

## ORIGINAL RESEARCH

# Exploring perceived barriers and facilitating factors affecting nurse preceptors' effectiveness: Key implications for nursing faculty and hospital administration

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## ABSTRACT

Nurse preceptors are essential to the success of senior baccalaureate students' learning in clinical placements. Although nurse preceptors are often expert bedside nurses, their effectiveness as nurse teachers is influenced by a variety of factors that can either facilitate or hinder their teaching. These factors are multifaceted and may be attributed to the preceptor, the student, the nursing faculty, or the hospital organization. How these factors affect the preceptor's effectiveness is not well understood, leaving a gap in the literature: preceptors' own descriptions of effectiveness when working with students are not available. The purpose of this transcendental phenomenological study was to explore how clinical nurse preceptors perceive their effectiveness when working with senior baccalaureate nursing students. The study aimed to examine the lived experience of being a nurse preceptor to senior baccalaureate nursing students to foster potential strategies and policy implications for both nursing faculty and hospital administrators to best support preceptors in their roles. Data were collected from semi-structured virtual interviews, field and journal notes, and a demographic survey. Braun and Clarke's thematic analysis was used to identify four central themes within the data: (a) preparation essential for preceptor success, (b) student readiness for clinical engagement, (c) the need for faculty communication, and (d) administrative challenges. Overall, preceptors desire training for their roles, better communication with faculty, clear expectations, a scope of practice for students, and genuine recognition for their work. This knowledge can foster practical and policy change initiatives for both nursing faculty and hospital administrators. Both of which may contribute to a more successful clinical learning experience, impacting students' satisfaction, competence, and retention in the nursing profession.

**Key Words:** Badge-buddy, Barriers and facilitators, Effectiveness, Faculty implications, Nurse preceptors

## 1. INTRODUCTION

### 1.1 Introduce the problem

Nursing students are taught and socialized into the nursing profession, with the expectation that they will be proficient in both didactic and clinical settings. Students in their senior

year of baccalaureate programs spend upwards of 50% of their time learning in clinical settings.<sup>[1]</sup> Given the continued nursing faculty shortage, nursing schools often rely on clinical nurse preceptors, who are registered nurses employed by hospital facilities, to supervise, teach, and evaluate stu-

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dents within the clinical setting. The interaction between the student-preceptee and the nurse-preceptor is a crucial factor in the success of the clinical experience, including the student-nurse's proper socialization into the nursing profession.<sup>[2,3]</sup> These nurse preceptors are often hired on a part-time basis with little to no formal education in being nurse teachers.<sup>[4]</sup> Although they are usually expert bedside nurses, this lack of professional development in teaching, learning strategies, and evaluating and remediating student nurses can limit nurse preceptors' effectiveness. Add to this the multi-factorial dynamics of students with differing attitudes and abilities, busy and often short-staffed nursing units, and the interactions preceptors have with differing nursing schools, and, understandably, multiple factors can either facilitate or hinder the preceptor's ability to teach effectively.

## 1.2 Background

The shortage of qualified nurse educators in the United States, Canada, and abroad is well-documented.<sup>[5]</sup> In response to the shortage of skilled nursing faculty, many schools of nursing rely on Registered Nurses (RNs), employed by the hospital facility, to assist in supervising, teaching, and evaluating student nurses in clinical settings. These preceptors are not employed or hired by the school of nursing in an adjunct or clinical instructor role, but are affiliated with the hospital organization, and agree to help supervise and teach students from a given school of nursing. Very often in the senior year of a baccalaureate nursing program, student nurses are paired one-on-one with a qualified RN who will be their 'preceptor' and facilitate the student's socialization into the profession and prepare them for the role of a graduate nurse.<sup>[6]</sup> The nurse preceptor's ability to teach effectively will significantly impact the student's ability to develop the necessary clinical skills, attitudes, confidence, and critical thinking to be successful in the profession after graduation.<sup>[7]</sup>

## 1.3 Literature review

The literature highlights at least 10 varying clinical education supervision models within nursing education programs.<sup>[8]</sup> Within baccalaureate nursing education programs, the most common supervision model for senior nursing students is the preceptor-preceptee model.<sup>[9]</sup> In the preceptor-preceptee model, a senior nursing student is paired with an individual RN who has been selected by leadership and is agreeable to supervise, teach, and evaluate the student during clinical hours.<sup>[10]</sup> The preceptorship model is recognized as a highly efficient dynamic, as it allows for professional socialization, role-modeling, and direct patient experiences, which students indicate foster essential socialization and critical thinking, all of which enhance nursing competencies and student satisfaction.<sup>[11,12]</sup>

Generally, nursing students in their senior year begin the preceptor-preceptee relationship by being oriented to the unit, their preceptor, and the patient population at the start of the semester. Once oriented, senior students quickly move into patient care and become progressively more independent while still under the preceptors' mentorship and guidance. This is a time when senior baccalaureate students are expected to bridge the gap between theory and practice, refine their critical thinking, and enhance their skills.<sup>[13]</sup> During the preceptor experience, it is expected that the senior student will develop the skills to be a competent, independent, and proficient nurse, and very often these senior practicums set the stage for the successful transition into the profession.<sup>[14,15]</sup> Most often, preceptors are recognized as having expert skills at the bedside.<sup>[16]</sup> However, preceptors are frequently selected to address faculty shortages because students in their senior year spend upwards of half their time in clinical settings, and there are not enough qualified nursing faculty to supervise students in clinical placements consistently.<sup>[4]</sup> Recent research highlights that the responsibility for training nurse preceptors and ensuring their proficiency in teaching is unclear, potentially leaving significant gaps in the onboarding process for the role.<sup>[17]</sup> The stakes are high for senior nursing students, as the time spent in clinicals with the nurse preceptor can account for at least half of their educational time in their senior year.<sup>[18]</sup> The significant time senior students spend in clinicals makes it imperative that the nurse preceptor be an effective teacher, mentor, evaluator, and role model for students nearing graduation. Senior students who felt they had successful clinical placements most often describe their preceptors as having core attributes that made them effective. The first of which is pedagogical skills, that is, the preceptors' ability to teach from a place of knowledge and proficiency in their area of nursing expertise.<sup>[19]</sup> Pedagogical skills that facilitate preceptors' ability are detailed, with individuals committed to the teaching role and seeking support and education as they transition from expert bedside nurses to effective teachers.<sup>[20]</sup> Additionally, highly effective nurse preceptors most often demonstrate relational and reflective skills that allow them to form genuine relationships with preceptees.<sup>[21]</sup> Also, the ability to reflect on their own behaviors and how they impact teaching is considered a core competency of effective preceptors.<sup>[22]</sup> Moreover, previous research also highlights that quality preceptors demonstrate analytical, learning, and professional skills, all of which facilitate teaching diverse learners, role-modeling a professional identity, and analyzing students' learning needs.<sup>[23-25]</sup> Each of these attributes is at the core of the preceptor's ability to be effective and can be facilitated or hindered by factors related to the preceptors themselves, the nursing school, the hospital

facility, or the student nurses themselves.

#### 1.4 Significance and purpose

Multiple studies have examined the nurse-preceptor/student-nurse preceptee relationship from the student nurses' perspective, using both qualitative and quantitative methods.<sup>[26–28]</sup> Additionally, multiple research studies have examined the preceptor role from the preceptor's viewpoint, including looking at innovativeness in the role, support in the role, and preceptor character profiles.<sup>[29–31]</sup> Many of these studies were quantitative and relied on surveys and instruments to better understand the preceptors' role. Despite research addressing how vital clinical preceptors are to students' learning in clinical settings, there is limited research on the lived experience of preceptorship, including the factors they perceive as barriers or facilitators to being effective. This study aimed to explore perceptions of effectiveness from preceptors' own accounts of the experience.

## 2. METHOD

### 2.1 Study design

A qualitative phenomenological study design using semi-structured interviews was employed to explore the experience of effectiveness from the preceptors' own descriptions.

### 2.2 Setting and participants

This study involved 14 registered nurses from a single acute care teaching hospital in the southern United States. This single hospital site is affiliated with 11 nursing schools in the area, and preceptors frequently have students from these schools. Eligible participants were fully qualified RNs with at least one preceptorship experience with a senior baccalaureate nursing student in the past five years. Level of education, professional development for the preceptor role, and years of experience were not considered exclusion criteria.

### 2.3 Recruitment and ethical consideration

Initial recruitment began with the researcher's introduction to the gatekeeper at the hospital, who was the Administrative Director of Clinical Education. The gatekeeper specifically knew which RNs had recently served as preceptors, and although not directly involved in this study, facilitated introductions between the researcher and key stakeholders at the hospital site, including the hospital Council and the Chief Nursing Officer. This research project was reviewed by both the hospital institution's IRB review board and the IRB at the university where the sole researcher completed her dissertation. Once approval was granted, the gatekeeper emailed an introduction to the project to RNs she identified as meeting the inclusion criteria and provided the researcher's email and

cell phone number, should they wish to participate. Participants were compensated with a \$25 gift card after completing the interview, answering post-interview email questions, and returning a demographic survey.

### 2.4 Data collection

The sole researcher conducted virtual interviews individually with 14 participants and digitally recorded them on the Microsoft platform in the spring of 2025. Semi-structured interview questions were constructed to examine the experience of being effective when working with senior baccalaureate nursing students. Interview questions were asked in the same order with each participant. The questions were designed to explore the experience of preceptorship by probing factors that both facilitate and hinder the preceptor's abilities in the role. Once the virtual interviews were completed, the researcher emailed three post-interview follow-up questions to each participant to gather additional information on the preceptorship experience participants wanted to share after reflecting on what they shared in the interview. The researcher also took detailed field notes during the interviews to capture additional details about participants' responses. Lastly, the researcher emailed a demographic survey to participants several days after the interview, which included questions on age, gender, education, years of experience, number of preceptees, and ethnicity.

### 2.5 Data analysis

All interviews were transcribed verbatim by the Microsoft platform. The initial raw transcripts were then cleaned by hand, removing spelling errors and participant-identifying information. From the cleaned transcripts, the researcher began a multistep process of reading, re-reading, and familiarization with the data. This included replaying the audio recordings and creating an Excel spreadsheet with individual quotes and similar patterns. Next, following the steps of Braun and Clark's Thematic Analysis, codes were developed by hand from participants' quotes.<sup>[32]</sup> After further refining the codes, several key themes and sub-themes emerged from the data. Demographic findings were also examined and summarized in a table format with thematic findings.

## 3. RESULTS

### 3.1 Recruitment

A total of 14 nurse preceptors agreed to participate in this study and completed a virtual interview, several post-interview follow-up questions, and a demographic survey. In the main study, 1 participant did not return the demographic survey. An additional participant completed the demographics survey, but omitted her age. The demographic details are from the remaining 13 participants. Participants included

one male and all participants were between the ages of 20-69 years. Four participants held an associate's degree in nursing, seven a bachelor's degree, and two a master's degree in nursing. 10 Participants identified as White, one identified as Black, one identified as Hispanic/Latino, and one identified as Native American. Each participant had precepted at least three nursing students, while nine participants had precepted at least 15 students.

### **3.2 Thematic analysis**

Data analysis revealed four main themes. The primary themes identified were (1) preparation essential for preceptor success, (2) student readiness for clinical engagement, (3) need for faculty communication, and (4) administrative challenges.

#### **3.2.1 Preparation essential for preceptor success**

All 14 participants shared similar accounts of their preparation experiences, which they perceived as positively impacting their ability to be effective in the preceptor role. Within this theme, two distinct subthemes emerged. First, participants felt that selecting preceptors with specific characteristics could facilitate or hinder their effectiveness in the role. Facilitating characteristics described by participants included kindness, empathy, encouragement, and patience. Six participants indicated that being straightforward and honest with students facilitated effectiveness. All participants highlighted being trustworthy, welcoming, and respectful as essential to the role's success; as one participant described, when "there is respect, it is more of a partnership." Also evident was that preparation was essential for success, with participants' self-preparation for the role positively impacting their ability to be effective. 12 participants reported that prior life experiences, such as other healthcare job roles, or being non-traditional nursing students positively contributed to their abilities in the preceptor role, this sub-theme showed wide variability among participants, given their various ages, educational backgrounds, and life experiences. Most participants believed that having previous experience was helpful not only in teaching but also in relating to a wide variety of students and learning styles. As one participant suggested, to be successful, "preceptors should have vast experience."

#### **3.2.2 Student readiness for clinical engagement**

The students' readiness for clinical engagement also affected the preceptors' abilities, as students demonstrated professionalism, appropriate attitudes, and knowledge of their scope of practice to facilitate a positive experience. Participants highlighted that students who are not fully ready to engage in the clinical experience are more challenging for preceptors to teach, mentor, and evaluate properly. Two key professional behaviors stood out and were shared by nearly all

participants as significant hindrances to their ability to teach effectively. First, the students' use of cellphones while on the units and even while interacting with patients and family members was described as a barrier to preceptors. As one participant explained, it is challenging to teach effectively when students are "on their phone instead of learning." Next, eleven participants also described having multiple students who displayed negative attitudes towards the preceptors or the unit, and how this was detrimental to learning. As one participant explained, "typically the barrier there is when I perceive that the student doesn't feel like they have anything to gain from our interactions." Also affecting the preceptors' effectiveness were limitations in students' ability to be fully engaged in clinical practice, stemming from a lack of understanding their own scope of practice. Nearly every participant described challenges that arose when students did not know their scope; that is, what they were and were not allowed to do, and with whom. As one participant described, students missed opportunities to engage and do procedures because "when you ask a student, are you allowed to do XYZ? I often get well: I don't know." Not understanding one's scope of practice resulted in missed learning opportunities and frustrated preceptors, who felt it hindered their ability to teach effectively.

#### **3.2.3 Need for faculty communication**

The need for improved communication with the nursing school faculty emerged as an essential theme, highlighting gaps in communicated expectations, level-specific goals for students, the absence of faculty presence on units, and limited support for preceptors by nursing faculty. As described by eleven participants, these communication limitations were attributed as barriers to the preceptors' ability to be highly effective. One participant elaborated on this theme, sharing that she had never been provided with faculty "contact information, knowing whom to contact if I need it", while another participant shared similar communication issues, saying, "I don't really have any interaction with most of the clinical professors." Participants also felt strongly that the limitations on interactions and support from nursing faculty limited potential professional development opportunities and growth in the preceptor role. Eleven participants were frustrated that the nursing schools they were affiliated with had not offered professional development, training resources, or opportunities to further their skill sets in the preceptor role. Most participants detailed similar sentiments to one preceptor, who shared, "I have not received any formal training on preceptorship [from] any of the schools." Most participants felt this was a barrier to being as effective as they desired and was frustrating, as all had described themselves as committed lifelong learners.

### 3.2.4 Administrative challenges

The last theme that emerged from the interview results was that factors related to the hospital facility could facilitate or hinder preceptors' effectiveness. These administrative challenges included concerns with preceptor workload and a need for resources. Preceptor workload included descriptions from seven participants of high patient acuity and frequent staffing shortages, which participants felt limited their time and ability to instruct and evaluate students properly. As one participant noted, when the unit is short-staffed and patient acuity is high, "it is hard to do our job, and it makes it hard for me to be able to teach my students." Participants also highlighted that having too many students on the unit at once limited quality learning opportunities. As one participant explained, overcrowding is a barrier as it sometimes requires "two students per nurse and...that takes away from the experience." Lastly, nearly half of the participants expressed frustration with the lack of recognition for the time and effort they put into the preceptor role. This lack of recognition, as shared by one participant, makes it "hard to want to continue" in the role. Recognition in the role did not necessarily entail monetary compensation, as described by four participants; it could take the form of thank-you cards or preceptor-of-the-month awards, both designed to express appreciation for the extra work and effort that teaching and evaluating students require of preceptors.

## 4. DISCUSSION

This study highlighted four key themes that, when succinctly summarized, can provide implications for nursing faculty to help shape policies for recruitment, training, and support of preceptors to facilitate their effectiveness in the role. First, the shared sentiment amongst all participants was that consideration should be given to personal characteristics and life and work experiences when choosing preceptors, as these factors can affect precepting effectiveness. These study findings align with previous research that emphasizes key traits such as positivity, encouragement, honesty, and warmth, which fosters a positive learning environment that supports students' learning.<sup>[33,34]</sup> A personality test could help faculty and hospital administrators identify which expert bedside nurses are the best fit for the preceptor role. Only one previous publication examined the use of a personality inventory, finding that it was beneficial for appropriately matching the preceptors' to preceptees', which positively contributed to students' learning.<sup>[35]</sup> In addition, the findings of this study underscore the importance of ideally selecting preceptors with life and work experiences. This suggestion could facilitate preceptors' effectiveness, as previous research has shown that preceptors with more extensive work experience

have greater confidence and competence in the role.<sup>[31,36]</sup>

The impact of the student nurses' own readiness and ability to fully engage in clinical practice was felt by all participants to be a frequent barrier to their ability to teach. This finding is in alignment of previous research that emphasized that the students engagement and attitudes towards the learning environment can negatively impact the clinical experience<sup>[28,37]</sup> These concerning professional behaviors underscore the importance of professional role modeling and the emphasis in didactic courses about how unprofessional behaviors, such as cell phone use, can contribute clinical errors and limit quality, caring interactions with patients and other healthcare professional<sup>[38,39]</sup> Recognizing that cell phone use is detrimental to the preceptors' ability to teach effectively, schools of nursing may consider a strict no-cell-phone policy in clinical practice areas. Moreover, the students' lack of awareness of their own scope was highlighted almost universality amongst participants as a barrier in the clinical setting. This finding is consistent with previous research among student nurses, which suggests that limited awareness of the scope of practice leads to uncertainty in the clinical setting.<sup>[40]</sup> To address this, the author created a scope-of-practice tool named Badge-Buddy (see Figure 1). The badge-buddy tool is a simple, laminated placard worn behind the student's clinical picture identification card and aligns well with efforts for competency-based education initiatives. The badge-buddy details the students' scope of practice at any given level in the program, and it is an inexpensive, simple visualization that both the student and preceptor can refer to if a student is unsure whether a specific skill or procedure is within their scope of practice.

This study demonstrated that when preceptors feel supported by nursing faculty, their effectiveness with students is facilitated. Supportive faculty interactions included consistent communication with preceptors about faculty expectations and student goals, as well as opportunities to interact with faculty regularly, in person or electronically. Most participants noted that faculty communication was informal, which may leave room for more planned, formal communication, such as end-of-year surveys or face-to-face meetings. Similar studies examining nursing school faculty-preceptor interactions are consistent with these findings and support the notion that the clinical learning experience is optimized when interactions with faculty are consistent, frequent, and initiated by faculty.<sup>[41-43]</sup> It is suggested that ongoing support from nursing faculty should include contact details and clear expectations sent to preceptors before the experience begins, as well as consistent in-person visits from faculty members to check on students and offer support to preceptors throughout the semester. Of significant importance is the opportunity for preceptors to receive professional development before the

role begins and periodically thereafter. Previous literature emphasizes the importance of professional development, as preceptors often report feeling unprepared for the role.<sup>[44]</sup> Professional development could include modules, textbook resources, or in-person training opportunities for the pre-

ceptor role. When opportunities for lifelong learning in the preceptor role are offered, not only does the preceptor’s knowledge of adult learning strategies improve, but students’ satisfaction with the clinical experience also increases.<sup>[24,27]</sup>

ETBU Scope of Practice – Badge Buddy - Level One

Skills	Level 1
Bladder Scanner	✓
Drain Care (removal/ emptying)	✓
Dressing & Wound Care (dressing changes, packing, irrigation). *(NO chest tube or central line dressings).	✓
Enteral Feeding (NG, PEG etc.)	✓
Foley Catheters (insertion/ removal)	✓
Glucometer Measurement	✓
Nephrostomy Tube (empty/ dressing care)	✓
NG Tubes (insertion/removal)	✓
Ostomy Care (drain & appliance changes)	✓
Phlebotomy/ Blood Draws	✓
Staple/Suture Removal	✓
Tracheostomy Care & Suction	✓
<b>Medications:</b>	
PO, Sublingual	✓
Breathing Treatments (nebulizers/ inhalers)	✓
Eye/Ear (drops & ointment)/ Nasal / Sublingual Sprays	✓
Topical Creams/ Ointments/ Transdermal Patches	✓
IM, SubQ, & Intradermal (ID) *(SubQ Heparin & Insulin – ONLY with Instructor)	✓
IV –Initiation / Flush/ Removal	
IV Fluids/ Medications/ Piggyback Medications	
Central Line Medications	
IV Bolus/ Push	
Rectal Suppositories	✓
Medications via PEG/NG Tubes	✓
<b>Students will NOT Administer:</b>	
<ul style="list-style-type: none"> <li>• Blood Products</li> <li>• Opioids/ Controlled Substances</li> <li>• IV Insulin</li> <li>• IV Heparin</li> <li>• TPN</li> <li>• Sedatives/ Paralytics</li> <li>• Chemotherapy/ Experimental Medications</li> </ul>	

ETBU Scope of Practice – Badge Buddy - Level Three & Four

Skills	Level 3 & 4
Bladder Scanner	✓
Drain Care (removal/ emptying)	✓
Dressing & Wound Care (dressing changes, packing, irrigation). *(NO chest tube or central line dressings).	✓
Enteral Feeding (NG, PEG etc.)	✓
Foley Catheters (insertion/ removal)	✓
Glucometer Measurement	✓
Nephrostomy Tube (empty/ dressing care)	✓
NG Tubes (insertion/removal)	✓
Ostomy Care (drain & appliance changes)	✓
Phlebotomy/ Blood Draws	✓
Staple/Suture Removal	✓
Tracheostomy Care & Suction	✓
<b>Medications:</b>	
PO, Sublingual	✓
Breathing Treatments (nebulizers/ inhalers)	✓
Eye/Ear (drops & ointment)/ Nasal / Sublingual Sprays	✓
Topical Creams/ Ointments/ Transdermal Patches	✓
IM, SubQ, ID *(SubQ Heparin & Insulin – ONLY with Instructor)	✓
IV –Initiation / Flush/ Removal	✓
IV Fluids/ Medications/ Piggyback Medications	✓
Central Line Medications	✓
IV Bolus/ Push	✓
Rectal Suppositories	✓
Medications via PEG/NG Tubes	✓
<b>Students will NOT Administer:</b>	
<ul style="list-style-type: none"> <li>• Blood Products</li> <li>• Opioids/ Controlled Substances</li> <li>• IV Insulin</li> <li>• IV Heparin</li> <li>• TPN</li> <li>• Sedatives/ Paralytics</li> <li>• Chemotherapy/ Experimental Medications</li> </ul>	

Figure 1. Badge buddy tool

The interview data also revealed that nurse preceptors have experience with several administrative challenges which they felt hindered their effectiveness. The details provided on units being overcrowded as a hindrance to quality teaching are congruent with other studies that also found that too many students on nursing units can negatively impact the preceptor experience.<sup>[45]</sup> One suggestion is for nursing units to limit the number of student learners they can accommodate each semester, as overcrowding can lead to frustration for both the student learners and the preceptors. Previous research also aligns with this study’s findings: when patient acuity is high and/or staffing shortages are prevalent, the preceptors’ ability to be effective teachers is compromised.<sup>[1,33]</sup> This can be a challenge for hospital administrators and nursing faculty, as the very nature of nursing unit admissions and patient

acuity is unpredictable. Add to this the uncertainty around staffing sick calls or absences. One policy implementation could see students participate in on-campus clinical simulation days when there are numerous sick calls or highly acute patients, which hindered the staff’s ability to care for patients safely and teach simultaneously. Lastly, several preceptors felt that the role is under-recognized and that simple gestures, such as formal thank-you notes and preceptor-of-the-month awards, would serve as incentives to remain in the role. Formal recognition in the preceptor role could not only motivate RNs to become preceptors, but also sustain interest in the role, positively impacting retention.<sup>[46–48]</sup> These would be cost-effective and straightforward initiatives that both the hospital administrators and the nursing school faculty could adopt.

This study also had several limitations, the first being a small sample size of 14 participants. This limits generalizability. Additionally, this study was also limited in generalizability by the lack of variation in participants' demographics. For instance, the participants were predominantly White (76.9%). Lastly, limiting greater generalizability that only one of the study participants was male. The study's findings provide insights into remaining questions that could be further explored in future research. First, given the demographics of the participants, future research that recruits more males could explore whether subtle personal or attitudinal differences between the genders facilitate or hinder the nurse's perception of effectiveness. Additionally, there was significant variation in participants' descriptions of their preparation for the preceptor role. Future research endeavors could be aimed at exploring which training initiatives preceptors found most helpful in fostering effectiveness. Such a study could inform appropriate and valuable training, professional development, and educational initiatives to help preceptors be as effective as possible.

In conclusion, nursing faculty and hospital administration could both benefit from a deeper understanding of the factors that nurse preceptors perceive as facilitating or hindering their effectiveness. As healthcare leaders, nursing faculty, and hospital administrators should strive to implement strategies that enhance preceptors' effectiveness, and can promote the very best learning experience for students in the clinical environment, which directly impacts students' ability to transition successfully into the nursing graduate role.

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The author declares that she has no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Obtained.

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### DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

### DATA SHARING STATEMENT

No additional data are available.

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