

Preceptors' Authentic Leadership Impacts Nursing Student Outcomes: Qualitative Results from A Two-Phase Study

Venise Bryan, RN, PhD* ^{a, c}, Joan Vitello-Cicciu, RN, PhD, NEA-BC, FAHA, FAAN^{b, d}, Carolina Garcia, NP-PHC, MN^{a, e}, Arunima Roy, PhD^{a, f}

^aAthabasca University, 1 University Drive Athabasca, AB, T9S 3A3, Canada

^bUniversity of Massachusetts Medical School, 55 Lake Avenue North, Worcester MA 01655, United States of America

^cvbryan@athabascau.ca

^dJoan.Vitello@umassmed.edu

^ecaldana@athabascau.ca

^farunima.roy@mail.mcgill.ca

*Corresponding Author: Venise Bryan, Phone: 1-833-445-3724, Email: vbryan@athabascau.ca

Citation: Bryan V, Vitello-Cicciu J, Garcia C, Roy A (2025) Preceptors' Authentic Leadership Impacts Nursing Student Outcomes: Qualitative Results from A Two-Phase Study. Ad Nurs Sci Resear: ANSR-125.

Received Date: April 05, 2025; **Accepted Date:** April 11, 2025; **Published Date:** April 17, 2025

Declarations of interest: none.

Abstract

Background: Nursing students complete a preceptorship for learning consolidation and socialization at the end of their education. Unfortunately, preceptorship has been identified as a highly stressful experience. Preceptors who are open, supportive, and caring can help ease the stress students experience by employing relational leadership styles like authentic leadership. However, very few studies have examined preceptors' authentic leadership. This study aimed to explore authentic leadership and its connection to student nurses' outcomes of self-efficacy, job satisfaction, and job performance.

Methods: This research employed a multi-phase, sequential mixed methods approach. The current paper presents findings from the qualitative phase, which involved in-depth one-on-one semi-structured interviews with 10 student nurses to collect comprehensive data.

Results: Three key themes were identified: *the ideal preceptor from a student's perspective, student transition to nursing practice, and factors that affect the satisfaction and performance of novice nurses.*

Conclusion: Authentic leadership is essential for fostering healthy work environments and improving leader-follower relationships and is valuable to examine in the context of preceptorship training. Our study's findings show that authentic leadership improves nursing education, practice, and leadership.

Keywords: authentic leadership, nursing students, preceptors, learning outcomes.

Introduction

Acquiring nursing credentials requires completing theory and practicum courses from an accredited nursing program [1]. In this study, the final clinical practicum is described as preceptorship, where one or more preceptor(s) supervise a student nurse to consolidate their clinical skills and transition from a student to a novice licensed nurse [2]. Preceptors play a vital role in helping students transition into nursing, and their experiences during preceptorship can impact their decisions to continue with the nursing profession [3,4]. Attrition from nursing can range from 37% to 57% by their second year of practice [5]. Hence, the relationship between preceptor and student is integral to aiding transition and ultimately stemming attrition in nursing.

Students have reported several benefits of preceptorship and its influence on learner outcomes, such as feedback on performance, guided independence, self-efficacy, confidence, acceptance, and satisfaction with integration into the healthcare

team, as well as less stress due to the availability and support of the preceptor [6]. However, preceptorship can be a highly stressful experience for many nursing students [4]. The preceptor's leadership style may impact student experiences of preceptorship. Self-efficacy, as determined by the learner's self-evaluation of competence, develops when the preceptor's leadership style matches students' learning styles and personalities, thus facilitating a successful clinical experience and experiential learning [7,8].

Research has reported a positive impact of relational leadership styles on nurses' job satisfaction, especially for new nurses [9,10,11]. Specifically, an authentic leadership style – defined as transparent and ethical leader behavior – may be particularly effective for nurse training [7]. Nursing preceptors who role model authentic leadership contribute to students' self-efficacy, self-confidence, empowerment, feelings of connectedness, and help them identify their values in nursing [12]. Several lines of research converge on the benefits of an authentic leadership style in preceptorship and nursing education work [10]. For example,

Giallonardo and colleagues showed that new graduate nurses with preceptors displaying authentic leadership were likelier to be engaged and satisfied with their work. According to Anderson, students who viewed their preceptors as exhibiting authentic leadership were more resilient and self-efficacious and less inclined to leave the nursing profession [12].

In summary, the literature has strongly shown the importance of authentic leadership and its implications for self-efficacy, job satisfaction, and job performance in nursing [13,12,11]. In some instances, research has focused on novice nurses. However, to date, very little research focuses on student nurses, particularly during their preceptorship, and the role authentic leadership plays in their experiences and development. For example, preceptors who engage in authentic leadership during preceptorship may be good role models to the nursing students, demonstrating a high standard of patient care while also caring for the students [14]. Thus, an authentic leadership style within the preceptor-student context could mitigate negative experiences for student nurses in clinical settings [12]. Research has also focused mainly on the implications of preceptors' leadership style on registered nurses (RN) but not licensed practical nurses (LPN), with limited studies on student nurses. There is a need to explore the effects of authentic leadership on learner outcomes such as self-efficacy, job satisfaction, and job performance amongst a broad nursing student population and to identify the subsequent implications for nursing education. Thus, the purpose of this study is to explore authentic leadership and its outcomes of self-efficacy, job satisfaction, and job performance from the students' perspectives.

Aim of the study

To explore RN and LPN students' perceptions of preceptors' authentic leadership and self-perceived learner outcomes of self-efficacy, job satisfaction, and job performance.

Materials and Methods

Study Design

This paper is based on research that used a two-phase (QUAN → qual) sequential design with a quantitative prioritization [15]. An initial quantitative scan was done in Phase 1 (QUAN), followed by an in-depth qualitative exploration in Phase 2 (qual) to corroborate findings. In Phase 1 students completed a survey before and after their preceptorship. Phase 2 involved semi-structured telephone interviews with 10 purposefully selected (selection process described below) students from Phase 1 to discuss the study variables in greater depth [16]. An interview guide was used to provide structure. Please see Bryan (2019, p. 373) [17] for details on the interview guide. Here, we report findings from the study's qualitative phase (Phase 2). (The quantitative findings are reported in Bryan & Vitello-Cicciu, 2022) [18].

Participants and Settings

Final year nursing students from four nursing schools in Calgary, Alberta, Canada, were considered potential participants in this study. A four-year baccalaureate nursing program approved by the regulatory association is offered by two of the schools, and an approved two-year practical nurse diploma program is offered by the other two schools [19,1]. Inclusion criteria for selection included nursing students: (a) in their final year of the RN or LPN program; (b) enrolled in the preceptorship course; and (c) assigned to consistently work with only one preceptor in an acute care or community care setting

over at least two consecutive months. It was assumed that participants were older than 18 and could be of any gender.

Random sampling was used for the initial quantitative phase to generate the sample. At the end of the quantitative data collection period, 72 RN students responded to both questionnaires and 23 LPN students responded. A total of 94 final year nursing students participated in Phase 1 [18].

Participants for Phase 2 were purposely selected from those who completed the questionnaires in Phase 1 of the study. To facilitate selecting participants for the interview, the final scores of each participant on the scales measuring pre- and post-practicum self-efficacy using the *Adapted Self-Efficacy Scale* (ASE), perceived preceptor authentic leadership using the *Authentic Leadership Questionnaire* (ALQ), job satisfaction using *Global Job Satisfaction Survey* and job performance as per the *General Performance Scale* were standardized (z-scores) and averaged. This was done because the ALQ, global job satisfaction survey, and general performance scale are 5-point Likert-type scales, and the ASE has 4-points. To avoid skewed results, z-scores were calculated. Z-scores were averaged across all scales, and the data set was sorted in ascending order. Participants who scored high or low or had results that followed a different trend from most participants were identified for inclusion in Phase 2. A pool of 20 students was created from those who provided phone numbers (implying interest in the qualitative phase) and had high, low, or off-trend z-scores. After attempting contact with these students, 10 agreed to participate in the telephone interviews.

Data Collection

In the quantitative phase, which forms the foundation for the Phase 2 qualitative component, RN and LPN students completed the ASE scale [20] pre-practicum. Then, at the end of their preceptorship, students who completed the first questionnaire were invited to complete the second questionnaire, which included the ASE scale, ALQ, Global Job Satisfaction Survey, and the General Performance Scale [18].

For the qualitative phase, semi-structured, 30–60-minute telephone interviews were conducted after the preceptorship experience (May, June, and September 2018). Interviews were recorded with consent. The interview guide was developed according to the questionnaire responses in Phase 1 to gather qualitative comments from the student nurses about their perception of preceptors' authentic leadership and its influence on self-efficacy beliefs, job satisfaction, and job performance.

Ethical Considerations

The study was approved by the researchers' university research ethics board and by all nursing schools from which the participant population was drawn. Students gave written consent before participating, and verbal consent was obtained before telephone interviews. Pseudonyms are used to identify the students who participated in Phase 2 interviews.

Data Analysis

The qualitative analysis in this study had both inductive (not structured by an a priori framework) and deductive (structured by the results of the quantitative phase) elements, in keeping with deductive QUAN → qual mixed methods research design [15]. Initial codes were developed from the transcribed data and organized in NVivo (version 11), and a code manual was generated. Patterns and similarities among the codes were

labelled to identify possible themes. Sub-themes were formed through inductive analysis, where initial codes were not placed in a pre-existing frame but based solely on the patterns and similarities recognized from the data. After revising and collapsing sub-themes, three main themes emerged.

Rigor of the Study

The study maintained rigor by following Lincoln and Guba’s framework to ensure trustworthiness, focusing on credibility, transferability, dependability, and confirmability [21]. To establish credibility, rapport with participants was carefully built, and methods such as member-checking, data triangulation, and peer debriefing were employed to promote honest responses. Thick and rich descriptions of the findings support transferability. Dependability was assured through meticulous research process documentation, including transcripts, an

evolving NVivo codebook, spreadsheets, memos, field notes, and a reflexive journal, creating a thorough audit trail. Finally, confirmability was achieved by deriving interpretations and findings directly from the data, peer debriefing, and using direct quotes to present the findings [22].

Results

Phase 2 interviews informed how participants perceived their preceptor’s authentic leadership during the preceptorship and how this influenced their self-efficacy, job satisfaction, and job performance. Table 1 briefly reviews participants’ specific results to contextualize and aid understanding of their interview comments. Since the 10 interview participants were selected based on their Phase 1 questionnaire responses, a brief review of their specific results will provide a foundation for understanding their interview comments.

Table 1: Overview of Participants and Their Responses to the ALQ, Global Job Satisfaction Survey, General Performance Scale and ASE In Phase 1 Of the Study.

Participants	Responses			
	ALQ	Job satisfaction	Job performance	ASE
Abbey	Low	Low	High	High
Chelsea	High	High	High	Low
Claire	High	High	High	High
Lindsay	High	High	High	High
Margo	High	Low	Moderate	Low
Moya	High	High	High	High
Temi	High	High	High	High
Nancy	Low	High	High	Low
Reece	Moderate	Low	Moderate	High
Violet	High	High	High	Low

In Phase 1 (quantitative), Claire, Temi, Lindsay, and Moya gave high ratings on all four scales. Students such as Nancy and Abbey rated their preceptor low on the ALQ, and rated job performance high. Interestingly, Nancy’s self-efficacy decreased, but job satisfaction was high. Conversely, Abbey’s self-efficacy increased, but their job satisfaction was low. Chelsea and Violet rated their preceptors high on the ALQ and rated their job satisfaction and job performance high, but their self-efficacy decreased. On the other hand, Reece and Margo rated job satisfaction as low and job performance as average or competent. Reece rated their preceptor as moderately demonstrating authentic leadership, but their self-efficacy increased, while Margo rated their preceptor high on the ALQ, but their self-efficacy decreased.

The analysis of the interview transcripts revealed three key themes: *the ideal preceptor from a student’s perspective, student transition to nursing practice, and factors that affect the satisfaction and performance of novice nurses.*

The ideal preceptor from a student’s perspective

Students spoke about the characteristics of their preceptors and how such characteristics influenced their perceptions of their preceptor’s authentic leadership skills. Students identified attributes that represented the *ideal preceptor* and made a preceptor a good teacher. According to these students, the ideal preceptor should have attributes that align with authentic leadership. Most students said that the ideal preceptor would set up an initial meeting with them to discuss expectations, introduce them to other members of the healthcare team, inform

them of the unit’s routine and call them by name. Moya benefited from an introductory meeting with the preceptor before starting the practicum, “*I knew who I was supposed to be meeting with, and I knew that she was nice, so I wasn’t nervous, and everyone else was nice there, and I knew where to go; it was nice to be familiar with everything.*” Abbey indicated that their preceptor was far from ideal they wanted to experience a preceptor who did things such as:

introducing the student to the other nurses and to say, hey, this is my student so and so, and referring to them by their name not ‘my student.’ Like, even towards the end I was like ‘I’m not just a student! I have a name!’ ...Introducing them to the educator so that they can feel comfortable approaching the educator, the manager, the charge [nurse], get[ting] them used to the routine of the unit, just to have like a mini preceptor student orientation so that you are on the same page from the very start.

Students also described the ideal preceptor as competent, experienced, passionate, empathetic, reliable, patient, and knowledgeable and, thus, able to support, teach, and help the students to become competent. Reece commented that the ideal preceptor should be:

somebody who is supportive, somebody who is confident in their role, it can’t be somebody who is still new on the scene, it needs to be someone who knows what they’re doing...Somebody who has a positive outlook, who is passionate, [not somebody who says] ‘I’m coming here to do this because I need a paycheck’...the ideal preceptor is doing the job because they love it, not because they have to.

Ideal preceptors created a safe learning environment. Claire, explained “my ideal preceptor is understanding, approachable”, and “seeing someone who functions as a good nurse and who loves their job and is very passionate is kind of inspiring to me.” Claire wanted a preceptor who “give[s] you support and has your back, someone who has empathy” and “if you’re slow at learning and need more time, they understand.” Students appreciated an atmosphere where they would not be met with judgement but embraced as a learner. Margo found their preceptor to be easy-going and friendly so “I wasn’t intimidated at all or uncomfortable.” Students valued preceptors who were open, had a sense of humor and vulnerable to readily admit if they are wrong. Violet explained that “when I met her, she was really open that she was actually new to the team, but she had many years of experience in mental health, but she was new to the team as well.”

Finally, students valued being challenged and wanted preceptors to encourage growth. Nancy, who did not have a good preceptorship experience, lamented the lack of guidance and having “someone [you could tell] this is what I’m looking for” and they could say “if you do this or do that or go and look for this, this is where you will find it, or this is how you can get to this answer.” Temi explained that “the ideal preceptor would know me well and would know when to challenge me. I guess they would challenge me to do things that were out of my comfort zone...I like being pushed and that helps in building my confidence.” Lindsay also saw the ideal preceptor as “giving me the opportunity to do the skills on my own, and really reinforcing the things that I do well.” In the students’ views continued growth was best facilitated through autonomy, seizing learning opportunities, and positive reinforcement when they had risen to the challenge. Chelsea wanted opportunities that would allow “the student to do things without micromanaging. I think when people micromanage it really reduces your confidence, and it has a negative impact.” Margo saw the preceptor’s role as providing the challenge that helps the student transition from student to nurse, by “guiding your learning and helping you be independent from the start.”

To help the students succeed and become nurses, the preceptor is required to be a good teacher. Students shared their perceptions about their preceptors’ teaching skills and the ways they guided them toward competence for practice. For example, although Margo recognized that “the student has a large responsibility to do their own independent learning,” they appreciated the preceptor teaching some things. Margo told about how their preceptor “explained everything really well and told me what to expect in the future...he was there in the background guiding me and helping me with the tasks I was not familiar with, or those that I was weaker in.” Practices like these help in expanding the students’ expertise and build on their level of competence and self-efficacy. The opposite to this example also took place where others had a different experience and proper guidance was not offered. For example, Nancy, whose self-efficacy rating had decreased after the preceptorship, reported that the preceptor was not willing to teach. Nancy explained how they experienced a “lack of guidance” and confusing direction about the depth of research that was required on particular topics. This left Nancy at a loss, unclear about their preceptor’s expectations. In Nancy’s evaluation, “She [the preceptor] has the skills, she has the mind, she has everything to be a great nurse, but she couldn’t teach.”

The transition from student to novice nurse

This theme captures the ways in which preceptors assisted students to transition into a practicing nurse, by allowing them freedom to practice their skills and gain mastery. Building capacity can reduce fears and doubts, thereby improving students’ self-efficacy. For example, Reece whose self-efficacy increased after completing the final practicum, commented, “I didn’t feel nervous to go you know. I wasn’t nervous when I had to go and talk to a doctor or another staff member...She really put a lot of confidence in me.” The preceptor played an integral role in empowering Reece and building their capacity to engage with other members of the healthcare team, which increased their confidence. Similarly, Claire experienced increased confidence, stating “she had more confidence in me than I did, which made me feel confident!” The opposite also happened with Nancy; when Nancy would ask their preceptor to help with getting interdisciplinary care team experiences, the preceptor would say, “I don’t think you should go because you are not doing well enough.” This ultimately reduced Nancy’s self-efficacy.

Students found that problem-solving techniques and reflective practice were beneficial in helping them achieve self-efficacy. For example, Margo commented “he [the preceptor] would help me reflect on my day and think about what I did right and what I did wrong.” Students also reported benefiting from engaging in reflective practice to analyze a situation and identify a solution when they made errors. For instance, Lindsay shared how their preceptor “was super patient with me the whole time and walked me through it and let me figure it out versus telling me.” Lindsay went on to explain that “We had to troubleshoot, and had to problem solve a lot... So, I feel like I did, at the end of the day, come out way more confident than I did going into it.”

As the time progressed, students valued autonomy and the freedom to make decisions and take charge of their nursing practice. For example, Violet commented, “a huge part from my practicum that transferred over would definitely be autonomy because by the end of my placement I was doing everything by myself.” The students spoke of guided independence, where they could take charge of patient care, but still had the advantage of a preceptor as a guide. For example, Temi described how their preceptor would:

...let me decide how I wanted to do it and she would say, ‘OK if you have a situation, how do you want to go forward? How do you want to plan your day?’ And then after she heard me out, she would give me tips on how to improve it if she thought it was necessary...I felt like I was doing most of the planning for the day.

Granting independence to students showed trust in their ability to provide safe patient care.

As the students moved through their preceptorship, they remarked positively about feeling respected and being treated as a colleague by the preceptor. Students spoke of how the preceptor would ask their opinions on patient care and considered their suggestions with clinical decisions. An action like this changed the students’ perspective of themselves from “just a student” to “I actually know and can do the job.” Lindsay shared that the preceptor “would ask me questions not necessarily to quiz me, but to actually get my feedback, which actually meant a lot, and it helped me feel like the nurse.” Reece shared that their preceptor approached them to ask, “do you know how to do this skill, I haven’t done it in a while?” Reece found “that little piece made me feel like more of her colleague

than her student. She would collaborate with me just as how she would collaborate with someone who she has been working with for years." Experiences like these help the students transition, where they feel like valued contributors to safe patient care.

By the end of the preceptorship, many students had developed their own unique style and identity as nurses. For instance, Margo expressed, "he [the preceptor] definitely helped me to find my identity as a nurse and to find my strategy and my style of practice." Violet shared, "I really felt like I'd crossed like the threshold from a student to a nurse, and she allowed me to get there." This transition was made possible when preceptors granted students the freedom to approach tasks in their own way. Lindsay recalled a conversation with their preceptor where they had differing approaches to a specific skill. After the conversation, Lindsay remembers their preceptor saying, 'Yeah that's good if you do it that way'. Lindsay shared how this "empowered me to do things the way in which I understood."

Factors that affect the satisfaction and performance of novice nurses

The qualitative phase also delved into the students' satisfaction and passion for nursing. Those who reported a passion for nursing during their preceptorship described their experience as deeply rewarding, highlighting the positive impact of preceptorship on their professional journey. Preceptors can help students develop satisfaction within the nursing profession if they model their own level of satisfaction as they engage in nursing care daily, and the students become satisfied as they aspire to emulate it. For example, Temi commented, "For sure, I do want to be a nurse like her." Temi observed how their preceptor "developed a good therapeutic relationship with them [the patients]," which made Temi want to follow this example.

During the interviews it was revealed that some of the students' views toward nursing changed because the preceptor demonstrated a love for the job, treated the student well, and was a great role model. Margo was among those students whose perspective and nursing satisfaction changed for the better. As the interview progressed, Margo pointed out that they did not have a passion for nursing but due to the influence of the preceptor, they desired to work in the preceptor's specialized area. Margo stated, "seeing how positively he interacted with the kids and all the effective strategies that he taught me to communicate with them...made me want to do mental health nursing." Conversely, Reece did not find inspiration for nursing in their preceptor's behavior so the passion for nursing was not altered. Abbey acknowledged that the preceptor could change the whole experience. Abbey reflected that "I hate this unit, but maybe if I had a good preceptor, I would be seeing the unit as different."

Furthermore, to others, recognizing specialized areas, and expressing a need for continuous learning opportunities. Some students realized that nursing had a broader scope of practice than they initially thought. Chelsea explained: "...you go into final focus feeling that you have 4 years of experience behind you and that you know everything, and then you go into the real life and learn that you don't know everything. So, it wasn't necessarily a bad thing, it was more of a reality check.

Students gauged themselves in comparison to other students when it came to job performance. For example, Temi said that "med-surg was not my first placement choice, and talking with

my other classmates while meeting with our faculty representative I was hearing other stories of other people and what they were doing. I wasn't doing as much as I could be in the ICU or something, so, I felt like I wasn't doing as much as I could be." Temi felt that their placement area was too slow which prevented them from getting enough experience.

Some students believed their placement area was too specialized and would need more practice to function as an entry-level nurse. Moya felt that "whatever is the maximum, I am one below" and hoped for an opportunity in the future to "practice some more hands on stuff." Margo explained, "I have been in mental health for so long, I am kind of like doubting would be like 100% ready if I were to do a different kind of nursing right now." Based on these comments the specialization of the clinical area caused them to doubt their ability to perform in other areas of nursing due to lack of practice. This could also explain their self-ratings of job performance as average in Phase 1 of the study.

In summarizing the Phase 2 qualitative findings, the preceptor's characteristics can influence students' development into nurses, satisfaction, and perceived job performance. While some students were satisfied and inspired by passionate, effective preceptors, others experienced dissatisfaction and detachment, influenced by various external factors. Factors affecting job performance among final year nursing students were diverse. Despite positive experiences with preceptors demonstrating authentic leadership, students sometimes found themselves in placement areas that were either slow-paced or overly specialized. This environment led students to question their readiness to practice as entry-level nurses, resulting in self-ratings as average compared to their peers and a sense of needing further learning and experience.

Discussion

Participants described their ideal preceptor as an authentic leader who creates a safe, judgment-free environment and embraces students as learners. Based on the participants' narrative comments, students valued preceptors who were open, had a sense of humor, and were vulnerable to readily admit if they were wrong. They appreciated being challenged while feeling supported, which fostered growth, autonomy, and self-efficacy. Most profoundly, the ideal preceptor is doing their job as a nurse because they love it, not because they have to. Our findings are supported by previous work. For example, Martinez-Linares et al. characterized clinical preceptors as experienced professionals who teach, supervise, and serve as role models [4]. Preceptors possess qualities such as work experience, strong leadership skills, collaboration, and consultation abilities, which mirrors our participants' description of an ideal preceptor. Likewise, Myrick emphasized the importance of preceptors in integrating students into the team, enhancing learning and critical thinking skills [23]. One of the essential foundations of the preceptorship relationship is to learn the students' names, set up a first-time meeting with them, and help the students feel welcome to the unit and team [24].

Our study reveals how students perceive their preceptors' leadership during their education, shedding light on the transition to becoming competent and self-efficacious nurses. According to Alilyyani et al. an authentic leader embodies qualities that followers perceive as authentic [13]. In our study, students' ideal definition of an authentic preceptor leader

closely matched what they observed in their preceptors: competence, passion, empathy, reliability, patience, and knowledge. When preceptors met these expectations, they were seen as authentic leaders as students identified with their leadership style [25].

In addition to the attributes described by students about authentic leadership relative to their ideal preceptor, the students also described qualities set out by the preceptor, guiding their transition from student nurse to novice nurse. Wu et al. suggest that positive preceptorship experiences help students adapt to the work environment, facilitating a smooth transition from student to novice nurse [26]. An essential factor for a positive preceptorship experience is the preceptors' understanding of their role, which correlates with higher levels of self-efficacy and confidence in clinical teaching, which translates into a more positive educational experience to facilitate nurse role transition [26,8]. Students reported that preceptors who demonstrated strong knowledge of their role through problem-solving, reflective practice, and active engagement in unit activities contributed significantly to their sense of self-efficacy. They emphasized the importance of "guided independence," where preceptors challenged them while remaining available for support, fostering capacity, confidence, autonomy, and self-efficacy.

Moreover, the students reiterated the importance of feeling respected by the healthcare team and appreciated when their opinions were considered. Students also mentioned the importance of the preceptor showing their "human side" and having the capacity to acknowledge that nursing is an ongoing learning journey. Students reported feeling more confident and more comfortable with their preceptors when the preceptor was more vulnerable and could admit when there was a learning gap. Croke notes that an important quality of being an excellent preceptor is being transparent with students about one's learning gaps, recognizing that medicine and nursing are constantly evolving [2]. This, too, increased confidence and a sensation of feeling like a colleague and not just a student, which is beneficial for a smooth transition from a student nurse to a novice nurse.

The qualitative data collected in this study clarified how and why students' self-efficacy increased during their final practicum experience. Through the interviews, the four sources of self-efficacy of mastery experience, social modelling, verbal persuasion, and physical and emotional states, as described by Bandura [27], were identified in the students' accounts. Throughout their preceptorship, students developed a nursing identity, gained independence in practice, and integrated effectively within their team. This progression marked their readiness to transition from student nurse to novice nurse. Students acknowledged that it required a process, and they felt the transition happening as time progressed.

Students acknowledged that this transition was a gradual process facilitated significantly by the preceptor's role in preventing transitional shock [28]. Preceptors who provided compassionate support and guidance helped enhance students' confidence and performance competency [28,6]. Moreover, relationships were highlighted as crucial for effective nursing leadership [11]. Hence, it is commendable that students perceived preceptors to demonstrate authentic leadership, and this further influenced their self-efficacy belief to nurse, which may further impact students' smooth transition from student nurses to competent, safe, and professional nurses.

The final theme that emerged in this study was the impact of preceptor attributes on job satisfaction and performance among novice nurses, with a particular focus on authentic leadership. Nursing students highlighted the critical role of preceptors in shaping their professional satisfaction. Students who viewed their preceptors as passionate and effective role models expressed a desire to emulate these qualities. In contrast, students who perceived a lack of passion in their preceptors reported their clinical experiences as unrewarding and unfulfilling.

Preceptors considered good role models were seen as flexible, smart, honest, inspiring, open, vulnerable, competent, exemplary, approachable, caring, dependable, encouraging, motivating, and respectful of students' opinions. These descriptors align with authentic leadership theory, which describes authentic leaders as role models who deeply care for their followers and derive satisfaction from their growth [11]. In contrast, preceptors considered poor role models with unwanted characteristics led to a lack of trust, and students did not want to emulate them in their nursing practice. Brook et al. further support this by highlighting the importance of quality preceptorship in improving novice nurse retention, confidence, job satisfaction and reducing turnover [3].

The overall interpretations from the qualitative findings reveal that perceived preceptor authentic leadership significantly impacts nursing students' self-efficacy and job satisfaction. Preceptors demonstrating authentic leadership contribute to positive experiences, building students' competence and fulfillment. When preceptors did not exhibit authentic leadership, students often sought help from others to complete their tasks, driven by a strong desire to succeed despite the lack of support. Additionally, job performance evaluations considered external factors outside preceptors' control, such as specialized placements or limited opportunities for hands-on skills.

Implications and Considerations for Practice

In alignment with other studies, the ideal preceptor is integral for helping students adapt to the healthcare environment and easing their role transition [2,4,26,8]. The ideal preceptor should be an experienced nurse passionate about nursing and motivated by love for the job rather than extrinsic factors like salary. The findings suggest that preceptors who exhibit authentic leadership can significantly influence nursing students' learning outcomes, such as self-efficacy, job satisfaction, and job performance. This has implications for how nursing education programs are structured, and the type of training preceptors provide to the students. Preceptors, serving as role models and mentors, can inspire students to pursue nursing careers and develop strong professional identities, essential for the next generation of competent nurses. Therefore, nursing stakeholders must recruit ideal preceptors to help nursing students transition and develop self-efficacy to practice as nurses. Hence, we make the following suggestions to provide nurse managers with strategies for how to effectively screen for the ideal nursing preceptor by asking potential preceptors pertinent questions such as:

1. How would you define the ideal preceptor?
2. How would you describe yourself as an ideal preceptor for facilitating a successful preceptorship/final clinical practicum for students?
3. What do you value as a preceptor with your nursing students?
4. How would you want your nursing students to describe you as a preceptor?
5. How would you identify successful role transition in your nursing students during the preceptorship practicum?
6. Describe the processes you use to help students transition from student to novice nurse?

Considerations for the Future

In response to calls for further research to expand understanding of students' learning experiences that facilitate the transition to the nursing role [28], this study explored how preceptors' authentic leadership can significantly influence nursing students' self-efficacy, job satisfaction, and job performance. The findings emphasize the need for more research to deepen our understanding of the preceptorship experience and highlight the potential for preceptors' authentic leadership to better prepare students for their future nursing roles.

The preceptorship process allows student nurses to work independently and develop their nursing identity, which is crucial for their transition to professional practice. Preceptors should be flexible, allowing final year RN and LPN students to practice independently, acknowledge and praise their efforts, and allow them to take responsibility for patient care. Preceptors should strive to create environments where students feel both supported and challenged, fostering growth, autonomy, and self-efficacy. Training preceptors to display authentic leadership qualities such as openness, vulnerability, supportiveness, and a passion for nursing can create a safe, judgment-free environment conducive to learning and growth. Finally, nursing programs should focus on how preceptors' authentic leadership can positively impact students' self-efficacy and job satisfaction, leading to better job performance and lower attrition rates among new nurses.

Limitations

Identifiable limitations of the study include those related to bias, such as the voluntary sampling technique, the use of a self-report questionnaire, and telephone interviews. Further, the data presented is only representative of the views of the final year RN and LPN students, not their preceptors. Additionally, sex and gender-based analyses (SGBA) were not incorporated into the research design, thus limiting the generalizability of the research.

Conclusion

This study explored the effects of perceived preceptor authentic leadership on nursing students' self-efficacy, job satisfaction, and job performance. The findings suggest that an ideal authentic leader preceptor creates safe learning spaces, positively impacting students' self-efficacy and job satisfaction. Students appreciated being challenged and supported simultaneously, which fostered growth, autonomy, confidence, and self-efficacy. Overall, the findings have important implications for nurse preparation, preceptor development, and nurse preceptors' leadership enhancement. This study contributes to the nursing leadership literature by supporting the applicability of an authentic leadership model and its positive impact on RN and LPN students' learning outcomes.

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