Does Nurse Preceptor Role Frequency Make a Difference in Preceptor Job Satisfaction?

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This study identified nurse preceptor role frequency to newly licensed registered nurses and how it made a difference to the preceptors’ job satisfaction. Statistical analysis revealed there was no difference in job satisfaction in preceptors who performed in the role one to four times than those who served five times or more, $F(4, 124) = 0.261, p > .05$. The study found variation in preceptor role preparation and differing registered nurse practice experience prior to performing as a preceptor.

The nurse preceptor role is one of the many job responsibilities assumed by the registered nurse (RN) in health care today. The preceptor role is most commonly associated with supporting newly licensed registered nurses (NLRNs) employed in their first RN position. It is perceived as an essential component of the successful transition to professional practice from a nursing student to a competent and confident novice nurse (Trede et al., 2016; Ward & McComb, 2017). The preceptor functions as an educator, role model, evaluator, and protector for newly hired nurses to enculture them into a healthcare organization’s environment and align their nursing practice with an organization’s mission, values, and goals. The increase in complex medical comorbidities and longer life expectancy in our populations have increased nurses’ demand to meet local and global communities’ healthcare needs. As a result, NLRNs often care for medically complex, high-acuity patients in their first job in an acute care hospital inpatient setting. The Institute of Medicine and the Joint Commission’s call for an increase in nurse residency programs to support NLRNs has increased the frequency of the nurse preceptor role to meet the demand of increased NLRN participation (Institute of Medicine, 2011; Joint Commission on Accreditation of Healthcare Organizations, 2003). In addition, nurse turnover rates, especially within the first year of hire, has further increased the demand for experienced nurses to serve in the preceptor role (Blegen et al., 2017; Nursing Solutions, Inc., 2018). Nurse job satisfaction has been extensively studied. However, there is a gap in knowledge in a nurse preceptor’s job satisfaction and about the frequency that RNs perform in the preceptor role—a secondary job role often performed in addition to the primary responsibility of patient care.

**RESEARCH QUESTIONS**
The purpose of this study was twofold. The first purpose was to identify the nurse preceptor role’s frequency to NLRNs by bedside nurses in the acute care hospital inpatient setting. The second purpose was to examine if the frequency of serving in the preceptor role made a difference in a preceptor’s job satisfaction.

1. How frequently does the inpatient bedside nurse perform in the role of the nurse preceptor to newly licensed graduate nurses over 1 year?
2. Is there a difference in job satisfaction between bedside nurses in the acute care hospital inpatient setting who perform in the role of preceptor more frequently as compared to those who perform in the role less frequently? $H_0$. There is no difference in overall job satisfaction based on the frequency of the preceptor role in bedside nurses working in acute care hospital inpatient settings. $H_1$. There is a difference in overall job satisfaction based on the frequency of the preceptor role in bedside nurses working in acute care hospital inpatient settings.

**BACKGROUND/LITERATURE REVIEW**
A literature search was conducted in CINAHL, MEDLINE, CINAHL Plus With Full Text, Cochrane Database of Systematic Reviews, ERIC database, ProQuest Nursing & Allied Health Services, and PsycINFO. Key search terms included **nurse, job satisfaction, nurse preceptor, and nurse preceptor frequency**. Nursing job satisfaction is a personally subjective, complex, multifactorial phenomenon impacted by individual, organizational, and cultural beliefs and values (Arian et al., 2018). The complexity of job satisfaction in nursing has resulted in numerous studies.
investigating correlates and factors that influence the concept rather than providing a concise definition. Concept analysis studies on job satisfaction in nursing concluded that job satisfaction was an affective process resulting in pleasure or positive feelings about a role and the work involved in the role, that is, patient care, or to meet individual needs (Castaneda & Scanlan, 2014; Liu et al., 2016). Studies have indicated the importance of interpersonal relationships with colleagues, personal and organizational values alignment, and a personal desire for achievement contributing to job satisfaction in nursing (Arian et al., 2018; Dilig-Ruiz et al., 2018; Gillet et al., 2018). Employee turnover and employee absenteeism were found to be correlates of job satisfaction, whereas employee turnover and employee job satisfaction were influenced by leadership style (Gillet et al., 2018; Lu et al., 2019).

There are benefits and challenges associated with serving in the nurse preceptor role. Benefits include recognition, achievement, and personal satisfaction. Challenges include accepting a full patient assignment while precepting, feeling unprepared and unsupported in the role, and fear for the patient and preceptee safety (Lafrance, 2018; Omer et al., 2016; Valizadeh et al., 2016). The benefits of being a preceptor align with studies that have found that intrinsic motivation contributes to job satisfaction (Herzberg, 2003). The literature search did not find any studies on the frequency of the nurse preceptor role in current nursing practice or its impact on nurse preceptors’ job satisfaction.

Preceptor Role
A nurse serving in the preceptor role is considered to be experienced or skilled in an RN’s primary roles and responsibilities and can guide or mentor staff through a period of job orientation or training. The nurse preceptor functions as a coach, protector, leader, facilitator, socialization agent, and role model to NLRNs (Ulrich, 2018). The skills and attributes of a nurse preceptor are not inherent in prelicensure nursing education programs, so nurses require professional development and ongoing education to gain and sustain the attributes needed to perform in the preceptor role (Cochran, 2017; Goss, 2015; Quek & Shorey, 2018).

Theoretical Framework
Herzberg’s two-factor motivational theory, also known as the motivator-hygiene theory, framed the study. Frederick Herzberg’s research into the antecedents of job satisfaction demonstrated that job attitude and an employee’s commitment to an organization were dependent on the level of their job satisfaction and job dissatisfaction (Herzberg et al., 1959). Known as motivators, Herzberg identified the positive factors of job satisfaction, which were achievement, growth, recognition, advancement, responsibility, and the work itself (Herzberg et al., 1959). Conversely, negative factors that resulted in job dissatisfaction reflected the workers’ needs to avoid unpleasantness or maintain basic needs to survive. Known as hygiene factors, their absence resulted in job dissatisfaction. These factors included an acceptable salary, interpersonal relationships, policies and administration, working conditions, and supervisor quality (see Figure 1).

Within the nursing profession, Herzberg’s theory has been used to validate that intrinsic factors such as achievement, growth, and supervisor support and leadership contribute to job satisfaction, a decreased intent to leave, and improved job performance (Brayer & Marcinowicz, 2018; Charkhat Gorgich et al., 2016; Hee et al., 2016; Woodworth, 2016). The alignment of Herzberg’s motivating and hygiene factors with the intrinsic and extrinsic factors that influence nurse job satisfaction made the theory a suitable framework to identify the intrinsic benefits of the preceptor role and the difference in preceptor job satisfaction. A conceptual depiction of intrinsic work benefits on job satisfaction can be seen in Figure 2.

Research Design and Sample
The study used a cross-sectional, comparative, descriptive design to examine relationships between the dependent variable of job satisfaction and the independent variable of preceptor role frequency. Preceptor role frequency was defined as the number of times a nurse served in the role of preceptor to an NLRN in an acute care inpatient hospital setting in the 12 months prior to the study. The inclusion criteria for participation were actively licensed RNs in Washington state who worked in an acute care inpatient unit in the hospital setting and who served as a primary nurse preceptor for NLRNs. A primary nurse preceptor is typically the preceptor who spends the majority of time with the NLRN in the one-to-one clinical experience (Richards & Bowles, 2012). Participants were prescreened for study inclusion and then completed a nonpublic questionnaire hosted on SurveyMonkey. Participants were encouraged to forward the link for the study to colleagues, which captured eligible individuals outside the initial recruitment sample. Institutional review board approval was obtained before participant recruitment. No personally identifiable information was collected. However, sociodemographic information to describe the sample was obtained, such as gender, age, number of years as an RN, number of years as a preceptor, and participation in preceptor training courses before the first assignment as a preceptor.

Instrument
The Nursing Workplace Satisfaction Questionnaire (NWSQ) was used to measure nurse preceptors’ level of job satisfaction. NWSQ is an 18-item survey that measures the internal,
external, and relational subscale factors of job satisfaction and combines the subscales to measure overall job satisfaction (Fairbrother et al., 2010). Each NWSQ subscale contains four to seven questions that assess the participant’s attitude or behavior against a Likert rating scale on a continuum from strongly agree to strongly disagree. The questionnaire is reverse-scored, meaning that the lower the overall score, the better the level of job satisfaction; a higher score means less job satisfaction. Therefore, the “best” possible score is 15, and the “worst” possible score is 75. The survey has a total of 17 closed-ended questions and 1 open-ended question, which explores the best and worst thing about a participant’s job. The instrument has been tested for reliability and validity. Moderate reliability was found for the intrinsic ($\alpha = .89$), extrinsic ($\alpha = .74$), and relational ($\alpha = .87$) domains, whereas Cronbach’s alpha for the overall instrument was .90, indicating strong reliability. A factor analysis of the instrument has been conducted to establish the validity of the factors influencing job satisfaction in nursing and grouped into internal, external, and relational domains (Fairbrother et al., 2010).

RESULTS
One hundred sixty-eight participants responded to an invitation to participate in the study. Twenty-nine participants were excluded from the survey, as they did not hold an active RN license or were not currently serving as a nurse preceptor to NLRNs. From the 139 remaining participants, 10 completed the sociodemographic questions only and then exited the survey. These 10 submissions were not included in the study. Previous calculations via G* Power software based on a power of .80 or 80%, a moderate effect size, and an alpha of .05 calculated that the study needed a minimum of 128 responses for an appropriate sample size. A total of 129 nurses met inclusion eligibility and completed the survey.

Sociodemographic Findings
IBM SPSS 25.0 statistical analysis software was used for statistical analysis of the sociodemographic data frequencies and means. One-way analysis of variance calculated the
difference in means between job satisfaction and preceptor role frequency. The sociodemographic results of the study participants are shown in Table 1. Most of the respondents were from the state of Washington. The University of Washington Center for Health Workforce Studies analyzed RN data from Washington RN license files in 2018 (Stubbs & Skillman, 2018). The data revealed that the most frequent age group of RNs in Washington was 35–39 years, and 11.9% of the state’s RNs were male. The RN age and gender data from the University of Washington Center for Health Workforce Studies and the study’s sociographic data are comparable, indicating that the sample was a fair representation of Washington’s RN population. The range of years that a nurse had performed in the role of the preceptor was from 1 to 32 years ($M = 7.64$, $SD = 7.99$). The frequency that an RN served as the preceptor to NLRNs in the 12 months before the study ranged from 1 to 20 times ($M = 4.28$, $SD = 4.09$). Over 40% of the nurses serving as a preceptor reported 5 years or less of experience as a practicing RN (see Table 1). Responses to questions about assuming the preceptor role revealed that nearly two thirds of the respondents had not participated in a preceptor training course before their first experience as a preceptor to an NLRN (see Table 2).

### Descriptive Statistical Analysis

A literature review found no preceptor role studies quantifying role frequency or frequency distribution, so further analysis of the number of NLRNs precepted was needed before completing a one-way ANOVA. This was performed by recoding the data into five groups with equidistant division along a scale. The frequency grouping is shown in Table 3. Almost three quarters of the sample (72%) reported performing in the role of preceptor to one to four NLRNs in the last 12 months.

| Primary Practice State | $n$ | %  |
|------------------------|-----|----|
| Alaska                 | 1   | 0.8|
| California             | 2   | 1.6|
| Oklahoma               | 1   | 0.8|
| Pennsylvania           | 2   | 1.6|
| South Carolina         | 1   | 0.8|
| Texas                  | 3   | 2.3|
| Washington             | 119 | 92.2|

| Age (years) | $n$ | %  |
|-------------|-----|----|
| 18–24       | 5   | 3.9|
| 25–34       | 54  | 41.9|
| 35–44       | 30  | 23.3|
| 45–54       | 24  | 18.6|
| 55–64       | 13  | 10.1|
| 65–74       | 3   | 2.3|

| Gender | $n$ | %  |
|--------|-----|----|
| Female | 110 | 85.3|
| Male   | 14  | 10.9|
| Not stated/other | 5 | 3.9 |

| Years of RN practice | $n$ | %  |
|----------------------|-----|----|
| 1–5                  | 53  | 41.4|
| 6–10                 | 27  | 20.9|
| 11–15                | 15  | 11.6|
| 16–20                | 13  | 10.1|
| 21–25                | 6   | 4.7 |
| 26–30                | 4   | 3.1 |
| 31–35                | 4   | 3.1 |
| 36–40                | 3   | 2.3 |
| 41–45                | 4   | 3.1 |

Note. $N = 129$. RN = registered nurse.
assigned the role of preceptor to NLRNs with minimal role preparation. These same RNs also noted an increasing frequency of the role because of staff turnover and increased new hires. These comments led to development of the study’s research questions on the frequency of the preceptor role and its relationship to a preceptor’s overall job satisfaction. Literature reviews have found that the nurse preceptor role has been shown to increase a nurse’s intrinsic motivation, job satisfaction, and an intent to remain in a job (Arian et al., 2018; Lafrance, 2018). Statistical analysis of role frequency and job satisfaction using the NWSQ instrument did not find any difference in the level of job satisfaction and the frequency of the nurse preceptor role, $F(4, 124) = 0.261, p > .05$. Although the nurse preceptor role’s frequency may not affect a nurse’s overall job satisfaction, the literature shows that intrinsic motivation is a factor in nurses’ job satisfaction (Lafrance, 2018; Toode et al., 2015). Therefore, if serving in the preceptor role provides or increases intrinsic motivation, one might posit that, rather than role frequency, there may be a difference in job satisfaction in nurses who serve in the preceptor role versus those who do not serve as a preceptor at all. Replication of the study is needed to support these findings and test a hypothesis that there may be a difference in job satisfaction in nurse preceptors versus nonpreceptor nurses.

The study findings of approximately 63% of nurses assuming the preceptor’s role to an NLRN before any role preparation or training is concerning. Nurse preceptor role training is not part of prelicensure nursing program curricula, which focuses on preparation for working in a clinical practice setting, and it was beyond this study’s scope to investigate the presence or frequency of preceptor training in graduate program curricula. Nursing professional development practitioners should perform continual environmental scanning for the presence of preceptor training programs and develop a strategy to support any identified gap. This gap can be addressed by participation in an established preceptor preparation program or developing an in-house program for their organization. Historically, nurses perceived as experienced staff members have been considered the best role model to serve as a preceptor.

### TABLE 3 Number of NLRNs Assigned to a Preceptor in the Last 12 Months

| No. of NLRNs Assigned | Frequency | %  |
|-----------------------|-----------|----|
| 1                     | 23        | 17.8 |
| 2                     | 26        | 20.2 |
| 3                     | 24        | 18.6 |
| 4                     | 21        | 16.3 |
| 5                     | 7         | 5.4  |
| 6                     | 6         | 4.7  |
| 7                     | 3         | 2.3  |
| 8                     | 6         | 4.7  |
| 9                     | 1         | .8   |
| 10                    | 4         | 3.1  |
| 12                    | 2         | 1.6  |
| 15                    | 1         | .8   |
| 20                    | 5         | 3.9  |

In groups

| 1–4                  | 94 | 72.9 |
| 5–8                  | 22 | 17.1 |
| 9–12                 | 7  | 5.4  |
| 13–16                | 1  | .8   |
| 17–20                | 5  | 3.9  |

Note. $N = 129$. NLRNs = newly licensed registered nurses.

### TABLE 4 NWSQ Subscale Scoring: Means and SD

|                         | Intrinsic Subscale | Extrinsic Subscale | Relational Subscale | Total Job Satisfaction |
|-------------------------|--------------------|--------------------|---------------------|------------------------|
| Mean score              | 10.3               | 10.59              | 6.62                | 27.54                  |
| $SD$                    | 2.95               | 2.36               | 2.24                | 5.60                   |
| Minimum score possible  | 6                  | 5                  | 4                   | 15                     |
| Maximum score possible  | 30                 | 25                 | 20                  | 75                     |

Note. $N = 129$. Minimum score possible equates to the most job satisfaction, and maximum score possible equates to the least job satisfaction. NWSQ = Nursing Workplace Satisfaction Questionnaire.
particularly those serving NLRNs or nursing students (L’Ecuyer et al., 2018; Valizadeh et al., 2016). Currently, there is no recommendation to suggest the minimum years of experience a nurse should possess before serving in the role of preceptor. With the increasing nurse shortage and high nurse turnover, especially in the first year of hire, it is reasonable to assume that nurses are serving in the role of nurse preceptor earlier in their career as an RN. The National Council of State Boards of Nursing (NCSBN) conducts a regular practice analysis of new RNs, typically in their first year of licensure working in the profession (NCSBN, 2018). The analysis does not address the nurse preceptor role, presumably because new RNs are not expected to perform in the preceptor role. However, 41% of the preceptors in this study reported practicing as an RN for only 1–5 years. Further frequency analysis of the data revealed 12% of the study respondents had been practicing as an RN for 2 years or less. There appears to be a need to study an RN’s readiness and expectation of being seen as experienced enough to provide support as a nurse preceptor. A nurse expected to utilize new knowledge or be competent in a new skill requires preparation and training (NCSBN, 2018). The preceptor role should not be an exception to these training requirements. However, as there are no agreed-upon common standards on what a nurse needs to know before serving as a nurse preceptor, training or preparation courses tend to be variable in their content and learning outcomes, if available at all (Windey et al., 2015). Because of the medically complex patient population currently seen in the inpatient hospital setting, nurse leaders should consider the implications of staff performing as a preceptor to newly licensed nurses in their first job without appropriate preceptor role preparation and training.

**Study Limitations**

Limitations to the study included the inability to control quality, quantity, or standardization of preceptor training that nurse preceptors received. A preceptor’s attitude toward the role or job satisfaction in the role may be impacted by the amount of prior preparation or training provided, which may have influenced the preceptor’s responses in the survey. Another limitation is the length of experience or exposure in the preceptor role. Sociodemographic survey data collected years of experience as a licensed nurse and years of experience serving in the preceptor role. Though nurses who are considered experienced staff members may be considered the best role model as a preceptor, there is no recommendation to suggest the minimum years of experience a nurse should have before serving in the preceptor’s role. Therefore, nurses may have been exposed to their first experience as a preceptor at different professional careers stages. A preceptor with less than 2 years of RN practice may not possess the knowledge, skills, or attitudes of a more experienced RN working as a preceptor, which could influence confidence and competence in the preceptor role, possibly impacting...
an NLRN’s success. Another significant limitation was the current workplace environment or culture of the participants participating in the study. The survey questions did not ask about work environment correlates such as staffing models, salary, or leadership practices, which can influence overall job satisfaction, as previously found in Herzberg’s seminal research (Herzberg et al., 1959). Finally, the scope of the study was limited to the preceptor role to NLRNs. Yet, nurses also serve in the preceptor role to experienced nurses transitioning to a new setting, new employees to an organization, and nursing students (Chicca & Bindon, 2019; Omer et al., 2016). In reality, the frequency of the preceptor role may be underrepresented in this study. The nursing profession should consider a broader definition of the population a nurse preceptor serves to include people other than NLRNs. However, precepting an NLRN may require more one-to-one supervision during the early stages of transition to practice than precepting an experienced nurse who is hired to a new to a unit or specialty. For this reason, nurse leaders should consider the burden of a patient assignment when their staff is serving in the role of nurse preceptor to NLRNs versus precepting an experienced RN who has 5 years or more of clinical experience, for example. Studies exploring nurse leaders’ perceptions of the importance of prior role preparation for their preceptors should be considered.

CONCLUSION

The study provides useful information that can drive change in the nursing profession at the individual, unit, and organizational levels. Most of the nurses surveyed had less than 5 years of clinical experience, and many had not received preceptor role training prior to assuming the role of preceptor for the first time. There is an opportunity for nursing leaders to develop guidance on preparation and training for RNs before they assume the role of preceptor. Comparing role frequency between like units or service lines may further reveal the reasons behind the higher frequency, for example, nurse turnover, which could motivate leaders to review turnover rates and costs to the organization.

The nurse preceptor’s role is an important if not essential component in the successful integration of NLRNs to the nursing profession. Although the nurse preceptor’s impact on NLRNs competence and confidence in practice and subsequent job satisfaction has been studied, there has been little research on the nurse preceptor role’s frequency and the relationship to job satisfaction in nurses who serve in the role. The study has shown that the nurse preceptor role’s frequency appears to have no difference in the level of job satisfaction. However, the data also provide an insight into how frequently the nurse preceptor role is being performed than previously known and that the nurses are often unprepared or untrained before performing in the role. The medical complexity of the current population in health care requires NLRNs to become rapidly competent in clinical judgment and critical thinking, requiring training and support by experienced and prepared nurse preceptors. Nursing leaders must ensure that nurses have the training and resources to support those new to the profession to sustain the future nursing workforce.

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