



A Nordic model for learning compassionate care in clinical education

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ABSTRACT

Background: Preceptorship is one model of supporting student nurses' learning

and development during their clinical education. However, little is known about what there is in preceptorship that promotes or hinders learning. Earlier studies found that there were ethical dimensions to students' encounters with preceptors.

Aim: The overall purpose of this Nordic follow-up study was to develop a model for learning compassionate care among student nurses during their clinical education - first, to deeper understand the learning of student nurses, and second, to investigate the phenomenon of preceptorship from the preceptors' point of view.

Method: This study used a mixed methods design. Undergraduate student nurses ($n = 139$) from three universities in Finland and Sweden were shadowed for a period of three years. Quantitative data were collected through a questionnaire and were analysed using statistical methods. To better understand the learning acquired by the student nurses, focus group interviews ($n = 70$) were conducted. The phenomenological-hermeneutical approach was adopted. To capture the preceptors' point of view, narrative interviews were held with them ($n = 88$) in western Finland and northern Sweden. A hermeneutical approach was used when analysing the data.

Findings: According to both student nurses and preceptors, a caring student-preceptor relationship, imbued with commitment, reverence and responsibility, is fundamental and serves as the basis for students' learning and development more than pedagogical methods used. Three main themes emerged: a caring student-preceptor relationship; a caring manner of being—the conduct; and a caring culture—the tone of the learning space.

Conclusions: This study shows the importance of preceptorship on student nurses in their quest of becoming compassionate and caring nurses. Therefore, based on earlier findings and the findings in this study, there is a need to facilitate and support the students' transformation, that is, the process of becoming, from student to a professional nurse.

1. Background

A general nursing program should consist of 50% clinical education according to the European Union (Directive 2005/36/EC) (European Commission, 2005). The preceptorship model is rather common in undergraduate nursing education in Scandinavian countries, as it is a means of helping student nurses transition into their graduate nursing roles (Luhanga et al., 2010). This implies learning, knowledge and skills, in clinical practice, where students participate in the nursing care of patients (Nielsen et al., 2017), supported by clinically experienced nurses (Ward and McComb, 2017). Earlier studies (Epstein and Carlin, 2012; Hilli et al., 2014b) found that there were ethical dimensions to students' encounters with preceptors, that is, the preceptors created a trusting and caring relationship with the students. In a caring relationship the preceptors are attentive and care for the students and show interest in them. The students are welcomed as team members and treated with respect, creating a sense of belonging. Ethical values which support a compassionate care of patients are evident in the clinical settings. Consequently, if the learning environment doesn't provide a moral climate, ethical issues might not be recognised by the

preceptors.

2. Current state of knowledge

Preceptorship is one commonly used model for teaching students in many practice professions, and it is valued as one effective model (Billay and Myrick, 2008). According to a review by Kilminster and Jolly (2000), supervision in clinical education is a complex activity that has several definitions and different functions. Preceptorship has been described as an effective model to support students' learning and professional development in reality during clinical education (Nielsen et al., 2017).

In recent years, there has been an increase in publications concerning preceptorship. According to an integrative review, numerous studies have been conducted to examine the role of preceptorship and the preceptorship experience in nursing education (McClure and Black Thomas, 2013). The focus has been on describing preceptorship models and how these models have been used in clinical education (Kelly and MacAllister, 2013). Most models of supervision emphasise knowledge and technical skills instead of reflection and understanding (Kilminster

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and Jolly, 2000).

Jayasekara et al.'s (2018) systematic review of the effectiveness of different models used in clinical education offered limited evidence. Even though preceptorship is a relevant model to support learning during clinical education, there is no evidence of what it is in preceptorship that supports students' learning and development (Nielsen et al., 2017). There is little research into the quality of preceptorship and its content (Kilminster and Jolly, 2000), but according to Trede et al. (2016), good preceptorship is the foundation of students' learning.

The learning environment has a great impact on students' learning and how they respond (Kilminster and Jolly, 2000). Therefore, developing a positive learning culture in nursing has a significant impact (Kelly and MacAllister, 2013). Nurses' attitudes towards students can be very influential in promoting or hindering teaching and learning (Smedley, 2008). Billay and Myrick (2008) identified that students' rated preceptors high or low dependent on different teaching attitudes and approaches. There is an interdependent relationship between how preceptors perceive their role and their level of interest in being a preceptor (Hallin and Danielson, 2009). A nurse who is reluctant or ambivalent in relation to preceptorship is not likely to personal commitment (Wilson, 2014). Consequently, not everyone is meant to be a preceptor. Being a preceptor requires special qualities to guide and nurture the students (Blevins, 2016). According to Wilson (2014), the core of being a preceptor, is implying that preceptors can be seen as tools in educating nursing students. It is essential that the preceptors accept and value being preceptors to be able to create a supportive environment for learning. The role should be viewed as an opportunity rather than an assignment or task (Blevins, 2016). According to Barker and Pittman (2010), an effective preceptorship is a partnership, a shared responsibility between the preceptor and student (Trede et al., 2016). The review by Kilminster and Jolly (2000) showed the great importance of the quality of the student-preceptor relationship, even more important than pedagogical methods used. If the relationship fails, the learning process fails (Nielsen et al., 2017). The strength of the student-preceptor relationship correlates with the success of preceptorship and students' learning and development (Happell, 2009).

According to Nielsen et al. (2017), the key elements in a successful preceptorship are *getting along together*, *being together* and *doing together*. *Getting along together* underlines the importance of a trusting and respectful relationship between the preceptor and the student. *Being together* involves performing nursing care together, which enables the preceptor to tutor the student and at the same time assess the student's level of competence and needs for challenges. *Doing together* means that the student and preceptor perform nursing together, focusing on enhancing the student's independence, practical skills and communication. Feedback helps and supports students' personal growth and development (Broadbent et al., 2014; Nielsen et al., 2017). This process of identity formation can be defined as professional becoming (Vu and Dall'Alba, 2011) and is an ongoing development of the professional self (Scanlon, 2011). Dall'Alba (2009) emphasises the importance of targeting the process of becoming and of supporting the formation of professional identity. While knowledge and skills are necessary, they are insufficient for skillful practice and for transformation of the student's self. If our attention in education is on epistemology only, that is what students know and can do, we fail to facilitate and support a transformation, the ontological consideration, that is, the process of becoming, from student to a professional nurse. Based on the literature review, very little is known about how preceptorship might promote or hinder students' learning during clinical education. Therefore, this study set out to investigate those questions from both the students' and the preceptors' points of view.

3. Theoretical perspective

This study is anchored in caring science, characterised by the

esteem and reverence for human dignity. The student is viewed as an individual, a physical, mental and spiritual unity. In nursing education, the basic values, ethos, as well as ontology and view on knowledge (epistemology), are crucial to learning and developing in terms of caring and formation. Human dignity and the belief in the students' ability to develop and become are seen as central foundations and conditions (Matilainen, 2004). Learning is seen as an ongoing process, a becoming through constant progress and formation (Bildung) (Gadamer, 1989). The theory model 'The home as ethos' (Hilli, 2007) is used as a frame for interpretation to obtain a deeper understanding of the phenomenon. The theory model is formed from three different levels where the innermost core, ethos, as a human being's innermost room, encompasses the *spirit* that a human carries and is permeated with. A human who is in touch with her or his innermost core is symbolically at *home* or feels *at-homeness*. The ethos becomes visible and evident in a human's being and *manner of conduct*. A human's innermost core is reflected in the concrete or abstract room's culture or atmosphere, which provides *tone*—that is, how one lives in the room (Hilli, 2007).

4. Aim

The first aim was to explore undergraduate student nurses' learning and development during clinical education over time. The second aim was to investigate the phenomenon of preceptorship from the perspective of the preceptors themselves.

5. The design, methodology and methods

In this longitudinal study quantitative data was collected through a self-administered questionnaire named SECE, *Students' Experiences of Clinical Education* (Sandvik et al., 2012; Melender et al., 2013; Melender et al., 2014). In order to get a deeper understanding of the students' learning and development, the survey was followed by focus group interviews with students ($n = 70$) (Jonsson et al., 2013; Sandvik et al., 2014; Sandvik et al., 2015). A phenomenological-hermeneutic approach was used. To get a deeper understanding of the preceptorship phenomenon, narrative interviews were held with the preceptors ($n = 88$) during three academic years, 2009–2012, in Finland and Sweden. A hermeneutical approach, guided by Gadamer (1989), was adopted for the interpretation of the findings in this longitudinal study, and the data were analysed using a hermeneutic interpretation (Hilli et al., 2011; Hilli et al., 2014a; Hilli et al., 2014b). The findings were interpreted in relation to the core theory and earlier studies, and the contours of a new horizon emerged. A new interpretation occurred, leading to an image that was then 'solidified' into the theory model (Hilli, 2007).

5.1. The SECE instrument

The questionnaire was developed based on a literature review and by using parts of a previously tested instrument with the permission of the owners of that instrument. The SECE instrument includes 40 statements with a 4-point Likert type scale (1 = totally other view, 4 = totally same view). The instrument consists of four sum variables named as follows: *Clinical Preception*, *Learning in Clinical Education*, *Learning Objectives in Clinical Education* and *Reflection in Clinical Education*. Examples of the items included in each sum variable and the Cronbach alpha values of the sum variables are presented in Table 1. Statistical analyses were performed using SPSS for Windows, Release 19.0. To describe the data, the means of the sum variables were calculated for the whole group. Data were collected in 2009 after the students' first clinical education in acute and elderly care. The second data set was collected in 2010 after the students' second clinical education on different wards in central hospitals, in primary care units and in elderly care. The third data set was collected in 2011 and 2012 after

Table 1
Examples of the items included in sum variables.

Sum variable (Cronbach alpha)	Examples of the items
Clinical Preception (0.913) (16 items)	The nursing care personnel was expecting me The supervisor provided me with enough feedback.
Learning in Clinical Education (0.902) (16 items)	I developed my problem-solving ability I have expanded my understanding of nursing care.
Learning Objectives in Clinical Education (0.827) (5 items)	My own goal was achieved during the clinical education period. The expected learning results of the education were achieved during the clinical education period.
Reflection in Clinical Education (0.709) (3 items)	I was encouraged to use my earlier experiences. I was encouraged to reflect upon my attitudes and values.

Table 2
Student nurses and their clinical placements.

Clinical placements	Students N	FIN 1 Weeks	FIN 2 weeks	SWE weeks	Academic year
Acute & elderly care	139	10	7	3	2009
Acute & elderly care, primary care	109	10	7	4	2010
Acute or primary care	86	10	13	10	2011/2012

the students' last clinical education period in acute or primary care.

5.2. Participants

Undergraduate student nurses ($n = 139$) from three universities in Finland and Sweden were shadowed for a period of three years. The students who participated in the study were between 20 and 44 years old (Table 2). Focus group interviews were conducted among a purposefully selected sample of students every year following the survey. Preceptors ($n = 88$) working in different contexts in hospitals, primary and elderly care were interviewed. Their age varied between 24 and 61 years (Table 3). In the first year (2009), a strategic sample of preceptors who actually had been precepting the students were interviewed. In 2010, preceptors who were considered to be good role models by their management were chosen. In the last interview (2012), the students were asked to name the best preceptor they had had during their studies. Among all the named preceptors, a purposefully selected sample was chosen representing all different contexts in nursing care (Table 3).

5.3. Ethical considerations

Ethical issues were considered carefully during the whole process, and the study conformed to the ethical recommendations in the Guidelines of the Finnish Advisory Board on Research Integrity (2012). When interviewing students or staff, in Finland and Sweden, there is no requirement of approval from an ethical committee. The required approval was obtained from the management within the universities and health care facilities. The students were informed about the study and invited via email to participate. The quantitative data were collected about one week after the ending of the clinical education period during a post-clinical reflection lesson. Before this lesson the students received

Table 3
Preceptors interviewed in the study.

Clinical placements	Preceptors N = 88	Female	Male	Age	Academic year
Acute and elderly care	30	27	3	24–60	2009
Acute & elderly care, primary care	31	27	4	27–59	2010
Acute or primary care	27	22	5	26–61	2011/12

information once more about the study, in written communication and orally, during the lesson from the researchers. Filling in the questionnaire took about 30–45 min.

Based on the results of the annual survey, focus group interviews were conducted at all three universities. The students were first invited by email, but since the response rate was low, the researchers went in person into the classes with an invitation. The students were informed that the interview would not influence the practice evaluation in any way. The student nurses were asked about their lived experience during clinical practice, reflection and the link between theory and practice. Furthermore the students were asked to narrate about learning outcomes, feedback, reflection and how they experienced learning in relation to understanding, transformation and ethics.

The preceptors were contacted by the managers and asked if they were interested in participating in this study. All nurses gave their consent and were given written and oral information before the interview. The informants got information about the interview themes, the estimated duration of the interviews and that the interviews would be recorded. A theme guide was sent to the informants in advance. Each interview took place during working hours in a quiet setting chosen by the participant. The individual, narrative interviews started with an open question: What is preceptorship? Both students and preceptors were notified that the participation was voluntary. Moreover, the confidentiality was stressed, as well as the option to withdraw from the study if wished.

6. Findings

Based on the findings, from the perspectives of both student nurses and preceptors, a caring relationship was considered to be the essential foundation of preceptorship and a prerequisite of students' learning and development, more so than pedagogical methods used. Reflecting the study's core theory allowed for a new perspective and emphasised the contours of a new horizon, leading to an image emerging. The findings resulted in a new understanding, and a new horizon emerged: *a caring student-preceptor relationship; a caring manner of being - the conduct; and a caring culture - the tone of the learning space*. The findings were solidified into the theory model (Hilli, 2007; Fig. 1). The *basic values*, the ethos, reside in the human being's innermost room and are the driving force. When ethos becomes visible, it is reflected in the *manner of being*, the conduct, and it sets the *tone* of the abstract or physical room and atmosphere - namely, the learning space.

6.1. A caring student-preceptor relationship

The basic values of a caring student-preceptor relationship are characterised by commitment, reverence and responsibility. A caring and supportive relationship is considered to be the starting point for, and to be essential to, the process of learning and development. A caring relationship is characterised by welcoming the students into the learning space, a space permeated with an idea of possibility. The spirit in the practical setting is respectful for all stakeholders, and students

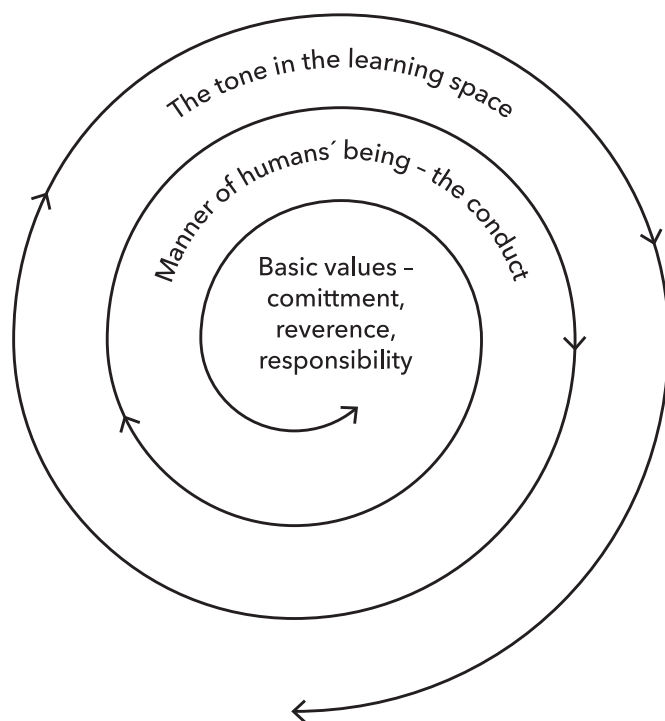


Fig. 1. A model for learning compassionate care.

have possibilities to learn and develop at their own pace, supported by the preceptor. Furthermore the preceptors feel a strong commitment, a passion, for nursing and teaching students and sharing their knowledge. The preceptors narrate about an inner responsibility, an attitude, to pass on knowledge from one generation to another. It is about something more universal than just the professional development of the student. Preceptors want to ensure that the “spirit of nursing” and specific know-how prevails within the profession. Preceptors express faith in the students' possibilities and ability to learn and develop by supporting them in their efforts.

Learning is in the focus of the student-preceptor relationship, where both are committed and take on responsibility to enrich each other. The students express an interest to learn and become the person they are meant to be personally and professionally. A preceptor, in contact with his or her innermost core, ethos, is feeling at-homeness. The preceptor feels confident and has a will to care for the students, which is experienced as a mission that provides meaning to life. Preceptors who feel at-homeness are capable of inviting students into a caring, confidential and supportive relationship in a learning space.

6.2. A caring manner of being—the conduct

The basic values reflect the manner of being and are stressed in the manner of conduct. An ‘ethical order’ is an attitude that makes the students feel welcome and invited as members of the working team, giving a sense of belonging. The workplace has a moral climate where the atmosphere is tolerant and open and the preceptors are responsive to the voice of the students with learning in focus. The student is allowed to be a unique individual with different learning needs and is confirmed as a whole person, genuinely taken care of. All are equal in the team, and the students are considered as future colleagues. Both students and preceptors are committed, driven by an inner force and express that they want to learn and develop. The progression, is confirmed through continuous positioning and feedback. The preceptor bears responsibility for students' learning and introduction to the profession, and the students are committed to learn. It is about a shared responsibility under surveillance where boundaries of learning are

pushed by challenge and support. The preceptor is walking ‘side by side’ together with the student as a symbolic lifeline, strengthening the students' positive sides and transformation. Learning outcomes guide the students' learning and, more importantly, the transition from a student to becoming a professional nurse. The development of understanding and learning is confirmed through a reflective manner of being, accompanied by continuous and constructive feedback, thus strengthening the student to become a caring, compassionate nurse.

6.3. A caring culture—the tone of the learning space

The physical room, the learning space, is inhabited by human beings, and it is in this room that preceptors, students and patients meet. Both students and preceptors possess values that contribute to creating the culture or *tone* in this room, the learning space. In a learning space imbued with commitment, reverence and responsibility, the sound of hospitality is heard. Hospitality includes openness, confidentiality, respect and welcome, a spirit characterised by the freedom to be one's own self. Furthermore, the atmosphere is permeated with mutual respect and humility from among all involved stakeholders. A caring culture has the tone of true friendship, a fellowship, that can support and inspire to good, a place where students and preceptors can feel symbolically at home. The students feel involved and not left on their own, a sense of belonging. Friendship ensures that the ‘fire’, the spirit, is kept alive in the culture, and the idea of possibilities and engagement blossoms.

Preceptors with a sound professional identity in contact with their inner core, ethos, have the capability of inviting the students into a caring student-preceptor relationship that acknowledges and confirms the students' learning and development. The spirit of commitment, reverence and responsibility becomes evident in the tone, the atmosphere, of the caring learning space and in the attitudes there—that is, in the manner of being and conduct. Leadership is of great importance to how a culture is formed in the learning space, in that it is the leader who sets the tone of a culture. Therefore, it is important that everyone knows which basic values are cherished within the culture. Furthermore, it should be clear what the common subject matter, the goal, is that the culture serves and is striving towards.

7. Discussion

Based on the findings, a caring student-preceptor relationship, permeated with commitment, reverence and responsibility, was considered to be the essential foundation of preceptorship and decisive for the students' learning and development, more so than pedagogical methods used. This is in line with an earlier systematic review by Kilminster and Jolly (2000), which concluded that a good student-preceptor relationship was the single most important circumstance affecting students' learning. The great importance of the relationship is supported by several recent studies (Barker and Pittman, 2010; Happell, 2009; Nielsen et al., 2017; Trede et al., 2016; Wilson, 2014; Monterosso and Zilembo, 2008). Preceptors' attitudes towards students and their interest in preceptoring have great influence on students' learning (Billay and Myrick, 2008; Blevins, 2016; Hallin and Danielson, 2009; Nielsen et al., 2017; Smedley, 2008; Trede et al., 2016; Wilson, 2014). According to Noddings (2005), a caring relationship is about a connection or encounter between the preceptor, the carer, and the student, the one cared-for. A caring relationship is permeated with genuine openness and mutuality (Hilli, 2007). The source of these ideas can be traced to Heidegger (1927/1962), who developed the immersive notion of care, an ontological being in the world. For Heidegger being human is to care. Caring is challenging, and the first step is to want to care, to be receptive to the other.

Noddings (2005) regards education as having an important role in developing an ability to care for others, with ideas and objectives preparing students for service roles in their profession. This ‘ethic of

care' is not about teaching students ethical principles and rules to be applied, on the contrary it's to show by example or actions (Broadbent et al., 2014; Kelly and MacAllister, 2013; Nielsen et al., 2017; Scanlon, 2011). The preceptors have to show how to care in their relation with the students, the cared-for (Barnacle and Dall'Alba, 2017; Nielsen et al., 2017). This is congruent with the idea of the metaphor *home*, where the abstract or physical room is created by its inhabitants; in turn, the *home* forms and transforms its inhabitants (Hilli, 2007).

Earlier reviews conclude that several studies have focused on preceptorship models that support a technical based rather than an understanding based approach (Jayasekara et al., 2018; Kelly and MacAllister, 2013; Kilminster and Jolly, 2000; McClure and Black Thomas, 2013). A focus on knowledge and technical skills (epistemology) is important for student nurses but is not sufficient if the intention is to support students in becoming compassionate and professional nurses (Dall'Alba, 2009; Matilainen, 2004; Sandvik et al., 2015). Based on earlier findings and the findings in this study there is a need to facilitate and support a transformation, the ontological consideration, that is, the process of becoming, from student to a professional nurse (Barnacle and Dall'Alba, 2017; Dall'Alba, 2009). Caring and compassionate care cannot be taught theoretically only.

The process of student nurses becoming qualified nurses emerges as a hermeneutical movement within the frame of a safe learning space where reflection and understanding is emphasised. The movement seems to be triggered by responsibility (Sandvik et al., 2015). Committed students take on given responsibility, in accordance with their actual level of knowledge and skills. Being committed means taking on responsibility and act in certain ways (Barnacle and Dall'Alba, 2017; Sandvik et al., 2015). According to students, there is interplay between understanding and becoming; if one changes it leads to changes in the other. It occurs over time and is an ongoing process (Sandvik et al., 2014; Sandvik et al., 2015). In a learning space where the tone is imbued with commitment, reverence and responsibility, the students have the possibility to develop at their own pace and become caring and compassionate nurses.

7.1. Trustworthiness and evidence

This Nordic longitudinal study had a mixed methods design, which increases the credibility. Student nurses ($n = 139$) were shadowed during their three-year programme. A survey among students was conducted after the clinical education period each year. Based on the findings, focus group interviews were conducted at all three universities among student nurses ($n = 70$). Preceptors ($n = 88$), representing different contexts, in Western Finland and Northern Sweden were interviewed. Both students and preceptors emphasised the caring student-preceptor relationship as fundamental and as decisive for students' learning and development in becoming caring and compassionate nurses. This increases the trustworthiness of the study. One limitation is the high student dropout rate due to different reasons, from year one ($n = 139$) to year three ($n = 86$).

Ethical guidelines were strictly followed during the whole process, and all sub-studies have been published in international scientific journals.

8. Conclusions

This study shows the importance of preceptorship on student nurses in their quest of becoming compassionate and caring nurses. A caring student-preceptor relationship imbued with commitment, reverence and responsibility seems to be the foundation for students' learning and becoming during clinical practice. Caring and compassionate care cannot be taught theoretically only. Therefore, based on earlier findings and the findings in this study, there is a need to facilitate and support a transformation, that is being and becoming a professional nurse.

Funding source

SuperNurseBotnia (2009–2013) was funded by The Botnia-Atlantica Programme (European Union), Regional Council of Ostrobothnia (Finland), County Administrative Board of Västerbotten (Sweden), Novia University of Applied Sciences, VAMK University of Applied Sciences and Umeå University (UmU).

Ethical approval

Ethical approval was obtained from the management within the universities and health care facilities.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgement

We authors want to thank all student nurses and preceptors who participated in this study and thus made it possible. We thank all members of the project team: Hanna-Leena Melender (VAMK), Marita Salmu (VAMK), Elisabeth Jonsén (UmU) and Margareta Edberg (UmU).

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