‘Preceptorship: what works?’: an integrative literature review

Prepared by the Centre for Critical Research in Nursing & Midwifery,
Faculty of Health, Social Care and Education

Middlesex University

Mike O’Driscoll

Helen Allan

Michael Traynor

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The Centre for Critical Research in Nursing & Midwifery was founded in 2015. Its core members are:

Helen Allan, Professor of Nursing

Michael Traynor Professor of Nursing Policy

Liang Liu, Research Fellow

Sinead Mehigan, Head of Department

Nilam Mehta, Research Administrator

Mike O'Driscoll, Researcher

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http://critresnurse.org

Contents

1. Introduction and Background

1.1 Nursing shortages, recruitment and retention

A major and long-standing global problem facing nursing and the health systems within which they work is workforce shortage (Global Health Workforce Alliance & World Health Organization, 2013). WHO estimates that the world will need an additional 9 million nurses and midwives by 2030 (World Health Organization, 2018). In the UK nurse shortage was first acknowledged as a policy problem in the 1970s (Committee on Nursing, 1972) and has been a continual topic of concern in terms of both recruitment and retention (Bradley, 1998; Buchan, 1993; Buchan, Charlesworth, Gershlick, & Seccombe, 2017; Buchan, Seccombe, Gershlick, & Charlesworth, 2017; Medical News Today, 2005; Robinson & Bennett 2007).

Subsequent labour market reviews have identified major shortcomings in workforce planning for nurses (Buchan & Seccombe, 2006). Reforms of nurse education, notably Project 2000 conceived in the 1980s (United Kingdom Central Council for Nursing Midwifery and Health Visiting, 1986), have been intended to increase recruitment through making the profession more attractive to well-qualified and ambitious school leavers. Other reforms such as The NHS Plan (Department of Health, 2000, 2001) were aimed at developing a more attractive career structure for nurses in order to improve retention (Gerrish, 2000). Nevertheless in 2018, the BBC reported that 3,000 more nurses had left the NHS in the previous two years than had joined and that a major reason for this was dissatisfaction with working conditions (Triggle, 2018). An NMC survey of those who left its permanent register found that 21,800 nurses, midwives and nursing associates left the register between July 2019 and June 2020. The main reasons given for leaving were retirement, personal circumstances and too much pressure (Nursing and Midwifery Council, 2020). NHS Digital reports that there are a little under 40,000 Registered nurse vacancies (a rate of 10.5%) across England. London, with its high cost of living and high demand on NHS services, remains the area with the most unfilled posts, with nearly 10,000 unfilled vacancies (Workforce Team NHS Digital, 2021).

A report by the Health Foundation which included a model for determining the required supply of nurses, noted that nursing is the key area of workforce shortages, accounting for over 40% of all NHS vacancies (Cave et al., 2021). The report details the effect on nurse vacancy rates in NHS hospital and community health services of the NHS Quality Innovation Productivity and Prevention (QIPP) programme, introduced in 2009/10, which aimed to deliver up to £20bn of savings over the next four years along with the subsequent public sector pay freezes. This rate started to rise from a low base in 2012/13 to a peak of nearly 12% in 2018/19 (see page 17).

Pre-Pandemic, London held 20% of England's nursing vacancies with one in five newly qualified nurses leaving the capital within five years of registering, to build their career outside the capital. One in three nurses was recruited from overseas and registered nurse turnover was 17% compared to 10-12% nationally (NHS England,

2018). Nursing shortages in London are thought to be higher compared to the rest of the UK because of the large number of NHS employers competing for staff in London, the high cost of travel and the costs of housing in the capital and the South East of England.

1.2 Transition from Student to Newly Qualified Nurse

Attrition from nursing education in the UK is significant. A report based on a freedom-of-information request by Nursing Standard revealed that nursing student attrition in England stood at 25% in 2018/19, suggesting that 1 in 4 student nurses left their degree programme prior to completion (Jones-Berry, 2020). According to Health Education England's RePAIR (Reducing Pre-registration Attrition and Improving Retention) project, the most common reason given for leaving during this period was financial issues (32% of leavers) while 6% were said to have left because of 'placement' issues (Health Education England, 2018).

There is a strong consensus that the first year of qualification is a particularly challenging period for nurses (Bick, 2000; Bradley, 1998; Collard, Scammell, & Tee, 2020) though reliable statistics on leavers during this time are hard to find but estimates are relatively consistent. A King's Fund study reported in The Guardian (Campbell, 2020) reported that the number of nurses and health visitors leaving their posts in hospitals and community services in England within three years of joining rose by almost 50 per cent between 2013-14 and 2019/20 and was at that time 28 per cent. A review undertaken by Health Education England in 2014 claimed that newly qualified nurses and nurses nearing retirement age are likely to leave. 'Stress and burnout are particularly high in young newly qualified nurses, where turnover rates tend to be high in the first year of qualification and remain high, or even rise during the second year of service before declining' (Health Education England, 2014).

The CapitalNurse 'Beyond Preceptorship' framework (CapitalNurse, 2019) acknowledges this two-year opportunity to improve retention. A similar picture has been reported in US studies (Van Camp & Chappy, 2017). Stress, anxiety, fatigue and feeling of being ill-prepared for the performance of multiple functions have been said to heighten the desire to leave (Collard et al., 2020). These factors associated with newly qualified nurses leaving the workforce have been reported over time (Brennan, 2017; Health Education England, 2014). The funder of one on-going longitudinal study into the impact on nurses of dealing with Covid-19 reports that 30 to 60 per cent of nurses left their first NHS job in the 12 months after completing their student training (Barts Charity, 2021). The study's authors believe that the impact of having to deal with patients with Covid-19 will make the transition from student nurse even more challenging. Media reports appear to support this belief (Pearce, 2021).

1.3 Preceptorship: origins and restatements

The principle of preceptorship in nursing and midwifery was first set out as part of the UKCC's proposal for Project 2000 in 1986 (United Kingdom Central Council for

Nursing Midwifery and Health Visiting, 1986). A full year's preceptorship period was first discussed by MacLeod-Clark and others who argued for this year to be mandatory and funded and to include supernumerary periods for newly qualified nurses to establish their practice and build confidence (Macleod Clark, 1994).

Project 2000 had a full curriculum and strong arguments were presented to the Department of Health about the need for a period of consolidation of learning before newly qualified nurses assumed their full staff nurse responsibilities. This was initially proposed as a period of preceptorship comprising supernumerary status supported by a senior nurse who would support and supervise the newly qualified nurse (Department of Health, 2010). For a number of reasons early proposals were not introduced and the preceptorship programmes that were introduced were based on a non-statutory period of support. Provision was widely accepted to be variable. Reasons for the failure to implement a national preceptorship model included the cost and lack of clarity around outcomes for the preparation and support required for preceptorship roles (Allen, 2002), attitudes towards mentoring (and support generally) among trained staff (Hyde & Brady, 2002). Very little consideration is given by the Department on the conditions of learning that may vary across context and individual preceptee (H. T. Allan et al., 2018). Soon after the registration of new Project 2000 qualified nurses, it became clear that not only was some period necessary for these diplomates to embed their knowledge in their practice but that support was variable across the country and lacking in many places. They were in expected to 'hit the ground running' rather be granted a period of supported learning in practice (H. T. Allan, Smith, & Lorentzon, 2007; Altschul, 1992; Draper, 1995). These concerns have continued to reverberate in nursing (both among practitioners and lectures) with subsequent curriculum and programme changes and the move to higher education/universities (Nursing and Midwifery Council, 2004; United Kingdom Central Council for Nursing Midwifery and Health Visiting, 1999).

As Allan et al. (2007) argued the continued debates around preceptorship (both whether it was needed, its form and the question of how it was to be funded) may reflect the tension for the NHS in its role as a learning organisation (Melia, 2006). As illustration, they cite a literature review of learning in clinical practice, where it is argued (Field, 2004) that the national curricula in England repeatedly acknowledge the importance of competent nursing practice and shared responsibility for achieving this between the NHS and higher education. In addition, Field argued that the drawback of adopting Benner's learning framework in pre-registration education (as in the Project 2000 curriculum) meant that there was little emphasis on psychomotor skills and how the student acquired the expertise to deal with risk and decision making. For Benner & Wrubel (1989) learning is practical knowing without understanding through experience. Field argues that students need to access hidden means of professional learning and suggests that situated cognition describes methods of practical learning used in professional education. Benner's approach relies on a good learning environment and stimulating dialogue between a good mentor (or in the case of qualified nurses, a preceptor) with good knowledge who in

turn requires senior support; as Finnerty & Pope (2005) found in their study, the transfer of craft knowledge in professional practice 'occurs through a range of subtle, often hidden, methods'. A fuller discussion of learning in newly qualified nurses and their need for space to recontextualise knowledge is available in (Allan et al., 2018).

Assertions about value of preceptorship have been repeated in subsequent policy, for example in Modernising Nursing Careers (Department of Health and CNO's Office, 2006). In 2008 the NHS Next Stage Review emphasised the necessity of a period of preceptorship for all newly qualified healthcare staff, including nurses (Department of Health, 2008). In 2008/09 the Department of Health set out a framework for preceptorship in nursing and the Allied Health Professions (Department of Health, 2010) and made funding available to invest in preceptorship. That document, revised in 2010, promotes preceptorship and sets out a number of potential benefits for the individual clinicians involved, for patients and for organisations. In 2020 the Nursing and Midwifery Council set out five areas for preceptorship principles (NMC, 2020) aimed at those who design and oversee preceptorship programmes, those engaged on preceptorship programmes (preceptees) and those who support them (preceptors). See Appendix 1.

Bodies responsible for maintaining the nursing workforce as well as individual employers have resolved to improve that first year's experience for nursing students as a way of improving retention and have looked to preceptorship as one way to do this.

1.4 Preceptorship initiatives and progress in London

The CapitalNurse Preceptorship Framework was launched in September 2017 and it is reported that an increase in retention rates for newly registered nurses in the first year followed this (CapitalNurse, 2019). The framework has been revised a number of times since then with version 3 published in July 2020 as well as a guide for accelerated preceptorship, published in April 2020, for use with newly qualified practitioners and healthcare professionals on the temporary register in response to the COVID-19 pandemic. Focus group research examining the recruitment experiences of student nurses and newly qualified nurses undertaken by CapitalNurse (CapitalNurse, 2018) found generally positive comments about experiences of preceptorship. The study respondents said that preceptorship schemes were well structured and supported though there was a common issue of having less time than expected with a preceptor, and in some cases newly qualified nurses did not know who their preceptor was. Newly qualified nurses faced other issues, however, that influenced their decisions about choice of employer such as travel and work-life balance.

As mentioned previously, attention to nurse retention has been expanded to include the second year of qualified practice and this is reflected in the 'Beyond Preceptorship' framework developed by CapitalNurse (CapitalNurse, 2019). A number of similar definitions of preceptorship have been offered by a number of bodies along with desired features and lists of other organisational processes that

preceptorship should not be expected to fulfil. The CapitalNurse framework acknowledges that while there are different implementations of preceptorship across different organisations, at its heart is 'the individualised support provided in practice by the preceptor' (CapitalNurse, 2020 p. 4-5).

1.5 The National Preceptorship Programme

The National Preceptorship Programme which is aimed at developing a collectively agreed set of standards and a framework for good practice for preceptorship for newly registered nurses is being led by London NHS Region. The establishment of national standards for preceptorship along with an agreed framework has the potential 'to raise the profile of the value and experience of new registrants, uncover and address any barriers to implementing effective preceptorship, drive excellence through a national accreditation scheme and enable easy and smooth transferability of employment between employers' (**National Preceptorship Programme Project Outline Document – page 2)**. This review is intended to support this programme.

2. Aims of this Review

The aims of this integrative literature review are to:

Present a current, comprehensive, broad and critical picture of preceptorship models/issues in nursing in the United Kingdom (UK);

Identify potentially useful approaches;

Uncover and address any barriers to implementing effective preceptorship;

Consider how findings relate to the National Preceptorship Programme (2021)

3. Review method: Literature search and review

3.1 Research questions/Aim

The aim of this integrative literature review is to present a current, comprehensive, broad and critical assessment of the research evidence in relation to preceptorship in nursing in the United Kingdom (UK) and to identify potentially useful approaches. As far as possible the authors sought to replicate the 2016 literature review and used the same search terms except that it has been improved by adding quotes have around 'United Kingdom' which excludes some unwanted search results

newly AND qualified AND nurs* AND (UK OR 'United Kingdom') OR precept* AND nurs* AND (UK OR 'United Kingdom').

The specified date range for the search was from 1.1.2016 to 25.1.22 and where filters were available we sought to exclude papers with the following properties: Non UK, non English language, non-nursing focus, studies of student (rather then NQNs), non peer-reviewed articles.

3.2 Databases searched

The databases searched were British Nursing Index (BNI), CINAHL full text, Medline, Psychinfo, Education Research Complete, ERIC and OpenGrey (archived version). Search results were extracted as RIS data files and combined in Mendeley reference management software.

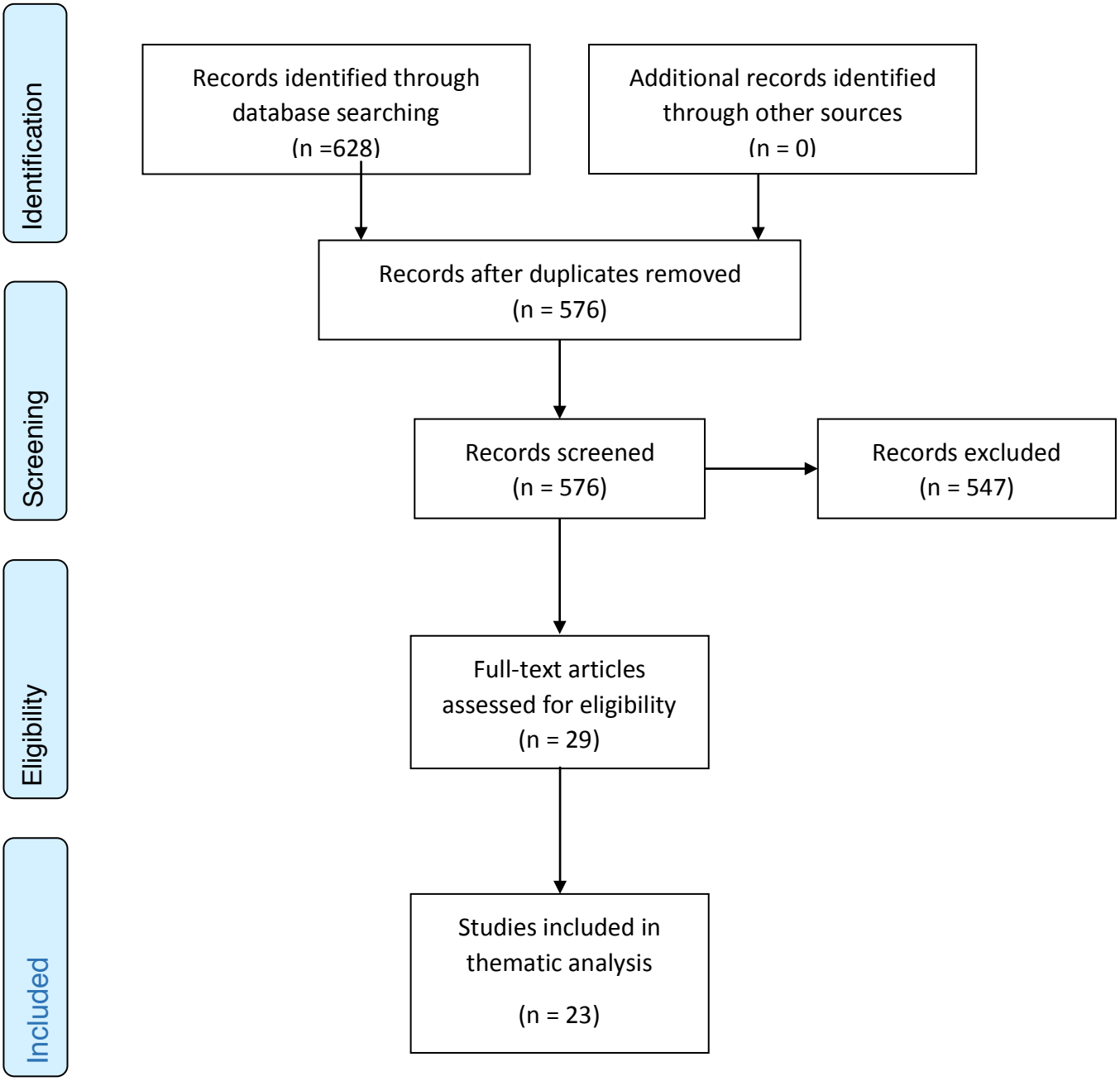
All search results (titles and abstracts) were reviewed by one researcher who also reviewed full text articles where it was not possible to establish from the abstract whether the article was relevant or not (preceptorship is often discussed in articles where it is not the main focus). The selection of this researcher (29 full text papers) was checked by two other researchers and all three agreed a final set of 23 papers to include in the review. These were subsequently imported into the qualitative analysis program NVivo 20 (QSR International, 2021) and subjected to analysis resulting in 286 codes which were then further developed into 3 major themes and 12 lower order themes within these. The search and selection process is depicted below in Table 1 and Fig 1.

Table 1: Literature search process- summary

Database searched	**Search results returned**
Open Grey (archived version)	0
BNI	525
CINAHL (including Psychinfo and Medline) and EDUCATION RESEARCH COMPLETE all via EBSCOHOST	103
ERIC	0
Total search results obtained from all sources	628
Duplicates identified	52
Total records screened	576
Total excluded (547 from records and 6 from full text)	553
Total search results (full text papers) included in review	23
Reasons for exclusion	
Low relevance to research question)	265
Non nursing focus (e.g. another health profession)	34
Low quality study and/or not peer reviewed (e.g. an editorial or opinion piece)	60
Not a UK study	123
Focus of study is student nurses rather than NQNs	71

Fig 1: PRISMA flow diagram for literature search and selection

PRISMA 2009 Flow Diagram



3.3 Integrative review

We used an integrative review to synthesize the retrieved literature (Knafl & Whittemore, 2017; Whittemore & Knafl 2005). This allowed us to incorporate a policy overview as well as integrate qualitative and quantitative studies in the results and thematic analysis. PRISMA principles, as detailed above, were adhered to in reporting results congruent with this type of review (Moher, Liberati, Tetzlaff, & Altman, 2009).

3.4 Quality appraisal

A quality assurance tool appropriate for both quantitative and qualitative non-intervention studies (Shepherd, 2006) was applied to full text papers by HA though we did not use any quality criteria when deciding which papers to include or exclude in our review. Quality variables (see Table 2) enabled the reviewer to appraise a range of types of study equally and avoid value judgments/biases (Culley, 2013). Table 2 (see Appendix) gives each paper's quality assessment score.

There are seven criteria in Shepherd et al.'s framework:

(i) an explicit account of theoretical framework and/or the inclusion of a literature review which outlined a rationale for the intervention;

(ii) clearly stated aims and objectives;

(iii) a clear description of context which includes detail on factors important for interpreting the results;

(iv) a clear description of the sample;

(v) a clear description of methodology, including systematic data collection methods; (vi) analysis of the data by more than one researcher

vii) the inclusion of sufficient original data to mediate between data and interpretation.

As the papers selected for our review were reports on service development (studies 4, 6, 17) and one discussion paper (paper 14) we felt these made a contribution to the scoping review and included them in our papers for review. We did not assign an assessment score to these papers (4, 6, 14, 17).

3.5 Quality assessment

Quality scores ranged from overall excellent to poor (1/7), the majority of the studies scored > 5. The focus in the majority of the studies included the preceptorship period of newly qualified nurses (NQNs) either directly or indirectly.

There were three scoping reviews/rapid literature assessment (1, 16, 23); one integrative (8) and one narrative review (22); two systematic review (5, 12); three qualitative studies including one ethnographic (observation) study (2), three interview studies (7, 13, 18); two process evaluations (3, 17); one quantitative evaluation study

(9) and one exploratory study using quantitative methods (survey - 15); four mixed methods evaluation study (10, 11, 20, 21); one mixed methods exploratory study (19).

The papers were based on data collected from the UK although there was reference to international studies and literature in the backgrounds to many papers.

Not all methods and instruments including review protocols were clearly described by the authors, and theoretical framing was poor across the papers.

The following section provides the results of our review summarised by theme.

4. Purpose, aims and objectives of preceptorship

In order to understand the effectiveness of preceptorship programmes it is important to understand their aims and objectives, from the point of view of the bodies who provide guidelines regarding preceptorship, those who implement them and deliver them as well as NQNs who become preceptees.

Odelius et al. (2017) highlight that the principle of preceptorship in nursing and midwifery was first set out as part of the UKCC's proposal for Project 2000 in 1986 (United Kingdom Central Council for Nursing Midwifery and Health Visiting, 1986) and assertions about the value of preceptorship have been repeated in subsequent policy documents, for example in Modernising Nursing Careers (Department of Health and CNO's Office, 2006 (see Introduction/Background to this review).

Irwin et al. (2018) state that 'preceptorship was introduced into nursing in the United Kingdom in 1991 with the original aim to improve competence and confidence'. Part of the motivation for introducing preceptorship was a change in the structure of nurse education, especially the move away from an apprentice based model to a university based degree model (Project 2000) which raised questions about whether NQNs would be as 'work ready' as those who had trained 'on the job' in a more apprenticeship-based model. Irwin et al. (2018) also highlight that research in the US which documented 'reality shock' amongst NQNs on entry into practice (Kramer, 1974; Kennard, 1991; Bain, 1996) contributed to the development of preceptorship by the NMC. The NMC updated preceptorship standards and outlined two new aims: to provide support and guidance to ensure that NQNs practised in accordance with the Code of Professional Conduct: NMC (Nursing and Midwifery Council, 2008) and to produce a confident and competent practitioner. All new practitioners were allocated an individual preceptor to provide guidance and advice, with regular meetings and protected learning time for the first year of practice (Nursing and Midwifery Council, 2006).

NMC (2020) describes the objectives of preceptorship programmes as being:

'to welcome and integrate the newly registered nurse, midwife and nursing associate into the team and place of work, help them grow in confidence, and begin their lifelong journey as an accountable, independent, knowledgeable and skilled practitioner''.

The central aim of preceptorship (as stated by commissioning bodies) therefore seem relatively stable over time – it is ostensibly to help ensure the successful transition of NQNs to confident and competent practitioners. Scholes et al. (2017) find evidence of organisational imperatives dominating preceptorship programmes which they describe as 'a conceptual shift from basic competency acquisition toward a corporate induction programme' which serves as a reminder that the stated aims of policy makers/regulatory bodies may not be aligned with how preceptorship is delivered in practice. As Odelius et al. (2017) point out, research suggests it is inadvisable to put too strong an emphasis on the assessment of competence in

preceptorship as it can undermine the important relationship between preceptor and preceptee. Odelius et al. also highlight guidance from the Department of Health, (Department of Health, 2010), that preceptorship is not intended to be a substitute for performance management but they found that some preceptorship schemes appear to include elements of performance management.

4.1 Competence, confidence and 'work readiness'

Most of the papers included in this review did see confidence and competence as central objectives of preceptorship programmes Edwards and Connett (2018) in the literature review of their evaluation of a regionally based preceptorship programme for newly qualified neonatal nurses state that:

'The Department of Health Preceptorship Framework (Department of Health, 2010) best describes preceptorship as the refining of skills, professional behaviour and values towards achieving an increase in competence and confidence whilst providing a conduit to a continuing journey of life-long learning'.

Irwin et al. (2018) included 14 papers relating to UK preceptorship programmes (2013 to 2018) in a systematic review which asked the question 'Does preceptorship improve confidence and competence in Newly Qualified Nurses?' and although they note that competence and confidence were the original objectives of preceptorship programmes, they found that none of the studies reviewed actually defined competence or confidence, making it hard to judge if such outcomes had been achieved.

Wray et al. (2021) in a 'rapid evidence assessment' of approaches used to enhance transition and retention for NQNS note CapitalNurse's (2017) observation that:

'Preceptorship may include classroom teaching and attainment of role- specific competencies, however the most important element is the individualised support provided in practice by the preceptor'.

Mansour and Mattukoyya (2019) argue that preceptorship programmes should play a role in the development and practice of long-term assertiveness skills among NQNs and that *'it is imperative that nursing preceptorship programmes are adapted to accommodate the needs of NQNs better, by providing them with a positive and life-enhancing experience, given their perceived vulnerability at this critical time of their career'*. This could perhaps be seen as part of 'confidence', however, some of the papers included in our review have broader conceptions of the aims of preceptorship – for example another objective of preceptorship programmes which is mentioned in the literature is 'work readiness'. Edward et al. (2017) carried out an integrative systematic review of research related to readiness to practice and types of clinical support offered to newly registered nurses and preregistration nurses (such as, mentoring, preceptorship, or clinical facilitation) and included five UK studies. Edward et al. acknowledge that 'work readiness' is an ill-defined term but state that it:

'…comprises more than a mere focus on competence, skills, and ability. The term is also used to assume the new RN will also possess generic industry related skills including: teamwork; time management; communication skills; social skills and; emotional intelligence'.

4.2 Supporting NQNs/supporting the transition process generally

In the preceptorship programmes reported in the papers and included in this review, the vast majority explicitly saw preceptorship as providing support for NQNs for the transition process. Wray et al. (2020) divide approaches used to enhance or support the transition process into 'formal' (preceptorship, simulation, mentorship and internship and educational preparation for transition) and 'informal' approaches, with a focus on 'support' of various kinds such as creating positive and supporting experiences/environments or providing NQNs with learning opportunities and constructive feedback. Of the 37 studies which they reviewed, seven were preceptorship schemes.

4.3 Improving recruitment and retention

Although the aims of preceptorship in policy documents may be thought of primarily in terms of improving confidence and competence or supporting NQNs through the transition process generally, it seems that many of those involved in designing, delivering and evaluating preceptorship programmes do explicitly have recruitment and retention outcomes in mind and indeed in some cases it seemed to be the primary objective.

Scholes et al. (2017) states that, *'The importance of the right support at the beginning of a newly qualified practitioner's professional life is recognised as a strategic measure to enhance recruitment and retention but also critical to enable the newly qualified practitioner to realise their potential and to deliver the highest quality care'.*

Wray et al. (2021) conducted a rapid evidence assessment[1] of approaches used to enhance *transition and retention*[2] for newly qualified nurses (NQNs) which again suggests how closely the goals of interventions to enhance transition may have become associated with recruitment and retention. Wray et al. found that six of the 37 studies which they included in their review explicitly sought to address recruitment and retention (although only two reported outcome measures for recruitment and retention).

Taylor et al. (2019) highlight the strategic importance of preceptorship programmes in recruitment and retention in light of the current staffing crises. In their evaluation of a structured preceptorship programme for district nurses they explicitly link preceptorship to recruitment and retention objectives, to address a particularly acute staffing crisis in district nursing:

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[1] A review which takes a less rigorous approach than a systematic review in order to deliver more timely results.

[2] Our emphasis

'Demand for their service is increasing due to the growing ageing population, with one in four people aged over 75 years requiring district nursing care at home, which rises to one in two people aged over 85 years (QNI, 2012). Although the attrition rate among DNs cannot be entirely attributed to the reality shock experienced as new DNs enter the community nursing workforce, a preceptorship programme for newly qualified DNs may be warranted'.

In a similar vein, Walker and Norris (2020), in a review of literature around preceptorship schemes for GP nurses draw attention to an acute staffing crisis in GP nursing and clearly view preceptorship as an important aspect of addressing that and also believe that NHSE policy supports this view.

'As a result of an ageing workforce, and difficulties with recruitment of new nurses into the discipline. In the UK, The General Practice Forward View (NHSE, 2016) and the '10 Point Plan for GPN' (NHSE, 2017) policy documents outline a strategy to increase the number of General Practice Nurses in UK General Practices by improving recruitment and retention, with preceptorship forming an important component'.

Two further examples in the reviewed literature where recruitment and retention are explicitly identified as primary objectives of preceptorship are Rolt and Gillett (2020) and Clarke (2017). The former is a small sample qualitative study evaluating the employment of NQNs to work in hospices. One of the nurses interviewed in this study said:

'recruitment is becoming more challenging…so that was why I looked into running a preceptorship programme'.

The latter study (Clarke 2017) briefly relates a nascent preceptorship programme for hospice nurses which was clearly a response to recruitment and retention issues:

'The hospice has developed a preceptorship programme in response to the national shortage of nurses and the increasing demand for its service with increase in referrals year on year'.

There seems a clear pattern therefore of some nurse educators/planners placing great emphasis on the putative recruitment and retention outcomes of preceptorship programmes which perhaps poses a risk that the focus of such programmes is being unduly shifted from the 'official' objectives of preceptorship (easing transition, improving confidence and competence) where improvements in recruitment and retention are hoped for, to recruitment and retention as the raison d'etre for the preceptorship programme.

Nurses are usually expected to have two years' experience before working in GP or hospice settings but it seems that in these areas where the staffing crises may be being felt even more acutely than the NHS generally, preceptorship may be seen as a way of dispensing with that requirement. There is perhaps a danger that this

places unrealistic expectations on preceptorship programmes and creates an unwarranted focus on an expected outcome of the programme,

4.4 Improved care/patient safety

Baldwin et al. (2020) describe reflections on a preceptorship programme which was implemented in a large integrated NHS Trust in north-west London where the overall aims of the preceptorship programme were to *'deliver high-quality, safe nursing services; value and develop the nursing workforce; embed a culture of innovation and best practice; strengthen nursing leadership and strengthen education and development within nursing'.* The authors draw attention to the particular characteristics of trusts in London, such as having a high proportion of international nurses and how preceptorship allows for tailored learning for a diverse workforce. These seem quite ambitious and wide-ranging aims for a preceptorship programme. Logina and Traynor (2019) and Mansour and Mattukoyya (2019) also explicitly link the aims of preceptorship to improved care or patient safety outcomes.

5. Evidence for outcomes/benefits of preceptorship

The previous section looked at the aims or objectives associated with preceptorship programmes – this section looks at the claims and evidence for such aims or objectives having been achieved. NHS Employers (2018) in Baldwin et al. (2020) suggest that preceptorship programmes can deliver a variety of benefits for the preceptee and employer, such as enhanced patient care and experience; improved recruitment and retention; reduced sickness absence; more confident and skilled nurses and Increased staff satisfaction and morale. In a similar vein, NMC (2020) states that:

'Within the UK it's recognised that a supported, structured period of preceptorship has a variety of benefits for employers, preceptees, and people who use services. Newly registered nurses, midwives and nursing associates are conscious of the need for support at this time of new employment and the availability of good quality preceptorship will influence their employment choices and selection.

A positive preceptorship experience is reported to result in newly registered nurses, midwives and nursing associates having increased confidence and sense of belonging, feeling valued by their employer, and having greater professional and team identity. Effective preceptorship outcomes are linked to improved recruitment and retention. Attracting and retaining skilled nurses, midwives and nursing associates is important for delivering better, safe and effective care'.

This is quite a wide ranging set of claims for the outcomes of preceptorship programmes, some of which relate to NQNs, employing organisations (e.g. Trusts or GP practices) and some of which relate to benefits for patients (i.e. better or safer care). The evidence which the NMC draw on (as indicated in their references) include a previous review of literature on preceptorship (Odelius et al. 2017) in which the various benefits of preceptorship which are claimed for all stakeholders in

literature up to that point in time are itemised, but attention is drawn to the fact that there is not a great deal of reliable evidence to support these claimed outcomes from preceptorship programmes.

5.1 Evidence for impact of preceptorship on confidence and competence outcomes

Irwin et al. (2018) carried out a systematic review to answer the question 'Does preceptorship improve confidence and competence in NQNs?' Fourteen UK papers (four mixed methods, eight qualitative, one scoping review and one service development paper) were reviewed and the data extracted using thematic analysis. Irwin et al. conclude that there is some evidence that preceptorship does improve confidence and competence and that the results indicate that the impact of the wider team and a complex preceptorship is greater than the impact of an individual preceptor They also find that the abilities and motivation of the preceptor are still important as are the level of support provided to preceptors.

Irwin et al. (2018) conclude that while the evidence is not strong for the effect of preceptorship on either confidence or competence it is particularly weak in relation to competence. Irwin et al. advocate for further research into models of preceptorship and what impacts on NQN's confidence and competence and on models of preceptorship, including whether there should be teams of preceptorship/choice of preceptors as opposed to a single allocated preceptor. Irwin et al. also note that 'there are indications that improving structure of preceptorship programmes, defining competence and how to measure it, and improving preceptor training and abilities would be beneficial to the preceptorship process'.

Forde-Johnson (2017) found that (self-reported) confidence was improved amongst all 37 NQNs in 'an innovative, three-tiered foundation preceptorship programme' developed in Oxford University Hospitals NHS Foundation Trust. The programme was mandatory for NQNs commencing Band 5 posts in the trust, and had a structured curriculum which integrated skills development, preceptorship and clinical supervision. It does not seem that competence was measured as an outcome variable but it is reported that 75% of the NQNs had not spent clinical time 'at the bedside' with their preceptor. These nurses were given no feedback on their observed clinical skills in practice from a preceptor or other experienced staff member. Overall then, the strength of the evidence produced regarding outcome measures from this evaluation is quite low.

Allan et al. (2016) carried out an ethnographic case study approach in three hospital sites in England and found that preceptorship support helps NQNs put knowledge to work early in their careers which may assist NQNs to develop confidence and competence in delegation and supervision of healthcare assistants, which the authors argue is an increasingly important aspect of the nursing role and hence should be a formal part of the preceptorship programme.

The systematic review by Edward et al. (2017) regarding the 'work-readiness' of NQNs included five UK studies and found that more structured preceptorship programmes and preparing RN preceptors/mentors for their role and allowing NQNs/SNs[3] adequate clinical exposure could lead to improvements in clinical competence and confidence of students. However, the authors note limitations of the data in regards to the international variability[4] in terms such as preceptorship and that the most recent UK study included was from 2013 and related to student nurses rather than NQNs.

It is therefore still the case, as Tucker et al. (2019) note: '*due to limited empirical research, the evidence that preceptorship has a direct impact on confidence or competence is limited'* and that is much more so for competence than confidence, probably because the former is much harder to measure in a standardised way.

5.2 Evidence of impact on patient care/patient safety

The earlier section of this review looked at evidence for the impact of preceptorship on competence and confidence and it seems a reasonable assumption that improvements on those measures would have some impact on quality of care/patient safety. However, evidence for a direct relationship of preceptorship programmes with patient care or patient safety outcomes is scarce, which is perhaps not surprising given that it would require quite sophisticated research designs to looks at such a relationship, given all of the other factors which may impact on the quality of patient care/patient safety.

Odelius et al. (2017) note there is a lack of research of the effect of preceptorship on patient care. Some evidence for an indirect relationship might be claimed in that some authors have highlighted the importance of aspects of confidence and competence in the ability of health professionals to deliver compassionate care, be advocates for patients and ensure patient safety–especially in view of an increasing proportion of dependent patients (Irwin et al.2018; Mansour and Mattukoyya 2019).

Walker and Norris (2020) find that there is little quantitative evidence regarding preceptorship and quality of care but some qualitative anecdotal evidence of improved quality of care – they suggest that thought should be given as to how better data regarding the impact of preceptorship on patient care (if any) could be gathered e.g. patient opinion, audit of practice.

Mansour and Mattukoyya (2019) studied the experiences of 42 newly qualified nurses from four acute hospital trusts in east England with regards to their experiences of preceptorship programmes and whether such programmes facilitated their development of assertive communication skills. Respondents' views were quite mixed regarding how the preceptorship programme addressed assertive communications, with many feeling it had not featured in their preceptorship

[3] Some of the studies reviewed by Edward et al. included student nurses as well as NQNs

[4] In view of this variability, our literature search and review was largely limited to UK studies as in the 2016 review (Odelius et al.2017)

experience and some drew attention to the 'high price' of speaking up in terms of being ostracised, particularly by more experienced colleagues. Many respondents reported that working in a ward with a supportive work culture and having good peer support had a greater effect on their confidence about 'speaking out' than the preceptorship programme did, perhaps drawing attention to the value of other forms of support. However, the limited and fragmented nature of the particular preceptorship programme had also been a problem for preceptees indicating that a preceptorship programme which was better designed and delivered might well help develop assertive communication skills, and hence potentially have a positive impact on care outcomes/patient safety.

Logina and Taylor's (2019) literature review purports to look at how the transition from student to registered nurse can be more effectively facilitated, thereby enhancing the delivery of patient care but offers very little evidence of a direct relationship between preceptorship (or other forms of transition support) and patient care/patient safety outcomes.

Scholes et al. (2017) note that NQP support programmes (including preceptorship) can consume time and funding that might otherwise be invested in clinical priorities and that such interventions should be justified by establishing their impact (if any) on patient care outcomes but they note the inherent difficulty of establishing such casual relationships, especially in the context of widely divergent preceptorship models, aims and outcome measures (often relying on self reported satisfaction or competence of NQNs). Scholes et al. (2017) state that *'In the UK, linking improvement in NQP[5] support with patient safety outcomes are anecdotal rather than evidence based'.*

5.3 Evidence for positive effect of preceptorship on recruitment and retention

Taylor et al. (2019) found that only two of the 41 NHS North West region trusts employing NQNs which they surveyed were able to provide data on recruitment and retention of NQNs, which makes clear the scale of the challenge in trying to establish whether such outcomes are effected by preceptorship programmes.

Brooke et al. (2019) carried out a review of 53 studies in order to assess which interventions were most effective in improving nurse retention. They found that the most promising interventions appear to be either internship/residency programmes or orientation/transition to practice programmes, lasting between 27–52 weeks, with a teaching, preceptor and mentor component (i.e. they were 'multimodal'). They noted that methodological issues limited the extent to which conclusions could be drawn, even though a large number of studies was identified. The evidence on the most

[5] Newly qualified practitioner

effective duration of interventions is interesting given that the NMC (2006)[6] recommended minimum duration of preceptorship programmes is just four months and therefore many preceptorship programmes may well be shorter than that. Furthermore the number of hours actively engaged in preceptorship is not specified in guidelines though clearly that would be as important as the duration of the preceptorship programme.

The evaluation reported by Tucker et al. (2019) showed a large increase in retention following the introduction of a structured preceptorship programme (2015/16 to 2016/17) but the total numbers involved were small (n=9 district nurses) and no statistical tests were performed. Therefore, as the authors acknowledge this change may have been due to normal variation, and further research on larger cohorts is needed to confirm a trend.

The narrative review carried out by Walker & Norris (2020) found that the quality of the evidence on GP nurse preceptorship is low, as the focus of most research on preceptorship has been in secondary care and as a result there is a lack of robust evidence on the effects, and the benefits of preceptorship schemes in primary care /GP settings. They note that there is little robust quantitative evaluation in terms of staff retention and preceptorship.

Halpin and Curzio (2017) carried out a longitudinal mixed methods investigation of NQNs' workplace stressors and stress experiences during transition but do not present any direct evidence on recruitment and retention. They found that NQNs encounter multiple work-related stressors over their first 12 months post qualifying (especially high workload and incivility). Workload was consistently the most frequently occurring stressor for participants at each time point over their first 12 months post qualifying and there was a significant increase in its reported frequency from 6 to 12 months post qualifying, possibly reflecting the end of a period of preceptorship. The authors argue that understanding and addressing these stressors would have a positive impact on retention.

Wray et al. (2021) found that six of the 37 studies of interventions to enhance transition and retention for NQNs which they included in their review explicitly sought to address recruitment and retention (although only two reported outcome measures for recruitment and retention and neither of these was in the UK). Wray et al. conclude that:

'…despite decades of research into the experiences of newly qualified nurses and development of schemes and frameworks to support them during this period, there is little substantive or robust evidence in terms of impact on retention. Further research into the longer-term retention of newly qualified nurses is recommended. Longitudinal studies would be beneficial in assessing the efficacy of approaches to enhancing retention'.

[6] The NMC (2006) *recommends* that NQNs should have a formal period of preceptorship of 4 months depending on individual need and local circumstances

This indicates that the conclusion of Odelius et al. 2017 (which was based on their 2016 scoping review) is still valid: i.e. that although research shows that NQNs appreciate the support provided by preceptorship, there is no convincing published evidence of preceptorship improving patient care, patient safety or the recruitment and retention of nurses.

5.4 Studies looking at outcomes on competence, confidence, recruitment *and* retention

The review by Aldosari et al. (2021) found that evidence of nursing transition programmes positively impacting the transition experience is inconclusive. Some studies suggest a positive impact on NQNs' competency, level of confidence and attrition rates; others reported no impact and NQNs still encounter difficulties when transitioning into professional practice. Most articles they found were quantitative in nature, focusing on measurable outcomes of nursing transition programmes. Few studies investigated the experiences and perceptions of NQNs, preceptors and managers regarding the transition to professional practice. Aldosari et al. (2021) conclude *'there is limited evidence to justify the widespread implementation of nursing transition programmes'.* Of course this does not mean that NTPs (including preceptorship) are ineffective, but rather that appropriately designed research is needed to provide a solid evidence base about their effectiveness.

6. Features of successful preceptorship programmes

In this section we summarise those features of preceptorship programmes which the research evidence suggests may be helpful to the success of preceptorship programmes. This is subject to the limitations of the available evidence which have been discussed and acknowledging that the aims or objectives of preceptorship programmes vary, so that they may have different measures of 'success'.

Longer and more structured preceptorship programmes may be more effective. Walker and Norris (2021) argue that the limited available evidence suggests that a structured preceptorship programme, of more than four months' duration, is a good model for GP Nurse preceptorship. Brook et al. (2018) found that the most promising interventions appear to be either internship/residency programmes[7] or orientation/transition to practice programmes, lasting between 27–52 weeks, with a teaching and preceptor and mentor component. Irwin et al. (2018) find that the structure and quality of the preceptorship programme is more important than the one to one relationship between preceptor and preceptee. There is currently no professionally-regulated agreed percentage of preceptor-preceptee supervision (Forde-Johnston et al. 2017) which means there can be great variation on this key aspect of preceptorship and hence there are likely to be widely varying outcomes.

[7] Brook et al's review included non UK studies

Organisational support generally for preceptorship programmes is important to their success (Baldwin et al. 2020, Taylor et al.2017). Protected time for preceptorship (which might be seen as one aspect of organisational support for preceptorship) is also important (Edwards and Connett 2018) and this may be even more so in the current climate of staffing crises and additional pressure created by the pandemic and its aftermath.

Programmes which give preceptees the chance to practice clinical skills with feedback from preceptors and to role model experienced nurses may be more effective and more favourably viewed by preceptees (Forde-Johnston et al. 2017).

Preceptorship programmes which seek to understand and reduce stressors for preceptees are likely to be more effective. Stressors include high workload and incivility and the lack of a supportive workplace culture (Halpin and Curzio 2017).

Preceptorship programmes which incorporate/facilitate peer support may be more effective (Walker and Norris 2021; Jenkins et al. 2021). Peer support potentially reduces stress as well as helping learning and professional development (Halpin and Curzio 2017).

Preceptorship programmes which recognise the value of tacit learning / invisible learning as well as preceptorship which include a reflective learning style and which teach delegation skills may be effective in increasing confidence and competence (Allan et al. 2018; 2017).

The use of social media/online learning as part of preceptorship programmes was rated favourably by participants (Edwards and Connett 2018; Jenkins et al. 2021) and there may be scope to increase their use in preceptorship programmes.

7. Barriers

The evidence about barriers to the success of preceptorship programmes is subject to the same limitations as that on other aspects of preceptorship, in that studies tend to be limited to one or a few sites often rely on small samples and frequently lack meaningful outcome measures.

To some extent the barriers to successful preceptorship programmes are the absence of the features mentioned in previous section (i.e. shorter and unstructured preceptorship programmes, or those with fewer preceptor / preceptee contact hours, are likely to be less successful as are programmes which do not have organisational support and programmes which do not recognise and address stressors for NQNs, such as being overloaded or being subjected to incivility from colleagues). Subject to those caveats, the barriers or potential barriers to preceptorship programmes (other than those already mentioned above) which are identified in the literature are described below.

7.1 Lack of preceptors, insufficient training and lack of protected time for preceptorship

One reason why trusts may not provide preceptorship, or provide it in a limited way, is the difficulty of finding and training preceptors or protecting time for them to carry out preceptorship work because of the difficulty of balancing service and educational needs on busy units (Odelius et al. 2017; Scholes et al. 2017; Irwin et al. 2018, Mansour and Mattukoyya 2019; Tucker et al. 2020; Edwards and Connett 2020; Wray et al. 2021). Irwin et al. (2018) highlight the need for structured training of preceptors and that it should not be assumed that a competent or expert nurse is necessarily a competent or expert teacher.

7.2 Lack of preceptorship provision and preceptee drop out

Closely linked to the preceding point, it is not at all clear that preceptorship programmes are available to all who should have access. Taylor et al. (2017) in a survey of 43 trusts in a region of north-west England found that 9% were not offering preceptorship at all. This study by Taylor et al. (2017) was multi-site and one of the more rigorous studies in our review and although it was only within one region there is no reason to think it untypical of England or the UK. There may have been improvements since this data was collected but as there is no requirement for trusts to return data on preceptorship to NMC or other bodies then there is no way of knowing for sure what proportion of trusts are actually offering preceptorships or what proportion have a preceptorship policy/ strategy. Clearly if preceptorship is not offered at all, or in a very ad hoc manner, then this is a barrier. Similarly, there is a lack of data on another potential barrier – preceptee drop out from preceptorship programme. Baldwin et al. (2020) suggest that most preceptees do complete the programme (77%) and that the main reason for not completing was 'leaving the organisation' but data was not available on why preceptees left the organisation.

7.3 Excessive local autonomy

Taylor et al. (2017) report that 44% of trusts had no policy or strategy on preceptorship and just under half (47.8%) carried out no evaluation of their preceptorship programme. A common reason given for not evaluating was that there was no overall strategic or common framework to guide evaluation. The wide variation in the models of preceptorship used (from unstructured to highly structured) their duration and number of preceptor/preceptee contact hours may be a barrier to preceptorship in that there is unequal access to preceptorship. As already stated there appears to be no requirement to report any data on preceptorship to a regulatory body such as NMC which creates a risk that preceptorship is seen as a low priority or optional activity. It might be argued that the amount of autonomy granted to bodies which provide preceptorships is not optimal and that this may be a barrier to successful preceptorships. Scholes et al. (2017) note two agendas in NQP support: an 'ecology' model focussing on the NQP's learning needs and professional growth, and a 'corporate induction' model which focuses on the organisation's needs such as shaping the NQP as an employee who reflects the values and culture of the NHS organisation. Scholes et al. suggest these two models can be reconciled

through a focus on public and patient involvement in preceptorship programmes. The evidence reviewed here (as described in the aims and objectives sections) draws attention to what seems to be a growing focus on recruitment and retention outcomes from preceptorship models which might suggest a third model of preceptorship, closely related to ‘corporate induction’ but where the focus is on desired organisational outcomes.

8. Ideas which may be worth exploring

Useful ideas in the literature which may be worth exploring (but which as yet do not have evidence on which to judge their effectiveness) include these:

- Group preceptorship or action learning sets (as opposed to just one preceptor to one preceptee)
- Allowing preceptee a choice of preceptor
- Allowing staff to choose to become preceptors (rather than just having preceptees allocated to them)
- Encouraging preceptees to become preceptors so that learning/knowledge is retained and preceptors have an increased understanding of preceptee perspective
- Having a clear career pathway for preceptors
- Where possible, NQNs start work in settings (e.g. particular hospitals, particular wards) where they have had a placement as a student (so more familiar with setting and likely to already have some professional networks / friends).
- Encouraging a learning organisational approach in the NHS so that learning is thought of as part of the professional's role rather than an add-on. This would include a life-long learning philosophy enacted across the organisation.

9. Conclusion

There is a considerable amount of evidence that, on the whole, preceptees view preceptorship programmes favourably and feel that they benefit from them in a number of ways, especially confidence and competence (although these findings are often based on data captured in descriptive terms or on self rated quantitative measures, e.g. those who participated in a preceptorship programme *feel* more confident or competent as a nurse). A number of significant barriers to preceptorship have also been identified in the literature reviewed, particularly that there is wide variation in the amount, type and quality of preceptorship provided. In addition, we cannot know on existing evidence whether guidance for preceptorship such as those of CapitalNurse or NMC are being met.

The lack of any reporting requirements regarding preceptorship means that there is very poor secondary data available for researchers. Evaluations carried out by preceptorship providers themselves (e.g. internal evaluations in Trusts or GP practices) tend to be limited to one or a few sites and typically use research designs which are not capable of determining whether or not there are relationships between preceptorship and desired outcomes such as confidence and competence, recruitment and retention and improved patient care or patient safety. Many of the claims made for preceptorship may well be valid but they are as yet not based on reliable or up to date evidence from UK studies.

Because the lack of reliable evidence makes it hard to judge whether preceptorship is an effective model for supporting transition, it also makes it hard to judge whether certain preceptorship models may be more effective than others although we have outlined, as far as the evidence allows, which aspects of preceptorship programmes seem to be more successful than others (features of successful preceptorship programmes). The existing evidence does not allow judgements to be made about whether preceptorship is more effective in supporting NQNs (or achieving certain outcomes) than other forms of support for NQNs. Therefore there are very large gaps in the literature regarding preceptorship in the UK.

As touched on above, great variation is found in the delivery of preceptorship programmes, in terms of whether they are actually provided, whether the providing organisation has a preceptorship policy, the model of preceptorship used, the duration of the programme and the amount of preceptor/preceptee contact hours within that and what form they take. Furthermore, it seems that there is considerable variation in terms of what the aims or objectives of the preceptorship programmes are or should be, and some evidence that these programmes may often be defined in terms of desired organisational or policy outcomes (such as recruitment and retention) rather than the support of the NQN per se.

It may be that too much is being expected of preceptorship as opposed to other forms of support (e.g. peer support or informal support in the workplace from colleagues) and this may be unrealistic given the fairly loose guidance provided by

regulatory bodies, the lack of specific resources for preceptorship and the current pressures on the NHS in terms of the staffing crises, underfunding and dealing with the aftershock of the COVID pandemic (e.g. unprecedented waiting lists, and a proportion of the workforce which is exhausted and demoralised). In summary it would seem important to consider increasing regulation/monitoring of preceptorship while maintaining a large degree of autonomy for preceptorship providers.

10. Recommendations

Based on the findings in the literature reviewed, we provide the following recommendations that might be considered in relation to improving the effectiveness of preceptorship programmes.

10.1 Strengthening central monitoring and guidance in relation to preceptorship

Preceptorship providers should be required to supply a minimum dataset to NMC or other body that covers the following aspects:

1. whether preceptorship is being offered to all eligible NQNs (and midwives);
2. the duration of the preceptorship programme;
3. the number of preceptor/preceptee contact hours which is aimed for/achieved
4. a brief description of the preceptorship model used;
5. take up of the preceptorship by NQNs and completion rate for the preceptorship programme.

The minimum dataset might also cover how many preceptors are available in a given trust, and how many have received training in preceptorship as well as the number of NQNs who are eligible for preceptorship. It may also be the case that some standardised outcome measures are called for in relation to recruitment and retention, confidence and competence, and the cost of the preceptorship programme to the provider. A further outcome measure of interest is the possible impact of preceptorship on patient care and patient safety but this is a methodologically challenging aspect and would probably need consultation and expert research input to agree standardised measures. One possibility (as an example) would be to use ‘missed episodes of care’ (Campagna et al., 2021) as an outcome measure. If that data was available then rates of missed episodes of care could be compared across different trusts, different models of preceptorship and different amounts of preceptorship and there would over time be a solid evidence based on which to judge the effectiveness of preceptorship and so to improve them.

10.2 Improved research and evaluation

As has been often noted in the reviewed literature there is a lack of a rigorous evidence around preceptorship programmes, particularly in terms of evidence that preceptorship programmes achieve some of the key outcomes which are often claimed (competence, confidence, improved recruitment and retention, improved care or patient safety). There is also a lack of evidence that would allow the

comparison of different models of preceptorship or effects based on the amount of preceptorship provided (Forde-Johnston 2017). Brook et al. (2018) suggest that future research should focus on standardising the reporting of interventions and outcome measures used to evaluate these interventions and carrying out further research with rigorous methodology. Furthermore, it is important to note that existing research is predominantly descriptive in nature, and based on one or a few sites, using small samples and designs which are not rigorous, It is therefore recommended that research be carried out which allows a national picture of preceptorship to be built up and which uses longitudinal or quasi experimental studies to compare outcomes from various preceptorship models or approaches.

Halpin and Curzio identify gaps in the literature to do with stressors of NQNs during transitions; the experiences of NQNs after first year, and how organisations can promote 'civility' amongst staff as the lack of civility (particularly from more experienced nurses to NQNs) as this was found to be a major source of stress for NQNs. Civility could be seen as one aspect of a supportive work culture and again research is lacking in terms of the prevalence of supportive or unsupportive working cultures and how they can be changed where necessary.

Aldosari et al. (2021) suggest here is also a gap in the literature in terms of understanding of the transition experience – from both preceptor and preceptee perspectives i.e. what support do they actually want or need?

10.3 Longer duration/minimum number of hour of preceptorship

Relating quite closely to the point above, the minimum duration of preceptorship should perhaps be extended to one year. The NMC recommends a minimum of 4 months but the evidence reviewed suggested that there is a widely varying duration of preceptorships and that longer preceptorships (six months to a year) are likely to be more effective[8]. There should also be a professionally-regulated agreed percentage of preceptor-preceptee supervision (as suggested by Forde-Johnston et al. 2017) to reduce variation on this key aspect of preceptorship and hence ensure that all NQNs are getting a basic amounts of supervision time and hence more equality of access to preceptorship and less variation in outcomes

10.4 Curriculum for preceptor training preceptors

There should be an agreed core curriculum for preceptor training. The training of preceptors is another area which seems to be almost entirely at the discretion of local providers and therefore may be quite minimal in some areas.

Irwin et al. (2018) note that

'Whilst Benner (1982) assessed the advanced beginner at a level that fits with a NQN, she considers the next level, a competent practitioner, to be a nurse with 2 to

[8] It might be relevant to note that doctors have a 2 year preceptorship period.

3 years' experience. This is significantly more than the one year recommended for preceptors by the NMC (2006)'.

Irwin et al. highlight that an expert nurse is not necessarily an effective teacher (citing Hickey 2010) and recommend that potential preceptors have training that includes the principles of adult learning. Forde-Johnston (2017) notes that

'It is evident that there is a requirement to structure the training and support of newly qualified nurses during the preceptorship period. However, there are no nationally recognised preceptorship supervision criteria or clinical training professional outcomes for monitoring such training and support programmes'

and reports on the development of such a curriculum which seems comprehensive and was apparently effective (based on the limited evidence available). Taylor et al. (2018) also highlight the DH (2010) publication which identified 13 attributes of an effective preceptor which could also make a useful contribution in informing a core curriculum for preceptor training.

The adoption of a common core curriculum in preceptor training, while retaining a great deal of local autonomy and recognising the very different needs of trusts, seems a sensible way forward although of course it makes extra demands on the time of potential preceptors, and therefore organisational support is needed, which recognises the value of the training and is prepared to create protected time for it.

10.5 Resources for preceptorship providers

Preceptorship providers should be provided with resources to enable them to design, develop and evaluate their preceptorship programmes. The NMC (2020) guidelines describe what a good preceptorship programme looks like but more guidance may be needed on how to implement these guidelines or how to achieve a programme with the features of this 'ideal type'. For example, a supportive work environment may be essential to good preceptorship but how can trusts create a supportive working environment if such does not exist at present? Equally, it may be agreed that protected time for preceptorship is essential but trusts or GP Practices may find it difficult to achieve that and activities which are not seen as essential may become a lower priority in view of the pressures referred to earlier (staffing crises, unprecedented waiting lists). An evidence-based toolkit for organisations providing preceptorship programmes has been developed by Owen et al. (2020). This toolkit allows preceptorship providers to assess their own preceptorship programmes along many important dimensions (organisational support, managerial support, supernumerary time, local culture of support) and understand how to develop / improve them. It may be useful to promote this toolkit and similar resources so that preceptorship providers are aware of them and can put them to use.

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12. Appendix 1: NMC Principles for Preceptorship 2020

1. Organisational culture and preceptorship

A period of preceptorship immerses the newly registered nurse, midwife and nursing associate into their professional role and into the ways of working and culture of their new workplace.

A good organisational culture that supports preceptorship will have the following characteristics:

1.1 It is kind, fair, impartial, transparent, collaborative and fosters good interprofessional and multi-agency relationships

1.2 There is an understanding of the importance of having systems and processes in place to support and build confidence of newly registered nurses, midwives and nursing associates

1.3 There is an approach to preceptorship that prioritises individual mental and physical health and wellbeing, and promotes accountability, self-reflection and safe practice in accordance with **the Code.**

2. Quality and oversight of preceptorship

Being committed to the Principles of Preceptorship and having preceptorship programmes available/running are seen as key activities within the organisation. There is evidence of management of the process, and evaluation of its efficacy and outcome.

To ensure effective preceptorship:

2.1 There are processes in place to identify those who require preceptorship

2.2 There is sufficient preceptor capacity to support all of those who require preceptorship

2.3 The employer, preceptees and preceptors understand and comply with national and local policies, and the relevant governance requirements required by the four countries of the UK

2.4 Preceptorship activities should complement the preceptees' induction and orientation into the local workplace

2.5 There is recognition of the impact of system challenges on effective preceptorship and how to mitigate these

2.6 Processes are in place to monitor, evaluate and review preceptorship programmes

2.7 There is a governance framework around preceptorship which allows the process to be audited and reported.

3. Preceptee empowerment

Preceptorship is tailored to the individual nurse, midwife and nursing associate preceptee's new role and the health or care setting. It seeks to recognise and support the needs of the preceptee to promote their confidence in their professional healthcare role.

In effective preceptorship models, preceptees:

3.1 Are provided with the appropriate resources to enable them to develop confidence as newly registered nurses, midwives and nursing associates

3.2 Are supported according to their individual learning needs

3.3 Are supported by a nominated preceptor

3.4 Have opportunities for reflection and feedback to support their approach to preparing for **revalidation**

3.5 Are empowered to work in partnership with preceptors and are able to influence the content and length of their preceptorship programme to meet both individual and organisational needs.

4. Preparing preceptors for their supporting role

Preceptors should receive appropriate preparation to understand and undertake their role.

In effective preceptorship models, preceptors:

4.1 Act as professional role models

4.2 Receive ongoing support and actively engage in professional development

4.3 Are supportive and constructive in their approach to the preceptee

4.4 Share effective practice and learn from others

4.5 Seek and are given feedback on the quality of all aspects of their preceptorship role.

5. The preceptorship programme

Preceptorship should take account of the setting in which the individual nurse, midwife and nursing associate is working and providing care. These principles apply to any health or social care setting across UK, including the NHS, the social care sector, and the independent and charitable sectors.

Preceptorship programmes will:

5.1 Be timely and align with the start of a new employment role

5.2 Recognise the knowledge, skills, attributes and competence nurses, midwives and nursing associates have at the point of registration

5.3 Seek to ensure that activities within the programme are agreed with the individual preceptee

5.4 Vary in length and content according to the needs of the individual nurse, midwife and nursing associate and the organisation. Individual countries, regions or organisations may set minimum or maximum lengths for preceptorship

5.5 Include activities designed to welcome and integrate the preceptee into the team and place of work

5.6 Be designed to ensure that it is possible for the preceptee to meet the aims and outcomes of the preceptorship programme within the agreed timeframe.

13. Appendix 2: Table 1 Literature Review Matrix

Ref no	Authors, Year Title	Research design/ Methods	Sample	Comparison or Control group	Focus	Findings
1.	Aldosari et al. (2021) Newly qualified nurses' transition from learning to doing: A scoping review	Secondary research Scoping literature review (Arksey and O'Malley framework.)	1843 articles retrieved from initial searches. 60 included in review – 16 of which are UK studies and only 3 of those are after 2016 (Allan et al. 2018, Irwin et al.. 2018 and Forde-Johnston (2017) all of which are separately included in our review.	No	NQNs' experiences during transition to professional practice, and key stakeholders' perceptions of nursing transition programme. NB theoretical focus on transition programmes although papers reviewed were research into preceptorship programmes.	Two overarching themes emerged from the review: 1) the transition experience; 2) the perceived benefits of nursing transition programmes. Most articles found were quantitative in nature, focusing on measurable outcomes of nursing transition programmes. But the review also found that the evidence regarding impact of nursing transition programmes on the transition experience is inconclusive. Some studies suggest a positive impact on NQNs' competency, level of confidence and attrition rates; others reported no impact. This review suggests that NQNs frequently struggle to successfully complete the transition into professional practice, and that this transition is complex and multifaceted. There is limited evidence to justify the widespread implementation of nursing transition programmes. Few studies investigated the experiences and perceptions of newly qualified nurses, preceptors, and managers regarding the transition to professional practice. Call for additional research focusing on experiences and perceptions of NQNs and their transitory process.

	work in the daily management of uncertainty and the unexpected in clinical practice: invisible learning among NQNs	approach in three hospital sites in England from 2011 to 2014	Managers. UK based study		require are part of invisible learning	Highlights the need for greater understanding of the "invisible learning" which occurs as NQNs learn to delegate and supervise and that despite the increasing relevance of delegation and supervision for the role of the modern nurse these skills do not form a central component of undergraduate nurse programmes or preceptorship programmes in the United Kingdom.
3.	Allan et al. (2018) Putting knowledge to work in clinical practice: Understanding experiences of preceptorship as outcomes of interconnected domains of learning	Primary research Same study 1st stage. Process evaluation 2nd stage	Same D/C for 1st stage 2nd stage - tool to assist NQNs to delegate and supervise during the preceptorship period was developed and piloted with 13 NQNs in the same sites as Allan et al., 2016. Interviews with NQNs x 13. UK based study	No	Preceptorship tool and NQN feedback on use; Theoretical development of recontextualisation theory.	Most preceptees liked their preceptorships, but shared common negative aspects (e.g. time constraints, sta□ng level, workload). A reflective learning style helped many NQNs to cope with di□cult situations by reflecting on their work and learning from their mistakes. Preceptorship support helps NQNs put knowledge to work early in their careers; which may assist NQNs to develop confidence and competence in delegation and supervision of healthcare assistants In supportive ward cultures, limited access to formal preceptorship can be bolstered by team support. However, NQNs in less supportive ward cultures may have both a greater need for preceptorship and fewer compensatory mechanisms available to them when formal preceptorship is not available.
4.	Baldwin et al. (2020) Reflections on setting up a nursing preceptorship programme	Primary research Evaluation and reflections	1 large London NHS trust UK based study	No	Introduction of preceptorship programme	Preceptorship programme viewed favourably by participants. Senior management support essential to success of preceptorship. The preceptor role needs to be valued in organisation. The authors found that main challenge during the initial implementation process was to find enough experienced nurses wanting to take on the preceptor role - there was a general perception that this would add to their current workload and that clinical work would always take priority over preceptorship Find that most preceptees complete the programme and the main reasons for not competing is leaving the organisation

						Very limited evidence of outcomes or impacts from the preceptorship programme
5.	Brook et al. (2019) Characteristics of successful interventions to reduce turnover and increase retention of early career nurses: A systematic review	Secondary research Systematic review using: (PRISMA) guidelines. Studies were quality-assessed using the Joanna Briggs Institute Critical Appraisal tools for Quasi Experimental and Randomised Controlled Trials.	Total of 11,656 papers were identified, of which 53 were eligible studies (5 of which were preceptorship programmes) Selected studies for review evaluated an intervention to increase retention or reduce turnover and used turnover or retention figures as a measure. UK, USA, Australia, Taiwan. Data were critically reviewed, and data extracted using thematic analysis	No	Evaluate the characteristics of successful interventions to promote retention and reduce turnover of early career nurses.	A wide variety of interventions and components within those interventions were identified to improve nurse retention. Promising interventions appear to be either internship/residency programmes or orientation/transition to practice programmes, lasting between 27–52 weeks, with a teaching and preceptor and mentor component. Clinical practice areas are recommended to assess their current interventions against the identified criteria to guide development of their effectiveness. Methodological issues impacted on the extent to which conclusions could be drawn, even though a large number of studies were identified. Evaluations of cost-effectiveness are considered an important next step to maximise return on investment. Future research should focus on standardising the reporting of interventions and outcome measures used to evaluate these interventions and carrying out further research with rigorous methodology.
6.	Clarke (2017) Rennie Grove hospice care preceptorship Programme	Secondary research (literature review)	1 hospice in UK private sector	No	Describes reasons for development of a preceptorship programme to address NQN shortages.	This is not a peer revied paper but was consider useful to include as little is published regarding preceptorship in the hospice sector. Author reports that it is difficult to recruit to preceptorship programme as NQNs not traditionally recruited to palliative care/hospice work. Author aims to develop preceptorship which would allow NQNs to be recruited to hospice sector. Author described plan to engage with university sector to build route into this area of specialist practice

7.	Draper (2018) 'Doing it for real now' – The transition from healthcare assistant to newly qualified nurse: A qualitative study	Primary research Qualitative	Telephone interviews x 14 NQNs who had previously worked and continued to do so, as HCAs. UK based study	No	The effects of previous and ongoing experience of being an HCA has on NQNs' experience of the transition to registered nurse.	Preceptorship discussed in relation to learning through scaffolding with an engaged NQN and preceptor. The practice environment is of central importance as a site of learning both in pre- and post-registration education. NQNs navigate this 'space' irrespective of whether or not they have been HCAs.
8.	Edward et al. (2017) Are new nurses work ready – The impact of preceptorship. An integrative systematic review	Secondary research Integrative literature review (PRISMA, inclusion of diverse studies that investigated this phenomenon (Whittemore & Knafl, 2005).	137 articles returned after search. 15 papers selected for review from Canada, UK (n=5), Finland, Australia, USA. Participants in some studies were student nurses rather than NQNs. Data were critically reviewed, and data extracted using thematic analysis	No	The aim of this integrative systematic review was to systematically search, critically appraise, and summarise reported research related to readiness to practice and types of clinical support offered to newly registered nurses and preregistration nurses (such as, mentoring, preceptorship, or clinical facilitation).	Key factors that influence work readiness for newly registered nurses identified were the importance of preceptors for facilitating work readiness with the sub themes of positive relationships between the preceptors and the student or newly registered nurse, preparing and supporting the preceptor for the role and using a model to guide preceptorship of students, The second theme was related to clinical exposure, including a sub theme of adequate clinical exposure and clinical competence. Work readiness has been attributed to many factors and this review has revealed a number of key factors that contribute to newly registered nurses' work readiness such as preparation of the preceptor, positive relationships and adequate clinical exposure.
9.	Edwards & Connett (2018) Evaluation of a regionally based preceptorship programme for newly qualified neonatal nurses	Primary research Web based questionnaire in survey evaluation of generic preceptorship programme.	Questionnaire development described. 11 respondents. UK based study	No	Preceptorship	The authors introduced and evaluated a regionally based programme for neonatal nurses. Evaluation carried out by those who delivered it (lack of reflexivity). The preceptorship programme used novel approaches including use of social media, joint learning with paediatric medical trainees and rotating placements. Use of social media and the quality of the programme was highly rated by preceptees. Logistical issues in relation to providing supernumerary training time, variation in practice across the region and working in a second designated unit were identified. Preceptorship needs protected time for preceptees. Preceptees completing the programme have become preceptors for successive cohorts joining

						the programme thus securing long term sustainability.
10.	Forde-Johnstone (2017) Developing and evaluating a foundation preceptorship programme for newly qualified nurses	Primary research Mixed methods evaluation	Data was collected in 2014/15. Survey and focus groups, with NQNs and nurse managers and data from one to one development reviews between NQN and preceptor. 37 participants UK based study, 1 site	No	Evaluation of a structured 'three tiered' curriculum that integrated skills development, preceptorship and clinical supervision. in one NHS site	Preceptorship support during 1st year of NQN was valued 75% of NQNs had not spent clinical time "at the bedside" with their preceptors and were not given observed feedback on their clinical skills in practice from a preceptor or other experienced nurses NQNs wished to regularly reflect with experienced nurses and obtain feedback on their practice from clinical experts to develop their clinical skills. A professionally-regulated agreed percentage of preceptor-preceptee supervision time may enhance preceptorship standards. .
11.	Halpin et al. (2017) A longitudinal, mixed methods investigation of newly qualified nurses' workplace stressors and stress experiences during transition	Primary research Longitudinal, explanatory sequential mixed methods, cohort study Data collection was from 2010-12	At the point of qualification (n = 288), 6 months post qualifying (n = 107) and 12 months post qualifying (n = 86), NQNs completed the Nursing Stress Scale, with 14 completing a one-to-one interview at 12 months post qualifying UK based study	Yes		NQNs encounter multiple work-related stressors over their first 12 months post qualifying, which are intrinsically entwined with their transition. Employing organizations need to be more proactive in managing their workload and addressing workplace incivility. The longitudinal element (rare in studies of preceptorship) allowed the authors to find that stressors change over time especially in relation to workload (i.e. stress increases compared to entry as many were not expecting such a high workload) but stress about death and dying decreases The authors found differences based on age and previous experience (younger NQNs and those without previous care/healthcare experience were more likely to feel stressed) The end of preceptorship period at 6-12 months may be associated with increased stress, possibly because of the end of transition support (such as preceptorship) which perhaps supports the case for

						longer preceptorships.
12.	Irwin et al. (2018) Does preceptorship improve confidence and competence in NQNs: A systematic literature review	Secondary research Systematic literature review PRISMA (contains search results)	14 papers 4 mixed methods, 8 qualitative, 1 scoping review and 1 service development paper were reviewed, data extracted using thematic analysis. UK papers only.	No	What evidence is there that preceptorship improves confidence and competence in NQNs?	While one-to-one preceptorship does influence confidence and competence, the quality of the preceptorship programme has a greater impact than the individual preceptor. The authors find that there is limited empirical research of a direct relationship of preceptorship on confidence or competence. The authors note that competencies and competence not defined in most papers (none Further research into team preceptorship/choice of preceptors and what impacts on NQNs confidence and competencies required.
13.	Jenkins et al. (2021) Exploring NQNs' experiences of support and perceptions of peer support online: A qualitative study	Primary research Qualitative exploratory study	8 semi-structured focus groups supplemented by one individual interview, were conducted with 25 NQNs in two NHS Trusts (one acute one mental health) Convenience sampling was conducted via trust / preceptor programme leads (which may have caused bias) Sampling criteria: participants had to be NQNs working in NHS Trusts, who were not more than 18 months post-qualification UK based study	No	Online support in a preceptorship programmes	Formal support mechanisms such as preceptorship have benefits, but do not address all the needs of NQNs; online support can supplement existing support strategies for nurses Importantly the authors note that successful transition depends on situational factors as well as individua – e.g. whether there is high staff turnover or shortage of staff the difficult to form effective relationships with colleagues or mentors. They also draw attention to 'nurses eating their young' i.e. bullying and ostracism from established nurses which some NQNs may experience and which can be a barrier to transition. Two main themes arose. The first was 'drowning, a lot of the time' with two sub-themes: (i) Feelings and emotions about being a NQN: 'Absolutely terrified' and (ii) Support within the role: 'Somebody you can count on'. The second was potential advantages and disadvantages of online modality: 'Somebody is going to get in that phone!' which included three sub-themes (i) Potential advantages, (ii) Potential disadvantages and (iii) Preferences and recommendations. The authors conclude that if barriers can be

						overcome, then online support has potential to contribute to NQNs' well-being.
14.	Logina & Traynor (2019) The relationship between effective transition models and the optimal management of patient care	Secondary research Discussion paper/informal literature review	Discussion of international literature.	No	How to facilitate the transition from student to NQN to improve patient care. It examines how NQNs perceive the transition period and discusses how effective transition supports the optimal management of patient care.	The authors draw attention to great variation in preceptorship models across the UK and internationally The authors' recommendations include A review of national and international guidance on preceptorship. Transition should start during undergraduate training and become compulsory for all organisations supporting NQNs Research/evidence needed on whether investment in preceptorship programmes is justified
15.	Mansour & Mattukoyya (2019) Development of assertive communication skills in nursing preceptorship programmes: a qualitative insight from NQNs	Primary research Survey	42 NQNs from four acute hospital trusts in east England completed open-ended questions included in a cross-sectional survey. Participants' qualitative comments were analysed using thematic analysis. UK based study	No	Development in assertive communication skills in NQNs during preceptorship programmes	The authors stress the importance of preceptorship programmes for developing assertive communication skills – especially in encouraging NQNs to speak up about unsafe practice. Three themes related to speaking up during the nursing preceptorship programme emerged: enthusiastic versus sceptical, the role of a supportive working culture, and logistical challenges. Some NQNs were frustrated by the preceptorship and were sceptical aboit how much support they were begin given regarding 'speaking up'. Attention was drawn to the need for a supportive working environment to facilitate speaking up. The authors concluded that nursing preceptorship programmes can develop newly qualified nurses life-enhancing assertive communication skills if they provide inspiring preceptors who act as role models, create a supportive working culture and support nursing

						preceptors to deliver effective preceptorship. The authors argue that it is imperative that nursing preceptorship programmes are adapted to enable newly qualified nurses to learn and practise assertive communication skills
16.	Odelius et al. (2017) Implementing and assessing the value of nursing preceptorship	Secondary research Scoping literature review	523 retrieved in searches 15 articles and 1 review Data extracted with thematic analysis. UK based papers only	No	Assessing the value and effectiveness of preceptorship	Described experiences of preceptees and preceptors, the advantages and disadvantages of standardised approaches to preceptorship, important components of successful transition for NQNs, and a lack of rigorous evidence regarding the possible impact of preceptorship on competence and conference, recruitment and retentions and healthcare/patient safety outcomes. The authors also caution against unrealistic expectations of preceptorship and the need to recognise and value other forms of support (e.g. peer support).
17.	Owen et al. (2020) A preceptorship toolkit for nurse managers, teams and healthcare organisations	Secondary research / service development tool	Process evaluation of stakeholder conference UK based study	No	Report on introduction of resources developed from evidence based toolkit	The authors present a comprehensive toolkit which allows preceptorship providers to assess and improve their preceptorship programmes. The toolkit is based on research evidence particularly that of Whitehead (2016).
18.	Rolt & Gillet (2019) Employing NQNs to work in hospices: A qualitative interview study	Primary research Qualitative interview study	Semi-structured interviews 6 NQNs & 5 senior nurses Only two NQNs were part of a preceptorship programme 4 hospices in UK	No	Palliative care in hospices as suitable environment for NQNs given prior requirement for 2 years post registration experience. No formal preceptor programme.	Skills development is an ongoing developmental need during transition to competency of NQNs, including communication skills in palliative care. The authors conclude that 'This study is too small to draw any conclusions about the value of formal preceptorship over other less formal approaches, however, it was clear that participants generally had a positive view of preceptorship and its potential value to recruitment.
19.	Scholes et al. (2017) Managing support for newly qualified practitioners: lessons learnt from one health care region in the UK	Primary research Mixed methods, qualitative,	Telephone interviews with 24 people delivering support for NQNs across professions in 13 different health care	No	Mapping support for newly qualified practitioners across nursing, midwifery and AHPs in SE England	Support for newly qualified practitioners was largely idiosyncratic to profession and Trust. Evidence emerged of a conceptual shift in terms of how preceptorship was viewed, from basic competency acquisition toward a corporate induction programme.

		sequential exploratory study	trusts within one UK region. Documents (n = 41) related to support programmes were analysed. Two case study site visits and a knowledge exchange conference of 45 delegates. UK based study			Much better evidence is needed regarding the impact of newly qualified practitioner support on patient outcome A career pathway is needed for those who support newly qualified practitioners and this should include specific preparation for the role.
20.	Taylor et al. (2018) Exploring preceptorship programmes: Implications for future design	Primary research Mixed methods evaluation	Online survey of 41 NHS trusts across the North West region employing newly qualified nurses – 23 trusts responded to survey (56.1%)). Documentary analysis – 18 (43.9%) trusts returned documents. UK Based study	Yes	Evaluation of pedagogic rigour of a preceptorship programme	The authors found that were instances of outstanding preceptorship and preceptorship programmes where there was a clear link between the strategic vision. However, findings also highlighted the wide variation in preceptorship programmes across the geographical footprint on many key aspects (e.g. whether organisation offers preceptorship (91% yes 9% no); whether trust has a preceptorship policy/strategy (56% yes 44% no) and the models of preceptorship used, and the staff roles involved). The authors argue that there was not a single preceptorship framework /model that would universally meet the needs of all trusts but that there were key components which should be included in all preceptorship programmes. Lack of evaluation was common (52.2% evaluated their preceptorship programme but approximately half, 47.8%, reported that they did not formally evaluate their preceptorship programme). The reasons given for not conducting evaluations were mainly focussed on a lack of process and guidance (e.g. trusts are not required to return any data to regulatory bodies) The authors also highlight the strategic importance of preceptorship progs in recruitment and retention in view of the large number of staff vacancies in the NHS

21.	Tucker et al. (2019) Evaluation of a structured preceptorship programme	Primary research Mixed methods evaluation	Separate semi-focused interview focus groups for the preceptors and preceptees and a small survey using an eight-item questionnaire with a four-point Likert scale The preceptee participants were qualified district nurses and had therefor complete a postgraduate qualification and therefore were not typical of NQNs. UK based study	No	Evaluation of a local preceptorship programme for district nurses	Transition into community roles is necessary and valued by preceptees and preceptors. Preceptorship is found to be useful for recruitment and retention, especially for community nursing, where recruitment and retention is particularly challenging and where patient demand is growing strongly (in part because of population ageing). Both preceptors and preceptees felt that the role of the DN was a specialist one and that the preceptorship programme helped to support newly qualified staff make the transition into qualified DNs, clinical team leaders and, ultimately, caseload holders. A large-scale study of DN practice is called for to develop a national consensus on the structure and content of preceptorship programmes for district nursing.
22	Walker & Norris (2020) What is the evidence that can inform the implementation of a preceptorship scheme for general practice nurses, and what is the evidence for the benefits of such a scheme?: A literature review and synthesis	Secondary research Literature review and narrative synthesis	475 papers retrieved in searches 12 papers reviewed Mainly UK papers, 2 Australian papers	No	Preceptorship (programmes) in general practice	The quality of the evidence on GP Nurse preceptorship is low – most evidence relates to preceptorship in secondary care settings. There is a lack of robust evidence on the effects, and the benefits of preceptorship. These should be evaluated as preceptorship programmes are implemented. The limited available evidence suggests that a structured preceptorship programme, of more than 4 months duration, which allows the development of peer-to-peer support, is a good model for GP Nurse preceptorship. The involvement of doctors and the wider practice team is essential for the success of such a programme.
23.	Wray et al. (2021) Approaches used to enhance transition and retention for NQNs (NQNS): A rapid evidence assessment	Secondary research Rapid evidence assessment	2,649 papers found in searches. 37 papers reviewed using CASP tool Papers published in	No	Assessment of approaches used to enhance nurse transition and retention for NQNs and to evaluate the strength of the evidence for	Orientation and creating supportive environments were frequently reported as being effective in enhancing transition across a range of studies. A range of methods: quasi-experimental, survey and qualitative were used. However, recruitment and retention are ill-defined in

			English..		specific approaches to nurse transition and retention.	the literature and therefore hard to draw any conclusions aboit the impact of interventions to improve these aspects. The quality of research and evaluation is generally low. Generally there was poor quality research / evaluation of structured interventions to ease transition (including preceptorship) and unstructured interventions (i.e. general ‘’support’’) The authors call for much more rigorous research to be carried out.

14. Appendix 3: Table 2. Quality criteria grading

Lead author	i)	ii)	iii)	iv)	v)	vi)	vii)	Score
Aldosari et al. (2021)	x	x	x	x	x	x	Review	6
2. Allan et al. (2016)	x	x	x	x	x	x	x	7
Allan et al (2018)	x	x	x	x	x	x	x	7
Baldwin et al. (2020)							Service development report	Not scored
Brook et al. (2019)	x	x	x	x	x	x	Review	6
Clarke (2017)							Service development report	Not scored
Draper (2018)	x	x	x			x	x	4
Edward et al (2017)	x	x	x	x	x	x	Review	6
Edwards and Connett (2018)							x	1
Forde-Johnstone (2017)		x	x	x			x	4
Halpin & Curzio (2017)	x	x	x	x	x	x	x	7
Irwin et al (2018)		x		x	x	x	Review	5
Jenkins et al. (2021)		x		x	x	x	x	5
Logina & Traynor (2019)							Discussion	Not scored
Mansour & Mattukoyya (2019)	x	x	x		x		x	5
Odelius et al. (2017)		x		x	x	x	Review	4
Owen et al. (2020)							Service development report	Not scored
Rolt & Gillett (2020)	x	x	x	x	x	x	x	7
Scholes et al (2017)	x	x			x	x	x	5
Taylor et al. (2018)	x	x			x	x	x	5
Tucker et al. (2019)	x	x					x	3
Walker& Norris (2020)	x	x		x		x	Review	4
Wray et al. 2021	x	x	x	x	x	x	Review	6