategy to improve staff retention, attrition rates and the reduction in staff turnover. This is important in the current climate of registrant shortages (Edwards *et al.,* 2015; Taylor, Eost-Telling and Ellerton*,* 2018).

Although evidence suggests (Jones, Benbow and Gidman, 2014; Health Education England, 2016; Odelius, 2017) that preceptorship increases NQRs confidence and competence, there is still a paucity of published evidence to confirm that it actually improves recruitment and retention or improves patient care.

Recognising that the transition from student to professional is both a challenge and exciting time, the release of the Principles of Preceptorship (NMC, 2020) further highlights examples of preceptorship programmes already offered within the UK. These programmes help contribute to the support given to NQRs, helping them **"***grow in confidence, and begin their lifelong journey as an accountable, independent, knowledgeable and skilled practitioner"* (NMC, 2020, p. 3).

1.2 Chapter Structure outline.

This research study has been organised into chapters for clarity and ease of reading. In chapter one the context of the research study has been introduced.

In chapter two the search strategy is outlined, and the literature review has been conducted. The aim is to discuss and critically analyse the research conducted on the topic of preceptorship, identify knowledge gaps, and inform the methodological choice made by the researcher. This chapter will also examine different views of preceptorship, the final part concluding with a discussion on how the literature has helped the researcher with the study aims and methodological approach and why this study was conducted.

In chapter three the methodology will be presented and the decision to adopt the qualitative inductive approach justified as suitable for this research study. This chapter will include the interview questions, ethical considerations and how access to the study participants were granted.

In chapter four the study findings are presented from the individual interviews and supported by quotations from these interviews, sharing participants views of the university postgraduate module as part of the preceptorship programme.

Chapter five, is the discussion chapter which presents the findings of the study relating to the research questions, comparing the data found in the current study with the existing literature. The limitations of the research study have also been discussed.

In chapter six, the final chapter, the conclusion, and recommendations will be explored and examined and any consideration for future research studies.

2 Literature Review

2.1 Introduction

This thesis includes both a literature review and primary research, each part has a separate role but work together to support the study. The literature review brings together existing knowledge on the experiences of newly qualified registrants (NQRs) across Nursing, Midwifery, and Allied Health Professions (AHPs), identifying key themes, gaps, and areas requiring more research. Although the literature review considered Nurses, Midwives, and Allied Healthcare Professionals, the primary research focused on nurses. Through semi-structured interviews, the study generated new data that directly addressed gaps identified in the literature, offering fresh insights into participants lived experiences on undertaking a university postgraduate module as part of the preceptorship programme. This dual approach ensures the study is grounded in current evidence while adding findings to the study.

Newly qualified registrants (NQRs) often find the transition from student to professional stressful and overwhelming (Duchscher, 2009; Park and Jones, 2010; Price, 2013; Monaghan, 2015; Wain, 2017; Black, 2018; Tucker *et al.,* 2019; Barrett, 2020; Aldosari, Pryjmachuk and Cooke, 2021), despite ongoing efforts to address these challenges (Gerrish, 2000; Oermann and Garvin, 2002; O'Shea and Kelly, 2007; Edwards *et al.,* 2015; Smythe and Carter, 2022). According to Edwards *et al.* (2015), a poor transition experience can delay NQRs in reaching their full potential. Tucker *et al.* (2019) highlight that, even after three years of training, NQRs often find the professional reality markedly different from expectations, with employers questioning their readiness for the role.

In response to these concerns—particularly regarding professional ability to advocate for patients (Francis, 2010)—it is recommended that all NQRs undertake a period of preceptorship (Higgins, Spencer and Kane, 2010; Whitehead *et al.,* 2013). During this period, NQRs receive guidance from more experienced registrants, which not only supports their transition but also fosters opportunities for professional and personal growth (Higgins, Spencer and Kane, 2010; Maxwell *et al.,* 2011; Darvill, Fallon and Livesley, 2014; Smythe and Carter, 2022). Irwin, Bliss and Poole (2018) suggest that this process helps NQRs move from

basic safe practitioners to confident and competent professionals, although a clear definition of competence or confidence remains vague.

Snow (2013) notes that many NHS Trusts now offer preceptorship programmes to build confidence and the necessary skills for NQRs. Research consistently shows that a poor preceptorship experience not only delays NQRs in reaching their potential but can also lead to attrition within the first year of qualifying due to feelings of being inadequately prepared (Beecroft, Kunzman and Krozek, 2001; Park and Jones, 2010; Chandler, 2012; Rush *et al.,* 2013; Al-Dossary, Kitsantas and Maddox, 2014; Edwards *et al.,* 2015; Tucker *et al.,* 2019; Smythe and Carter, 2022).

Taylor, Eost-Telling and Ellerton (2018) emphasise the importance of preceptorship in supporting retention and in the development of NQRs into competent healthcare professionals, while acknowledging the challenges for both the individual and the organisation. Edwards *et al.* (2015) and Taylor, Eost-Telling and Ellerton (2018) further suggest that preceptorship programmes can positively influence attrition rates and provide critical support during this transition period. Nevertheless, Phillips *et al.* (2014) highlight ongoing workforce supply issues, making retention a priority for many NHS Trusts.

The recent validation of the preceptorship programme with a local university now allows NQRs the opportunity to enrol in a university postgraduate module at the start of the programme. While all NQRs are automatically booked onto the preceptorship programme, enrolment in the module is voluntary. Some NQRs may prioritise settling into their new roles over additional postgraduate study, recognising the demands of their early career stage.

As this was a new and exciting opportunity, this study focuses on the experiences of NQRs undertaking the university postgraduate module as part of their preceptorship programme. The literature has been carefully reviewed, critically analysed, and synthesised to highlight key themes, gaps, and patterns relevant to the research questions. In synthesising the literature, individual studies were compared and contrasted, identifying recurring findings, and areas lacking evidence, which helped shape the study's focus and informed the development of interview questions. Similarly, the study data will be interpreted through

thematic analysis, carefully coding participants' narratives to identify patterns, connections, and variations. This approach enables the researcher to draw on insights from the literature alongside the lived experiences of participants, creating a detailed, well-grounded understanding of NQRs experiences within the preceptorship programme.

2.2 Search Strategy

This literature review was aimed to identify and evaluate evidence related to preceptorship programmes, with a particular focus on newly qualified registrants (NQRs). It examines the impact of a university postgraduate module as part of a preceptorship programme, supporting NQRs as they begin their professional journey. Inclusion and exclusion criteria were established to guide the search process.

2.3 Inclusion criteria

The inclusion criteria for the review would be limited from January 2013 to July 2024 to provide up to date evidence already known about the topic, however it was important to consider any evidence that might be useful even though fell outside the timeframe.

Additional criteria for the search also focused on the text specifically to newly qualified registrants, the impact of the preceptorship programme for the NQRs who choose to enrol into the university postgraduate module as part of the preceptorship programme and how this impacted on their clinical development /performance.

The search also examined the preceptor role and responsibilities.

2.4 Exclusion criteria.

The decision was made to exclude all non-English publications, any studies that looked at preceptorship programme for undergraduate nursing students, plus any other studies that did not match the inclusion criteria.

2.5 Data sources and search strategy.

As the university postgraduate module is open to all NQRs within our Trust, a broad-based literature search/review across different professionally fields, such as nurses, midwives, and our allied healthcare professionals (AHPs) was conducted.

The following online databases were assessed; EBSCO host Databases, CINAHL, MEDLINE, Knowledge and Library Hub, Wiley online library and Cochrane Library. Other electronic journals located at the University library were also accessed, such as Nurse Education today and Nurse Education in Practice. Accessing nurse education journals provide evidence-based information to the latest research findings, interdisciplinary perspectives, healthcare policies and guidelines that ensure current best practices and understanding of nursing education. Reference lists in articles were also searched to ensure further useful articles and books were not missed.

2.6 Key words

Key words in the literature search such as preceptorship, preceptor, preceptee, newly registered, newly qualified registrants, were used to help identify evidence. Combined search term used, "newly AND qualified AND nurs* AND (UK OR United Kingdom) or PRECEPT* and Nurs* AND AHP* AND (UK OR United Kingdom) which generated relevant results.

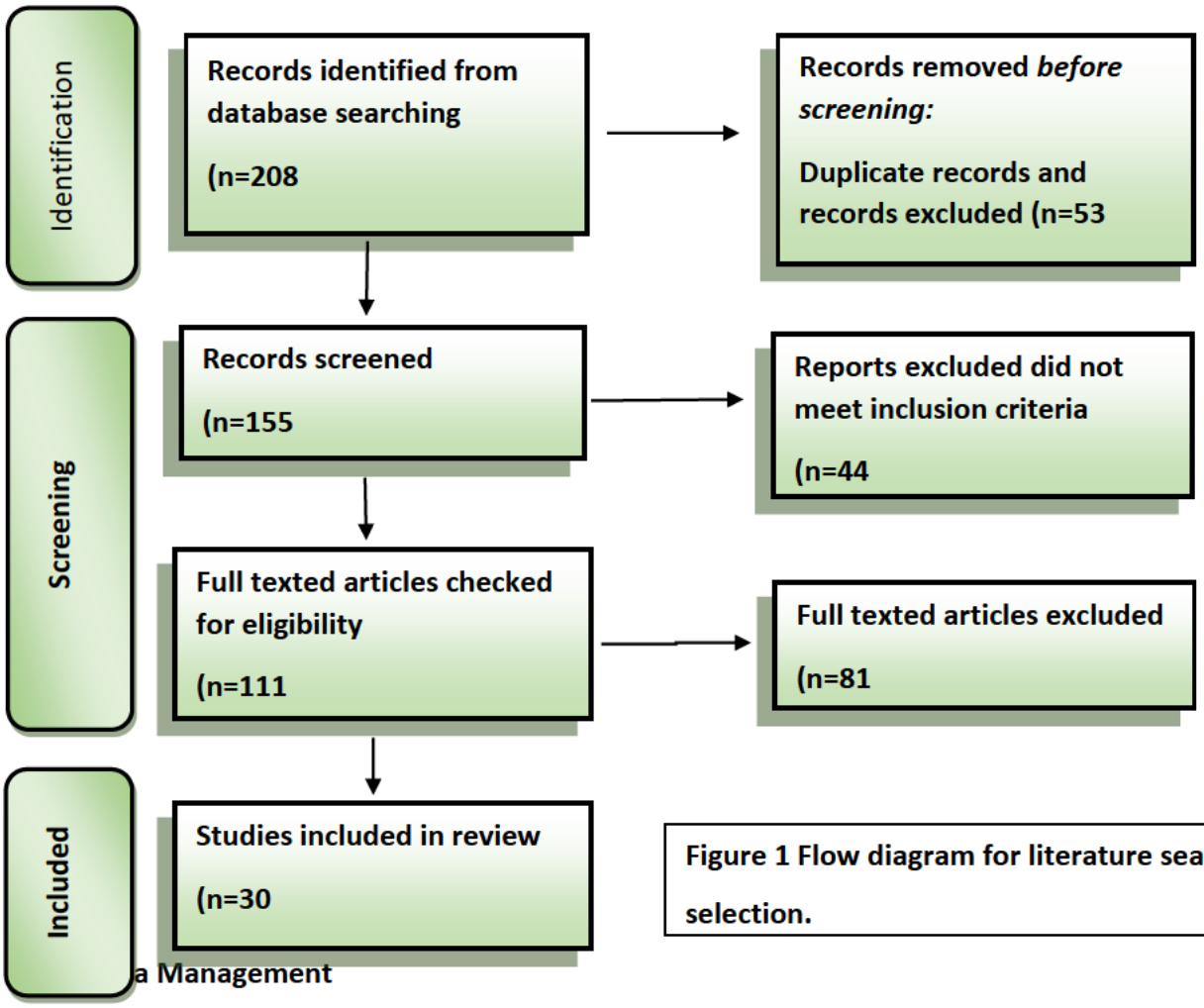

Figure 1 Flow diagram for literature search and selection.

Any articles identified from the search were entered onto RefWorks a reference management tool that enabled the references to be stored and organised. It also enables the ease of examining and then categorise each article into themes including year of publication (Grove, Gray and Burns, 2015). The Critical Appraisal Skills Programme (CASP) was used as provided a structured checklist to evaluate the research articles. This process involved assessing the validity, reliability, and relevance of the study. Each article was evaluated by comparing aims, objectives, followed by an assessment the data collection methods and method of analysis. All article titles and abstracts were systematically reviewed and grouped into relevant themes using a thematic synthesis approach. This involved an interative process of coding key concepts, identifying patterns across studies, and clustering similar findings to construct overarching thematic categories.

2.8 Themes identified from the literature review.

The literature review identified several themes, including length or duration of preceptorship programmes, difficulties experienced by newly qualified registrants during the transition period, confidence and competence, the impact of preceptor and preceptee supervision, and lastly, recruitment and retention (Figure 2).

These themes emerged through careful repeated engagement with the literature (Wilson, 2014). As different studies were explored, patterns emerged, shared language, and recurring concerns became visible across studies. Rather than approaching as a task, the researcher approached it as an interpretive and iterative process—looking for meaningful connections between authors perspectives and thinking about how these insights relate to the real-world experiences of NQRs. This reflective approach allowed a thematic framework to emerge that is both rooted in existing evidence and responsive to the lived experiences described throughout the literature.

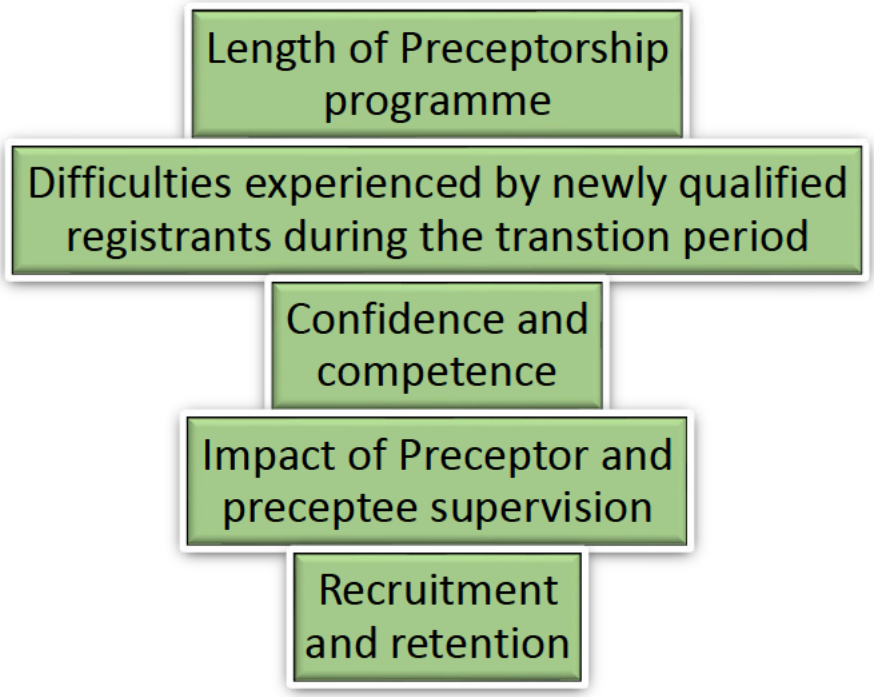

Figure 2 Themes identified in literature review.

2.8.1 Length of preceptorship programme

In a literature review conducted by O'Driscoll, Allan and Traynor (2022) length of programmes were found to vary between four and eighteen months, most running for about twelve months. A minimum of six months is recommended as the core standard for the programme, with a minimum of twelve months as the gold standard (Department of Health, (DOH) 2010, Chapman, 2013; National Preceptorship framework HEE, 2022). Despite the variations in timespan, the literature acknowledge that preceptorship programmes need to be timely aligning with the start of the NQR employment, recognising the NQR's knowledge, skills, and competence they have at the start of their registration (NMC Principles of Preceptorship, 2020).

However, an opinion paper by Chapman (2013) describes the development and implementation of a preceptorship programme in one Trust. The need to support high numbers of NQRs through a preceptorship programme posed a challenge for the clinical area having to release many staff at the same time. If the start date for the NQR did not align with the start of the programme, many NQRs would have to wait several months before they can join the programme. To address these challenges a roll-on and roll-off

preceptorship programme for all NQRs was implemented in one NHS Trust. This offered the NQR the flexibility and individual support, allowing the NQR to be enrolled onto the preceptorship programme as soon as they start in their new role aligning with the Principles of Preceptorship (2020). However, Chapman (2013) highlight that although the roll-on, roll-off programme was well received, not all NQRs were referred to the programme when they commenced in post and identified in the article as a lack of awareness in the new process. As this evaluation was conducted in 2013, and the views of the author, a further evaluation of the roll-on, roll-off pathway would be useful to see if the positives of undertaking this new pathway still stand for future development.

The Nursing and Midwifery (NMC) Principles of Preceptorship (2020) suggest NQRs need to be provided with the appropriate resources as they make the transition from student to NQR. By providing Individual support and appropriate resources can directly influence the length of their preceptorship. The programme can be tailored to the NQR specific learning needs, ensuring they receive appropriate time to develop in their professional roles. Time to reflect on their practice and received feedback, a crucial element for ongoing development and preparation for revalidation. Having input to the length of their preceptorship, allows the programme to be adjusted to their needs.

In a mixed methods evaluation approach conducted by Taylor, Eost-Telling and Ellerton (2018), forty-one NHS Trusts across the Northwest region who employed NQRs were invited to participate in and review current preceptorship programmes. Of the 23 responding Trusts, 21 had a current preceptorship programme for NQRs, 1 Trust was currently looking into having a programme due to the increase of NQRs joining the Trust and the remaining Trust said that what they offered was not a formal programme.

Interestingly only 13 Trusts within this evaluation reported having a preceptorship policy. The remaining Trusts either had no policy at all, in the process of drafting one or had a framework or guideline to address staff training, raising the question of the lack of clarity about what is classed as a framework and what is classed as a policy. Despite this, four themes emerged from the findings, one of which identified the need for a flexible preceptorship framework. This aligns with The Principles of Preceptorship (NMC, 2020) acknowledging that preceptorship will vary in length and content, whilst taking into account

the individual needs of the NQR. The study also identified that no one framework could be applied universally across all the Trusts, because the content and nature vary in each Trust. However, the study did acknowledge that key elements that should be included in preceptorship programmes.

Barrett (2020) opinion paper discusses the changes made to preceptorship programmes with the aim to improve training and reduce attrition rate in NQRs. This programme often incorporates formal training and is designed to equip the NQR with the appropriate competencies required to undertake their role. This training often lasts up to 18 months creating a structured transition period for NQRs to develop critical and decision-making skills. This preceptorship period allowing the NQR to orientate into their clinical role. Barrett (2020) further suggests that depending on the NHS Trust, content within the programme differs, however the 18 months period allows for meetings with the NQRs preceptor. The aim of these meetings to assess the NQR's progress and identify key competencies that will lead to independent practice.

While this article examines the length of a preceptorship programme, it also highlights the importance of preceptors throughout that period (Wain, 2017; Rahman 2017; Quek and Shorey, 2018). This article suggesting that allowing preceptors to opt in to be a preceptor and NQRs having a choice of who they want as their preceptor may lead to better retention amongst NQRs. Unlike a research paper which relies on empirical data and maintains greater objectivity, this article reflects the views of the author. However, the author is still required to analysis the viewpoint of others, these views are subjective and can lead to bias which can undermine the credibility. Nevertheless, the opinion article incorporates what is already written in the research to support the study.

2.8.2 Difficulties experienced by newly qualified registrants during the transition period.

The transition from student to NQR can be overwhelming, stressful, traumatic, and intimidating even though there have been continuing attempts to tackle this problem. Many NQRs feeling inadequately prepared, lack confidence and competency in their abilities to undertake this new role (Steege, Pinekenstein and Arsenault Knudsen, 2017; Black, 2018; Taylor, Eost-Telling and Ellerton, 2018; Smythe and Carter, 2022; Aldosari, Pryjmachuk and Cooke, 2021; Brook, Aitken, and Salmon, 2024).

In a systematic review conducted by Monaghan (2015), the literature examines the inabilities of relating knowledge gained in education to healthcare practice, frequently referred to as the theory-practice gap. Whitehead and Holmes (2011) and Taylor, Eost-Telling and Ellerton (2018) further highlight that the gap between theory and practice is more noticeable as the NQR make that transition in becoming an autonomous practitioner The Department of Health (DOH, 2010) recognises the challenges NQRs face in this transition, and the struggles that they have when they realise that they have to rapidly become familiar with care responsibilities now that they are professionally accountable for their actions. As part of a practice-based project conducted by Harrison-White and Simons (2013) two focus group were formed and highlight that these challenges are further exacerbated if clinical areas have fewer experienced nurses to support and guide the NQR in that transitional period.

In a mixed methods qualitative study by Scholes *et al.* (2017), twenty-four people delivering support for NQRs across professions in 13 different health care Trusts were interviewed via telephone. This study highlighted that programmes have been designed to support the NQR however, it highlighted that policy documents provide little direction on how this support should be delivered, and how much support is required. Individuals providing support for NQRs are appointed because of their experience and seniority however suggest these individuals may not have been prepared for the role, resulting in the limited support in practice compounding the challenges for NQRs (Feltham 2014). Scholes *et al.* (2017) study also recognised that support of NQRs depended heavily on the individual organisation and its specific practices. This study identified two agendas in relation to NQR support: the first focusing on the NQR individual needs and professional growth, and the second on organisational need and shaping the NQR as an employee. However, this study did highlight the vulnerability of NQRs and that NQRs require leadership and investment and the importance of the right support at the beginning of a NQRs professional life.

These findings concur with Monaghan (2015) systematic review, which emphasises that NQRs can experience reality shock due to the lack of knowledge, confidence, and practical skills necessary to perform the job. This gap between theoretical training and the reality of actually what happens is well documented, raising questions about whether undergraduate training adequately equips students with the skills, knowledge, and confidence required for

independent practice as they transition to NQRs. In addition to transitioning from student to NQR, the NQR must also adapt to a less familiar environment (Ellis and Chater, 2012; Chandler, 2012; Rush *et al.,* 2013; Al-Dossary, Kitsantas and Maddox, 2014; Monaghan, 2015). Although Monaghan (2015) systematic review was conducted a decade ago, these experiences continue to resonate with NQRs in 2025. However, the experiences and perceptions within the UK, remain under-researched, with exiting research having been conducted internationally (Smythe and Carter, 2022).

Monaghan (2015) review reinforces the issue of insufficient time for NQRs to gain essential skills to undertake their new roles. While preceptorship programmes are recognised for reducing some of the transitional stress, lack of structured time, remains a barrier. Impact of a poor transitional experience can potentially affect NQRs achieving their full potential. This is especially evident when there is a difference between the NQR and their preceptor in relation to teaching style or personality. Allowing the NQR to choose their own preceptors who are willing and engaged, requires further review. This approach could improve the quality of the preceptorship experience and help foster stronger relationships between the NQR and preceptor. In turn, could lead to greater satisfaction, reducing burnout, disillusions within the profession and improved retention rates (Barrett, 2020). To address the varied need of NQRs this analysis highlights the importance of a more flexible and personalised preceptorship period.

A scoping review conducted by Odelius *et al.* (2017), suggests positive work cultures and peer support are the most important forms of assistance, as this provides moral support. According to Rush *et al (*2013) and Whitehead *et al.* (2013) this also boosts confidence and reduces stress. Although Odelius *et al.* (2017) and Jones, Benbow, and Gidman (2014) remind us that although positive, supportive work cultures are seen as important in the successful transition from student to NQR, it is not strictly an aspect of support for NQRs.

In a systematic review conducted by Aparicio and Nicholson (2020) NQRs expressed an increase in confidence to practise whilst attending preceptorship programmes and clinical supervision, similar to previous studies by Bifarin and Stonehouse (2017). However, Aparicio and Nicholson (2020) acknowledge that although these programmes offer positive benefits to the NQR, workload pressures and time constraints for supervisors (preceptor) meant they

had limited time to spend with their supervisees (preceptee) (Teferra and Mengistu, 2017). Although Aparicio and Nicholson (2020) systematic review concluded preceptorship and clinical supervision programmes have positive outcomes for the NQR, the study recruited a small number of participants from one site suggesting that this would limit the generalisability to other areas or settings, so caution must be taken when looking at the results.

2.8.3 Confidence and competence.

Monaghan (2015) defines confidence as a sense of security and having an awareness of capabilities. To be able to cope successfully with the added responsibilities as they make that transition into their new role, Monaghan (2015) further suggests that NQRs need confidence in themselves and their abilities.

Jenkins *et al. (*2021) qualitative exploratory study using semi structured focus groups aimed to explore NQRs perceptions of online peer support. This study highlights that although there are potential benefits of access online support with other NQRs and preceptorship programmes can be beneficial, these may not offer the confidence and competency needs of NQRs (Hussein, Salamonson and Everett*,* 2019; Wildermuth, Weltin and Simmons*,* 2020). Further suggesting many NQRs feel like they were "*thrown in the deep end*", "*drowning, a lot of the time" and "absolutely terrified" (*Jenkins *et al.,* 2021*,* p.2927). Some participants in the study described feeling unsupported by the team. This absence of support made it challenging for NQRs to ask for help, leaving them feeling exposed. Jenkins *et al.* (2021) study recognised that the NQR needs time to develop their confidence, and this was not always appreciated by more experienced staff, placing extra pressure on them to achieve better results. Jenkins *et al.* (2021) study also identified concerns about confidentiality and a lack of research into how technology can support NQRs. However, it was recognised that overcoming these barriers to online support could provide valuable support to NQRs. This study also noted that for many nurses' anxiety reduced over time as they gained confidence and became more familiar with their role.

In a systematic review, Irwin, Bliss and Poole (2018) suggest that preceptorship programmes contribute to improvements in competence and confidence for the NQR, as well as a sense of belonging. Wains (2017) study and Smythe and Carter (2022) review further emphasising

that a supportive environment is key to ensure transition from student to NQR is successful. However, these studies also emphasis a lack of evidence to suggest it has a direct impact on confidence and competency. Indicating that preceptorship only offers a partial solution.

Edwards *et al.* (2015) systematic review examined the use of single and multiple strategies, ranging from structured to informal approaches. Preceptorship programmes and orientation programmes offer a more structured approach and informal approaches offering support from the more experienced registrant, peers, and clinical practice facilitators. When single support strategies were used, informal, unsupervised peer support was found to be more beneficial and effective than facilitator-led support groups. However, the evidence came from a small number of studies and had low scientific quality ratings. Edwards *et al.* (2015) further suggest that the characteristics of the individual involved also influenced the success, including preceptor's experience and if they had received training and support. Although programmes using multiple strategies over a period of time were useful, there is a lack of evidence to indicate the ideal structure, content and length of programmes.

Edwards *et al.* (2015) review further highlights the use of simulation during the preceptorship period identifying that not only did simulation appear to assist the NQR with socialisation, it also increased confidence and competency and helped develop the clinical and decision-making skills of the NQR (Olejniczak, Schmidt and Brown, 2010). However, this was based on 3 studies, using a small convenience sample so methodologically weak relying on perceptions of participants as the outcome measures. The literature review identifies that it is important that support programmes for NQRs continue to develop and is crucial for the NQRs professional and personal development. Although support strategies are beneficial to help in that transition, the review suggests that the focus should remain firmly on the NQR and how the organisation eases them into their new role, and not leaving them to adapt to this new role by themselves.

Monaghan (2015) systematic review of the literature between 2000 -2014, acknowledges that NQRs must be confident in themselves as well as their abilities if they are to successfully manage these increased responsibilities as they make that transition. A major cause of stress for the NQR is the increase in accountability and responsibility further compounded by nurse manager's unrealistic expectations of NQRs.

Monaghan's (2015) review highlights that many NQRs felt they were not ready for practice and lacked confidence in their abilities (Clark and Holmes, 2007). Further suggesting that in the critical care environment, NQRs may experience higher levels of anxiety due to the high demands and stressful conditions (Lima and Alzyood, 2014). However, as the NQR gains more experience, confidence and competence grow and stress levels decrease at 6 months. This concurs with Jenkins *et al.* (2021) study that for many NQRs gained confidence as they become more familiar with their role.

NQRs generally felt more confident and ready for practice, although Monaghan (2015) suggests that this reduction of stress levels could be associated with the NQRs decreasing their expectations. This study strength lies in its longitudinal design, as data was collected at varying points in time allowing researchers to identify changes in the stress levels of NQRs and the possible causes of this stress. These findings concur with Clark and Holmes (2007) qualitative exploratory study within three NHS Trust. It derived that most NQRs upon qualification felt unready for practice, lacking confidence in their abilities. However, the main methodological strength of this study lies in the qualitative approach allowing the researchers to gain a deeper insight and understanding of the NQRs experiences.

In a scoping review by Odelius *et al.* (2017), 15 peer-reviewed articles and one review report commissioned by the Department of Health (DH) were examined to establish the value of preceptorship programmes. Most NQRs found a preceptorship programme valuable in building their confidence and competency as well as having a positive effect on their communication skills, personal development and building those relationships with preceptors. However, a minority of NQRs found preceptorship unhelpful, mainly due to the poor relationships they had with their preceptors, further suggesting that it is unrealistic to rely on one preceptor. These evaluations were small, posing the argument that they lack rigour in their sampling approach; however, the review did highlight that peer support along with positive work cultures is highly valued and not only reduces stress and anxiety but does help boost the NQRs confidence (Jones, Benbow and Gidman, 2014).

If there is a lack of supervision, feedback time and a structured preceptorship period, the NQRs lack of confidence may increase adding to the stresses already experienced by some (Edwards *et al.,* 2015; Whitehead *et al.,* 2016; Monaghan, 2025,).

Tucker *et al.* (2019) service evaluation of a structured preceptorship programme involved preceptors (n=14) and newly qualified district nurses (DNs) (n=13). The evaluation involved semi-focused interviews focus groups for preceptors and a small survey using a questionnaire with a four-point Likert scale for preceptees. The evaluation aimed to better understand perceptions from both, preceptors and preceptees towards a structured preceptorship programme. Specific skills are required in community nurse settings and present not only unique challenges but different modes of care (Tucker *et al.,* 2019). Newly qualified DNs from the study (Northumbria NHS Trust), express feelings of anxiety and isolation due to the lack of being prepared as they transition from student to their new role. Feeling underconfident, having unrealistic expectations and the need for emotional and practical support at the start of their transition. These findings echo previous articles by Edwards *et al.* (2015), Monaghan (2015), Whitehead *et al.* 2016, and Forde-Johnson (2017), Odeluis *et al* 2017. Almost all DNs highlight the importance of guidance, support, and reassurance along with professional identity and being able to ask for support when required. Having a named preceptor further enhanced this support and was considered vitally important for the preceptee. The potential lack of support for many preceptees (NQR) added to the feelings of vulnerability, however a structured relationship that was supportive not only helped build confidence and competency, but it also helped build feelings of belonging. Although the evaluation highlights the positive impacts that a structured preceptorship programme gives to newly qualified DNs, Tucker *et al.* (2019) recommended that a large-scale study of preceptorship programmes and competence frameworks across other DN teams may well offer a national consensus relating to preceptorship programmes for DNs.

In Wain's (2017) qualitative study, eight newly qualified midwives were interviewed using semi-structured interviews. This approach allowed the midwives to share their experiences. It also highlighted the challenges these midwives experienced as they transitioned into their roles. Although the point of registration, midwifery students must demonstrate they have met the criteria in the Standards for Pre-Registration Midwifery Education (NMC, 2023), they often describe a lack of confidence and competency in their abilities. Feelings of being ill-equipped to deal with their new role, concur with studies by Monaghan (2015) and Edwards *et al.* (2015). Changes in educational practice and the move to undergraduate

midwifery degree programmes have raised the profile of preceptorship programmes in supporting the newly qualified midwives as they make that transition (Feltham, 2014). Although most midwives felt well supported, Wain's (2017) research study identified barriers when implementing the programme such as time to meet with preceptors and disparity in supernumerary time. This is further echoed in Foster and Ashwin's (2014) qualitative study that recognises midwives post qualification are required to perform at a higher degree of autonomy very quickly. To meet the individual needs and bridge the gap as a newly qualified midwife, a preceptorship programme needs to be tailored to support them through their transition, with protected time to review progress and supernumerary time. Wain (2017) further suggests that empowering and supporting them during and after preceptorship will help build their confidence in becoming role models to future midwives.

These studies indicate a lack of readiness at point of registration. They also highlight that undergraduate training is still not yielding confident and autonomous NQRs (Monaghan, 2015). However, it does highlight that there is an increased focus on accountability; NQRs are more knowledgeable in the consequences of making mistakes which may have an impact on confidence and competency. This "unexpected reality", identified by many NQRs when beginning clinical practice compounds feelings of stress and unpreparedness (Forde-Johnson, 2017).

2.8.4 Preceptor and preceptee supervision.

It is recommended that NQR's receive support during their first year of practice (Department of Health, (DH) 2010; Nursing and Midwifery Council, NMC 2010) which includes access to an experienced qualified nurse (preceptor) who takes on that responsibility to support them during their first year. The preceptor becomes a point of reference for the NQR, providing guidance support and individual attention, helping them to adapt to clinical practice and minimise transitional shock which is often experienced by the NQR (Lima and Alzyood, 2024). Regular supervised practice and feedback should take place between the preceptor and preceptee (NQR). It is important to build that relationship in the early months as they make that transition. Although Forde-Johnston (2017, p. 43) suggest that there is a "*lack regulation that defines supervised preceptor-preceptee practice time*

and the monitoring of this supervisory time". However, the recent release of the National Preceptorship Framework for Nursing (HEE, 2022) suggests that preceptees have a minimum of two-week supernumerary and have a minimum of three meetings with their preceptors. It also suggests that preceptors have a minimum of 8 hours of protected time, which is the initial training (half-day session) and includes time for meetings, support, development, and networking for the preceptor.

Forde-Johnson (2017) scoping review through questionnaires and focus groups with NQRs and nurse managers explores the influencing factors and effectiveness of preceptorship programmes. It found that although many NQRs were assigned a preceptor, many failed to receive preceptorship, the process being considered a "paper exercise" (Robinson and Griffiths 2009). This lack of structure and feedback time from supervision further increased the NQRs lack of self-confidence, stress and feelings of being unprepared for their new role (Edwards *et al.,* 2015; Monaghan, 2015; Whitehead e*t al.,* 2016). It also suggests that preceptorship varied across practice areas due to staff shortages and high-activity clinical environments which are not conducive to providing sufficient support for NQRs (Monaghan, 2015).

Before embarking on the role, preceptors require the approved training to gain the competence and skills required. However, Taylor *et al.* (2018) mixed methods evaluative approach using online questionnaires across forty-one NHS Trusts, highlights the lack of training and a shortage of preceptors as one of the main flaws in preceptorship programmes across many organisations. Preceptors frequently face their own challenges. Being part of the regular ward staff, admission rates, the complexity of patient's condition, difficulties in scheduling professional meetings, and results in the lack of time spent with preceptees (NQR), all felt to be barriers to effective support (Mansour-Mansour and Mattukoyya, 2019; Aparicio and Nicholson, 2020).

In a systematic review conducted by Monaghan (2015) many preceptors are also supporting students as well as NQRs concurrently, so therefore felt they were unable to meet both groups' needs, resulting in added pressure and tension which had an impact on the NQR. This concurs with Salt, Jackman and O'Brien's (2023) mixed method design study which explored existing allied health professional (AHP) preceptorship programmes. Preceptors in

this study highlighted that 1:1 meeting with the newly qualified AHPs preceptees, were at times difficult to accommodate and placed additional demands on their workload, especially if this had not been factored into their work plan. This is further supported by Aldosari, Pryjmachuk and Cooke's (2021) scoping review that draw our attention to the increase of a preceptor's workload, levels of anxiety and stress due to work role conflict especially when trying to balance their patient responsibilities with the preceptor role. However, Salt, Jackman, and O' Brien's study did suggest that by introducing 1:1 support in the form of a "buddy system", newly qualified AHP preceptees could link up with other preceptees (NQRs) for pastoral and peer support, helping to reduce some of the time commitment challenges for the preceptor.

In Tracey and McGowan's (2015) qualitative exploratory study using a purposive sample, interviews were conducted to collect data from 8 participants. This study aimed to explore preceptors' views on supporting NQRs. All participants in this study agreed that providing support, guidance and feedback was part of their role as a preceptor, which ultimately would help promote the NQRs confidence and competency. It is well recognised that preceptors require preparation for this role, however, previous studies Monaghan (2015), Wain (2017), Forde-Johnston (2017), Taylor, Eost-Telling and Ellerton (2018) and Barrett (2020) suggest that the only requirements needed are that the preceptor should have a minimum of 12 months post registration experience of working within the setting and should receive appropriate preparation. Although it does not stipulate what that preparation looks like. However, with the release of the NMC National Preceptorship Framework (2022), NMC Principles of Preceptorship 2023, 4.1-4.5); and NHS England National Preceptorship Programme (2024), organisations now have access to resources to support preceptor training.

Preceptors in Tracey and McGowan's (2015) study were asked to consider the rewards and challenges of this role. All 8 participants were positive about the rewards of being a preceptor, and how this helped keep them motivated and up to date with practice which assisted with personal growth. This echoes Muir *et al.* (2013) mixed-method approach with preceptors who viewed preceptorship programmes and the role as a preceptor positively. Tracey and McGowan's (2015) study also expressed feelings of satisfaction experienced by preceptors when supporting the development of the NQR, especially when seeing them

thrive and grow. However, challenges such as lack of protected time to meet, workload pressures and not working together echo similarities to studies by Monaghan (2015), Wain (2017), Forde-Johnston (2017), Taylor, Eost-Telling and Ellerton (2018) which suggest that this is not a new issue.

According to Tracey and McGowan (2015) an effective preceptorship is "multifaceted", however, it is important to acknowledge that the role of the preceptor is equally as important as the preceptee. Preceptors value preparation for this role, and the opportunities of peer support to discuss the rewards and challenges of this role, just as much as preceptees value the support and guidance as they make that transition to an NQR.

2.8.5 Recruitment and retention.

A systematic review of literature conducted by Brook, Aitken, and Salmon (2024), highlight the global concerns in the retention of nurses especially in the first year of practice, when NQR's feel at most vulnerable. Furthermore, Aldosari, Pryjmachuk and Cooke (2021) scoping review suggest nurses are leaving the profession at an alarming rate mainly due to the lack of support and workload pressure. This is further echoed in a previous literature review by Black (2018) who highlights the attrition of newly qualified midwives leaving the profession with in the first year. Although decades of research have been conducted into the experiences of NQR's and the frameworks and schemes developed to support them at this time, there is a lack of evidence in regards of impact in retention. Further research into the retention of NQR's is therefore recommended (Wray *et al.,* 2021).

Boosting the retention of NQRs as they make that journey from new registrant (NQR) to competent professional presents its own challenges not only for organisation but the individual staff member (Taylor, Eost-Telling and Ellerton, 2018). NQR's often feel ill-equipped and undervalued in their role even though undergraduate training is designed to prepare the NQR to make that transition (Unison, 2021). Smythe and Carter (2022) literature review further suggest the NQR may encounter unrealistic expectations from the more experienced staff, also feeling that the support they receive is inadequate adding to the stress already experienced as they make that transition. In Gardiner and Sheen (2016) literature review, it highlights that the NQRs transitions are more likely to be positive if they are welcomed and have the support from preceptor. However, if there is a lack of

preceptors to support the NQR during this transition and this support remains unaddressed, the NQR may experience dissatisfaction and suffer burnout (Tracey and McGowan, 2015) potentially resulting in them leaving the profession.

Having a structured preceptorship programme can and does offer support to the NQR, Barrett (2020) suggests that an effective preceptorship programme can have long-term effects on the NQR's confidence and preparedness and ultimately help with retention. This is further supported by Forde-Johnson's (2017) study where data was collected through questionnaires and focus groups with NQRs and managers to evaluate preceptorship programmes. This study recognised that preceptorship is crucial in helping to increase clinical nurse education concerning knowledge and skills, and this may help improve the NQR confidence. Preceptorship may also have a positive influence on the theory-practice gap, suggesting the possible discrepancy between theoretical knowledge and when applying this to practice being recognised. Whitehead *et al.* (2016) and Forde-Johnston (2017), further suggesting that recruitment and retention improve with a structured preceptorship programme. Forde-Johnston (2017) recommend that providing a preceptorship programme has been invaluable in practice areas. This is particularly important as Monaghan (2015) highlights in the climate of staff shortages, and busy clinical environments, especially those that offer inadequate support to the NQR.

Brook, Aitken and Salmon (2024) scoping review further suggest that it is well-recognised that the role of the preceptor is crucial in the socialisation of NQRs. This support positively affects not only patient outcomes and safety but also on recruitment and retention. However, Wain (2017) highlights there could be challenges in the NQR and preceptor relationship especially if there are personality clashes, so it is important this relationship must be well supported.

The supply of nursing staff has historically been an issue and keeping pace with demand and retention has been and still is a priority for many NHS Trusts. Brook, Aitken and Salmon's (2024) systematic review, recognises that over the next decade, there will be a shortfall of NQRs so there is a need to continue the development of strategies to support NQRs not only to stay in their role but also the profession. Although findings vary on the type of preceptorship programme reported, a well-co-ordinated, structured approach, can be a

useful tool to help and support NQR retention in the NHS (Edwards *et al.,* 2015; Ward and McComb, 2018; Taylor, Eost-Telling and Ellerton, 2018; Barrett, 2020; Brook, Aitken and Salmon, 2024).

2.9 Summary from literature review.

This review of the literature demonstrates that a period of preceptorship is a structured start that helps the NQR develop their knowledge and skills as they make that transition into their new role (Whitehead *et al.,* 2016; Smythe and Carter, 2022; Ho, Stenhouse and Snowden*,* 2021). It helps the NQR translate and then embed their knowledge into practice and helps them to grow in confidence during this period. This is further supported by Whitehead *et al.* (2016), Mansour and Mattukoyya *(*2019) and Ho, Stenhouse and Snowden (2021) who suggest that NQRs gain these skills and attitudes under the direction of an experienced role model (preceptor) who helps the NQR transition into their new role. Taylor, Eost-Telling and Ellerton (2018) and Aparicio and Nicholson (2020) also identify that in the initial months of their new role, not only does it improve clinical practice, but it also supports staff retention and reduction in staff turnover. Taylor, Eost-Telling and Ellerton (2018) and Salt, Jackman, and O'Brien (2023) highlight the positive effects on attrition rates especially in the current climate of registrant shortages.

2.10 Why the study is needed.

A quality preceptorship programme, according to NHS Employers (NHS Employers, 2018) is essential in giving newly qualified nurses, midwives, and allied health professionals (AHPs) the best possible start in their careers. The delivery of a preceptorship programme that is robust offers a number of benefits including the provision of an effective learning experience to NQRs (Baldwin *et al.,* 2022). Following the literature review, previous studies explored preceptorship from a variety of perspectives including preceptees (NQRs) and preceptors. However, the literature review has revealed the paucity of evidence exploring the impact that a credit-bearing module has. This study aims to fill that gap by identifying the evidence gathered from this research. It explores whether completing this university postgraduate module as part of the preceptorship programme has added benefits and impact when supporting these NQRs in their first year. This study also has the potential to provide data on how the university postgraduate module further supports the next steps for

the NQRs in their professional careers and personal development. This is especially important when supporting NQRs in the first year, helping them to "cement" as McCuster (2013) suggests the knowledge and skills they require, building confidence and enabling continuing development throughout their careers. NQRs are the future in the profession, so "*we should therefore invest in them at an early stage in their careers"* (Hollywood, 2011, p. 661).

2.11 Research aim.

Given that there is a lack of research regarding the benefits of undertaking a university postgraduate module as part of the preceptorship programme, the aim of the study is to explore the experiences of NQRs who are undertaking the module as part of the preceptorship programme within Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT).

2.12 Research objectives.

1. What are the newly qualified registrants (NQR) perceptions and expectations of the university postgraduate module as part of the preceptorship programme?
2. What are the newly qualified registrants' reasons for choosing the university postgraduate module as part of the preceptorship programme?
3. What are the strengths, benefits and challenges identified by the newly qualified registrants who complete the university postgraduate module as part of the preceptorship programme?

2.13 Research questions.

1. What were your perceptions and expectations of the university postgraduate preceptorship module?
2. Can you tell me why you chose to do the university postgraduate preceptorship module?
3. Can you share with me your experiences of the university postgraduate module?
4. Can you share with me the strengths and challenges of undertaking the university postgraduate preceptorship module?

In the following chapter, the methodology and methods chosen for the research study will be described and discussed.

Chapter 3. Methodology

3.1 Introduction

In the previous chapter, the methodological approaches of other researchers studying preceptorship were examined, providing valuable insight that helped shape the design of this current study.

The first section of this chapter will discuss the research philosophy, approach, sampling strategy, data collection, data analysis, and ethical considerations employed in this study. It will also explain how these choices were guided by the study's aims and objectives, which focus on exploring the experiences of newly qualified registrants (NQRs) undertaking a University Postgraduate module as part of the Preceptorship Programme.

The second section will consider reflexivity as an ongoing process, highlighting the researcher's positionality within the study (Darawsheh, 2014).

3.2 Research Philosophy – Interpretivism

Research philosophy refers to the underlying beliefs about how knowledge is generated, interpreted, and applied, shaping the entire research design from methodology to analysis. Among the main paradigms, positivism emphasises objectivity and measurement, whereas interpretivism values subjectivity, personal insight, and understanding (Hudson and Ozanne, 1988; Saunders, Lewis and Thornhill, 2012; Creswell and Creswell, 2018), recognising that individuals construct meaning in different ways (Moule and Goodman, 2014).

This study adopts an interpretivist philosophy, influenced by phenomenology. While Husserl's early phenomenology emphasised careful reflection to understand human experience (Crotty, 1996), this research draws more specifically on Heidegger's interpretive phenomenology, which views people situated within their social world and life experiences. Understanding human experience therefore requires exploring how individuals interact with their surroundings and others, making semi-structured interviews particularly appropriate for allowing participants to describe how their background, feelings, and everyday experience shape their professional journey as NQRs.

Interpretivism assumes that reality is socially constructed and best explored through participants' own accounts (Creswell and Creswell, 2018; Hammersley, 2013; Alharahsheh and Pius, 2020). People actively shape their social world as they interact with it, continually striving to make sense of their surroundings (Milburn *et al*., 1995; Crotty, 1996; Carson *et al.*, 2001). While Creswell and Creswell (2018) note that multiple realities exist, they emphasise that these realities are not necessarily entirely different; shared experiences often lead to closely related understandings. The researcher entered the study with prior insight, which required the researcher to remain reflexive throughout the study (Parahoo, 2006), discussed further in this chapter, and to engage in dialogue with participants so that understanding could be shaped together (Robson, 2016; Carson *et al.,* 2001). Interpretivists avoid rigid frameworks, instead interacting meaningfully to build holistic accounts of why people think and behave as they do. The findings are generally expressed through words and conversations rather than measured numerically (Parahoo, 2006) and are specific to the context rather than universally generalisable, yet they provide rich insight into how NQRs experience a university postgraduate module within a preceptorship programme.

The interpretive paradigm also enables researchers to consider additional factors, such as behavioural patterns shaped by participants' experiences—an aspect the researcher was particularly keen to explore as the study progressed.

The researcher's next step is to explore a qualitative approach, consistent with the interpretivist research philosophy.

3.3 Qualitative approach

Qualitative research is described by Burns and Grove (2007) as a systematic and subjective approach which is used to describe the life experiences of participants, ultimately then giving them meaning. This approach is particularly relevant to this study, as it seeks to explore the diverse experiences of NQRs undertaking this university postgraduate module. Qualitative researchers believe that there is no single reality, but multiple realities that can be observed when we spend time with the participants during the study, listening to what they tell us (Holloway and Galvin, 2017). This perspective aligns with the research study, which aims to capture these unique experiences. That reality is based on the perceptions of

the individual and is unique for each person and can change with time. Although the experiences of undertaking this university postgraduate module may well have some shared characteristics, it will not be the same for all participants, especially for the international nurses who trained outside the United Kingdom (UK) and are unfamiliar with the education systems. By focusing on individual participants, the research study will highlight the importance of valuing and understanding the distinct experiences of those involved in this study.

As Lobiondo-Wood and Haber (2018) suggests qualitative research helps us to understand and find the answer to "why" questions, Parahoo (2006) and Lobiondo-Wood and Haber (2018) further suggest that this is often used when there is little understanding about a phenomenon. In this case, the introduction of the university postgraduate module was a new addition to the preceptorship programme, the study aim was to explore the experiences of NQRs undertaking this module. However, Lobiondo-Wood and Haber (2018) reminds us that although little is known about this phenomenon, it should not be the only reason why this study is carried out. Data gathered from the qualitative approach would also provide valuable information about this phenomenon. Furthermore, by asking participants to take part in this study, and to share their experiences, we can seek answers to what can help make a difference. In this case the experiences of NQRs undertaking this university postgraduate module and the possible impact that this might have on their future careers and development. Hence why it is important as the researcher to be able to voice a plausible reason for carrying out the study other than because there is little known about this topic.

The qualitative approach helps the researcher to construct an understanding of the phenomenon, so to understand people fully the researcher needs to listen to, interact and observe them during the study. This approach is vital to the research as it allows the researcher to look below the surface, enabling deeper probing and to learn so much more from the participants (Wellington and Szczerbinski, 2007; Parahoo, 2014; Silverman, 2017; Ellis, 2019), something the researcher was keen to explore during the study. Opposed to numbers, qualitative research is descriptive, explanatory, and inductive, so the purpose of the exploration is to establish ideas and themes, hence why the inductive approach was used in this study.

The researcher adopted an inductive approach. Unlike deductive analysis which applies theory to data to test them, often referred to as the "top-down" approach (Bingham and Witkowsky, 2022), inductive research starts with the observation of a situation or a problem to develop and then tests the theories. This approach involves being open to new ideas that materialise from listening to participants during the study. By using participants' own words to describe the phenomenon, it allows the researcher to see the world through the participants' eyes, making the world of the participant visible for others to see (Lobiondo-Wood and Haber, 2018). This method also helps in understanding and making sense of what meaning participants bring with them (Denzin and Lincoln, 2011).

To be able to promote or even change behaviour (Parahoo, 2006), it is important to recognise that we need an in-depth understanding of experience, motivation, belief, and intention (Silverman, 2017; Ellis, 2019).

Qualitative research not only explores the human experiences, motivation and perceptions but also believes that interpretation is at the heart of the investigation and awareness of social phenomena. Inductive, interactive, "*flexible and reflexive methods of data collection and analysis*" are used to achieve this (Parahoo 2006, p. 63).

Having explored the qualitative approach to the study, the next steps are to explore the phenomenology approach.

3.4 Phenomenology

Phenomenology pioneered by Husserl in the early 20th Century, has its roots in philosophical tradition and explores the life experiences of individuals (Polit and Beck, 2014). Phenomenology aims to explore consciousness as cultivated by the participant (Baker et al., 1992), focusing on participants' interpretations of their experiences and the essence of what it means for the people who experience this phenomenon (Polit and Beck, 2014). Researchers are concerned with these lived and how people understand their world and relationships (Van Manen, 1996; Munhall, 2007; Harvey and Land, 2017). Moule and Goodman (2014) suggest that these experiences provide data that is powerful giving insight that can be useful far beyond the initial research.

Phenomenology helps with the construction and learning of human experience during conversations with participants who are going through the experience, in this study, the experiences of NQRs undertaking a university postgraduate module as part of the preceptorship programme. During these conversations the researcher will strive to gain access to the participants world and to their lived experiences. Marshall and Rossman (2011) highlight that the goal for the researcher is to understand meaning and experiences as lived by participants and that there is detail and quality to those shared experiences that are then discussed. Moule and Goodman (2014) further suggest phenomenologists acknowledge that human behaviour can be understood by describing and then interpreting that experience. With the experiences of NQRs undertaking the university postgraduate module, truth and meaning through dialogue can be gathered from those lived experiences, in other words, we can start to understand and draw meaning from what it was like to undertake this module. Data gathered from the qualitative approach would also provide valuable information about this phenomenon. By asking participant to take part in the study and share those experiences we can explore what can help make a difference.

Phenomenology highlights the notion that it is only the people who are exposed to the phenomena who can communicate this to the outside world, the researchers' observations being insufficient in understanding the perceptions of these people. Lobiondo-Wood and Haber (2018) remind us that it is important to acknowledge that it is more than a simple dialogue and requires the researcher to think carefully about their presence during this interaction. In this case, the experiences of NQRs undertaking the university postgraduate module and the potential impact this may have on their development and future careers. Hence why it is important as the researcher to have a credible reason for undertaking the study other than because there is little known about this topic.

There are different approaches to phenomenology. Descriptive and hermeneutic (interpretive) are the two main approaches, the differences determined by theoretical underpinnings. Although Silverman (2015, as cited by Harvey and Land, 2017 p. 101) suggests that "*over-emphasis has been placed on these philosophical differences and the literature on phenomenology can be contradictory",* it is important to understand these approaches and crucial for this study.

In descriptive phenomenology the researcher is not required to have previous experience or knowledge of the phenomena. As Mapp (2008) suggests, the lack of previous experience or prior knowledge is desirable to may supporters. This approach allows the researcher to explore any issues with an open mind, unhindered by any preconceived ideas as highlighted by Harvey and Land (2017). Furthermore, when familiar with the phenomenon under investigation, it is important to set aside or "bracket" perspective, prior knowledge beliefs and assumptions as emphasised by Giorgi and Giorgi (2008). By acknowledging personal biases, the researcher can ensure engagement with participants remains clear and unbiased adding depth to the data collected during the study (Harvey and Land, 2017)

In this research study, the principles of interpretive phenomenology, as developed by Heidegger are particularly relevant. This approach, as Walker (2014) suggests aims to interpret and explain the experiences of participants. Dykes (2004 as cited by Harvey and Land 2017, p.101) highlights that interpretive phenomenology rejects bracketing. According to Heidegger, understanding the accounts of participants is engrained in their personal experiences, suggesting that the researcher is unable to bracket their assumptions, beliefs, and prior knowledge (Johnson 2000). Koch (1995, as cited by Chan *et al.,* 2013, p.2), Humble and Cross (2010) further supports this by stating that pre-understanding cannot be "bracketed" or eliminated. Chan, Fung and Chien (2013) also point out that the bracketing technique is found to be problematic and inconsistent within this approach. Harvey and Land (2017) argue that that researchers' preconceptions are an important and an essential factor, requiring the researcher to have prior knowledge of the phenomena (Mapp 2008). Therefore, the key differences between interpretive and descriptive phenomenology are in the ontology and the nature of reality. Given the researchers prior knowledge of the preceptorship programme and involvement in writing the university postgraduate module, the decision was made to use Interpretive phenomenology in this study. This approach allowed the researcher to understand and interpret the experiences of the participants.

Having explored the phenomenology approach, the next steps is to look at the most suitable sampling strategy for this study.

3.5 Sampling Strategy

Before collecting data from the interviews, it was important for the researcher to decide which sampling strategy would be used. According to Holloway and Galvin (2017, p. 141) this requires asking the questions, "*where, what, whom and how to sample".* Sampling can be a complicated process which is guided by the research question, the practical and theoretical factors, and the phenomenon under study as well as ethical principles.

The two main sampling strategies used in research are probability and nonprobability sampling. Phenomenological research will follow the principles of qualitative research, participants are recruited, data is collected, and the data is then analysed concurrently. In phenomenology, it is a requirement that participants will encounter the experiences that the researcher wants to investigate (Smith, Flowers and Larkin, 2009, Walker, 2014 as cited by Harvey and Land, 2017, p.103). The nonprobability sampling strategy was considered the best approach for this study as it aligns with the researcher's interpretivism philosophy. This approach allows selection of participants who can provide rich in-depth insight, crucial for interpretivist research.

This study explores the experiences of NQRs undertaking a university postgraduate module as part of the preceptorship programme. Since it is not feasible and time-consuming for the researcher to collect data from everyone who undertakes this module (Moule and Hek, 2011), the researcher gathered data from a smaller group. The larger group often referred to as the population, includes all potential participants who would have at least one characteristic in common to make them eligible, (Moule and Hek, 2011; Harvey and Land, 2017) and the subset, referred to as the sample, are the group involved within the research.

Ideally, the researcher would want the sample to represent the population as this would allow them to then generalise their findings to the entire population. Harvey and Land (2017) emphasise that trying to achieve a true representative sample presents significant challenges due to numerous obstacles and practical challenges in the real-world setting. Depending on the research study's aims and objectives, gaining a perfect representative sample is not always needed and not required in qualitative research as the findings only refer to the participants. The phrase used, rather than representativeness, is that

participants characteristics in the sample “reflect” the population of the study (Harvey and Land, 2017).

In this approach, the researcher acknowledged the challenges, making sure that the focus of the study focused on the sample and that this sample reflects the characteristics and the diversity of the population as closely as possible. This requires careful consideration of the criteria to be used and the sampling methods, balancing practicality, and representativeness.

Sampling is one of the key parts of any research methodology and is a crucial stage in the research process, so the researcher must identify the method used in the study (Lobiondo-Wood and Haber, 2018). Moule and Goodman (2014) however remind us that poor sampling techniques can have the potential to jeopardise the research. Moule and Hek (2011) further suggest that errors in the sampling process could invalidate findings resulting in the research being unusable, so it is important that the researcher feels confident when collecting information from the sample to draw their conclusion.

To ensure the study’s integrity, the researcher employed rigorous sampling methods to select the study sample, continuously checking the sampling process to ensure its validity. This involved testing the methods beforehand making adjustments as required. These measures make sure the results are reliable and Trustworthy.

3.5.1 Nonprobability sampling

Probability sampling selects participants randomly and used in quantitative research, important when wanting to achieve a representative sample which in turn allows the finding to be generalised (Moule and Goodman, 2014; Kandola *et al.,* 2014; Harvey and Land, 2017; Lobiondo-Wood and Haber, 2018; Polit and Tatano Beck, 2018).

Nonprobability sampling relies on the researcher’s judgement and is used in qualitative research (Grove, Gray and Burns, 2015; Holloway and Galvin, 2017). The aim is to collect rich, in-depth data something that was important in this study and focuses on specific experiences rather than generalisation. While nonprobability sampling is seen as less scientific (Grubs and Piantanida, 2010), it can be robust if carried out transparently (Harvey

and Land, 2017). The NQRs experiences in this study was far more important than being able to generalise the findings to the whole population.

3.5.2 Purposive sampling.

Although not exclusively in qualitative research, purposive sampling is the method commonly used and involves the researcher intentionally selecting participants using their judgement based on the notion that they can provide the data required for the research study (Smith, Flowers and Larkin; 2012, Silverman, 2017).

Harvey and Land (2017) further highlight that these sample participants share similar characteristics. Smith, Flowers and Larkin (2012) remind us of the importance that we do not treat members of this purposive sample as an identikit. However, by making a group as similar as possible based on social factors that are relevant to the study, you can *"examine in detail psychological variability within the group, by analysing the patterns of convergence and divergence which arise"* (Smith, Flowers and Larkin, 2012 p. 50).

As exploring the experiences of NQR's who are undertaking a university postgraduate module as part of the preceptorship programme was important for this study the researcher needed to rely on their judgement and those who they believed can help in that decision when making that choice. Parahoo (2006) and Smith, Flowers and Larkin (2009) highlight that this sample is chosen deliberately on the basis that these are the best-placed participants to provide the necessary data being researched. By choosing a purposive sample the researcher must continue to be guided by the research question and avoid being drawn to choosing the study sample out of convenience.

Participants who Harvey and Land (2017) suggest meet the inclusion criteria are then recruited into the study, Polit and Beck (2014) further highlight that the researcher decides that participants have the experience of the topic under exploration and best placed to share that information for the study. However, Harvey and Land (2017) remind us that the researcher during the research must continuously monitor the sample configuration, attempting to further recruit participants into the sample if there are any shortfalls. However, Smith, Flowers, and Larkin (2009) draw our attention to the main concern of interpretivist phenomenological analysis (IPA) is the detail of individual accounts. IPA

studies benefit by concentrating on smaller numbers given the complexity of human phenomena and it is the quality and not the quantity that is important. The danger of having too many participants in the sample size is the researcher can become overwhelmed by the amount of data that is generated. Smith, Flowers and Larkin (2009) further suggest that to meet the commitments of IPA having a large sample can be more problematic than having one that is too small.

Purposive sampling, often used in research studies, aims to gather information from a smaller group, target group of individuals who have specific knowledge, experience and characteristics that relate to the research. In this study, which explores the experiences of NQR's who are undertaking a university postgraduate module, the researcher selects participants believed to provide an assured viewpoint. This approach suits the study objective to delve deeply into a narrow focus rather than more broadly. By choosing participants with the background knowledge, the researcher can better understand the phenomenon under investigation.

Prior to the data collection, the decision was made to select the first cohort of NQRs on a university postgraduate module as part of the preceptorship programme to form part of the study. This was the first time NQRs were offered the opportunity to undertake this university postgraduate module as part of the preceptorship programme within Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT). This study would give the researcher a greater understanding of what it was like for the NQR. It would also explore the perspectives and views of the NQRs adding richness to the study whilst at the same time gaining a greater understanding of what it was like to undertake this module (Flick, 2006). As this was the first cohort who undertook the university postgraduate module as part of the preceptorship programme, the population had no previous knowledge or experience.

In order for the NQR to be offered the opportunity to be selected in the sample, the researcher gathered a list of each NQR who meets the sampling criteria and forms the sampling frame (Burns and Grove, 2007; Moule and Goodman, 2014).

3.5.3 Inclusion Criteria.

The criteria for inclusion:

- The participants will be newly qualified registrants, nurses, midwives, nursing associates and allied healthcare professionals new to the NMC and HCPC register or experienced international nurses who have joined the organisation following the completion of their OSCE.
- Enrolled on the university postgraduate preceptorship module.

3.5.4 Exclusion criteria

- Any NQR not enrolled onto a Preceptorship Programme.
- Any NQR not enrolled onto the university postgraduate module.
- Any NQR who does not meet the specific criteria.

3.5.5 Recruitment of participants to the study.

At the start of the preceptorship programme, all NQRs attend an induction day. Part of the schedule on this day involves exploring the opportunity of undertaking this university postgraduate module as part of the preceptorship programme. It is at this point a discussion regarding the opportunity to be part of the research study is introduced, outlining the aims and objectives, the role of the researcher along with confidentiality and data anonymity during the study. Any questions raised at this point were answered by the researcher. NQRs are then given time to decide if they wish to take up this opportunity of the university postgraduate module, with the ability to ask more questions if needed, and once this decision is made the enrolment process begins (Harvey and Land, 2018). It was not possible to predict how many NQRs would agree to consent and participate in the study, so the sample size was not set as a final number. Burns and Grove (2007) recommend a sample size of 6-8 NQRs emphasising that the quality of data collected is more important and manageable for the researcher.

Although some discussion about the research study took place at varying intervals during the preceptorship programme, the NQRs were not contacted officially until they had submitted and passed their assignment. The decision was made to contact all of those who passed their assignment first time, before approaching the NQRs who had to resubmit if

unsuccessful, mainly because the researcher was aware of the pressure these individuals were under and did not want to add to this stress. However, upon reflection, the researcher may have approached this differently. The decision was made that since the NQR had not been successful in their first submission, they might not be in the right place to participate and contribute to the study. This proved to be an oversight as one of the NQRs who failed their assignment submission twice reached out, expressing a keen interest in participating in the research study. This highlights the importance of including diverse experiences in the study.

An email outlining the purpose of the research containing the participant information sheet (see appendix 1) and consent form (see appendix 2) reinforcing the study aims, was then sent out to the 22 NQRs who met the inclusion criteria and a deadline for response was set for two weeks. In hindsight this time frame was rather ambitious and reflecting back probably too tight as NQRs do not check their emails as a priority on a daily basis.

A decision was made early on that after the initial email was sent, only one further follow-up email would be sent out if no response was received by the deadline. This was to avoid the NQR feeling that they were obliged or under pressure to participate in the study.

At the outset, 4 NQRs responded straight away to the email confirming their agreement to take part in the study, returning the signed consent forms. A further 2 responded following a follow-up email sent after the initial deadline of the first email. A further 1 contacted the researcher consenting that they would like to take part in the study even though they had failed the submission of their assignment.

Having explored the sampling strategy for this study the next steps were to select the most suitable data collection method aligned with the interpretivist research philosophy.

3.6 Date Collection – Qualitative interviews

Selection of the appropriate data collection method can be a challenge in the research process (Polit and Beck, 2014) and takes place in a variety of ways, the researcher's decision to use a particular data collection method is influenced by whether a qualitative or quantitative approach is used and the questions in the research to be addressed.

Interviews are common in qualitative research, especially phenomenology (Harvey and Land, 2017). Often conducted face to face it is important to acknowledge that these interviews can also be undertaken via the internet, or telephone. Often described in many ways, unstructured, semi-structured, in-depth, informal, focused, and open (Burns and Groves, 2007; Denzin and Lincoln, 2011; Speziale and Carpenter, 2007; Sandelowski, 2000). Sometimes these have been amalgamated such as unstructured informal (Hogston, 1995), or semi-structured in-depth (Nolan, Keady and Grant, 1995). However, Hanson (1994, as cited by Parahoo, 2006, p. 322) simply describes the method as qualitative interview, which reflects the variety of ways in which interviews can take place.

Having explored these terms, the researcher made the decision to undertake a semi-structured interview (qualitative interview) to focus on the personal experiences of each NQRs who undertook the university postgraduate module as part of the preceptorship programme, ensuring their responses were not influence by other participants (Bryman 2008). The reason for this decision was that it was felt to be the best method as little was known about the phenomena, and each personal perspective could provide more insight into the university postgraduate module.

It would also however give the researcher some structure, but also allow further probing for more information during the interview process. Parahoo (2006, p. 326) highlights that "*qualitative interviews build on one another",* allowing the researcher to accumulate experiences and perspectives until a wider appreciation of the phenomenon is achieved. When data saturation is reached and no new information emerges, the researcher may decide to stop carrying out more interviews, even if the initial plan was to carry out more.

Having flexibility during the interview process and the ability to probe as needed to encourage participants to share information is important. Speziale and Carpenter (2007) further suggest that the semi-structured interview enables the researcher to add in new questions especially when participants change direction in the interview. This flexibility allows new themes relating to the topic of the university postgraduate module to emerge. This allows participants to express their thoughts in order to reveal personal philosophies openly rather than limiting them to specific questions (Sandelowski, 2000).

The danger of not having this flexibility may mean that the interview would become rigid or as Parahoo (2014, p. 324) suggests, "*a role which allows the pace of the interview to gallop away uninhibitedly".* By having this flexibility, previous ideas raised by participants that were not considered by the researcher could become important areas for consideration when planning and developing future enrolment into the university postgraduate module.

Burns and Grove (2007) suggest it can be argued that participant perspectives should not be assumed to generate a true picture of the phenomenon, however the study's aim was to explore the views of participants as they would wish to present them. The participants thoughts and feelings being real as from their own personal experiences of undertaking this university postgraduate module.

The qualitative interview, in its unstructured form has the appearance of being an everyday conversation, with the goal of collecting and validating the data gathered during this interview to answer the research questions. However, Parahoo (2006) reminds us that although this may well resemble an everyday conversation, researchers need the skills or training to use these effectively. Being a good communicator and listener when undertaking the interview so that the interaction with participants is effective, and the researcher understands their experiences (Silverman, 2017).

The researcher acknowledged that, due to the lack of experience, this task might be challenging at this point. It is important that the researcher finds a way to establish a rapport by showing interest and being responsive to the accounts of participants (Cresswell, 2013). Smith, Flowers and Larkin (2009) highlight that establishing a rapport with participants at the beginning of the interview is important. Participants need to know that they can Trust you and feel comfortable with you. Smith, Flowers and Larkin (2009) further suggest, that unless the researcher succeeds in building that rapport there is a possibility that the researcher will be unlikely to gather good data from participants.
Sharing can influence the participants view of the researcher, seeing them more of a human being and less as a professional. Sharing experiences may well help to build that relationship and Trust with the participants as you would do in an everyday conversation (Perry, Thurston and Green, 2004). It is not always easy to find a relaxed "research

persona", even if you are used to doing this in your professional capacity. However, Smith, Flowers and Larkin (2009) suggest putting aside these familiar interactional habits and instead doing a lot of well-timed questioning and engaging listening. In normal conversations when a silence occurs it often triggers a cue to share and speak about your own beliefs and experiences. Although it can be a little disconcerting especially for the novice researcher it is important to wait out this period of silence so that participants pick back up the topic. Often these silences allow participants to collect their thoughts and indicate that the researcher is waiting for further details. If participants do not pick up on this then it gives the researcher, the chance to ask another question.

It is important in the Interpretivist Phenomenology interview process that participants feel at ease when sharing their "lived experiences" and researchers must learn how to do this (Alase, 2017). Interviews are interdependent relationships which engages collaboration between the researcher and the participants (Seidman,2006).
Harvey and Land (2017) further suggest that this flexibility during the semi-structured interview enables participants to answer the questions and maintain a level of control during the discussion, hence reducing the possibilities of power imbalance between the interviewer and themselves. Although Silverman (2017) also draws our attention that whilst the researcher is actively listening during this discussion, they also maintain an element of control over the interview including when to open or close a topic. However, it is important as highlighted by Harvey and Land (2017) that the researcher remains vigilant during the interview to ensure that all questions are addressed.

In this study, the researcher applied these principles to ensure that the NQRs felt open and relaxed during the interviews. Lambert and Loiselle (2018) remind us of the importance of acknowledging that participants during the interview might choose to avoid sharing ideas or information especially if they wish to please the researcher or if the truth is different to that person's beliefs. Participants, furthermore, may well become uncomfortable during these interviews making it difficult for the researcher to interpret the information being shared. To overcome this, the researcher had met the potential participants many times during the preceptorship programme. Meeting them on a regular basis in an informal and friendly way

helped reduce any feelings of anxiety that the participants may well have. This approach was crucial in gathering rich, in-depth data about their experiences and central to the study. The main aim of having a schedule is to facilitate comfortable interaction with participants, enabling them to share a rich and detailed narratives of their experience. This approach is crucial for exploring the personal experiences of NQRs undertaking the university postgraduate module as part of the preceptorship programme.

The starting point for developing the interview schedule being the researchers' objectives and questions. Harvey and Land (2017) suggest using a mind-map to help generate interview questions, ensuring topics are covered. This preparation helps build structure and flexibility in the interview process and in-depth inquiry of participants experiences.

In this study, the central question is a broad one that will ask for the exploration of the concept in a study or the central phenomenon (Creswell and Creswell, 2018). This aligns with the qualitative research methodology, which seeks to understand the views of participants without being restrictive. The main aim is to explore the intricate set of factors that surround the central phenomenon, and captures the varied meanings and perspectives held by participants.

The research questions were designed to pinpoint exactly what the study aims to uncover and clearly connects to the central research problem. By preparing questions that are open and broad, participants are encouraged to speak freely and in detail (Polit and Beck, 2014), with input from the interviewer being minimal (Smith, Flowers and Larkin, 2009). Opening questions can include phrases like, "can you describe" or "tell me about", avoiding questions that might lead participants toward specific answers.

Key questions in the study were worded to prompt discussion that would enable participants to openly share their experiences of what it was like to undertake the university postgraduate module comprehensively. Kvale (2007) notes that it can be difficult to decide on the exact format of subsequent questions in advance due to the flexible nature of the interview process. King and Horrock (2010) further suggest that the design of these questions will enable the researcher to gain information that is required to address and then answer the overall research questions. This approach was essential in ensuring that the

questions asked in the interview provided rich, in-depth data about the NQRs, experiences, and crucial to the aim of the study.

Bryman (2008) highlight that meaning is gathered from the participants perspective, and Richie *et al.* (2014) further suggest that the interview is more suitable for emotional responses. The interview schedule and interview prompts (See appendix 4) allow the NQR to talk about and express their thoughts and feelings freely with few interruptions. It was important as the researcher to listen and probe, following up on interesting areas that arose from participants concerns or interests (Lindlof and Taylor, 2002; Smith and Osborn, 2003). This approach ensures that the researcher does not divulge their own values and experiences although the researcher maintains the focus of the interview. During the interview participants were also encouraged, as Parahoo (2006) highlight to air any important issues that have not been addressed by the researcher. The engagement between the researcher and participant in creating an account of that world fosters mutual appreciation (Burns and Grove, 2007). The aim of this study was to gather authentic insight of the NQRs experiences of undertaking a university postgraduate module. By maintaining their curiosity, the researcher allowed participants to freely express themselves.

The researcher was confident that this approach was the best method as interviews do offer advantages. The response rate can be higher, resulting in less data being missed which ultimately reduces the risk of bias and the researcher knows who is answering the questions (Lobiondo-Wood and Haber, 2018). Interviews also offer some safeguards, such as ascertaining if any questions have been misunderstood by the participants and giving the researcher the flexibility to change the order of the questions. As the interviews progressed, the researcher gained more confidence and was able to slightly change the order of the questions allowing participants to raise information relating to the study. Due to the lack of experience, the researcher aimed to ensure that the interview did not feel like interrogation. Building a rapport with the participant was important actively coming together, building an account of their world and experiences. However, the researcher was constantly aware for interview bias, so important not to influence the participant's by unintentionally guiding them to answer the questions in a particular way (Lobiondo-Wood and Haber, 2018).

3.6.1 Conducting the interviews.

Data was collected a month following the release of marked assignments between 3rd August and 3rd October 2023. Due to the uncertainty about how long the interviews would last and the amount of time needed, it was decided to conduct the interviews on separate days. Seven individual interviews were conducted, with each participant to explore their experiences of undertaking a university postgraduate module as part of their preceptorship programme. These semi-structure interviews enabled the researcher to gain rich in-depth information based on the research questions. The use of audio recording equipment to record these interviews also enabled the researcher to capture the conversations without any interruptions. Lobiondo-Wood and Haber (2018) further highlight that by recording and transcribing the interview verbatim will ultimately help ensure and maintain the authenticity of the data collected. Moule and Goodman (2014) further suggest that recording the interviews is required if the researcher intends to use quotes from participants to support their analysis.

Moule and Goodman (2014) drew our attention to the importance of being well-prepared for the interview, emphasising that preparation for both the interviewer and interviewee is vital if it is to be successful. Checking recording equipment to ensure it works and that the researcher is familiar with this equipment is vital before the day of the interview and helps reduce any initial anxieties that the researcher may have. Moule and Goodman (2014) further suggest that rehearsing the interview is a worthwhile exercise. As a novice researcher having a pilot run of the interview was crucial, allowing time to develop technique and confidence in using the audio recording equipment and refine the delivery of the questions (Polit and Beck, 2014). Prior to the interviews the recording equipment was tested to ensure the microphone was working properly with the added facility of a backup device just in case there were technical issues. Practising the questions with colleagues served as a valuable rehearsal and gave feedback as to whether the questions were clear. Although the researcher questions were not provided to the participants prior to the interview, Moule and Goodman (2014) suggest this may be something which can help prepare participants for the interviews.

The semi-structured interviews were held at a time and location that was most convenient for both the researcher and the participant. A room was booked for five of the interviews,

the remaining two choosing to conduct this via an online meeting. Rooms that required booking were reserved for the individual interviews ensuring they were private and comfortable, thus making participants feel at ease and safe (Brinkmann and Kvale, 2015). It was also important that the conversation could be recorded clearly without interruptions. Given that each participant had given up their own time to attend these interviews and would be in their own clothing, the researcher decided it was not appropriate to wear a clinical uniform, aiming instead to create a friendly and relaxed atmosphere.
An email invitation was sent to each participant, requesting their availability over a two-week period. Once a convenient date and time were agreed upon, a follow-up email was sent specifying the date, time, and location. A second follow-up email was sent as a gentle reminder to confirm their attendance.

At the beginning of each individual interview, the participant was welcomed and thanked for agreeing to take part in the study. The researcher then provided an overview of the study's aim and the questions that would be asked. Although each participant had initially indicated that they were happy for the interview to be audio-recorded, Harvey and Land (2017) remind us that reaffirming consent prior to the interview should be sought. Once reaffirmed, each participant was reassured that the audio-recording of the interview would remain confidential (Ritchie *et al.,* 2014; Flick, 2010; Rubin and Rubin, 2004). It was also important to reassure each participant at this point that they did not have to answer specific questions if they chose not to (Harvey and Land, 2017) and that the interview could be discontinued or paused at any time (Corbin and Morse, 2003).

The researcher also reassured each participant that their name and any comments would be anonymised and that the use of pseudonyms would be used in the transcription. This can, however, be a problem if participants share or reveal any worries or concerns, during the interview (Rogers, 2008). As the research interviewer was also nurse, they were required to adhere to the Nursing and Midwifery Code of Conduct (NMC Code of Conduct, 2015a). Part of the researcher's professional obligation is to disclose information to others if the need to do this arises. However, no risks were anticipated, and the researcher was confident that a

level of Trust and rapport had been built with the participants. This would allow the researcher to be responsive to their accounts (Cresswell and Creswell, 2018).

During the interviews it was important that the researcher's interest in the participant's accounts were demonstrated, so eye contact was maintained once the interview got underway. As the interview was being audio-recorded, there was no need to take any notes, as the researcher taking-notes can be distracting Brinkmann and Kvale (2015) suggesting that this may also interfere when building the relationship and rapport with the participant. However, Harvey and Land (2017) remind us that note taking might be necessary if any of the participants decide that they do not want their interview to be audio or video recorded. Although consent to be recorded had been confirmed prior to the interview, a note notebook and pen were taken to the interview as a backup in case this was to occur. At the end of each interview participants were thanked and a short debrief took place. A couple of participants decided to provide further information once the interview had finished, however this information was not used as it was irrelevant to the study.

As the researcher, the process of planning when to conduct the interviews did create some challenges. NQRs were already under pressure to learn their new role in clinical areas where staff shortages are a continuing issue. However, all participants were happy to freely share their experiences of undertaking the university postgraduate module, even offering to undertake the interviews in their own time.

Generally, participants are supported well during research (Harvey and Land, 2017) and the researcher was confident that no sensitive or challenging issues had been discussed. Participants reported that they appreciated that there was an interest in their experiences of undertaking a university postgraduate module as part of their preceptorship programme. The interview was positive, and participants felt that their contribution were valued. This further enhanced my research especially in relation to the rigour of data generated during the interviews (Campbell and Groundwater-Smith, 2007).

Having explored the qualitative data collection method, the next steps is to look at data analysis.

3.7 Data Analysis

According to Grove, Gray and Burns (2015, p. 88) the process of data analysis is rigorous and requires discipline when developing *"data analysis plans consistent with the specific philosophical method of the study".*

Data analysis in qualitative research takes place in three stages: description, analysis, and interpretation. Burns and Grove (2007) highlight that the descriptive stage is crucial in qualitative studies. In the study the raw data was carefully handled, which includes transcripts of the interviews, to identify themes that capture the understanding of participants experiences. This ensured the data was represented accurately and meaningful themes are identified.

Burns and Grove (2007) further suggest that in some published qualitative studies the methodology tends not to be described in detail leading to the belief that qualitative research is "freewheeling". To avoid this the methodological approach used in this study ensured transparency and rigor in the data analysis process.

According to Moule and Goodman (2014) researchers who are new to analysing qualitative data can find this a complex process raising many more issues, compared to that of quantitative data analysis. The process of analysing this data relies on the researchers' interpretations and judgements, with other challenges such as the amount of effort needed to analyse the lengthy narrative (Polit and Beck, 2014) whilst still maintaining the value and meaning of the data. Challenges were addressed ensuring that the analysis was thorough and reflective (Moule and Goodman, 2014). To help maintain objectivity regular reflection on the researchers own bias and assumption was carried out. Notes were made throughout the analysis process to document thoughts and decisions to help maintain a clear audit trail.

There are several approaches to analysing data using the phenomenological approach. Although techniques vary slightly, there is a main pattern of the participant's descriptions and the researcher's understanding of these descriptions. Considerable time was spent reading and then reflecting on this data (Grove, Gray and Burns, 2015) providing a path of information from the research question through the words of the participants. This was

then followed by the researcher's interpretation, leading to the final account of those lived experiences (Lobiondo-Wood and Haber, 2018).

As data was collected using the qualitative approach, Interpretative phenomenological analysis will be used to analyse this data. This approach allowed the researcher to delve deeper into the participants experiences providing a rich understanding of the phenomena under study.

3.7.1 Interpretative phenomenological analysis.

The researcher applied Interpretative phenomenological analysis (IPA) to analyse the qualitative data gathered in this study. This approach allowed the researcher to explore how participants make sense of the lived experiences (Smith, Flowers and Larkin, 2009; Pietkiewicz and Smith, 2014; Harvey and Land, 2017). Throughout the process the researcher draws on their prior knowledge and experiences to interpret the data (Harvey and Land, 2017). By following IPA, the researcher sought to understanding the point of view of participants and personal meaning within their specific contexts. The researcher's analysis moving from the descriptive to the interpretative stages, and from the focusing on individual cases to identify shared themes across participants. (Smith, Flowers and Larkin, 2009). This flexibly process involved deep engagement with the interview transcriptions, the researcher continuously adapting their approach based on the analytic task (Reid, Flowers and Larkin, 2005).

The focus of the researcher's analysis was to identify the everyday lived experiences that held particular significance or meaning for participants (Sandelowski, 2000). The researcher acknowledged that IPA analysis is a complex process however, this experience may be personal, difficult, creative, and intense; however, it can also be incredibly insightful, interesting, and rewarding for the researcher. According to Smith, Flowers and Larkin (2009) researchers are encouraged to be innovative in their approach and adapt their approach to best suit their study. However, if encountering IPA for the first time, simply following general principles may not be enough as novice researchers may require more detail and guidance to conduct IPA analysis effectively.

The researcher's engagement with IPA involved moving between the different stages of analysis adopting a multidirectional and open approach. The researcher adopted the "double hermeneutic" process as described by Smith and Osborn (2008) where the researcher sought to make sense of how participants made meaning of their experiences. This allowed the researcher to try and make sense of what the experience or event is like from the perspective of the participant (Pietkiewicz and Smith 2014). The analysis becoming final when written up, ensuring rigor for subsequent readers to check (Smith, Flowers and Larkin, 2009).

As a novice qualitative researcher, there were initial challenges with the complexity of IPA. The potential for anxiety and the feeling of becoming overwhelmed by the process of IPA analysis was evident. As the researcher it was important to manage this process creating a sense of order, and steps within the analysis process that would give confidence and competence. As familiarity with the process increased, adaptability also increased allowing the researcher to adapt in response to data requirements. Over time, the process of analysis became easier, however although this first encounter may well be the most difficult, was also an exciting step within the research journey.

The initial step of the IPA analysis involved immersing with the data collected from the semi-structured interviews. Audio recording of the interviews was listened to multiple times to allow familiarity with the content prior to engaging with the written transcripts as recommended by Pietkiewicz and Smith (2014). This allowed the researcher to come as close as possible to the participants perspectives, ensuring that the participant remained the main focus. While reviewing the transcript, the researcher slows down, making detailed notes putting aside initial impressions which could be revisited at a later stage. This approach helped reduce the potential feelings of being overwhelmed.

The second stage examined the content and language within the transcripts. The researcher remained open, noting anything of interest. This process helps build a familiarity with the transcript (Smith, Flower and Larkin, 2009) and starts to identify the way participants understand and talk about the topic. The stages started to merge, as notes were constantly expanded on with subsequent readings. The main aim was to produce a thorough and detailed list of comments and notes, grounded in participants expressed meanings forming

a phenomenological focus. As the researcher moved through the transcription, patterns of similarities and differences were revealed prompting reflection about what the word or sentence meant to researcher and what it meant to the participant. A printed transcript with margins allowed for comments, the use of different coloured pens for each subsequent read (Miles, Huberman and Saldana, 2013) and then on the opposite margin emergent themes were recorded.

The third step of the analysis focused on identifying and managing emergent themes, reducing the volume of detail to address the study's objectives. Although the process meant that the narrative flow was broken up which did appear to fragment the experiences of participants, this did come back together at the end of the analysis. Themes were constructed to reflect not only the original words and thoughts of participants but the interpretation of the researcher (Pietkiewicz and Smith, 2014).

Once a set of themes had been established, they were evaluated for relevance, also acknowledging that not all themes will be included in the final analysis. As Smith, Flowers and Larkin (2009) suggest, these decisions depend on the research question. It was important to maintain an open mind as the researcher may well want to come back to these earlier transcriptions at a later stage to re-evaluate the importance of some of these themes. This process is repeated until all data is analysed. It is possible during this process that the researcher is influenced by what has already been found, however by following these steps there is rigour to ensure there is scope for this to take place. Finally, connections across themes were explored looking for patterns across all interviews. Connections were then documented into a table.

Following a detailed analysis and discussion of the interpretative phenomenological approach employed in this study, the next section examines the key ethical considerations, including informed consent, confidentiality, and the assurance of participant anonymity.

3.8 Ethics

Ethical considerations were embedded throughout the research process, from the initial design stage to data collection, analysis, and reporting. As Parahoo (2006) highlights, ethical implications happen at various stages of research, and Ritchie *et al.* (2014) further

emphasise that ethics must remain at the heart of any research -from the initial ideas to the final presentation of the findings. In qualitative research, ethical issues are particularly important and must not be overlooked, as they directly influence the trustworthiness and integrity of the research study (Bryman, 2008).

Progress in knowledge must be balanced with respect for human dignity and personal autonomy. As Moule and Goodman (2014) highlight, ethical approaches should progress with caution, ensuring minimal risk of harm to participants—even when the research may offer direct or indirect benefits. Smith, Flowers and Larkin (2009) reinforce that the starting point for any research must be the avoidance of harm.

In conducting this study, several ethical dilemmas—both practical and theoretical—required careful consideration. Practically, the potential for emotional discomfort when discussing sensitive topics posed a challenge. Although no specific risks were anticipated, the researcher remained alert to the possibility that participants might experience distress, requiring a clear process for support and referral. The Participant Information Sheet (Appendix 1 and 3.8.2 Informed consent) informed participants that any concerns arising during the study could be raised with the researcher, who would offer support and, if necessary, refer them to appropriate organisational counselling services.

The combined role of the researcher as both a nurse and professional educator also presented a dilemma: maintaining professional boundaries and a safe and open space for participants required ongoing reflexivity and adherence to the NMC Code of Conduct (2018). This dual role had the potential to influence participant responses, requiring the researcher to remain aware of the power dynamics, and to foster a space that was professional suitable and safe throughout the study.

Theoretically, the study raised questions about the balance between advancing knowledge and safeguarding participant wellbeing. As qualitative research often involves exploring personal experiences, the researcher had to address the ethical issues between generating rich, meaningful data and respecting the participants. These dilemmas were addressed through communication, sensitivity, and alignment with the Research Governance Framework (Harvey and Land, 2017), ensuring that ethical integrity was followed at every stage. Ethical approval was obtained through the University of Gloucestershire School of

Health and Social Care Research Ethics Committee and peer review from Gloucestershire Hospitals NHS Foundations Trust Research and Development Department prior to conducting the study (3.8.1). The researcher adhered to the principles outlined in the Research Governance Framework (Harvey and Land, 2017), ensuring that ethical standards were upheld throughout. This study was conducted in accordance with the University of Gloucestershire's Handbook of Principles and Procedures (University of Gloucestershire, 2024), which outlines the expectations for ethical research practice, including informed consent, confidentiality, and data protection. Where applicable, guidance from the Health Research Authority (HRA) was also followed, particularly in relation to student-led research within NHS settings, as outlined in the HRA Student Research Toolkit (Health Research Authority, 2025).

3.8.1 Ethical Approval.

Ethical approval from the University of Gloucestershire School of Health and Social Care Research Ethics Committee and peer review from Gloucestershire Hospitals NHS Foundations Trust Research and Development Department was obtained prior to conducting the study (see appendix 3, 4 and 5).

3.8.2 Informed Consent.

Participants in the research study were fully informed and gave agreement to participate, Holloway and Galvin (2017) draw our attention to the importance of ensuring that there is no explicit or implicit pressure from the researcher.

Effort was made to ensure that participants understood the study's purpose (Burns and Grove, 2007). In qualitative research informed consent involves not only participation, but also awareness of potential data analysis outcomes, such as the inclusion of interview extracts in future publications or healthcare educational conferences (Smith, Flowers and Larkin, 2009) (Appendix 1 and 2). While participants may well be happy for some of their experiences to be shared, anonymity must be maintained (Smith, Flowers and Larkin 2009).

Researchers sometimes may ask participants to review extracts from the data collected during their interview, especially if they wish to publish or present content that will appear

in the public domain. It is important for the researcher to take the time to explain this thoroughly (Burns and Grove, 2007). Providing adequate information allows participants to make informed decisions as to whether they wish to take part in the study (Richie *et al* 2014). Not only must the researcher give that information but ensure that participants have fully comprehended that information (Grove, Gray and Burns 2015). While the researcher informed participants about the interview topic in advance (Smith, Flowers and Larkin, 2009), the questions were designed to evolve as the study progressed (Parahoo, 2006). The use of an interview guide (Appendix 6) provided a structure framework to guide the discussions around the phenomenon of interest.

In research, there are recurring stages where information is provided to participants and consent is obtained (Harvey and Land, 2017). This suggests a blended approach to delivering information. For example, initially information was given verbally on day one of the preceptorship programme which allowed potential participants to ask further questions. This was then followed up by an email giving participants further information.
In qualitative research consent is an ongoing process (Holloway and Galvin, 2017), suggesting that consent is therefore a process and not a single event (Parahoo, 2006). It is important not to presume that consent is transferred automatically from previous conversations (Richie *et al.,* 2014). Although consent can be implied in one phase, it should not be expected at other stages especially if the researcher changes ideas based on the information received or if the participant decides to change their mind. Smith, Flowers and Larkin (2009) believe it to be good practice to return to the issue of oral consent when undertaking the interview itself, especially for emerging unanticipated issues. Therefore, consent needs to be gained throughout the data collection phase. Richie *et al.* (2014) highlight that it is unusual for participants to withdraw consent after data collection. However, a way to manage this would be to indicate a time for withdrawal (Richie *et al.,* 2014) in the initial participant information sheet (Appendix 1). In this case, participants were able to withdraw from the study without giving a reason up to two weeks after the interview had taken place.

Participant information sheets (Appendix 1) and informed consent form (Appendix 2) were then sent electronically to each participant which included the date for response. A period

of time was provided to enable potential participants to think about and then consider their involvement in the research study without the feeling of being pressured (Moule and Hek, 2011). As the researcher it is important to ask the question to ensure every aspect has been considered to safeguard the participants. This is especially important if participants have had little or no experience of being part of a research study along with the researcher's own lack of experience as a novice researcher.

Once involvement in this study was acknowledged by each participant, the consent form was signed and returned to the researcher and a date was set for the interview. Further verbal consent agreement to take part in the research study was obtained from all the participants at the beginning of each interview (Smith, Flowers and Larkin, 2009). Participants were again reminded that they could still withdraw from the research up to two weeks following the interview. If participants decided to withdraw after the interview, data would be immediately deleted, and the participants would be notified that this had been completed. Only the researcher knows who each data belongs to therefore can locate the data and delete this.

Although consent to record the interviews had been included in the consent and participation form, approval for the interviews to be audio recorded was also obtained at the start of each interview.

3.8.3 Confidentiality and anonymity.

Participants in any research study expect that any information they share or provide is treated in confidence and that if any information about them is to be disclosed then their consent must be granted. As Holloway and Galvin (2017) observe qualitative research can be more intrusive than the quantitative approached, so the researcher must maintain dignity, privacy, and sensitivity throughout the research process. Smith, Flowers and Larkin (2009) emphasise that qualitative researchers can only offer anonymity, but not absolute confidentiality. Confidentiality implies that no one else will access the data collected; however, this is not always achievable. When using participant's words, Holloway and Galvin (2017) draw our attention to the difficulties in promising full confidentiality especially when quotes taken from the interview data are used in the research.

To safeguard anonymity, participants were given pseudonyms or numbers, ensuring that only the researcher will be able to match the identities and real names. Throughout the study, participants were reminded and assured that their anonymity would be maintained, and pseudonyms assigned specifically for this research (Appendix 1 and 2). In accordance with the Data Protection Act (2018) all audio recordings, transcriptions and notes were stored and kept securely on a password-protected personal drive. Bryman (2008) reminds us that if these are not maintained it can have the potential to cause harm to participant's involved with the research study.

Additionally, a separate, secure file containing the list of participants' names, and the interview schedule (Appendix 6) was maintained independently from the transcript data to further protect identity. At the start of each interview, participants were informed that all raw data, including audio recordings, would be stored electronically in a secure format accessible only to the researcher.

3.9 Reflexivity.

In qualitative research, reflexivity is important as it reflects the experiences held by the researcher in relation to the study. It allows as highlighted by Speziale and Carpenter (2007) the researcher to examine their impact on the research process. Reflexivity is crucial when the researcher analyses their research process, challenges their own thoughts and feelings, and draws attention to how their own perceptions affect the way the research is carried out.

The interview was positive, and participants felt that their contributions were valued. Throughout the study, I actively monitored my relationship with participants, and critically reflect on my preconceptions to their accounts as suggested by Holloway and Galvin (2017). By acknowledging my role in the research, I ensured that my feelings, actions, and conflicts were recognised which strengthened the study dependability and credibility. Adopting a self-critical approach to my assumptions and relationships (Holloway and Galvin, 2017) it strengthened the quality of the research increasing our understanding of how my interests and positions have an impact at all stages of the research process (Primeau, 2003).

To maintain rigour throughout the qualitative study (Darawsheh, 2014), I engaged in reflexivity through the collection of data, analysis, interpretation and writing up (Olmos-Vega *et al.,*2023).

As a healthcare educator and researcher, it is important to guard against personal bias. Qualitative researchers rely on reflexivity, the process of reflecting on themselves, so it is important to take note of personal values and acknowledge the researcher's own involvement in the study. Although the aim is to achieve, as Richie *et al.* (2014, p. 22) state, "empathic neutrality", and to be as neutral as possible, this cannot always be fully achieved, as research can be influenced by the researcher. That is why it is important, as Bott (2010, p. 160) suggests that the researcher, "*constantly locates and relocates themselves in their work".* As the researcher I also need to acknowledge that there are dangers in reflexivity, where the researcher focuses on their own thoughts and feelings rather than those of the participant. It is important to remember that the study and the voice of the participant must remain the priority (Holloway and Galvin, 2017). However, I acknowledged that it was difficult or even impossible to be completely objective or detached from my own experiences especially in regard to the collection of data, analysis and then interpretation. This is because we are foremost data-gathering instruments in qualitative research studies (Lincoln and Guba, 1985) and we are the "key field tool" (Van Maanen, 1990). As the researcher it was imperative to think and then analyse any possible influence that I might have on the data, reflecting on this and then using this for the benefit of the study (Pimeau, 2003).

In my research, keeping reflective notes is an effective way to think about my impact on the way the research is conducted (Darawsheh, 2014; Harvey and Land, 2017). These notes help me reflect on each part of the research study, including any decisions made and any interpretations formed (Gardner, 2008). They also allow me to address any emotional and sensitive issues, also considering any possible impact and ramifications (Rager, 2005; Darawsheh, 2014).

Moule and Goodman (2014) Holloway and Galvin (2017) highlight an advantage of qualitative interviewing is the flexibility. There is freedom for the researchers to prompt for more information during the interview. However, Holloway and Galvin (2017) remind us

that interviews are labour-intensive and time-consuming. Another concern was respondent burden which arises when the interview is long (Lobiondo-Wood and Haber, 2018). This was something that I very quickly became aware of filling me with some concerns that participants would not see their investment as holding any benefits to them. If the interview is too long, this could result in the questions not being fully answered resulting in missed data which ultimately affects the validity of the study findings. Something that I was eager to avoid as I knew the participants were giving up their valuable personal time to participate in the study. I knew that I faced a challenge in finding participants who would be willing to take part in the research, however I was also interested in finding out why they chose to participate in my study. Lofland and Lofland (1995, as cited by Primeau, 2003, p.12) suggest that people who take part in interviews may ask what they get in return, "trade-off" so I made a conscious effort to listen and look for any trade-off hook. I was aware that I was the lead for this university postgraduate module so was asked about how other participants found the module. I generally tried to respond neutrally, giving them information about the study but saying that I was happy to share my findings once the study had been completed.

Moule and Goodman (2014, p. 351) further highlight that power issues can also affect data collection. Often interviews are performed "*between those of unequal status, power or position".* I was aware that my position as a researcher may have the capacity to affect the power relationship in this interview. Participants were newly qualified registrants and international nurses who had recently passed their OSCEs. There is the possibility that issues arising from the disparity in culture, race and personal attributes may have the capacity to alter the power relationship during these interviews (Moule and Goodman, 2014). I presented myself in a nonthreatening light, acting in a friendly and courteous way showing interest in what they had to say. My first interview was somewhat awkward, but I used self-disclosure to override my discomfort, answering questions about the study and that they were the experts in this area in which I was interested. Even though my position in the study was as the researcher, most of the NQRs were aware of my background as a nurse and my involvement with the preceptorship programme and university postgraduate module. I was not aware of any issues and participants appeared relaxed, willing, and eager to share their perceptions and experiences of undertaking the university postgraduate module as part of the preceptorship programme. My reflective notes after the initial interview helped me

relocate myself and as more interviews took place, I became more comfortable with managing myself whilst remaining friendly and courteous.

It was also important to recognise that in a less structured interview, there is the possibility that the researcher can introduce bias, something I was acutely aware of especially as I had so much involvement and investment with the university postgraduate module. Where the researcher has prior knowledge of the study topic under investigation, Harvey and Land (2017) highlight that this can be a challenge. The researcher must reflect on any preconceived ideas that they may have included the impact on the interpretation of the findings (Yardley, 2008). I was conscious that I strive for connection and rapport with participants in the study but need to minimise the effects of my presence. My reflective notes showed how I tried to avoid getting too involved in an event that I was to observe, so as the interviews progressed, I developed standard responses to the NQRs questions.

My other concern was the lack of experience in undertaking interviews, although my experience of engaging with colleagues, patients and families over the years would hopefully give me some reassurance that I had these skills. Although I attempted to limit my interaction, I was at times unsuccessful as its unnatural for me as a nurse not to chat with people I come into contact with.

3.10 Summary.

In this chapter, outlines the research methodology, the sampling methods, data collection and data analysis processes along with their rationale.

Nonprobability and purposive sampling strategies were employed to recruit NQRs, chosen for their experiences with the university postgraduate module as part of their preceptorship programme. Semi-structured provided into their experiences, perceptions, and challenges and Interpretative Phenomenological analysis was used to identify themes which will then be explored later. Finally, ethical issues, confidentiality, anonymity, and reflexivity were also discussed.

The next chapter will present the study findings, offering an account of what it was like to undertake this module and its impact on NQRs development as they start their journey as an NQR.

Chapter 4: Findings

4.1 Introduction

Barrett (2020) suggests a period of preceptorship is not only seen as essential but as an important part of an NQRs career as they make that transition from student to competent and accountable professional. Woodruff (2017) and Doughty *et al.* (2018) further suggest that the long-term benefits of an effective preceptorship programme include boosting confidence, enhancing preparedness, improving retention rates, and positively impacting the quality of care provided by these NQRs.

In this study, Interpretative phenomenological analysis (IPA) was applied to explore and make sense of participant's lived experiences when undertaking the university postgraduate module. IPA is a qualitative approach that focuses on participants lived experiences, producing rich in-depth data which is grounded in phenomenology. Phenomenology aims to explore these experiences. This methodology was chosen because of its ability to provide detail and insight into the various perceptions, expectations, strengths, benefits, and challenges associated with completing the university postgraduate module as part of the preceptorship programme.

This chapter presents the key themes that emerged during the study and reveals how participants perceived their experiences when undertaking the university postgraduate module.

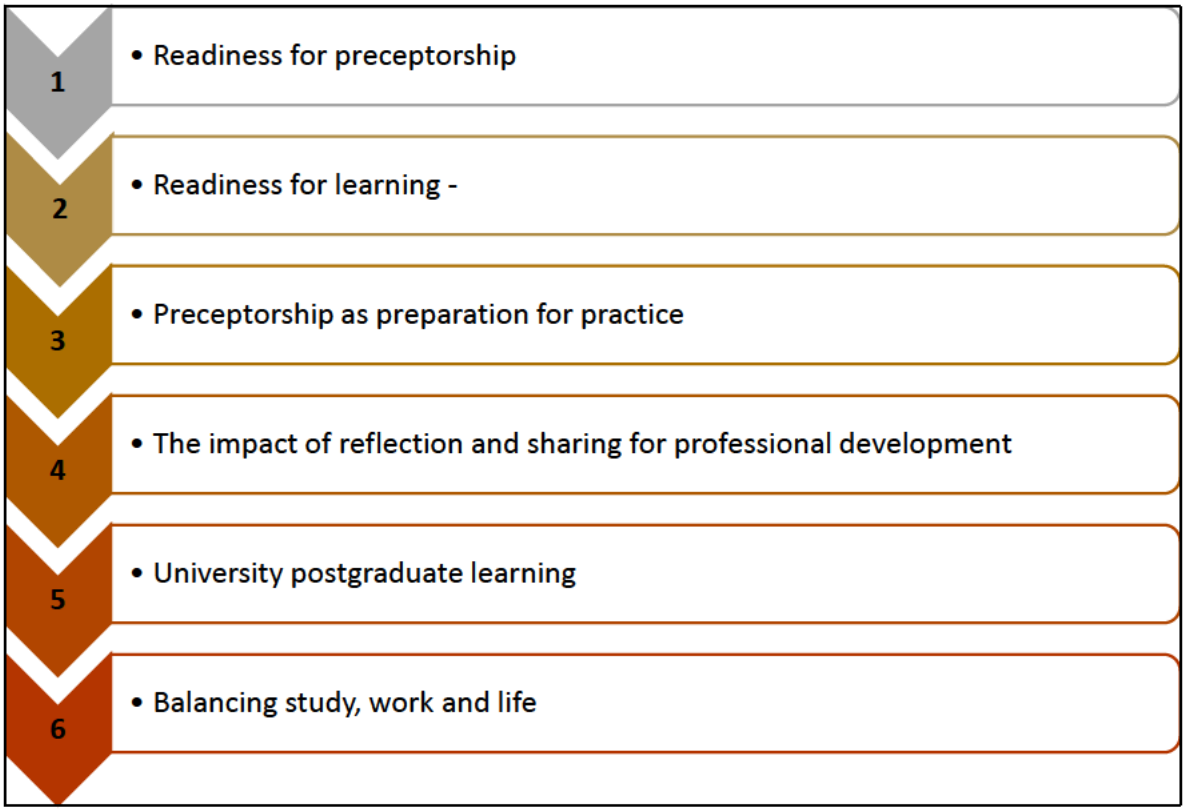

Figure 3 Key themes emerge from study

Quotations from the semi-structured interviews are used to illustrate and support key points within the identified themes. Each quote is attributed to an individual participant with pseudonyms used to ensure confidentiality and protect participant identities.

4.2.1 Readiness for preceptorship

In this study, the opportunity to engage in additional training was viewed as essential in helping participants to expand their knowledge and skills.

Remi shared her thoughts about seizing the opportunity for further professional development:

> *"Take what I can get as well, because it makes you stand out, I think when you get the opportunities do not say no to them because what are the chances, they are going to come around again".*

Patsy, an internationally trained nurse, shared her initial thoughts about the preceptorship programme and university postgraduate module:

> *"I did not know anything about preceptorship, and this validated module. Then you schedule a meeting for us, and so I thought I will ask the questions in that meeting, you answered all our questions, and what we need to do in that level 7 module".*

This theme explores the reasons that influence participant's readiness to engage in preceptorship. Participants acknowledge the importance of taking up this opportunity.

4.2.2 Readiness for learning.

Participants discussed their approaches in seeking the opportunity for development and growth which is important both professionally and personally and allows the NQR to continue to improve and adapt to new situations. As evidenced here some of the participants felt ready for the next steps in their professional learning journey:

Sunny had finished her student nursing associate (SNA) training, and the next step in her journey was the registered nurse degree apprenticeship training (RNDA). Sunny explains her motivation for enrolling in the postgraduate module:

> "*Being at level 7 I wanted to prove to myself that I could do it, especially going on to do my top up (RNDA). I was only more worried that I was not overly academic, I wanted to work on my written essays because I was like, consistently just scraping passes".*

Nel was positive about sharing her views on readiness for learning and how it would support her development and confidence as an NQR:

> *"We should never stop learning, education's one of the best things that we can do for our personal development and our own advancement".*

Pat acknowledged being ready for learning summing up that it was about having a go. Highlighting the importance of remaining positive and not losing motivation if unsuccessful:

> *"I think it was just to know that I could do it. I just thought I would give it a go. And if I do not pass it, then I could have a reset and what have I got to lose."*

Remi further acknowledges that being able to choose the topic for her assignment was a positive aspect:

> *"I like the fact that you could choose what you wanted to do".*

However, for some there were apprehensions and reservations, Remi explains:

> *"When you first come out of university it is like I am not doing that again. And then the first thing I did was sign up. My mum was just like, take every opportunity you can get".*

Mel also had initially reservations having discovered this module before finishing her pre-registration training, however despite this did go on to enrol into the module:

> *"So, when I first found out about it, we were still at university. We were coming to the end of our final year; somebody came in to speak at the university and I thought absolutely not. I still have not finished writing for this undergraduate degree. I do not want to think about writing any more at this point."*

For Patsy who was an internationally trained nurse, her lack of familiarity with the preceptorship programme and university postgraduate module, did create some anxieties:

> *"First, I thought it will be easy I did not have any clue, when I start to read about this level 7 writing I felt like I did a big mistake. I was demotivated and planned to stop".*

However, Patsy acknowledged that having support and encouragement gave her confidence, and this changed things for her:

> *"I had everybody's support, there are people to go and ask……. suddenly everything went smoothly".*

This theme explores participant's motivations and preparedness to embark in new learning, the findings giving an insight into how participants can prepare for future professional development.

4.2.3 Preceptorship as preparation for practice.

The first year of practice for many NQRs is one of the most challenging periods of their career. NQR's often feel overwhelmed due to the expectations placed on them, patient

responsibility, and the fast pace in the healthcare setting. Participants highlighted that they must therefore continue to update their knowledge and skills to ensure high-quality care if provided. Participants also suggested a period of preceptorship helps support the NQR during this time. The following participants share their preparedness for practice.

Remi shares her experience of attending the palliative care session on the preceptorship programme, and how this helped her to decide this would be the topic of her assignment as aligned with her clinical area:

> *"I really enjoyed having the training and then actually been able to write about it and my experience……. obviously, you deal with a lot of palliative and end of life. And actually, writing about it and actually doing the research, because we are doing something that you actually enjoy. I really found it really good."*

Pat training during COVID, so the session relating to resilience was even more personal and formed the base of her assignment topic along with building confidence as an NQR:

> *"I was going into resilience, then I went into more and more research online. Confidence is the main barrier that people go through when they just recently qualified. There is so much research".*

Mel acknowledged that the preceptorship programme and university postgraduate module was what she expected:

> *"The preceptorship sessions and content were what I expected and the validated module assignment linked to that. They were all very informative….and gave a good basis. The sepsis six training day, if we were going to do our assignment on sepsis pathway, was full of relevant good information".*

Mel continues to acknowledge how the preceptorship programme and enrolment into the module helped build on what was learnt in her pre-registration training:

> *"I think it has given me a good recap of a lot of the things that we learned at university in the clinical sessions. It has kept me writing at a level".*

Mel shared her motivation for further study and development and went onto enrolled into further courses. The completion of this postgraduate module has helped:

"I have just enrolled on to the leadership, the Edward Jenner leadership module and I am pretty sure there is some writing expected for that as well. It has given me a good base for that or a good stepping stone further on. I am someone who likes to constantly learn things and question why we are doing things."

Eve shared her thoughts on the preceptorship and postgraduate module:

"It was just like a nice summary of what I have learnt in this last nine months of being on the programme".

This theme highlights how the preceptorship programme and university postgraduate module equip the NQR with the practical skills and professional willingness to make that transition into practice and ongoing development. Participants saw this opportunity as a building on existing knowledge as well as a stepping stone in their ongoing development.

4.1.4 The impact of reflection and sharing for professional development.

During the preceptorship programme, reflective sessions were incorporated into the study day. This allowed the NQR to share not only their experiences in practice but also while undertaking the postgraduate module.

Mel shared her experiences of how these reflective sessions helped, acknowledging that it was good to have this space:

"I did enjoy the reflective sessions that we had a couple of times through the preceptorship, …I think that not only did it help with our clinical work, but for those of us doing the postgraduate module. I got a lot out of reflecting with each other once a month. I just don't think there is the time for that out in clinical practice".

Remi recognised that she found it hard to interact with her peers due to being very reserved:

"I think talking to my peers as well probably would have helped a little bit more. I'm not very social person".

However, Remi recognised that the support was there from the preceptorship leads and this she found valuable:

"If we have any questions or problems, you were just at the end of an email and I found that really helpful. It was really nice to have that support system behind you".

Remi also shared her thoughts on being able to undertake the postgraduate module during the preceptorship programme:

"It was a really good opportunity, and it was a great reflection as well, just show how far you have come".

For Sunny, whose pre-registration was through covid, learning about resilience on the preceptorship programme spurred her to reflect and then write about resilience for her assignment title:

"*I knew that I definitely wanted to do resilience. Cause especially being like working through covid and the effect that it had on the ward and then the like the other side of it with being at university and having to go on placements and still write my essays and stuff. Like from that side of it would like the different coping mechanisms and just how it affects and shaped how you are in the future as a practitioner was actually really interesting."*

Sunny acknowledged the challenges but also the positives of having peers to share those experiences with and reflect on how she was feeling:

"*Some days were challenging, but I messaged people….but at least there was someone else to talk to that was in the same boat".*

Eve shared that although she knew who she could go to for support on her preceptorship programme and undertaking her postgraduate module, having a named supervisor would have been really helpful:

"There are so many people you can go to….if you have one particular person, that supervisor to go to would help with the stress"

This theme highlights how reflective practice is increasingly perceived as a useful approach for professional and personal development. Reflection provides the NQR with a better understanding of what has happened, new perspectives, new knowledge, and new ways of working. For many of the participants, having a space to reflect has had a positive outcome.

4.1.5 University postgraduate learning

Learning to support both professional and academic development involves continuous professional growth with academic learning to encourage overall development for the NQR in their new roles.

Sunny was excited about the opportunity to undertake further studying explaining that her end goal one day is to become an advanced nurse practitioner:

> *"My end goal hopefully is like become an advanced nurse practitioner, when they were going through what sort of things you could actually use the module towards, it's like a "feather in my cap," like I have just finish Uni and I have gone and done this extra module and helps a lot with my RNDA (Registered Nurse Degree Apprenticeship) top up application".*

For Sunny having studied at level 7 was important in this journey to support professional and academic development:

> "*They wanted evidence of you doing further learning in the year you weren't at Uni so I was obviously able to say I completed the preceptorship and I had gone and done the level 7 module."*

Having now completed the module Sunny is excited about her achievements and shared her feelings:

> *"It felt really good knowing that I passed it, and I suppose it is what I wanted to do anyway, like going to do my nursing route and finish my degree. But it is knowing that if anything like that happens in the future that like I done it so there is no reason you cannot still go and finish the degree. I actually surprised myself, the level 7 module was the highest grade that I got".*

Pat recognised that this was an excellent opportunity to undertake her first level 7 module, this allowed her to gauge her ability at this level before deciding whether to pursue further academic study:

It is a good like try-out just to see if I could actually do it. Just make sure I can actually do the master's one day. I just thought I would give it a go. And if I do not pass it, then I could have a reset and what have I got to lose, thankfully it went quite smoothly".

Pat also shared the desire to continue with her professional development, and that this module helped set her on the way:

"Hopefully I will progress in my continuous learning development, I wanted to do my master's at some point, so I just thought that was like a nice steppingstone."

Similarly, Remi echoed previous comments re-enforcing the opportunity to continue with her development:

"I thought it was brilliant opportunity, even though I found Level 7 quite difficult to write".

Eve acknowledged that gaining 15 credits was what attracted her to the level 7 module and that one day she wants to do her Masters:

"I knew we're getting the 15 credits; I was like a huge sell for me for the 15 credits and the fact that I could use it whenever I wanted to in the future….probably for my Masters, it's just a nice summary of what I have learnt in this nine month of being on the programme".

However, Eve shared that she would have benefitted from having more time to consider if she wanted to undertaking the postgraduate module. Although hearing about the opportunity early on was important, felt the time frame to make the decision could have been longer:

"What was missing is actually having that extra time to digest it and ask lots of questions".

For Patsy, an internationally trained nurse, taking on additional learning was a significant challenge. However, she was determined to continue her professional development and viewed this as a great opportunity. Patsy eagerly shared her reasons for undertaking the module:

"So, I came to this country to develop my career. So, when I saw like I can gather points, that was my first intention……and afterwards for my master. My career development is my starting point."

Nel noted that because this university postgraduate module was not specific to the organisation where she undertook her preceptorship programme, it would be transferable if she decided to move organisations:

"You could take it outside of the Trust, it was not just kind of this Trust specific course. It was something that could be used throughout your career, irrespective of where you ended up, in terms of doing the whole Masters, I would love to."

Following the completion of the assignment. Nel went on to apply for another job and was successful. She shared her thoughts:

"I'm enjoying doing the additional learning, it's been really useful because this other job, I talked about the module in my interview, and it was, you know, an impressive point, …... if you've got someone who willingly undertake in additional education, I think it looks quite favourably on you and gives you something to talk about".

This theme highlights the importance of professional and academic development. For many, this provided an introduction and gave confidence for further professional development. For one participant the completion of the module opened up other opportunities to apply for other jobs.

4.1.6 Balancing study, work, and life.

The participants in the study shared their experiences of managing the balance between work and study. They reflected on juggling their responsibilities as NQR, their home life and their preparation for learning while undertaking the university postgraduate module as part of their preceptorship.

Mel was the first participant who discussed finding time to study:

> "*You're working, you have got life outside of work and outside of the module. I am just finding that time when you are free and whoever you need help from is free and there is nothing else going on."*

Mel then went on to compare the differences between undergraduate and postgraduate study in terms of time management:

> *"So obviously as student nurses doing an undergraduate training, we are allocated time in our week that is meant to be for study. Whereas when you are working full time or almost full time, and you have got life as well it is as a little bit harder to manage the time.*

Mel acknowledges that there are positives in learning how to manage the work/home life balance:

> *"It builds your strengths on time management and there was a decent amount of time to complete the assignment."*

However, for Mel, there were challenges. Being redeployed multiple times in the early stages of her NQR role did affect her studies:

> "*We knew early on when the deadline was going to be, but for me personally, my newly qualified time took a bit of a turn, and I've like been redeployed or transferred a couple of times in that time. So, the sort of psychological effort of getting to know new teams again and settling in does not leave a lot of headspace to then be writing a level 7".*

This was perceived as influencing the result that Mel received:

> *I think for me the level seven writing was probably it felt a lot at the time. I think it showed in my mark that it was not what I was getting a level six, but for a first try, I think it was okay. I would not say it was too much. It was like it was what I expected the level seven to be."*

Eve also shares her experiences, acknowledging that it was harder than expected:

"I wasn't expecting it to be as difficult….I got the support I think is just the fact that I was working full time and had other things going on."

Further echoing how Mel felt, Eve compared studying in undergraduate training to postgraduate training. Eve also shared that there were other things going on in her life that contributed to making studying harder:

"I would get the time away like find a way to sit down undergraduate training, but I did not get the time in postgraduate writing. It is not easy for me to come back home and then start typing it was getting back into that zone, that mood. So obviously my responsibilities changed, and it was difficult for me to just turn off."

Pat shared her feelings having just completed her undergraduate training regarding time management, referring to juggling lots of things as chaos:

"I think because we just did the Registered Nursing Associate (RNA) course it made it a lot easier because we were already doing all of that beforehand at university… researching for our assignments, …doing our assignment, …… also at work, …… suddenly on placement, getting to know a lot of new people. So, I think the chaos of that prepared me."

Remi worked in a specialist field. Participating in the preceptorship programme, completing the postgraduate module, and receiving training from the practice development team within her specialist area all contributed to the challenges of being in a new role:

"*I did struggle right at the end ……..Its slightly different as we had our practise development giving me training, preceptorship giving me training, and I was doing this module. It was a lot at once……. I cannot do all of it at once. So, I think I did not realise how much work."*

Remi not only had family commitments she also lived quite a distance from the hospital, however, despite all this Remi acknowledged the following:

"I'm happy I did it, but I don't think my grade reflects what I could have done because I took on too much at once, I think it needs to be put forward that it is quite difficult."

Sunny shared similar experiences of studying whilst working and caring for a very young family:

> *"I think some of it was just trying to actually prioritise, like sitting down and trying to write stuff. When you get home from work and like I do not wanna do it now. But you have to do it. Just like trying to fit everything in".*

Nel shared her thoughts on the timing of the postgraduate module especially as she was new to her role:

> *"It is kind of hard to know, I started in January two months in, if you are going to be able to have the time and take on that commitment, I've no idea where the job is going to take you but on the other hand, it is kind of good. So do not think too hard about something and just go for it."*

Nel went on to share how she organised her study time:

> *"I try to employ some sense of self discipline. So, I drag myself up to the library because of parking restrictions, only get 2 hours, but that is actually worked out fine. Just focus for 2 hours and then you are done for the day. Like you tick yourself off, has been quite kind of regimented with that, I am trying to get into that good habit and being disciplined with that is just the only way I have ever been able to study."*

4.2 Summary

These themes highlighted the challenges faced by NQRs. Not only were they learning a new role with professional commitment they also had to contend with the demands of academic development and home-life balance. Although overwhelming at times, participants acknowledge that managing their time effectively went some way in helping, all seeing this as a good opportunity for personal and professional development.

In this chapter, themes gathered from participant semi-structured interviews, have been explored. The findings demonstrate that lifelong learning is a crucial factor in the NQR development. Further training helps support the NQR to deepen their knowledge and stay current within practice. Support and guidance from experienced colleagues within clinical environment and through preceptorship programmes allow the NQR to continue their

learning and receive feedback on performance. NQRs can also identify areas for improvement through regular reflection on their practice. Sharing knowledge with peers fosters continuous learning helping the NQR to learn from others' experiences. Although seen as a stressful time during that transition, participants highlighted that a period of preceptorship with further university postgraduate study can help facilitate their continuous professional development and journey as a lifelong learner.

The next chapter, the discussion section, will now explain the meaning of these findings and how they link or challenge previous literature. This will provide a deeper understanding of the experiences of undertaking a university postgraduate module as part of the preceptorship programme and also consider areas for future research.

Chapter 5: Discussion.

5.1 Introduction

This chapter interprets the findings of the study which revealed the importance of NQR's preparing for practice and continuous learning, whilst taking into account the challenges associated with the transition from student to NQR. In this section, the researcher will contextualise these findings with existing literature. The study supports the increasing acknowledgement that structured preceptorship programmes are vital in addressing the vulnerability experienced by NQRs during their first year (Duchscher, 2009; NHSE 2022b). The integration of a university postgraduate module within the preceptorship programme was found to enhance confidence, promote continuous learning, and contribute to career aspirations. Adjusting the timing of the module to five months into the programme allowed NQRs to settle into their roles before engaging in academic study, a change that reflects best practice in transitional support. Furthermore, the module's presentation at the Southwest CoP (Community of Practice) meeting helped raise the Trust's profile, highlighting how educational approaches can serve both individual and organisational development. These findings highlight the importance of ongoing collaboration with HEIs and further research into how the module affects practice over time. Both are key to keeping preceptorship programmes strong and helping them to evolve. The first theme as discussed in Chapter 5, explores participant's readiness for preceptorship.

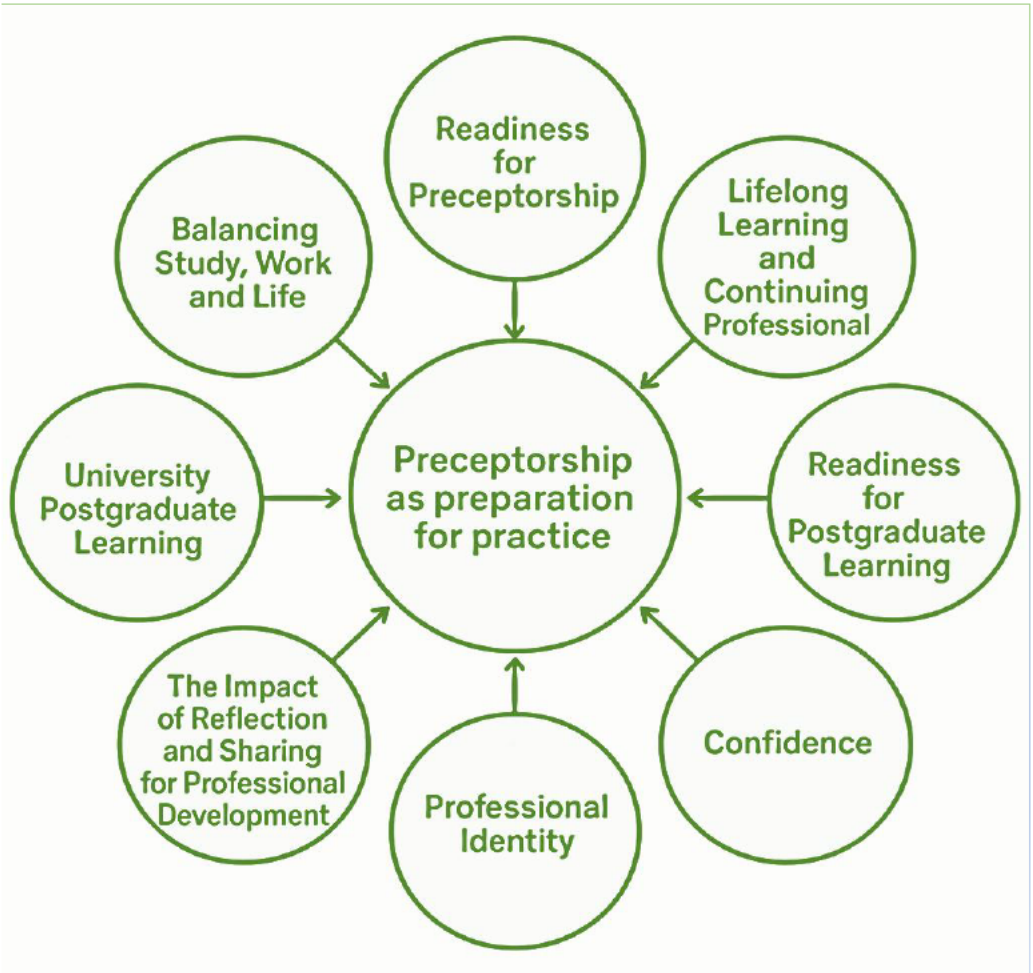

Figure 4 Participant themes from the study

5.2 Readiness for preceptorship

The National Preceptorship Framework for Nursing (2022) was introduced by NHS England to support NQRs. Its aim is to provide a supportive learning environment to boost confidence, through a structured preceptorship, embed knowledge, enhance job satisfaction and retention, and finally develop confident, competent nurses to deliver high-quality patient care. Participants in this study were clear that preceptorship plays an important role in their transition from student to competent confident practitioner, by providing individual guidance and support at the start of their professional careers. They also provided examples of how for them, preceptorship helped integrate them into their new roles and workplace (Aldosari, Pryjmachuk and Cooke, 2021; Cox and Wray, 2022). These examples include how they built upon the knowledge acquired during undergraduate training and subsequently applied what they learned from these sessions in the clinical setting. This aligns with Lewis and McGowan (2015) who highlight the importance of NQR's

being prepared to engage in a structured development programme to facilitate their transition into practice. Participants went further suggesting the need to feel equipped with the necessary knowledge and skills to build confidence in independent practice (Lewis and McGowan, 2015).

Participants expressed that all sessions on the preceptorship programme were well delivered and full of relevant information which also proved helpful in planning their postgraduate module assignment. However, starting the journey as an NQR was challenging for one internationally trained participant who was unfamiliar with UK-based nurse education, including preceptorship and the university postgraduate module. Nonetheless, this participant was able to seek clarification with the education team where their questions were addressed.

Edwards *et al.* (2015) and Lewis and McGowan (2015) acknowledge that the goal of preceptorship is to enhance confidence and reinforce the skills and knowledge gained. Readiness for preceptorship was recognised by participants as important and emphasised that continuous learning played a key role in their personal growth and development. They viewed enrolling on to the university postgraduate module as part of the preceptorship programme as a valuable opportunity for both personal and professional success, acknowledging its role in boosting confidence and serving as a vital step in their lifelong learning journey. This is supported by Miambo, Silen and McGrath (2021) who emphasise that continuous professional development is key to a NQRs lifelong learning and crucial for maintaining up-to-date knowledge and skills. However, Irwin, Bliss and Poole (2018) suggest that developing confidence during this preceptorship period does require time and practice. Although a challenging period, all participants in the study expressed the importance of "seizing" the opportunity, being ready and making the most of additional learning, emphasising how this "makes them stand out", particularly when pursuing future career development.

5.3 Lifelong Learning and Continuing Professional Development

Participants in the study regarded the opportunity for ongoing personal development as an essential aspect of their journey. In Walter and Terry's (2021) systematic review, five studies

explored the theme of support for professional motivation and its influences on nurses' engagement with CPD. Participants in this study identified that maintaining and updating their skills enabled professional progression and enhanced their status.
This aligns with the NMC and HCPC, which emphasise that nurses and allied health professionals must engage in continuous learning to meet the standards of their professional bodies and maintain their registration.

Albert Bandura's social learning theory (1977) outlines the importance of observing and imitating the attitudes and behaviours of others suggesting that observing others performing a task successfully can increase confidence. Participants acknowledged that while they gained significant knowledge during their undergraduate training, the preceptorship sessions provided a deeper professional understanding. The postgraduate module exemplifies Bandura's social learning theory as it creates an environment where observation and imitation, are essential in the learning process. This then leads to a growth in confidence and enhanced professional understanding for the participants.

Hayes (2021) suggests that people are inherently social beings, interpreting the world around them through their pre-existing knowledge. One participant shared that, despite believing they had a good understanding of pain control and palliative care, the preceptorship sessions significantly broadened their existing knowledge. Having decided to base their assignment on this topic, the participant shared that additional understanding was essential in helping them to achieve this. This aligns with Piaget (1978) constructivist theory which highlights how learners construct knowledge and understanding through experiences, making connections between what they already know with new information. The postgraduate module motivated participants to actively construct new ideas based on their undergraduate knowledge, further encouraging them to reflect on and apply this newly acquired understanding. Learners continue to reflect on practice for those deep understandings and developing critical thinking, Bandura (1977) further suggest that building self-efficacy by being successfully in completing tasks can build confidence.

Mlambo, Silen and McGrath (2021) highlight the importance of organisational support and commitment to personal and professional development as considered evidence that staff are valued. Further suggesting that CPD initiatives also helped attract and retain staff.

Managers were contacted and informed that their staff members had expressed an interest in enrolling in the university postgraduate module as part of the preceptorship programme. Following these discussions, all managers offered their support, keen to foster an environment where continuous professional development is prioritised and valued.

5.4 Readiness for postgraduate learning

The opportunity to enrol on the university postgraduate module as part of the preceptorship programme was shared with third-year students nearing the end of their final year. For one participant in the study, the idea of further academic writing while still completing their undergraduate degree felt overwhelming. Even after starting their preceptorship programme, participants shared initial hesitations, as the demands of their new role and responsibilities seemed all-consuming (Whitehead, 2013), particularly after recently completing their undergraduate training. This aligns with Brook, Aitken and Salmon (2024) who highlight that the first year of qualification is a time when NQR's are vulnerable, and struggle to adapt to the reality of their new role.

For one participant, the initial weeks of being an NQR felt daunting, likening the experience to being like a first-year student again, where they perceived a gap in their knowledge. This resonates with Monaghan (2015) who highlights the initial inabilities for NQR's to relate the knowledge gained in undergraduate training to healthcare practice. Whilst NQR's have the foundational knowledge and skills obtained through undergraduate education and clinical practice, they still need to develop the ability to then apply knowledge and skills into a real-world setting.

The literature (Chapter 2) highlights the sudden realisation that NQRs are accountable for their actions and need to become familiar with their responsibilities. This adds to the challenges that NQR's experience during this transition. However, the literature (Chapter 2) acknowledges that stress levels do generally decrease as the NQR gains confidence and competency (Lima and Alzyood, 2024).

Several participants in the study admitted to underestimating the level of commitment required for this study. One participant shared that they felt they had "made a mistake," leading to demotivation and doubts about whether they should continue. The heightened expectations of becoming an NQR can affect both abilities and confidence. Irwin, Bliss, and

Poole (2018) suggest that continuous learning may even erode confidence. However, all participants acknowledged that with the support and encouragement they received, their confidence grew, and everything began to "fall into place". Despite the pressures of learning a new role and the amount of commitment while studying, all participants in the study felt they were ready to undertake the postgraduate module as part of the preceptorship programme. They added that they felt ready to take on "a bit more assignment writing".

Odelius (2017) further supports the value of preceptorship programmes, and the benefit of building personal development through learning. Being able to embrace challenges, seeing these as an opportunity to learn and grow which in turn fosters adaptability and resilience. For two participants who had completed their student nurse associate training (SNA), successfully passing the module boosted their confidence and reaffirmed that completing their registered nursing degree apprenticeship (RNDA) was an achievable goal. This aligns with Forde-Johnson (2017) who emphasises that preceptorship programmes are vital in enhancing clinical nurse education, particularly with developing skills and knowledge through learning opportunities. Additionally, Whitehead *et al.* (2016) suggest that preceptorship programmes may also support improved recruitment and retention, which is especially important in this climate of staff shortages.

5.4.1 Confidence.

Confidence in being able to engage and understand academic content, research, and complete their assignments was an important aspect of readiness for learning for all participants, especially as undertaking a postgraduate module was a new experience for many. Although preceptorship programmes are reported as helping to increase confidence in NQR's Doughty *et al.* 2018 and Hussein *et a.l* (2017, as cited by Jenkins *et al.,* 2021, p.2391) highlight that these programmes may not offer all the support an NQR requires. Smythe and Carter (2022) suggest that preceptorship may only offer a partial solution in creating improvements in confidence. In this study, one participant admitted feeling that their academic ability was inadequate to successfully complete this postgraduate module. Despite these initial feelings, this participant ultimately succeeded and saw this opportunity as a way to demonstrate their ability to study at this level, acknowledging that they were considering undertaking further modules in the future. This reinforces the importance of

adopting a mindset that values dedication, effort, and feedback as key factors in improving learning and growth. For one internationally trained participant, the hard work and dedication, though incredibly challenging, ultimately paid off, resulting in a successful completion of the module. This participant now saw this as an opportunity to undertake further education as a step to further develop their career. After completing this module, they expressed how this newfound confidence would be used to support and encourage other NQRs to undertake this module.

5.5 Preceptorship as preparation for practice

Although an NQR has learnt the fundamental skills required to provide patient care, the NQR will need to continue to refine these skills with experience and time. Participants in the study acknowledged that the preceptorship sessions met their expectations, finding them highly informative and providing a good foundation. One participant particularly enjoyed the continuous learning process stating that they frequently questioned the reasons around common practices in these sessions.

When assessing patients, and making informed decisions, the NQRs will be expected to apply critical thinking. Although they may well be equipped with the necessary knowledge, decision-making skills will develop as experience is gained in the real-world settings. One participant in the study expressed how they really enjoyed the preceptorship session on palliative care and end-of-life topics, particularly as this aligned with their clinical area. After conducting further research on the topic, they decided to focus their university postgraduate assignment on this topic. Other participants having completed their undergraduate training during COVID, the preceptorship sessions focusing on confidence and wellbeing as an NQR were essential in preparing them for practice. Following these sessions, the participant decided to conduct further research on confidence and wellbeing as an NQR, ultimately choosing these topics as the title of their assignment.

The literature (Chapter 2) identifies that having the theoretical understanding, and the experience gained through training to then apply this knowledge and skill to real-world situations, whilst adhering to policy, regulation and best practices is important. For one participant the transition to NQR was particularly difficult. They recognised that not only

were they learning a new role but now studying. The increase in work hours added to this pressure, making them question if they had the capability to undertake the postgraduate module effectively.

Doughty *et al.* (2018) highlights that preparation is what equips NQR's for the challenges and realities of the job. Being ready for practice requires the NQR to be sufficiently prepared to perform skills and tasks effectively in their professional field.

Although the literature highlights those abilities grow and confidence increases during the initial transition to NQR, the literature did not demonstrate a direct link to preceptorship programmes (Clark and Holmes, 2007; Irwin, Bliss and Poole, 2018).

5.5.1 Professional Identity

Developing professional identity as an NQR is key in the transition from student to NQR. Not only does it foster a sense of belonging it helps build confidence in their role (Ho, Stenhouse and Snowden, 2020). Several participants emphasised how completing the university postgraduate module strengthened their existing knowledge following their undergraduate training, describing it as a "good recap" of what they previously learned. Participants also acknowledge that this provided a stepping stone for further professional and personal development. This spurred them on to consider undertaking further postgraduate modules, acknowledging that learning and developing at this level was an important aspect in helping them to develop and recognise their professional identity as an NQR. Continuous learning and academic development contribute to participant's confidence and competence and link to professional identity. Govranos and Newton (2014) emphasise that the learning environment and culture play a crucial role in strengthening learning and recognising nurses' own identity, role, expectations, and development.

It is important that a culture of learning needs to be embedded to enhance job satisfaction, although how adults learn also needs to be considered (Ho, Stenhouse and Snowden, 2020) Building on the core values, of integrity, compassion and patient advocacy shape the decisions and actions of a professional. Although initially can be overwhelming, with practice, knowledge and skills will grow (Rush *et al.,* 2013; Kang *et al.,* 2016), with the support of experienced colleagues (Mlambo, Silen and McGrath, 2021), and learning opportunities.

Participants acknowledged that undertaking a preceptorship programme helped bridge the gap between the demands of clinical practice and academic preparation. For one participant completing this module provided an added boost, as the outcome exceeded the results achieved in their undergraduate training. It also highlighted their commitment to professional development, a key element of professional identity (Tucker *et al.*, 2019). This participant acknowledged that not only did it boost their confidence but also confirmed their ability to apply for further studies in real-world practice.

Another participant acknowledged that networking and sharing best practices during the preceptorship and university postgraduate sessions supported professional identity (Tucker *et al.,* 2019). Leigh *et al.* 2005 (as cited by Irwin, Bliss and Poole, 2018, p.9), further suggest that confidence and competence will evolve over time as experience is gained and expertise is expanded. This aligns with Benner's (2001) theory "from novice to expert". Benner's theory suggests that NQR's develop skills and understanding over time through education as well as a multitude of experiences. As advanced beginners, NQRs possess more practical exposure than students, enabling them to recognise recurring situations. However, while they have the foundational knowledge and know-how, their in-depth expertise remains limited and is expected to evolve with time.

5.6 The impact of reflection and sharing for professional development.

Several reflective sessions were integrated into the preceptorship programme, enabling NQR's to share their experiences both in clinical practice and in completing the university postgraduate module. One participant acknowledged that these reflective sessions were valuable for discussing not only their experiences but also their journey through the module. Reflective practice is seen as a core topic within nursing education, becoming a "pedagogical signature" (Shulman 2005, pp. 52-59) concept within these programmes. Schon (1983, cited by Bulman and Schutz, 2013, p.3) has been hugely influential on the development of reflection in professional practice, believing practice to be central to professional curricula. Reflective practice also aligns with an NQR's revalidation process to maintain their registration (Nursing and Midwifery Council MNC) and ensures nurses remain up to date

with professional standards, professional development, and reflection on practice to improve patient care.

Schon's concept of reflection is more than "intellectual" thinking as feelings and interrelationships with action are equally as important. Schon's work focused on *reflection-in-action,* a key attribute of expert professionals who were able to experiment, thinking about practice as they were doing it (Schon, 1983, cited by Bulman and Schutz, 2013, p.19). Reflection helps the NQR learn from experience through critical analysis, a process of self-awareness leading to development and informed decisions (Wilson, 2009). For one participant, some days were challenging and having the opportunity to share and reflect on their feelings while undertaking the module proved invaluable. However, all participants recognised that they gained significant insight from reflecting with other NQRs especially since they were in the "same boat".

It is however important to remember that even though preceptorship facilitators have designated this as a safe space for sharing, not everyone feels comfortable contributing to these sessions. One very reserved participant, struggled to engage with their peers or share their experiences related to preceptorship and the university postgraduate module. However, although sharing experiences with peers was challenging being able to reflect with the preceptorship facilitators on a more personal level was considered valuable. This participant acknowledged that they really enjoyed the opportunity to engage in further learning as this highlighted how much progress they had made and just how far they had come.

5.7 University postgraduate learning

Learning to support professional and academic development means gaining the knowledge and skills to further enhance not only career abilities but also educational performance (Mlambo, Silen and McGrath, 2021). The literature (Chapter 2) highlights how preceptorship plays a key role in career aspirations by encouraging the NQR to develop a mindset of continuous learning.

For participants in this study, the attraction to undertake a university postgraduate module as part of the preceptorship programme provided a sense of direction, stating that this was an amazing opportunity and helped to map out the steps required to advance their career.

For one participant, successfully completing the postgraduate module provided evidence that enabled them to apply for their RNDA.

All participants recognised that it is crucial to have career aspirations that guide not only development but personal growth, setting both short-term and long-term goals, while taking into account strengths and interests. Preceptorship not only helps build confidence (Edwards *et al.,* 2015; Irwin, Bliss and Poole, 2018) but enables the NQR to take on new responsibilities and challenges through practical experience and training. During this period, it also gives the NQR an opportunity to connect with more experienced colleagues, which can open doors for future career opportunities.

Having completed their pre-registration training, several participants in the study shared their reasons for undertaking the university postgraduate module, seeing this as a "stepping stone" to either apply for other roles within the NHS, or an opportunity for undertaking further study.

One participant shared their aspirations to advance their career by becoming either a clinical nurse specialist (CNS) or an advanced nurse practitioner (ANP), viewing the completion of this university postgraduate module as the first step in achieving that goal. Although the completion of the module was a huge commitment for one internationally trained nurse, they saw this as an ideal opportunity to support other NQRs in their personal development. Govranos and Newton (2014) support this notion of continuing this support especially as the scope of practice for NQRs has evolved, and their accountability and autonomy have also increased. This then makes it crucial for them to pinpoint new knowledge and skills that enable the NQR to manage their expanded responsibilities. Career planning also assists the NQR to develop critical thinking skills that are essential for autonomous practice. As more experience is gained, career planning enables the NQR to map out their career pathway and identify opportunities for further education.

However, the literature highlights (Chapter 2) that for many NQRs mastering their current role, enhancing their clinical skills, and building confidence remained their priority.

5.8 Balancing study, work, and life

It is well recognised that the transition from student to NQR can be stressful, with many NQRs feeling vulnerable and overwhelmed by workplace pressures and the challenges this

brings (Taylor, Eost-Telling and Ellerton, 2018). Preceptorship not only provides a programme of development, but it also gives the NQR the opportunity to reflect and build on future practice, having long-term effects on confidence (Monaghan, 2015).

Participants in this study, found balancing work and home life to meet the requirements of the university postgraduate module challenging, even when the end result would be rewarding. One participant described the process at times as being "chaos", highlighting the challenges of juggling working and learning whilst balancing a demanding job, their studies, and any life events. Clark, Draper and Rogers (2015) suggest this could be further intensified if there is a lack of clarity about the requirements of the course and academic level of study. Ho, Stenhouse and Snowden (2021, p. 2380) acknowledge that maintaining the boundaries between work and home life can be difficult, and that "*work life leaked into, and impinged on, their home life*".

Participants in the study acknowledged that it was hard to switch off and that the assignment was always in the forefront of their minds. For one participant it was finding the time to focus on the module, especially when working fulltime. Several participants acknowledged that they did not expect it to be as difficult, expressing feelings of being overwhelmed and stressed especially as they had other commitments outside their work life. However, despite this participant's did acknowledge that they had support, and this was seen as invaluable.

Although challenges were experienced in the study and work-life balance, participants acknowledged the importance of self-discipline when organising their study time. By using a planner to schedule time for study, work and personal time not only helps visualise the commitments but also help to manage time more efficiently, establishing achievable goals whilst giving a sense of direction and maintaining focus. For many of the participants, getting into the habit of setting some time aside to concentrate on the assignment was important. This experience instilled a strong sense of self-discipline among participants. While some were able to provide mutual support, particularly when working within the same clinical area, this level of collaboration was not the same for everyone.

Surprisingly, although many participants underestimated the challenges and the commitment required to study in their own time, they recognised that this was an amazing opportunity for their future career development. Govranos and Newton (2014, p. 659) suggest highly motivated nurses who value CPD recognise the connection between CPD and the workplace. They further suggest that these nurses, "*manipulate the barriers to stay up to date and meet their learning needs.*" For one participant, the initial phase of starting their NQR role was impeded by redeployment and the mental effort of acclimating to their new team which they felt affected the final outcome of their assignment.

For another participant, the pressure of working in a specialist area added to an already busy life, due to the need to undertake specialist training, whilst also completing the postgraduate module. This caused additional struggles, particularly towards the end of the module. The extensive workload required for the assignment negatively affected their home life as it encroached upon personal time (Ho, Stenhouse and Snowden, 2021). All stakeholders must understand the challenges associated with maintaining and creating a supportive learning environment (Clark, Draper and Rogers, 2015). Organisations, educators, and managers need to recognise the sacrifices and commitment NQR's make when undertaking CPD. They should help create an environment where CPD can flourish, contributing to increased job satisfaction and retention of staff (Govranos and Newton, 2014). Participants however acknowledged that they felt confident to seek support from the University and Education team, knowing who they could contact.

Despite the initial pressures on work and home life, several participants had already considered further study to support their career aspirations, with one participant successfully securing a new role outside the organisation. This aligns with Monaghan (2015) notion that preceptorship not only offers NQRs a structured development programme but also provides the NQR with the opportunity to build on future practice.

5.9 Limitations of the study

While valuable in understanding complex social phenomena, the interpretivism approach to research does have its limitations. The researcher's interaction can influence the behaviours and responses of participants. It also relies on the researcher interpreting the data which can introduce subjectivity and bias potentially affecting the validity of results. In this study,

the research findings were based solely on the first cohort of NQRs who undertook the university postgraduate module as part of their preceptorship programme. Only nurses chose to take part in the research so experiences of AHPs were not explored in this study. There may have been the potential to introduce bias because only the NQRs who successfully completed the module were approached to participate in the research, although one NQR who was unsuccessful in submission asked to participant in the study.

The inclusion of participants who were unsuccessful in completing the module may have offered another viewpoint and enhanced the researchers' findings. The inclusion of AHPs may well have also further enhanced the findings of the study, providing another viewpoint, however, the introduction of the preceptorship programme was new to this group of NQRs compared to an already well-established preceptorship programme for nurses.

Although the sample size in the research study was small, interpretivism provides rich in-depth insights from participants about their experiences in the postgraduate module as part of the preceptorship programme. However, this approach can result in complex findings that are difficult. Moule and Goodman (2014) suggest that that poor sampling techniques can jeopardise the research, making it crucial for researchers to be confident when collecting information from the sample. Despite these challenges, interpretivism is a powerful approach to explore the rich, lived experiences of individuals. Therefore, when choosing a research methodology, it is important to weigh the limitations against the strengths.

Chapter 6 Recommendations and Conclusion

6.1 Recommendations

Following the completion of the research study, the final chapter presents recommendations across three key domains making recommendations for healthcare organisations, for healthcare education and for future research into preceptorship.

6.1.1 Recommendations for Healthcare Organisations.

To raise the visibility and impact of preceptorship across the healthcare sector, it is important to promote it at a national level. Collaborating with Higher Education Institutions (HEIs) to introduce preceptorship, alongside postgraduate opportunities early in students' journeys can demonstrate a strong organisational commitment to staff development and career progression.

This approach aligns with the strategic intentions of the National Preceptorship Framework for Nursing (NHSE, 2022b), which seeks to standardise support for newly registered practitioners, enhance autonomy and confidence, and improve retention across diverse care settings. Since its launch, the framework has been widely adopted, with NHS organisations implementing structured programmes that include clinical supervision, competency development, and reflective practice. These efforts show that preceptorship is becoming a key part of how the healthcare workforce is supported.

Sharing what has been learned and achieved through the programme with regional and national networks will help raise the organisation's profile and contribute to sector-wide improvement. This approach aligns with the NHS Long Term Workforce Plan (NHSE, 2023a), which identifies preceptorship as a key intervention for supporting transitions into practice—not only for nurses and midwives, but also for Allied Health Professionals. In addition, planning for potential changes in Continuing Professional Development (CPD) funding is essential, including exploring alternative ways to maintain access to the funded module.

6.1.2 Recommendations for education

This study has highlighted the value of embedding academic learning within preceptorship, offering NQRs a structured opportunity to engage in postgraduate study at a crucial stage in

their professional development. Only a handful of NHS Trusts, including our own, have already implemented credit-bearing postgraduate modules as part of their preceptorship programmes. To build on this foundation and promote national consistency, it is recommended that NHS Trusts collaborate with Higher Education Institutions (HEIs) to co-design and expand access to these modules across the country.

This joint approach would help make academic learning a regular part of the transition from student to NQR, encouraging reflection, better clinical decision making, and greater confidence in practice. It would also support the development of clinical academic career pathways and foster a culture of lifelong learning from the outset of registration.

To ensure national relevance and long-term impact, this programme should be aligned with the National Preceptorship Framework for Nursing (NHS England, 2022), which recommends consistent standards, quality, and support across all preceptorship programmes in England. By embedding postgraduate study into preceptorship, NHS organisations and HEIs can align with national workforce priorities, including retention, career progression, and the development of a confident, research-aware nursing workforce.

By working together through regional partnerships, NHS Trusts and HEIs could facilitate flexible delivery, shared resources, and ensure that learning opportunities are available to all. Simple ways to measure how this affects career growth, confidence and staff retention should be built in from the start. The results can help shape national policy and improve future vision. Aligning with NHS England's strategic focus on workforce transformation and supports the development of a future-ready nursing profession that is academically engaged, clinically skilled, and professionally resilient.

6.1.3 Recommendations for research

To strengthen the case for including a university postgraduate module within preceptorship programmes, further comparative research across NHS organisations is required to identify commons challenges, benefits, and outcomes. This evidence would raise the awareness of this approach and support more organisations to adopt it.

While this study focused specifically on nurses, future research should incorporate Allied Health Professionals (AHPs) to broaden the scope and enhance the inclusivity of findings, which will capture a more inclusive range of professional experiences within the healthcare workforce.

It is recommended that longitudinal research be conducted to understand the long-term impact of completing a university postgraduate module during preceptorship, with particular attention to its effects on career advancement, professional confidence, and workforce retention over time. Findings from this study will be written up for publication and disseminated through academic journals.

Future research should aim to include a wider range of participants to gain richer and more varied insights into the experiences of NQRs. Additionally, including NQRs who were unsuccessful in completing the module may help identify key barriers to success and help inform more effective ways to improve support and access.

These research priorities aim to build a clearer picture of how academic learning during preceptorship supports early career development and shape the future design of programmes that are inclusive, practical, and long-term.

6.2 Conclusion

Research has shown the importance of preceptorship for all NQRs as they make that transition from student to an autonomous practitioner. This importance is well-documented and widely acknowledged. The transitional period is a pivotal point in their professional career and can either enrich their participation in their new role or spark the intention to leave the profession.

This study identified a lack of understanding and awareness of preceptorship and the university postgraduate module. However, having a programme that aligns with the start of a NQR employment whilst recognising their knowledge, skills and competence can support the development of confidence and competence for their professional roles. Coming together as a group to share and reflect on their experiences during this journey further enhances the importance and significance of the preceptorship programme. This was seen as a key element for the NQR. While all NQRs are offered the opportunity to enrol on the postgraduate module, the preceptorship programmes remain distinct for nurses and AHPs. As a future goal, multiprofessional preceptorship will be important for health and care organisations.

This research study has shown that for the NQR to develop their confidence, competence, and capability in their professional role, they need to have the appropriate resources and support. This support is based on individual learning needs and includes time for the NQR to reflect on practice and gain feedback as they prepare for future revalidation.

The university postgraduate module was seen by participants as a unique opportunity to consolidate their learning and apply theoretical knowledge to professional practice.
The study highlighted the challenges of learning a new role and studying while managing an already busy life, however participants were able to adapt and share their coping strategies to aid their success. The university postgraduate module is a distinctive opportunity and is seen by participants as a crucial factor in the ongoing development and lifelong learning. Preparation and support, including clear information about the required time and commitment, are seen as essential elements for NQRs undertaking this module. Participants shared their plans to continue academic study to further their careers with two Registered Nursing Associates now ready to complete their registered nursing degree apprenticeship, and a further two NQRs applying for roles outside the organisation.
This study highlights the importance of progression for our NQRs and how lifelong learning is an important for all NQRs helping them to grow in confidence and flourish both professionally and personally. This module not only supports the preceptorship journey but also raises the bar for future recruitment and retention of staff for the organisation.

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Appendix 1

Exploring the experiences of Newly Qualified Registrants who are undertaking the validated preceptorship module.

Dear Colleague,
We would like you to invite you to participate in an evaluation study. Before you decide whether or not to take part, it is important for you to understand why the study is being conducted and what it will involve. Please take time to read the following information carefully.

What is the purpose of the study?
The aim of this study is to explore the impact of the validated preceptorship module for Newly Qualified Registrants (NQRs) participating in a Preceptorship Programme at Gloucestershire Hospitals NHS Foundation Trust. This will be the first in a programme of research and evaluation and explores the impact of the recent validation of this programme with The University of Gloucestershire.
This study will also explore the experiences of Newly Qualified Registrants undertaking the validated preceptorship module. Finally, our intention, through a programme of evaluation and research, is to provide qualitative data to support the ongoing development and delivery of the validate module both locally and nationally, and to support future policy development in relation to workforce recruitment, training, and retention.

Why have I been invited to participate?
You have been invited because you are a Newly Qualified Registrant at Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) currently on a validated preceptorship module. You have been selected as we believe you have important information to share about your experience of undertaking the validated preceptorship module.

Do I have to take part?
You are free to decide whether you wish to take part or not. If after reading this information sheet you do decide to take part, you will be asked to sign a consent form. If you decide to take part, you are still free to withdraw without giving a reason up to 2 weeks after the interview has taken place. The data will be immediately deleted, and you will be notified after doing this. Only the researcher knows who each data belongs to therefore can locate the data and delete this. Your decision to take part, or not to take part, will have no impact on your role.

What will happen to me if I take part?
You will be contacted via email which will contain information and a brief overview of the research purpose, this information sheet along with a consent form which will need to be signed to take part in the interview. Once completed a date and time convenient to you to take part in the interview will be sent via email, along with the venue if taking place face to face or with a team's link. On the day of the interview, you will be then invited to share your experience of the validated preceptorship module during a semi-structured interview. The interview will last for no more than 60 minutes and

during that time you will be asked to reflect upon and share your experiences.

What are the possible benefits of taking part?

The benefits of taking part are the engagement and participants experience of the research interview. It will also give you the opportunity to describe and share your experiences and provide valuable information that will contribute towards continuing development of the validated preceptorship Module. It will also provide evidence to develop a deeper understanding of the experiences of the Newly Qualified Registrant in healthcare practice.

Are there any risks involved?

There are no risks anticipated. If participating in the interview raises issues that concern you, please bring this to the attention of the project lead who will be able to support you and signpost you to appropriate organisational support or counselling.

Will what I say in this study be kept confidential?

Your anonymity, confidentiality and privacy are extremely important to us and will be respected and maintained throughout the study. We will follow ethical and legal practice and all information about you will be handled in confidence. All data that we collect will be anonymised and pseudonyms will be used.

What should I do if I want to take part?

If you want to take part, please contact Wendy Collins (details at the end of this information sheet). You will then be given further information, 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 study will be used to guide the future development of the validated preceptorship Module. The results will also be presented at organisational forums, 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:

Wendy Collins: - Wendy.Collins1@nhs.net

If you rather to speak to someone else other than the researcher, you can speak to Liz Berragan who is the researcher's supervisor and external to the Trust. Liz Berragan:- lberragan@glos.ac.uk

Thank you for taking the time to read this information.

Appendix 2

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Consent to take part in evaluation.

Title of Project: Exploring the experiences of Newly Qualified Registrants who are undertaking the validated preceptorship module**.**

I confirm that: **Please initial boxes**

1.	I have read and understood the information about the project, provided in the Information Sheet version 5 dated February 2023.	Initial
2.	I have been able to ask questions about the project 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 that these conversations will be recorded on a secure device.	Initial
4.	I understand I can withdraw from the study up to two weeks after signing the consent form without giving reasons nor will I be asked why I have withdrawn.	Initial
5.	I understand that the information I provide will be used in a research project with the intention of publication and will contribute towards developing an understanding of the validated preceptorship module for newly qualified registrants.	Initial
6.	I understand that my real name will not be revealed, and that all data that is collect will be anonymised and pseudonyms will be used (See participant information sheet).	Initial
7.	I voluntarily agree to participate in the project.	Initial
8.	I know who to contact if I have any concerns about this research (See information sheet).	Initial

Name of participant	Date	Signature
Name of Researcher taking consent	Date	Signature

Appendix 3

COLLINS, Wendy (GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST)

From:	JOHNSON, Nigel (GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST)
Sent:	04 May 2023 16:12
To:	COLLINS, Wendy (GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST)
Cc:	BERRAGAN, Liz (GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST); SUNTER, Chantal (GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST); RACE, Gemma (GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST)
Subject:	23/008/GHT/ED GHNHSFT Trust Approval- Wendy Collins
Follow Up Flag:	Follow up
Flag Status:	Flagged

Dear Wendy,

Local R&D Reference Number: 23/008/GHT/ED

Title of Study: Exploring the experiences of Newly Qualified Registrants who are undertaking the validated Preceptorship module.

Lead Investigator: Wendy Collins- Professional Education Practitioner - Gloucestershire Hospitals NHS Foundation Trust.

Project Type: Student Project- Preceptorship Programme -University of Gloucestershire

Thank for submitting your project for Local Trust Approval to the Gloucestershire Research and Development Department.

Please accept this email as confirmation that the paperwork has been reviewed by the following:

- *The University of Gloucestershire Ethics Committee on the 20th of February 2023.*
- *The Gloucestershire Research and Development Department on the 4th of May 2023.*

I can confirm that Local Trust Approval is given for you to begin your Research Project.

The Trust R&D Department have received the following documents:

1. Letter Ethics Approval Wendy Collins dated 20th February 2023
2. Research-ethics-approval -Final after submission
3. V5 Participant Information Sheet
4. V5 Consent Form for semi structured interviews
5. V6 Questions-Semi Structured interview
6. PROJECT TEMPORAL PLAN
7. CV Wendy Collins 12.04.23

If you need to make any alterations to any of your documentation during your project, please submit them to the R&D inbox, using the R&D reference number above, for approval prior to use.

Please keep us informed of the annual progress (if applicable) of your project, and provide a copy of the findings upon completion, by emailing the R&D inbox ghn-tr.glos.rdsu@nhs.net.

May I take this opportunity to wish you all the best with this study.

Thank you,

Kind Regards
Nigel

Nigel Johnson |Research Portfolio Support Officer |Research and Development
1st Floor | Leadon House |Gloucestershire Royal Hospital |Great Western Road |Gloucester|GL1 3NN
E: nigel.johnson1@nhs.net

Tel: 0300 422 5467

Please note that responses to your e-mails may be delayed. Alternatively you can send an email to our generic email box ghn-tr.glos.rdsu@nhs.net
This inbox is checked daily. If you require a telephone response, please can you provide a contact number.

Forthcoming Leave:
Monday the 22nd- Friday the 26th of May 2023

Appendix 4

COLLINS, Wendy (GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST)

From: Collins, Wendy <s1513637@connect.glos.ac.uk>
Sent: 03 August 2023 11:30
To: COLLINS, Wendy (GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST)
Subject: Fw: Project Approval Passed

This message originated from outside of NHSmail. Please do not click links or open attachments unless you recognise the sender and know the content is safe.

From: Research Admin <researchadmin@glos.ac.uk>
Sent: 03 August 2023 10:22
To: Collins, Wendy <s1513637@connect.glos.ac.uk>
Cc: BERRAGAN, Liz (Dr) <lberragan@glos.ac.uk>
Subject: Project Approval Passed

UNIVERSITY OF GLOUCESTERSHIRE

Dear Wendy Collins,
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 Newly Qualified Registrants (NQR's) who are undertaking a validated preceptorship module.
Supervisory arrangements:
First supervisor: Liz Berragan
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

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Appendix 5

UNIVERSITY OF GLOUCESTERSHIRE

A The Park
Cheltenham
GL50 2RH
T +44 (0)1242 714700
W glos.ac.uk

Monday, 20th February 2023

Dear Wendy,

SREC.23.12.7: What are the Newly Qualified Registrants (NQR) perceptions and expectations of the validated preceptorship module? - Wendy Collins

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,

Anne Daykin PhD MApplSc BSc(Hons) GradDipPhys PGCAP MCSP
Chair of Health and Social Care Research Ethics Committee

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

adaykin@glos.ac.uk

Appendix 6

Interview Schedule.

Name	Date arranged	Time	Room booking	Notes	Additional notes
Pat	15th August 2023	09:00am	Managers Office	Tape recorders	Attended in own time
Mel	7th August 2023	15:00pm	Room 2 SEC	Tape recorder	Attended in own time
Remi	3rd August2023	09:30am	Teams	Teams invite	Attended in own time
Pansy	17th August 2023	13:15pm	Managers office	Tape recorder	Attended in own time
Sunny	23rd August 2023	12:00pm	Teams	Teams invite	Attended in own time
Eve	12th September 2023	09:30am	Managers office	Tape recorders	Attended in own time
Nel	3rd October 2023	13:30	Managers Office	Tape recorders	Attended in own time

Appendix 7.

Interview questions	
1.	What were your perceptions and expectations of the validated preceptorship (university postgraduate) module?
2.	Can you tell me why you choose to do the validated preceptorship (university postgraduate) module?
3.	Can you share with me your experiences of the validated (university postgraduate) preceptorship module?
4.	Can you share with me strengths and challenges of undertaking the validated preceptorship (university postgraduate) module?