Revista O Mundo da Saúde

Resources mobilized in nursing preceptorship: a study in Grounded Theory

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Abstract

The development of skills implies the mobilization of resources considering personal learning, educational training, and professional experience. The quality of skills depends on the combination of personal resources and the environment. The objective of this study was to identify the resources that are mobilized in the development of competencies of nursing preceptors. A qualitative study was carried out based on Grounded Theory. The study took place in two services of a hospital in the metropolitan area of Lisbon, from November 2018 to December 2019. The interviews were carried out with nurses at different stages of Patrícia Benner's Socio-Professional Development Model and with different experiences in guiding nursing students. Theoretical sampling was conducted according to the needs identified in the data coding. Data analysis and treatment was performed according to the Grounded Theory methodology. The resources mobilized in the development of preceptor nurses' competencies were characterized as endogenous and exogenous. Endogenous refers to individual characteristics, skills, and experiences. The exogenous characteristics are the Nursing team and the teacher. Nurses, supported by the Nursing team, mobilize individual characteristics and skills in their skill development as preceptors. The identification of these resources can define indicators for a preceptor profile and contribute to the training of preceptor nurses.

Keywords: Nursing Education. preceptorship. Professional competence. Grounded Theory. Nursing Research.

INTRODUCTION

Nurses in the context of clinical practice collaborate in the exercise of their profession, in teaching with the institution, sharing the responsibility of preceptorship of Nursing students in clinical teaching with teachers of educational institutions[1].

During clinical teaching, the student has the opportunity to acquire knowledge and develop essential attitudes and skills for professional practice. This aspect is reinforced by Mikkonen *et al.*[2] who mention that the role of the preceptor nurse in the preceptorship of students is fundamental in their professional development, namely in their knowledge and skills.

The cognitive integration of knowledge and skills transferable to clinical practice is demonstrated by Ignacio and Chen[3] as one of the attributes of a preceptor.

The concept of competence implies

DOI: 10.15343/0104-7809.202246161172

knowing how to act responsibly, effectively and recognize the situation in a given professional context[4]. It also implies knowing how to select, mobilize, integrate, and transfer knowledge, information, procedures, techniques, processes, resources, skills, considering personal learning (biography and socialization), educational background (knowledge, values, and attitudes) and professional experience[4]. Le Boterf[4] states that for the professional to be able to act competently in a situation, he/she must know how to navigate its complexity, considering the available resources.

Resources are not exclusive to one skill, they can be mobilized for other skills, and even these can serve as a resource when mobilized for broader skills[5]. Le Boterf[4] shows that skills need the resources of the environment to be developed, adding that it is not possible to be competent alone and in isolation. The quality of skills will depend, in part, on the quality of the combination of personal and environmental resources mobilized[4].

According to Benner[6] the acquisition and development of nurses' skills is based on lived experiences and the way they are taught. Tabari-Khomeiran *et al.*[7] in an investigation carried out on the development of skills among nurses, using the Grounded Theory, they identified five phases: recognition of the driving force, provision of acquired requirements, experience, consolidation, and integration.

Patrícia Benner, in her Socio-Professional Development Model[6], characterizes the acquisition of skills in five stages: beginner, advanced beginner, competent, proficient, and expert. These stages reflect changes in the nurse's performance, due to the confidence in the mobilization of solid, lived experiences and the change in their understanding of the demands of the situations.

With the objective of describing the current evidence available on the development of skills of preceptor nurses, the authors carried out, in a first phase, an integrative review of the literature that supported the study of this theme. From the four selected articles, the appreciation of the peer support relationship emerged[8] and the prior identification of the needs for skill development[9,10] for the creation of a flexible and creative curricular intervention[10].

Considering the concept of competence, the identified importance of nurses as preceptors of Nursing students and the limited current evidence available on this topic, we prepared the following research question: What are the resources that are mobilized in the skill development of the preceptor nurses of students in a clinical teaching context?

This article is part of a Doctoral Program in Nursing Education, describing the partial results of the ongoing investigation. The objective of this article is to identify the resources that are mobilized in the development of the preceptor nurse's skills.

METHODOLOGY

A qualitative approach was chosen, based on Grounded Theory, considering the phenomenon under study, which involves feelings, experience, and reflection. Strauss Corbin[11] mentions that this methodology, of an interpretive nature, allows for understanding from the participant's perspective, the meaning of the phenomenon, their experiences, while removing its meaning. We start from the description of a specific context with the

possibility of investigating the phenomenon in depth, in a case study format in coherence with the Grounded Theory[12,13].

This investigation was carried out in a Hospital Center in the Greater Lisbon area, after authorization by the institution and the Ethics Committee in October 2019 (Acta No. 44/18). The ethical principles inherent to the investigation were ensured.

The research subjects were nurses from the Medicine and Surgery services, who agreed to participate after giving informed consent[13].

Fourteen semi-structured interviews were carried out with nurses at different stages of Benner's Professional Development Model[6] and with different perspectives in relation to the preceptorship of students, considering the intended diversity in this methodology. Data collection took place between November 2018 and October 2019[13].

A pre-test was carried out with the initial script of the interviews, with the need to reorganize questions and adjust their registration. During the first interview of an exploratory nature, the script was adjusted considering the experience of nurses in the preceptorship of students. There was a need to modify the guide for the in-depth interviews, with the introduction, specification, and removal of questions.

The interviews took place in a previously agreed place, day, and time, with an average duration of 45 minutes, recorded in audio, according to a previously prepared script. The first two interviews were carried out with nurses considered experts, with experience in the preceptorship of students as preceptors and teachers.

Theoretical sampling was subsequently conducted according to the needs identified in the data coding, until we reached theoretical saturation[11,13]. In this sense, the sample was not predetermined, but was developed during the data coding process, considering the concepts that emerged and their relevance to the theory.

The third key interviewee was an expert nurse, who expressed that they were not available for preceptorship. The fourth interviewee was a beginner, according to Benner[6], and had not yet started their experience as a preceptor nurse. The fifth key interviewee was not available for the preceptorship and is in the competent stage. The sixth nurse, despite being proficient, had not yet started their career as a preceptor nurse. The seventh and eighth key interviewees had experience in preceptorship and were considered experts. The eighth nurse had experience as a professor.

At this stage, we moved on to a sampling aimed at selective coding and sought to select nurses at different stages of their preceptorship path. The ninth key interviewee, considered competent, started tutoring students two years ago. The tenth interviewee was proficient and started preceptorship two years ago as well. The next two nurses were considered competent, one of whom had six years of preceptorship experience and the other nine years. Finally, we selected a nurse at the advanced beginner stage, who was at the beginning of their career as a preceptor, and a proficient nurse who has been a preceptor nurse for four years.

Data analysis started after the first interview, using a logic of constant comparison, as defined by Strauss and Corbin[11]; first, by open coding, followed by axial and selective coding. In open coding, using microanalysis, we identified the concepts that emerged from the data, initially in categories and then in subcategories, in a primitive format that we refined according to the properties and dimensions found. In axial coding, we sought to find the relationships between categories and subcategories, regrouping the data and configuring increasingly precise and complete explanations. In selective coding, we

integrated and improved the categories and subcategories, using a logic of interaction with the data. In this process, we created increasingly integrative and complex analytical and conceptual memoranda and diagrams in order to keep the study grounded and the researchers aware[11,13].

Two categories of resources emerged from the analysis that were mobilized in the development of the preceptor nurse's competences: endogenous resources and exogenous resources. In the endogenous resources category, three subcategories were highlighted: Individual characteristics, Skills, and Lived Experiences. In the exogenous resources category, two subcategories stood out: Nursing Team and Professor.

RESULTS

The results emerge from the realization of 14 interviews, with seven nurses from the Medical service and seven from the Surgery service.

Taking into account Patrícia Benner's Professional Development Model[6], which characterizes the acquisition of clinical skills considering experience in the work context, five interviewees were considered experts, three proficient, four competent, one advanced beginner, and one beginner.

With regards to student preceptorship experience, four nurses had more than 10 years of experience, two had between five and nine years, and four had less than four years of experience. Contemplating the intended diversity in the sample, two nurses stated that they were not available for preceptorship and two, despite demonstrating motivation, had not yet started this role due to issues related to the internal organization of clinical teaching contexts.

Four interviewees had already worked as assistant professors at the university, specifically in the preceptorship of students in clinical teaching.

Endogenous Resources

In the endogenous resources category, three subcategories emerged: Individual characteristics, Lived Experiences, and Skills (Figure 1).

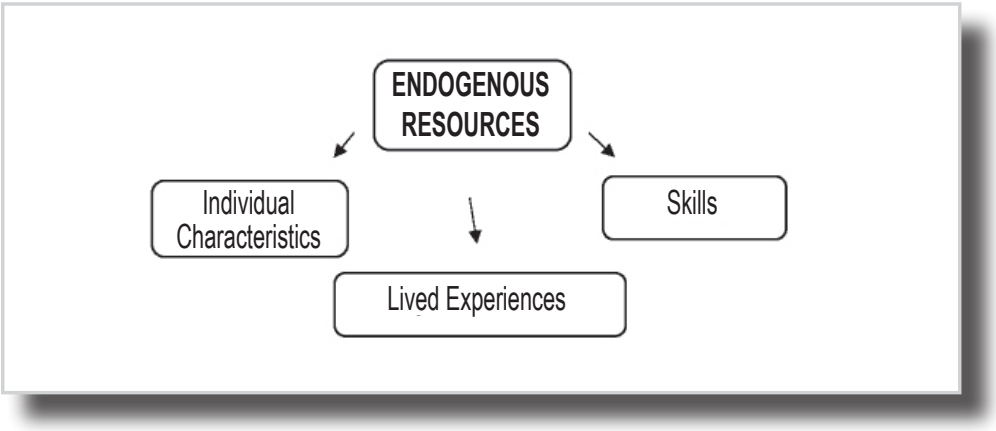

Figure 1 – Endogenous Resources: Individual Characteristics; Lived Experiences, and Skills

The subcategory Individual Characteristics, supported by all the interviewees, refers us to a set of particularities that the subjects refer to be important to exercise preceptorship.

Motivation and assertiveness were mentioned by 13 interviewees. One of them mentions that *"...there must be great communication skills here... [...] or even the issue of empathy and assertiveness..."* (I12). Another subject values *"...the fact that you like to teach, the fact that you like to share..."* (I8) and to like *"... to convey [...] pleasure in what people are doing, because that way you learn much better."* (I8).

Nine respondents focus on availability and ability to support the student in clinical teaching. One of the subjects says that *"I like [...] to be accessible... to give them the opportunity to express their doubts and difficulties."* (I11), adding that they try to *"...be a promoter and facilitator of student learning..."* (I11).

The Skills subcategory is also supported by all interviewees, emerging from the subjects' discourse communication, relational, technical-scientific, and analytical skills.

Communication skills are demonstrated by one of the interviewees when they say that they have to *"...establish a good ability to communicate with the student..."* (I1). Another subject assumes that *"... the way we communicate, how we reach the other, makes us do it [...] I think it's half-way to success"* (I8).

Relational skills emerge in close relationship with communication skills. One of the nurses mentions that in order to be a good preceptor, in addition to mastering technical-scientific skills *"... it is important [...] to develop some relational skills..."* (I2).

The technical-scientific skills are distinguished by a nurse, an expert with preceptorship experience, when they mention that the development of technical-scientific skills makes them *"... more competent to be able to teach..."* (I8). Yet another interviewee mentions that *"A person who does not clearly master the area of intervention has a harder time [to tutor] students."* (I1).

Regarding analytical skills, one of the interviewees values the ability to analyze when they mention *"... that the ability to analyze, to analyze my practice [...] to analyze myself [...] is the main aspect that made me want to evolve."* (I1). Another subject reinforces the importance of realizing that students are different and that *"...the efficiency or effectiveness of [preceptorship] has a lot to do with the assessment we make of the student..."* (I2).

The Lived Experiences subcategory emerged from the discourse of 11 interviewees, who value *"...our path as Nursing students. The people we pick up along the way..."* (I8) and *"...the way we were taught"* (I12).

The emphasis on student tutoring experiences is mentioned by one of the subjects when they state that *"...it is through experience that we grow as well as from all situations."* (I5). One of the interviewees also highlights *"...the experience that has led me."* (I8) emphasizing the *"Situations lived [...] your professional experience in various areas."* (I8).

Exogenous Resources

In the exogenous resources category, two subcategories emerged: Nursing Team and Professor (Figure 2).

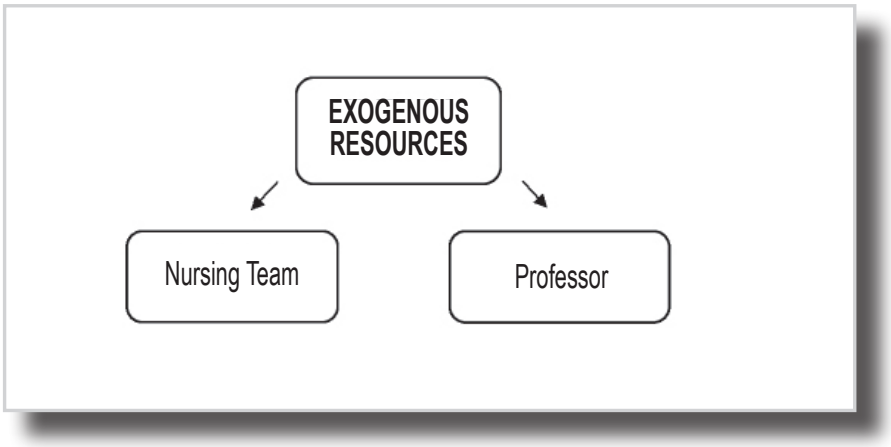

Figure 2 – Exogenous Resources: Nursing Team and Professor

The Nursing Team subcategory was referenced by all interviewees and reflects the support given by the team and the head nurses to the preceptorship. One of the subjects, who has not yet started their career as a preceptor, mentions thinking *"... to be a facilitator for someone who is going to start being a nurse [preceptor] [...], is in a service that already has a baggage of nurses [preceptors], [...] even the leadership [...] helps in this sense... "* (I4). This idea is reinforced by another interviewee who states that *"The [team] is the basis [...] the fact that there are people with different types of experiences, with previous [preceptorships], and [preceptorships] of several students, of several years, is also another positive aspect..."* (I9).

The Professor subcategory, supported by nine interviewees, refers to the support given by the professor during the preceptorship. One of the subjects recalls a situation in clinical teaching in which they needed to contact the professor and he was *"... always very available [...] to explain to me what the student was expected to achieve that week, so for me it was a great support..."* (I14). Another nurse reinforces the need for support from the school and professors by requesting *"...support from other people who may have had this type of situation, or even the school..."* (I5).

No significant difference was found in the resources mobilized by nurses according to Benner's professional development stage[6]. However, the expert nurses showed a greater ability to reflect on their path, demonstrating greater mobilization of endogenous resources for their competence development process.

DISCUSSION

The resources mobilized in the development of competences of the preceptor nurse were in two categories: endogenous resources and exogenous resources. Le Boterf[4] states that personal resources are aggregated to the person and include knowledge, know-how, skills, qualities, emotional resources, and lived experiences. On the other hand, the resources of the environment are external to the professional and can be equipment, manuals, information, peer and team skills, relational networks of scientific cooperation, and experts[4].

For Le Boterf[4] it is essential to know how

to mobilize, integrate, and combine knowledge, in order to transpose it into relevant action and competent management of a situation. This management presupposes that the professional knows how to navigate the complexity, considering the available resources, and that they have the ability to use combinatory knowledge in a relevant way in action[4]. In this process, the initiative to learn and to get involved in the situation is fundamental[4]. Perrenoud[5] reinforces that resources can be mobilized by various skills, and that skills themselves can function as a resource when mobilized for broader competences.

Individual characteristics

The subcategory individual characteristics, as an endogenous resource, considers aptitudes, qualities, and emotions as personal resources, more complex to identify, but which should not be neglected[4].

The motivation was identified by Tabari-Khomeiran *et al.*[4], as one of the personal characteristics that influence the development of nurses' competences. Mikkonen *et al.*[2] also identify characteristics that foster motivation (empathy, flexibility, tolerance, patience, and support) and improve preceptorship practices. Núñez *et al.*[14] mention that vocation emerges as the meaning of being a preceptor nurse and is essential to create a respectful and collaborative relationship with the student, a preponderant aspect in the success of preceptorship. Borrallo-Riego *et al.*[15] also show that the greater the motivation for teaching, the better the students' learning results.

Assertiveness and availability, individual characteristics that emerge in this study, are essential for the relationship with the student[14]. Borrallo-Riego *et al.*[15] mention that students consider that the preceptor nurse should be available and accessible in order to facilitate learning. Furthermore, Mahasneh *et al.*[16] demonstrated the availability, patience, and collaboration of the preceptor nurse as positive aspects for learning. Le Boterf[4] also emphasizes behavioral skills, such as listening skills and a welcoming attitude, which demonstrate the preceptor's availability. Availability is also valued by Tabari-Khomeiran *et al.*[7] when they identify the availability to learn, question, and ask for help, as one of the aspects that influence the development of nurses' competences.

Personal characteristics are valued as one of the components of Lefevre's 4-Circle CT Model, stating that older nurses would be more self-aware, open, impartial, flexible, and sensitive to diversity[17].

The aspects that emerge within the individual characteristics subcategory are evident as resources for the development of competences of preceptor nurses, namely in the context of the relationship with the student, conflict management, in responding to challenges, and as characteristics that facilitate analytical skills.

Skills

The Skills subcategory considers knowledge and know-how as endogenous personal resources[4].

Regarding communication skills, Teferra and Mengistu[18] state that good communication between preceptor, student, and teacher increases student learning. Communication about learning needs and student development are aspects to consider for an effective preceptorship relationship[19]. During the preceptorship, the nurse has to mobilize communication skills to ensure permanent communication and an effective relationship, promoting in the student the acquisition of knowledge, the development of clinical reasoning, and the ability to solve problems[20].

Relational skills logically integrate communication skills. The relationship between the student and the preceptor is intended to

provide supervision and feedback on clinical practice[15,18]. This relationship must be bidirectional, positive, committed[19], strong, effective[21], honest, and based on trust and responsibility[14,18]. The relationship in preceptorship is valued by students, preceptors, and the head of the service[14,18]. Lethal *et al.*[21] confirm that the relationship between preceptor and student influences learning outcomes: a good interpersonal relationship increases the effectiveness of guidance.

Technical-scientific skills are demonstrated by the mastery of scientific knowledge and practice, which allow the preceptor nurse to transform professional experience into learning experiences, through the mobilization of knowledge and strategies[21]. Knowledge and experience are aspects that influence the effectiveness of preceptorship, and the preceptor must be able to combine clinical skills and teaching skills to help transfer theoretical knowledge to clinical practice[21]. Ferreira *et al.*[19] add that if preceptors do not master clinical practice, they cannot be productive in relation to teaching. Tabari-Khomeiran *et al.*[7] state that in the integration phase of nurses' competence development, new competences are incorporated and the preparation phase for teaching and supervising other nurses begins.

Analytical skills imply the capacity for critical thinking, which Zuriguel-Pérez *et al.*[17] refer to as being one of the basic skills of nurses and are related to knowledge acquired in practice, age, and professional experience. Intellectual and cognitive skills are two of the components of Alfaro-Lefevre's 4-Circle CT Model, which describes the construction of critical thinking[17]. The analytical skills of preceptor nurses, according to the students, are essential for the development of their critical thinking and clinical reasoning[22]. These skills allow the preceptor to self-reflect on their development, reflecting on practices, their ability to analyze and evaluate the student, and the ability to problematize reality by creating learning opportunities[19]. Mikkonen *et al.*[2] reinforce the need to develop analytical skills of preceptor nurses to improve the learning of Nursing students.

Communication, relational, technical-scientific, and analytical skills emerge as resources that the preceptor nurse mobilizes to establish a relationship with the student, for the effectiveness of preceptorship and to reflect on their practice in this process.

Lived Experiences

The Lived Experiences subcategory includes the experiences lived and accumulated in endogenous personal resources[4].

Teferra and Mengistu[18] state that the knowledge for tutoring students tends to increase with training and preceptor experience. Zuriguel-Perez *et al.*[17] confirm that the experiences lived along the professional path can have a positive impact on the level of critical thinking. The transfer from the preceptor to the student, from their professional attitude, from their way of practicing Nursing and even from their way of living is demonstrated by Núñez *et al.*[14].

Pereira *et al.*[23] show the role of nurses in health education, as a process of a social nature with the ability to actively change behavior, by valuing and encouraging participation, which are fundamental for decision-making and behavior change.

The importance of the preceptor's experiences as a student is valued by Lillekroken[20], when he mentions that a positive memory is reflected in the adopted teaching method. Tabari-Khomeiran *et al.*[7] state that the experience offers an opportunity to make the connection between theory and practice. They also value observation and listening to the experiences of other nurses[7]. In the consolidation phase, nurses acquire complete mastery of the task or activity by repeating practices, improve their performance facing challenging situations, and mobilize reflection on practices[7].

The experiences lived by the preceptor nurse along the personal, academic, and professional path appear as a cumulative resource, based on the reflection on the experiences and the repetition of practices.

Nursing team

The Nursing team subcategory considers peer competences and relational networks as resources of the environment[6], that is, as exogenous resources.

MacLaren[8] found that larger nursing teams are better positioned to provide support and supervision to preceptors. Very strong and reciprocal relationships, inspiring nurses with a supportive attitude, were referenced by the author as aids in solving problems with students. MacLaren[8] also suggests that support networks must be stable and that competent professionals are needed to support the preceptor's development.

Finkler *et al.*[24] state that the interest and availability of the team are facilitating aspects in preceptorship. Liu[25] reinforces that the preceptor nurse should encourage interaction and collaboration to increase the student's confidence, teamwork capacity, and creativity. Tabari-Khomeiran *et al.*[7] report that nurses value peers as a resource for the development of skills and emphasize the need for support from a supervisor, valuing the feedback from specialists and the head of the service.

The support of the leadership in the promotion of interpersonal relationships and in the availability of resources is assumed to influence the pedagogical relationship of the team in the preceptorship[21,26]. Decentralized and participatory quality management is essential to create positive learning environments that involve professionals and reinforce the role of preceptor nurses[27,28,29].

The Nursing team assumes itself as an external resource to the preceptor nurse, as it supports their development of skills, through the availability and motivation shown for preceptorship, by helping to solve problems and by providing feedback on the preceptor's performance.

Professor

The Professor subcategory, as an exogenous resource, emerges based on the resources of the environment, on the competences of peers, on the relational networks of scientific and expert cooperation[4].

The continuous support given by the teacher is demonstrated by Wu *et al.*[26] when they mention that it enriches the preceptorship process, by supervising the preceptor-student relationship, by supporting the preceptor in pedagogical terms and consequently promoting their professional growth.

Head nurses reinforce that the presence of the teacher provides support to preceptors in this role[26]. Meetings with teachers, in which commitment and a good interpersonal and interprofessional relationship are present, influence the quality of preceptorship and facilitate a positive environment and effective student learning[21,24,28,30]. This partnership, which must be demonstrated and encouraged by teachers, influences self-concept, motivation, socialization, and values the aptitude of preceptor nurses[28,31]. Lethal *et al.*[21] report that the type of support requested from the teacher differs according to the stage of the nurse: a novice nurse seeks support to identify learning situations, while a competent nurse requests support to provide feedback and be included in educational activities.

The professor then emerges as a pedagogical support resource for the development of the preceptor nurse's competences, enriching the preceptorship process and the professional development of nurses, by stimulating reflection on preceptorship practices.

The results of this study show that the endogenous and exogenous resources found influence the development of preceptor nurses' competences. The findings were suppor-

ted by recent studies, which, despite not explicitly addressing the development of skills of the preceptor nurse, show the importance of resources in preceptorship in Nursing.

The identification of these resources can support a general profile of a preceptor in Nursing and the creation of training programs for preceptor nurses.

CONCLUSION

Nurses value the endogenous and exogenous resources they have in their competence development process as preceptors.

Endogenous resources are influenced by socialization processes that occur during their life course, where individual characteristics, skills, and lived experiences are essential for effective preceptorship.

On the other hand, exogenous resources also emerge associated with the life's trajectory, but are more marked by the professional path, where the Nursing team and professors support the process of competence development.

Preceptor nurses mobilize individual characteristics and skills that facilitate their relationship with the student, reflection on practices, and the preceptorship process. The support of the Nursing team in the mobilization of endogenous resources, through reflection and motivation, is fundamental for the development of competences of the preceptor nurse.

The recognition of the resources mobilized in the development of competences of preceptor nurses may allow the identification of a set of indicators that define a Nursing preceptor's profile and contribute to a training program for preceptor nurses.

Author statement CRediT

Conceptualization: Amaral, G. Methodology: Amaral, G; Simões, A.F. Validation: Amaral, G; Simões, A.F. Statistical analysis: Not applicable. Formal analysis: Amaral, G. Research: Amaral, G; Simões, A.F. Resources: Amaral, G. Preparation of the original draft: Amaral, G. Writing-review and editing: Amaral, G; Simões, A.F. Visualization: Amaral, G; Simões, A.F. Orientation: Amaral, G; Simões, A.F. Project administration: Amaral, G; Simões, A.F.

All authors read and agreed with the published version of the manuscript.

REFERENCES

1. OE. Ordem dos Enfermeiros [Internet]. REPE. Estatutos. 2015. [acesso 2020 Fev. 13]. Disponível em: https://www.ordemenfermeiros.pt/arquivo/publicacoes/Documents/nEstatuto_REPE_29102015_VF_site.pdf.
2. Mikkonen K, Tomiettoa M, Cicolinib G, Kaucicc B, Filejc B, Riklikiened O, Juskauskiened E, Vizcaya-Morenoe F, Perez-Canaverase R, Raeveh P, Kaariainena M. Development and testing of an evidence-based model of mentoring nursing students in clinical practice. Nurse Educ Today [Internet]. 2020 Fev [acesso 2020 Ago 3];85:104272:1-9. Disponível em: https://www.sciencedirect.com/science/article/abs/pii/S0260691719309980?via%3Dihub DOI: 10.1016/j.nedt.2019.104272
3. Ignacio J, Chen H-C. Cognitive integration in health professions education: Development and implementation of a collaborative learning workshop in an undergraduate nursing programme. Nurse Educ Today [Internet]. 2020 Jul [acesso 2020 Ago 3];90:104436-5. Disponível em: https://www.sciencedirect.com/science/article/abs/pii/S0260691719308925?via%3Dihub DOI: 10.1016/j.nedt.2020.104436
4. Le Boterf G. Desenvolvendo a competência dos profissionais. Porto Alegre: Artmed; 2003.
5. Perrenoud P. Construir competências é virar as costas aos saberes? Pátio Rev Pedagógica [Internet]. 1999 Nov [acesso 2020 Ago 3];11:15-19. Disponível em: https://www.unige.ch/fapse/SSE/teachers/perrenoud/php_main/php_1999/1999_39.html
6. Benner P. De Iniciado a Perito: Excelência e Poder na Prática de Enfermagem. Coimbra: Quarteto Editora; 2001.
7. Tabari-Khomeiran R, Kiger A, Parsa-Yekta Z, Ahmadi F. Competence Development Among Nurses: The Process of Constant Interaction. J Continuing Educ Nursing [Internet]. 2007 [acesso 2020 Fev 10];38(5):211-218 Disponível em: https://journals.healio.com/doi/10.3928/00220124-20070901-01 DOI: 10.3928/00220124-20070901-01
8. MacLaren J. Supporting nurse mentor development: An exploration of developmental constellations in nursing mentorship practice. Nurse Education Practice [Internet]. 2018 Jan [acesso 2020 Fev 17];28:66-75. Disponível em: https://www.sciencedirect.com/science/article/abs/pii/S1471595317306443?via%3Dihub DOI: 10.1016/j.nepr.2017.09.014
9. Teiw L, Koh C, Creedy D, Tam W. Graduate nurses evaluation of mentorship: development of a new tool. Nurse Education Today [Internet]. 2017 Jul [acesso 2019 Jun 15];54:77-82. Disponível em: https://pubmed.ncbi.nlm.nih.gov/28494331/ DOI: 10.1016/j.nedt.2017.04.016.
10. Ojemani M, Niles P, Mfaume S, Kapologwe N, Deng L, Stafford R, Voeten M, Theonestina K, Budin W, Chhun N, Squires A. A case study or building capacity to improve clinical mentoring and maternal child health in rural Tanzania: the path to implementation. BMC Nursing [Internet]. 2017 Set [acesso 2019 Jun 15];16(57):1-9. Disponível em: https://bmcnurs.biomedcentral.com/track/pdf/10.1186/s12912-017-0252-0.pdf DOI: 10.1186/s12912-017-0252-0.
11. Strauss A, Corbin J. Basics of Qualitative Research. Techniques and Procedures for Grounded Theory. London: Sage Publications; 2014.
12. Halaweh M, Fidler C, McRobb S. Integrating the Grounded Theory Method and Case Study Research Methodology Within IS Research: A Possible 'Road Map'. ICIS. [Internet]. 2008 Dec 09 [acesso 2020 Ago 3];1-15. Disponível em https://aisel.aisnet.org/icis2008/165
13. Amaral G, Figueiredo A. Desenvolvimento de competências dos enfermeiros orientadores: uma visão de peritos. Rev Enfermagem Referência [Internet]. 2021 Nov 21 [acesso 2022 Mar 22]; 5(5):1-8. Disponível em: https://rr.esenfc.pt/rr/index.php?module=rr&target=publicationDetails&pesquisa=&id_artigo=3817&id_revista=55&id_edicao=242 DOI: 10.12707/RV20036.
14. Núñez C, Reinoso L, Raines C, Fuentes P. In-depth Knowledge of the Role of the Clinical Mentor. Investigación y Educación en Enfermería [Internet]. 2017 Ago 12 [acesso 2020 Fev 18]; 35(3):356-363. Disponível em: https://revistas.udea.edu.co/index.php/iee/article/view/329214 DOI: 10.17533/udea.iee.v35n3a12
15. Borrallo-Riego A, Magni E, Jiménez-Álvarez J, Fernández-Rodríguez V, Guerra-Martín M. Health Sciences Students' Perceptions of the Role of the Supervisor in Clinical Placements. Int J Environ Res Public Health [Internet]. 2021 Abr 21 [acesso 2022 Mar 22];18(9):1-12. Disponível em: https://pubmed.ncbi.nlm.nih.gov/33919463/ DOI: 10.3390/ijerph18094427.
16. Mahasneh D, Shoqirat N, Hadid L, Alja'afreh M, Shosha G. Nursing students' experience of clinical supervision and contributing factors in Jordan. Nurse Educ Today [Internet]. 2020 Set [acesso 2020 Ago 5];92:104515:1-5. Disponível em: https://www.sciencedirect.com/science/article/abs/pii/S0260691720300459?via%3Dihub DOI: 10.1016/j.nedt.2020.104515
17. Zuriguel-Pérez E, Falcó-Pegueroles A, Agustino-Rodríguez S, Gómez-Martín M, Roldán-Merino J, Lluch-Canut M. Clinical nurse's critical thinking level according to sociodemographic and professional variables (Phase II): A correlational study. Nurse Educ Practice [Internet]. 2019 Nov [acesso 2020 Ago 4];41:102649:1-7. Disponível em: https://www.sciencedirect.com/science/article/abs/pii/S1471595318308746?via%3Dihub DOI: 10.1016/j.nepr.2019.102649
18. Teferra A, Mengistu D. Knowledge and attitude towards nursing clinical preceptorship among Ethiopian nurse educators: An institution-based cross-sectional study [Internet]. Internat J Africa Nursing Sciences. 2017 [acesso 2020 Fev 10];7:82-88. Disponível em: https://www.sciencedirect.com/science/article/pii/S2214139117300410?via%3Dihub DOI: 10.1016/j.ijans.2017.10.001
19. Ferreira F, Dantas F, Valente G. Saberes e competências do enfermeiro para preceptoria em unidade básica de saúde. Rev Brasileira Enfermagem [Internet]. 2018 [acesso 2020 Fev 12];71(4):1657-65. Disponível em: https://www.scielo.br/j/reben/a/DB6ybJYCkHmVJscwqw95qds/?lang=en. Doi: 10.1590/0034-7167-2016-0533
20. Lillekroken D. Teaching Basic Nursing Care: Nurse Preceptors' Perceptions about Changing the Teaching Context from the Clinical Setting to a School Simulation Lab. Internat J Nursing Education Scholarship [Internet]. 2019 Jan 15 [acesso 2022 Fev 2];16 (1):1-10. Disponível em: https://www.degruyter.com/document/doi/10.1515/ijnes-2018-0033/html DOI: 10.1515/ijnes-2018-0033
21. Lethale S, Makhado L, Koen M. Factors influencing preceptorship in clinical learning for an undergraduate nursing programme in North West Province of South Africa. Internat J Africa Nursing Sciences [Internet]. 2019 [acesso 2022 Fev 23];10:19-25. Disponível em: https://www.sciencedirect.com/science/article/pii/S2214139117300896 DOI: 10.1016/j.ijans.2018.11.006
22. Wong S, Kowitlawakul Y. Exploring perceptions and barriers in developing critical thinking and clinical reasoning of nursing students: A qualitative study. Nurse Education Today [Internet]. 2020 Dec [acesso 2020 Ago 4]; 95:104600:1-6. Disponível em: https://www.sciencedirect.com/science/article/abs/pii/S0260691720314507?via%3Dihub DOI: 10.1016/j.nedt.2020.104600
23. Pereira A, Almeida C, Rodrigues V, Escola, J. Educação em Saúde à criança/adolescente/família: construção e validação de uma escala. Mundo Saúde [Internet]. 2020 Out 01 [acesso 2020 Out 29];44:e0782020:486-497. Disponível em: https://revistamundodasaude.emnuvens.

com.br/mundodasaude/article/view/986 DOI: 10.15343/0104-7809.202044486497
24. Finkler R, Silva A, Bonamigo A. Visão dos preceptores quanto à preceptoria e o acolhimento do estudante de graduação na atenção primária à saúde. Research Society Develop [Internet]. 2019 Jan 01 [acesso 2020 Fev 22];8(2):1-17. Disponível em: https://rsdjournal.org/index.php/rsd/article/view/557 DOI: 10.33448/rsd-v8i2.557
25. Liu H-Y. Inter-professional nursing education and the roles of swift trust, interaction behaviors, and creativity: A cross-sectional questionnaire survey. Nurse Education Today [Internet]. 2020 Dec [acesso 2020 Ago 3];95:104598:1-7. Disponível em: https://www.sciencedirect.com/science/article/pii/S0260691720314489?via%3Dihub DOI: 10.1016/j.nedt.2020.104598
26. Wu X, Enskär K, Heng D, Pua L, Wang W. Clinical nurse leaders' and academics' perspectives in clinical assessment of final-year nursing students: A qualitative study. Nursing Health Sciences [Internet]. 2017 Mar 30 [acesso 2020 Fev 12];19:287-293. Disponível em: https://onlinelibrary.wiley.com/doi/10.1111/nhs.12342 DOI: 10.1111/nhs.12342
27. Terra J, Berssaneti F. Acreditação hospitalar e seus impactos nas boas práticas em serviços da saúde. Mundo Saúde [Internet]. 2017 [acesso 2020 Out 28];41(1):11-17. Disponível em: https://bvsms.saude.gov.br/bvs/periodicos/mundo_saude_artigos/acreditacao_hospitalar_impactos.pdf DOI: 10.15343/0104-7809.201741011117
28. Wu C, Palmer M, Sha K. Professional identity and its influencing factors of first-year post-associate degree baccalaureate nursing students: A cross-sectional study. Nurse Education Today [Internet]. 2020 Jan [acesso 2020 Ago 2];84:104227:1-5. Disponível em: https://www.sciencedirect.com/science/article/abs/pii/S0260691719308330?via%3Dihub DOI: 10.1016/j.nedt.2019.104227
29. Dudley M, Khaw D, Botti M, Hutchinson A. The relationship between the undergraduate clinical learning environment and work readiness in new graduate nurses: A pre-post survey study. Nurse Education Today [Internet]. 2020 Nov [acesso 2020 Nov 2];94:104587:1-8. Disponível em: https://www.sciencedirect.com/science/article/abs/pii/S0260691720314374?via%3Dihub DOI: 10.1016/j.nedt.2020.104587
30. Pedregosa S, Fabrellasb N, Riscoc E, Pereirad M, Dmoch-Gajzlerskae E, Şenuzunf F, Marting S, Zabaleguia A. Effective academic-practice partnership models in nursing students' clinical placement: A systematic literature review. Nurse Education Today [Internet]. 2020 Dec [acesso 2020 Ago 3];95:104582:1-14. Disponível em: https://www.sciencedirect.com/science/article/abs/pii/S0260691720314325?via%3Dihub DOI: 10.1016/j.nedt.2020.104582
31. Yia Y, Lee H, Park K. The role of academic-practice partnerships from perspectives of nursing students: A cross -sectional study. Nurse Education Today [Internet]. 2020 Jun [acesso 2020 Ago 2];89:104419:1-6. Disponível em: https://www.sciencedirect.com/science/article/pii/S0260691719319604?via%3Dihub DOI: 10.1016/j.nedt.2020.104419

Submitted: 05 december 2021.
Approved: 19 may 2022.
Published: 27 june 2022.