Baccalaureate Nursing Students’ Perceptions of a Capstone Preceptor Course in Role Transition

By

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Abstract

The purpose of the study was to identify baccalaureate nursing students’ perceptions of a capstone preceptor course as an aid in transitioning to the professional nurse role in regard to problem-solving, dealing with the unexpected, resourcefulness and maintaining calm. A qualitative descriptive design using ten structured interview questions was used. A convenience sample of all six senior students at a southern Colorado university, who completed an elective course in which they worked with a preceptor in a clinical area of their choosing, were interviewed using the adapted General Self-Efficacy Scale (GSE) by Schwarzer and Jerusalem (1995). Digital recordings of the participant’s interviews were transcribed verbatim and imported using NVivo 10 qualitative software. Four key themes were identified, Understanding Nursing Team Work, Ability to Identify Resources, Growing Confident and Confidence, and Identifying the One-to-One Relationship. The results provided evidence that this course promoted behaviors which facilitate the role transition from student to professional nurse. Future studies could explore the idea of requiring a capstone preceptor course for every student before graduation.
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TABLE OF CONTENTS

CHAPTER I: Introduction

Background and Significance 1

Statement of the Problem 4

Statement of the Purpose 5

CHAPTER II: Review of Literature

Relevant Literature

Nursing/ Psychosocial Frameworks 10

Key Words 12

CHAPTER III: Methods

Description of Research Design 14

Protection of Human Subjects 15

Identification of Population and Sample 15

Instrument 15

Data Analysis 16
# TABLE OF CONTENTS

## CHAPTER IV: Results

- Results .................................................. 17
- Limitations .............................................. 24

## CHAPTER V: Conclusions and Recommendations

- Conclusions ............................................. 25
- Recommendations .................................... 26
- Summary .................................................. 27

## REFERENCES ........................................... 28

## APPENDIX A  Institutional Review Board Written Approval 34

## APPENDIX B  Consent .................................. 36

## APPENDIX C  Generalized Self-Efficacy Scale ........... 39

## APPENDIX D  Permission to use Self-Efficacy Scale ... 41

## APPENDIX E  Vitae ..................................... 43
Chapter I

Introduction

Background and Significance of the Problem

Kramer (1974) described the difficulties encountered in role transition for the new graduate nurse as \textit{transition shock}. The transition shock occurred when new graduates were expected to practice as fully functioning professionals. This expectation contributed to the emotional stress and strain of the initial socialization period.

Duchscher (2009) wrote about new graduate nurses experiencing the shock of transition to the registered nurse (RN) role as a "Process of Becoming". This process has three stages: doing, being, and knowing. Graduate nurses' transition begins with the "doing" stage and orientation to the role. In this stage, graduate nurses can experience a wide range of emotions, including happiness at having passed the licensure examination, feeling the loss of student friends, familiar student routines and faculty support. The new work environment, so different from the sheltered school environment, can result in anxiety and fear.

Duchscher (2009) described an overwhelming intensity of emotions expressed by nursing graduates during the initial stage of transition from student nurse to professional registered nurse. New graduates used words, such as, "terrified" and "scared to death" and claimed that "relentless anxieties" were routine during their initial transition weeks. The graduates reported being ill-prepared for the toll this initial transition was taking on them. Duchscher (2009) also described that this traumatic adjustment correlated with "inadequate and insufficient functional and emotional support, lack of practice experience"
and confidence, insecurities in communicating and relating to new colleagues, loss of control and unrealistic performance expectations by the institution”.

Transition shock demonstrates that there is a gap between what new graduates were taught in their undergraduate education and what they experience in the real world. For many new graduate nurses, the orientation period is difficult. They experience stress as they take on more responsibilities, learn about the nurse role, and meet role expectations.

Currently, traditional clinical teaching is faculty-supervised, with a faculty member providing direct supervision of a group of six to eight nursing students. This current clinical teaching model has been deemed inadequate by faculty, students and nursing itself (Hehls, 1997). In response to this inadequacy, the American Association of Colleges of Nursing in the 2011 *Essentials of Baccalaureate Education for Professional Nursing Practice* identified the need for additional and new clinical teaching models to provide quality experiences for students and to bridge the gap between nursing school and the reality of the new professional nursing role.

The National League for Nursing (2009) did a survey on the state of clinical education. They received 2,386 responses from all types of RN programs in the United States. The results reflected the views of many leading nurse educators who contend that advancements in clinical education are essential to easing the nationwide nursing shortage. Additionally, the survey results identified that the use of preceptors helped to decrease financial costs of clinical instruction. Economically, fewer faculty are required per student during a preceptored clinical experience than with the traditional faculty-

Understanding the initial stage of role transition for the new graduate can lead educators to support and facilitate professional adjustment by implementing preparatory clinical work for senior nursing students that mimics the "real life" work situation. Educational clinical placements using the preceptor model may be beneficial in preparing students for professional practice before they graduate. This one-to-one role-modeling experience can increase student learning, efficiency and self-confidence.

Patricia Benner (1984) described preceptored clinical experiences as a model of skill acquisition based on Dreyfus' (1980) work. In this model there are five levels of proficiency in the hierarchy of skill acquisition and development: novice, advanced beginner, competent, proficient and expert. Benner recognized that these levels of proficiency can be provided by expert clinicians who have the understanding of progression that is needed to attain the skills and knowledge to move to expert practice.

Wolff (2010) defined the term, "readiness" for practice as having a generalist foundation, providing safe care, keeping up with current realities and future possibilities, and possessing a balance of doing, knowing and thinking. Zinsmeister & Schafert (2009) reported that a supportive practice environment positively contributes to new graduate transition to the professional role as they work with nurses who practice in these work environments; they will more likely have realistic perceptions of their readiness for practice.
Preceptored courses at the senior level (capstone preceptor courses) could play an important role in preparing graduates for transition to the complex role of the practicing registered nurse. If senior students complete such a course before graduation, they may gain clinical competence before beginning their first job and may attain their new role faster and smoother.

**Statement of the Problem**

Many leading nurse educators believe that capstone preceptor courses have the potential to produce more clinically competent, critically thinking and professionally the traditional clinical model (Myrick, 2002). Kelly (2013) completed a qualitative study of student perceptions about doing clinical practice with a preceptor and without a preceptor. It was reported that having no preceptor resulted in feelings of "no support" and being "thrown off the deep end". A capstone preceptor course could help nursing students in their transition to the RN role by providing a "real world" experience while maintaining the student-learner role.

Although there are many studies about student self-confidence in general (Clark, M. et al, 2004; Scheetz, L., 1989; Rebeschi, L. & Aronson, B., 2009; Taylor, H. & Reyes, H., 2012) there is limited research on how capstone preceptor courses affect student perceptions related to their ability to problem-solve, maintain calm while dealing with the unexpected and being resourceful in their clinical work environment. Therefore, this study asked the following question: What are baccalaureate nursing students' perceptions of a capstone preceptor course as an aid in transitioning to the professional nurse role related to problem-solving, dealing with the unexpected, resourcefulness and maintaining
calm. In order to support the new graduate's readiness for practice and role transition, these perceptions could prove useful in guiding clinical teaching and learning.

**Statement of the Purpose**

The purpose of the study was to identify baccalaureate nursing students' perceptions of a capstone preceptor course as an aid in transitioning to the professional nurse role in regard to problem-solving, maintaining calm while dealing with the unexpected and resourcefulness in the clinical work environment.
Chapter II

Review of Literature

Relevant Literature

Literature was reviewed from the domains of nursing, nursing education and nursing theory. The literature search was conducted using the research databases: CINAHL, PubMed and Google Search. Relevant literature containing any or all of the key words was reviewed and only the literature that pertained to this study was used.

Although there are many studies about student self-confidence in general, there is limited research on how capstone preceptor courses affect students’ perceptions related to their ability to problem-solve, maintain calm while dealing with the unexpected and being resourceful in the clinical work environment. Therefore, the literature search focused on the benefits of preceptored clinical experiences as an aid in transitioning to the RN role, decision-making, positive problem-solving skills in the clinical area, resourcefulness, and composure when dealing with the unexpected.

The need to connect prior course work to the outside world of work led to the emergence of an integrative, grounding experience for seniors preparing for graduation called a capstone preceptor experience. (Atchison, 1993). The definition of preceptorship is a one-to-one relationship between a staff RN and a nursing student during a time-limited, intense clinical experience with the support of nursing faculty to facilitate student learning and provide evaluation of the course objectives (Ohrling, 2001). Capstone preceptor courses and programs have become widespread in nursing education as an alternative clinical teaching method (Rebeschi, 2009).
Rebeschi (2009) studied student outcomes related to meeting learning objectives and effectiveness in enhancing student learning after completion of a capstone preceptor course. Focus group interviews revealed five themes: integration, autonomy, confidence, authority and advocacy. This capstone course was a highly valued experience. The students reported positive professional relationships with preceptors and stated that the course increased their competency in using the nursing process. They also reported feeling more confident in the nurse role. Similar results were reported by Kim (2009) the preceptor experience increased students' overall perceived confidence in the use of the nursing process and students became more confident interacting and working with members of the nursing team.

In order to better prepare students for professional practice, nurse educators use clinical teaching strategies that enhance knowledge and skills and role adjustment (Myrick, 2002). In reviewing the literature on the value of the preceptor model for clinical teaching, studies confirm positive outcomes for role socialization (Bryant & Williams, 2002). The preceptor's knowledge and experience provide the main asset to student learning (Jairath, et al, 1991).

A phenomenological study by Kelly (2013) explored students' perceptions of preceptorships prior to and following graduation related to benefits, pitfalls and sustainability. This study of lived experiences of the students and new graduates revealed five major themes: friendliness, confidence, peer support, inadequate staff support and being thrown into the deep end. Confidence was mentioned by the majority of the participants. Students felt that the preceptors contributed significantly to the development of their self-confidence. This contrasted with the students who had no preceptored
experiences. These students reported feelings of "no support" and felt that they were "thrown off the deep end". The study found that the preceptor role in building students' confidence is extremely valuable. The proven benefit of implementing a preceptor model can enhance the development of confidence which supports the new graduate's transition into practice.

A study completed by Berry (2005) studied nursing students' satisfaction and perceptions of achieving the objectives of a clinical course after completing a preceptored clinical experience compared to students completing a traditional clinical rotation. The preceptor model was identified as a positive experience since it provided immersion into the RN role in a safe environment. Myrick's (2002) identified the one-to-one relationship as a "safety net" - there was always someone there to answer students' questions. Both of these studies found that the one-to-one relationship contributed to students' self-confidence and competence in performing skills and the development of their ability to think critically.

Studies, such as Rogers (2003), have been done asking students to rate their clinical decision-making after completing a preceptored course. And, some studies, such as Wieland (2007), noted that there was a gain in problem-solving in senior students who engaged in senior year preceptored experiences. And, there is a large body of literature that extols the value of preceptored clinical experiences. But, there is a dearth of literature examining students’ perceptions of their ability to: problem-solve the ever-changing status of their patients, maintain calm while dealing with unexpected situations and be resourceful in their clinical work environment after completing a capstone preceptor experience.
Nurses need to be able to work well in stressful situations, remain calm, and have strong communication skills. Ninety one percent (90%) of Human Resources (HR) directors think that by 2018, people will be recruited on their ability to deal with change and uncertainty. Fifty percent (50%) said that employees’ ability to deal with unanticipated problems is the key attribute for achieving strategic goals (The Flux Report, 2014). The world of work is changing at an ever increasing pace so employers actively seek out graduates who: can adapt to changing circumstances and environments, can embrace new ideas, are enterprising, resourceful and adaptable. A partial list of desired employee skills includes: promotion of evidence-based decision-making, building and maintaining relationships, communication and influencing skills, innovation and resourcefulness, resilience and composure (The Flux Report, 2014).

Learned resourcefulness theory suggests that people high in resourcefulness can minimize the negative effect of stress on their performance, therefore, they can do better than less resourceful individuals under stressful conditions (Rosenbaum, 1989). Learned resourcefulness does not influence an individual’s perceived stress level, but it does influence an individual’s self-efficacy expectancy (Rosenbaum, 1989). The concept of self-efficacy expectancy refers to a person’s beliefs about whether he or she can cope with a situation effectively (Bandura, 1977). According to Rosenbaum (1989), learned resourcefulness is acquired through experience, modeling, and formal or informal instruction throughout life in one’s environment and encompasses the ability to engage in positive thinking, to solve problems, and to be confident in one’s ability to deal with adversity.
The preceptored experience provides the ideal environment for modeling learned resourcefulness and positive problem-solving skills. Through practice and formal and informal instruction the preceptor can teach and model maintaining calm when dealing with unexpected patient situations and can demonstrate resourcefulness in the clinical work environment. The preceptor can teach and model how to ask for what one needs; how to adapt and apply other experiences to the current one; how to ask questions: Who has the information to help? Is there another way to get what I need? What's one more thing to try? The preceptor can help the senior student develop "the ability to find a way" (Ulich, 2012).

**Nursing and Psycho-Social Theoretical Framework**

Patricia Benner's (1984) *Novice to Expert Theory* formed the nursing theoretical framework for this study. Benner (1984) described that providing an atmosphere that encourages the learner to be an active participant in the learning process is essential. Benner’s groundbreaking work on the novice-to-expert model defines how nurses acquire skills and knowledge as they advance through levels of competency. Benner describes these levels as novice, advanced beginner, competent, proficient and expert. Benner’s novice to expert model provides the framework for preceptor-guided clinical experiences with measurable outcomes. Original research by Shepard (2014) supports Benner’s theory that skill acquisition of students and practicing nurses is built on levels of proficiency and, therefore, can be evaluated by a change in skill performance of the learner.

For example, the senior student in the preceptored experience is initially an advanced beginner or competent. By working with the preceptor and practicing critical
thinking and analyzing changes in patient status, the student gradually becomes more independent and may reach a competent or proficient level. After graduation and with at least one year of professional nursing practice, the new nurse may move into the proficient and expert areas of competency.

Albert Bandura’s (1977) Social Cognitive Theory formed the psycho-social framework for this study. Bandura (1977) defined self-efficacy as people's beliefs in their capabilities to produce specific levels of performance that influence the events that affect their lives. The major concept of Bandura’s theory can be organized under two major phenomena: the acquisition of behavior and regulation (or continued performance) of behavior (Zieglaer, 2005). The concept of Bandura’s theory is focused on learning behaviors utilizing modeling. Modeling refers to the process of transmitting information to the observer that elicits the observer’s response through attentional processes, retention processes and motor reproduction. The Social Cognitive Theory considers both how behavioral patterns are acquired or learned and how patterns, once learned, are regulated (how the behavior either continues to be performed or is discontinued) (Zieglaer, 2005). Bandura describes behavior as learned by directly experiencing response consequences or through observation of other peoples’ behaviors and its consequences for them (Altmann, 2007). The theory is concerned with psychosocial phenomenon involving motivation and self-regulatory mechanisms that extend beyond the concept of learning.

For example, preceptors provide the positive modeling behavior that senior students need to see and integrate into their new role after graduation. The preceptor represents the model of how nurses should "be" around patients, families and colleagues.
Key Words

Terms used in this study are defined below.

Capstone: The final senior preceptored nursing course in a baccalaureate nursing program.

Preceptorship: A formal agreement between or among individuals to engage in a time-limited apprenticeship. It is a relationship constructed to link experienced nurses (preceptors) with senior nursing students, to facilitate integration into their new roles and responsibilities in the professional practice environment of care (Ulrich, 2012).

Preceptor: An experienced staff nurse who may have received formal training to function in this capacity and who serve as role models and a resource to the student nurse (preceptee) that merge the knowledge, skills, abilities and roles of both coaches to help preceptee develop skills in transitioning to the professional role (Ulrich, 2012).

Baccalaureate of Science in Nursing (BSN): Bachelor of Science in Nursing is a four-year degree offered at colleges and universities that prepares a graduate to engage in a full scope of professional practice in all healthcare settings.

Generalized Self-Efficacy Tool (GSE): A 10-item scale designed to assess optimistic self-beliefs used to cope with a variety of demands in life. The scale was created to assess a general sense of perceived self-efficacy with the aim in mind to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events (Jerusalem & Schwarzer, 2009). The scale was designed to assess self-efficacy, i.e., the belief that one’s actions are responsible for successful outcomes. The scale was originally
developed by Schwarzer and Jerusalem (1981) in Germany and has been translated into many languages.

**Novice:** Beginner, no experience, non-situational, analytical, little understanding of contextual meaning, rule-governed and taught to perform general tasks (Benner, 1984).

**Expert:** Extensive experience, situational, holistic, intuitive, deep understanding of the total situation, responsible and seeks to improve, extends responsibility to other and organization (Benner, 1984)

**Perceptions:** The act or faculty of perceiving, or apprehending by means of the senses or of the mind; cognition; understanding *(Merriam-Webster’s Collegiate Dictionary, 2015)*

**Problem-solving:** A mental process that involves discovering, analyzing and solving problems, to overcome obstacles and find a solution that best resolves the issue.

**Resourceful**- Inventive, creative, enterprising *(Merriam-Webster’s Collegiate Dictionary, 2015)*

**Resourcefulness skills:** A behavioral repertoire of cognitive skills that minimize the disturbing effects of thoughts and feelings on daily activities and adjustment. These skills involve problem solving and belief in one’s coping effectiveness (Rosenbaum, 1980).

**Self-Efficacy:** “People's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives” (Bandura, 1994 pg. 71).

**Self-Confidence:** A feeling of trust in one's abilities, qualities and judgments *(Merriam-Webster’s Collegiate Dictionary, 2015).*
Chapter III
Method

Description of Research Design

A qualitative descriptive design incorporating structured interview questions was used to determine students’ perceptions of problem-solving, resourcefulness, dealing with the unexpected and maintaining calm after completing an elective capstone preceptor course. Six senior students from a southern Colorado university, who completed the NSG 472 Special Topics elective course in which they worked with a preceptor in a clinical area of their choosing during Spring 2015, comprised the study sample. Following the completion of the course, all six students were scheduled for an interview that lasted approximately 30 minutes and consisted of ten questions. All participant responses were audio-taped, transcribed and analyzed for themes.

Protection of Human Subjects

Approval was obtained from Colorado State University – Pueblo Institutional Review Board (IRB) before recruiting any participants (see Appendix A Institutional Review Board Written Approval). Participants in the study were contacted directly by electronic mail by the researcher. The purpose of the study was explained and the participants signed a consent form after being told that interview participation was voluntary and that they could choose not to answer any question at any time without negative consequences. Students were assured that non-participation in the study would not in any way affect their experience or grade. All interviewees were identified by the last four digits of their university personal identification (PID) number only. Audiotapes
and transcribed materials will be kept in a locked file cabinet in the researcher's home for five years and then destroyed. (see Appendix B for Consent Form).

**Identification of the Population and Sample**

The study population was baccalaureate nursing students who completed NSG 472 Special Topics Spring 2015 in which they worked with a preceptor in an area of clinical interest. In order to be eligible to complete the interview, the students had to have completed the clinical course with a passing grade. The sample was all six students who completed this course.

**Instrument**

The instrument that guided the interview process was adapted from the General Self-Efficacy Scale (GSE) (Schwarzer and Jerusalem, 1995). The ten questions (see Appendix C Interview Questions) that were used were open-ended, which encouraged student responses. Questions addressed student perceptions of problem-solving, dealing with the unexpected, resourcefulness and maintaining calm. The General Self-Efficacy Scale was derived from the literature on Bandura’s Social Cognitive Theory (1977) and identifies *self-efficacy* as an individual’s perceptions of confidence in ability to successfully complete a task. Permission was granted to use the GSE for non-commercial research and development purposes and to “shorten and/or modify the tool to meet the particular requirements of the research context” (Schwarzer & Jerusalem, 1995).

**Procedure**

A qualitative approach was used in this study. The data was collected through structured interviews using the adapted GSE. The selected population was contacted by
the researcher by electronic mail to determine their interest in participating in the study.

Dates and times for the interviews were arranged by the researcher. The interviews took place during the final week of the semester. The researcher explained the study and obtained written consent. A thirty minute interview, consisting of ten open-ended questions was conducted on the university campus in a place to ensure privacy. All interviews were audio-taped for transcription and thematic analysis.

**Data Analysis**

The study interviews were transcribed verbatim; significant statements were identified and emergent themes categorized into problem-solving, dealing with the unexpected, resourcefulness and maintaining calm. A qualitative data analysis coding program NVivo® was used to analyze and code emerging themes. NVivo is a tool to help manage, explore and find patterns. NVivo® incorporates the Colaizzi (1978) 7-Step Analysis method. This method involves reading and rereading descriptions, extracting significant statements, formulating meanings, categorizing into themes, integrating findings, validating findings and incorporating final changes.
Chapter IV

Results

Research Results

The purpose of the study was to identify baccalaureate nursing students’ perceptions of a capstone preceptor course as an aid in transitioning to the professional nurse role in regard to problem-solving, dealing with the unexpected, resourcefulness and maintaining calm. Structured interviews were used to determine the student’s perceptions. After explaining the study and obtaining consent, a total of six interviews were conducted at a southern Colorado university. All six students who completed the NSG 472 Special Topics elective in Spring 2015 were interviewed. Each interview consisted of ten questions and lasted an average of thirty minutes. Digital recordings of the participant’s interviews were then transcribed verbatim.

The six verbatim interviews were prepared and imported using NVivo ® 10 qualitative software. Each line was manually read and coded to ten main categories (nodes) in reference to the ten questions. Additional subcategories were created as coding was refined within the nodes. The ten main categories are: 1) Manage difficult problems when trying hardest. 2) Get what you want when opposed. 3) Stick to your aims and accomplish goals. 4) Confidence dealing efficiently with unexpected events. 5) Resourcefulness handling unforeseen situations. 6) Solve most problems if invest necessary time. 7) Remain calm facing difficulties rely on coping abilities. 8) Find several solutions when confronted with problem. 9) Getting out of a bind. 10) Handling whatever comes your way. Two additional nodes were created during the coding process 11) Anything Else and 12) Text Searches. The final result is 12 nodes with 62 subcategory nodes or themes.
During the analysis, there was continuous interpretation and refining of emerging subcategories and themes. The results were analyzed thematically until sufficient redundancy of data or saturation had occurred. The general steps of the analytic process included reading the transcripts, extracting significant phrases, formulating meanings, clustering the formulated meaning to themes and coding the themes to verify occurrence. In analyzing the coding reports the insertion of references and percentages are reported. These percentages give proportionality in that “a lot” or “a little” was coded from the document to the category. The references relate to the number of times text was selected within the document, the percentage is the percent of the document each selection represents. The frequency count spread sheet was then analyzed and emerging themes were developed by using the node titles or subtitles in descending order of frequency. Word frequency counts and text search also helped identify key words, were created and compiled into coding report for further examination. A word cloud was developed and provides visual feedback of the most frequently occurring words in the 500 word list (See Appendix E).

This exploration of the student’s perceptions of the elective capstone preceptor course revealed key insights about their preceptored experience. The six participants in this study provided rich details with respect to the research question. Four themes were identified from the data included: Understanding Nursing Team Work, Ability to Identify Resources, Growing Confident and Confidence, and Identifying the One-to-One Relationship.
Understanding Nursing Team Work

The researcher found that fifty percent of students were able to solve difficult problems if they tried hard enough by identifying their problem solving needs through nursing team work. This re-occurring theme identified nursing staff, doctors and the preceptor as a means to solve difficult problems. One participant stated:

- “After the program, I learned a lot of team work. The unit I was on, they worked great as a team…if you needed help solving a problem with a patient there was always someone to go to.”
- “If there was a situation that came up I would go talk to my preceptor and other people in the work place and its importance to be a team player…”

Participants spoke about the importance of the ability to identify their team for guidance. One student reported that if “I couldn’t figure out on my own I turned to my preceptor for guidance…she didn’t always come right out and give me the answer but gave guidance towards my own critical thinking.” The study by Myrick (2002) found that preceptor behaviors, such as role modeling, facilitating, guiding, and prioritizing, were found to indirectly trigger preceptee’ critical thinking ability. This one-to-one relationship described by the students was a key factor in the students’ understanding of teamwork.

When understanding the use of resourcefulness when handling unforeseen situations the participants reported that teamwork was most valuable. One participant reported that,
“I’m learning mostly from the nurses. I’ve learned a ton here at the school but being in the field with those nurses, it just brings it all home and I see it, and then I am starting to expect things. So my resources are basically number one the nurses.”

Every situation is different and when unforeseen happens you always have your team to go to answer questions, they know a whole lot there.”

Multiple responses indicated that teamwork is the most effective way to handle whatever comes their way. Without exception the participants felt accepted as part of various clinical teams. One participant reported:

I have the confidence that I can turn to the other people on the floor. If something happens and I am not sure what to do I can go to them {nurses}. I can talk to the doctors, I can talk to the charge nurse, I can talk to other RN’s…and I feel confident that this is wonderful in having a whole team back up is pretty awesome.”

It is evident that participants understand the advantages which accrue from being part of the team, and for these students there is a lasting positive impact on learning outcomes. One participant responded:

“I think the experience is definitely beneficial in creating and getting used to talking to more than just one nurse, you are talking to the whole team because you don’t get that on the normal clinical settings.”
Ability to Identify Resources

Participants clearly acknowledged that they were able to identify resources when asked how they manage difficult problems. Participants reported they not only had the use of nursing teamwork but they identified the use of material and technological resources when facing difficult situations. One hundred percent of the participants reported using the facility intranet, use of nursing protocols, physician’s desk references, videos and consulting with the preceptor.

Participants identified the use of material and technological resources for unforeseen situations, solving problems, ways of finding several solutions to problems and handling whatever comes their way. One student’s reported, “Well if I come across something that I don’t know about, of course I am going to research it. I will watch videos…use the facility website or the internet.” This emerging theme clearly identified the participant’s ability to solve problems with the use of readily available resources.

Growing Confident and Confidence

In response to the question on whether regarding confidence in dealing efficiently with unexpected events participants (50%) acknowledged that they acquired skills to handle role requirements during the program. The responses noted, “Before I went into the program I was unconfident with myself and my decision making…I feel I was in the environment in which I performed the best.” The research found that 33% of the participants reported characteristics of least confidence as, “At first my confidence was very, very low. I was very timid, and I was afraid.” It was reported by one participant “My confidence is still lacking, although the course definitely helped improve that.” According to Windsor (1987) this emerging sense of confidence correlates with the
findings regarding nursing students’ perceptions of clinical experience which reflects a pattern of development in that student were anxious in the initial phase of the experience. This meant that the students felt more confident and comfortable in the later phases of the experience.

With growing confidence it was evident that by the end of the senior capstone course, the participants were able to deal efficiently with unexpected events, “By the end of the semester I was taking care of my own patients.”

**Identifying the One-to-One Relationship**

The participants reported the value of spending time alongside practicing nurses in this program as the one-to-one relationship of the preceptor model. When asked *how they manage difficult problems* 33% of the respondents indicated:

- “When I encountered a problem that I felt I couldn’t figure out on my own, I turned to my preceptor for guidance which she was really good at not just telling me the answer…she tried to prompt me into by either asking me questions that I would answer and then that would trigger me, ultimately make me come up with the answer on my own.”

- “At times the preceptor would brainstorm with me to figure out the problems. So typically I would talk with my preceptor.”

In regard to *accomplishing goals, resourcefulness, solving problems and handling whatever comes your way*, 33% of participants (stated that it was the preceptor who provided mentorship in their development that enabled the students to increase their confidence towards role independence. When summarizing a participant reported:
“My preceptor was awesome. It has been the only time that I felt that I was actually working as a nurse. The preceptor completely gave me the role as a nurse.”

In understanding negative responses, the students reported that in comparison to the traditional clinical course setting that the students were unable to meet the expectations of the clinical instructor when completing tasks.

- “Your figure out, I guess, what you need to actually provide the care that is necessary versus sometimes in a clinical setting with an instructor you have to meet all their expectations as well as trying to create your own way of doing things which is sometimes hard to do.”
- “Before, in the past clinicals the primary nurse was unable to relinquish her role over to the student.”
- “I have learned more in this twelve weeks of 135 hours than I have in most of my clinicals.”

Participants provided positive responses to the overall program:

- “I now have a job as a new graduate in the ICU and I feel that I can just go there after graduation and assume the roles as a professional nurse. I actually ‘FEEL’ like a nurse.”
- “I think this program is very effective in transitioning to a professional nurse.”
Limitations

There are several limitations to this study:

- Small sample size of six (6)
- The study was confined to one group of students who completed the capstone preceptor course in the Spring semester of 2015.
- Preceptor Qualifications: Preceptor qualifications include the years of experience, proficiency in clinical, leadership and communication skills (Mooney et al, 1988). Qualifications of the preceptor have a direct relationship of the participant’s perceptions of their experience.
- Researcher analytical creativity. Personal bias is always a potential overriding factor, despite the use and indications of the NVivo 10® software. Therefore interpretation of the programmed data necessitates caution in the analysis.
Chapter V
Conclusions and Recommendations

Conclusions

The purpose of the study was to identify baccalaureate nursing students’ perceptions of a capstone preceptor course as an aid in transitioning to the professional nurse role in regard to problem solving, dealing with the unexpected, resourcefulness and maintaining calm. The results of this study support the concept that a special topics elective course in which students worked with a preceptor in a clinical area of their choosing (capstone preceptor course) promoted behaviors which facilitate role transition from student to professional nurse.

Preceptored experiences can be beneficial for guiding senior nursing students toward critical thinking and role independence. The one-to-one relationship was a key factor in understanding how to problem-solve and maintain calm under pressure. Through formal and informal instruction, the preceptor modeled maintaining calm when dealing with unexpected patient situations and demonstrate resourcefulness in the clinical work environment.

Teamwork was also a valuable method for handling unexpected situations with resourcefulness and calm. Questioning and brainstorming were effective methods for building students’ confidence. Preceptored experiences helped students acquire skills to handle role requirements by the end of the capstone course.

This study contributed to the literature to further validate the reported positive outcomes of capstone preceptorship experiences on nursing students’ learning outcomes.
The research also provided some insight into how resourcefulness, maintaining calm in unexpected patient situations and the ability to problem-solving can be enhanced by a preceptored experience.

**Recommendations**

This study could be replicated with a larger sample size and could include students from past special topics courses. Interviews with new graduates could be conducted to identify the effects of the capstone preceptor course on their acclimation to their new jobs. Preceptors could be chosen who have similar education, experience and qualifications to identify the effects on student learning outcomes. Creative and effective collaboration between the nurse education curriculum and practice is imperative in order to understand the dynamics of role transition as it pertains to the new nurse graduate. Future studies should include a longitudinal study of nursing students in order to understand changes over a course of several years or entire programs and how fluctuations, if any, in self-confidence or self-efficacy may impact academic performance and success over time.

Additionally, nursing programs should explore the idea of requiring a capstone preceptor course for every student before graduation. The potential benefits to the students learning have been described. It can be said that nursing education programs as well as the healthcare institutions alike could benefit from an integrative clinical capstone program.
Summary

Transition shock demonstrates that there is a gap between what new graduates were taught in their undergraduate education and what they experience in the real world. For many new graduate nurses, the orientation period is difficult. It is understood that preceptored clinical environments positively contribute to new graduates’ transition into the professional nurse role (Ainsmeister & Shafer, 2009).

The results of this study support the concept that a special topics elective course in which students work with a preceptor in a clinical area of their choosing (capstone preceptor course) promotes behaviors which facilitate role transition from student to professional nurse. A capstone preceptor course could be a welcome addition to an undergraduate nursing curriculum.
References

Ainsmeister, L., & Schafer, D. (2009). The exploration of the lived experience of the graduate nurse making the transition to registered nurse during the first year of practice. *Journal of Nurses in Staff Development*, 25, 28-34.


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APPENDIX A

INSTITUTIONAL REVIEW BOARD WRITTEN APPROVAL
IRB Review

Proposal Title: Baccalaureate Nursing Students’ Perceptions of a Capstone Preceptor Course in Role Transition

Principal Investigator: Flores

New application from Nursing

Dear Carla,

Thank you for submitting your IRB application “Baccalaureate Nursing Students’ Perceptions of a Capstone Preceptor Course in Role Transition”. This application has been reviewed according to the policies of this institution and applicable federal regulations. The review category for this application is Exempt. This letter serves as notification that you now have IRB approval for a period of 12 months from the date of this letter. The expiration date for your approval is 4.13.16. Once human research has been approved, it is the Principal Investigator’s responsibility to report any changes in research activity related to the project, including revisions or amendments, serious adverse consequences, renewal or completion. If you have any questions, please contact me at barbara.brettgreen@csupueblo.edu. Thank you for your concern regarding the protection of human subjects, and good luck with your research.

Best regards,

Barbara Brett-Green, Ph.D.

IRB Chair
APPENDIX B

CONSENT FORM
Consent to Participate in a Research Study
Colorado State University- Pueblo
College of Engineering, Education and Professional Studies And
The Department of Nursing

TITLE OF STUDY: Baccalaureate Nursing Students’ Perceptions of a Capstone Preceptor Course in Role Transition

PRINCIPAL INVESTIGATOR: Carla Flores, RN, BSN – Graduate Student - Nurse Educator

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH? You are being asked to participate in this study because you are a senior level student in the nursing program at CSU-Pueblo. The participant must > 18 years old and have completed your clinical rotation in Special Topics NSG 472, Capstone Course. Your perception of the use of the capstone course as an additional learning method will be very much valued.

WHO IS DOING THE STUDY? This study is being conducted by a graduate nursing student enrolled in the Nurse Educator track at CSU-Pueblo, as partial fulfillment of the graduate thesis requirement for a master's degree.

WHAT IS THE PURPOSE OF THIS STUDY? The purpose of the study will be to identify baccalaureate nursing students’ perceptions of a capstone preceptor course as an aid in transitioning to the professional nurse role in regard to problem-solving, dealing with the unexpected, resourcefulness and maintaining calm.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST? The study will take place at a CSU-Pueblo private classroom. The interview will be conducted the final week of the Spring semester, 2015. The interview consists of ten questions and will take 45 minutes to complete.

WHAT WILL I BE ASKED TO DO? For this study, you will be asked to sign up for an interview that will be audio-recorded lasting 45 minutes. You will be asked ten questions about your perceptions of the Spring Capstone Course.

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY? You should not participate in this study if you do not desire to answer interview questions. Participants should not participate if they are <18, or have not completed NSG 472.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS? There are no known risks associated with participating in this study. It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY? Your participation in this project will provide you with an opportunity to discuss your perceptions of the capstone preceptor course and its usefulness to you as you transition to professional practice.

DO I HAVE TO TAKE PART IN THE STUDY? Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at
any time without penalty or loss of benefits to which you are otherwise entitled. Deciding not to participate in the study will not affect your grade for NSG 472.

**WHO WILL SEE THE INFORMATION THAT I GIVE?** We will keep private all research records that identify you, to the extent allowed by law.

For this study, we will use the last four digits of your PID only, so that the only place your name will appear in our records is on the consent and in our data spreadsheet which links you to your PID. Only the research team will have access to the link between you, your PID, and your data. The only exceptions to this are if we are asked to share the research files for audit purposes with the CSU Institutional Review Board ethics committee, if necessary. When we write about the study to share with other researchers, we will write about the combined information we have gathered. You will not be identified in these written materials. We may publish the results of this study; however, we will keep your name and other identifying information private. All documents and data will then be stored in the researcher’s office in a locked file.

**CAN MY TAKING PART IN THE STUDY END EARLY?** You may be required to stop before the end of the study if all or part of the study is discontinued for any reason by the investigator or university authorities, or if you fail to adhere to requirements for participation established by the researcher.

**WILL I RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY?** There is no compensation for taking part in this study.

**WHAT IF I HAVE QUESTIONS?**

*Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator Carla A. Flores at 719-289-2260 or carla.flores@csupueblo.edu. If you have any questions about rights as a volunteer in this research, contact the CSU IRB at Barbara.brettgreen@csupueblo.edu 719-549-2676. We will give you a copy of this consent form to take with you.*

**WHAT ELSE DO I NEED TO KNOW?** By signing this consent form, you are agreeing to participate in an interview about your perceptions of the nursing capstone course. You will be contacted on the day of your scheduled interview as a reminder, prior to your scheduled interview time.

Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing two pages.

_________________________________________  ____________________
Signature of person agreeing to take part in the study   Date

_________________________________________  ____________________
Printed name of person agreeing to take part in the study

_________________________________________  ____________________
Name of person providing information to participant   Date

_________________________________________
Signature of Research Staff
APPENDIX C

GENERALIZED SELF-EFFICACY SCALE
GENERALIZED SELF-EFFICACY SCALE (Questions adapted with permission)

Name........................................................................................................................................

Date..................................................Last four digits of PID Number..........................................

Upon Completion of the Capstone Preceptor Program:

1. Tell me how you are able to manage ways to solve difficult problems even when you are trying your hardest.

2. Tell me how you find means and ways to get what you want even when someone opposes you.

3. Tell me how you are able to stick to your aims and accomplish your goals.

4. Tell me about your confidence in dealing efficiently with unexpected events.

5. Describe your resourcefulness when it comes to handling unforeseen situations.

6. Tell me how you solve most problems if you invest the necessary time.

7. Discuss your ability to remain calm when facing difficulties by relying on your coping abilities.

8. Tell me about when you are confronted with a problem, how you can find several solutions.

9. Tell me about getting into a bind and thinking of something to do about it.

10. Tell me about your ability to handle whatever comes your way.

APPENDIX D

PERMISSION TO USE

GENERALIZED SELF-EFFICACY SCALE
Permission granted

to use the General Self-Efficacy Scale for non-commercial research and development purposes. The scale may be shortened and/or modified to meet the particular requirements of the research context.

http://userpage.fu-berlin.de/~health/selfscal.htm

You may print an unlimited number of copies on paper for distribution to research participants. Or the scale may be used in online survey research if the user group is limited to certified users who enter the website with a password.

There is no permission to publish the scale in the Internet, or to print it in publications (except 1 sample item).

The source needs to be cited, the URL mentioned above as well as the book publication:


Professor Dr. Ralf Schwarzer
www.ralfschwarzer.de
APPENDIX E

VITAE
Curriculum Vitae
Carla Ann Flores
B.S.N. RN
COLORADO STATE UNIVERSITY-PUEBLO
July 22, 2015

Business Address: Home Address:
2100 Bonforte Boulevard 204 South Caddoa Drive
Pueblo, Colorado 81008 Pueblo West, Colorado
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EDUCATION

 Colorado State University – Pueblo
  Bachelor of Science in Nursing May 1996
 University of Southern Colorado –Pueblo
  Bachelor of Science in Biology May 1996

TEACHING / LIBRARY EXPERIENCE

 Colorado State University – Pueblo
  Adjunct Clinical Nursing Instructor 2007-Present
 Pueblo Community College
  Adjunct Clinical Nursing Instructor 2014-Present

RESEARCH EXPERIENCE / SCHOLARLY OF CREATIVE ACTIVITIES

 Sigma Theta Tau International Research Symposium Poster Presentation. Transforming Patient Care Through Mobile and Social Networking. Colorado State University – Pueblo 2014
  Presenters: Carla Flores, Lisa Persons, Jennifer Medina, and Diana Richardson.
 Lewellan Grant Nursing Clinical Educator

SERVICE / PROFESSIONAL ACTIVITIES

 Sigma Theta Tau International Member since 2006