



RESEARCH ARTICLE

ATTITUDE AND WILLINGNESS OF REGISTERED NURSES ON PRECEPTING NURSING STUDENTS AT A SELECTED TERTIARY HOSPITAL, AJMAN, UAE

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ARTICLE INFO

Article History:

Received 09th February, 2025

Received in revised form

21st March, 2025

Accepted 19th April, 2025

Published online 30th May, 2025

Key words:

Preceptorship, Registered Nurses, Clinical Teaching, Nursing Education, Attitude, Willingness, UAE, Student Mentorship.

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ABSTRACT

Background: Preceptorship plays a pivotal role in bridging the gap between theory and practice in nursing education. The willingness and attitude of registered nurses toward precepting nursing students significantly influence the quality of clinical learning. However, multiple factors, including workload, role clarity, and institutional support, may affect nurses' engagement in preceptorship.

Aim: This study aimed to assess the attitude and willingness of registered nurses to precept nursing students and to determine the association between these factors and selected demographic variables.

Methods: A descriptive, cross-sectional quantitative study was conducted among 132 registered nurses at a tertiary hospital in Ajman, UAE. Data were collected using a structured questionnaire and analysed using descriptive and inferential statistics, including t-tests, ANOVA, and regression analysis. **Results:** The findings revealed that 74.2% of the participants demonstrated a favourable attitude toward precepting nursing students, with a mean attitude score of 98.28 ± 8.44 . High levels of agreement were observed in positive statements such as applying theory to practice, involving students in clinical teaching, and feeling professionally motivated. However, concerns emerged regarding workload, routine disruption, patient safety, and role preparedness. No statistically significant association was found between nurses' attitudes and demographic variables ($p > 0.05$), and regression analysis indicated a weak predictive relationship ($R^2 = 0.091$). **Conclusion:** While registered nurses showed strong professional commitment toward preceptorship, their willingness was moderated by organizational and workload-related barriers. Institutional interventions, such as preceptor training, role definition, and administrative support, are essential to enhance nurses' engagement in student mentorship.

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Citation: Yousuf A., Alblooshi, A., Aref, R., Sam, B.S. and Pillai, R.R. 2025. "Attitude and willingness of registered nurses on precepting nursing students at a selected tertiary hospital, Ajman, UAE". *International Journal of Current Research*, 16, (05), 33101-33105.

INTRODUCTION

The Baccalaureate Nursing Program is one in which students spend the majority of their time in the clinical area. The clinical learning environment can cause a lot of stress to the students. In order to help students have a supportive and successful experience, mentors or preceptors play a very integral role.¹

In a descriptive cross-sectional study involving 76 full-time registered nurses (RNs) in Jamaica², 97% expressed a positive attitude towards precepting nursing students. About 63% of RNs were willing to precept students, with 87% favouring the paired preceptorship model. Factors such as self-efficacy and normative beliefs about the clinical learning environment influenced RNs' willingness to participate in precepting. The study emphasises the importance of recognizing RNs' preferences for preceptorship models and highlights the need for formal training opportunities to enhance students' clinical learning experiences. In an institution-based cross-sectional study conducted in Addis Ababa, Ethiopia⁶, it was found that

less than half (less than 50%) of the nurse educators demonstrated adequate knowledge about clinical preceptorship and its key elements. However, the vast majority (more than 75%) expressed a favourable attitude towards clinical preceptorship. Factors such as holding a master's degree and having more than four years of teaching experience were associated with a higher level of knowledge about clinical preceptorship. These findings suggest a significant knowledge gap among educators, despite their overwhelmingly positive attitude towards the implementation of clinical preceptorship. Addressing educational qualifications and teaching experiences may be crucial in enhancing the understanding and effective application of clinical preceptorship in nursing education. In the UAE, where nursing education is expanding rapidly, understanding nurses' perceptions of their preceptorship role is crucial for developing effective clinical teaching environments. This study was conducted to explore the attitude and willingness of registered nurses to precept nursing students at a tertiary hospital in Ajman, UAE, and to examine the association of these factors with demographic characteristics.

MATERIALS AND METHODS

Design and Setting

A quantitative, descriptive cross-sectional study was conducted at a selected tertiary hospital in Ajman, UAE.

Participants and Sampling: The study included 132 registered nurses selected through convenience sampling. Inclusion criteria were active clinical practice, registration with the hospital, and willingness to participate.

Instrumentation

A structured questionnaire with two main sections was used: demographic data and 25 Likert-scale items assessing attitude and willingness toward preceptorship. The tool demonstrated content validity and acceptable internal consistency (Cronbach's $\alpha > 0.8$).

Data Collection and Ethical Considerations: Data were collected after obtaining ethical clearance and institutional permission. Informed consent was obtained. Participation was anonymous and voluntary.

Data Analysis: Descriptive statistics (frequencies, percentages, means, and SDs) summarized participant characteristics and responses. Independent t-tests, ANOVA, and multiple regression were used to assess associations between attitude/willingness and demographic variables.

RESULTS

Demographics: The majority of participants were female (91.7%) and aged between 31–40 years (47.7%). Most had BSN degrees (65.2%) and were staff nurses (96.2%). About 56.1% had completed short-term courses, and 48.5% had undergone preceptorship training.

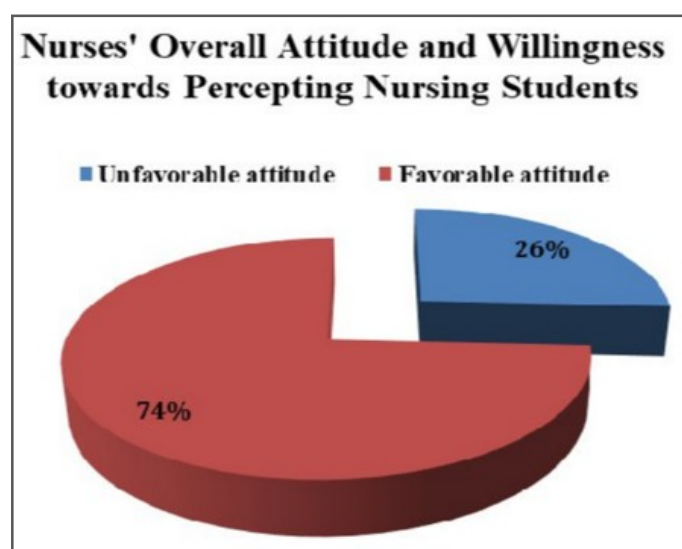


Figure 1. Percentage of Overall Attitude of Registered Nurses on Precepting Nursing Students (n=132)

Attitude and Willingness: Figure 1 presents the overall attitude and willingness of Registered Nurses on precepting nursing students. Out of 132 registered nurses, 98 (74.2%)

have favourable attitude while 34 (25.8%) of them have unfavourable attitude towards precepting nursing students.

Table 1 reveals that registered nurses generally hold a positive attitude and high willingness toward precepting nursing students. However, several areas of concern emerged from the responses. The lowest mean scores were noted in statements such as “My workload is appropriate as I function as a preceptor” (Mean = 3.00 ± 1.30).

“The presence of the preceptee disrupts my routine work” (Mean = 3.31 ± 1.30), and “I do not have sufficient time to provide patient care while I function as a preceptor” (Mean = 3.05 ± 1.20), indicating that time constraints and workload are significant barriers to effective preceptorship. Additionally, the item “I feel the preceptee’s evaluation is not my responsibility” (Mean = 3.18 ± 1.30) suggests a lack of role clarity or a perceived gap in accountability.

Of particular note, a substantial number of nurses agreed with the statements “The presence of the preceptee compromises patient safety” (Mean = 3.62 ± 1.10) and “I am not interested in my role as a preceptor” (Mean = 3.22 ± 1.40), which are especially critical, as they reflect doubts about the impact of preceptorship on clinical safety and intrinsic motivation. Table 2. demonstrates the association between the attitude and willingness of registered nurses to precept nursing students and their selected demographic characteristics. It was analysed using independent t-tests and ANOVA at 0.05 level of significance. The results indicated that none of the demographic variables had a statistically significant association with nurses’ attitudes and willingness, as all p-values were greater than 0.05. Regression analysis confirmed weak predictive relationships ($R^2 = 0.091$).

DISCUSSION

These study findings suggest that while the attitude toward preceptorship is largely positive, however, practical challenges such as time constraints, perceived disruptions to workflow, and concerns about patient safety may negatively influence willingness. In the present study lower scores were reported for items such as: “My workload is appropriate as I function as a preceptor” (Mean = 3.00 ± 1.30), “The presence of the preceptee disrupts my routine work” (Mean = 3.31 ± 1.30), “The presence of the preceptee compromises patient safety” (Mean = 3.62 ± 1.10), and “I am not interested in my role as a preceptor” (Mean = 3.22 ± 1.40).

These results are consistent with a study conducted in Jamaica, where 97% of full-time nurses reported a positive attitude, and 63% expressed willingness to precept students². Similarly, research from Ethiopia showed that despite limited knowledge, over 75% of nurse educators demonstrated favourable attitudes, with education level and experience positively influencing their views.

However, practical barriers such as perceived workload, time constraints, and concerns about patient safety hinder full engagement⁶. In the UAE, nurses enrolled in a Preceptorship Development Program (PDP) showed improvements in knowledge and willingness, though perception scores decreased post-intervention, possibly due to increased role awareness⁷.

Table 1. Mean Score & Standard Deviation of Attitude and Willingness of Registered Nurses with selected Demographic Details of Nurses (n=132)

Important in preceptorship.						
6.The presence of preceptee disrupts my routine work.	11(8.3)	42(31.8)	0	53(40.2)	26(19.7)	3.31±1.3
7.My workload is appropriate as I function as a preceptor.	8(6.1)	64(48.5)	3(2.3)	34(25.8)	23(17.4)	3.0±1.3
8.The presence of the preceptee compromises patient safety.	9(6.8)	22(16.7)	0	80(60.6)	21(15.9)	3.62±1.1
9.The presence of the preceptee generates conflicts in the team.	4(3.0)	24(18.2)	0	84(63.6)	20(15.2)	3.70±1.0
10.I encourage evidence - based activities with the preceptee.	2(1.5)	8(6.1)	0	40(30.3)	82(62.1)	4.45±0.89
11.I play an active role in the evaluation my preceptee's performance.	2(1.5)	11(8.3)	0	52(39.4)	67(50.8)	4.30±0.94
12.I feel the preceptees' evaluation is not my responsibility.	22(16.7)	31(23.5)	0	59(44.7)	20(15.2)	3.18±1.3
13.I do not have sufficient time to provide patient care.	20(15.2)	37(28.0)	1(0.8)	65(49.2)	9(6.8)	3.05±1.2
14. I fear of patient care compromise while I function as a preceptor.	11(8.3)	43(32.6)	2(1.3)	64(48.5)	12(9.1)	3.17±1.2
15.I feel teaching through demonstration is an important part of preceptorship.	2(1.5)	21(15.9)	0	27(20.5)	82(62.1)	4.26±1.1
16.I am aware of my own learning needs.	0	11(8.3)	0	40(30.3)	81(61.4)	4.45±0.86
17.I am able to involve my preceptee in clinical teaching.	0	4(3.0)	0	52(39.4)	76(57.6)	4.52±0.65
18.I am aware of my responsibilities as a preceptor.	0	5(3.8)	2(1.5)	48(36.4)	77(58.3)	4.49±0.71
19.I have the resources needed to develop my educational activities.	0	12(9.1)	1(0.8)	54(40.9)	65(49.2)	4.30±0.88
20.I have my management's support to develop the preceptorship role.	0	8(6.1)	1(0.8)	53(40.2)	70(53.0)	4.40±0.79
21.I am not interested in my role as a preceptor.	20(15.2)	37(28.0)	1(0.8)	42(31.8)	32(24.2)	3.22±1.4
22.My activity as a preceptor improves my quality of life.	1(0.8)	13(9.8)	2(1.5)	50(37.9)	66(50.0)	4.27±0.95
23.Being a preceptor	0	4(3.0)	1(0.8)	47(35.6)	80(60.6)	4.54±0.67

Table 2. Association of Attitude and Willingness of Registered Nurses with selected Demographic Details of Nurses (n=132)

Personal characteristics	Number (n)	Percent (%)	F (p)
Age			
● 21-30	27	20.5	0.876 0.662
● 31-40	63	47.7	
● 41-50	35	26.5	
● 51-60	7	5.3	
Gender			
● Male	11	8.3	0.794 0.775
● Female	121	91.7	
Educational Status			
● BSN	86	65.2	0.838 0.716
● MSN	46	34.8	
Designation/Position at work			
● Staff Nurse	127	96.2	0.858 0.688
● Ward In-charge	5	3.8	
Have you completed any Short term courses?			
● Yes	74	56.1	1.141 0.302
● No	58	43.9	
"If yes, could you please provide details about the course(s) you've completed, including the topic, duration, and any relevant certifications received?"			
● BLS	123	93.2	0.521 0.983
● Preceptorship	6	4.5	
● CBRNE	1	0.8	
● Nursing Education	1	0.8	
● More than 1	1	0.8	
Did you attend a preceptorship program or been trained to be a preceptor?			
● Yes	64	48.5	0.862 0.681
● No	68	51.5	
If yes, was it conducted by?			
● CON	39	29.5	1.044 0.421
● Outside GMU	93	70.5	
Emirate of stay			
● Ajman	55	41.7	0.956 0.545
● Sharjah	36	27.3	
● Rak	13	9.8	
● UAQ	10	7.6	
● Dubai	10	7.6	
● Fujairah	7	5.3	
● Abu Dhabi	1	0.8	
Marital Status			
● Single	38	28.8	1.110 0.338
● Married	85	64.4	
● Divorced-separated	9	6.8	

*Statistically significant at (p ≤0.05).F=ANOVA test.t-test, independent t-test.

CONCLUSION

Registered nurses at the study site showed positive attitudes and moderate willingness toward precepting nursing students. However, the presence of workload-related stressors and lack of formal support structures affected full participation. Efforts should focus on addressing organizational challenges and offering professional development to strengthen clinical teaching roles.

IMPLICATIONS

The findings of this study have several practical implications for nursing education and clinical practice. Institutions should implement structured preceptor training programs to build nurses' competency and confidence in guiding students. Hospital administrators should develop clear policies and job descriptions that define and support the role of the preceptor. Assigning protected time for precepting can alleviate stress and enhance the effectiveness of nurse-student interactions. Ongoing professional development and managerial support are essential to sustain motivation and improve the preceptorship experience. Strategies to promote the professional and educational value of preceptorship can encourage more nurses to take up this role willingly.

LIMITATIONS

- The study was limited to one hospital in Ajman, which restricts generalizability.
- Self-report measures may be subject to social desirability bias.
- The cross-sectional design did not capture attitude or willingness over time.
- No qualitative data were collected to explore nurses' deeper perspectives.

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