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An exploration of practice preceptors' perceptions of rewards, benefits, support, and commitment to their role in a Saudi nursing context

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Abstract

Preceptorship is a way to help new graduates into their role and to benefit students, or preceptees by enhancing confidence in their clinical setting within a specified period of time. Most of preceptors found the role stressful and difficult, and did not feel effectively supported by their clinical managers. The use of reward and support is found to generate a positive attitude toward preceptorship and considered to be a key of organizational efficiency. The aim of the study was to examine the relationships between preceptors' perceptions of benefits, rewards, supports, stress and commitment to the preceptor role.

Setting: the study was conducted at King Abdulaziz medical city, Riyadh, KSA.

Sample: 127 preceptors working in the previous mentioned setting were included in the study.

Tools: Preceptor's Perception of benefits and Reward Scale (PPBR); Preceptor's Perception of Support Scale; Commitment to the Preceptor Role Scale; and Demographic questionnaire were used to elicit the pertinent data.

Results: The results showed that the more that preceptors perceived their benefits and rewards, the more they were committed to the role, in addition; preceptors' perceptions of their role were positively related to their commitment to it.

Recommendation: Further research is needed concerning specific teaching materials, teaching strategies, and time allowance during preceptor program. More emphasis is needed to develop adequate support systems and assessment tools, possibly beginning with nurse unit managers.

Keywords: Preceptors' perceptions, rewards, benefits, support, and commitment

Introduction

Precepting is a common and expected role of nurses in clinical settings worldwide Smith J, and Sweet L (2019) [11], preceptorship is essential to newly graduated nurses as they transfer from being a student to a practitioner, but it can be stressful and considered as overload for the preceptors (Quek G *et al* 2019) [10]. Preceptor programs influence greatly nurse preceptors, enabling them feel knowledgeable about their role, and providing clinical and educational support and strategies to enable them to instruct newly employed nurses successfully. The double role of being nurse and preceptor imposes a challenge, preceptor education can lessen these challenges as the preceptor receives support and guidance in the role (Wu, Chan, Tan, & Wang, 2018) [12]. Although preceptors play a critical role in the education of nurse practitioner students, they encountering challenges including; student's unwilling to learn, high absentee rate, and lack of interest of staff to help students, time restrictions, high workload, burnout, busy schedules of preceptors, and large student numbers (Enyan N, Boso Ch, Amoo S. 2021) [5]. Resources for effective preceptor practices included a better understanding of the preceptor role, learning objectives, continuous

communication with faculty, and proper preceptor training. Access to free ongoing education programs, faculty interactions, and assistant faculty status were identified as top motivators to precept nurse practitioner students (Amirehsani K, Malone L & Alam T 2019) [3]. Nurse Managers and administrators should define what rewards, benefits, and support systems are needed to maintain nurse preceptors in their role and ensure their commitments (Chatzipoulos *et al.*, 2018; Nash & Flowers, 2017) [4, 9]. Moreover; Macey A, Green C & Jarden R.(2021) [8] added that commitment to the preceptor role may be increased by highlighting organisational benefits of preceptorship, increasing consistency of contact between preceptorship dyads, and increasing access to supports and preparation. Preceptors encountering challenges including student's unwillingness to learn, absenteeism, and disrespect and also lack of interest of staff to assist students, time constraints, workload, burnout, parallel schedules of preceptors, and large student numbers.

Literature review

Clinical education is a vital factor in nursing education (Farzi, Shahriari, Farzi, 2018) [13].

Since the first nursing school was established by Nightingale, clinical teaching has been one of the most important but at the same time problematic areas of professional education. Scholtz, (2008) ^[14] defines clinical education as “the integration of knowledge and skills associated with patient care”. However, clinical knowledge rarely corresponds with the theoretical knowledge that students acquire in classroom, contributing to the theory-practice gap in nursing. This gap leads to the difficulty and disappointment experienced by nursing students in assuming the graduate role and comprises one of the biggest challenges currently confronting the nursing profession. In attempt to bridge this gap, preceptorship programs have been suggested as acceptable and effective models adopted in undergraduate and postgraduate education programs.

Blum & Gordon (2009) ^[15] defined preceptors as “an experienced practitioner who teaches, instructs, supervises and serves as a role model for a student or graduate nurse, for a set period of time, in a formalized program”. The preceptor informs, guides, and supports the students in steering the social environment of the clinical setting and applying knowledge gained from past clinical and classroom experiences to the patient care in clinical settings (Bradshaw & Lowenstein, 2007) ^[16].

Orientation of the undergraduate nursing student or staff nurse to the work environment, which can decrease the "reality shock" so that he/she can assume full responsibility of the patient earlier, direct supervision and feedback to the students is another responsibility that lies on the shoulder of the preceptor (Lorraine, *et al* 2019).

Many studies reported the challenges that face the preceptors while they provides their role such as loss of self confidence in their abilities as a preceptor, excessive workload, insufficient feedback and guidance from faculty who teach the students (Bradshaw & Lowenstein, 2007, Hautala, Saylor, & O’Leary-Kelley, 2007; Yonge, *et al.* 2002; Stevenson, *et al.* 1995). Furthermore, commitment to the preceptor role is another challenge faced by the preceptors. Precepting requires an individual who is committed to nurturing and teaching the next generation of professionals-someone who is both caring and clinically competent. On occasion, preceptors are selected based on their availability, convenience, and clinical abilities, but an outstanding clinician does not always translate into a skillful preceptor. A positive correlation between commitment to the preceptor role and a perception of the benefits and reward associated with this role exists (Usher *et al.*, 1999^[17]. ;Hyrcas & shoemaker, 2007) ^[18]. The commitment to the preceptor roles has been recognized to correlate positively with preceptors’ years of experience (Usher *et al.*, 1999). ^[17]. Therefore the retention of preceptors is crucial to fostering commitment (Younge, 2008) ^[17].

The use of a reward or reinforcement for preceptors was mentioned by Turnbull (1983) ^[17] as the key to organizational effectiveness. The use of reward is found to create a positive attitude toward preceptorship (Wright, 2002) ^[21] There are different rewards and benefits suggested in the literature. Both intrinsic and extrinsic rewards for preceptors have been identified. Additional payment of preceptors, preferential consideration for educational leave, additional paid time off, and tuition support were indicated by Usher *et al.*, 1999 ^[17] Goldenberg & Dibert 1995 ^[22] as

ways implemented by some institutions to reward the preceptors. Preceptors have expressed the need for “acknowledgment “rather than material reward as being influential in their decision to continue Precepting (Younge, 2008) ^[17]. Acknowledgment in the form of faculty support or lack of it has been a major factor in determining the level of preparation for the preceptor role (Younge, 2008) ^[17]. In addition, faculty should not underestimate the importance of a nurturing and supportive faculty-preceptor relationship. Preceptors appreciate formal evaluation of how they are doing and site visits by faculty to provide a realistic view of student’s performance and a forum for mutual feedback (Gibson & Hauri, 2000) ^[23]. Clinical site visits provide faculty and preceptors opportunity for face-to-face acknowledgement of the contribution of the preceptor and nurturing of the preceptor in that role.

Nursing education in Saudi Arabia has experienced significant changes since the 1970 s including transfer of undergraduate education from hospital based programs to more formal learning in universities and later to postgraduate degrees and clinical specialization. (Aljohani, 2020) ^[23]. Ppreceptorship program have been used by some universities to facilitate the transfer of the students to the clinical settings. Relatively few researchers investigated the saudi arabia staff nurses experience as a preceptor . Aboshaiqah & Qasim (2018) ^[2]. Assessed nursing interns’ perception of clinical competence upon completion of preceptorship and indicated that the program positively impacted the students competences in handling the acutely ill patients and the preceptor were viewed as significant factors in enlightening the interns' clinical experience. Effective clinical teaching requires outstanding personal characteristics of the preceptors to promote learning, nurse has also become very stressful, with staffing issues contributing to the decision by some to leave the profession. Thus, the aim of this study is to examine the relationships between preceptors’ perceptions of benefits, rewards, supports, stress and commitment to the preceptor role.

Methods

Design and sample

A multiprocedural mixed-method research was selected to answer the research questions. This method integrated the benefits of qualitative and quantitative data collection and analysis.

The descriptive correlational part of the study resembled the questionnaire surveys undertaken by Goldenberg & Dibert (1995) ^[22] and Usher *et al.* (1999) ^[17]. After receiving approval from King Abdullah International Medical Research Center a Semi-structured interviews were conducted with a sample of 127 preceptors at King Abdulaziz medical city-Riyadh. The inclusion criteria were any certified preceptor works at King Abdulaziz medical city-Riyadh in any words and supervise undergraduate nursing students, interns or new staff. They were assured that their participation is voluntarily and their replies were anonymous and confidential.

Data collection Instruemnt

The following instruments was used to collect the data for this study. Preceptor’s Perception of benefits and Reward Scale (PPBR); Preceptor’s Perception of Support Scale;

Commitment to the Preceptor Role Scale; and Demographic questionnaire. The Preceptor’s Perception of Benefits and Reward Scale (PPBR). The PPBR Scale comprises 14 items rated on a 6-point Likert scale (1 strongly disagree’ to 6 ‘strongly agree’) developed by Dibert & Goldenberg (1995) [26] based on literature concerning rewards and benefits of the preceptor role. Subjects’ scores are calculated by adding the scores for each item and dividing by 14. Total scores range between 1 and 6. Higher scores reflect a positive perception of benefits and rewards. The PPS Scale comprises 17 items that are also rated on a 6-point scale to measure preceptors’ perceptions of support for the preceptor role. It is based on the factors contributing to support identified in the literature by Dibert & Goldenberg (1995) [26]. Higher scores on the scale reflects a positive perception of support. The CPR scale is a 10-item scale and it was adapted by Dibert (1993, in Dibert & Goldenberg 1995) [26]. The CPR Scale consists of 10 items rated on a 6-point scale to measure commitment to the preceptor role. Reliability analyses of the three scales (PPBR, PPS & CPR) were

reported by Dibert & Goldenberg (1995) [26] as having alpha coefficient of 0.91, 0.86 and 0.87, respectively.

Results

The analysis of the quantitative data performed using SPSS 22.0 software for Windows. Data were analyzed using the approaches advocated by Dibert & Goldenberg (1995) [26], which were mainly descriptive correlational in nature.

Participants

The respondents’ sociodemographic and professional characteristics are presented in Table 1. The age of respondents ranged from 22–60; most were women and have baccalaureate degree, Respondents had a mean nursing experience of 13.1 years (SD = 9.6, range 1–43). Most of them were Pilipino and have been working in Saudi Arabia with a mean of 4.70 years (SD = 4.12, range 1–20). They had been working as preceptors with a mean of 4.7 years (SD = 5.6, range 1–34). Most of them worked with nursing students and new nurses.

Table 1: Sociodemographic and professional characteristics of respondents (n = 127)

Variable	n	%	range	mean	SD
Gender					
Male	3	2.4			
Female	124	97.6			
Age					
20-29	24	18.9			
30-39	51	40.2			
40-49	28	22.0			
^50	24	18.9			
Education					
College diploma	20	15.7			
Bachelor’s degree	101	79.5			
Other	6	4.7			
Nurses Nationality					
Philipino	101	79.5			
Malysian	12	9.4			
British	5	3.9			
South African	5	3.9			
Saudi	4	3.1			
Attend collaporative workshop					
Yes	73	57.5			
No	54	42.5			
Type of Perceptee					
Newly hired nurses	9	7.1			
Nursing student	9	7.1			
Nursing Interns	2	1.6			
Newly hired nurses and interns	9	7.1			
Newly hired nurses and students	7	5.5			
Nursing students and interns	17	13.4			
Nwely hired nurses, students and interns	74	58.3			
Years of nursing experiance			1-34	13.7	7.50
Years of work in Saudi Arabia			1-20	4.70	4.12
Years of experience as a preceptor			1-27	5.05	4.23

M = mean; SD = standard deviation.

Perceptions of benefits, rewards and commitment

To identify the relationship between the preceptors’ perception of benefits and rewards (PPBR) associated with the preceptor role and the preceptors’ commitment to the role (CPR), Pearson product-moment correlation coefficient,

r was used. The results showed that the more that preceptors perceived there were benefits and rewards, the more they were committed to the role (r = 0.545, P < 0.001, n = 127). Table 2 shows the highest rank-ordered mean scores for preceptor’s perception of benefits and rewards

Table 2: Highest rank-ordered mean scores for preceptor's perception of benefits and rewards

Item	M	SD
Increase my own professional knowledge base	5.2047	1.10797
Teach new staff nurses and nursing students	5.1654	1.18699
Assist new staff nurses and nursing students to integrate into the nursing unit	5.1417	1.09635
Improve my teaching skills	5.1417	1.01359
Keep current and remain stimulated in my profession	5.1260	1.09103
Share my knowledge with new nurses and nursing students	5.1102	.99386
Be recognized as a role model	4.9449	1.03362
Learn from new nurses and nursing students	4.9449	1.15681
Contribute to my profession	4.9370	.95741
gain personal satisfaction from the role	4.9055	1.06483
Increase my involvement in the organization with this hospital	4.8740	1.02347
Improve my organizational skills	4.8898	1.07074
Influence change on my nursing unit	4.6850	1.02895
Improve my chances for promotion/advancement within this organization	4.4016	1.31088

Perceptions of support for the preceptor role and preceptors' commitment

To identify the relationship between the preceptors' perception of support for the preceptor role and the preceptors' commitment to the role Pearson product moment correlation coefficient, r was used to correlate between the

score of the two scales (PPS and CPR). A positive, highly correlated and statistically significant ($r = 0.543, P = 0.001$) correlation was found between perceptions of support and commitment to the role, suggesting that preceptors' perceptions of their role were positively related to their commitment to it.

Table 3: Highest rank-ordered mean scores for the preceptor's perceptions of support

Item	M	SD
Nursing coordinators are available to help me develop my role as a preceptor	4.6850	1.02121
The nurse coordinator provide support by helping me to identify an orientee's performance problems	4.6299	1.01421
I feel the nursing coordinators and nursing managers are committed to the success of the preceptor program	4.6063	1.13500
My co-workers on the nursing units are supportive of the preceptor program	4.5748	1.01980
My goals as preceptor are clearly defined	4.4882	1.03790
The guidelines clearly outline the responsibilities of the nursing coordinators in relation to my preceptor role	4.4331	1.08811
There are adequate opportunities for me to share information with other preceptors	4.3701	.82427
I feel I had adequate preparation for my role as a preceptor	4.3622	1.05160
The guidelines outline the responsibilities of the nursing faculty member in relation to my preceptor role	4.1339	.99493
The nursing faculty members spends too little time with the nursing students	3.9134	1.31550
The nursing faculty members provides support by helping me to identify a student's performance problems	3.8346	1.12521
I feel I function as preceptor too often	3.7953	1.21720
My workload is appropriate when I function as a preceptor	3.7717	1.24205
Nursing coordinators are available to help me develop my role as a preceptor	3.6693	1.20880
I don't have sufficient time to provide patient care while I function as a preceptor	3.6220	1.37972
The nurse coordinator spends too little time with the new orientee	3.2992	1.40473
The nursing staff don't understand the goals of preceptor program	2.9606	1.27492

Table 4: Highest rank-ordered mean scores for the preceptor's perceptions of commitment to the preceptor role

Item	Mean	SD
I am willing to put in a great deal of effort beyond what is normally expected in order to help the preceptor be successful	4.8898	.96138
I am enthusiastic about the preceptor program when I talk to my nursing colleagues	4.4882	.95839
Being a preceptor really inspires me to perform my very best	4.8819	1.02054
I am proud to tell others that I am a preceptor	4.5433	1.17349
I really care about the fate of the preceptor program in this hospital	4.3622	.91434
I find that my values and the values of the preceptor program are very similar	3.7323	1.13703
I feel very little loyalty to the preceptor program	3.6457	1.12354
It would take a very little change in my present circumstances to cause me to stop being a preceptor	3.5827	1.16456
Deciding to be a preceptor was a definite mistake on my part	2.6220	1.21452
There is not too much to be gained by continuing to be a preceptor	3.2205	1.27188

Relationship between years of experience and the 3 scales

Pearson product moment correlation coefficient, r were used to measure the relationship between the preceptor's years of nursing experience and her: (a) perception of benefits and

rewards associated with the preceptor role; (b) perception of support for the preceptor role; and (c) commitment to the role. The results indicated that there is no statistically significant correlation between years of experience and the other variables.

Research question 4

Recognize the relationship between number of hours spent supervising students and the preceptors perception of benefits and rewards associated with the preceptor role; (b) perception of support for the preceptor role; and (c) commitment to the role. The results indicated a negative low correlation between the numbers of hours spent supervising students and the PPBR scale only ($r = -0.203$, $P = 0.05$).

Results of qualitative analysis

Qualitative analysis, identifying common themes, was performed for the open-ended questions. The following themes emerged

1. Dealing with faculty from the college
2. Participation in the student's evaluation
3. Workload managing while precepting the students

Discussion

The findings of this study were congruent with the review of the literature and with the study done by Dibert & Goldenberg (1995) [26], on Canadian nurses and Usher (1999) [17] on Australian nurses. The difference were mainly in the mean and the hierarchy of some items in the research instruments.

The participants in this study showed clear commitment to their preceptors role when they receive there is a benefit from acting as a preceptor. Non-material benefits was perceived important than the material benefits. This results was congruent with the results of Dibert & Goldenberg (1995) [26] and Usher (1999) [17].

Support from the nursing coordinators, nursing management and coworkers was positively associated with valuing participation in the preceptorship program. There were clear indicators that more support from the faculty is required for the preceptor to continue their role. This Finding was congruent with a study by usher (1999) [17] concluding that preceptors perceived institutional and coworkers support is positively related to their participation in preceptorship role and also support from the hospital-based educators was needed.

This study revealed that the preceptor think that the nursing staff don't understand the goals of preceptor program. This indicates the needs for more intervention from the side of the administrators in the hospitals and also from the academic university staff is needed. This finding is congruent with Dibert & Goldenberg study in (1995) [26]. identified that Support from nursing coordinators is important in identifying the preceptors' problems and solve it.

The results indicating that almost half of the preceptors 42.5% didn't attend the precptorship program that provided by the nursing departement in colaporation with the nursing college.in the qualitative anlysis the opreceptors mentioned that due to the workload they failed to attend the precptorship program. In this study, an interesting finding is that, even was that 3.1% of the preceptors are non-Saudi and received their education in several countries, but they are willing to put in a great deal of effort beyond what is normally expected in order to help the preceptor be successful.

A study by Kennedy A (2019) [6] reported that respondents shown lack of administrative support in training, workload,

adequate time with preceptees, support of ongoing education, and accessibility of support. In addition, another study by Macey A, Green C & Jarden R. (2021) [8] proved that preceptors were committed to their role. Correlations were found between preceptors' perceptions of benefits or rewards and commitment to the role. Moreover; Smith J, and Sweet L (2019) [11] found that precepting was both challenging and rewarding, the challenges include the student, the setting, and the preceptors' own teaching and learning skills abilities and capabilities, resulting in feelings of frustration and conflict between nursing care and preceptor roles. Luhanga F *et al* 2020 showed that overall, those with the least experience in preceptorship, the younger preceptors, and those with the fewest years of practice overall disagreed that they had been adequately prepared for their role adding; little agreement among demographic categories about overall satisfaction with support from the program stated that faculty do not provide the support, education, and guidance that is needed for successful preceptorship; although the preceptors viewed their role within the program positively.

Recommendation and further study

Identify different resources needed for preceptors to provide them with reward and support

Determine the relationships between types of workplace practice and preceptors' perceptions of role commitement and support

Identify different strategies to help preceptors in maintaining role commitment

Determine whether preceptors experience burnout related preceptorship role and different management approach.

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