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Registered nurse preceptors' perceptions of changes in the organisation of clinical placements in psychiatric care for undergraduate nursing students: A mixed-methods study

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ABSTRACT

Aim: The aim of this study was to investigate the perceptions of registered nurse (RN) preceptors working in psychiatric care concerning the organisation of clinical placements and their own preceptor role with undergraduate nursing students.
Background: Clinical placements play a central role in undergraduate nursing education, and it is crucial that psychiatric care clinical placements are of high quality.
Methods: The RNs' perceptions before and after the introduction of changes in the organisation of clinical placements were compared. A total of 103 surveys with quantitative and qualitative data were returned, from 59 RN preceptors at baseline and 44 RN preceptors at follow-up. Data were analysed with non-parametrical statistics and qualitative content analysis.
Results: The majority of RN preceptors perceived the changes to have been beneficial, but there was still a desire for the students to have more time in their psychiatric care clinical placements according to the RN preceptors. At follow-up, significantly more RN preceptors perceived that they had an intentional pedagogical foundation for their precepting.
Conclusions: We conclude that the changes introduced into the clinical placement are beneficial, but there is still need for further improvement in relation to the amount of time student nurses spend in psychiatric clinical placements and in the opportunities provided for RN preceptors to attend preceptor preparation courses.

1. Introduction

The clinical placement is a central component of nursing education. According to the European Parliament and Council Directive /55/EU) (2013), 50% of nursing education should be in real-life clinical settings. The clinical placement involves learning under the supervision of a healthcare professional within a healthcare organisation (Flott and Linden, 2016) and it has been described as a social process requiring active student participation (Egan and Jaye, 2009). Clinical placements provide the opportunity for nursing students to apply theoretical knowledge obtained during their campus-based learning (Carlson, 2012; McKenna et al., 2019). Furthermore, the clinical placement enables students to develop cognitive and affective skills (Carlson, 2012), to acclimatise culturally (Health Work Australia, 2014) and to develop their professional identity (McKenna et al., 2019). The placement also supports decision-making about future career options (Ion et al., 2017). As nurses are frontline staff in most healthcare contexts and their contribution is essential to the delivery of safe and effective patient care (Buchan and Aiken, 2008), it is essential that nurses are trained to a high standard. The quality of nursing education, including the clinical placement, is of outmost importance, and research indicates that it influences intent to stay in the nursing profession at a time when nursing shortages are a concern worldwide (Collard et al., 2020).

There is substantial research showing that the majority of nursing students do not consider the psychiatric and mental health field as a possible future work place and that many students have negative attitudes towards individuals with mental health problems (Ewalds-Kvist et al., 2013; Lim et al., 2020; Poreddi et al., 2015; Samari et al., 2019). However, research has also shown that nursing students who do their clinical placement in psychiatric and mental health care become more

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interested in participating in a graduate nursing program in psychiatry later and are more likely to develop a positive attitude towards individuals with mental health problems (Foster et al., 2019; Happel, 2008; Happel et al., 2008; Palou et al., 2020). Ensuring that clinical placements in this field are of high quality is therefore crucial to the recruitment of nurses into the psychiatric and mental health care field.

Traditionally, clinical placements in nursing education in Sweden are built on a teaching model in which each student is placed in a healthcare organisation where they follow an RN preceptor during their shift (Hellström-Hyson et al., 2012). Preceptorship involves a formal relationship of predetermined length between a more experienced RN preceptor and a student, designed to provide individualised learning opportunities during a clinical placement. The preceptor's role is to instruct, demonstrate tasks and guide the student. Researchers (Carlson, 2013; Mårtensson et al., 2013; Vuckovic and Landgren, 2021) emphasise that new approaches are needed to clinical placements, such as peer learning, the promotion of collaboration, critical thinking, problem solving and reflection, all of which the traditional model normally lacks. Peer learning involves active student participation and means that students acquire both practical and theoretical knowledge and skills by learning from one another (Topping, 2005; Pålsson, 2020). The teacher is involved as a group facilitator or to initiate structured learning activities (Boud et al., 2014). When utilising peer learning, the preceptor acts as 'challenger' and creates space for students to take responsibility for their learning process, which stimulates critical thinking and independence (Mamhidir et al., 2014). A systematic review (Stone et al., 2013) reveals that peer learning in clinical placements increases students' self-confidence, critical thinking and communication skills and decreases their anxiety. Moreover, peer learning during psychiatric care clinical placements is shown to promote the nursing students' learning process and leads to a greater sense of security (Vuckovic et al., 2019).

The preceptor plays a vital role in clinical placements (Carlson et al., 2010), is often responsible for teaching during the placement (Yonge et al., 2007) and establishes structure for collaborating with peers when structure is lacking (Holst et al., 2017). A systematic review found that a positive relationship with the preceptor during a clinical placement facilitates nursing students' learning experience and prepares them to be 'ready for practice' upon graduation (Edward et al., 2017). Supportive preceptors who are prepared to meet the different needs of the students in clinical placement are central to successful peer learning in the psychiatric care context (Vuckovic et al., 2019). However, being a preceptor can be stressful and create time pressures as the RN preceptors need to manage their ordinary clinical work and the preceptorship at the same time, often without any reduction in their normal clinical responsibilities (Nygren and Carlson, 2017; Quek and Shorey, 2018).

Precepting students during their clinical placement is a challenging and complex role that requires adequate preparation (Kalischuk et al., 2013; Tuomikoski el al., 2020). Precepting in clinical placements needs to be acknowledged as an educational activity in line with campus-based teaching (Carlson, 2012). The preparation of clinical placement preceptors needs to be organised in close collaboration between the healthcare organisations and universities (Sundler et al., 2014), while poor collaboration can be responsible for negative student experiences during their clinical placement (Andrews et al., 2006).

The aim of this study was to investigate the perceptions of registered nurse (RN) preceptors working in psychiatric care concerning the organisation of clinical placements and their own preceptor role with undergraduate nursing students. Their perceptions were considered both before and after the introduction of changes into the organisation of the clinical placements.

2. Methods

The study was conducted over twelve months and used both quantitative and qualitative data collected through two cross-sectional surveys among RN preceptors in psychiatric care. The surveys were conducted before and after the introduction of changes in the organisation of clinical placements for undergraduate nursing students from a university in Sweden. Mixing qualitative and quantitative data allowed for a richer understanding of the RN preceptors' perceptions, enhancing the interpretation of findings when compared with the use of closed Likert scale questions only (Leech and Onwuegbuzie, 2010).

2.1. Study context

2.1.1. Nursing education in Sweden

Undergraduate nursing education in Sweden involves 180 ECTS (European Credit Transfer and Accumulation System), which include theoretical as well as clinical placement courses and results in both a diploma degree and an academic degree (i.e. bachelor's degree). Nursing education is currently regulated in the national framework set up by the Swedish Higher Education Authority (SFS, 1992:1434; SFS, 1993:100). After successful completion of an accredited nursing programme, the students are qualified to work as RNs. In the Swedish context, the organisation of the clinical placement in the undergraduate nursing education varies between universities, and a clinical placement in psychiatric care is not always mandatory. At the site of this research study, undergraduate nursing students have five ECTS (about three full-time weeks) involving clinical placement in psychiatric care, which are integrated with an additional 5.5 ECTS in theoretical or campus-based learning activities in psychiatric nursing.

2.1.2. Changes in the organisation of clinical placements

At the start of this research study, the clinical placement was organised as two days of clinical placement in psychiatric care, combined with three days of campus-based learning activities a week for six weeks, ending with one final week of examinations on campus. Several student course evaluations revealed that this type of organisation was not beneficial, and we therefore decided to change the organisation of the psychiatric care clinical placement. The initiative for the change came from the course coordinator of the clinical placement course in psychiatric care (the first author) which was then decided upon together with the nursing program coordinator, involved lectures and RN preceptors.

The changed design of the clinical placement in psychiatric care evolved out of a dialogue between RN preceptors in the psychiatric care context, nursing students and university lecturers. Student course evaluations and results from the first survey with RN preceptors were also used to design the changes, which comprised:

- Increasing the number of days per week in the clinical placement (from two days per week for six weeks to four days per week for three weeks).
- Separating the weeks of theoretical and campus-based learning activities from the clinical placement weeks.
- The introduction of a new formative and summative assessment tool designed to measure the learning outcomes of the course, specifically targeting the psychiatric context.
- The introduction of a new preceptor model where two students with the same level of education were paired with the same preceptor (i.e. creating peer-learning, as inspired by Carlson, 2012). The students are seen as equals collaborating in nursing care; they share learning activities and solve problems together. They engage in self-reflections and participate in discussions with the preceptor. The preceptor supports the students' collaborative learning, ensures patient safety and provides feedback and assessment.
- The introduction of written structured learning activities to enhance reflection and critical thinking (as inspired by Stenberg et al., 2020). The structured learning activities comprise written simulations or examples that the students can reflect upon to learn more about complex care situations, such as those from which ethical considerations arise. The structured learning activities can also be used as

preparation for clinical care by demonstrating the connection between the theoretical and practical aspects of nursing care. The structured learning activities align with the learning outcomes established in the university's curricula.

2.1.2.1. The setting and the recruitment of participants. All RN preceptors at the collaborating adult psychiatric units in the geographical region of the research site were invited to participate in two online surveys. The collaborating units included three adult psychiatric in-patient wards and four out-patient clinics. A letter of information was sent out twice (once at baseline and once for the follow-up survey) to all RN preceptors through e-mail with an invitation to participate in an anonymous online survey. Interested RN preceptors completed the online questionnaire anonymously through a survey link included in the e-mail. At follow-up, a new e-mail was sent to all the preceptors; this e-mail included an invitation to participate, as well as a new survey link. A total of 103 completed surveys were returned: 59 at baseline and 44 at follow-up. The number of RN preceptors that participated were 59 at baseline and 44 at follow-up. Because the respondents participated anonymously, we do not know how many of the RN preceptors participated in both the baseline and follow-up surveys.

2.1.2.2. Ethical considerations. The study observed the regulations of the Swedish Ethical Review Act concerning research involving living persons and was reviewed by the Ethical Advisory Board in South East Sweden (EPK 361–2016). Permission to conduct the study was obtained from the Head of Department at the University and from the Clinical Ward Managers at the psychiatric clinics. The study adhered to the principles of confidentiality, voluntary participation, the right to withdraw and informed consent.

2.1.2.3. Data collection. The questionnaire was specifically designed for this study and included 25–27 single items; eight background questions regarding age, sex, education, workplace, work experience and the RN preceptors' perceived opportunity to influence the number of students to precept during a semester. The baseline survey included five items regarding the organisation of the clinical placement and twelve items covering aspects of the preceptor's role. The follow-up survey included the same items as the baseline, with the addition of two items specifically targeting perceptions of changes in the organisation of the clinical placement. These items were rated using a 4-point Likert scale (1 = Strongly agree; 4 = Strongly disagree). Inspired by the literature regarding the preceptor's role, all items were chosen to suit specific changes in the clinical placement. All items were used as single items only because this questionnaire lacked indexes or dimensions with previously established factors and opportunities for reliability testing. Each closed question was followed by a space where participants could respond freely to the question asked (i.e., 25 spaces for responding to the closed questions at baseline and 27 spaces for responding to the questions at follow-up). A closed Likert scale question was formulated as 'I know what the goal is for the clinical placement', followed by a request to provide written comments in response (see Tables 2 and 3 for additional abbreviated examples of closed questions).

The baseline survey was conducted before changes were made in the organisation of the clinical placement and was used to design the changes. The follow-up survey was conducted eight months after the introduction of the changes in the organisation of the clinical placement, once the RN preceptors had an opportunity to revise their precepting in line with the new instructions for the clinical placement.

2.1.2.4. Analysis. Quantitative data from the closed questions in the questionnaire were analysed using the Statistical Package for the Social Sciences (SPSS version 24; IBM Corp, 2013). Descriptive statistics were undertaken for the participants' background information and for the distribution of their responses to the items relating to the organisation of the clinical placement and their own preceptor role. Differences in response between the baseline and follow-up results were analysed using the Chi-square test. Statistical significance was defined as 0.05. Qualitative data from the open-ended questions were analysed by qualitative inductive content analysis as described by Elo and Kyngäs (2008). The analytical process included open coding of the text and the sorting of the codes into summaries of text describing aspects related to the closed questions. The first step involved several open-ended readings of the texts, from written responses to immersion in the data. The second step involved open coding: portions of the responses to open-ended questions were abstracted into codes. These codes were noted in the margins of the texts while reading them, with the closed question related

Table 1
Description of participants' background information.

	Baseline (n = 59)	Follow-up (n = 44)	P-value[1]
Sex	Women = 41 Men = 11	Women = 26 Men = 9	0.139
Age (years)	≤30 = 5 31–40 = 14 41–50 = 15 51–60 = 14 >60 = 9	≤30 = 7 31–40 = 11 41–50 = 8 51–60 = 14 > 60 = 4	0.659
Years of experience in psychiatric care	0–10 = 26 11–20 = 21 21–30 = 6 31–36 + = 5	0–10 = 24 11–20 = 13 21–30 = 5 31–36 + = 2	0.860
Number of years in current workplace	≤5 = 30 6–10 = 19 11–15 = 4 16–20 = 3 21–25 = 0 26–30 = 1 31–36 + = 0	≤ 5 = 26 6–10 = 10 11–15 = 2 16–20 = 3 21–25 = 2 26–30 = 0 31–36 + = 1	0.404
Specialist degree in psychiatric nursing (yes/no)	Yes = 34 No = 24	Yes = 27 No = 17	0.780
Preceptor course/education (yes/no)	Yes = 12 No = 45	Yes = 9 No = 35	0.680
Current work place (out-/in-patient)	Out-patient = 26 In-patient = 30	Out-patient = 18 In-patient = 24	0.571
I can influence the number of students to precept during a semester (1 = Strongly agree; 4 = Strongly disagree)	Mean = 3.22 (SD = 0.81) Median = 3	Mean = 3.00 (SD = 0.93) Median = 3	0.233

Note: Missing values varied between 1 and 9; [1]Chi-square test

Table 2
Description of perceptions regarding the clinical placement organisation at baseline compared to follow-up.

Variable (1 = Strongly agree – 4 = Strongly disagree)	Baseline (n = 59)	Follow-up (n = 44)	*p*-value[a]
The clinical placement organisation needs to change	Mean = 2.15 (SD = 0.99) Median = 3	Mean = 2.85 (SD = 0.86) Median = 3	0.004
I know what students are expected to learn during clinical placement	Mean = 2.19 (SD = 0.78) Median = 2	Mean = 2.17 (SD = 0.89) Median = 2	0.740
I know what the goal is for the clinical placement	Mean = 2.09 (SD = 0.78) Median = 2	Mean = 2.02 (SD = 0.75) Median = 2	0.269
The formative assessment document is a support to my preceptorship	Mean = 2.85 (SD = 0.84) Median = 3	Mean = 2.24 (SD = 0.89) Median = 2	0.004
The summative assessment works well for students and university staff	Mean = 1.76 (SD = 0.77) Median = 2	Mean = 1.67 (SD = 0.72) Median = 2	0.725

[a] Chi-square test

Table 3
Description of perceptions regarding the preceptor role at baseline compared to follow-up.

Items (1 = Strongly agree; 4 = Strongly disagree)	Baseline (n = 59)	Follow-up (n = 44)	*p*-value[a]
There is a positive preceptor climate in the workplace	Mean = 1.18 (SD = 0.74) Median = 2	Mean = 1.91 (SD =0.77) Median = 2	0.809
I can get support at work relating to my preceptorship	Mean = 1.93 (SD = 0.93) Median = 2	Mean = 1.84 (SD = 0.75) Median = 2	0.303
I can get support from the University	Mean = 2.74 (SD = 0.94) Median = 3	Mean = 2.39 (SD = 0.85) Median = 2	0.215
My role as a preceptor is clear	Mean = 2.27 (SD = 0.83) Median = 2	Mean = 2.05 (SD = 0.8) Median = 2	0.170
I have received enough competence development to be a preceptor	Mean = 2.27 (SD = 0.94) Median = 3	Mean = 2.47 (SD = 0.94) Median = 2	0.460
I feel secure in my role as a preceptor	Mean = 1.83 (SD = 0.81) Median = 2	Mean = 1.76 (SD = 0.62) Median = 2	0.428
I like supervising students	Mean = 2.02 (SD = 0.82) Median = 2	Mean = 1.83 (SD = 0.76) Median = 2	0.696
Being a preceptor creates an extra workload for me	Mean = 2.44 (SD = 0.9) Median = 3	Mean = 2.64 (SD = 0.75) Median = 3	0.210
I would rather not be a preceptor	Mean = 3.21 (SD = 0.93) Median = 3	Mean = 3.44 (SD = 0.82) Median = 4	0.631
Being a preceptor helps me to keep updated	Mean = 2.56 (SD = 0.92) Median = 3	Mean = 2.25 (SD = 0.9) Median = 2	0.175
I have an intentional pedagogical foundation for my preceptorship	Mean = 2.04 (SD = 0.58) Median = 2	Mean = 1.78 (SD = 0.7) Median = 2	0.045

[a] Chi-square test

to the comment included as a focus. Then, the codes from the margins were compiled and compared to identify similarities and differences, resulting in the description of the manifest content (i.e.,aspects related to the closed questions). Throughout the data analysis, critical reflections ensured the trustworthiness of the interpretations. Quotations from participants are used with permission.

3. Results

The participants' background information is presented in Table 1. There were no significant differences between the baseline sample and the follow-up sample. About half of the RN preceptors (n = 54) worked in psychiatric in-patient care and the other half (n = 44) in psychiatric out-patient care. The majority of the participants were women (n = 67) and had five years or less of work experience in their current workplace. About half of the participants (n = 50) had 0–10 years of work experience in psychiatric care, 67% (n = 61) had a specialist nursing degree in psychiatric care, while only 26% (n = 21) had completed a preceptor preparation course. In general, the nurses disagreed with the statement that they could influence the number of students to precept during a semester.

3.1. Organisation of the clinical placement

The results at baseline from the open-ended questions regarding the clinical placement organisation (i.e. two days a week for six weeks) revealed that the participants did not perceive this structure as being beneficial to the nursing students' training. The lack of continuity, the lack of understanding of patient processes, difficulties in designing a plan for the nursing student, in building relationships between students and patients and in getting a comprehensive view of psychiatric care and the difficulties the preceptor experienced in assessing and giving feedback to the student are examples of the areas of difficulty emphasized.

> The students get only a glimpse and need a full-time clinical placement to gain continuity and understanding, to deepen their insight, to be able to meet and communicate (with the patient) and to get an idea of what psychiatry is really about. (Preceptor No. 1)

The distribution of mean response to the items relating to the clinical placement is presented in Table 2, for both baseline and follow-up. At baseline, the general perception among the participants was that they thought the clinical placement needed to change. The open-ended comments show that this perception related to the need for a more cohesive clinical placement, with more consecutive days in the clinical context during a week. The participants also wanted fewer theoretical assignments for the students during their clinical placement to allow them to focus on the clinical learning. Overall, there was a desire for the nursing students to have more time in the psychiatric field. In the follow-up survey, there was less agreement among participants regarding whether the clinical placement needed to change (mean 2.15 vs. 2.85; p = 0.004). There was a significant difference in perceptions regarding the formative assessment tool used during the clinical placement and the final summative assessment of the students. At the follow-up, the majority of participants agreed that the formative assessment document was now better than at baseline (mean 2.24 vs. 2.85; p 0.004). The baseline responses showed that the participants found the original assessment tool to be unsuitable for use in the psychiatric context and that its learning goals were vaguely expressed. In relation to specific questions at follow-up concerning the changes in the clinical placement organisation, a few participants stated that they had now implemented a system where students learned in pairs during their clinical placement or they were now using structured learning activities. The participants disagreed with the two closed question statements 'Learning in pairs works well' (Mean = 3.5) and 'The use of structured learning activities is a support for student learning' (Mean = 3.5). Participants working in in-patient care were significantly more positive about increasing the hours for nursing students' psychiatric clinical placements compared to participants in out-patient care (mean 1.96 vs. 3.11; p = 0.001). Several open replies also stated a desire for more hours of clinical placement in psychiatric care during the undergraduate nursing programme.

3.2. Preceptor role

The results of the questions regarding the preceptor role revealed a few differences between baseline and follow-up (Table 3). At follow-up, significantly more participants thought that they had a pedagogical foundation to their preceptorship compared to their baseline responses (mean 1.78 vs. 2.04; p = 0.045). In general, the participants agreed that they liked supervising students and disagreed with the statement that they would rather not be a preceptor. The replies to the open-ended questions revealed that the participants liked being a preceptor provided they were able to have periods without the students so that they could 'catch their breath', but that it could be strenuous and stressful to be a preceptor during periods of high workload. The closed question showed that the participants were, in general, secure in their preceptor role and thought there was a positive attitude towards the students in their workplace. The qualitative data showed that the participants perceived that most of their workplace colleagues considered having students to be a positive thing, but that there was a desire for periods without having to precept students.

> We all enjoy having students, but sometimes it can be too much as we always have a student here. (Preceptor No. 2)

The qualitative data also showed that the participants had not felt the need to ask for support from the university and that there was a good support system among colleagues in the workplace. Many of the

participants stated that they had not received any formal training in how to be a preceptor and had lacked any opportunity to develop competence in relation to their preceptorship, such as might be provided through a preceptor preparation course.

4. Discussion

In this study, we investigated the perceptions of RN preceptors regarding the clinical placement of undergraduate nursing students in psychiatric and mental health care, and also regarding their own preceptor role. Surveys were conducted both before and after changing the clinical placement organisation. We found few significant differences in perceptions between the baseline and follow-up surveys, yet at follow-up, significantly more preceptors found the organisational change beneficial. Furthermore, significantly more preceptors perceived that they had an intentional pedagogical foundation for their preceptorship at follow-up compared to baseline. Taken together, these results indicate that efforts to improve the organisation of the clinical placement are beneficial to the preceptors, but that it requires more time to implement the changes, especially in relation to changed pedagogical models such as peer-learning and the use of structural learning activities.

4.1. Organisation of the clinical placement

The results from this study indicate that the participating preceptors perceived the changes in the organisation of the clinical placement to be preferable to the old organisation. This was demonstrated by a significant increase in negative responses to the statement: 'The clinical placement organisation needs to change'. One possible explanation for perceiving less need for the organisation to change may be that the changes in clinical placement already implemented had contributed to greater continuity for the preceptors and that this was perceived as beneficial. Research shows that continuity in clinical placement seems to be important both from the preceptors' perspective (Mamhidir et al., 2014) and the nursing students' perspective (Hellström-Hyson et al., 2012).

Yet, the data also implied that there was still a need for further improvement, which would seem to be related to the preceptors' wish for undergraduate nursing students to have more clinical placement time in psychiatric and mental health care, as suggested in the qualitative open responses. Indeed, having a reasonably long clinical placement in this field is important for several reasons, including the symbolic devaluing that is communicated when there is less placement time in psychiatric care compared to the other health care areas. Clinical training in psychiatric and mental health nursing has been found to positively influence attitudes among nursing students (Foster et al., 2019; Happel, 2008; Happel et al., 2008; Palou et al., 2020). Thus, giving undergraduate nursing students sufficient time for a clinical placement in this field may help to establish its value and importance.

4.2. Preceptors' situation and role

The results of this study showed that the majority of preceptors had not received any formal training in how to precept nursing students and lacked any opportunity to develop competence regarding their preceptorship. Previous research has shown that formal preceptor training and education is an effective strategy to increase the confidence and knowledge of RN preceptors working with nursing students (Larsen and Zahner, 2011; Lienert-Brown et al., 2018) and to increase the preceptors' self-evaluation of their preceptor competence (Tuomikoski et al., 2020). In many European countries, including Sweden, RN preceptors are not required to undergo any formal training (cf. Barrett, 2020), but the question is whether formal training and preceptor preparation courses should be compulsory due to their importance in developing preceptor confidence and competence.

The results of this study show that the preceptors enjoy supervising students and significantly more preceptors at follow-up, compared to baseline, thought that they had pedagogical foundations for their preceptorship. Research from the preceptor perspective shows that working with pedagogical models, such as peer-learning, gives preceptors a better perspective on students' learning process and nursing knowledge during their clinical placements. The preceptor can take a step back to study the students' interactions, which eases the assessment process, while the creation of reflective discussions can support the students' learning processes (Nygren and Carlson, 2017). As the time allocated for learning in clinical placements has decreased in many countries (Hall-Lord et al., 2013), it is of great importance to build a sustainable organisation that will support the students' learning processes during their clinical placement.

At the same time, results from the present study indicate that preceptorship in psychiatric care can be perceived as strenuous and stressful during periods of high workload, and the preceptors therefore wish to have periods without any students. Previous research across different settings and countries confirms that RN preceptors find the role of preceptorship to be challenging and stressful, especially in circumstances where there is an intense workload (Carlson et al., 2010, McCarthy and Murphy, 2010; Smith and Sweet, 2019; Valizadeh et al., 2016). As the nursing shortage today has reached a critical point and nursing staff retention is a global problem (Marć et al., 2019), it is time to acknowledge that RN preceptors are key stakeholders in clinical placements (cf. Bodine, 2018) and important for both healthcare organisations and universities. As having a good learning environment is of great importance for nursing students during their clinical placement (Sundler et al., 2014), there is a need to establish regular contact between the preceptors in healthcare organisations and the nursing faculty at the universities, as this can lead to greater awareness of their mutual strengths and weaknesses (Duteau, 2012).

4.3. Strengths and limitations

This study used both quantitative data and qualitative data; the latter took the form of written comments. Analysing the written responses to each closed Likert scale question helped us understand the statistical data better and enabled us to interpret nuances in the results (Leech and Onwuegbuzie, 2010). The main limitations of this study were due to its context and the circumstances in psychiatric and mental health care at this time. A heavy workload combined with high staff turnover limited the possibility of fully implementing the changes during the study period, which influenced the results relating to peer-learning and the use of structured learning activities. Further evaluations are needed to fully understand the potential benefits of the changes. Furthermore, the data was cross-sectional in nature, and due to confidentiality issues in the data collection process, we were unable to link specific participants in the baseline survey with those in the follow-ups. Therefore, we are unable to specify how many nurses at baseline also participated at follow-up. Due to high nurse turnover in the area, it is likely that some staff would have ended their employment, and some might have just started working during the eighth months between the data collection periods. We were unable to identify existing instruments in Swedish that were suitable to evaluate the specific changes made, therefore, we created questions specifically for this study. This enabled us to investigate various questions of importance for this study, but only at the item level. We did not use a specific theory or construct in order to design factors or indexes, which might have made it easier to sort the quantitative data. Our main purpose was not, however, to construct a new instrument. The items we used did allow us to ask the RN preceptors what they thought about the changes that had been made, which will help improve clinical placement in psychiatric and mental health care settings. When designing the clinical placement organisational changes, we included both student course evaluations and RN preceptors' perceptions, which we believe to be a strength. We have strived to provide clear descriptions of this study's context, including the processes of data

collection and analysis, which guide the reader through the steps in the research process and facilitate the reader's assessment of the findings' transferability (Polit and Beck, 2017).

5. Conclusion

Notwithstanding the limitations mentioned, our study suggests that changes in the organisation of the clinical placement, including greater continuity and a tailored assessment form, were perceived as more favourable by the RN preceptors and as being more supportive of the pedagogical foundations of precepting in the psychiatric and mental health field. Psychiatric and mental health nursing is often perceived negatively among undergraduate nursing students, which implies a need for a substantial and high quality clinical placement time in this field. Although the organisation of the clinical placement, as perceived by the preceptors, was improved by the changes introduced by this study, there is still a need to improve the quality further and to support student learning and attitudes towards working in this field. Formal preceptor education and training is important in building preceptor confidence and arguably also for student learning. We suggest that greater effort is needed to provide such education for RN preceptors in psychiatric and mental health care. Further research is needed in order to understand how to support RN preceptors in their work while acknowledging current work conditions in psychiatric and mental health care (e.g., heavy workloads and lack of time for nursing students to learn and reflect).

Author statement

We guarantee that ethical principles were followed, in line with the Swedish Law on Ethical Review of Research Involving Humans., The study presents original data and is not under consideration for publication elsewhere. Each author has contributed to the authorship and approved the final version submitted here.

Declaration of Competing Interest

None.

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