Perception towards Preceptorship in Clinical Performance among Student Nurses in Anambra State

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Abstract:- The study evaluated the perception towards preceptorship as measure to improve clinical performance among student nurses in Anambra state and also determined the association between some demographic variables and their perception towards preceptorship. Descriptive cross-sectional design was adopted for the study. The participants were 315 nursing students who were selected by simple random sampling technique. Instrument used for data collection were the researcher's demographic questionnaire and an adapted CLES+T evaluation scale/questionnaire. Data were analyzed using SPSS software version 23. Descriptive statistics was presented in frequency tables and percentages, some were weighted using the five-point likert-like scale, while inferential statistics of chi-square was used to determine the association between the variables in the hypotheses at p-value <0.005 significance level. Findings showed that the level of perception of the students towards preceptorship was good - 88.9%. It was revealed that the class level ($X^2 = 4.70:p=0.195$); gender ($X^2 = 0.06: p=0.808$), and nursing program ($X^2 = 0.26: p=0.871$) of the students had no significant relationship with their level of perception towards preceptorship. Evaluation of the perception of the student nurses towards preceptorship program is a great asset in nursing education. The knowledge and practice could help the nursing institutions, preceptors and the professional body to make better and productive plans; knowing the students' potentials and weaknesses, and finding best ways to maximize and lay focus respectively. Individual evaluation of the student nurses should be considered, where possible and evaluative collaboration between hospital management and nursing institutions are recommended.

Keyword:- Nurses, Anambra, Perception and Perceptorship.

I. INTRODUCTION

Nursing is a practice-based discipline with clinical practice being central to nursing education which provides opportunities for the development of confidence and competence, focusing on students' learning needs rather than services needed by the health facility (Phuma-Ngaiyaye, Bvumbwe and Chipeta, 2017). Nursing, as an applied practice requires it's professional to have a sound theoretical knowledge in addition to attaining proficiency in practice and skills within the diversity of clinical environments (Jackman, Myrick and Yonge, 2012). Nursing education occurs in four (4) main settings: classrooms, seminars, skill laboratories and clinical areas; calling for different pedagogical approaches. The clinical learning environment remains the single most important resource in the development of competent, capable and caring nurses (Koy, 2015).

Preceptorship is a short-term relationship between a student (as a novice) and an experienced staff (such as a professional nurse) as the preceptor, who provides individual attention to the student's learning needs and gives feedback regarding their clinical performance (Keane, 2003). Previous studies indicated that student nurses valued their preceptors as being supportive and motivational for their learning (Phuma-Ngaiyaye et al, 2017) and that clinical preceptors who provide support were positively influencing their perception to the clinical experience (Masruroh and Kurnia, 2018), hence the students have good perception towards preceptorship in the improvement of the clinical learning experience. The programme (preceptorship) also develops personal, communication and clinical skills and equally improves students' competency and confidence to practice and participants' knowledge of clinical teaching (Rambod et al, 2018).

Interestingly, the concept of preceptorship is becoming an integral part of nursing, despite recent reviews indicating differences in the quality of the preceptorship programme (Teferra and Mengishu, 2017); so also, is the scarcity of studies exploring the student nurses' view from the stand point of their satisfaction with the preceptorship model on a worldwide basis (Papastavrou, Dimitriadou, Tsangari and Andreou, 2016), and in addition to the fact that the concept and its application is still in their infancy in Nigeria, where majority of nurse clinicians and their students remain greatly unacquainted (Dlama et al, 2015), this study therefore focuses on the perception towards preceptorship in the clinical performance of student nurses during their clinical placements.

II. MATERIALS AND METHOD

A. Research Design

A descriptive design was adopted for this, because it deals with accurate and factual description of the perception and level of satisfaction towards preceptorship in clinical performance among student nurses in Anambra state.

Descriptive design is developed to provide a clear picture of a situation as it naturally happens and is used to justify current practice and make judgement (Koy, 2015; Onuoha et al, 2016 and Kurian and James, 2017).

B. Area of the Study

The research work was conducted in Schools of Nursing and Department of Nursing Science in Anambra state. Anambra is a state in the South-eastern region Nigeria, with the capital and seat of government at Awka. There are eight (8) institutions where Nursing Science is being taught in Anambra state and owned by either the Federal Government or State Government or Faith-Based Organizations. The Institutions owned by the Federal Government are

Department of Nursing Science, Nnamdi Azikiwe University, Nnewi Campus and School of Nursing (SON), Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi. The Institution owned by the State Government is School of Nursing, Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH), Nkpor. The Institutions owned by Faith-Based Organizations include: School of Nursing, Iyi Enu; School of Nursing, Ihiala; College of Nursing, Adazi; College of Nursing, Amichi and College of Nursing, St. Charles Borromeo Specialist Hospital, Onitsha.

C. Population of the Study
This covered all student nurses in the Nursing Institutions in Anambra state, who go for clinical postings/placements, that is, the third, fourth, and fifth year student nurses in Departments of Nursing Science and the second and third year student nurses in Schools and Colleges of Nursing, resulting to a total of 1,475 student nurses (Appendix C).

D. Sample and Sampling Technique
The sampling size was 315. The Taro Yamane formula was used in deducing the sample size (Appendix D). Multi-stage sampling technique was adopted in the selection of the sample. At the first stage, the nursing institutions was made into two main clusters; one cluster contained the nursing institutions that offer BSc Nursing in Anambra state (which was just Department of Nursing Science, Nnamdi Azikiwe University Nnewi campus) while the other cluster contained the nursing institutions that offer BN in Anambra state (School of Nursing, Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Nkpor, School of Nursing, Iyi Enu, School of Nursing, Ihiala, College of Nursing, Adazi, College of Nursing, Amichi and College of Nursing, St. Charles Borromeo Specialist Hospital, Onitsha.)

In the second stage, the nursing institution in the first cluster was chosen automatically (as it is the only item in the cluster) while simple random sampling technique was used in the selection of four (4) nursing institutions from the second cluster.

In the third stage, proportionate sampling technique was adopted in calculating the number ofsample to represent each cluster (Appendix E), thereafter; simple random sampling technique was used to select the samples until the sample is reached.

Cluster sampling is a probability sampling technique where the researcher divides the population into multiple groups known as clusters. The researcher then selects random groups within each cluster using a simple random or systematic random sampling technique. Simple random sampling is the basic sampling technique where one selects a group of subjects (a sample) for a study from a larger group (population). Each institution was chosen entirely by chance and all the nursing institution had an equal chance of being included.

- **Inclusion criteria**: All student nurses in the last four (4) sessions of their BSc programme, that is, the second, third, fourth- and fifth-year students and the last two sessions of the BN programmes, that is, second- and third-year students respectively.
- **Exclusion criteria**: All newly admitted students, that is, first year students of the BN and BSc programmes.

E. Instrument for Data Collection
The data for this study were collected by the use of a self-structured questionnaire and adaptation of the internationally accepted tool – the Clinical Learning Environment, Supervision and Nurse Teacher (CLES+T) which was developed by Henriksen, Normann and Skaalvik (2012). The self-structured questionnaire was made up of four sections (A-D). Section A contained the demographic data; section B subsection (i) answered questions on the benefits of preceptorship while section B subsection (ii) answered questions on the impact of preceptorship in a five-point likert scale. Section C answered questions on factors facilitating and inhibiting effective preceptorship in a five likert scale. Section D of the questionnaire contained the adapted CLES+T tool which will answer questions on the level of satisfaction of preceptorship in a five-point likert scale.

F. Validity of Instrument
The researcher submitted the research questions, hypotheses and questionnaire for the validity testing to lecturers in the College of Health Sciences, Nnamdi Azikiwe University, Nnewi Campus, in which they validated the instrument for face and content validity. Corrections were made by the researcher as recommended, thereafter; the researcher's supervisor saw the final draft and approved the instrument for use.

G. Reliability of Instrument
The reliability of the instrument was statistically determined using Cronbach Alpha method of pilot study. Thirty-two (32) copies of the instrument were administered to student nurses at (Department of Nursing, Imo State University Orlu and School of Nursing, Eziala) Imo state but thirty-one copies were retrieved. The result was collated and analysed using Statistical Package for the Social Sciences (SPSS). The result of the reliability test of the instrument was 0.91 indicating that the instrument was reliable (Appendix F).

H. Ethical Consideration
The researcher maintained the following ethical considerations during the course of the study;

Permission to use the Clinical Learning Environment, Supervision and Nurse Teacher (CLES+T) was obtained from the authors (Appendix G). An application for approval letter will be sought for from the Ethical Committee Unit, Faculty of Health Science and Technology, College of Health Sciences, Nnewi Campus. A copy of the research work and questionnaire will be submitted to the unit. An identification letter will be obtained from the Department of Nursing Science endorsed by the Head of the Department.

Plagiarism will be avoided by referencing other people whose works were consulted in the course of the study.

Information from the respondents was treated with utmost confidentiality and used only for the study. Only the researcher had access to the information supplied by the respondents. The researchermaintained privacy throughout the data collection process and thereafter, not including self identity information like name and address of the respondents. The researcher explained in details all the important information about the questionnaire of study to respondents and they gave their informed consent. Participation was voluntary. Respect for the respondents was ensued by approaching them courteously and giving every respondent fair treatment to gain their confidence and cooperation.

I. Method of Data Collection

The researcher obtained an introduction letter from the Head of the Department of Nursing Science with which she gained access to the Nursing institutions. The Head of the institutions then, issued their permission enabling her to embark on the study. The student nurses were approached and 315 copies of the questionnaire were distributed to them accordingly. Those that did not have clear comprehension of the contents of the instrument were given further explanation. The administration and retrieval of the instrument lasted for three (3) weeks.

J. Method of Data Analysis

Data generated from the questionnaire were statistically analyzed using SPSS software version twenty-three (23). Results from the research questions were presented using frequency tables and charts (bar charts, histograms and pie charts). Inferential statistics of chi-square was used to determine the association between the variables in the hypotheses. Items in sections B, C and D which are in five-point likert scales were weighted. The decision rule stands that any mean score 3.0 and above indicates positive perception/satisfaction while any mean score below 3.0 indicates negative perception/satisfaction.

III. RESULTS

Table 1: Socio-demographic data of Student Nurses (n = 315)

Variable	Frequency	Percentage (%)
Age		
15-20 years	119	37.8
21-26 years	170	54.0
27-32 years	19	6.0
33 years and above	7	2.2
Gender		
Male	67	21.3
Female	248	78.7
Program		
Basic Nursing	185	58.7
Bachelor of Nursing Science	130	41.3
Level		
200 level	145	46.0
300 level	104	33.0
400 level	43	13.7
500 level	23	7.3
Total	**315**	**100.0**

Results in table 1 showed that majority of the respondents 170 (54%) were in the age range of 21-26 years, while very few 7(2.2%) were aged 33 years and above. Most of the respondents 248 (78.7%) were females while 67 (21.3%) were males. 58.7% (67) of the respondents attended BN program while 41.3%(130) of the respondents attended BNSc. program. Majority of the respondents 145(46%) were in 200 level, 104(33%) were in 300 level, 43(13.7%) were in 400 level while 23 (7.3%) were in 500 level.
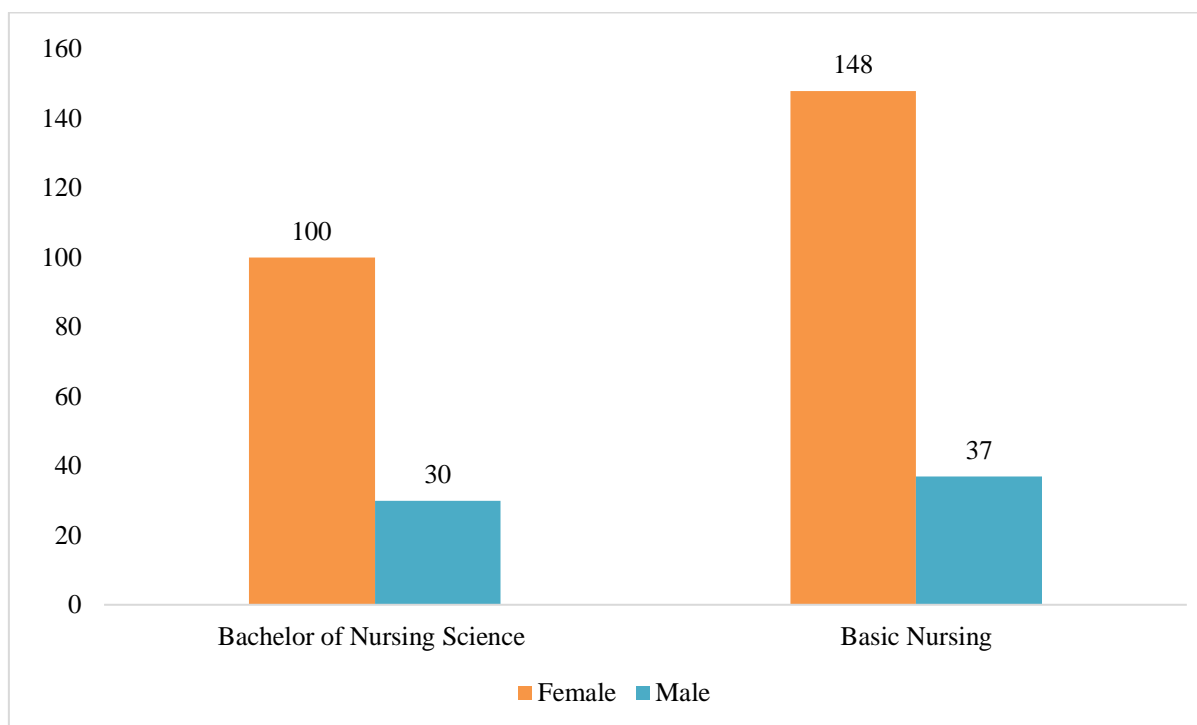
Fig. 1: Bar Chart showing gender frequency and the nursing program of the respondents

Finding from fig 1 revealed that majority of the respondents from both the Bachelor of Nursing Science (100) and Basic Nursing (148) programs were females while males constituted about 30 and 37 respondents respectively.

Research question 1: What are the perceived benefits of preceptorship on clinical performance of the student nurses?

Table 2: Perceived benefits of preceptorship on clinical performance of the student nurses (n= 315)

ITEMS	Likert Scale (%)					Total	Mean Score	Decision
	SA	A	UN	D	SD			
Increase in student nurses' knowledge	181 (57.6)	120 (38.2)	7 (2.2)	4 (1.3)	2 (0.6)	314	4.5	**Accepted**
Gaining of personal satisfaction and morale	111 (35.5)	178 (56.9)	13 (4.2)	8 (2.6)	3 (0.9)	313	4.2	Accepted
Increase in student nurses' confidence and competence	2 (0.7)	144 (46.5)	6 (1.9)	5 (1.6)	2 (0.7)	310	2.0	Rejected
Having a sense of belongingness and feeling of value	118 (37.9)	179 (57.0)	7 (2.2)	7 (2.2)	3 (0.9)	314	4.3	Accepted
Enhancing professional socialisation for student nurses	119 (38.0)	176 (56.2)	14 (4.5)	4 (1.3)	-	313	4.3	Accepted
Improving practical opportunity and self-efficacy	163 (51.9)	135 (43.0)	10 (3.2)	6 (1.9)	-	314	4.4	Accepted

SA- Strongly Agree; A- Agree; UN- Undecided; D- Disagree; SD- Strongly Disagree

From table 2, findings from the study revealed that the respondent accepted the following perceived benefits of preceptorship: increase in student nurses' knowledge(mean score of 4.5), gaining of personal satisfaction and morale(mean score of 4.2), having a sense of belonging and feeling of value (mean score of 4.3), enhancing professional socialization for student nurses (mean score 4.3), improving practical opportunity and self- efficacy (mean score of 4.4) and rejected increase in student nurse' confidence and competence (mean score of 2.0) as a perceived benefit of preceptorship on clinical performance of the student nurses.
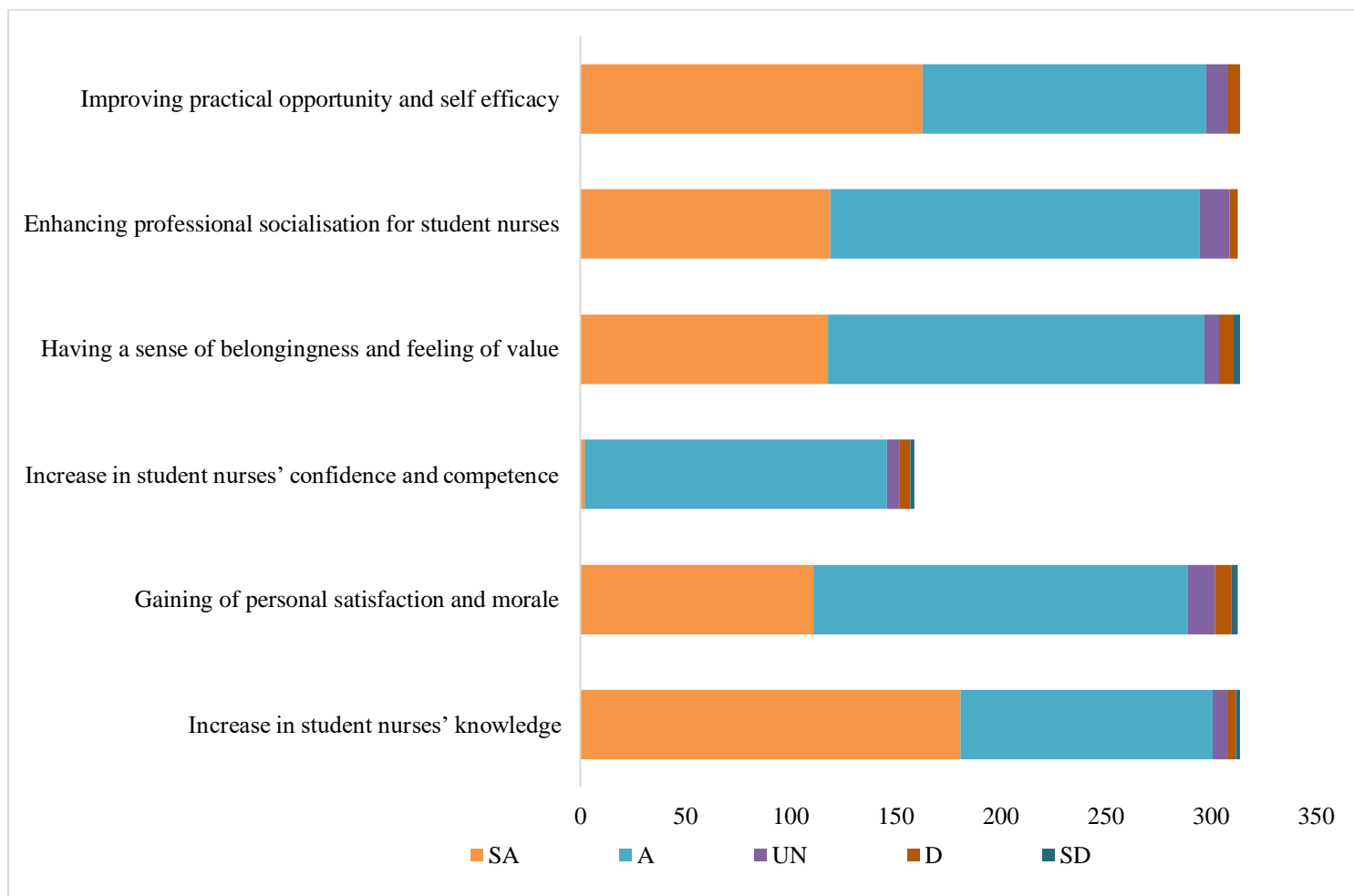
Fig. 2: Stacked bar-chart showing the benefits of preceptorship on clinical performance of student nurses

Research question 2: What are perceived impacts of preceptorship on clinical performance of the student nurses?

Table 3: Perceived impacts of preceptorship on clinical performance of the student nurses (n= 315)

ITEMS	Likert Scale (%)					Total	Mean Score	Decision
	SA	A	UN	D	SD			
Minimized errors in practice	157 (50.0)	141 (44.9)	13 (4.1)	2 (0.6)	1 (0.3)	314	4.4	Accepted
Increased student nurses participation in patient care	133 (42.4)	173 (55.1)	8 (2.5)	-	-	314	4.4	Accepted
Enhanced effective communication and collaboration	147 (46.8)	152 (48.4)	10 (3.2)	5 (1.6)	-	314	4.4	Accepted
Cross-sharing of knowledge	133 (42.5)	167 (53.4)	11 (3.5)	-	2 (0.6)	313	4.4	Accepted
Enhanced patient care	138 (43.9)	160 (51.0)	14 (4.5)	2 (0.6)	-	314	4.4	Accepted

SA- Strongly Agree; A- Agree; UN- Undecided; D- Disagree; SD- Strongly Disagree

Table 3 showed that respondents attached all the perceived impacts of preceptorship on clinical performance as follows; mini errors in practice (mean score of 4.4), increased student nurses' participation in minimized errors in practice (mean score of 4.4), enhanced effective communication and collaboration (mean score of 4.4.), cross- sharing of knowledge (mean score 4.4) and enhanced patient care (mean score of 4.4).
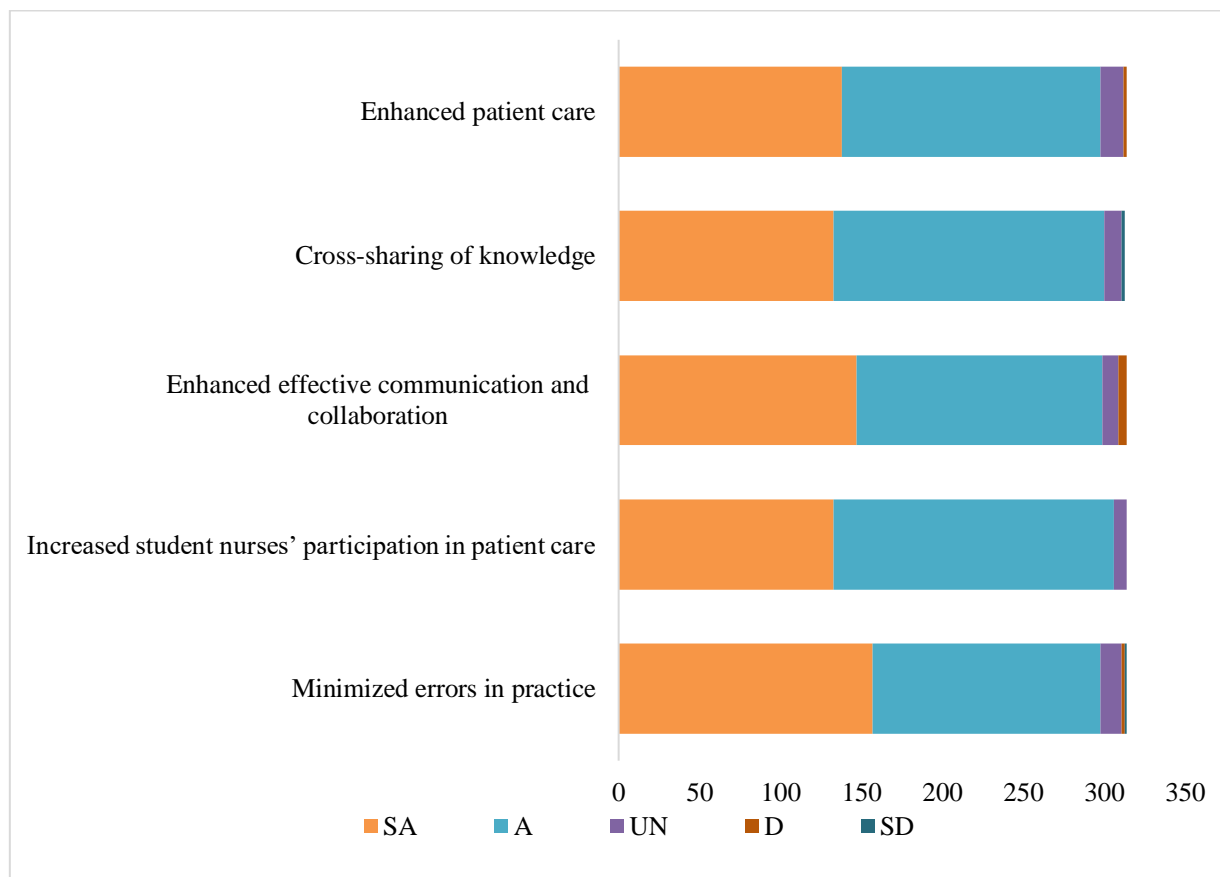
Fig. 3: Stacked bar-chart showing the impacts of preceptorship on clinical performance of student nurses

Research question 3: What are the perceived factors facilitating effective preceptorship in the improvement of the clinical performance of the student nurses?

Table 4: Factors facilitating effective preceptorship in the improvement of the clinical performance of the student nurses (n = 315)

ITEMS	Likert Scale (%)					Total	Mean Score	Decision
	SA	A	UN	D	SD			
Lots of clinical experience to develop skills and understanding of patient care	160 (50.8)	140 (44.4)	14 (4.4)	1 (0.3)	-	315	4.5	Accepted
Having a good and trusting relationship with nurses, colleagues and quality supervision facilitates learning	129 (40.9)	171 (54.3)	12 (3.8)	3 (1.0)	-	315	4.4	Accepted
Attitudes of the student nurses such as motivation and willingness to learn influence the success of preceptorship	110 (35.0)	179 (57.0)	25 (8.0)	-	-	314	4.3	Accepted
Student nurses' punctuality to assigned clinical learning environment	85 (27.1)	201 (64.0)	23 (7.3)	5 (1.6)	-	314	4.2	Accepted
Adequacy of facilities in the clinical settings	130 (42.4)	152 (49.5)	18 (5.9)	6 (1.9)	1 (0.3)	307	4.3	Accepted
Teaching of ideal procedures (by the preceptors) and asking relevant questions	147 (46.7)	149 (47.3)	15 (4.7)	3 (1.0)	1 (0.3)	315	4.4	Accepted
Flexibility in mobilization of students to clinical areas	131 (41.6)	155 (49.2)	26 (8.3)	3 (0.9)	-	315	4.3	Accepted
Words of encouragement and counsel by the preceptors	133 (42.2)	156 (49.5)	14 (4.4)	8 (2.5)	4 (1.3)	315	4.3	Accepted

SA- Strongly Agree; A- Agree; UN- Undecided; D- Disagree; SD- Strongly Disagree

Findings from table 4 revealed that the respondents agreed to the various factors mentioned that facilitated effective preceptorship. Lots of clinical experience to develop skills and understanding of patient care (mean score 4.5), having a good and trusting relationship with nurses, colleagues and quality supervision facilitates learning (mean score 4.4), attitudes of the students such as no motivation and willingness to learn influence the success of preceptorship (mean score 4.3), student nurses' punctuality to assigned clinical learning environment(mean score 4.2), adequacy of facilities in the clinical settings (mean score of 4.3), teaching of ideal procedures(by the preceptors) and asking relevant questions (mean score of 4.4) , flexibility in mobilization of students to clinical areas (mean score 4.3) and words of encouragement and counsel by the preceptors (mean score of 4.3).
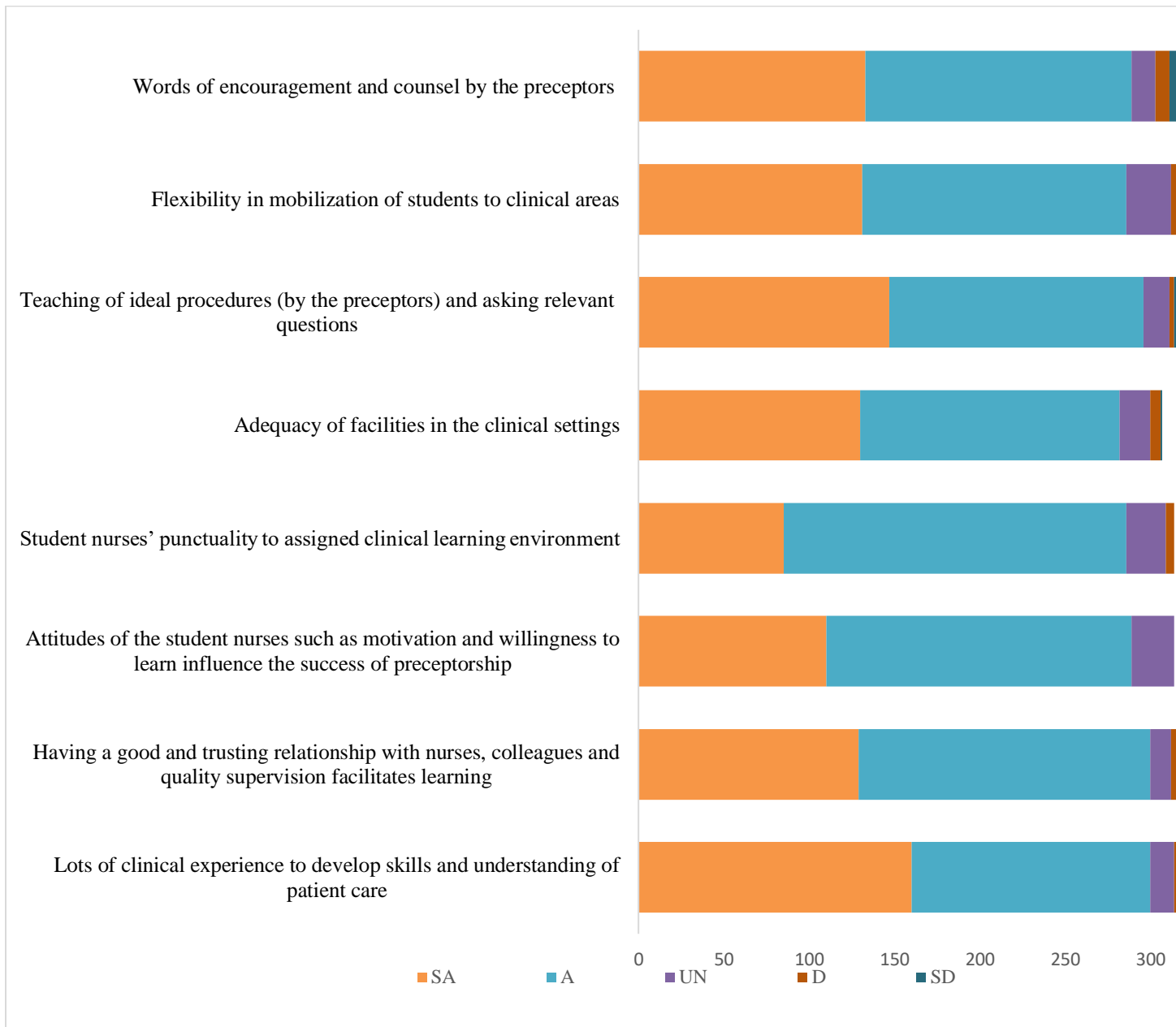

Fig. 4: Stacked bar-chart showing the factors facilitating effective preceptorship in the improvement of the clinical performance of student nurses

Research question 4: What are the perceived factors inhibiting effective preceptorship in the improvement of clinical performance of the student nurses?

Table 5: Factors inhibiting effective preceptorship in the improvement of clinical performance of the student nurses (n = 315)

ITEMS	Likert Scale (%)					Total	Mean Score	Decision
	SA	A	UN	D	SD			
Poor interpersonal relationship and communication amongst students, preceptors and nurse teachers	127 (40.3)	163 (51.8)	22 (7.0)	3 (0.9)	-	315	4.3	Accepted
High levels of stress and anxiety	89 (28.3)	178 (56.5)	33 (10.5)	14 (4.4)	1 (0.3)	315	4.1	Accepted
What is being taught in classroom is not fully applicable in the clinical area	115 (36.5)	151 (47.9)	31 (9.8)	17 (5.4)	1 (0.3)	315	4.1	Accepted
Large number of student nurses posted to the clinical settings	118 (37.6)	146 (46.5)	31 (9.9)	14 (4.5)	5 (1.6)	314	4.1	Accepted
Shortage of equipment and staff	141 (44.9)	156 (49.7)	11 (3.5)	6 (1.9)	-	314	4.4	Accepted
Lack of feedback	106 (33.8)	176 (56.1)	15 (4.78)	12 (3.8)	5 (1.6)	314	4.2	Accepted
Fixing of lectures at the same time as clinical postings	113 (35.9)	141 (44.8)	31 (9.8)	24 (7.6)	6 (1.9)	315	4.1	Accepted
Student nurses are not allowed to perform basic procedures at the clinical areas	127 (40.3)	126 (40.0)	21 (6.7)	33 (10.5)	8 (2.5)	315	4.1	Accepted
Cultural and language barriers	80 (25.4)	80 (25.4)	60 (19.1)	50 (15.9)	46 (14.6)	315	3.3	Accepted

SA- Strongly Agree; A- Agree; UN- Undecided; D- Disagree; SD- Strongly Disagree

Findings from table 5 showed that all the factors inhibiting effective preceptorship had mean score above 3.0 which shows that the respondents accepted the factors inhibiting effective preceptorship in the improvement of the clinical performance as tabulated by the researcher. However, while item 1 (poor interpersonal relationship and communication amongst students, preceptors and nurse teachers) had a mean score of 4.3, items 2,3,4,7 and 8 (high levels of stress and anxiety;what is being taught in classroom is not fully applicable in the clinical area;large number of student nurses posted to the clinical settings;fixing of lectures at the same time as clinical postings; and student nurses are not allowed to perform basic procedures at the clinical areas) had mean scores of 4.1 and items 5, 6, and 9 (shortage of equipment and staff; lack of feedback; and cultural and language barriers) had mean scores of 4.4, 4.2 and 3.3 respectively.
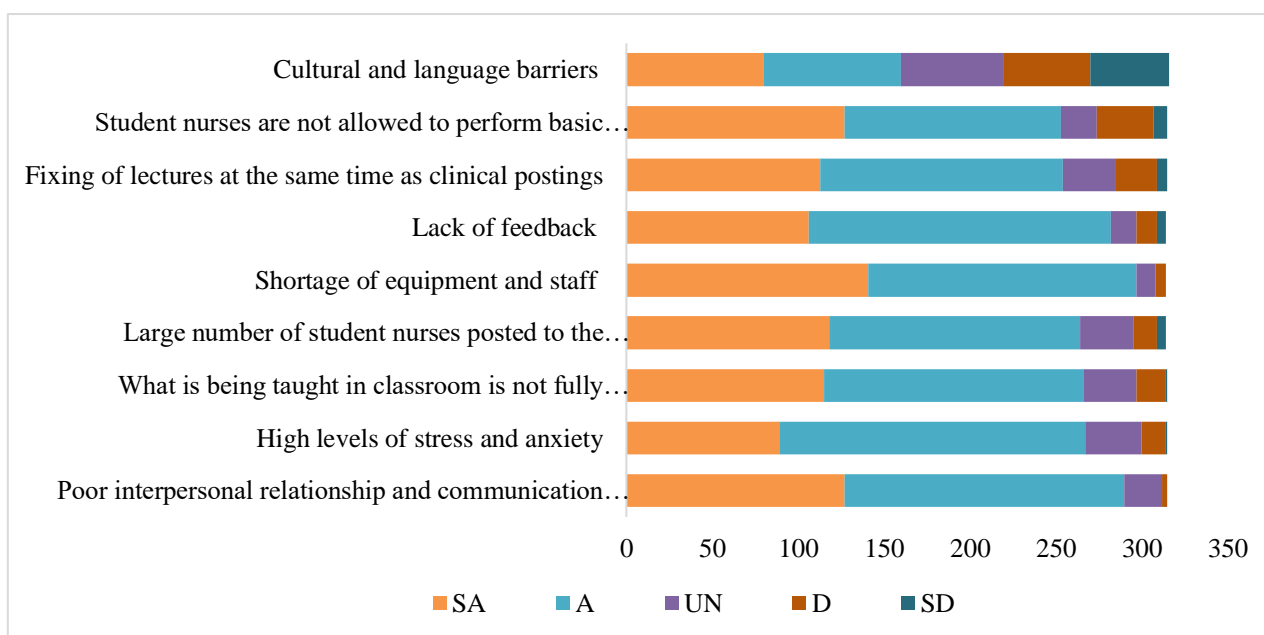

Fig 5: Stacked bar-chart showing factors inhibiting effective preceptorship in the improvement of the clinical performance of the student nurses

IV. TEST OF HYPOTHESES

A. Hypothesis 1

There is no significant relationship between the class level of the student nurses and their perception of preceptorship as measures to improve clinical performance.

Table 6: Chi-square analysis showing the relationship between demographic variables and level of perception

Variable	Level of Perception		χ^2-value	p-value
	Good (n=280)	Poor (n=35)		
Age				
15-20 years	110 (39.3)	9 (25.7)	2.60	0.457
21-26 years	147 (52.5)	23 (65.7)		
27-32 years	17 (6.1)	2 (5.7)		
33 years and above	6 (2.1)	1 (2.9)		
Gender				
Male	59 (21.1)	8 (22.9)	0.06	0.808
Female	221 (78.9)	27 (77.1)		
Program				
Basic Nursing	164 (58.6)	21 (60.0)	0.26	0.871
Bachelor of Nursing Science	116 (41.4)	14 (40.0)		
Level				
200 level	132 (47.1)	13 (37.1)	4.70	0.195
300 level	94 (33.6)	10 (28.6)		
400 level	36 (12.9)	7 (20.0)		
500 level	18 (6.4)	5 (14.3)		

n= number of cases/frequenies; χ^2: Chi-square value; p-value: less than 0.05

Results from table 6 showed that the calculated p-value of the relationship between the class level of the student nurses and their level of perception is greater than the tabulated p-value of 0.05 (0.195), therefore the null hypothesis stated by the researcher will be accepted which states that there is no statistically significant relationship between class level of the student nurses and level of perception towards preceptorship in the improvement of the clinical performance of student nurses.

B. Hypothesis 2

There is no significant relation between the gender of the student nurses and their perception of preceptorship as measures to improve clinical performance.

Results from table 6 showed that the calculated p-value of the association between the gender of the student nurses and their level of perception is greater than the tabulated p-value of 0.05 (0.0808), therefore the null hypothesis stated by the researcher will be accepted which states that there is no statistically significant relationship between gender of the student nurses and level of perception of factors facilitating effective preceptorship in the improvement of the clinical performance of student nurses.

C. Hypothesis 3

There is no significant relation between the nursing programme (the BNSc and BN) of the student nurses and their perception of preceptorship as measures to improve clinical performance.

Findings from table 6 showed that the calculated p-value of the correlation between the nursing programme of the student nurses and their level of perception is greater than the tabulated p-value of 0.05 (0.0871), therefore the null hypothesis stated by the researcher will be accepted which states that there is no statistically significant relationship between nursing program (BNSc and BN) of the student nurses and level of perception of factors facilitating effective preceptorship in the improvement of the clinical performance of student nurses.

V. DISCUSSION

A. Benefits and Impacts of Preceptorship

Findings from the study revealed that majority of the respondent affirmed that preceptorship was beneficial to the student nurses which was decisive with the mean scores of the items, as they were above 3.0. These included increase in student nurses' knowledge (4.5); gaining of personal satisfaction and morale (4.2); having a sense of belongingness and feeling of value (4.3); enhancing professional socialization for student nurses (4.3); and improving practical opportunity and self-efficacy (4.4).

More so, the respondents mostly agreed or strongly agreed with the impacts preceptorship would make in the improvement of clinical performance of the student nurses, with the mean scores of each item more than 4.0. This shows that preceptorship as a nursing model has lots of benefit and impacts on the clinical performance of the student nurses. The result is in line with the findings of Rambod, Sharif and Khademian (2018) in a quasi-experimental study among nursing schools in Shiraz University of Medical Sciences, Shiraz, Iran who found that 75.20% of respondents had high self-efficacy and perceived that preceptorship led to the achievement of the learning outcomes to a great extent. Therefore, preceptorship though included in the student nurses' curriculum should be monitored and managed efficiently and effectively.

However, the respondents do not agree that preceptorship increases the student nurses' confidence and competence in clinical performance with mean score of 2.0. This result is not in line with the findings of Phuma-Ngaiyayue, Bvumbwe and Chipeta (2017) in an explorative study to determine the nursing students' perception of using clinical preceptors to improve their clinical learning outcomes in Colleges of Nursing, Mzuzu, Malawi who found that the nursing students gained more confidence and competence in clinical practice.

B. Perception of Preceptorship

Findings from the study showed that majority of the respondents agreed or strongly agreed to lots of clinical experience to develop skills and understanding of patient care; having good and trusting relationship with nurses, colleagues and quality supervision facilitates learning, attitudes of the students nurses such as motivation and willingness to learn influence the success of preceptorship; students nurses punctuality to assigned clinical learning environment; adequacy of facilities in the clinical settings; and teaching of ideal procedures by the preceptors and asking relevant questions with mean scores of 4.5, 4.4, 4.3, 4.2, 4.3 and 4.4 respectively as factors facilitating the effectiveness of preceptorship in the improvement of the clinical performance of the student nurses.

This shows that the respondents having known the benefit and impacts preceptorship are also able to identify the factors which promote the effectiveness of the preceptorship programme. This result agrees with multiple findings; Dlama, Modupe and Umar (2015) in a descriptive cross- sectional study to identify the perception of nursing students and preceptors about factors influencing the clinical performance of nursing students in the Department of Nursing Science, University of Maiduguri and University of Maiduguri Teaching Hospital respectively, found that most of the respondents identified quality supervision amongst others as factors facilitating clinical performance. Masruroh and Kurnia (2018) in a descriptive cross- sectional study to identify perceptions of senior nursing students towards clinical preceptors' performance in University of Mohammadiya Malanga, Indonesia found that more than half of the respondents (73.6 %) perceive the performance of the clinical preceptors as good.

In addition, Koy (2015) explored the student's nurses' perception of an effective clinical preceptor in Phnom Penh National Hospital, Cambodia in a cross- sectional survey and revealed that majority of the respondents described their clinical preceptorship as moderately effective and ranked the perception of their interpersonal relationship with the clinical preceptors as high.

Even so, findings from the study showed that most of the respondents strongly agreed or agreed to the various inhibiting factors that affect effective preceptorship as highlighted by the researcher. This finding reveals that being aware of the barriers that affect the effective use of the preceptorship program, will assist the stakeholders in devising ways to curb the inhibiting factors. This result is in agreement with the findings of Dlama, Modupe and Umar

(2015) who identified the perception of nursing students and preceptors on factors influencing the clinical performance of nursing students in the Department of Nursing Science, University of Maiduguri and University of Maiduguri Teaching Hospital in a descriptive cross- sectional study and pointed that shortage of equipment and staff amongst others are factors inhibiting effective performance in the clinical areas.

Hence, the overall level of perception of the student nurses towards preceptorship as a measure to improve clinical performance was good (88.9%)

C. Discussion of Hypotheses

Findings from the study showed that there is no statistically significant relationship between the demographic variables and the level of perception towards preceptorship in the improvement of the clinical performance of the student nurses. This shows that neither class level, gender nor nursing program of the student nurses affected their perception towards preceptorship as a measure to improve their clinical performance.

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