

## Original

# An Educator's Growth as a Nursing Preceptor:

## A Modified Grounded Theory Approach

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### Abstract

**Background & Aims:** Clinical preceptorship is an effective method for the development of professional nurses. However, being a preceptor can be challenging due to limitations in nurses' skills and knowledge of mentorship and high pressure in teaching. This study explores the process by which experienced nurses grow as nurse educators through their experience as preceptors, in order to provide effective support to future preceptors.

**Methods:** Semi-structured interviews were conducted with 12 nurses with four to eight years of experience at a university hospital. Transcripts were analyzed using the modified grounded theory approach.

**Results:** A total of 24 concepts, 5 categories, and 1 core category were generated from the data analysis. Preceptors grew through the reflection on the failure experience during teaching. Preceptors searched for suitable and personalized teaching methods for preceptees. Atmosphere of the workplace influenced preceptor's growth process as educators.

**Conclusions:** Based on these findings, nursing managers and staff need to watch over preceptors without interfering, while creating an atmosphere in which preceptors feel free to consult and provide advice based on their extensive knowledge and experience.

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### Introduction

In Japan, nurses today are required to possess an ever expanding skill set, due to the increasing sophistication of medical care, patients' shorter hospital stays, greater awareness of medical safety, and other growing public demands.<sup>1</sup> Newly registered nurses often face a reality shock, which is one of the reasons for their early turnover, when they realize there is a vast gap between the nursing practice they have learned in their basic nursing education and training, and the hands-on skills yet to be put into practice. In order to minimize this gap, medical institutions are offering training that helps new nurses to improve their clinical nursing skills.

Many Japanese hospitals have implemented an educational scheme known as the preceptorship system, in which preceptors provide one-on-one on the job training (OJT) to preceptees.<sup>2</sup> The preceptors educate and train the newly graduated nurses in a wide range of areas, including assessment for nursing practice, nursing skills, interpersonal relationships, provision of medical and nursing services, and self-management as a nursing professional, as defined in the training guidelines for new nurses.<sup>1</sup> Although the guidelines specify the contents of the training schedule, as well as the goals to be achieved and what is expected of the preceptors, the guidelines do not state the particular methodology to be followed. Without a standardized method to train new nurses, preceptors resort to mimicking how they were taught as preceptees or copying how other nurses are being trained. Studies have shown that preceptors have reported diffi-

culties in balancing their role as educators of new nurses with their primary responsibility of providing nursing care to patients.<sup>3-5</sup> They have also described experiencing anxiety, physical and mental strain, as well as stress and tension in their relationships with newcomers and their inner selves, which could lead to burnout and career changes.

The process of overcoming these difficulties, however, can be regarded as a growth opportunity for preceptors, propelling them to further improve their nursing skills, acquire teaching new skills and grow as educators.<sup>6,7</sup> In many hospitals, nurses in their second to fourth years assume the role of preceptor for the first time.<sup>8</sup> They should be given the appropriate support at the relevant time during this initial critical growth process to overcome difficulties and acquire skills as educators.

In addition, the competencies necessary for educators in continuing education in the hospital should be clearly defined. Although eight competencies are presented in the education scheme,<sup>9</sup> these are specific to educators for nursing students. Identifying the growth process of educators who educate new nurses allow us to understand the challenges preceptors face and how they overcome them, which in turn will lead to the development of effective educational methods for new nurses and competencies necessary for educators in continuing education. While there have been studies conducted on the complications and challenges preceptors face and the outcomes of the preceptor experience, the growth process that preceptors undergo has not been clearly established. This study, therefore, intends to investigate how experienced nurses develop as nurse educators through preceptorship and understand how effective support may be provided to preceptors.

## Materials and Methods

### Research design

This study clarified the growth process of nurses as educators through preceptors' experiences using the modified grounded theory approach (M-GTA),<sup>10</sup> which was developed by adopting the theoretical and content properties of the grounded theory approach (GTA).<sup>11</sup> The M-GTA has been found to be suitable for the prediction of human behavior related to social interaction, in order to clarify a phenomenon that has the characteristics of the process.<sup>10,12</sup>

### Participants

The participants were nurses with more than three years of work experience at the A University Hospital, who had taken the role of preceptors for more than one year within the past four years.

### Data collection

Semi-structured interviews were conducted from October 2017 to September 2019, based on the following interview guide: (a) challenges and difficulties in providing instructions to the preceptee, (b) fulfillment of the preceptor. Interviews were held in a private room at A

University and each interview lasted for approximately 30 minutes on average. They were audiotaped and transcribed verbatim with the participants' permission.

### Ethical considerations

Ethics approval for the study was obtained from the ethics review board of Gunma University (HS2017-136). Before the study, each participant was informed verbally and in writing about the study's purpose and was assured anonymity and confidentiality. Identifying characteristics of participants were removed and potential participants were assured that non-participation would not be disadvantageous for them in any way, that they could stop the interview at any time, and that they could withdraw consent if they wanted. However, none of the participants chose to do so.

### Data analysis

Data were analyzed in multiple steps. (a) The researcher carefully and repeatedly read and interpreted the meaning of the data, focusing on that which is relevant to the analytical theme and analytical focus, to generate concepts using the analysis worksheet. The analysis worksheet included the names of the concepts generated, definitions, the place on the data where they represent the phenomenon as a variation, and a theoretical memo. (b) After a concept was generated, it was analyzed to assess whether it was similar to or different from the phenomenon represented by other concepts, and to generate categories. (c) Data collection was concurrent, and analysis continued until theoretical saturation was reached and the study phenomenon was explained by the generated categories and concepts. Through these processes, a diagram showing the mutual relationships between concepts and categories was created. All transcriptions, categories, and concepts were initially provided and analyzed in Japanese. They were subsequently translated to English and discussed and verified in terms of their comprehensibility.

Trustworthiness of the findings was ensured using Lincoln and Guba's<sup>13</sup> criteria for evaluating qualitative research. Credibility was established through the process of analysis reached consensus about codes and findings. Transcription was verified with the recording to ensure correct understanding. An audit trail was created to record the step-by-step process of the data analysis, and emerging themes and findings were discussed among the researchers, and a consensus was reached, which ensures dependability and confirmability of the findings.

## Results

### 1. Participant characteristics

The participants included 12 nurses (1 male and 11 female). The average number of years of experience in nursing was six (one in the fourth year, three in the fifth year, four in the sixth year, three in the seventh year, and one in the eighth year). Each participant was interviewed only once, and the interview time ranged from 26 to 56 minutes (37.9 minutes on average).

## 2 . Core category and categories

As a result of the analysis, 24 concepts, 5 categories, and 1 core category emerged. The five categories were: preceptor guidance based on past experience, transformation process of teaching methods, process of forming a learning/teaching relationship, perception of preceptee's growth and self-growth, and ward atmosphere that affects guidance. The core category was "educator transformation." This core category comprised the following three categories: preceptor guidance based on past experience, transformation process of teaching methods, and the process of forming a learning/teaching relationship.

## 3 . Categories and concepts

### Preceptor guidance based on past experience

#### (Category 1)

This category showed that the strengths and weaknesses before being a preceptor affect the instructions they give to the preceptees. The concept here is that a preceptor gives guidance based on the knowledge and experience acquired up to that point.

*Since the second year, I was a nurse who was not confident, so I did not have much knowledge. Brain surgery was difficult, and I was not confident. (Nurse L)*

### Transformation process of teaching method

#### (Category 2)

The transformation process comprises nine concepts and describes how the method of teaching new nurses is transformed into a more effective one through trial and error.

#### *Pressure arising from being a preceptor*

Preceptors tended to think that they had to be perfect for their preceptees and consequently became anxious and felt additional pressure and responsibility.

*If our preceptees do not become good nurses, that is our fault as preceptors. If they make a mistake, it will be our fault. That's how I felt. (Nurse K)*

#### *Difficulty in giving simple and clear instructions due to lack of experience*

Preceptors felt inexperienced in guiding preceptees, which proved to be a challenge as it increased difficulties and stress when giving instructions.

*I am really not good at teaching. I would explain something to a new nurse, but I just know by her look that she is not getting it. What am I supposed to do? It is very difficult to explain something. (Nurse H)*

#### *Discover one's weaknesses by being a preceptor role*

The experience of being a preceptor allowed nurses to discover what they needed to learn more, such as techniques, information, or points that were not yet fully understood.

*I cannot teach what I do not know. So giving instruction as a preceptor forced me to study what I was not sure of and understand how I could explain that to my preceptee. (Nurse D)*

#### *Experiencing stress owing to slow learning preceptees*

Preceptors suffered mental stress as the preceptees kept repeating mistakes despite being given explanations and being instructed numerous times.

*I said the same thing over and over, but my preceptee did not seem to understand. I know she is a new nurse, but still. (Nurse J)*

#### *Feeling overwhelmed with teaching preceptee*

Third- and fourth-year nurses felt overloaded with teaching responsibility in addition to their regular day-to-day tasks and consequently, felt overwhelmed.

*I have only experienced enough to do everything to an acceptable level, and I, like other people in my age group, are in charge of so many tasks now. This (teaching preceptee) is like an additional burden. (Nurse C)*

#### *Being aware of new nurses' level of knowledge*

Preceptors were aware they were also once in their first year. They understood that new nurses lacked knowledge, and therefore had to be taught and guided accordingly.

*First-year nurses did not know anything. It is probably a good idea to be a preceptor within 3-4 years because after that, I would just forget how first-year nurses are. (Nurse E)*

#### *Learning opportunities through being a preceptor*

Nurses feel that preceptor experience was a valuable opportunity to review or learn techniques, knowledge, and teaching methods.

*Being a preceptor role prompted me to study and think about the knowledge I had to teach and how I could teach more effectively. It was a good learning opportunity for me. (Nurse D)*

#### *Having an ideal preceptor in mind*

Preceptors were influenced by their own experience as preceptees and by an ideal preceptor that they had in mind, and tried to guide preceptees based on these viewpoints.

*When I started out as a preceptor, I wanted to be someone who my preceptee could talk to about anything. (Nurse D)*

#### *Guiding preceptees to think for themselves*

Preceptors were aware that they should take into account preceptees' individual characteristics and given situations, and guide them to think for themselves rather than providing answers.

*I let my preceptee think for herself. If she cannot come up with an answer, I can help. I thought that unless I understood what she did and did not know, and then give her the answer, it was not going to be her knowledge. (Nurse K)*

#### Process of forming a learning/teaching relationship

#### (Category 3)

The process of forming a learning/teaching rela-

tionship through trial and error comprises five concepts.

**Struggle in building a good relationship with preceptee**

Preceptors tried to understand their preceptee but sensed differences in feelings. Preceptors could not yet determine how to build a good relationship, and therefore felt a sense of futility.

*I was really distressed at times, wondering how I could help her open up to me, and how she could be comfortable with others. (Nurse D)*

**Becoming a bridge between preceptee and ward staff**

Preceptors were aware of the importance of a good relationship between the preceptees and the ward staff in order for the preceptee to become comfortable in the working atmosphere and carry out given tasks as a member of the ward staff, and took appropriate measures to build such relationships.

*Preceptors and preceptees get to talk very often, but I think preceptees should be given opportunities to talk with other experienced nurses too, and that's where I come in as a bridge, maybe. (Nurse K)*

**First support for preceptee-listening**

Preceptors felt that the most important support they can give was by listening to the preceptee.

*When my preceptee talks to me, I listen and appreciate what she says and try not to criticize. (Nurse K)*

**Understanding preceptee's feelings**

Through situations where the preceptee's feelings or views were apparent, the preceptor felt that they understood the preceptee's difficulties and weaknesses in carrying out their work.

*My preceptee once said to me: "I've always been afraid of that surgeon, and today, I was like..." I then realized that she was letting her true feelings come out for the first time. She kept saying afterwards "I'm okay," but she was not okay, and I understood that. (Nurse A)*

**Willingness to offer help to new nurses**

Nurses realized that they were in the position, as preceptors, to notice and lend a helping hand when the new nurses were in need before they asked for help.

*I know that I am no longer supposed to depend on someone all the time. I have to take care of myself and not only that, I am supposed to go out of my way to find someone who needs help and offer a hand. (Nurse A)*

**Ward atmosphere that affects guidance (Category 4)**

Ward atmosphere that influenced the transformation process of the preceptor comprises the following four concepts.

**Other staff's meddling in preceptors' instructions**

Ward staff would sometimes leave tasks for preceptees, intending it as a good learning opportunity for them. This move caused distress to the preceptors because those tasks did not always commensurate with the pre-

ceptees' ability, or were of low priority in the preceptor's guidance plan.

*I think I should teach different tasks gradually. However, some nurses say that these are what new nurses have to learn, so do it, and leave all these tasks to her. There's no way I can teach all that at once, and I am like, please do not make her do all these. (Nurse F)*

**Input from the staff regarding preceptee**

Preceptors asked other staff members about the performance of the preceptee in order to be better aware of the situation which the preceptee was in.

*I would just directly ask the nurses who helped the preceptee, straightforwardly, how did she do the other day? Is there anything that she must correct? (Nurse H)*

**Utilizing other staff's experience and knowledge for guidance**

Preceptors found it useful to cooperate with other staff and make the most of their views, experiences, and knowledge in order to educate their preceptees.

*Many other staff members are willing to give instructions to the preceptee, and I think that is good because she learns different views. (Nurse E)*

**Workplace atmosphere that encourages consultation**

Good workplace atmosphere encouraged preceptors to consult with other nurses.

*I was fortunate to be in such an amicable atmosphere. I was comfortable asking many things, including how to teach. (Nurse C)*

**Perception of preceptee's growth and self-growth**

**(Category 5)**

The perception of growth of the preceptee as well as one's own growth, from the experience of being a preceptor, comprises the following five concepts.

**Satisfaction gained only through preceptor experience**

Preceptors obtained a sense of satisfaction and confidence by carrying out the rewarding task of leading the preceptee's growth.

*Rather than being praised for something, I felt greater satisfaction when someone praised my preceptee for her newly learned skills or told me that she was doing a great job. It is more like satisfaction and not achievement. It was worth it (being a preceptor). (Nurse G)*

**Perception of self-growth**

Preceptors realized their own growth as a nurse through the experience of being a preceptor.

*Before I became a preceptor, I was fully loaded with my patients and barely completed my tasks, not caring about what was going on around me. But now, I am able to look around a little. (Nurse H)*

**Essentials in nursing re-learned from preceptee**

Preceptors realized once again, in the process of



instructing their preceptees, the essential elements in nursing, including the importance of hard work.

*My preceptee had a very high motivation. I was really influenced by that. I was not thinking about my patients enough, and my preceptee made me realize that. (Nurse I)*

**Joy of watching preceptee grow**

As a preceptor, sensing growth or positive changes in the preceptee was experienced as the greatest joy.

*I can see how much she has grown. There is a huge difference. That was great. It made me happy. (Nurse H)*

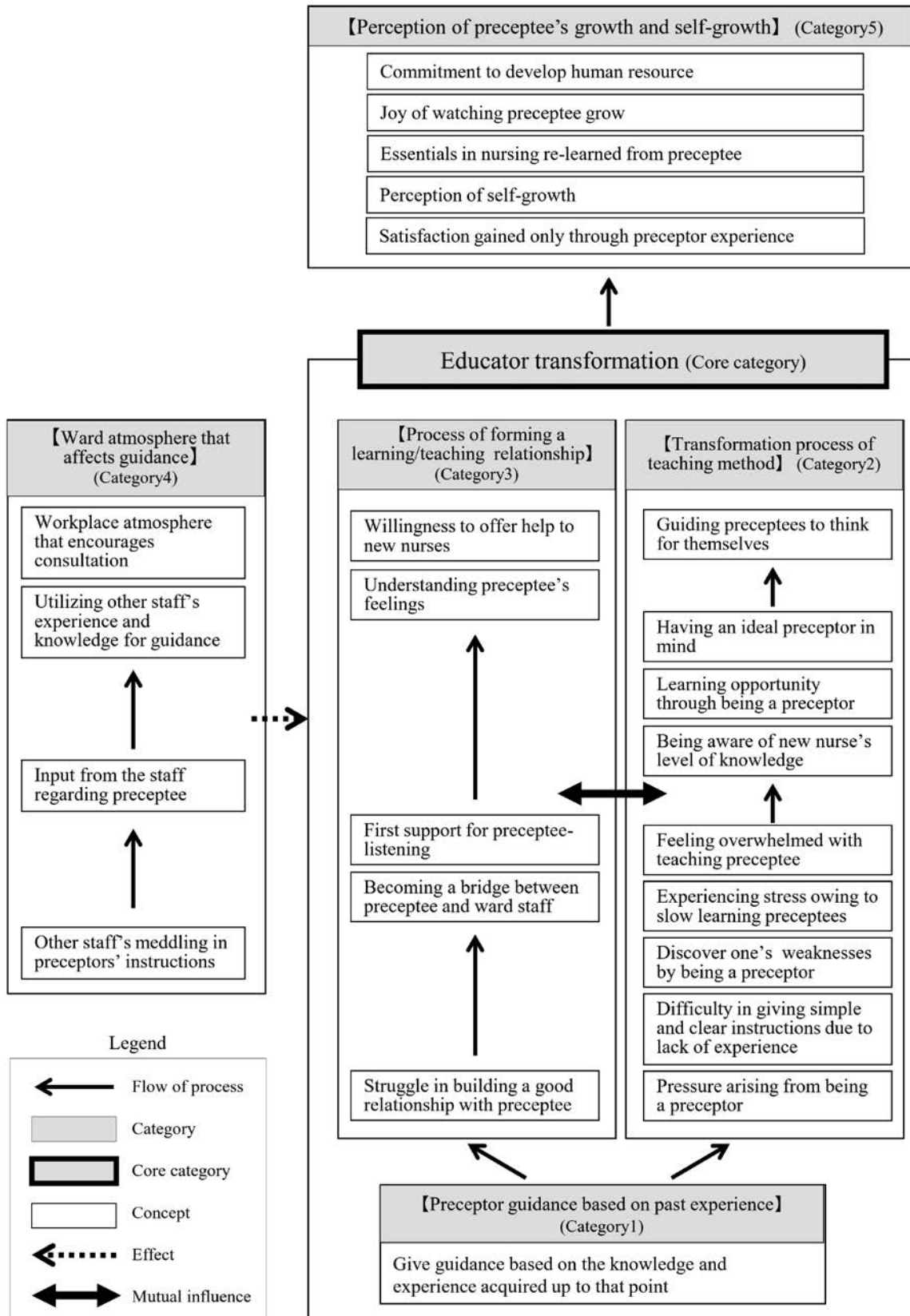


Fig. 1 Educator's professional growth process as a nursing preceptor

### ***Commitment to develop human resource***

Nurses realized the importance and commitment involved in human resource development directly through their experience as preceptors.

*I realized that I was not working all by myself. I became aware of the need to involve younger nurses and help them grow. (Nurse F)*

### **4. Story line**

The [Educator transformation] (Core category) process involves the preceptors first providing <preceptor guidance based on past experiences>(Category 1). Then, it necessitates a <transformation process of teaching method>(Category 2), where preceptors learn through trial-and-error and subsequent improvements, and the <process of forming a learning/teaching relationships> (Category 3), where preceptors make efforts to build good relationships with the preceptees, thus leading to [Educator transformation] (Core category). This step, in turn, results in the <perception of preceptee's growth and self-growth>(Category 5), and is influenced by the <ward atmosphere that affects education>(Category 4) (Fig. 1).

## **Discussion**

### ***Need for reflecting on preceptors' experiences of failure and instructing methods***

The participants of this study gave guidance based on their past experience, and felt they failed in their roles as preceptors when they could not give simple and clear instructions and build a good relationship with the preceptee. Then, they reflected on their experiences of failure which have helped them grow. Studies have also shown that nurses had this experience of learning lessons from failure.<sup>14,15</sup> In accord with the statement of Sitkin<sup>16</sup> that the experience of failure produces self-learning and growth, participants of this study grew through self-learning such as search and acquisition of instruction by reflection on failure. In the growth of teachers, the presence of a reflective practitioner, who reflects practicing during/after an action, has been shown to be useful.<sup>17</sup> On the other hand, failure can lead to reduced motivation and feelings of inadequacy,<sup>18,19</sup> and the participants of this study felt pressure to instruct. Therefore, in the educational experience at the hospital, it is important to practice self-learning, and reflect on actions to help experience growth. In addition, nurse managers should confirm if the nurses are psychologically ready to provide instructions as preceptors and support the growth of preceptors through self-learning with reflection, so as to avoid a motivational drop and feeling of inadequacy.

### ***Growth as an educator utilizing learning readiness and adult learning theory***

Preceptees had difficulty in understanding the instructed content. However, by considering their individual characteristics and devising personalized instruction method for preceptees, preceptors were able to

bridge the gap between the nursing practice ability in undergraduate nursing education and in clinical settings. Learning readiness is defined as preparing the necessary condition for the acquisition of knowledge.<sup>20</sup> It has been shown that cultivating learning readiness does not always only involve waiting but also requires creating innovative teaching methods, teaching materials, and educational curriculum that ensure readiness for education.<sup>21</sup> Therefore, it may be useful for educating newcomers to form readiness for educational work, devising individualized teaching methods and teaching materials, as well as considering the characteristics and features of newcomers.

Preceptors initially struggled to build a relationship with the preceptee as they still explored ideal methods to work towards it. Newcomers need to be closely guided when they start clinical practice. Preceptors of our study utilized pedagogy that an educator needs in the beginning; in other words, it is a one-way educational method, akin to teaching a child. However, the preceptors in this study also considered listening attentively, which promoted a better relationship dynamic that ultimately assisted in the teaching/learning process. We interpreted that they utilized the adult learning theory, that is called Andragogy.<sup>22</sup> Thus, it is effective to instruct a preceptee based on the mutually respectful adult learning theory, which values the formation of a relationship with the preceptee.

### ***Support for educator's growth in preceptorship for continuing education***

An educator's growth in preceptorship for continuing education is influenced by the ward's organizational climate, which can have a positive or negative influence on the education process. This study suggested that a particular climate, such as an atmosphere that promoted conversations, was useful in overcoming difficulties experienced by both the preceptors and preceptees. The factor that most strongly influences the preceptor's roles and actions, such as whom to talk to or take suggestions from, is the organizational climate of the ward.<sup>23</sup> Thus, it is useful for nurses, both for growth as an educator and for reflecting on their problems, to engage in conversation with other staff members.

On the other hand, preceptors felt that the instructions of the ward staff were an interference, which likely had a negative influence on their growth as educators. It is important to have a strong sense of responsibility toward their role as instructors, and to make themselves seem reliable to newcomers, while expressing a feeling of gratitude when they are acknowledged and supported by their supervisors and fellow staff.<sup>15</sup> While experience with staff members influenced nurses' growth as educators in this study, it would also be useful if senior nurses and nurse managers can provide more empirical knowledge to preceptors. They must not only point out appropriate instructional methods but also acknowledge the preceptor's efforts.

Limitation of this study is the use of a small convenience sample. As the results of this study were derived

from interviews with nurses who worked in the university hospital of one facility, aspects of the particular facility might be reflected in the data. This study focused on the growth process as a nurse educator who utilizes reflection; thus, organizational factors, such as education systems, are not sufficiently reflected in the results. Further studies are needed to understand the growth process of a nurse educator who experienced preceptorship within various different education systems in the hospital.

## Conclusion

In the process of preceptor growth as an educator through preceptorship, it was suggested that the preceptor reflects on the experience of failure during teaching and utilize it for future teaching. In addition, nursing managers and staff need to watch over preceptors without interfering, while creating an atmosphere in which preceptors feel free to consult and provide advice based on their extensive knowledge and experience.

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