RECOGNIZING AND REWARDING NURSE PRECEPTORS in Critical Care
Some Answers

In an Editorial1 published last year, I shared an observation related to the growing difficulty that nurses and human resource staff are experiencing in securing preceptors for new employees. These discussions frequently bemoan that amidst another nursing staff shortage, it has become increasingly difficult to find nursing staff willing to serve as preceptors. In the eternal quest to determine “What gives?,” these exchanges typically end with nurse preceptors, educators, managers, clinical specialists, administrators, and others posing the following 2 questions:

1. Are healthcare facilities currently granting incentives for nursing staff to serve as preceptors?
2. If incentives for precepting are offered to nurses, what do these include?

In the April 2002 Editorial, we published a single-page questionnaire to solicit information related to these inquiries. This Editorial presents a summary of your replies to the questions regarding whether and how critical care nurse preceptors are recognized and/or rewarded. Please keep in mind that the methodology used to obtain this information was via a simple, unscientific survey and that only a small sample (n = 80) of completed surveys were received.

Survey Findings
The questionnaire included a total of 14 items, the first few of which requested some demographic information on the respondents. The findings for each item will be described in turn.

Item 1. Position
Of the 80 surveys received, most (82%) were submitted by staff nurses. Figure 1 presents a breakdown of all survey participants by position.

![Figure 1. Position](http://ccn.aacnjournals.org/)

More than 60% of healthcare facilities that offer incentives to preceptors provide these in the form of positive incentives; 36% offer both positive and negative incentives.

Item 2. State where employed
Questionnaires were received from critical care nurses working in 27 states and 1 US territory. The distribution by state is summarized in Table 1. Of the surveys submitted, 29 (36%) were returned by nurses who identified Maryland as their employment location. As a result, the potential for bias in these findings looms large. Also, the specific replies provided in these questionnaires differed considerably for most items. The latter is particularly intriguing because virtually all of those 29 Maryland questionnaires contained indications that they originated from various patient care units within the same healthcare facility.
Item 3. Service as a preceptor

Forty-six (57%) survey participants indicated that they were currently serving as a preceptor, 33 (41%) indicated that they had previously served in this capacity, and 1 made no reply. Some survey respondents checked both the “current” and “previously” served time frame; these instances were counted only in the “current” category to more fully distinguish former from current preceptors.

Item 4. Duration of service as a preceptor

Figure 2 provides a summary of the duration during which respondents have served as preceptors. This duration ranged from less than 1 year to 25 years.

Item 5. Does your facility offer any incentive(s) for staff nurses to serve as preceptors?

A majority of respondents (Figure 3) indicated that their healthcare facility does not provide any incentive(s) for critical care nurse staff to serve as preceptors. (For this survey, an incentive refers to something that prompts or motivates an inducement to action or determination. Incentives may be positive—eg, special recognitions and/or rewards—or negative—eg, real or implied threats or punishments.)

Those who responded yes to item 5 were asked to complete survey items 2 through 12. Those who responded no were directed to complete only survey items 13 and 14.

Item 6. If your institution offers incentives for preceptors, what category of incentives does it employ?

As shown in Figure 4, more than 60% of healthcare facilities that offer incentives to preceptors provide these in the form of positive inducements. Few offer only negative incentives to effect this contribution, yet more than
36% are perceived as bestowing both positive as well as negative incentives.

**Item 7. Which of the following POSITIVE incentives does your institution provide to nurse preceptors?**

The positive incentives currently offered to preceptors are summarized in Figure 5. By far, the most common of these is the alignment of work as a preceptor with advancement on the clinical ladder for nursing staff. At some healthcare institutions in which precepting is truly voluntary, nurses may advance on the clinical ladder via other forms of contribution to the unit and its patients besides precepting. At other facilities in which precepting may be characterized as voluntary, staff are well aware that maximizing of performance evaluations as well as lifting of puerile salary caps are each clearly contingent upon undertaking the preceptor’s responsibilities whenever requested.

Beyond the career advancement carrot, a number of other inducements for precepting represent some form of monetary reward; for example, employer payment of time, travel, and registration costs for continuing education (CE) such as the American Association of Critical-Care Nurses’ National Teaching Institute, pay enhancements of some type, and tuition assistance towards degrees at academic institutions. Other positive incentives identified by respondents are listed in Table 2.

**Item 8. Which of the following NEGATIVE incentives—if any—does your institution employ (overtly or covertly) to “encourage” nurses to either begin or continue serving as preceptors?**

![Figure 5: Positive incentives for preceptors](http://ccn.aacnjournals.org/Downloaded from)

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**Figure 5** Positive incentives for preceptors
When survey respondents were asked to categorize the nature of incentives offered to preceptors as positive, negative, or some combination of both positive and negative (see item 6), 39% reported use of negative incentives. Interestingly, in item 8, which addressed negative influences again, only 25% reported that their facility employed sticks rather than carrots with preceptors. As Table 3 indicates, the single best incentive recommended for prompting or motivating nurses to begin working as a preceptor was clearly distinguished as some type of monetary compensation. Whether in the form of a shift differential, salary increase, or bonus, about 40% of respondents suggested that healthcare institutions could best demonstrate their appreciation of the value and contributions of preceptors by putting their money directly in front of their professed gratitude. More than 70% of these top-of-the-list enticements comprised the following 4 attractions (in descending order of perceived effectiveness):

1. Money (a meaningful amount)
2. Career advancement
3. Some token of recognition that reflects prestige the preceptor role should represent
4. Enjoyment of teaching

Nearly 75% of suggestions for the second best carrot could be found among the following 4 provisions (in order listed):

1. Money
2. Preference in scheduling
3. Career advancement
4. Paid compensatory time, tuition, and/or travel expenses for attendance at CE programs

As long as the amount of compensation was meaningful, its form and timing were of lesser import. Scheduling preferences might include choice of shift or priority in selection of holiday and/or vacation times. The value of paid CE programs was aptly described by one respondent as time targeted for the preceptor’s education and renewal. The next most frequently cited initial inducement for precepting was provision of special training programs to prepare, develop, and support nurses who assumed this role and set of responsibilities.

**Item 9. In your opinion, what are the first and second best (most successful, effective) incentives for inducing nurses to BEGIN serving as preceptors?**

The single best incentive recommended for prompting or motivating nurses to begin working as a preceptor was clearly distinguished as some type of monetary compensation. Whether in the form of a shift differential, salary increase, or bonus, about 40% of respondents suggested that healthcare institutions could best demonstrate their appreciation of the value and contributions of preceptors by putting their money directly in front of their professed gratitude. More than 70% of these top-of-the-list enticements comprised the following 4 attractions (in descending order of perceived effectiveness):

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**Item 10. In your opinion, what are the first and second best incentives for inducing nurses to CONTINUE serving as preceptors?**

Survey respondents made no material distinctions between the best incentives for motivating nurses to begin working as a preceptor and those to continue working in this capacity: the top 3 recommended factors in both instances were (in order of perceived effectiveness) money, career advancement, and respect and support from others (especially peers and managers) that demonstrate the value and importance of their work as preceptors. Closely paralleling the previous item, more-
over, these 3 factors together reflected 70% of all incentives recommended for this purpose.

Nominations for the “second best” incentive aimed at encouraging nurses to continue serving as a preceptor elicited a somewhat different and reordered list from that suggested for initiating this role. The latter, representing 72% of all recommended inducements for this purpose, can be enumerated as follows:

1. Preference in scheduling
2/3. Paid compensatory time, tuition, and/or travel expenses for attendance at CE programs, and respect and support from others that demonstrate the value and importance of the preceptor’s work
2/3. Increased money and career advancement

In addition to many of the positive inducements already cited as important to nurses just beginning in the preceptor role, this item elicited a number of incentives that appear especially relevant to those who have served in this capacity on an enduring basis. A few examples of the latter are listed in Table 4.

| Item 11. If you could ADD one positive incentive for your nurse preceptors, what would that one incentive be? |
| Survey participants’ suggestions for adding 1 positive incentive produced an interesting array of wish list offerings. Not surprisingly, the list was once again headed by monetary compensation with employer-paid support for attendance at CE programs in second place. The enticements listed in Table 5 were also identified as potentially worthy alternatives. |

| Item 12. If you could REMOVE one negative incentive for your nurses to become or continue as preceptors, what would that be? |
| There was less unanimity among survey participants regarding which stick they would most like to extract from their preceptors’ craw. Two especially loathed attributes of precepting lay claim to the pinnacle of negative influences targeted for eradication: the mandatory requirement that all nurses work as preceptors and the lack of staffing adequately to enable preceptors to do their job. |

A bit farther down this list of off-putting attributes associated with precepting (Table 6) is a disappointing enumeration of elements that reflect a lack of support from 2 essential sources: staff development and peers. The former, responsible for preparing nurses to assume the precepting role and for assisting them in the instructional aspects of its execution, and the latter, a necessary prerequisite for the operational and social aspects of precepting, do not coexist in any successful preceptorship program.

| Item 13. If your institution does not offer any incentives for preceptors, please briefly explain WHY NOT. |
| Table 5 Extended positive incentive wish list for preceptors |
| Tied for third place |
| • Preceptor luncheon or dinner |
| • More thorough and continued training of preceptors |
| • Tangible and ongoing recognition for a job well done |
| • Opportunity to experience internal satisfaction from seeing new staff develop into dependable coworkers |
| • Increased hospital contribution to health insurance premiums |
| • Hospital-paid CCRN certification |
| • Sufficient time to do a good job as a preceptor |
| • Allowing coprecepting (2 preceptors) for an orientee |

Table 4 Other incentives for nurses to continue serving as preceptors
• Respect for the value of the preceptor’s input on orientee’s status and progress
• Special training / workshops to develop nurses to be preceptors
• Earning CE credits for precepting
• Having the orientee follow the preceptor’s work schedule (rather than vice versa)
• Wearing a distinctive nametag

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Table 6 Negative incentives related to precepting targeted for removal
Tied for first place
• Mandatory nature of participation in precepting
• Lack of staffing support while precepting

Other
• Lack of support from peers, eg, criticism when orientee performance is unsatisfactory
• Resentment regarding effects on their workload
• Resentment owing to misperception that orientee represents a preceptor’s helper
• Lack of training program, feedback, and ongoing support for preceptors
• Lack of breaks in serving as a preceptor
Nearly 90% of the replies to this item can be readily classified into 1 of the following 3 categories:

1. Hospital informs us that precepting new staff is part of a nurse’s job; because it is part of our job, no incentives are warranted
2. Nurses have always volunteered to do precepting for free (Why would we pay for something that’s free?)
3. Clueless; I truly don’t know why

Other “reasons” were cited for why a healthcare facility would neglect to provide incentives for preceptors; some of my personal favorites include the following:

• None of our competitors in the area offer incentives.
• Government regulations prohibit it (Could someone please specify the regulations referred to here?).
• My hospital does not reward nurses for (places no value on) any extra duties, experience, education, or certification, so why would it offer incentives for precepting?
• Our hospital can’t keep enough staff just to work, let alone (pay) for extra duties.
• Our hospital will provide incentives for a while, then take them away, then give them back for a while.

Thank you to those of you who took time to provide your replies and insights on our survey related to recognitions and rewards for preceptors. Your participation and rewards that you would like to make:

### Item 14. Other comments, suggestions, observations related to preceptor recognitions and rewards that you would like to make:

Many of the replies to this item reiterated issues and situations previously addressed in one or more survey areas. Some selected additional observations worthy of your consideration are in provided in Table 7.

### Table 7 Prescriptions for preceptor recognitions and rewards

#### Things that don’t help

- Staff nurses lack confidence in their ability to precept without training or support.
- Nurses view precepting as extra stress in an already stressful environment.
- Our compensation package loads the front end so that preceptors with many years of experience find themselves teaching rookie nurses who earn very little less than they do.
- When the quality of nurses coming into the unit is so below expectations, it is very difficult [for preceptors] to succeed.
- Allocating so much money for nurse recruitment, but little or none for nurse retention.
- Many of the incentives listed are difficult or impossible to implement in a unionized environment, where seniority rules salary and privileges.
- No nurse serving as a preceptor should have to be a charge nurse at the same time.
- We have training and guidelines for the preceptor program, but management disregards the guidelines whenever staffing shortages arise.
- There are times the preceptor is not informed that a preceptee will be present. As a result, no background information available on their education or experience, no opportunity to discuss learning or teaching style, no opportunity to set goals or to prepare a welcome can be provided.
- Preceptor may only have 2-5 shifts to accomplish the goals of the preceptorship program before the preceptee moves on to another area or becomes a regular staff member.
- “Sabotage” by fellow staff members who assign preceptors and their preceptees to the most critically ill patients, purportedly to “test” the preceptees.
- When an orientee does not work out, his or her preceptor gets no bonus.

#### Things that do help

- We have no problem getting staff to precept—if they are suited for it. We try to give them lots of support, encouragement, and financial and other rewards such as first preference for paid CE, a pay differential, and career ladder advancement.
- Ask for volunteers [to precept]; train them on paid time, increase their salary, and recognize them often. Offer a lot for high standards of care.
- We give our preceptors ongoing inservice education and more autonomy.
- Offer occasional sessions for preceptors to meet with each other.
- Some type of recognition would be nice—even something as simple as fewer off-shifts or a lower patient load while precepting.
- Consider dual preceptors to allow for part-time and off-shifts.
- Preceptors need continued support, feedback, and constructive criticism from peers and supervisors.
- Give some positive feedback for the extra workload. A concrete and regular feedback mechanism about the preceptee’s progress (or failure) is crucial.

#### Points worth pondering

- When I act as a preceptor, I consider it a serious job. It takes more preparation time, explanation time, and energy than just taking an assignment by yourself.
- Our recognition program for preceptors keeps morale up across the board: our RNs feel better appreciated and valued for their contributions, new staff see role models at all times (not just when new employee hires on), and clinical practice is improved.
- Preceptors increase the clinical competency of all staff, and create a positive work environment.
- To be a preceptor you must truly want to do the role—not be forced into it, not flattered into it, not belittled into—but truly care about another colleague’s educational welfare.
- It is so rewarding to be a mentor—you are always a friend.
has aided in affording all of us more informed replies to the important questions posed by your colleagues. Although this compilation may not constitute either the definitive or last word on this topic, it represents at least an opening reply from critical care nurses for finding those answers.

Reference

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Recognizing And Rewarding Nurse Preceptors in Critical Care: Some Answers
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Crit Care Nurse 2003;23 13-19
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