

# Exploring the education of nursing and midwifery preceptors and their self-efficacy in role performance: A cross-sectional evaluation

Philip Hardie<sup>a,\*,1</sup>, Ciara O'Meara<sup>b</sup>, Ciaran Evans<sup>c</sup>, Andrew Darley<sup>d</sup>

<sup>a</sup> Assistant Professor, School of Nursing & Midwifery, Trinity College Dublin, Dublin, Ireland

<sup>b</sup> Assistant Professor, School of Nursing & Midwifery, University of Galway, Galway, Ireland

<sup>c</sup> Lecturer, School of Nursing & Midwifery, University College Cork, Cork, Ireland

<sup>d</sup> Assistant Professor, School of Nursing, Midwifery and Health Systems, University College Dublin, Dublin, Ireland

## ARTICLE INFO

### Keywords:

Preceptorship

Preceptorship Education & Training

Role and Responsibilities Self-efficacy, Nursing

Education

## ABSTRACT

**Background:** Preceptorship is a vital component of nursing and midwifery education, facilitating skill development, confidence and professional socialisation of students and newly qualified nurses and midwives. There is currently a gap in the available literature on the education preceptors in the Republic of Ireland receive.

**Aim:** To explore the training and education received by nurses and midwives as preceptors in the Republic of Ireland and to assess their self-efficacy in fulfilling key preceptorship roles and responsibilities.

**Methods:** A descriptive, cross-sectional survey design was employed, utilising a structured, anonymous questionnaire distributed nationally to registered nurses and midwives acting as preceptors.

**Results:** Preceptors reported considerable variability in training, with some participants indicating no formal preparation for the role. Most training was lecture-based. Preceptors expressed high confidence in interpersonal and leadership skills but lower confidence in managing underperforming students. Over half of the participants felt adequately prepared, indicating potential for enhanced education and support within the curriculum.

**Conclusions:** A standardised, evidence-based preceptorship educational programme incorporating diverse, experiential teaching methods is needed to better prepare nursing and midwifery preceptors in Ireland.

## 1. Introduction

Clinical placements are a fundamental component of undergraduate (UG) nursing education worldwide, providing essential opportunities for students to apply theoretical knowledge in real-world healthcare settings. These experiences are crucial for developing clinical competence, critical thinking, and professional identity (Rosli et al., 2022). Supporting students during these placements requires dedicated guidance through mentorship, supervision, and preceptorship, terms often used interchangeably in the literature. However, for the purpose of this article, the term preceptorship will be employed to refer to 'an approach to the teaching and learning process within the context of the practice setting which allows students to develop self-confidence while increasing their competence as they become socialised into the profession of nursing' (Billay & Myrick, 2008, p. 259).

A key aspect of the preceptorship programme is the established short-term partnership between an experienced staff nurse or midwife

(preceptor) and a student (preceptee), which focuses on delivering patient care in a clinical setting and forming a professional triad involving the preceptor, student, and patient (Hardie et al., 2022). A positive preceptorship experience is associated with increased confidence and a greater sense of belonging among students (Irwin et al., 2018), fostering essential skills and competencies in their practice (Thomas et al., 2023), which can make them feel valued in their role and work environment (Ball et al., 2022).

While the role of a preceptor can be rewarding, it also contains its challenges, such as dual responsibilities of providing patient care while teaching and supporting new nurses or students, which can lead to increased workload and feelings of being overwhelmed or burned out (Valizadeh et al., 2016; Warren et al., 2023; Smith et al., 2024). Moreover, evidence to date highlights that preceptors commonly report a lack of institutional support, insufficient recognition for their efforts and inadequate preparation or training for the teaching aspects of their role, which can contribute to frustration and job dissatisfaction (Chan et al.,

\* Corresponding author.

E-mail address: [phardie@tcd.ie](mailto:phardie@tcd.ie) (P. Hardie).

<sup>1</sup> ORCID:0000-0003-1950-5095

2024; Lau et al., 2024; Rogers et al., 2024.

Several guidance documents have been published to standardise facilitating undergraduate practice placement support and supervision across different countries, including the United Kingdom (Nursing Midwifery Council, 2020), Ireland (Nursing and Midwifery Board of Ireland, 2020) and Australia (The Australian Health Practitioner Regulation Agency (Ahpra) & National Boards, 2025) and South Africa (South African Nursing Council (2021).

However as outlined by Dobrowolska et al., (2016) there are no unified regulations regarding preceptorship education internationally; for instance, in the United Kingdom, Croatia, Ireland, Iceland, Italy, Serbia, and the United States, preceptors are required to complete a preceptorship course before assuming the role, whereas in Poland, Slovenia, Spain, and Finland, completing such a course is optional. In terms of preceptorship education, a scoping review examining preceptorship education (Hardie et al., 2022) highlighted key commonalities in international preceptorship curricula, noting heterogeneity in learning outcomes with a focus on preceptorship role, clinical teaching and feedback. However, a lack of standardised approaches to programme durations was reported, ranging from two hours to two full days in some countries (UK, Australia), two weeks (South Africa) and extending to three months or more in others (Canada, Sweden). Additionally, diverse delivery methods were identified, including blended, face-to-face, and online formats (Hardie et al., 2022).

In Ireland, UG Nursing and Midwifery degrees are offered as four-year programs, including B.Sc. (Cur) in General, Children's, Mental Health, and Intellectual Disability Nursing, as well as B.Sc. Midwifery. These programmes are structured with a balanced focus of 50 % academic learning and 50 % practice placements, ensuring students gain both theoretical knowledge and practical clinical experience (NMBI, 2025). As 50 % of the UG programmes are clinically focused, preceptorship in Ireland plays a key role in UG Nursing and Midwifery education. Key supports for preceptors in their role are Nurse Managers, Clinical Placement Coordinators and Faculty members (Link Lecturers) (Heffernan et al., (2009). Link lecturers often conduct regular on-site visits to maintain ongoing communication with CPC and preceptors, ensuring a collaborative and supportive learning environment for students. Students are introduced to the concept of preceptorship early in the curriculum, receiving lectures on the teaching and assessment roles that preceptors hold in practice placements. Furthermore, students themselves undertake a module during their curriculum that examines the facilitation of clinical teaching and learning, as well as the role of a preceptor (NMBI, 2025).

A review of the literature highlights the scarcity of evidence regarding preceptorship education in Ireland, particularly since the initial studies conducted by Heffernan et al. (2009). Acknowledging both the time that has passed since Heffernan and colleagues' original work and the changes in the roles of nurses and midwives (Wang et al., 2025), the authors aim to investigate current practices in Ireland, as the existing literature does not provide relevant evidence on this topic. As Ireland is a country that requires nurses and midwives to become preceptors as part of their code of conduct and, therefore, to complete preceptorship training (NMBI, 2025), this study aims to examine whether a standardised education programme is available within academic and healthcare settings in Ireland.

Additionally, it is essential to investigate preceptors' levels of perceived self-efficacy in fulfilling the key roles and responsibilities associated with being a preceptor, as this is currently unknown in the context of the Republic of Ireland. Self-efficacy is a vital component for independent performance as a preceptor. Bandura has described self-efficacy as one's belief in the ability to perform the desired functions in their role (Bandura, 1997). Self-efficacy is a crucial motivator for the development and performance of preceptors in their roles (Kim and Kim, 2019). Therefore, developing and implementing education programs that facilitate the development of self-efficacy in preceptors is essential.

To achieve this, the authors set out to address two research

questions:

- (i) What training and education do staff nurses and midwives receive to support their role as preceptors in clinical practice?
- (ii) What are the current levels of perceived self-efficacy amongst preceptors regarding their roles and responsibilities?

## 2. Methodology

### 2.1. Design and setting

A descriptive, cross-sectional survey design using a structured questionnaire was distributed nationally to nursing and midwifery preceptors in the Republic of Ireland.

### 2.2. Preceptorship questionnaire

An anonymous questionnaire was created by the author team, who hold professional and academic backgrounds in nursing and psychology. Key roles and responsibilities were established and adapted from previous works by Ryan et al. (2024) and Bartlett et al. (2020), which established core competencies and responsibilities through a systematic literature review. The questionnaire explored seven key domains of preceptorship: role model, teacher/mentor, facilitator, socialising and integration in clinical practice, psychological safety, leadership, and evaluation/assessment. Section 1 explored the demographics of the preceptors, including registration division, years of experience as a nurse/midwife and years of experience as a preceptor. Section 2 explored the education and training received by preceptors. Section 3 examined the participants' self-efficacy in fulfilling their key roles and responsibilities as preceptors. The questionnaire was pilot tested with five preceptors currently working in an affiliated hospital to the lead author's University, and no amendments were made to the questionnaire.

The questionnaire consisted of 54 items and was a mixture of both summative rating scale response options (Likert scale) and open-ended responses. Participants responded to each item by rating it on a five-point Likert scale (Strongly Disagree = 1; Strongly Agree = 5). Questionnaire items included: I am confident in my ability to "Develop a student support plan for a preceptee who may be struggling to demonstrate adequate clinical competence". Open-ended questions included "In your opinion, what key elements should be included in preceptorship education and training programmes to ensure that staff nurses/midwives are well-equipped to provide effective teaching and assessment in the clinical learning environment?". Questionnaire testing revealed a Cronbach's alpha coefficient > 0.7 for each item. For overall reliability, the internal consistency for the questionnaire was  $\alpha = 0.82$ . The results indicated satisfactory construct validity and internal consistency for the questionnaire.

### 2.3. Participants and recruitment

The target population for this study consisted of registered nurses and midwives who serve as preceptors in clinical settings across the Republic of Ireland. Inclusion criteria focused on participants who are currently in a preceptor role within the clinical environment. Conversely, the exclusion criteria were staff nurses or midwives who do not hold a preceptorship role. The anonymous online questionnaire was distributed electronically via social media platforms [between January 2025 and March 2025], targeting nursing and midwifery organisations and associations. Consent to partake in the study was detailed at the outset in the online questionnaire hosted on Qualtrics Software Package (Qualtrics, Provo, UT). The university ethics committee (removed for blind peer review) granted ethical approval for this study. The study had a total of 105 participants who completed the questionnaire.

## 2.4. Data analysis

Quantitative data were analysed using the IBM SPSS Statistics (Version 31). Descriptive data analysis was utilised to examine the following: measures of frequency (Percentage distribution (%)) (Sections 1,2,3); measures of central tendency (Mean (M)), and measures of dispersion (Standard Deviation (SD)) (Section 3) of each item based on their responses to the questionnaire's items (Cooksey and Cooksey, 2020). Qualitative data were collected via open-ended text responses within the questionnaire (Sections 2 and 3). A deductive content analysis based on Krippendorff's (2018) framework was conducted, employing a targeted coding scheme addressing (1) preceptorship education and training, and (2) preceptors' key roles and responsibilities. Two independent coders analysed the dataset, ensuring reliability. The process involved systematic data synthesis and interpretation, directly aligning with the research questions. Of the 105 participants who completed the questionnaire, 75 (71.4 %) only completed Section 3; therefore, analyses were conducted separately on Section 3 to avoid inaccurate calculations of (%; M; SD).

## 3. Results

### 3.1. Demographic Information

The cohort consisted of 8 males (8 %) and 97 females (92 %). Participants reported varying levels of experience as preceptors: 1–2 years (12 %,  $n = 13$ ), 3–5 years (11 %,  $n = 12$ ), 5–9 years (23 %,  $n = 24$ ), 10 + years (32 %,  $n = 34$ ), and 20 + years (21 %,  $n = 22$ ). Regarding the number of preceptees allocated to preceptors in a year, the levels varied: 65 % ( $n = 68$ ) were allocated less than 10 students, 25 % ( $n = 26$ ) were allocated 10–20 students, 5 % ( $n = 5$ ) were allocated 21–30 students, 2 % ( $n = 2$ ) were allocated 31–40 students, and 1 % ( $n = 1$ ) were allocated more than 50 students. The study included participants from various divisions of the Nursing and Midwifery Registration in Ireland, representing a diverse range of specialities (Fig. 1: Participants' divisions of the Nursing and Midwifery Registration in Ireland). This diverse representation provided a comprehensive perspective on preceptorship across different nursing and midwifery specialities in Ireland.

### 3.2. Preceptorship education and training in Ireland

The analysis revealed significant variability in the provision and structure of preceptorship training among participants. Most respondents (77 %,  $n = 73$ ) reported receiving formal preceptorship training either before or within three months of assuming the role of a preceptor. However, a notable proportion (23 %,  $n = 22$ ) did not receive

any formal training during this timeframe.

The delivery formats for the training received by participants were diverse. Specifically, 23 % ( $n = 24$ ) received exclusively online education, 31 % ( $n = 33$ ) participated in in-person sessions only, and 41 % ( $n = 43$ ) engaged in a blended approach that combined both online and in-person methods. A small minority (5 %,  $n = 5$ ) reported receiving no education at all. Regarding the providers of education programmes, 26 % ( $n = 25$ ) of participants reported HSEland, the Irish Health Service's national online learning and development portal. In comparison, 44 % ( $n = 43$ ) received a combination of HSEland and in-house training, 23 % ( $n = 23$ ) received in-house training only, 1 % ( $n = 1$ ) relied on informal training from colleagues, and 5 % ( $n = 5$ ) specified other forms of training, including mentorship programmes provided in Northern Ireland and the United Kingdom.

The majority of participants (57.1 %,  $n = 60$ ) reported that the education programme they received was 2–4 h long, while 21.9 % ( $n = 23$ ) received 4–6 h of education. A smaller proportion (17.1 %,  $n = 18$ ) completed a full education day (8 h), while less than 4.8 % ( $n = 5$ ) participated in a two-day programme. Notably, 1.0 % ( $n = 2$ ) reported receiving an education programme for one week and three months, respectively, with the latter occurring in the United Kingdom and Sweden. Post-training support and ongoing education were also inconsistent. While 43 % ( $n = 42$ ) of participants reported receiving additional support, nearly half (49 %,  $n = 48$ ) did not. Notably, this support was received from CPC (Clinical Placement Coordinators) within their institution. Furthermore, only 41 % ( $n = 43$ ) reported receiving refresher or updated training every two years, while 39 % ( $n = 40$ ) indicated that they had never received further formal education regarding preceptorship.

The pedagogical approaches employed in the education programs were varied, reflecting a multi-modal instructional strategy. Didactic teaching, lectures were the most reported method received (70 %,  $n = 74$ ), followed by small-group discussions (63 %,  $n = 66$ ). Case study scenarios (37 %,  $n = 39$ ) and role-play exercises (24 %,  $n = 25$ ) were also utilised, while simulations were the least common (13 %,  $n = 14$ ). Participants reported differing levels of inclusion of key preceptorship concepts in curricula (Fig. 2: Key concepts covered in the curriculum). The role of the preceptor was the most comprehensively reported concept, with 89 % ( $n = 93$ ), highlighting a strong focus on defining preceptor responsibilities. Other highly reported concepts included orientations and socialisation (74 %,  $n = 78$ ), domains of competence in nursing/midwifery (71 %,  $n = 75$ ), and communication skills for preceptorship (68 %,  $n = 71$ ). Concepts such as role modelling (54 %,  $n = 57$ ), teaching methods (49 %,  $n = 51$ ), and equality, diversity, and inclusion (48 %,  $n = 50$ ) were also commonly included. However, several important concepts were less frequently reported as included in curricula, including failure to fail (42 %,  $n = 44$ ), leadership (39 %,  $n = 41$ ), and supporting students who fail (38 %,  $n = 40$ ). The inclusion of concepts such as giving and receiving feedback (27 %,  $n = 28$ ) and creating psychologically safe learning environments (28 %,  $n = 29$ ) was reported by a small number of participants. However, the most significant gap appeared in addressing different learning styles, with only 4 % ( $n = 4$ ) of participants noting its inclusion in the education they received. Notably, in an open-ended question exploring "In your opinion, what key elements should be included in Preceptorship education and training programmes", there was a strong emphasis placed on a curriculum that provided preceptors with opportunities to actively engage in case studies or simulations exploring some challenges faced by preceptors, such as supporting the student who is struggling or is disengaged. Furthermore, preceptors emphasised the need for a greater focus on equity and diversity in student learning within the curriculum. Finally, it is worth noting that among the included participants, 53 % ( $n = 56$ ) strongly agreed or agreed that the preceptorship training adequately prepared them for the role of a preceptor. In comparison, 22 % ( $n = 23$ ) of participants disagreed or strongly disagreed with the statement.

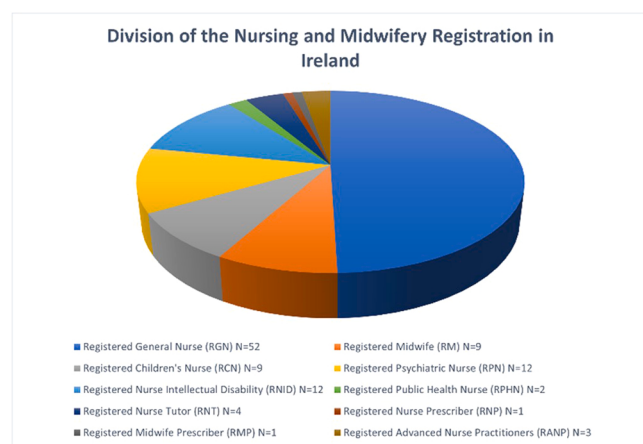


Fig. 1. Distribution of Participants Across Nursing and Midwifery Registration Divisions in Ireland.

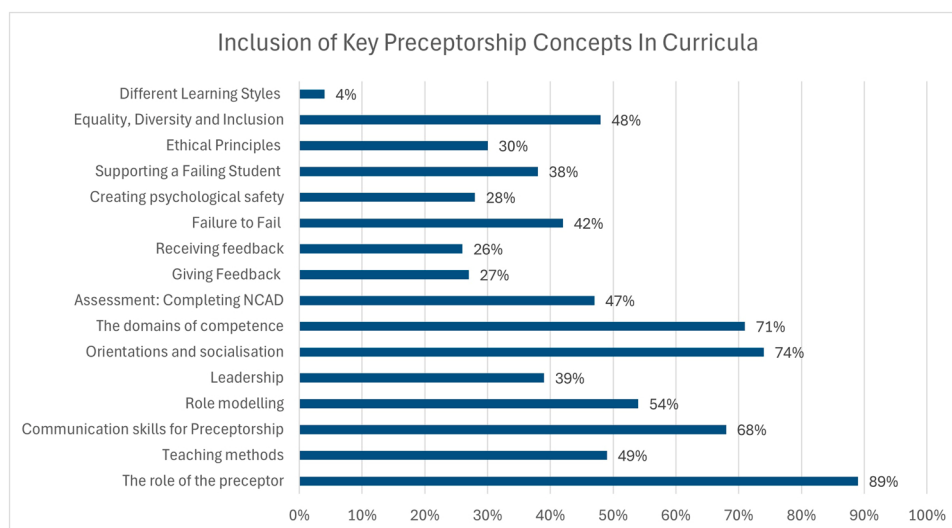


Fig. 2. Core Concepts Covered in Preceptorship Curriculum.

### 3.3. Roles and responsibilities of a preceptor

Table 1 outlines the results of preceptors' self-reported efficacy in key roles and responsibilities, including role model, teacher/mentor, facilitator, psychological safety, socialisation to practice, leadership, and evaluation and assessment.

Preceptors reported a strong sense of efficacy in acting as role models, with a mean score of 4.66 (SD = 0.59), along with a high level of personal responsibility and accountability for their role, reflected in a mean score of 4.79 (SD = 0.41). In their roles as teachers or mentors, participants demonstrated strong efficacy in employing evidence-based teaching methods (M = 4.32, SD = 0.74) and in actively engaging preceptees in teaching sessions (M = 4.28, SD = 0.87). Additionally, they reported strong efficacy in teaching time management and prioritisation in patient care, achieving a mean score of 4.51 (SD = 0.66).

Regarding their role as facilitators, participants exhibited strong efficacy in recognising learning opportunities for preceptees (M = 4.53, SD = 0.68) and in creating meaningful learning experiences aligned with the preceptees' educational outcomes (M = 4.46, SD = 0.56). In terms of psychological safety, participants expressed their strong efficacy in establishing psychologically safe environments for preceptees (M = 4.41, SD = 0.60), which allows learners to discuss and disagree without fear of repercussions (M = 4.50, SD = 0.73). They also reported an ability to empathise with preceptee experiences (M = 4.54, SD = 0.54).

When it comes to socialising and integrating preceptees into clinical practice, preceptors indicated that they effectively orientees to the clinical learning environment (M = 4.69, SD = 0.60) and the interdisciplinary team (M = 4.53, SD = 0.68). In their leadership role, participants felt confident in their ability to collaborate with Clinical Placement Coordinators (CPC) and Link Lecturers as necessary (M = 4.48, SD = 0.70); however, they noted a slight decrease in efficacy when it came to resolving conflicts with preceptees due to differing viewpoints (M = 4.21, SD = 0.75).

Regarding evaluation and assessment, mean scores ranged from 3.86 to 4.38, indicating that preceptors generally perceive moderate levels of efficacy including providing structured, non-judgmental feedback (M = 4.38, SD = 0.53), receiving feedback from preceptees (M = 4.28, SD = 0.80), managing emotional reactions from preceptees (M = 4.12, SD = 0.71), effectively utilizing assessment tools (M = 4.03, SD = 0.92), and developing support plans for struggling preceptees (M = 4.07, SD = 0.85). The lowest efficacy was reported for addressing the performance issues of underperforming preceptees (M = 3.86, SD = 0.95). Overall, the standard deviations indicate moderate variability in the responses, suggesting that while preceptors generally feel highly effective in

fulfilling their key roles and responsibilities, there is some variation in their experiences and perceptions.

### 3.4. Discussion

The aim of this study was to examine the education provided to staff nurses and midwives to support their role as preceptors, a role expected and embedded in clinical practice in the Republic of Ireland (NMBI, 2025). The results showed that preceptors receive different levels of education, with some reporting they had none before assuming the role. This highlights the disparity in how nurses and midwives are prepared for the role of a preceptor in Ireland. Similar findings are seen in international literature, where an integrative review by Edward et al. (2017) found that preceptors are often expected to take on this role in the workplace; however, many preceptors feel unprepared for the responsibility, and in some cases, they do not receive formal training before starting the role.

Regarding key preceptorship concepts covered in curricula, the participants in this study emphasised that a strong focus is placed on defining preceptor responsibilities, with varying inclusion rates for other key elements such as socialisation, competence domains, and communication skills. However, they highlighted that less focus is placed on vital areas, such as addressing student failure, leadership, and creating psychologically safe learning environments. These findings align with preceptorship curricula described in the wider literature, including programmes from the United States (Good, 2021), South Africa (Jeggels et al., 2013), Taiwan (Kang et al., 2016), the United Kingdom (Tucker et al., 2019), and Finland (Tuomikoski et al., 2020) that report the role of a preceptor, socialisation, teaching, feedback and psychological safety as central concepts required for preceptorship curricula. Furthermore, participants emphasised the need for a greater emphasis on equity, diversity, and inclusion in student learning within the curriculum. This reflects a growing trend among preceptors to facilitate and foster an inclusive environment that accommodates the diverse learning needs of students (Dowling et al., 2021; Johnson and Bodine, 2025; Mathew et al., 2024). Including best practice guidelines, such as the Universal Design for Practice Learning Guidelines (Gilmore & Browne, 2025), in preceptorship curricula is therefore essential to enable preceptors to maximise the learning potential of all nursing students by promoting an inclusive environment that meets diverse learning needs.

While lecture-based didactic instruction remains common, there is increasing international focus on student-centered, experiential learning approaches such as case studies, group discussions, and simulations (Hardie et al., 2022). Although lectures effectively convey information,

**Table 1**  
Preceptors' Reported Self-Efficacy Role and Responsibilities.

| I am confident in my ability to:                                                                                 | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Mean (M) | Standard Deviation (SD) |
|------------------------------------------------------------------------------------------------------------------|----------------|-------|----------------------------|----------|-------------------|----------|-------------------------|
| <b>Role Model</b>                                                                                                |                |       |                            |          |                   |          |                         |
| Act as a role model in demonstrating evidence-based professional practice                                        | 70 %           | 27 %  | 1 %                        | 0 %      | 1 %               | 4.66     | 0.59                    |
| Recognise how my personal attitudes, attributes and behaviour impact the competency level of preceptee           | 59 %           | 37 %  | 3 %                        | 0 %      | 1 %               | 4.53     | 0.62                    |
| Practice friendly and respectful interpersonal and communication skills                                          | 71 %           | 26 %  | 3 %                        | 0 %      | 0 %               | 4.68     | 0.53                    |
| Demonstrate personal responsibility and accountability                                                           | 79 %           | 21 %  | 0 %                        | 0 %      | 0 %               | 4.79     | 0.41                    |
| Demonstrate commitment to the professional development of preceptees                                             | 66 %           | 33 %  | 0 %                        | 1 %      | 0 %               | 4.64     | 0.53                    |
| <b>Teacher/Mentor</b>                                                                                            |                |       |                            |          |                   |          |                         |
| Set learning outcomes with the preceptee to ensure a structured learning experience                              | 46 %           | 42 %  | 7 %                        | 3 %      | 1 %               | 4.30     | 0.80                    |
| Facilitate effective teaching using evidence-based teaching methods                                              | 47 %           | 41 %  | 11 %                       | 2 %      | 0 %               | 4.32     | 0.74                    |
| Facilitate small group teaching sessions for preceptees                                                          | 43 %           | 28 %  | 16 %                       | 10 %     | 1 %               | 3.96     | 1.04                    |
| Include patients/clients in my teaching sessions                                                                 | 42 %           | 40 %  | 12 %                       | 6 %      | 0 %               | 4.18     | 0.86                    |
| Actively involve preceptees in the teaching sessions                                                             | 49 %           | 36 %  | 9 %                        | 6 %      | 0 %               | 4.28     | 0.87                    |
| To think out loud to demonstrate critical thinking and the decision-making process                               | 46 %           | 43 %  | 7 %                        | 3 %      | 0 %               | 4.33     | 0.74                    |
| Promote problem-solving skills among preceptees by asking questions                                              | 49 %           | 43 %  | 4 %                        | 3 %      | 0 %               | 4.39     | 0.71                    |
| Teaching time management and prioritisation in patient care                                                      | 58 %           | 37 %  | 1 %                        | 3 %      | 0 %               | 4.51     | 0.66                    |
| Facilitate effective reflection sessions for preceptees                                                          | 45 %           | 31 %  | 19 %                       | 4 %      | 0 %               | 4.18     | 0.88                    |
| <b>Facilitator</b>                                                                                               |                |       |                            |          |                   |          |                         |
| Recognise learning opportunities for preceptees                                                                  | 59 %           | 39 %  | 0 %                        | 0 %      | 2 %               | 4.53     | 0.68                    |
| Create purposeful learning experiences related to the preceptees' learning outcomes                              | 49 %           | 48 %  | 3 %                        | 0 %      | 0 %               | 4.46     | 0.56                    |
| Facilitate interprofessional learning opportunities                                                              | 43 %           | 46 %  | 9 %                        | 2 %      | 0 %               | 4.30     | 0.71                    |
| Encourage preceptee' self-directed learning                                                                      | 45 %           | 50 %  | 2 %                        | 3 %      | 0 %               | 4.37     | 0.64                    |
| <b>Psychological Safety</b>                                                                                      |                |       |                            |          |                   |          |                         |
| Establishing a psychologically safe learning environment for preceptees                                          | 47 %           | 47 %  | 6 %                        | 0 %      | 0 %               | 4.41     | 0.60                    |
| Apply a positive approach to asking questions in promoting self-awareness                                        | 53 %           | 42 %  | 5 %                        | 0 %      | 0 %               | 4.48     | 0.59                    |
| Promote a learner safety environment to discuss and disagree without fear of repercussions                       | 58 %           | 39 %  | 2 %                        | 0 %      | 2 %               | 4.50     | 0.73                    |
| Promote a safe space in which preceptees can disclose whether they feel uncomfortable                            | 55 %           | 39 %  | 6 %                        | 0 %      | 0 %               | 4.49     | 0.61                    |
| Empathetically relate to preceptee experiences                                                                   | 56 %           | 42 %  | 2 %                        | 0 %      | 0 %               | 4.54     | 0.54                    |
| <b>Socialising and Integration in Clinical Practice</b>                                                          |                |       |                            |          |                   |          |                         |
| Explain my professional role as a preceptor to the preceptees                                                    | 55 %           | 39 %  | 6 %                        | 0 %      | 0 %               | 4.49     | 0.61                    |
| Demonstrate effective interpersonal and communication skills to facilitate the preceptorship relationship        | 56 %           | 44 %  | 0 %                        | 0 %      | 0 %               | 4.56     | 0.50                    |
| Orientate preceptees to the clinical learning environment                                                        | 73 %           | 25 %  | 0 %                        | 2 %      | 0 %               | 4.69     | 0.60                    |
| Orientate preceptees to the multidisciplinary team                                                               | 62 %           | 32 %  | 5 %                        | 2 %      | 0 %               | 4.53     | 0.68                    |
| Orientate preceptees to patients and family carers                                                               | 61 %           | 35 %  | 2 %                        | 0 %      | 2 %               | 4.53     | 0.73                    |
| <b>Leadership</b>                                                                                                |                |       |                            |          |                   |          |                         |
| Recognise the scope of practice of preceptees                                                                    | 48 %           | 42 %  | 8 %                        | 2 %      | 0 %               | 4.36     | 0.71                    |
| Support the formation of preceptees' professional role identity                                                  | 49 %           | 44 %  | 6 %                        | 0 %      | 0 %               | 4.43     | 0.61                    |
| Resolve any conflict that could arise with preceptees due to conflicting ideas                                   | 38 %           | 48 %  | 11 %                       | 3 %      | 0 %               | 4.21     | 0.75                    |
| Confer with the CPC and/or Link Lecturer as required                                                             | 56 %           | 40 %  | 2 %                        | 3 %      | 0 %               | 4.48     | 0.70                    |
| Facilitate effective interprofessional team practice                                                             | 51 %           | 43 %  | 6 %                        | 0 %      | 0 %               | 4.45     | 0.61                    |
| <b>Evaluation and Assessment</b>                                                                                 |                |       |                            |          |                   |          |                         |
| Provide structured, non-judgmental feedback                                                                      | 41 %           | 56 %  | 3 %                        | 0 %      | 0 %               | 4.38     | 0.53                    |
| Receive feedback from preceptees on my performance as a preceptor                                                | 43 %           | 49 %  | 5 %                        | 2 %      | 2 %               | 4.28     | 0.80                    |
| Cope with a situation in which a preceptee reacts emotionally to feedback                                        | 30 %           | 54 %  | 14 %                       | 2 %      | 0 %               | 4.12     | 0.71                    |
| Effectively utilise the NCAD/CAT to evaluate clinical competence and document                                    | 35 %           | 41 %  | 16 %                       | 8 %      | 0 %               | 4.03     | 0.92                    |
| Fail a preceptee who is not demonstrating adequate clinical competence                                           | 27 %           | 43 %  | 19 %                       | 11 %     | 0 %               | 3.86     | 0.95                    |
| Develop a Student Support Plan for a preceptee who may be struggling to demonstrate adequate clinical competence | 33 %           | 46 %  | 14 %                       | 6 %      | 0 %               | 4.07     | 0.85                    |

High range mean scores (5) indicate that most respondents strongly agree or feel confident about the statement, suggesting a high level of proficiency, confidence, or positive perception in that area.

Mid-range mean scores (3–4) signify moderate confidence, indicating room for improvement or variability in responses.

Low range mean scores (1 or 2) indicate less confidence or agreement.

they may not adequately develop the complex skills needed for effective preceptorship, which can lead to passive learning and difficulties in applying theoretical knowledge to real-world situations (Kilgallon and Thompson, 2012). Conversely, experiential learning methods promote

critical thinking, problem-solving, and better retention of information, all of which are vital for preceptors adapting to diverse scenarios (Murray and Buckley, 2017; Wilson et al., 2013). Despite evidence supporting the value of experiential learning in preceptor training

(Rodríguez-García et al., 2018; Horton et al., 2012), many Irish preceptorship education programmes lack such opportunities. This shortfall may leave preceptors feeling unprepared for their roles, reducing their confidence and competence, especially in challenging situations. The study's findings support this concern, with participants reporting lower confidence in key preceptor roles, including failing students and developing support plans for those struggling. Moreover, the absence of diverse and interactive teaching methods may not cater to the different learning styles of trainee preceptors. Consequently, some preceptors might not fully engage with or benefit from the training, creating gaps in their readiness for the role. To improve the educational experience, adopting a constructivist approach in designing preceptorship programmes is advisable. This approach highlights that effective learning involves meaningful, open-ended, and challenging problems for learners to solve (Abualhajja, 2019). Implementing such strategies could provide more substantial experiential learning opportunities for trainee preceptors.

Most study participants preferred a blended learning programme, aligning with existing research that highlights its many benefits, such as improved academic performance, skill development, engagement in learning, motivation, self-management, psychological well-being, and overall satisfaction (Wang and Raman, 2024; Du et al., 2022). Wu et al. (2020) also support these findings, showing that structured blended learning preceptorship programmes positively influence clinical teaching skills and preceptor self-efficacy. In Ireland, a recently developed preceptorship education programme exemplifies this trend, combining online self-directed learning modules, face-to-face role-play simulations, and innovative virtual reality (VR) simulations. This curriculum, created collaboratively by nurse educators, students, preceptors, and patients, introduces a new and inclusive approach to preceptorship education in Ireland Hardie et al., 2022b. Although the programme's effectiveness has yet to be assessed, it represents a promising step towards meeting the changing needs of preceptorship education through a comprehensive and technologically advanced blended learning approach.

This study also set out to examine preceptors' reported self-efficacy regarding their roles and responsibilities. The findings from this study revealed that preceptors maintain high confidence in their interpersonal and mentoring abilities. These "soft skills" are central to the preceptorship role, signifying the importance of inclusion in preceptorship education and training, as they enable preceptors to effectively guide, support, and motivate their students (Hardie et al., 2022; Leppink et al., 2024). However, the study also identified areas where preceptors expressed lower self-efficacy, including teaching responsibilities, managing students who are failing, and developing support plans. These practical, hands-on aspects of the preceptorship role may require more targeted training and preparation.

By ensuring preceptors feel equipped not only in their interpersonal abilities but also in the procedural duties of teaching, assessment, and remediation, preceptorship education can better prepare nurses and midwives for the full scope of their critical mentorship responsibilities. Strengthening preceptors' confidence and competence in all facets of the role is vital for supporting both preceptors and their students throughout the clinical learning experience. However, as previously highlighted, preceptors reported reduced levels of self-efficacy in carrying out key preceptor responsibilities, including challenges in teaching, assessing, and failing students, as well as developing a support plan for those who are failing. Preceptors struggle with how to support students who are not succeeding in their clinical placements and how to guide them, indicating that preceptors often demonstrate a "Failure to fail" culture (Hughes et al., 2016; Adkins and Aucoin, 2022). Similar to a previous integrated review examining evidence-based practices in developing and maintaining clinical nurse preceptors (Smith et al., 2022), this study suggests that key preceptor responsibilities, such as supporting students who struggle to meet their competency levels and addressing the needs of failing students, are important learning outcomes that should be incorporated into preparatory education or continuing professional

development for preceptors. Equipping preceptors with the knowledge and skills to proactively address challenges in student development and integration into clinical practice could be a critical way to support both preceptors and students.

Despite reported high levels of self-efficacy among preceptors, this study reveals inconsistencies in their education, raising questions about the source of their perceived self-efficacy. A significant proportion of participants in this study reported that, despite receiving education, 22 % felt inadequately prepared for their role as preceptors. This finding aligns with Livingstone's (2024) research, which emphasised that the absence of structured, formal preparation or guidance for preceptors negatively impacts their ability to fulfil their role and responsibilities effectively. Furthermore, Rebeiro et al. (2017) corroborated these findings, acknowledging that insufficient preceptorship training leads to adverse experiences for both nurses and midwives, as well as students engaged in the preceptorship process. Therefore, it remains unclear whether their self-reported efficacy primarily stems from experiential learning or formal education.

### 3.5. Limitations

This study provides valuable insights into the education and self-efficacy of Irish nurses and midwives preceptors; however, it also has limitations. The relatively small sample size, despite a nationwide recruitment strategy, limits generalisability. However, challenges in participant questionnaire completion align with those found in other Irish studies, suggesting potential empirical saturation among healthcare professionals (Fenton et al., 2023). The online-only format may limit access for those with limited digital literacy or access to technology. Additionally, the questionnaire's length potentially led to partial completion of the third section, consistent with Fan and Yan's (2010) findings on the impact of questionnaire design and length on response fatigue.

To address these limitations in future research, a mixed-methods approach combining online and paper-based questionnaires could be implemented. However, obtaining ethical approval for paper-based surveys in each clinical area would be time-consuming and resource-intensive. The potential for response bias due to social desirability or recall inaccuracies in self-reported data could be mitigated through data source triangulation, such as incorporating observational methods or interviews, to provide a more comprehensive and objective assessment of preceptors' competencies and self-efficacy.

Additionally, the cross-sectional design of this study precludes the examination of causal relationships or longitudinal trends in education and self-efficacy among preceptors. Future research employing longitudinal designs could offer valuable insights into the developmental trajectories of preceptors and the long-term impact of educational interventions. Despite these limitations, this study contributes to the growing body of literature on nursing and midwifery education and practice in Ireland, providing a foundation for future research and potential policy recommendations for a standardised preceptorship education programme in Ireland.

## 4. Conclusion

Recognising the critical role of preceptors, this study provides insight into the education and professional development of nursing and midwifery preceptors in Ireland. Although various teaching methods are employed, lecture-based, didactic approaches are predominantly reported, underscoring the need for more innovative experiential learning techniques, such as case-based studies and simulation. The study highlights preceptors' high self-efficacy in areas such as leadership and mentoring, as well as lower self-efficacy in developing plans for students who are struggling academically. Further research is needed to distinguish the impacts of formal education and on-the-job experience on preceptors' self-efficacy and competence, which could inform the

development of more standardised and comprehensive training approaches. Addressing this training disparity is crucial for ensuring consistent, high-quality preceptorship experiences that positively impact the professional development of nurses, midwives, and patient care.

## Ethical Approval

This study was approved by the Faculty of Health Sciences Research Ethics Committee, Trinity College Dublin.

## Funding Source

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors

## Declaration of Generative AI and AI-assisted technologies in the writing process

During the preparation of this work the author(s) used Grammarly in order to review grammar and punctuation. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

## CRediT authorship contribution statement

**Philip Hardie:** Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Software, Resources, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Ciara O'Meara:** Writing – review & editing, Software, Methodology, Investigation, Data curation, Conceptualization. **Andrew Darley:** Writing – review & editing, Writing – original draft, Validation, Software, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Ciaran Evans:** Writing – review & editing, Software, Methodology, Investigation, Formal analysis, Data curation, Conceptualization.

## Declaration of Competing Interest

The Authors have no conflicts to declare.

## Acknowledgements

The authors would like to acknowledge the contribution of all participants in the study.

## Abbreviations

CPC, Clinical Placement Coordinator; NCAD, National Clinical Assessment Document; MCAT, Midwifery Competence Assessment Tool; NMBI, Nursing and Midwifery Board of Ireland; UG, Undergraduate

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