Preceptors’ conceptions of a peer learning model:
A phenomenographic study

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ABSTRACT

Background: During the past few years nurses precepting undergraduate nursing students have been put under greater pressure because of increased number of students admitted to the universities combined with a shortage of clinical placements. One solution is the preceptor model peer learning where two students are tutored by the same preceptor simultaneously.

Objectives: The aim of this study was to describe the variation of registered nurses’ conceptions of preceptorship in a peer learning model for undergraduate nursing students.

Design: The study used a qualitative descriptive design and a phenomenographic approach.

Settings: The interviews took place at somatic and psychiatric units at two different hospitals in southern Sweden.

Participants: Twelve informants participated who had worked as registered nurses between 1–17 years and acted as peer learning preceptors between 2 month and 6 years.

Methods: Each nurse was interviewed individually using a semi structured interview guide. Follow up questions were used to make the informants develop and deepen their answers.

Results: Four different descriptive categories emerged in the study: 1) Preceptorship in peer learning generates development and new perspectives 2) Preceptorship in peer learning enables student reflection and independence 3) Preceptorship in peer learning engenders insufficiency and stress 4) Preceptorship in peer learning requires education and support.

Conclusions: The result of this study showed that preceptors conceived that peer learning enabled them to take a step back which gave them a new role and perspectives. The consequence was that the students could be more independent which saved time for some of the preceptors. However, some preceptors perceived insufficiency and stress while working with two students. It is also important to educate both students and preceptors to optimise the use of peer learning.

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1. Introduction

Clinical practise is a central part of nursing education. This is where students transfer their theoretical knowledge into practical skills and the process is facilitated by registered nurses who act as preceptors (Mamhidir et al., 2014). Carlson (2012) argues that the preceptor role can be perceived as both multifaceted and advanced which requires adequate preparation and education. It is time consuming and many nurses do not have allocated or protected time for precepting. Simultaneously, as stated by Sedgwick and Harris (2012), the preceptors are put under higher pressure because of organizational changes with increased numbers of students in nursing programs, and a shortage of clinical placements at the hospitals. According to Carlson (2012) these different factors combined are the reason why new and alternative precepting models have been implemented. One model that meet these new demands is peer learning where students work in pairs, supervised by the same preceptor, and alternate the role as student and teacher in performing nursing interventions. The preceptor takes a step back which stimulates the interaction between the students and develop their problem solving skills and cooperation (Carlson, 2012). Peer learning allocates new and challenging demands on the preceptors and it is subsequently of importance to highlight their conceptions of the model.

2. Background

Peer learning is defined by Topping (1996) as “People from similar social groupings, who are not professional teachers, helping each other to learn and learning themselves by teaching” (p. 322). The pedagogical
idea origin from theories by Piaget and Bandura among others who believe that cooperation and social interaction are essential elements in creating knowledge (Secomb, 2008). There is an advantage in learning from people who are in the same situation and position because it creates a relaxed climate through a common language and experiences of similar challenges. Peer learning benefits both parts through the sharing of ideas and knowledge but also develops skills as giving feedback and organizing activities (Boud, 2001). The participants in peer learning alter the role as teacher and student. The learning situations origin of curriculum content and consist of structural activities which give the students practice in both practical and theoretical knowledge (Topping, 1996).

A previous systematic review shows that peer learning stimulates the nursing students' ability to reflect and analyse and this cognitive development increase their capacity to learn (Secomb, 2008). The model also supports student independence and responsibility for their own education (Stone et al., 2013). A study by Roberts (2008) showed that the cooperation between two students developed their clinical skills because they helped each other in converting theoretical knowledge into practise by demonstrating it to one another. The co-student is also an emotional support and decrease the anxiety many feel when coming into the clinical environment, which could seem frightening (Stenberg and Carlson, 2015). There are also negative aspects of peer learning; mainly conflicts occurring because of lacking cooperation between the students due to different levels of knowledge and personalities (Secomb, 2008). The students also experience competition over time with the preceptor to practice their medical-technical skills (Stenberg and Carlson, 2015).

According to the Bologna process in Europe, clinical training should constitute at least half of the Bachelor of Nursing Programme and the nursing students are supposed to be guided by qualified nurses (Council Directive 2005/36/EC). Raines (2012) states that it is a non-profit role in addition to nurses' clinical work tasks, but many see it as a way of giving back to the profession and create a good experience for the students. The primary role for precepting nurses is to protect the student from negative situations and experiences. The protecting role is based on an empathic drive and aims at easing the students' socialisation process (Hall, 2016). Preceptors reckon themselves as role models for the students, and it is thereby important that they act the same way as they guide (Hilli et al., 2014a). The students are also a direct reflection of the preceptor's behaviour which force the preceptors to be self-conscious of their manner (Liu et al., 2010).

Preceptors perceive that an important assignment is to find the student's motivation and goals with the clinical practise (Raines, 2012), but also create a supportive relationship where the student feels welcome and is allowed to be herself/himself (Hilli et al., 2014a). This creates the most favourable learning environment and the student feels comfortable to ask questions and re-structure with the needs of the patients, which has to be prioritized, therefore the organisation can constitute as a limit to the role (Öhrling and Hallberg, 2001; Carlson et al., 2010). However, preceptors have to balance the preceptors with the needs of the patients, which has to be prioritized, therefore the organisation can constitute as a limit to the role (Öhrling and Hallberg, 2001; Carlson et al., 2010). Precepting is also often applied as an addition to nurses’ clinical work and the multiple role creates negative stress (Carlson et al., 2010; Liu et al., 2010). The role as preceptor for nursing students can also be perceived as lonely when they lack the opportunity to confer with colleagues over issues connected to the students’ learning (Öhrling and Hallberg, 2001). To succeed in the performance as preceptors the nurses need support from the unit managers (Mårtensson et al., 2013) and ask for more guidance from the faculty and clinical teachers (Liu et al., 2010).

The above discussed studies have all been executed on clinical placements using traditional 1:1 precepting models; one student is tutored by one preceptor. When it comes to peer learning, using a 2:1 model, the students’ perspective is well examined while there is limited research focusing on the preceptors’ view. Previous research has either been comparative between a peer learning model and a traditional model (Mamhidir et al., 2014) or included a scarce number of preceptors (n = 2) (Chojecki et al., 2010). However, no study has explicitly searched for the preceptors’ experiences. It is also important to highlight the preceptors’ viewpoint and respond to it, since they have a pivotal role in building the bridge between the academic world and the clinical setting (Raines, 2012).

2.1. Aim

The aim of this study was to describe the variation of registered nurses’ conceptions of preceptorship in a peer learning model for undergraduate nursing students.

3. Method

A qualitative descriptive design and the phenomenographic approach was used in this study. It was chosen because the approach has a pedagogical origin which intend to answer questions about learning and thinking (Marton, 1986). This matched the current study since it sought to describe the various ways preceptors experience peer learning. The aim of a phenomenographic study is to map the qualitative different ways people experience, conceive and understand phenomena in the surrounding world (Marton, 1986). This variation of conceptions can be described and creates the outcome space of the study. The conceptions can also be arranged hierarchically if some are more advanced and complex (Marton and Booth, 1997). The focus in phenomenography is not the world as such, but how a person conceives it (Marton, 1986). This way of thinking is called the second order perspective: a development of the first order perspective which only makes statements about the world (Marton, 1981).

3.1. Context

In the current study the term preceptor refers to a registered nurse responsible for the undergraduate nursing students during their clinical practise. The role as preceptor is temporal and the goal is to develop and assess the students’ clinical performance based on guidelines from the faculty (Younge et al., 2007). Peer learning was introduced at the current hospitals and interconnected university in 2011 as a project to solve the shortage of preceptors at the clinics. The peer learning preceptor tutors two students from the same year simultaneously, according to a 2:1 model. The nursing students attend year one or three of the Bachelor nursing program at a university in southern Sweden - year one students have clinical practise for 5 weeks and year three students for 8 weeks. As a support for the preceptors and to develop the students’ nursing skills structured learning activities are generated at each clinic. The activities focus on ethical concerns, medical technical skills or nursing activities and are based on the university’s learning goals for each year. The purpose is that the students should collaborate and solve the assignments independently without the instant interference of the preceptor (Stenberg and Carlson, 2015).

3.2. Participants

According to the phenomenographic approach, a strategical sampling was chosen to capture all conceptions that existed in the group (Stenfors-Hayes et al., 2013). Therefore, to maximise variation, no
limitations were applied with regard to experience in number of years as registered nurse or as a preceptor in the peer learning model (Patton, 2002). Thus, the only inclusion criteria were that the informants had experience as peer learning preceptors and could understand Swedish. Twelve informants participated in the study. They had worked as registered nurses between 1–17 years and acted as peer learning preceptors between 2 month and 6 years. The preceptors worked at somatic and psychiatric units at two hospitals in southern Sweden.

3.3. Data Collection

Data was collected through semi structured individual interviews conducted by the first author. The interviews began with an open question to make the informants speak freely about the concept peer learning preceptorship. The question used was: How do you perceive to precept in the peer learning model? An interview guide with follow up questions was used to make the informants develop and deepen their answers (Stenfors-Hayes et al., 2013). The follow up questions were for example: What are the possibilities with peer learning preceptorship? How does peer learning effect your preceptorship? The interviews ranged from 20 to 31 min. All interviews were audio recorded and transcribed verbatim by the first author. After twelve interviews no new information emerged and therefore the data collection was terminated.

3.4. Data Analysis

The data analysis followed the procedure by Dahlgren and Fallsberg (1991). In the first step, familiarisation the transcripts where read several times to get acquainted with the material. The analysis started during the next step condensation where the most significant and important meaning units where marked. The meaning units where compared to find similarities and differences in the next step comparison. The data analysis continued with grouping where meaning units expressing the same view of the phenomena were grouped together in categories. In the next step, articulating, the essence in each category was found and further given a name in labelling which communicated the core meaning. The last step was contrasting where the categories were compared to see if the meaning units fit into more than one category. The purpose was that each category should be exclusive.

The descriptive categories in the outcome space turned out to have a structural relationship, however no hierarchical order was found.

3.5. Ethical Considerations

According to Swedish law (SFS, 2003:460) no ethical approval was required for this study. All informants participated voluntarily and gave written consent after receiving an information letter. They could at any point during the process withdraw from the study. All data was handled confidentially and only available to the authors. Data was stored on a lap top with password which was not connected to internet during transcription.

3.6. Methodological Considerations

To ensure trustworthiness of a phenomenographic study the data analysis should be executed by more than one researcher. In the present study the descriptive categories and outcome space was found through a discussion between both authors. It is also of importance that the researchers are self-aware and agree upon that their interpretations can influence the process. This could assure credibility (Stenfors-Hayes et al., 2013). None of the authors have worked as peer learning preceptors which minimize the risk of preconceptions about the model in the analysis process however, both are well informed theoretically about preceptorship and peer learning. It could also be discussed if the informants talked about peer learning preceptorship during the interviews or preceptorship in general. This is not possible to outline and according to Stenfors-Hayes et al. (2013) a phenomenographic finding is always dependent on the descriptor. From this study, it is not possible to make any assumptions concerning what impact previous experience as preceptor has on the conception about peer learning. However, tendencies can be seen in the data indicating that informants with longer experience as nurses and preceptors had a more positive standpoint. This implies for further research about the topic.

4. Results

Through the phenomenographic data analysis four qualitative different categories of describing registered nurses’ conceptions of preceptorship in a peer learning model emerged, which are presented in Fig. 1.

4.1. Preceptorship in Peer Learning Generates Development and New Perspectives

Through the precepting role in peer learning the informants grew professionally as nurses by receiving new evidence in nursing through the students and increased their ability to multitask. Furthermore, precepting two students simultaneously taught them how to be more flexible, perceptive and adjustable which made them grow personally.

Working in the peer learning model also enabled the preceptors to take a step back and a less active role since the students worked together primarily. This new position gave them a better perspective on the students’ learning process and nursing knowledge through studying their interaction, which could ease the assessment process. However, the preceptors expressed that they had to be self-conscious and trust their ability to assess the students to be able to take a step back.

“I also think it is an advantage with two because they can talk to each other. I can hear what they say instead of asking my own questions all the time, what feedback they give each other when they carry out an action, when one reminds the other, it gives me a confirmation on: okay that person knew that” (Informant 7).

4.2. Preceptorship in Peer Learning Enables Student Reflection and Independence

The informants experienced that peer learning created more reflective discussions with the students because they primarily turned to each other to solve problems that occurred and had thereby

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**Fig. 1.** Outcome space: Preceptors’ conceptions of a peer learning model.
proceeded further in their thinking process when the preceptor was involved eventually. The fact that these discussions and reflections contained three persons’ points of view was perceived as positive and developing. It was also easier for the preceptor to give the students a task to solve independently without getting bad conscience because they had each other and were not left alone. However, if the students had different needs for support the preceptors sometimes had to give them different tasks to be able to develop both students. It was also necessary to have private conversation with the students when delivering criticism.

To precept two students simultaneously was also an advantage because the students were much more secure when they had a co-student. The preceptors experienced that the students became braver when they had a friend at the ward and this made it easier for them to speak their mind and reflect which was expressed as positive by the preceptors.

“To make them see the opportunity to use each other as support and learn from each other and I experience that I can give them the freedom and be independent together” (Informant 8).

Because the students could work independently and execute tasks without the preceptor, the informants perceived that peer learning was a relief and less time consuming than traditional models. This gave the preceptor more time for the patients and other tasks at the clinic.

“I don’t need to be present every minute because they see me as a mentor who they can come to when they are insecure and that gives me more time for administrative things” (Informant 4).

4.3. Preceptorship in Peer Learning Engenders Insufficiency and Stress

The preceptors perceived being split in two parts because they should focus on two students simultaneously and could not give each student the attention that they asked for. The students could also be at different locations at the ward which created difficulties to control and overlook the situation. The preceptors felt that peer learning put a greater pressure on them since it caused a higher workload and too much responsibility for one person to handle. It also forced the preceptors to plan more in advance compared to having only one student where he or she could just tag along the preceptor.

Four of the preceptors also expressed that peer learning was more time consuming than 1:1 models because it created stress, additional work and was a burden on top of the nursing tasks, which lead to overtime hours. It also created a feeling of being inadequate for the students because of the lack of time.

“You feel more divided as a preceptor or you only have two hands and two feet and one head, you can’t be at all places at the same time and you have to solve the situation when they want something at the same time” (Informant 6).

Another aspect that created challenges for the preceptors were students at different levels when it came to ambition and competence. In some situations, the preceptors felt that the more competent student was held back and could not develop as fast as he or she had ability to because the two students should have the same quantity of patients and responsibility. On the other hand, preceptors expressed that the stronger student could be too dominant and override the co-student. These situations were difficult for the preceptors to handle and caused more work.

The informants also disclosed that the students competed over his or her attention because they were afraid of not being seen. Some of the preceptors expressed that they had no problems giving equal attention and see the students as individuals with their own strengths and weaknesses. However, the opposite was also expressed by preceptors expressing a risk that they assessed the students as one equal group and compared the students with each other.

“When they are at different levels and how you get the weaker to be more active and take up more space… that I can see as a challenge (Informant 1).

4.4. Preceptorship in Peer Learning Requires Education and Support

The preceptors expressed a wish for more education as they were not adequately prepared for their role in the peer learning model because the information they got in advance were incomplete. They asked for education about the peer learning model, the pedagogical idea and evidence from previous studies. Education could give them new input and ideas but also be a chance to exchange experiences with other preceptors. The preceptors did not only ask for collegial support during educational sessions but also continuously at their clinics. They appreciated the possibility to discuss problematic situations and get support and acceptance from colleagues that nursing tasks usually are more time consuming when students are involved.

“It is important to get supervision in your preceptor role, it has helped me a lot when I have felt frustrated about situations concerning conflicts with the students […] that you get a little help and support from another preceptor because you get upset” (Informant 4).

The preceptors did not only perceive that they were inadequately prepared and educated for the peer learning model, the students were too. The informants described how they experienced students as poorly prepared from the university beforehand about peer learning, and hardly knew that they were supposed to collaborate with a co-student. The preceptors suggested that more prepared students would improve the start of the clinical education and would make it easier to formulate individual goals.

“talk a little about peer learning what it is and what you can expect from it… the peer learning concept means this and that and the advantages can be this and the challenges can be this and the basic idea is that you should learn from each other” (Informant 12).

5. Discussion

The first descriptive category outlined how the preceptors perceived their role in peer learning as a way of growing both as nurses and persons. The professional development was gained through the students introducing new research to the preceptors, and this is in line with Hilli et al. (2014b) who showed that preceptors have respect for the students’ knowledge and are receptive to it. However, based on the current study the personal development concerning the ability to adjust to two personalities simultaneously, and being flexible could be something that peer learning adds to the many competences that preceptors need to possess. Previous research on the role function of nurses precepting pre-licensure nursing students show that the major role is to protect the student, but also act as a socializer and teacher (Hall, 2016). The preceptors in the current study experienced that peer learning enabled them to take a different role which was more passive and gave new perspectives on the students’ competencies. This could be explained by the fact that the students protected and supported each other. This cohere with the second descriptive category where the preceptors experienced that peer learning induced student independence since they turned to each other first for support when problems occurred, just like previously noted by Roberts (2008) and Stone et al. (2013) when studying the model from the students’ perspective. In our study the students acted as teachers and socializers to each other,
consequently this was experienced as time-saving for the preceptors. This is in contrast to several previous studies, which have shown that one of the limiting factors for preceptors is lack of time because precepting is added on top of the nursing responsibilities (Carlson et al., 2010; Hall, 2016; Liu et al., 2010). Peer learning has previously been acknowledged as not being more time consuming (Mamhidir et al., 2014), but not that it saved time. This implies for further research concerning how and in what ways peer learning saves time for the preceptors.

The third descriptive category could be seen as the opposite to the above reasoning and outline how the preceptors conceived peer learning as a burden. Here the preceptors got a feeling of insufficiency because they experienced that two students created more work and had problems collaborating around patient care. In some cases, there is a need for the preceptor to step in when one student is insecure or sensitive about something concerning the nursing process, which prevent the student cooperation (Chojecki et al., 2010). A possible reason for this outcome is that peer learning is dependent on student cooperation and compatibility. If this fails because of, for example students’ divergent levels of knowledge, it could cause stress and more work. Mamhidir et al. (2014) showed similar result and expressed that the preceptors had to switch to traditional 1:1 precepting when the student pair was uneven in knowledge level. One way to optimise the use of peer learning and facilitate for the preceptors is through education and collegial support, which was expressed in the last descriptive category. For several informants peer learning was a new way of precepting and they had not the previous experience as students in the model. Omansky (2010) emphasizes the importance for preceptors to get both preparatory and continuously education to be able to handle the stress but also increase their satisfaction with the role. However, it is also important to create a supportive environment for preceptship in the clinics and exchange experiences through networking with other preceptors. However, the need for collegial aid is not something exclusive for peer learning preceptship. Natan et al. (2014) concluded that commitment to the role as preceptor was strongly linked to backing within the nurses’ employment framework and more important than factors from outside the workplace. Support and feedback can also be a way of strengthen the preceptors’ performance (Mårtensson et al., 2013).

The preceptors also expressed a need for more preparation and education for the students to make the most out of the clinical practise. This cohere with previous research where Stenberg and Carlson (2015) suggest that theoretical introduction for the students could be a way of solving negative competition which was also seen as a problem among the preceptors in this study.

6. Conclusions

The findings of this phenomenographic study implies that the peer learning model is a possible starting-point for a new role as preceptor which means gaining a different perspective of student learning and cooperation. The preceptors perceived that peer learning encouraged student independence and may thereby save time for them. However, peer learning could also be conceived as a model creating more stress and work load, mainly if the students are at different levels of knowledge.

This study implicates that peer learning one way of solving the current problems facing both universities and hospitals with more students and a shortage of clinical placements. For a successful implementation though, it is of great importance to educate and prepare both students and preceptors prior to the clinical placement.

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References


