ORIGINAL RESEARCH

Impact of a dedicated education unit on nurse preceptors' perceived confidence and competence

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ABSTRACT

The COVID-19 pandemic exacerbated the nursing shortage by increasing nurse departures from the nursing profession and limiting inpatient clinical education, which shifted significantly to online settings. Dedicated education units (DEUs), a form of academic-practice partnership, have been proposed to address both nursing staffing and clinical education problems. While prior research has emphasized DEU benefits for students, limited attention has been given to their impact on nursing preceptors. This study explored nurse preceptors' perceived confidence and competence following the implementation of a DEU. Qualitative design was employed using semi-structured interviews with six preceptors. Data was analyzed for common themes utilizing NVivo software. Findings indicated that nurse preceptors experienced improvements in perceived competence and confidence after the implementation of the DEU. Additional emergent themes were enhanced communication abilities and leadership skills in DEU nurse preceptors. Preceptors who perceived themselves as confident and competent were better positioned to promote resilience, support new graduate nurses, and contribute to safe, high-quality patient care. These results underscore the importance of supporting and developing nurse preceptors within DEUs to optimize outcomes for both nursing practice and clinical education.

Key Words: Academic-practice partnership, Clinical preceptor, Dedicated education unit, Nursing clinical education, Self-efficacy

1. INTRODUCTION

1.1 Introduce the problem

New graduate nurses are experiencing challenges with transitioning into their roles in the clinical setting. As we navigated the COVID-19 pandemic, nursing education had transitioned to an online setting, and inpatient clinical experiences had been either limited or replaced by virtual clinical experiences. These changes have negatively impacted new graduate nurses. Due to these changes, communication, organization, and prioritization skills were identified as deficient in new graduate nurses.[1] Moreover, it is estimated that the nursing shortage will become critical in the next 15 years, exacerbating an already fundamental need for nurses in healthcare.[2] While a significant increase in nurse departures from the nursing profession is an emerging issue after the pandemic, new graduate nurses are expected to provide safe, quality, and competent care even in an already overworked nursing workforce.[3]

1.2 Background

The American Association of Colleges of Nursing (AACN) has proposed an initiative that reflects the Future of Nursing 2020-2030 recommendations, aiming to bridge the gap between nursing education and practice to prepare future students for a changing and diverse healthcare landscape.[4]

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Several models exist for implementing academic-practice partnerships. The Dedicated Education Unit (DEU) is one implementation method of academic-practice partnerships, which consists of a designated unit that facilitates the student-nurse collaboration.[3] A successful partnership develops through a shared vision and congruent goals.[6] This enables stakeholders to identify roles and share the commitment and goals of the partnership.[7] Nurse preceptors serve as the primary educator to the nursing student in the DEU setting. Nurse preceptors are educated on the clinical objectives and student capabilities; however, all stakeholders receive education on the expectations of the preceptor and the student, methods to promote critical thinking and application, evaluation methods for the student, and the goals of the collaboration.[8] Nursing faculty are available for consultation and communication as needed; however, they are not present during the clinical hours. Students' evaluations of their clinical performance are fulfilled by the collaboration of their nurse preceptor and nursing faculty to validate students' clinical competencies.[9] Frequent communication and mentoring by nursing faculty are essential to ensure that nurse preceptors receive the necessary support.[6]

1.3 Literature review

Academic-practice partnerships enhance student clinical performance when compared to instructor-led clinical experiences by improving student competence, collaboration, and satisfaction.[5] In addition, student participants in academic-practice partnerships felt more prepared as new graduate nurses and worked effectively as part of the interdisciplinary team.[6] In an academic-practice partnership, students work individually with a preceptor to provide direct patient care, serve as part of the interdisciplinary team, and assume the role of the nurse. Students have the opportunity to participate in quality improvement initiatives and evidence-based practice projects. Clinical experiences encourage students to identify problems present in the clinical setting, participate in solutions, and evaluate outcomes. Nurse preceptors also reinforce their own ability to identify evidence-based practice issues in the clinical setting, thereby educating and assisting students in the process.[10] Improved student satisfaction has been identified as an additional benefit of the dedicated education unit.[5] Students reported feeling more accepted by healthcare staff due to the effectiveness of the preceptor-student collaboration. Student satisfaction has a positive impact on clinical experience, learning outcomes, and success. Academic-practice partnerships were preferred by students for multiple reasons. Students reported feeling less anxious and believed they were better educated when working with a nurse preceptor. Students also developed trusting relationships with their nurse preceptor, which positively affected student satisfaction.[5]

The social-cognitive theory by Bandura discusses how human actions are influenced by a range of factors, including the observation of others, personal experience, and environmental factors. This theory emphasizes the influence of modeling with positive reinforcement and observing others on learning, as well as addressing influencing factors of self-efficacy, which is defined as the belief or confidence in the ability to perform certain tasks and have positive outcomes, such as performance outcomes, verbal persuasion, vicarious experiences, and physiological feedback.[11] Self-efficacy was highly associated with improved clinical practice and competence. Students who participated in the DEU experience had higher levels of perceived self-efficacy than nursing students in traditional instructor-led clinical experiences.[5] Moreover, nurse preceptors' self-efficacy and resiliency improved their own leadership abilities utilizing their own strategies, rooted in accountability and proactivity, to achieve goals and complete tasks effectively.[12] Nurse preceptors' perceived self-leadership also contributes to an increase in job retention, competency, and job satisfaction among their preceptees, which is expected to assist with addressing the nursing shortage, promote nurse retention, and improve patient outcomes.[3] Nurses who possess leadership skills also performed positively in the clinical setting and improved teamwork. Nurse preceptors modeled these behaviors which encouraged others to adopt similar characteristics. Nurses who exuded self-efficacy had the confidence to precept, support, and educate students effectively, and this positively affected nurse preceptors in fostering safe and competent new graduate nurses entering the healthcare system.[8]

Improved patient outcomes through the collaboration of nursing students and registered nurses have been identified as a benefit of academic-practice partnerships.[8] Additionally, these new graduate nurses, educated competently and modeling these behaviors as future nurses, facilitated improved patient outcomes.[7,8] Self-efficacy, performance, and satisfaction of new graduate nurses are affected by a collaborative nurse-preceptor relationship. Nurse preceptors had to possess confidence and competence when mentoring new graduate nurses. Self-efficacy of new graduate nurses was increased when the nurse preceptor promoted a collaborative partnership. Results of the study identified that self-efficacy was also positively correlated with clinical performance in nurses. Moreover, new graduate nurses who had a strong and educational collaboration with the nurse preceptor were less likely to leave the nursing profession.[13]

As demonstrated in numerous previous studies, the nurse pre-

ceptor is a crucial component of the dedicated education unit. Nurse preceptors who modeled caring behavior, as evidenced by effective communication, motivation, and positivity, were correlated with improved new graduate competence and confidence.[13] When nurse preceptors provided a supportive relationship, the stress, anxiety, and fear of new graduate nurses decreased, thereby increasing their confidence, professionalism, and clinical competence. Nurses who were caring, supportive, and built trusting relationships with the students fostered knowledge and had a positive clinical experience.[5]

1.4 Significance and purpose

Previous research has demonstrated that DEUs have a positive effect on preparing students for nursing practice. Nurse preceptors serve as pivotal facilitators in promoting the full potential of academic-practice partnerships, ultimately contributing to the development of competent nursing professionals. Despite this recognized importance, limited research has been conducted to understand the impact of DEU implementation on the preceptors themselves. The aim of this study was to explore how implementing a dedicated education unit affects nurse preceptors' perceived confidence and competence.

2. Method

2.1 Study design

A qualitative descriptive design utilizing semi-structured interviews was employed to explore nurse preceptors' perceived confidence and competence after DEU implementation.

2.2 Setting and participants

The study was conducted within a hospital system located in the Midwest region of the United States. Registered nurses serving as preceptors across 10 specialty units utilizing the DEU model were invited to participate in this study. Inclusion criteria included registered nurses who had previously served or were serving as a nurse preceptor in a DEU. Years of experience were not considered as part of the inclusion criteria. Exclusion criteria included nurses who had not received training and clinical education on the DEU model. Those DEU nurse preceptors who received the training but did not precept a nursing student were also excluded from the study. Clinical hours completed by the student with the preceptor varied based on the requirements of the nursing school. Nursing student level ranged from sophomore to senior level.

2.3 Recruitment and ethical considerations

Participants were recruited through an informational letter that included the expectations of the participant, the time required, and the compensation. Letters were distributed by the directors of each institution to the potential participants, and individuals interested in participating in the research study emailed the researcher to schedule an interview at a convenient date and time. Compensation for participation was a $ 25 gift card, given after completing the individual interview. This research study was reviewed and approved by the institutional review boards of both the healthcare organization and the university.

2.4 Data collection

Individual interviews were conducted via Zoom and digitally recorded. All participants were interviewed by the same researcher. Semi-structured interview questions were developed by adapting and modifying the Generalized Self-Efficacy Scale into six open-ended questions, with permission from the scale developer. The questions were designed to align with the research purpose and the conceptual framework grounded in Bandura's Social-Cognitive theory. The guiding interview questions explored how participation in the DEU model influenced preceptors' confidence in their ability to provide effective student support and mentorship, to deliver education that promotes safe and competent nursing care, and to demonstrate leadership abilities. Furthermore, the participants were asked how serving as a DEU nurse preceptor affected their engagement in evidence-based practice and their influence in preparing future nurses. Participants were asked to elaborate on their responses to gain deeper insights into their experiences and perspectives. Demographic data, including years of preceptor experience, years of nursing experience, age, and gender, were collected at the beginning of each interview.

2.5 Data analysis

All recorded interviews were transcribed verbatim, and thematic analysis was conducted using NVivo, a qualitative data analysis software, to identify patterns, relationships, and emerging themes within the data. Demographic variables were summarized descriptively and presented in tabular format alongside thematic findings.

3. Results

3.1 Recruitment

A total of six DEU nurse preceptors agreed to participate in the study. All participants were female, and the age range of participants ranged from 24 to 64 years old, with all holding either associate or bachelor's degree in nursing. Five participants had 1-10 years of nursing experience, while one nurse had 44 years of experience. All participants had served as DEU nurse preceptors for multiple students across four to six semesters (see Table 1).

Table 1. Demographic characteristics of DEU nurse preceptors

Characteristics	Number of Participants (N = 6)
Gender	
Male	0
Female	6
Age	
21-30 years old	2
31-40 years old	2
41-50 years old	1
51-60 years old	0
61-70 years old	1
Education	
Associate	1
Bachelor	5
Years of Nursing Experience	
1-10 years	5
11-20 years	0
21-30 years	0
31-40 years	0
41-50 years	1
Number of Semesters Serving as DEU Nurse Preceptor	
1-2 semesters	0
3-4 semesters	3
5-6 semesters	3

3.2 Thematic analysis

Data analysis revealed two primary themes and one emerging theme related to the impact of DEU implementation on nurse preceptors. The primary themes were (1) increased level of confidence and (2) improved level of competence. An emerging theme of (3) enhanced communication abilities was also identified.

3.2.1 *Increased perceived confidence*

All participants reported increased perceived confidence following their experience as DEU nurse preceptors. Participants described feeling more confident both as nurses and in their ability to teach nursing students essential nursing skills. One participant explained, "I think that it 100% makes me a more confident nurse because I'm constantly being fact-checked and must be ready to answer questions and must be up to date in my knowledge." Participants identified that serving as DEU nurse preceptors facilitated their professional maturation growth as bedside nurses, directly contributing to increased confidence. The collaborative relationship established between DEU nurse preceptors and nursing students, built on consistent expectations and continuous evaluation, provided validation of student progress that enhanced preceptors' confidence in both their teaching abilities and nursing competence. Participants also noted that skills developed in the DEU nurse preceptor role transferred to training new nurses on their units. One participant supported this theme by stating, "I think knowing that you want to be in a preceptor role and knowing that you're going to be taking high-performing students creates a certain level of confidence from knowing that both parties want to be there and want to have the same outcome." The development of leadership skills through the DEU preceptor role contributed to increased confidence, as participants reported that their peers and staff viewed them as leaders and resources. Enhanced autonomy in educating nursing students and collaborating with various nursing programs further strengthened their confidence. One participant noted that serving as a charge nurse and participating in additional unit activities were new opportunities that emerged following the implementation of DEU.

3.2.2 *Improved perceived competence*

All participants reported improvement in perceived competence. DEU nurse preceptors described being held to higher standards, necessitating current knowledge and enhanced competence. One participant stated, "There are things that these students teach me every day. I love learning from them." Consistent evaluation of current practice methods through collaboration with nursing students improved nursing competence among DEU nurse preceptors. Another participant commented, "Serving as a DEU nurse preceptor gives me time to help teach them and help them grow. And through this partnership, I also grow." Participants identified several mechanisms through which their competence improved, including learning updated practice standards from nursing students, engaging in hands-on teaching approaches, and reviewing evidence-based practice, hospital policies, and healthcare procedures. One participant emphasized, "I must keep on top of the policies and procedures and what is considered best evidence-based practice to make sure I do things correctly." Collaboration with nursing programs was particularly beneficial for enhancing competence and fostering awareness of emerging evidence-based initiatives that had not yet been implemented in practice. Discussion with nursing students regarding evidence-based practice initiatives was consistently identified as a competency-enhancing experience.

3.2.3 *Enhanced communication abilities*

An emerging theme derived from the interview results was the perception of enhanced communication abilities in DEU nurse preceptors. Participants described adapting their communication methods to accommodate various personality types and learning styles, while modeling clear and direct communication techniques with physicians, interdisciplinary team members, and nursing instructors. One participant explained, "I was able to role model communication with the doctors and members of the interdisciplinary team, which

assisted the students." Skills related to providing constructive and evaluative feedback were developed and refined while serving as the DEU nurse preceptor. A participant noted, "I feel like this has allowed me to practice giving feedback and providing constructive feedback to students that hopefully will help them in the future." The consistent collaborative relationship between the DEU nurse preceptors and nursing students facilitated crucial conversations and fostered partnerships that promoted open communication and inquiry.

4. Discussion

This study demonstrated improvements in nurse preceptor competence and confidence following participation in the DEU preceptor role. Beyond these primary outcomes, several additional themes emerged, including enhanced communication abilities and strengthened perceived leadership skills. These findings align with Bandura's Social-Cognitive Theory, which provides a theoretical framework for understanding the observed improvements in competence, confidence, and leadership capabilities among DEU nurse preceptors (see Figure 1).

Figure 1. Self-efficacy framework

Communication emerged as a critical competency that improved across all study participants following DEU implementation. This finding underscores the importance of incorporating comprehensive communication techniques into DEU clinical teaching workshops to strengthen preceptor-student relationships, ensure safe and competent patient care, and establish effective learning environments.[14] The workshop should address various communication competencies, including diverse questioning techniques, cultural and individual adaptation strategies, and active listening skills, which participants reported developing through their DEU experience.[14] When nurse preceptors model effective communication, they prepare future nurses to contribute meaningfully to interprofessional teams, ultimately improving patient outcomes and advancing healthcare quality.

The DEU model fostered nurse preceptors' leadership development by granting their autonomy in student education while facilitating collaboration with nursing faculty. This dual approach enhanced preceptors' confidence and competence while cultivating their capacity as leaders who can drive positive patient outcomes and healthcare advancement. The collaborative nature of the DEU model, wherein preceptors gained both independence and support, created an ideal environment for developing leadership skills. Moreover, the DEU model's emphasis on correlating theory to practice proved instrumental in enhancing preceptor competence. By educating nurse preceptors on topics covered in didactic lectures, their knowledge base and clinical skills are strengthened. This approach created a dynamic learning environment where nursing students and preceptors engaged in meaningful discussions about current evidence-based practices, fostering critical thinking about healthcare system improvements and patient outcomes. The ongoing support from nurse leaders and nursing faculty throughout the collaboration further reinforced the development of preceptors' competencies.[15] The clinical teaching workshop, facilitated by nursing faculty, equipped preceptors with essential tools and resources for effective student education, suggesting that healthcare organizations should consider DEU implementation as a strategy for simultaneously developing nursing students and nursing staff and improving care quality.

Nurse preceptors who demonstrated strong knowledge, clinical skills, and teaching abilities created optimal learning environments that enabled nursing students to effectively identify clinical problems, develop evidence-based solutions, and maintain adherence to established standards of care.[8] Furthermore, high levels of self-efficacy among preceptors were associated with increased resilience in both preceptors and their students. Nursing students mentored by confident DEU preceptors exhibited notable resilience when confronting unprecedented clinical scenarios.[13] These supportive and trusting relationships proved fundamental not only during role transition but also in promoting sustained resilience and stress management among new graduate nurses, potentially improving retention rates in the nursing workforce.

While this research provides valuable insights into the impact of DEUs on nurse preceptors, which is an area with limited

existing literature, its design, settings, and sampling method limit the generalizability of the study. Future research should investigate DEU implementation across diverse healthcare systems, settings, and geographical regions, utilizing quantitative methodologies to validate and extend these findings. Particular areas for investigation include the long-term impact of DEU participation on nurse preceptors' leadership trajectories, which could inform strategies for identifying and developing future nurse leaders within clinical units.

The DEU model represents a valuable investment in nursing workforce development, offering benefits that extend beyond the immediate educational context to influence professional growth, leadership development, and potentially, nurse retention. Healthcare leaders should consider implementing this evidence-based approach to simultaneously strengthen their educational capacity and support long-term workforce stability.

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Authors contributions

Dr. Pritchard conceived and designed the study, collected and analyzed the data, and drafted the initial manuscript. Dr. Yeom served as the project chair, providing oversight of the study design, ensuring methodological rigor, and contributing to the critical revision of the manuscript. All authors reviewed and approved the final version of the manuscript.

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Conflicts of Interest Disclosure

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Obtained.

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Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Data sharing statement

No additional data are available.

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