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Student Nurses' Perception of Preceptors' Authentic Leadership Effect on Self-Efficacy

by

Venise D. Bryan

A THESIS

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Abstract

The study examined the relationship between final year nursing students' perceptions of preceptor authentic leadership and self-efficacy. Nursing students are required to engage in a preceptorship experience at the end of their nursing education for socialisation into the profession and learning consolidation to facilitate optimum transition from student to nurse. Unfortunately, preceptorship has been identified as the most stressful experience that nursing students engage in and poor relations with clinical staff and low competence beliefs to nurse have led to attrition after graduation. To date, a limited number of studies have examined preceptors' leadership style, particularly authentic leadership and student nurses' self-efficacy. Authentic leadership has been identified in the nursing literature as a root element for creating healthy work environments to enhance nurturing leader-follower relationships. Hence, this study addresses: a) the relationship between perceived preceptor authentic leadership and nursing students' self-efficacy, job satisfaction, and job performance; b) the influence of the final clinical practicum on nursing students' self-efficacy to nurse; and c) the mediating effect of self-efficacy on perceived preceptor authentic leadership, job satisfaction and job performance. A multi-phase mixed methods approach of an explanatory sequential design was used. Data were collected from 94 randomly selected final year nursing students using four standardized instruments: authentic leadership questionnaire, adapted self-efficacy scale, global job satisfaction survey, and general performance scale. A semi-structured interview was also done. Data were analysed using descriptive and inferential statistics as well as thematic analysis. The results showed that students perceived preceptors' authentic leadership, and the final clinical practicum experience positively influenced their self-efficacy. Authentic leadership had a direct association with self-efficacy and job satisfaction, and an indirect relationship with job performance as mediated through self-efficacy. The thematic analysis identified five key themes which included the two overarching themes of preceptor attributes and preceptor effects. The study's findings show that authentic leadership has implications for nursing practice, leadership, and education as the study provides support for the effectiveness of the theory in the preceptorship experience of the final year nursing student population in enhancing their self-efficacy, job satisfaction, and job performance.

Keywords: authentic leadership, nursing students, preceptors, self-efficacy, job satisfaction, job performance, LPN, RN

Preface

This thesis is original, unpublished, independent work by the author, Venise D. Bryan. The information reported in this study were covered by Ethics Certificate number REB17-1618, issued by the University of Calgary Conjoint Faculties Research Ethics Board for the project “Student Nurses’ Perception of Preceptors’ Authentic Leadership Effect on Self-Efficacy” on November 27, 2017.

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Dedication

I dedicate this work to my sister, Denecia Bryan, who stayed up with me until 1am each night as I wrote this thesis, transported me to all the data collection sites, hid my electronic devices to eliminate distractions, and gave unconditional support as I worked towards achieving this milestone. You inspire me, and this PhD is as much mine as it is yours. Thank you, baby sis.

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CHAPTER I

INTRODUCTION

The current study explores the effects of nursing students' perception of their preceptors' authentic leadership on their self-efficacy beliefs and subsequently their job satisfaction and job performance. The knowledge generated from this study will bring about new insight and inform how nursing students' final clinical practicum experience is led by preceptors, to facilitate smooth transition into the profession and world of nursing work. This research employed a multi-phased mixed methods approach to examine the phenomenon of interest. This chapter begins with an overview of the context and background that frames the study, followed by the statement of the problem, definition of key terms, study purpose, research questions, research approach, assumptions, and concludes with the background of the researcher.

Context and Background

The demand for nurses is increasing in Canada and globally in response to increase in volumes of the aging population and the chronic nursing shortage that exist over the past years (All-Party Parliamentary Group, 2016; Catton, 2018; Goodare, 2017). According to the Canadian Nurses Association (CNA, 2009b) by the year 2022, the nursing shortage in Canada will be sitting at 60000. Statistics Canada (2016) reported Canada's seniors' population would have met a milestone with more seniors than children projected to be living in Canada in 2017. This increase in the seniors' population is projected to continue until 2031 when the baby boomers would have all crossed over to senior citizenship status (Statistics Canada, 2018). The implications of the aging population on healthcare can be great, as in 2009 more than 25% of the senior population were said to have at least four chronic illnesses (Statistics Canada, 2018). Thus, showing possible burden on healthcare and the need for human resources, particularly nurses, who make up most of the healthcare workforce (Canadian Nurse, 2010; Bureau of Labor Statistics, 2018) to care for seniors. According to a recent report it has been estimated that an increase in nursing jobs from 64000 to 142,000 full-time nurses would be required by 2035 to meet the demands of the increasing aging population in Canada (Stonebridge & Hermus, 2017).

Specifically, to Alberta, more than 575,000 Albertans were reported to be over 65 years in 2018 and this is projected to increase to 1.1 million by 2040 (Government of Alberta, 2019). The reported number of practicing nurses in Alberta between 2016 and 2017 was 15860 Licensed Practical Nurses (LPN) and 37922 Registered Nurses (RN), with 25% of LPN and 50% of RNs retiring soon (College and Association of Registered Nurses of Alberta [CARNA], 2016; College of Licensed Practical Nurses of Alberta [CLPNA], 2017). According to a recent report, on average, 12,549 nursing students graduate from Canadian nursing programs (Canadian Association of Schools of Nursing [CASN], 2016); however, this may not be enough to meet the demand for nurses with over 75% of the current workforce retiring soon. Hence, it is integral that measures be taken to attract and retain nurses to the profession. This being said, effort need to be taken by leaders in nursing education and stakeholders to ensure nursing students' transition are smooth and they feel equipped and competent, being self-efficacious in taking on the role of a nurse to effectively care for patients.

The preparation of nurses to enter the task force requires completion of a 2-year diploma program to become an LPN (CLPNA, 2019) or a four-year Baccalaureate program to become a RN (CARNA, 2019). Both programs consist of theory and practice, where students attend the clinical environment to gain hands on practice of skills associated with the role of nurses in the clinical environment (Grightmire, 2009). The clinical learning environment usually involves acute care and community agencies where nursing care is delivered, such as hospitals, health centres, long term care, emergent care, and community health organizations (Koontz, Mallory, Burns, & Chapman, 2010). The hands-on practice students gain in the clinical environment is said to be very valuable as the students bridge the knowledge practice gap and are socialised into taking on the role of nurses as they constantly practice, thus, building their competence and confidence (Anderson, 2018).

Towards the completion of the nursing education program, students engage in a final clinical practicum or preceptorship, supervised by one or more preceptor(s) and the student gets the opportunity to consolidate their skills as a nurse and start transitioning from student to nurse (Myrick, Yonge, Billay, & Luhanga, 2011; Laschinger & MacMaster, 2002). Preceptorship is a one-to-one intense clinical nursing experience with a clinical competent practicing nurse and a novice, who are working towards mutually agreed on goals and objectives (Bourbonnais & Keer, 2007). It has been said that the experience that students have in the clinical environment and the relationship shared with the preceptor may impact on whether the student decides to remain in nursing after graduation, where nursing attrition ranged from 7% and 20% after graduation (Ujváriné et al., 2011) and 30-50% of nurses either change positions or leave the profession completely in their first three years in practice (Goodare, 2017). Hence, the relationship shared between preceptor and student is integral to aid the student in transitioning and eventually retaining them in the nursing profession, as based on the demand for nurses, it is very concerning when new nurses may decide to leave the profession due to low self-efficacy, dissatisfaction and inability to perform the duties of a nurse.

Statement of the Problem

Nursing education is composed of theory and practice, which takes place in the clinical setting, where students complete a number of placements for clinical learning. The final clinical practicum or preceptorship lasts for eight to twelve consecutive weeks where the students work consistently with preferably one experienced nurse who acts as a mentor (Goldenberg, Iwasiw, & Macmaster, 1997). The preceptor and student normally share the same schedule and clinical assignment or patient load during the twelve weeks period (Grightmire, 2009). The preceptor is a clinical leader who plays an integral role in socializing a novice, in this case a student nurse, into the profession of nursing to determine competence and safe practice (Duteau, 2012), further impacting on the student's self-efficacy beliefs. Self-efficacy is defined as an individual's beliefs in their abilities and capabilities to succeed in a particular area (Bandura, 1995; Sarikoc & Oksuz, 2017), in this context, nursing.

The nursing preceptorship experience facilitates transitioning into the role of certified nurses and prepares students to enter the 'real' world of healthcare and nursing (Alberta Health Services [AHS], 2011). This stage of the undergraduate nursing preparation can challenge the students' self-efficacy beliefs in their capabilities of becoming safe and competent nurses (Bulfone et al., 2016). Nursing preceptorship can be helpful in addressing this challenge, by assisting students to transition into the eventual role of becoming certified nurses and developing necessary skills (Cox & Simpson, 2016; Goldenberg et al., 1997). The preceptorship experience is geared towards socializing the novice person to the profession and bridging the knowledge practice gap (Myrick & Young, 2004). However, poor relationships with nurses have been cited as a source of stress among student nurses (Killam & Heerschap, 2013; Moridi, Khaledi, & Valiee, 2014; Shipton, 2002), and preceptorship has been reported to be more stressful than even the first year of employment (Yonge, Myrick, & Haase, 2002). Students have also reported experiencing interpersonal conflict with their preceptors as they engage in practicum experiences (Mamchur & Myrick, 2003).

It is plausible that the application of relational theories of leadership, such as authentic leadership to the preceptor-preceptee relationship may address the negative experiences of student nurses in the clinical area, as nursing is relational and authentic leadership is among the relational theories of leadership (Avolio, 2007). Authentic leadership is the first theory that has attempted to provide a guide to leadership development, and it has an integrative model which addresses the human need for relationship, recognition, and being valued (Avolio, 2007); which might be integral to the preceptor-preceptee relationship in enhancing nursing students experience during the final clinical practicum. Preceptors in their leadership role are able to nurture students and create authentic connections between students and other members of the health care team, as they lead the students' smooth transition from student to nurse. Students gaining interprofessional collaboration experiences may contribute to their self-efficacy development (Bradbury-Jones, Sambrook, & Irvine, 2011).

Preceptors who engage in authentic leadership during the final clinical practicum experience may be good role models to the nursing students, demonstrating a high standard of patient care, while also caring for the students. Myrick and Barret (1994) said preceptors should be honest, genuine and authentic to help students have a positive experience, and these are consistent with the authentic leadership theory, as authentic leadership has been identified as a positive style of leadership that creates team morale, positive emotions and is said to be the root construct of positive leadership theories (May, Chan, Hodges, & Avolio, 2003). Research has also linked authentic leadership to job satisfaction and enhanced job performance, which have been strong factors in reducing attrition and intention to leave an organization (Avey, Luthans, & Youssef, 2010; Avolio, Gardner, Walumbwa, Luthans, & May, 2004).

A key note to consider though is that leaders cannot be classified as authentic because they say they are but is determined by how authentic followers perceive leaders to be (Goffee & Jones, 2005; Owusu-Bempah, Addison, & Fairweather, 2011). Follower's perception is considered to be reality; as such, for leaders to be considered as authentic by their follower it is integral that they maintain integrity and the perception of having integrity (Hughes, 2018). Hence, this study focuses on nursing students' perception of their preceptor's authentic leadership and how such perception influences their self-reported self-efficacy, job satisfaction, and job performance. The preceptor is a leader among many other roles of nurturer, teacher, communicator, evaluator, decision-maker, and friendly guide (Weselby, 2014). However, it will be difficult for these roles to be fulfilled if the relationship is strained (Dube & Jooste, 2006; Moore & Cagle, 2012) and preceptors are not perceived as being authentic and helpful.

In their leadership role, preceptors socialize novice nurses to the clinical environment while directing the care of the patient (Leners, Sitzman, & Hessler, 2006). Hence, it is important for nurse preceptors to recognize the role they play as clinical leaders in socializing new nurses into professional practice and recognize that the leadership behavior can positively or negatively influence the novice's clinical performance and experience (Hardyman & Hickey, 2001; Hyrkas & Shoemaker, 2007). Authentic leadership of the preceptor may enhance the nurse-student relations and impact on the preceptorship process. Considering that nurse preceptors are clinical leaders who are integral to the continuity of safe and effective evidence-based nursing care through the development of nurses in clinical education (Duteau, 2012; Walters & Brown, 2010), emphasis needs to be placed on understanding the preceptorship process, and how the preceptors' leadership, in this case authentic leadership, and relations shared with students, may further impact on their self-efficacy, job satisfaction, and job performance. Understanding the role of authentic leadership in the preceptorship experience may equip nurse leaders and stakeholders with the necessary knowledge and strategies to attract and retain nurses to meet the growing demands of Canada with an aging population and the chronic global nurse shortage.

Variables

Independent: preceptor authentic leadership.

Dependent: nursing students' self-efficacy, job satisfaction, and job performance.

Mediating: nursing students' self-efficacy.

Definition of Key Terms

Preceptor: a registered nurse or licensed practical nurse that guides, coaches, and assist nursing students to consolidate nursing competencies in the clinical setting during the final clinical practicum experience.

Authentic leadership: nursing students' observation or perception of preceptors' behaviours in the areas of self-awareness, balanced processing of information, internalized moral perspectives and relational transparency (Avolio et al., 2009).

Nursing Student: an individual enrolled in a four-year registered nurse or two-year practical nurse program and is currently assigned to work with the same preceptor for at least two consecutive months during the final clinical practicum experience.

Self-efficacy: nursing students' affirmation of their capability levels and the strength of that belief in their abilities and skills in being a competent nurse.

Job performance: nursing students' self-evaluation of their abilities to competently carry out the duties and responsibilities associated with being a nurse.

Job satisfaction: nursing students' general fulfillment and gratification in carrying out their role, responsibilities, and duties as a nurse.

Final Clinical Practicum: nursing students' last clinical placement, where they work with the same preceptor for at least two months to consolidate their clinical learning and transition into the role of a competent nurse.

Purpose of the Study

The purpose of this study is to examine the relationships between perceived preceptor authentic leadership and nursing students' self-efficacy, job satisfaction, and job performance in Calgary, Alberta. The study also explores the effect of perceived preceptor authentic leadership on nursing student's self-efficacy and subsequent influence on students' job satisfaction and job performance during the final clinical practicum.

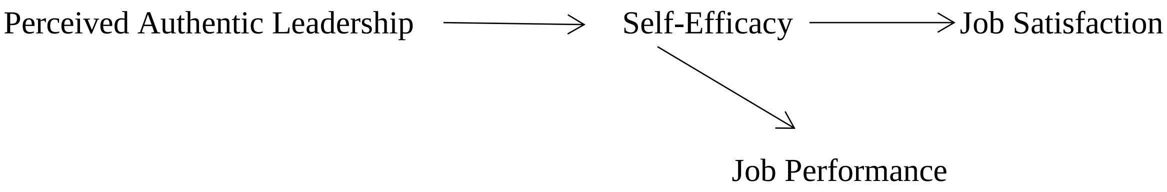


Figure 1. Depicting the research purpose hypothesized model using a diagram.

Research Questions

Overarching Question

What are the effects of perceived preceptor authentic leadership on nursing students' self-efficacy, and subsequently their job satisfaction and job performance?

Specific questions.

1. Do nursing students perceive authentic leadership of nursing preceptors during their final clinical practicum experience?
2. Is nursing students' self-efficacy influenced through the preceptorship process of the final clinical practicum experience?

3. During the final clinical practicum experience, is there an association between perceived preceptor authentic leadership and:
   - I. nursing students’ self-efficacy beliefs?
   - II. nursing students’ job satisfaction? and
   - III. nursing students’ job performance?
4. (a) Does self-efficacy mediate the relationship between nursing students’ perceptions of preceptors’ authentic leadership and their job satisfaction during the final clinical practicum experience?

   (b) Does self-efficacy mediate the relationship between nursing students’ perceptions of preceptors’ authentic leadership and their job performance during the final clinical practicum experience?

Research Approach

The study was done using a mixed methods approach of an explanatory sequential design and was guided by the pragmatism paradigm. This approach was chosen to place emphasis on the research question and to achieve in-depth understanding of the phenomenon (Creswell, 2011) of nursing students’ perception of preceptor authentic leadership and effect on self-efficacy, job satisfaction, and job performance. The study was done in two phases where phase one was of a pre-post-test design where students did a survey before and after the final practicum. Phase two data collection was done through telephone semi-structured interview with 10 purposefully selected students from phase one. Each interviewee was assigned a pseudonym, and all interviews were audio recorded, transcribed verbatim and analysed using thematic analysis.

Assumptions

Based on the researcher's experience and background as a nurse, preceptor and nurse educator, three primary assumptions were made regarding the current study. First, it was assumed that the preceptor-preceptee relationship is of a leader-follower nature, where the preceptee's learning experience is being led by an expert nurse, the preceptor, who will have an influence on the student. Hence, the student nurse would be able to identify elements of leadership in the preceptor-preceptee relationship, in this case authentic leadership, as they engaged in the final clinical practicum experience. Second, nursing students' successful completion of three years of nursing school would equip them with the basic knowledge and understanding needed to achieve competence, self-efficacy as a nurse, as well as a general sense of their job satisfaction and job performance in a nursing role. Hence, it was assumed that students had a general understanding of competence to nurse (self-efficacy), job satisfaction, and job performance to accurately complete the instruments used for data collection. Third, participants' honesty and truthfulness were assumed, as they completed the standardized instruments in phase one, and as they engaged in the interview during qualitative data collection in phase two, in expressing their perceptions on preceptors' authentic leadership and effect on their self-efficacy, job satisfaction, and job performance.

Background of the Researcher

My journey as a researcher started in 2010 when I started my master's in nursing. I started out in research with an interest in interpersonal relations between students and teachers and understanding how does this relationship impact learning. This interest came about when I was a nursing student as I thought I learned more and did better in classes when I was connected to the teacher; I also found this throughout my 10 years career as a registered nurse (RN), preceptor, and nursing faculty member. Most of my yearly peered reviewed journal publications since 2013 have been situated in this area. Considering this, I wanted to expand my understanding of nursing student experiences; as such I dedicated my current graduate work to understanding this phenomenon from another aspect of nursing education, the preceptors' leadership in the clinical practice setting. Hence, this study focuses on nurse student/preceptor relations from the students' perspectives through the lens of authentic leadership.

Summer 2015 marked the solidification of my interest in understanding nurse student relations with a focus on preceptors' leadership, when I supervised a group of students doing their final practicum at one of the teaching hospitals in Calgary. While present on the hospital unit, a nurse reported one of the stronger students, saying that he was not attentive to the patient and had difficulty performing simple tasks. In speaking with the student, he said the nurse intimidated him, he felt like he was not valued as she refuses his help, and there is nothing he could do right for this nurse. In reflecting on this experience, I decided to study the relations that exist between students and nurses during the final clinical practicum experience, specifically around the leadership style of the preceptor and its effect on the students' self-efficacy, job satisfaction, and job performance.

In the context of this research, I relate with the participants as I have been a nursing student before. Additionally, I have been a nursing faculty member with several years of local and international experience. I have also been a nurse preceptor, supervising and mentoring students as they progressed through the nursing program, so I have been at both poles of the apprenticeship model. Considering this, I am an insider to the context of the research and the experiences of the participants. I am also an outsider as I have never worked at any teaching hospitals in Alberta as a preceptor and I did not complete my nursing training in Alberta either.

What I do know about nursing education in Alberta is somewhat from the periphery of a nursing educator and as such I have always been a guest on units. Dwyer and Buckle (2009) pointed out that whether the researcher is an insider, meaning having similar role, characteristic or experience like the participants or the opposite as an outsider, what matters is the researcher's presence during the investigation. As such, I must declare my biases towards the students' points of views, that they feel oppressed by nurses and powerless as this may impact on my analysis of the data.

CHAPTER II

LITERATURE REVIEW

The current study was conceived to examine nursing students' perception of preceptor authentic leadership and its effect on their self-efficacy with regards to competence as a nurse, job satisfaction, and job performance. The study also examines how the effect of perceived preceptor authentic leadership on nursing students' self-efficacy would further influence the students' job satisfaction and job performance during their final clinical practicum. In this chapter, a critical review of the current literature was completed to situate the study based on the preceptor as a leader and the basis of leadership in nursing. First, the literature search strategy that was undertaken is outlined, followed by an overview of the theoretical framework discussing authentic leadership theory and social cognitive theory of self-efficacy which guided the study. A review of the theoretical and empirical literature of the preceptor as leader, leadership in nursing, authentic leadership in nursing, and authentic leadership and the main study variables of self-efficacy, job satisfaction, and job performance are then presented. The chapter concludes with a summary of the literature and conclusions that were drawn from the literature.

Literature Search Strategy

The review of the literature was ongoing throughout all stages of the research from conception, data collection, data analysis, interpretations up to conclusion. The literature was obtained from various sources including books, online journals, and search engines such as Google and Google Scholar. Online databases such as EBSCO Host, PsycInfo, Scopus, PubMed, ProQuest, Dissertation and Theses, ERIC, and CINAHL were also searched. Although no year limit was given during the search, effort was made to use mostly current peer reviewed quantitative and qualitative articles and research briefs done within the past 10 years, unpublished dissertations were also included to facilitate a holistic view of current research being done on the phenomena of interest. Search terms included “authentic leadership”, “self-efficacy”, “preceptorship”, “nursing leadership”, “preceptor as leader”, “job satisfaction in nursing”, “authentic leadership and job satisfaction in nursing”, “authentic leadership and preceptorship”, “clinical learning and nursing students’ self-efficacy”, “authentic leadership and self-efficacy”, “job performance in nursing” and “authentic leadership and job performance”. Papers were evaluated by first reading the abstract, then, if consistent with the research question, I proceeded to read the entire article. The reference list of the resources identified was also reviewed if they were noted to strongly align with the research question and variables. After identifying key literature sources, they were read, key ideas highlighted, and a synthesis was done to compile the literature review.

Based on the literature search, it was identified that the nursing research on authentic leadership, job satisfaction, and job performance is becoming popular but remains limited, with little empirical evidence and mostly commentaries. Particularly, the literature on authentic leadership and job performance in nursing was sparse, and more so from the stance of authentic leadership and nursing preceptorship. According to the literature search, several disciplines outside of healthcare and nursing were identified that had profound research in the study’s area. These articles were also incorporated to capture the breadth and depth of research that was done in the area, although, it might have not been addressed in nursing at this time. For example, studies are presented from management, business, education, and leadership. Effort was made to incorporate all the literature during the synthesis and write up of the literature review, to demonstrate what currently exists on the research topic and gaps that might be addressed by this current study.

Theoretical Framework

The current study was guided by a theory of leadership and a theory of learning. The authentic leadership theory (Avolio et al., 2004) and the social cognitive theory of self-efficacy (Bandura, 1997) formed the theoretical framework underpinning this study. An overview of both theories is presented in this section along with applicability to this research study.

Authentic Leadership Theory

Authentic leadership is relational and is of the integrative school of leadership theories (Caza & Jackson, 2011). Authentic leadership has its origin in humanities and psychology (Mazutis & Slawinski, 2008). The authentic leadership theory is among the newer and younger leadership theories and has gained popularity since the early 2000s (Caza & Jackson, 2011; Mazutis & Slawinski, 2008). Its proponents have associated its roots with Rogers (1963) and Maslow (1968) in bringing about positive perspective to leadership (Avolio & Gardner, 2005). Authentic leadership is a root construct representative and is viewed from the concept of leadership development, rather than a form of leadership (Avolio et al., 2004; Wong, Laschinger, & Cummings, 2010).

Authentic leadership is defined as “a pattern of transparent and ethical leader behavior that encourages openness in sharing information needed to make decisions while accepting input from those who follow” (Avolio, Walumbwa, & Weber, 2009, p. 424). It is being engaged and present in genuine relationships with followers that is of an interactive nature to facilitate growth and development (Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008). Authentic leadership is heavily based in psychological capacities of the leader and creating a positive ethical climate that enhances a greater self-awareness of internalized moral perspectives, balanced processing of information and relational transparency, thus, fostering positive self-development (Rego, Sousa, Marques, & Cunha, 2012). In understanding authentic leadership, the aim is that leaders are in tuned with themselves and know their strengths and their weaknesses, and by fostering an environment of authenticity where everyone are allowed to be themselves, all members, leaders, and followers can develop (Walumbwa et al., 2008).

Authenticity is viewed as being true in a holistic sense, that is, being honest and genuine with oneself and in relationships (self-in- relationship) (Algera, & Lips-Wiersma, 2012). It is about embracing who you are as a leader and freely expressing your thoughts and value system that shapes your beliefs (Gardner, Cogliser, Davis, & Dickens, 2011; Wilson, 2014). The authentic leader views authenticity from three perspectives, namely, personal authenticity, ideal authenticity and social authenticity. Personal authenticity could also be called self-authenticity; it is all about getting to know yourself, becoming knowledgeable and personally developing (Gardner et al., 2011). Ideal authenticity is being all that you can as an ethical leader, it is about aspiring to achieve goals and vison within the realm of leadership (Wilson, 2014). Social authenticity is being true to the organization of which the leader is a part and the wider community that the organization serves (Gardner et al., 2011; Wilson, 2014). According to the proponents of authentic leadership, authenticity is based on four foundational concepts of self-awareness, balanced processing, internalized moral perspective, and relational transparency, which are interpreted on a continuum of less to more authentic, as opposed to authentic/inauthentic (Gardner, Avolio, Luthans, May, & Walumbwa, 2005).

Foundational concepts of authentic leadership. Authentic leadership is guided by Avolio and Gardner’s (2005) four foundational concepts: self-awareness (understanding one’s strengths, limitations and influence on others), balanced processing (being inclusive in decision making), internalized moral perspectives (identifying one’s core values and applying them in actions, interactions and decisions), and relational transparency (being open and honest with others). Authentic leadership focus is not on the behavioral style of the leader, but the extent to which the leader is true to the self, their values, and beliefs (Avolio & Gardner, 2005). The developers of the theory strongly believe that all four tenets must be present and demonstrated in the individual's thoughts and actions to be considered an authentic leader (Gardner, Avolio, & Walumbwa, 2005).

Self-awareness. Self-awareness takes into account how leaders make sense of the world and their leadership style (Shirey, 2015). Authentic leaders who are self-aware are aware of their strengths, limitations, and how they are viewed by others, as well as the extent to which they impact others (Ilies, Morgeson, & Nahrgang, 2005). Authentic leaders gain the credibility and trust of followers by being open to different viewpoints and seeking feedback from followers to objectively evaluate the impact they are having on others (Hughes, 2018), thus enhancing their self-awareness (Avolio et al., 2004). Authentic leaders invest in their self-awareness by engaging in reflective practice to help them grow emotionally into genuine, capable, and effective leaders (Shirey, 2015). Authentic leaders show a high level of self-awareness when they are willing to re-evaluate their decisions and position on important matters, which often gain them the trust of their followers. Trust in the leader forms an important core of the authentic leadership theory (Avolio et al., 2004).

***Balanced processing*.** Balanced processing is the ability to demonstrate analytical objectivity of relevant data before making a decision hastily, and values others to seek their input in the decision-making process (Walumbwa et al., 2008). Reflective practice is also encouraged to bring about balanced processing, as the leader is required to step back from the situation and be objective in the decision-making process by being open to asking followers for their opinions

(Avolio et al., 2004). As Shirey (2015) puts it, the authentic leader has to ask, “is there something else I might be missing even though it might be difficult to hear it?” (p. 3).

***Internalized moral perspective*.** Internalized moral perspective is thought of as a major core function of leaders to self-regulate their behaviours and actions to determine if they are in alignment with their personal values and beliefs (Shirey, 2015). Authentic leaders demonstrate internalized moral perspective by holding people and themselves to a high standard ethically and morally. Authentic leaders are loyal to their moral standards, acting and making decisions based on these standards (Waite, Mckinney, Smith-Glasgow, & Meloy, 2014). In being true to self, authentic individuals are driven by personal values and convictions. By doing what they say they are going to do, they earn the respect, trust, and credibility for adhering to their beliefs (Wilson, 2014), and followers view them as being genuine, reliable, and trustworthy (May et al, 2003). Authentic leaders also encourage followers to make decisions based on the follower’s core values to facilitate the development of authentic followership (Avolio et al., 2004; Avolio, Gardner, & Walumbwa, 2007).

***Relational transparency*.** Relational transparency involves the degree to which the true self is presented to others, being at ease with oneself to openly share information, thoughts, and feelings (Shirey, 2015). This is often reciprocated by followers who also feel that they are able to openly share thoughts, feelings, ideas, challenges, and opinions (Rego et al., 2012). According to the proponents of authentic leadership, leaders demonstrates achieving “high levels of authenticity in that they know who they are, what they believe and value, and they act upon those values and beliefs while transparently interacting with others” (Avolio et al., 2004, p. 802). A high level of transparency exists between leaders and followers where authentic leaders allow followers to see their vulnerabilities and seek followers’ opinion that is of a frank nature, which brings about a high level of trust in the leaders and perceived leader effectiveness (Norman, 2006). The authentic leader is also frank with followers in telling them the truth when needed and admit mistakes when made (Avolio et al., 2004). Relational transparency removes the uncertainty out of the relationship, and followers can predict their leaders because of the relationship they share with them and deeply knowing their character (Hughes, 2005; Peus, Wesche, Streicher, Braun, & Frey, 2012; Walumbwa et al., 2008). The authentic leader normally assesses if they are engaging in relational transparency by asking themselves if others want to follow them, and how genuine, transparent, and trustworthy they are perceived (Shirey, 2015).

Authentic Relationship. Authentic leadership development focuses on shared relationship between the leader and follower, rather than a separation of individuals (Day, 2011). The aim of authentic leadership development is "authentic followership" (Gardner et al., 2005), and this would be an ideal in the nurse student relations during the preceptorship process. Positive relationships with followers are often fostered by authentic leaders, as they really desire to serve others through their capacity as a leader, being driven by passion, compassion, and heart (George, 2003; Wilson, 2014). Authentic leaders foster open and trusting relationships with team members, by remaining true to their attributes of leader integrity, having high perceptions of individual consideration, idealized influence, and inspirational motivation (Gardner et al., 2011), and are known to maintain ethical work climates by providing structural and interpersonal resources (Grojean, Resick, Dickson, & Smith, 2004). The authentic leader builds enduring relationships with others, which are usually of an open and honest exchange, and are positive in nature as the leader and follower pursue shared and complimentary goals, that reflect deeply overlapped values which are agreed on by all parties involved in the relationship (Algera, & Lips-Wiersma, 2012). As such, followers also become more authentic as their leader role models a high level of self-awareness and self-regulation (Avolio & Gardner, 2005). This further brings about personal identification with the leader, and as such, the followers' beliefs about their leader become self-defining, thus, confirming for the follower the perception of authenticity of the leader (Avolio et al., 2004; Owusu-Bempah et al., 2011).

Authentic leaders often seek out opportunities to empower followers to grow to develop greater clarity about their values, identity, and emotions (Wilson, 2014). This is how a difference is created in the organization, as people identify meaning and connection at work through greater self-awareness, optimism, confidence and hope, promoting transparent relationships and decision making that builds on trust and commitment among followers, and fostering inclusive structures and ethical climates of a positive nature (Gardner et al., 2005). In short, people are treated as people and are respected for the value they bring to the organization (Wilson, 2014). It is based on this premise that Twenge and Campbell (2008) have said that authentic leadership is timely and can be effective in leading the next generation of millennial workers who value authenticity. Additionally, Millennials appreciate feedback, recognition, support, guidance and relationship with their leaders where they have a sense of being valued, and this is often provided by the authentic leader (Mhatre & Conger, 2011). Therefore, the authentic relationship is indelible to longevity of an organization or profession, as authentic leadership's premise of trust, hope and positive emotions contribute to building strong relationships between leader, follower and the organization or profession, which in turn reduces the chances of wanting to leave the organization or profession (Avolio et al., 2004). Authentic leadership has been applied to a number of caring professions such as education, nursing, medicine, and as expected to leadership and business management organizations (Wilson, 2014).

Authentic Leadership and Authentic Leader. Authentic leadership is about embracing the self with the ability to freely express thoughts and value system that shapes beliefs (Gardner et al., 2011). Authentic leadership aims to help people to find their true calling as they become connected with their work and personally develop, thus, giving a sense of wellbeing and meaning (Harter, 2002). The aim of authentic leadership is to focus on the development of the individual's character and holistic personal development as they become in tuned with the self (Gardener, Avolio, Luthans et al., 2005). However, it is important to clarify that the development of authentic leadership is different from developing an authentic leader (Shamir & Eilam, 2005). An authentic leader is defined as one who exhibits the four behavioural tendencies of self-awareness, balanced processing, relational transparency, and internalized moral perspective (Gardener et al., 2005). Authentic leadership, on the other hand, has to do with the process and the consequences of the four behaviours being evident and practiced by the leader to bring about self-development (Walumbwa et al., 2008). However, it must be noted that authentic leadership cannot take place without the intervention of an authentic leader (Gardener et al., 2005).

Authentic leaders have a high level of authenticity, meaning, they know who they are and are in tune with their beliefs and values; these are clearly demonstrated to others in interactions and actions (Avolio et al., 2004). They are confident, hopeful, optimistic, resilient, and high on moral character (Algera, & Lips-Wiersma, 2012). Authentic leaders "are perceived by others as being aware of their own and others' values/moral perspectives, knowledge, and strengths; and aware of the context in which they operate" (Avolio, Luthans, & Walumbwa, 2004, p. 4). An authentic leader embraces who they are as a leader and freely expresses thoughts and value systems that shape beliefs (Clapp-Smith, Vogelgesang, & Avey, 2009). The authentic leader achieves more satisfaction from a follower who has grown personally rather than from money, power or prestige (George, 2003; Wilson, 2014). Such individuals will provide the necessary guidance needed to help followers to identify their values, identity, emotions, beliefs, and meaningful objectives to facilitate the growth of the followers (Algera, & Lips-Wiersma, 2012). Hence, the theory of authentic leadership best suits this study, as the leader, in this case the preceptor, will place importance on helping the student to grow and develop.

Authentic Leadership Model. According to Avolio et al.'s (2004) model, authentic leadership impacts on follower work attitude which include commitment, job satisfaction, meaningfulness, and engagement, as well as follower work behaviours which include job performance, extra effort, and withdrawal behaviours. However, Avolio and colleagues recognised that it requires a process to link authentic leadership to followers' attitudes and behaviours. Therefore, authentic leadership, through personal and social identification with the leader and organization/profession respectively is able to eventually influence followers' attitude and performance through varying mediating variables such as trust, hope, and positive emotions (Figure 2).

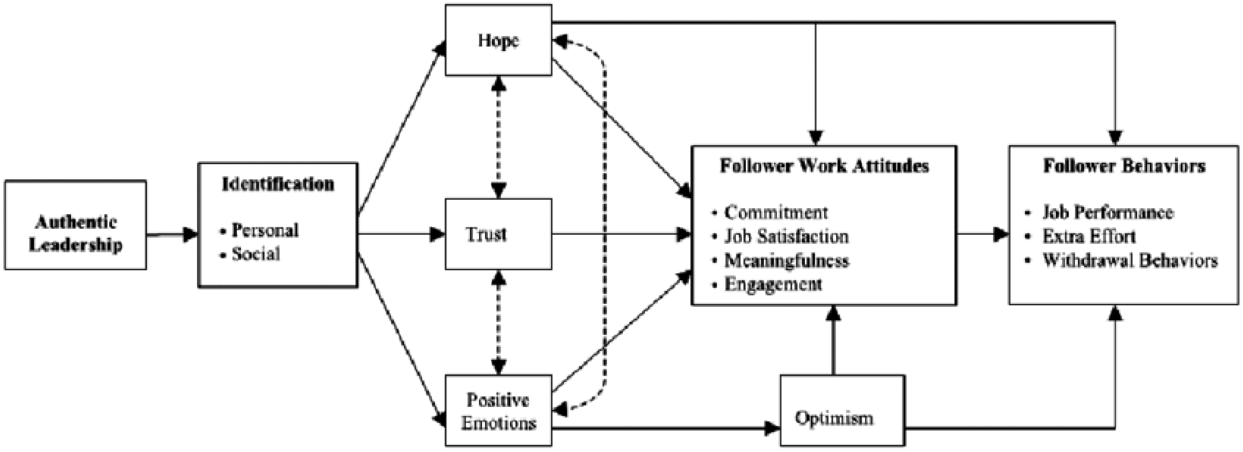

Authentic Leadership
Identification
• Personal
• Social
Hope
Trust
Positive Emotions
Follower Work Attitudes
• Commitment
• Job Satisfaction
• Meaningfulness
• Engagement
Follower Behaviors
• Job Performance
• Extra Effort
• Withdrawal Behaviors
Optimism

Figure 2. Authentic leadership model showing linkage to followers' attitudes and behaviours. Adapted from Avolio et al. (2004).

The authentic leader can bring about authentic followership as manifested in followers' work attitude and performance by enhancing engagement, satisfaction, motivation, and commitment (Kark & Shamir, 2002). Specifically, Avolio et al. (2004) alluded that the process of identifying with followers, facilitates the creation of a deep level of connectedness between leader and follower, which further leads to active engagement in workplace activities. This is further manifested in a positive relationship between authentic leadership and job performance (Walumbwa et al., 2008; Clapp-Smith et al., 2009) and authentic leadership and job satisfaction (Giallonardo, Wong, & Iwasiw, 2010; Wong & Laschinger, 2013). For the purposes of this study the follower work attitude of job satisfaction and follower behaviour of job performance are explored among the final year nursing student population.

Criticisms. Authentic leadership has not been free of criticism. A critique has been centered on the subjectivity of the theory, according to the developers of authentic leadership, authenticity is subjective, as such, if an individual believes they are being authentic then they are. This makes others to question the theory, as it is difficult to compare it or have a standard as a guide to ascertain authenticity and determining if one is applying the principles of authentic leadership (Caza & Jackson, 2011). Another criticism that has been levelled against the theory is around its definition and the validity of authentic leadership as a construct and effective measurement with regards to relevant construct outcomes, and if it is possible for authentic leadership to be effectively taught to others (Cooper, Scandura, & Schriesheim, 2005; Wong & Cummings, 2009). However, proponents of authentic leadership have moved to address these criticisms, to show construct validity and applicability of the theory across several disciplines (Gardener et al., 2011; Walumbwa et al., 2008), and support that authentic leadership can be taught (Alexander & Lopez, 2018). Authentic leadership has also been criticized for assuming that leaders are naturally moral or ethical, the question has been asked that what if the true self of the leader is immoral and unethical (Algera, & Lips-Wiersma, 2012; Wong, 2008; Wong &

Cummings, 2009). The proponents of authentic leadership have also responded to this, stating that for an individual to be considered as an authentic leader they would demonstrate a moral and ethical demeanor that is selfless and not selfish, making decisions in the best interest of all parties involved, and seeking others' views in the decision-making process (Avolio et al., 2004; May et al., 2003; Ilies et al., 2005). Additionally, authentic leadership is a title bestowed by followers on their leader, as such, if they are not perceived as authentic by their followers then they would not be considered as authentic (Endrissat, Müller, & Kaudela-Baum, 2007), which is the factor that has been used to neutralize several criticisms levelled against the theory (May et al., 2003; Owusu-Bempah et al., 2011). Dasgupta (2018) also did a qualitative study that supported this, as it showed that authenticity and integrity shared a symbiotic relationship, where they both empower the leader to make decisions that will be for the benefit of everyone and the society.

Relevance to the study. Authentic leadership theory is very applicable to nursing and has been identified among the six standards for a healthy work environment by the American Association of Critical Care Nurses (2016) despite the criticisms that have been levelled against the theory. Authentic leadership is relevant and important to nursing and leadership in nursing. Leaders who place emphasis on relationship building, like authentic leaders, often have better responses from staff in the nursing work environment than others who may be task oriented (Laschinger, & Fida, 2015). The core themes of authentic leadership theory resonate with nursing leadership as nursing involves collaborating with other team members and building relationships with patients, colleagues, and family members (Wong, 2008; Wong, & Giallonardo, 2013). Wong and Cummings (2009) pointed out that the notion of authentic leadership does focus on self-awareness but within that the leader also develops genuine and honest relationships with others, and this is a core characteristic of leadership in nursing. According to the American Association of Critical Care Nurses (2005) there is a need to place emphasis on authentic leadership as it has implications for patient safety, nurse recruitment and retention, and effective organizational financial performance. This is suggesting a holistic impact on nursing; if authentic leadership is neglected the implications can be far reaching.

Despite the criticisms that have been mentioned, authentic leadership has held its own as a construct. The authentic leadership scale has also been used in many countries and disciplines to show leader effect on followers' work attitude and behavior (Walumbwa et al., 2008; Peus et al., 2012). Specifically, to the current study, it was decided to adhere to moving away from the earlier notion that once a leader believes he/she is authentic and being true to self then authentic leadership is evident. Instead, the current study followed the suggestions of Goffee and Jones (2005) to have followers (students) rate their leader (preceptor) using the authentic leadership scale, as the determination of authenticity is best achieved by followers' perception of their leader's authenticity. As such, it was not assumed by this study that preceptors, as nursing leaders, were naturally ethical or moral, but would be determined by the followers' rating of the preceptor's perceived authentic leadership.

Not all the elements of the authentic leadership model were tested in this study, but the effect of authentic leadership through personal and social identification on followers work attitude of job satisfaction, and follower behavior of job performance were of interest. The study assumed that as the model portrays, hope, trust, positive emotions and optimism would be unearthed once authentic leadership was evident, and the students as followers identified personally with the preceptor and socially with nursing as a profession. However, it was beyond the scope of this study to examine perceived authentic leadership effect on followers' work attitudes of commitment, meaningfulness, and engagement. Commitment is defined as the psychological attachment or dedication that followers feel towards the leader, work place, or organization (Emuwa, 2013; Rukh, Shahrukh & Iqbal, 2018). Considering students are not employees and are present at the organization or healthcare institution for a short period, it was considered impractical to measure students' commitment in relation to authentic leadership during the final practicum for the short period that they would be present at the institution.

According to the model, follower work attitude of meaningfulness referred to empowerment that the follower experience in the work place (May, 2004), this was beyond the scope of the current study. Additionally, the extent to which students may be empowered in the workplace could have some limitations related to various organizational "agency" and "structure" constrains (Pettit, 2012) such as, policies, procedures, and certification requirements. Based on the proponents of authentic leadership definition of engagement, as followers' involvement, satisfaction and enthusiasm for work (Avolio et al., 2004); it may be difficult to differentiate between engagement and job satisfaction for the purposes of this study. As such, to avoid confusing the participants, it was believed that job satisfaction, as a single construct would be better able to capture the students' sense of fulfillment and gratification in carrying out their roles and responsibilities as a nurse. Considering these factors, it was decided that meaningfulness, engagement, and commitment would not be examined for the purposes of this study, but instead job satisfaction was measured as a key concept.

The study also did not examine authentic leadership effect on followers' behaviours of extra effort and withdrawal behaviours. In the researcher's view this would not be applicable to the study's population of nursing students as their motivation as a follower may be different in the practicum scenario. For example, students may be less likely to demonstrate withdrawal behavior as they are in the final semester, completing the final course to obtain certification. As such, it would be unlikely that they would demonstrate withdrawal behaviours such as turnover, tardiness, and absenteeism, as it is imperative for them to meet the objectives of the final practicum course to successfully complete the nursing program. Also, extra effort refers to the follower doing more than expected or trying harder (Peus et al., 2012); this was beyond the scope of the current study's purpose and was not measured. As such, the follower outcomes of job satisfaction and job performance were the key concepts of the authentic leadership model that were measured based on the study's population of student nurses and the study's purpose.

Self-Efficacy Theory

The self-efficacy theory started out as a part of the social cognitive theory that was explored in 1977 and further developed in 1986 by Albert Bandura. Social cognitive theory posits that learning is dynamic and takes place within a social context through reciprocal interaction between three factors of person, behaviour and environment (Crothers, Hughes, & Morine, 2008). Self-efficacy theory became more independent of the social cognitive theory in the 1990s, as it was further developed and widely used in the teaching learning context (Bandura, 1997; Resnick, 2009). The theory places emphasis on internal and external reinforcement and suggests that individuals are responsible for their own learning and are contributors to their motivation, behavior, and development (Bandura, 1999; Bandura & Locke, 2003).

Self-efficacy is defined as individuals' perceptions and beliefs in their capabilities to organize and perform a required set of actions to manage various situations (Bandura, 1986). The individuals' efficacy beliefs are normally determined by their thoughts, feelings, motivations, and actions (Bandura, 1995). In simpler terms, self-efficacy is the extent to which people believe in their abilities to complete tasks and achieve goals (Bandura, 1994). The self-efficacy theory postulates that people with high self-efficacy towards a particular task are more likely to engage in such activities and enjoy them (Bandura, 1997). Therefore, if individuals do not believe that they can accomplish a particular task then self-efficacy functions as a self-fulfilling prophecy, as there are high chances they will not succeed at the task, and the same is true if they believe they can succeed at the task (Bandura & Adams, 1977). People's motivation and performance are often determined by their belief in their ability to accomplish the task (Bandura, 1982). As a result, people with high self-efficacy see challenges as obstacles to overcome rather than a threat to be avoided, and the excitement of overcoming the challenge may be a source of motivation (Williams & Williams, 2010).

Self-efficacy is very specific to a task or action, as it is possible for individuals to have high self-efficacy in one area of their lives and low self-efficacy in another (Bandura, 1997). This specificity of self-efficacy can also be applicable to a common domain such as tasks and roles associated with a workplace or profession (Luthans, Youssef, & Avolio, 2007). As such, Bandura (2006a) emphasized that it was important to have specific scales of measurement when measuring learners' self-efficacy towards a task as opposed to a very broad tool or question that would not specifically assess learners' competence belief to the phenomenon of interest. As per Bandura (1997) self-efficacy is a construct that is multi-dimensional, and as such, great effort should be taken to measure it appropriately to ascertain learners' level of competence belief in their capacity, with regards to successfully accomplishing the outcome of interest that is being studied. Several scales have been developed to measure self-efficacy in different disciplines such as Mathematics (Isiksal & Cakiroglu, 2007) and the Sciences (Bleicher, 2004), and more recently Nursing (George, Locasto, Pyo, & Cline, 2017).

Main sources of influence for self-efficacy development. Self-efficacy beliefs are driven by four factors of performance outcomes or mastery experience, vicarious experience, verbal persuasion, and physiological feedback of somatic and emotional states, which can bring about positive or negative effects on self-efficacy (Bandura, 1995). All four sources interrelate and influence each other (Grightmire, 2009). It is the cognitive interpretation of these sources that individuals use to formulate their self-efficacy beliefs with regards to a specific outcome (Bandura, 1997). Hence, a high level of self-efficacy based on learners' interpretation of these sources has a combined effect in contributing to psychological well-being (Bandura & Locke, 2003). It has been suggested that it is best for learners to be influenced through these stages early out in their career as self-efficacy belief is very fragile at the novice stage of learning (Bandura, 1997), and is normally stabilized once developed in the beginning stages of professional practice (Woolfolk Hoy & Spero, 2005). The four sources of influence on self-efficacy development are discussed in this section.

***Mastery experience*.** Mastery experience or performance outcome is the most convincing factor; it is based on the individual's past experience (Bandura, 2008). If someone has been successful at accomplishing a particular task before then they would feel confident and competent in doing it again (Bandura, 1977a). According to Bandura (1997) successful performance of a task is the most convincing evidence to learners that they are able to achieve the outcome that is desired, for students, success is confirmation that they have what it takes to succeed. Bandura also spoke about the effect that failure has on self-efficacy, as if learners experience consecutive failure with each attempt to perform the activity their self-efficacy will be greatly eroded especially if this occurred before a strong sense of self-efficacy was developed (Bandura, 2008). The rational why this source is also considered the most influential is that performance of an activity often incorporates the other sources of self-efficacy information of social modeling, verbal persuasion, and physical and emotional states as will be described below.

Vicarious experience. Vicarious experience or social modeling is where people develop self-efficacy or not, based on observing other people performing the desired outcome they are aspiring to (Bandura, 1977a). This source of self-efficacy information is said to be the second strongest influencer to mastery experience with regards to convincing learners about their self-efficacy in a particular area (Grightmire, 2009). Vicarious experience involves seeing others like oneself achieve their goals through their effort and persistence, which are sources of aspiration and motivation that raises the observer's belief in his/her own abilities (Bandura, 1997). Vicarious experience is where people observe the performance of another individual and based on that person's experience, they assume whether they can be successful at accomplishing the task and vice versa (Bandura, 1977a). This is more applicable if the person being observed is of a similar background or level and is said to be very effective in mentorship programs, so the learner can see firsthand the possibility of what can be achieved and a prototype of what is being aspired to (Bandura, 1977a). For example, the preceptorship experience that nursing students engage in is a form of mentorship program that may facilitate self-efficacy development through vicarious experiences. In the case of the nursing student and preceptor, if the student identifies with the preceptor and sees that the preceptor is competent, then the student may believe that he/she can become competent too (Bandura, 1988). Thus, such an experience can enhance the preceptee's self-efficacy in being a nurse.

Verbal persuasion. Verbal persuasion is another factor that learners take into consideration when assessing their self-efficacy, this is where the novice receives feedback from others (Bandura, 1997). The feedback has more effect when it is coming from someone who is influential, such as a coach, mentor, parent or supervisor or any individual who the person holds in high regard (Redmond, 2010). For the feedback to be effective it is important that the feedback is perceived to be coming from a place of wanting to help the learner improve, is realistic, and achievable for the learner’s level of competence at the time (Bandura, 1997). Unrealistic and insincere feedback does more harm than good to the learner’s self-efficacy and is discouraged (Bandura, 1994). Feedback that focuses on learners’ strengths and ways to improve what they are weaker on is endorsed, as opposed to feedback that provides little or no guidance to the students, so that they can judge where they stand and what is their progress (Bandura, 1997; Grightmire, 2009).

***Somatic and emotional states*.** This refers to the physical and emotional states that is brought about by thinking about and participating in the task to be mastered (Bandura & Adams, 1977). This fourth source of self-efficacy information involves physiological feedback or emotional arousal and has the least impact on self-efficacy (Bandura, 2008). People experiences sensation from their body, for example, anxiety may be manifested as nervousness and sweaty palms, which may be interpreted as positive or negative, and then these further influence the beliefs of self-efficacy (Bandura, 1977a). High stress levels have been identified as a hindrance to developing self-efficacy as learning might be inhibited particularly when the learner is performing physical task (Bandura, 1997). Increased sensitivity and arousal of physical and emotional states, positively or negatively, may impact on the self-efficacy of the learner, as the more aroused and stressed the learner feels may be an indication of lack of competence to successfully perform the activity and achieve desired outcomes successfully (Grightmire, 2009). The essence of this source of self-efficacy information is that positive mood enhances self-efficacy and negative mood diminishes it (Bandura &Locke, 2003; Redmond, 2010).

Criticism. Several criticisms have been made about the self-efficacy theory. Criticisms that has been expressed is around the definition of self-efficacy, where it is said to be ambiguous and the need to differentiate between behaviour and efficacy (Marzillier & Eastman, 1984). As far as Marzillier and Eastman were concerned a differentiation between the two are impractical, as it is difficult for a learner not to think about the outcome when performing the task, especially when being evaluated. Bandura (1986) has shown that there is a difference between the two, where behaviour refers to performing the activity and successfully doing so to bring about the competence belief. Hence, the outcome of achievement is conditional based on the behaviour which will determine self-efficacy beliefs.

Another criticism that has been recently levelled against the self-efficacy theory is its ability to effectively point out desired behaviour, and a limitation of the theory exists to satisfactorily identify other factors that may influence learners' motivation (Williams, 2015). Similarly, Biglan (1987) had criticized the theory for ignoring the role that the environment could play on influencing the learners' behaviour which may eventually play a role in their development of self-efficacy or lack thereof. For Bandura (2004, 2006b), people are reading too much into the theory and are misreading it; self-efficacy has evolved into a stand-alone theory, although it is an offshoot of the social cognitive theory where environment, outcome expectancy, and self-efficacy are central components. However, the self-efficacy theory only focuses on self-efficacy development of the learner and how that contributes to helping learners' transition from novice to competent practitioners (Bandura, 2008).

Relevance to the study. Despite the many criticisms that have been made about the self-efficacy theory, it has been used in nursing research with regards to theory and practice (Critical Analysis of Self Efficacy Theory, 2018). This suggests that self-efficacy theory is applicable and useful in conducting research and generating evidence to guide nursing practice. Specifically, to the current study, self-efficacy theory aligns with authentic leadership as it takes into consideration the self and sees people as taking charge of their lives by being proactive, self-regulating, self-organizing, and self-reflecting (Bandura, 2005). It is also applicable to the nursing preceptorship process where the clinical learning environment influences learning of the students either positively or negatively, as they interact with clinical staff, patients, patients' relatives and other forces on the unit.

Self-efficacy theory as purported by Bandura supports the role modeling of the right behaviour as the nursing students copy what they observe in preceptors. Despite the criticism of the theory re the differences between behaviour and self-efficacy, it was assumed by the current study that behaviour informs self-efficacy as such students' behaviour as a variable was not tested. Hence, the current study adheres to Bandura's description that most of our human behaviours are learnt through observation and modeling from our observation of others, in this case preceptee of preceptor. The novice learns how to perform the new behavior, store it, and then this information that was observed is coded and later serves as a guide for future action (Bandura, 1977b). As such, no attempt was made to differentiate behaviour from self-efficacy.

Self-efficacy beliefs are very individualistic and are best determined by the learner to help us understand if he/she feels competent to take on the responsibility of the new profession of nursing (Grightmire, 2009). As such, self-efficacy assists in the development of successful learners and has been shown to increase job performance and facilitate smooth transition from student to competent practitioner (Bandura & Locke, 2003; Stajkovic & Luthans, 1998); which the current study is seeking to determine among the nursing student population. Hence, the criticisms levelled against self-efficacy theory are acknowledged, but it was beyond the scope of the study to assess the role of the environment and behaviour in self-efficacy development. Instead, the study adhered to focusing on identifying nursing students' development of self-efficacy through the core features of mastery experience, vicarious experience, verbal persuasion, and physiological feedback as they engaged in the preceptorship experience during the final clinical practicum. Hence, the constructs of self-efficacy that are emphasised in this study are the sources of influence of self-efficacy development and subsequent contribution to helping the student nurse transition and assume the roles and responsibilities of a competent nurse.

Preceptors as Leaders

CNA (2009a) has pointed out that nursing has shifted focus and many of the roles within the profession now have a greater leadership focus than in the past. The role of the preceptor is among such roles, and preceptors are recognized as leaders where mentoring is a requirement and obligation of licensed nurses by various regulatory bodies (American Nurses Association [ANA], 2011; CARNA, 2006; College of Nurses of Ontario [CNO], 2009). Throughout the literature, the role of the preceptor has been referred to as mentor and supervisor (Hilli, 2014) but for the purposes of this study the term preceptor will be used. Studies of preceptorship became popular in the 1980s when the model of nursing education changed in Canada, and in response to the 1982 resolution endorsed by the CNA that the minimum requirement for entry to nursing practice by the year 2000 would be a baccalaureate degree (Myrick & Barrett, 1992). In response to such a declaration, nursing education became the sole responsibility of nursing schools, and nurse leaders and educators turned to preceptorship as a model of education to educate future nurses in collaboration with leaders in the clinical arena (Yonge & Trojan, 1992). As the preceptorship model started to become more and more popular, preceptors were eventually recognized as leaders (Duteau, 2012; Lockwood-Rayermann, 2003; Zilembo & Monterosso, 2008). The preceptorship model is focused on the facilitation of the student transitioning from a student to a practicing nurse (Grightmire, 2009). This transition is facilitated by an experienced clinical nurse that leads the nursing student's learning and provides opportunity for the student to gain mastery experiences to reinforce knowledge and enhance clinical experience to improve the student's self-efficacy to nurse (Lockwood-Rayermann, 2003).

The CNA (2004) recognizes that preceptors are integral to the success and excellence of novice nurses. It has been shown that preceptors who have been identified as effective leaders, directly impact on students' development of confidence and competence (Spouse, 2001). The preceptors' perspective is that, as clinical leaders they are important in empowering and helping students gain confidence in the clinical practice environment (Ohrling & Hallberg, 2001). A qualitative study done among 27 preceptors in Finland and Sweden showed that preceptors saw themselves as being integral in the leadership of students' clinical practicum as they are socialised in the profession (Hilli, 2014). The preceptors in Hilli's study believed that being a good role model and leading from a stance of a caring relationship that is high on ethics and moral was integral in forming the foundation for the students to learn and develop. The preceptors knew that they were the key in setting up the clinical environment for the students' growth and success and facilitating their integration into the interdisciplinary healthcare team. The preceptors saw themselves as leaders who were responsible for the students to guide the students' working life, by sharing their knowledge with the students and acting from a place of reciprocity and mutual respect (Hilli, 2014). Such views are consistent with the core concepts of ethical nursing knowledge, which has come to be the brand of the profession of nursing, where nursing relationship are conceptualized to be built on trust, respect, and mutuality (Trailer, 2004). The preceptors' views in Hilli's study are consistent with Yoder's (2017) views on professionalism in nursing, where nursing is driven by high ethical and moral standards; for the continuity of nursing it is important that this is role modeled to the next generation of nurses. The clinical preceptor as a leader is more than a role model and is required to teach, guide and facilitate the students' clinical development through reflective practice as they grow into their role of a professional nurse (Hilli, 2014). The preceptor as leader, orientates the student to the culture of nursing and the clinical area, and facilitates development of relationships with other members of the healthcare team (Duteau, 2012; Lockwood-Rayermann, 2003).

The preceptor also has the responsibility to create a nurturing learning environment for the student where they can grow and develop as a nurse (Löfmark, Thorkildsen, Råholm, & Natvig, 2012). Students have reported several benefits of being assigned to a preceptor to lead their transition from student to nurse, such as, receiving more feedback, guided independence, self-confidence, acceptance and integration into the healthcare team, and less stress due to the availability and support of the preceptor (Yonge & Trojan, 1992). However, students have also reported having bad experiences with their preceptors such as conflict (Mamchur & Myrick, 2003). A mixed methods study done in Alberta, Canada, among 234 final year students in four undergraduate programs, reported that there was a prevalence of conflict among students and preceptors that were not being effectively resolved to the satisfaction of both preceptor and student, and was having a subsequent effect on the students' performance in the clinical area (Mamchur & Myrick, 2003). The most frequent source of conflict reported by the students, had to do with the expectations of the preceptor, and showed the importance of effective communication to address or amend such conflict. Preceptors need to be taught how to effectively precept to enhance the clinical experience of students at this integral stage of career preparation development (Mamchur & Myrick, 2003). Duteau (2012) also pointed out that it was important for preceptors to understand the importance of their role in helping the students in growing and transitioning to nurses. As such, Duteau continued to say, it was important for the preceptor to create the right atmosphere in the clinical environment, be aware of the importance of each student learning style and teach accordingly, and to be prepared to deal with conflict efficiently and effectively before assuming the role of a preceptor.

Preceptorship and Self-efficacy

Research has shown that preceptors are integral to enhancing students' professional growth and hastens the development of confidence and competence in nursing practice (Letizia & Jennrich, 1998; Peirce, 1991). A quantitative study of a pre-post-test design was done in Eastern Canada among 24 preceptors and 23 final year RN students and reported an increase in students' self-efficacy after engaging in the final clinical practicum experience for 12 weeks (Goldenberg et al., 1997). Preceptors also reported high self-efficacy in their role as preceptors. The authors concluded that the preceptorship program was integral to both the self-efficacy of student nurses and preceptors (Goldenberg et al., 1997).

A quantitative quasi-experimental study done in the USA among 193 RN students, to compare the use of traditional clinical education and a dedicated education unit (DEU) where students are supported by both a preceptor and an educator on the clinical unit (George et al., 2017). The results showed that the students' self-efficacy increased post clinical experience for both groups who participated in the traditional model of clinical learning and the DEU model, but that of the students in the DEU model was significantly higher (George et al., 2017). In summary, this study suggests the implications and importance of clinical experience on nursing students' self-efficacy. Another quasi-experimental quantitative study conducted in Iran among

112 final year RN students who engaged in the preceptorship program reported high self-efficacy scores and achievement of learning outcomes. The authors concluded that preceptorship should be retained in the nursing curriculum as it has been shown to have positive effects on students' self-efficacy (Rambod, Sharif, & Khademian, 2018). Similar findings have been reported by other quantitative studies that support the importance of the preceptorship experience in building RN students' self-efficacy (Hellström-Hyson, Mårtensson, & Kristofferzon, 2012; Kristofferzon, Mårtensson, Mamhidir, & Löfmark, 2013).

Qualitative studies have also shown the link between preceptorship and nursing students' self-efficacy. Myrick (2002) completed a qualitative study of the grounded theory approach among six preceptee and six preceptors in Western Canada and reported that students grew as a nurse as their critical skills developed due to the clinical atmosphere that was created by the preceptors, and supportiveness that they received from their preceptors was integral to their learning experience. Students in the study also reported the preceptors were integral in facilitating their acceptance in the healthcare team and they were treated well by clinical staff because of their preceptor. The students also reported that the preceptors were approachable, never caused them to feel stupid, and they felt like they could always ask preceptors questions if they needed clarification. It was important to the students' development that they moved at their own pace and received guided independence which facilitated autonomy. Overall, the students felt that they learned and developed critical thinking skills because the preceptor was a good role model, facilitated, guided, and taught the students how to prioritise care (Myrick, 2002). Similar findings have also been reported among graduate level nursing students where data revealed that the relational process shared with students and preceptors was integral in the graduate nursing students' development of critical thinking skills (Myrick & Yonge, 2004).

Another qualitative study done in the USA among RN students reported that students valued the partnership shared with their preceptors due to their reliability and the one-to-one time spent with the preceptor as they provided mentorship and guidance on a weekly basis (Hannon et al., 2012). The students reported feeling trusted and they were able to engage in independent care of patients which built their self-confidence, critical thinking, clinical judgement and their overall competence which contributed to feelings of self-efficacy. The authors concluded that the one-to-one time students spent with nurses in the clinical area resulted in a win-win situation for everyone involved, including patients (Hannon et al., 2012). Similar findings were reported by Hayes and Sexton Scott (2007) among new graduate nurses in the USA who reported an increase in their self-confidence due to the mentorship relationship they shared in the clinical environment.

Ranse and Grealish (2007) also conducted a qualitative study among 25 second year and third year RN students who shared their views about having a one-to-one relationship with a staff nurse on a DEU in Canberra, Australia. The students reported that the nurse contributed to their self-efficacy by showing them acceptance, providing opportunities of mastery experiences, giving them feedback and reinforcing their knowledge, and making them accountable and responsible for the care they gave. Students were made to be responsible for the nursing care they provided to the patient and they felt valued in being given such responsibility. The authors concluded that engagement and participation in the clinical environment was important in empowering the students and the students valued this (Ranse & Grealish, 2007). Such positions have been supported by other qualitative research which shows empowerment of nursing students is important for their learning and growth, as students appreciate being valued as a learner and team member, and when they are devalued and disempowered it undermines their learning and may lead to attrition and increase intention to withdraw from the profession (Bradbury-Jones, Sambrook, & Irvine, 2011). Effective mentorship programs, such as the preceptorship model which offers a supportive environment has been identified by nursing students to enhance their empowerment and subsequent competence belief (Bradbury-Jones et al., 2011; Houser & Frymier, 2009).

According to Jariath (1991) students begin the transition process to the role of competent nurse before graduation, and are expected to demonstrate successful acquisition of knowledge, occupational skills and the behaviour and attitude congruent with that of a nurse. The reasoning or aim of nursing preceptorship, is to build students competence and eventual self-efficacy beliefs as the preceptor provides the student with experiences that are intense in the real world of the clinical setting to facilitate students transition into the real world of nursing, as oppose to simulated activities that are done in the nursing classroom and skills lab (Laschinger & MacMaster, 2002; Grightmire, 2009). This is achieved through the socialization process that students go through during preceptorship, as the preceptor as leader, role models a high standard of nursing care to socialize students into the reality of nursing (Lockwood-Rayermann, 2003). According to an integrative review of the preceptorship literature, the preceptor facilitates the students' learning to bring about the students' self-confidence and increased competence as they are socialized into the nursing profession which brings about enhanced self-efficacy beliefs to nurse (Billay & Myrick, 2008).

Previous studies have reported that the preceptorship experience gives students increased exposure to the real world of nursing, as they practice more independently and take on more responsibility. Thus, enabling the student to gain autonomy and interprofessional team collaboration experiences (Hellström-Hyson et al., 2012; Kristofferzon et al., 2013; Löfmark et al., 2012) which facilitate smoother role transition and enhanced self-efficacy to nurse (Goldenberg et al., 1997; Myrick & Yonge, 2004; O'Mara, 1997) and eventually job satisfaction in their new role as nurses (Jnah, Robinson, & Dowling, 2015; Kuru & Katsaras, 2016; Reid, 2014). A study in Italy among 1117 RN students reported that students' perception of self-efficacy during clinical practicum to carryout psychomotor skills was negatively associated with stress and burnout, as such, when students felt efficacious as a nurse, they were more satisfied, engaged, and performed better (Bulfone et al., 2016).

Students' transition is supported in the final clinical practicum experience as they get opportunity of mastery experience and feedback, as Pierazzo (2014) conducted a mixed method study in Ontario, Canada among 186 RN students to determine sources of clinical anxiety and self-efficacy during practicum. The students reported that the number one teaching strategy to enhance their self-efficacy and reduce anxiety, was the ability of the preceptor to give encouraging feedback that was constructive in nature and showed them how they could improve their practice in the real world and simulated context. This action for the students increased their critical thinking skills and enhanced their self-efficacy beliefs to nurse (Pierazzo, 2014).

Rowbotham and Owen (2015) did a study among 236 third year and final year RN students in the USA, where students reported high self-efficacy due to the strength based approach that was taken during the practicum, where they were praised for what they did well, expectations were clearly communicated to them, and constructive feedback was given without the students feeling belittled. Similar reports were also shared by 47 RN Swedish students who valued feedback and being given an opportunity to practice nursing roles and responsibilities independently, which were seen as key factors in enhancing their self-efficacy (Löfmark & Wikblad, 2001). The preceptors' leadership style, clinical expertise, purposefulness, support, and motivation influenced the development of 23 RN students' competence with psychomotor skills in a quantitative study done in Australia (Zilembo & Monterosso, 2008).

Lockwood-Rayermann (2003) warned that for preceptees' competence and confidence to be developed, preceptors' leadership style must be taken into consideration. As such, preceptors' leadership style must be appropriately matched with nursing novices' learning style and personality to facilitate successful clinical experience and enhance experiential learning (Lockwood-Rayermann, 2003). Preceptors are required to be good role models, and it has been reported by a quantitative study done among 352 RN students that when they had a good role model to follow in the clinical area and felt empowered, students felt confident to take on the role and responsibility of professional nursing practice (Babenko-Mould, Iwasiw, Andrusyszyn, Laschinger, & Weston, 2012). This sense of empowerment came from the extended integrative practicum students spent with their preceptors to learn and practice nursing behaviours they were observing in the nurse. Therefore, it was concluded that empowering behaviours that involved students in the decision-making process, providing mastery experiences, and involvement in the healthcare system gave students the freedom to attain their goals and develop in the practice setting. Hence, the authors believed a good role model and empowerment behaviours were strong sources of influence on students' self-efficacy (Babenko-Mould et al., 2012).

A strong preceptor can lead the students' journey through a smooth transition to a point where the students sense they have developed their own nursing identity. A qualitative survey study done among 171 RN students in the United Kingdom, reported that students' relationships with staff in the clinical area influenced their self-efficacy through their development of a nursing identity (Clements, Kinman, Leggetter, Teoh, & Guppy, 2016). The RN students used their judgment of their competence in carrying out clinical skills and the relationship shared with nurses as indicators to develop their nursing identity. Thematic analysis was used to analyse the data from the qualitative survey, and it showed that positive relationships encourage students' commitment to stay in the profession, as their professional identity was the basis of commitment and being devalued by the nurse mentor had negative effects on their nursing identity and vice versa. Additionally, previous research has shown that the relationship shared between students and clinical staff, such as preceptors, has far reaching impact on their intention to stay in the profession after completing their nursing program (Ujváriné et al., 2011). Hence, it comes as no surprise that a successful preceptorship experience is marked by a good preceptor role model, devoted one-to-one supervision, constant feedback, and preceptor-preceptee compatibility (Myrick, 2002) which can be enhanced with the use of relational leadership styles such as authentic leadership.

Leadership in Nursing

Nursing leadership has been guided by several theories and styles over the years to include transactional, spiritual, servant, transformational, and authentic leadership (Waite et al., 2014). Being a nurse leader requires adaptability, learning and unlearning as healthcare evolves; as nursing has been predominantly made up of women, however, the nursing workforce has become quite diverse in recent years with people from different age groups, cultures, and gender (Brown, 2009; CARNA, 2016; CLPNA, 2017). As such, nurse leaders need to be emotionally intelligent, being able to handle feelings and emotions appropriately and effectively, to facilitate the smooth effort of the team in working together to achieve goals and results (Jaffe-Ruiz, 2011b). Nurse leaders are expected to enhance quality patient care, improve compliance with standards, ensure effectiveness and efficiency, while promoting individuals' growth and cultural enhancement (Mintz-Binder, Lewis, & Fitzpatrick, 2011). The nurse leader is expected to treat others with respect and dignity, while creating a caring, healing, and nurturing learning environment for the team, patient, and families (Jaffe-Ruiz, 2011a). These expectations are no different for the preceptor as clinical leaders in relation to the student as a follower.

Nursing Leadership and Confidence

Leaders who focus on building an organization through relationships often have increase followers' productivity and satisfaction (Ilies, Nahrgang, & Morgeson, 2007). Relational leadership styles focus on the leaders' ability to build good relationships with followers, thereby creating positive organizational climates to achieve change, goals, and objectives (Uhl-Bien, 2006). Examples of relational leadership styles include authentic leadership, transformational leadership, situational leadership, and servant leadership (Komives, Lucas, & McMahon, 2013). Leadership styles, particularly those that are relational, have a positive impact on nurses' self-esteem and confidence (Afzal, Waqas, Farooq, & Hussain, 2016). The use of leadership initiatives to establish a mentoring culture was shown to be integral in empowering nurses, boosting their confidence, and increasing job satisfaction (Bally, 2007).

Employees' self-confidence has been associated with the support they receive from leaders in the work environment (Shimizu, Kubota, Mishima, & Nagata, 2004). Hence, encouragement from managers is positively associated with nurses' self-confidence and has further implications on patient outcomes. Similarly, nursing students thrive on the feedback and evaluation they receive from nursing preceptors, as this helps them to grow and further impact on the quality of patient care (Duteau, 2012; Grightmire, 2009; Hellström-Hyson et al., 2012; Pierazzo, 2014; Rowbotham & Owen, 2015). Understanding the relational leadership theory of authentic leadership of nursing preceptors and subsequent influence on final year RN and LPN students' self-efficacy and subsequent job satisfaction and job performance is the focus of this study.

Authentic Leadership in Nursing

Authentic leadership has become increasingly popular in the nursing literature. It has been explored widely in relation to nursing leadership; one paper has even questioned if it was a new theory or it was a way to help us to return to our roots, as authentic leadership framework mirrors the core of nursing leadership (Wong, & Cumming, 2009). Wong and Cummings spoke about the implications of authentic leadership in addressing the chronic nurse shortage and the great wave of retirement that is expected soon. The authors particularly spoke highly of authentic leadership as an emergent model of leadership that may be effective in helping nurse leaders to be effective in their leadership roles to eventually meet outcomes and organizational performance. In their article, Wong and Cummings spoke at length about authenticity in nursing and authentic leadership's four foundational concepts of self-awareness, balanced processing, internalized moral perspective, and relational transparency. They also spoke about the role of trust, hope, and optimism in the relationships shared between nurse leaders and followers, and subsequent effect on bringing about positive emotions, and eventually impacting on followers' work attitude and behaviour. This theoretical discussion of leadership model in nursing literature by Wong and Cummings showed possible application of Avolio and colleagues' (2004) authentic leadership model to nursing, and how nurse leaders could impact on followers' attitude such as job satisfaction and behaviour such as job performance in the healthcare environment.

Authentic leadership's process of knowing oneself and becoming self-aware and developing self-regulation is important, as authentic leadership has been stated to have implications on nursing as a profession and safe patient care (Kerfoot, 2006; Waite et al., 2014).

The process of nurses coming to know and understand the self is vital in contributing to safe patient care, as authentic leadership has been identified by regulatory bodies as a core element needed for healthy work environments in nursing (American Association of Critical Care Nurses, 2016). This also holds true for students, as it has been suggested by educators that students thrive best in a nurturing learning environment with open communication as this enhances trust and credibility which gives the students greater security to be themselves, as they are accepted as learners and are enabled to learn (Dobransky & Frymier, 2004). Several quantitative and qualitative studies have been done to demonstrate the applicability of authentic leadership in creating healthy work environments and authentic leadership's direct and indirect effect on followers' and organization's outcomes, which will be discussed in this section.

Quantitative studies. Shirey (2006) who was among the first nursing scholars to explore authentic leadership, found that authentic leadership was not very popular in the nursing and healthcare literature as it was in the business leadership literature. However, Shirey reported that authentic leadership was very valuable in creating healthy work environments which subsequently impacted on the quality of work outcome. This was particularly useful, since nursing was identified as very stressful and demanding; hence, nurse leaders who employed authentic leadership to lead followers were at an advantage to address burnout and reduce absenteeism due to stressful and unhealthy work environment (Shirey, 2006). Since Shirey's declaration, several studies have been published on authentic leadership, stress, and burnout among several nursing groups. For example, a secondary analysis study done among 280 RNs in acute care hospitals in Ontario, Canada, reported that nurses who perceived their managers to demonstrate authentic leadership ($M = 2.35$, $SD = 0.99$) reported strong work engagement (the opposite of burnout) and overall person-job match in six areas of work life which included workload, control, rewards, community, fairness, and values (Bamford, Wong, & Laschinger, 2013).

Another quantitative study looked on the role of authentic leadership and psychological capital in protecting 205 new graduate RNs from burnout during their first year of employment and subsequent effect on their occupation satisfaction and workplace mental health (Laschinger & Fida, 2014). The new grads rated their supervisors as moderately authentic (*M* = 2.49, *SD* = 0.88) but did not rate their immediate supervisors' authentic leadership very high when compared to other occupations. However psychological capital was shown to be negatively related to burnout. The authors concluded by recommending the need for managers to be trained on how to become authentic leaders, as the leader plays an important role in determining the work environment that the new RNs have to work in, and the subsequent negative health and organizational outcomes that may stem from burnout. Laschinger and Fida (2014) said that, managers who were authentic leaders and building new nurses' intrapersonal resources such as psychological capital could have far reaching implications for nursing retention to sustain the future of the workforce of nurses. Hence, positive leadership, particularly authentic leadership is important in protecting staff against burnout.

Another study was done that examined a model linking authentic leadership to bullying and burnout, and subsequent job satisfaction and withdrawal intentions among new graduate RNs in Eastern Canada (Laschinger, Wong, & Grau, 2012). The study was of a cross-sectional design and was conducted on 342 RNs who were practicing for less than two years. New graduates rated their managers as demonstrating tenets of authentic leadership (*M* = 2.47, *SD* = 0.85). The results showed that authentic leadership was negatively related to bullying and burnout which also positively impacted on the new nurses' job satisfaction and intentions to leave the profession. The authors concluded that authentic leaders in nursing could create a healthy work environment which repels a bullying culture and further reduce the chances of new nurses being burnout. Hence, nurses will be more satisfied with their jobs, enjoy going to work, and thereby reduce the chances of attrition (Laschinger et al., 2012). The authors went on to do a more comprehensive study to examine the effect of authentic leadership and structural empowerment on burnout as exhibited by emotional exhaustion and cynicism in both new and experienced nurses in Ontario, Canada (Laschinger, Wong, & Grau, 2013). The study was done among 342 new grads with less than two years of experience as a nurse and 273 more experienced nurses who practiced for more than two years. New graduates perceived the managers to demonstrate authentic leadership (*M* = 2.47, *SD* = 0.85), so too the experienced nurses (*M* = 2.37, *SD* = 0.98). The results showed that both experienced and newer nurses reported that authentic leadership influenced their emotional exhaustion and cynicism positively. Hence, authentic leadership can be effective in preventing burnout not only for new RNs but also for more experienced RNs (Laschinger et al., 2013).

The results of the literature have confirmed Shirey’s (2006) suggestion that authentic leadership does have an influence in creating healthy work environments which may be a great contributor in preventing burnout among nurses whether new or experienced (Laschinger et al., 2012; Laschinger et al., 2013). This is commendable as burnout is normally manifested from an individual’s perception of a threat to internal resources, this threat might be work-related, and the perceived loss of work-related resources can turn out to be a stressful situation for the person eventually leading to burnout and lack of satisfaction, which may progress to negative job performance and attrition (Twenge & Campbell, 2008). These results are not desirable and would not be good for any organization, particularly healthcare, where safe patient care is paramount. Hence, a leadership theory that may address such outcomes from happening creates hope. As such, I see it as beneficial in utilising the elements of authentic leadership in nursing students' preparation to become nurses as they are prepared to meet the demands and take on the roles and responsibilities of a nurse. Thus, combatting withdrawal intention and attrition from in the embryonic stages of their nursing career, this might go a far way in addressing the chronic nursing shortage.

Mortier, Vlerick, and Clays (2015) examined authentic leadership in nursing from another perspective, that is, the view of thriving. Thriving in this context meant individuals felt energized, excited and perceived they were learning and making progress. A cross-sectional design study was done among 360 nurses in Belgium who self-reported that the more authentic managers were perceived resulted in an enhancement of staff growth and learning, and authentic leadership was strongly related to nurse managers empathy (Mortier et al., 2015). In response to the authors' question of thriving in relation to authentic leadership, the authors found a positive association, and if nurses feel valued and like they are learning then one could assume they are thriving (Mortier et al., 2015). Suggested explanation of the results went back to the relational transparency that authentic leaders often display in sharing information with followers, and encouraging followers to share information among each other, hence, this thriving enhancing environment (Mortier et al., 2015). The authors recommended that managers be more empathetic to the staff, which eventually influenced the nurses' wellbeing, resulting in more engaged nurses and job-related learning. Area for future study included the development and implementation of training programs where authentic leadership skills and the expression of empathy for staff can be learned and stimulated (Mortier et al., 2015).

Regan, Laschinger, and Wong (2015) looked on the influence of authentic leadership, empowerment, and professional practice environments on nurses' perceived interprofessional collaboration in Ontario, Canada. A quantitative study of a predictive non-experimental design was used, and data were collected via survey from 220 nurses. On average, managers were perceived to exhibit authentic leadership (*M*= 2.28, *SD* = 1.04), with internalized moral perspective and relational transparency being rated highest and equally (*M* = 2.40) and self-awareness was rated lowest (*M* = 2.09). The results showed that nurses' perception of interprofessional collaboration was affected by authentic leadership behaviours, suggesting that positive leadership is important to both new graduates and experienced nurses (Regan et al., 2015). This was further solidified by new graduate nurses who reported feeling that relationships among the health care team were valued and their knowledge respected boost their confidence. Hence, the authors' suggestions that nurses' confidence may increase in an environment where positive relationship and authentic leadership exist (Regan et al., 2015). A recommendation given was role modeling behaviours that are consistent with authentic leadership such as trust, mutual respect, shared decision making, and attention to the ethical standards informing the decision-making process and outcomes to enhance staff development and role effectiveness in interprofessional collaboration (Regan et al., 2015). I appreciate this suggestion, as I believe it is an effective way in facilitating the teaching and learning of authentic leadership as novice (followers) participate in learned experiences until they too become expert authentic leaders.

Wong and Laschinger collaborated another time to do a study with Cummings that tested a model examining authentic leadership of managers and link with nurses' trust, work engagement, and work outcomes among RNs in Ontario, Canada (Wong et al., 2010). The study was of a non-experimental predictive survey design and used 280 randomly selected RNs who were working in acute care. Work engagement in this study was defined as the RNs persistence and positive state of mind at work. Work outcomes were voice behaviour of staff and their perceptions of the quality of care given on the clinical unit. Nurses perceived that their managers were moderately authentic (*M* = 2.35, *SD* = 0.99), with internalized moral perspective rated the highest (*M* = 2.51, *SD* = 1.03) and self-awareness rated the lowest (*M* = 2.06, *SD* = 1.17). The authors reported that perceived authentic leadership of nurse managers positively and significantly influenced the RNs' trust in their managers and work engagement which further influenced voice behaviour and the perceived quality of care on the acute care unit. According to the authors, perceived authentic leadership of the managers brought about trust which impacted on the RNs willingness to speak up whenever they had concerns. The results were eventually linked back to the importance of managers creating healthy work environments, so that nurses would feel confident to voice their concerns which may have further implications in enhancing patient care and outcomes (Wong et al., 2010).

In continuing on the role of trust and authentic leadership in the nurse leader-follower relationship, Wong and Giallonardo (2013) examined a model linking authentic leadership and nurse-assessed adverse patient outcomes, nurses' trust in their managers, and effects on areas of work life. The findings were from a secondary analysis of cross-sectional survey data collected from 280 RNs in Ontario, Canada. The RNs in this study rated their managers moderately on the authentic leadership scale (*M* = 2.35, *SD* = 0.98), with internalized moral perspective (*M* = 2.51, *SD* = 1.03) rated the highest and self-awareness rated the lowest (*M* = 2.06, *SD* = 1.16). Trust in the manager was also rated moderately, and the nurses perceived person-job match in four of the six areas of work life which included community, rewards, values, and control, but not in workload and fairness. Like the previous study (Wong et al., 2010), the authors reported that authentic leadership was a significant predictor of RNs' trust in their managers, and authentic leadership also influenced adverse patient outcomes through the trust RNs had in their manager. It was concluded that authentic leadership is integral in creating healthy work environments which contribute to trust in managers and equilibrium in nurses work life, which eventually helped nurses and managers to do their jobs well to enhance patient outcomes (Wong & Giallonardo, 2013).

Authentic leadership and preceptorship. It can be seen that quite a few studies have been done in nursing with regards to authentic leadership among both new graduate nurses and experienced nurses. Specifically, to authentic leadership and preceptorship only two studies were identified, one among the new graduate nurses' population (Giallonardo et al., 2010), and another among final year RN nursing students (Anderson, 2018). Giallonardo and colleagues did a study in Ontario, Canada, on preceptorship of new graduate RNs and found that new grads perceived their preceptors to moderately demonstrating authentic leadership (*M* = 3.05, *SD* = 0.62). Specifically, to the authentic leadership subscales, internalized moral perspective was rated highest (*M* = 3.26, *SD* = 0.64), followed by relational transparency (*M* = 3.18, *SD* = 0.60), balanced processing (*M* = 2.90, *SD* = 0.77), and self-awareness (*M* = 2.79, *SD* = 0.86) was rated the lowest (Giallonardo et al., 2010).

Anderson (2018) investigated perceived preceptor authentic leadership of fourth-year RN students and subsequent effect on their experience of bullying and intention to leave nursing during the preceptorship experience. The study also examined the students' psychological capital which included an evaluation of their self-efficacy, resilience, hope, and optimism. A quantitative study of a non-experimental descriptive correlational research design was done among 306 fourth year RN students in Southern Ontario, Canada. The results showed that the fourth year RN students perceived their preceptors to be demonstrating authentic leadership (M = 3.21, SD = 0.76). The overall psychological capital was rated moderately (M = 4.67, SD = 0.66). The students also reported less experience of workplace bullying when the preceptor was perceived as demonstrating authentic leadership, and this further decreased the students' intention to leave the profession. The study also showed that perceived preceptor authentic leadership was positively associated with nursing students' psychological capital (r = .35, $p <$ .05) and all of its subscales including self-efficacy (r=.40, p < .05), hope (r = 0.38, p < .05), and resilience (r =0.36, p < .05) which had further influenced their commitment to the profession and reduce thoughts of withdrawing (Anderson, 2018).

Qualitative studies. It can be seen that a number of quantitative studies have been done on authentic leadership and nursing management. Some qualitative studies have been done as well, where authentic leadership and its influence in healthcare have been explored. For example, Saxe Braithwaite (2017) completed a qualitative study examining healthcare Chief Executive Officers' (CEO) authentic leadership as perceived by the CEOs themselves and as compared to their followers' perception of the CEOs' authentic leadership. The study was conducted in Ontario, Canada, among 14 CEOs and their followers. The data were collected via two one-to-one interviews with the CEOs and one interview with their followers. CEOs also took a self-study course on authentic leadership after the first interview and before the second interview. The results showed that the CEOs were demonstrating authentic leadership which was in line with high levels of authenticity, morality, and integrity. The self-perception of the CEOs was mostly congruent with that of their followers. The CEOs' authentic leadership also impacted on their followers' performance which was manifested in the general performance of the organization (Saxe Braithwaite, 2017). Similar findings were also reported by a qualitative study done among 16 business leaders from various settings and it was recognised that authenticity of the leader is strongly determined by the perception of the followers, and that the best way to enhance perception of authenticity is that the leader make effort to be genuine, open, honest and truthful in communication and empathetic responses to followers (Dasgupta, 2018). Hence, it is good that the followers of the Healthcare CEOs also perceived them as being authentic as opposed to only self-perceived authenticity.

Specifically, to nursing, a qualitative study was done by Murphy (2012), which was a narrative inquiry study, where three participants who were identified as authentic nurse leaders by staff members emphasized the importance of reframing, reflection in accordance with values, and the resilience nurses need to exhibit to become and maintain authentic leadership in the work environment. The author identified two major themes that were congruent across the three nurse leaders' life stories which were called "constructing life stories of authenticity and authoring their own authentic leadership" (Murphy, 2012, p. 509). The nurse leaders constructed their own stories of authenticity by engaging in reflective practice, learning from life experiences, and applying it to their lives and nursing practice which was seen by their followers (Murphy, 2012). Hence, congruent with the authentic leadership theorists' beliefs, authenticity was bestowed upon these leaders as they were perceived to be authentic by their followers (Avolio et al., 2004; Goffee & Jones, 2005; Hughes, 2018; Owusu-Bempah et al., 2011). Murphy (2012) said the three nurse leaders wrote their own sense of authentic leadership as they had developed a clear sense of who they are and believed that the experiences that they had would be beneficial to share with others; as such, they had a right to lead and help people develop as well. Murphy (2012) concluded that at the end of the narrative inquiry it was evident that the most important factor in the leader-follower relationship was about the patient, and the patient was the core of their leadership style. Hence, the leaders demonstrated authentic leadership, which impacted on the work environment which further influenced the followers and eventually it was manifested in achieving positive patient outcomes.

Alexander & Lopez (2018) did another qualitative study in nursing with regards to authentic leadership, but similar to Murphy's (2012) study it has no relation to student nurses or preceptorship. Alexander and Lopez did a qualitative thematic analysis study describing authentic leadership of experienced nurse managers as per the nurse executives' accounts. The authors wanted to understand what behaviours experienced nurse executives used to create healthy work environments for their staff to thrive. A total of 17 nurse executives were interviewed. The results supported the use of authentic leadership's four foundational elements of self-awareness, balanced processing, internalized moral perspective, and relational transparency by the nurse executives to create a healthy work environment. The authors concluded that there is a pathway to enhancing patient safety and achieving outcomes, which included the nurse managers creating a healthy work environment, which impacts the patient, and this is dependent on nursing leadership utilising the four elements or constructs of authentic leadership to create a positive healthcare work environment. However, a limitation stated by the authors was that majority of the participants were women and as such the perspectives shared to develop healthy work environments which will then impact patient safety and outcomes may not capture the thoughts that male nurse executives may consider to be important (Alexander & Lopez, 2018). However, this was not surprising, as nursing has been traditionally known to have a higher percentage of women than men (Brown, 2009), as can be seen in CLPNA (2017) and CARNA's (2016) statistics where each organisation reported 8% and 6.7% of male registrants respectively.

Another qualitative study done in nursing with regards to authentic leadership was done in Israel among 50 RNs from 10 healthcare institutions (Shapira-Lishchinsky, 2014). The study used a grounded theory approach to explore the ethical decision making that nurses underwent while engaging in team simulations for authentic leadership development. Data were collected using video to record the simulated activity and debriefing discussion post simulation. Video analysis was done of the video data and they were also transcribed verbatim. According to the data analysis it was revealed that participants engaged in authentic leadership's four foundational elements of self-awareness, relational transparency, internalized moral perspectives, and balanced processing. The findings from the simulation and participants reported ethical events included: identifying the main theme of caring for other nurses and patients, reporting misconduct, nurses' autonomy and adhering to professional standard and personal religious beliefs. The results showed that the simulated process of ethical decision making was different from what actually took place in practice. In the simulation learning experience, participants discussed issues together, and then if they felt it was not dealt with effectively, they would involve superiors and a decision would be made as a team with all parties involved contributing to the decision-making process. However, what actually happened in practice is that superiors would make the decision without the involvement of staff which is not congruent with the teachings of authentic leadership. Hence, the author concluded that team-based simulation is a good training tool that may lead to authentic leadership development among nurses (Shapira-Lishchinsky, 2014).

Mixed methods studies. One mixed methods study was identified that explored authentic leadership in the nursing student population. However, this was from the view of how to engender authentic leadership in nursing students in their nurse training (Dever et al., 2015).

The study evaluated three courses that final year RN students are enrolled in by examining the students' perception of the role of nursing as they are socialized into taking on the role of a nurse. Data were collected through two questionnaires at the start of third year and at the end of final year. Qualitative data were also collected from students after completing third year and final year courses. The quantitative aspect of the study investigated the nursing students' perception of their own authentic leadership; however, the results were not statistically significant. The qualitative results on the other hand, showed that the students had an emerging sense of being a leader and the nurse is responsible to be an advocate beyond the bedside. The students reported that role modeling was very beneficial for them to learn the behaviour and expectations of nursing as they were socialized into the profession. The authors concluded that it was important to include leadership courses in the curriculum so that students can be mentored and socialized into their leadership role of nursing and enhance a smooth transition to their professional role as certified nurses (Dever et al., 2015).

Mediators of authentic leadership in nursing. Several studies have been done testing mediating models showing direct and indirect outcomes of authentic leadership on various outcome variables through different mediators (Bamford et al., 2013; Giallonardo et al., 2010; Laschinger et al., 2012; Mortier et al., 2015; Regan et al., 2015; Wong et al., 2010; Wong & Giallonardo, 2013; Wong & Laschinger, 2013). A recent systematic review was published that examined the antecedents, mediators and outcomes of authentic leadership in healthcare and a number of nursing studies were included in this quality assessment review (Alilyyani, Wong, & Cummings, 2018). The authors reported searching 11 databases in January 2017 and identified 136 full-text manuscripts that included a study which examined antecedents, mediators and outcomes of authentic leadership in healthcare. Based on the quality review that was done of the articles, five outcome subthemes of personal psychological states, satisfaction with work, health and well-being, performance, and work environment factors were identified. The authors reported 23 mediators between authentic leadership and the outcomes which included: structural empowerment, burnout as emotional exhaustion, burnout as cynicism, bullying, incivility, areas of work life, trust in manager, trust in organization, trust in co-workers, attachment insecurity, personal identification, social identification, psychological capital, empathy of leader, social capital, knowledge sharing, work climate, job satisfaction, work engagement, professional practice environment, followership, and high quality relationship. The authors concluded that authentic leadership has positive implications for leadership in healthcare and called for more studies to be done that examined the construct among diverse healthcare samples and in various healthcare settings (Alilyyani et al., 2018). The current study addresses this concern, as authentic leadership to date is scantly studied in preceptorship and among the student nurse population. Additionally, no study was identified that studied authentic leadership among the LPN group of nurses. Hence, this study is a move in the direction to address such recommendations given by Alilyyani and colleagues after completing their systematic review of authentic leadership in the healthcare literature.

An example of a study that examined the indirect effect of authentic leadership on outcomes via a mediator is Malik and Dhar’s (2017) research that examined the relationship between authentic leadership and employee extra role behaviour as mediated through psychological capital and moderated effect of autonomy. The quantitative study was done among 520 nurses and 163 managers in hospitals in Uttarakhand, India. The results showed that the nurses perceived their supervisors to be demonstrating authentic leadership (*M* = 2.316 and *SD* = 1.39). With regards to the model of mediation that was tested, the results showed that authentic leadership was directly linked to employee extra role, and psychological capital was also linked to employee extra role behaviour. Upon examination of the mediating effect, authentic leadership had an indirect effect on employee extra role behaviour through the mediating effect of psychological capital. The study also reported that autonomy moderated the relationship between psychological capital and employee extra role behaviour. The authors concluded that authentic leadership is an influencer of employee extra role behaviour as mediated through psychological capital which was moderated by autonomy. Malik and Dhar recommended that leaders should facilitate building nurses' psychological capital and provide them with opportunity to be autonomous, and then they will be more likely to invest extra effort as they perform their job duties.

According to the literature presented in this section on mediators of authentic leadership, several mediator variables have been tested to indirectly influence authentic leadership effect on various outcomes. The effect of authentic leadership on self-efficacy was explored in the current study as well as the mediating role of self-efficacy on authentic leadership and outcome variables of nursing students' job satisfaction and job performance. This has not been identified in any of the previous nursing literature on authentic leadership. However, an individual's self-efficacy has been shown to impact on job performance and job satisfaction (Judge & Bono, 2001). A study among 163 information systems professionals reported that high levels of self-efficacy was positively related with their job performance ratings (Potosky & Ramakrishna, 2002). Klassen and Chiu (2010) conducted a study among 1430 teachers from western Canada and found that teachers with greater self-efficacy had greater job satisfaction. These findings align with the Self-Efficacy theory that suggests a high level of employee self-efficacy will further enhance motivation, satisfaction and performance (Bandura & Locke, 2003). Self-efficacy affects learning and effort that will be exerted to accomplish tasks, as such, self-efficacy will influence an individual's determination in attempting and learning how to perform a task. Therefore, with success of achieving the task and overcoming challenges after applying new material that was learned will further enhance self-efficacy, thereby increasing the individuals' competence, job performance, and job satisfaction (Bandura, 1982).

Authentic Leadership and Self-efficacy

Nurse leaders' authentic leadership has been positively related to nurses' self-confidence and empowerment (Read & Laschinger, 2015). According to Leigh's (2014) commentary, nurse leaders who are perceived to demonstrate authentic leadership empower others to exhibit formal power in their own role. Nurse preceptors who role modeled authentic leadership were praised for contributing to the students' self-confidence and empowerment as the nurses would share their stories and the students felt more connected to the nurses and reported enhancement in identifying their own personal values in nursing (Dever et al., 2015). The authors continued that the students felt more empowered to embrace their professional role of a nurse, including ethical decision making and conflict management. Similarly, nurses in Ontario, Canada, valued nurse leaders who adopted the tenets of authentic leadership and reported enhanced confidence in their formal nursing roles within the context of interprofessional collaboration (Regan et al., 2015).

It is recognized that previous research, although minimal, have reported on the effect of leadership, preceptorship, and authentic leadership on nurses and nursing students' self-confidence (Hayes & Sexton Scott, 2007; Leigh, 2014; Regan et al., 2015) but this present study explored the construct of self-efficacy. I am aware that there are cases where self-confidence is used synonymously with self-efficacy. However, self-efficacy as defined by Bandura (1995) is a more appropriate construct in this study, as I sought to identify how the perceived authentic leadership of the preceptor, can impact on the nursing students' beliefs about their abilities and capabilities of being a competent nurse. While self-confidence is defined as trust or assertion in one's abilities, qualities and judgement, it is about believing in one's aptitude (Merriam Webster, 2017). Specific to the authentic leadership theory, self-confidence was not overtly defined by Avolio et al. (2004). However, self-confidence has been listed among the elements and by products of authentic leadership as a positive organizational behavior that represents the manifestation of positive psychological capital and plays a key role in development, with the aim of achieving a lasting competitive advantage (Avolio & Gardner, 2005; Luthans & Avolio, 2003). This eventually leads to loyalty, satisfaction, and performance where followers become motivated, driven, contented, and successful (Dimovski, Ferjan, Marič, Uhan, Jovanović, & Janežič, 2012). Comparatively, self-efficacy is the belief in the capability to achieve the outcome (Bandura, 1995). As such, self-efficacy is a better construct, directly referring to one's beliefs in achieving the outcome of being a competent nurse.

The difference between self-efficacy and self-confidence is described by Bandura (1997):

> It should be noted that the construct of self-efficacy differs from the colloquial term "confidence." Confidence is a nondescript term that refers to strength of belief but does not necessarily specify what the certainty is about. I can be supremely confident that I will fail at an endeavor. Perceived self-efficacy refers to belief in one's agentive capabilities that one can produce given levels of attainment. A self -efficacy assessment, therefore, includes both an affirmation of a capability level and the strength of that belief. Confidence is a catchword rather than a construct embedded in a theoretical system. Advances in a field are best achieved by constructs that fully reflect the phenomena of interest and are rooted in a theory that specifies their determinants, mediating processes,

> and multiple effects. Theory-based constructs pay dividends in understanding and operational guidance. The terms used to characterize personal agency, therefore, represent more than merely lexical preferences (p. 82).

According to Gardner and Schermerhorn (2004) authentic leadership is resourceful in building followers' self-efficacy as authentic leaders can impact on followers' psychological capital by creating hope, bringing about optimism, and enhancing resilience in followers. Authentic leaders are great role models of the ideal standard of what followers would like to achieve, followers know it is attainable as authentic leaders are normally open in sharing their vulnerabilities and helping followers see how they attained success. Hence, in the followers' eyes, if the leader was able to overcome challenges and be able to practice at a high level, then they too may be able to achieve success (Gardner & Schermerhorn, 2004). This is consistent with the vicarious experience source of information for self-efficacy development, where learners or followers' self-efficacy beliefs increase as they see others who are similar to them perform the activities and achieve the desired outcome they are aspiring for.

According to Bandura (1997), vicarious experience is the second most influential contributor to self-efficacy development after successful performance experiences. Hence, authentic leadership is able to have an effect on followers' self-efficacy as authentic leaders show confidence and encourage followers to identify and build on their own capabilities to achieve success and eventual authentic followership emerge. According to Bandura (2008) this is even more influential when the person motivating the follower is trusted, as the follower will believe what the leader is saying, and as such, if the leader shows belief in the follower, then followers will ultimately believe in themselves. Thus, achieving the desired outcome and sustained self-efficacy. This has been supported in the literature where it has been shown that authentic leadership is directly associated with trust in leaders (Avolio et al., 2004; Wong, 2008; Wong et al., 2010).

A quantitative study done in Canada of a cross-sectional national survey design examined the effects of authentic leadership on self-efficacy along with other variables among 1009 new graduate RNs who practiced nursing for less than three years (Laschinger, Borgogni, Consiglio, & Read, 2015). The aim of the study was to test a model linking authentic leadership to six areas of work life which was further linked to occupational coping self-efficacy, which was then linked to burnout and linked to eventual mental health of the new graduate nurses. The new grads rated their immediate supervisor as demonstrating authentic leadership ($M = 2.60$, $SD = 0.87$), and authentic leadership was associated with occupational coping self-efficacy ($r = .20$, $p < .05$). The results of the model showed that authentic leadership influenced areas of work life which further influenced occupational coping self-efficacy, which was negatively associated with burnout, thus, improving mental health of the new nurses. The authors concluded that authentic leadership was integral in helping managers to facilitate strengthening new nurses' confidence and help them cope with the demands of their job, which built their self-efficacy, protected the nurses from burnout and promoted good mental health. Hence, the suggestion to teach nurse managers authentic leadership which may promote balance in the six areas of work life and eventually increase occupational self-efficacy and mental health (Laschinger et al., 2015). Although this study examined self-efficacy, it did so in a different approach as to how it is explored in the current study, as Laschinger and colleagues looked on how authentic leadership indirectly influenced occupational self-efficacy with regards to how the new nurse was able to cope with the demands of nursing. However, in this current study, self-efficacy is explored in the sense of the final year RN and LPN students' competence beliefs to fulfill their general duties and responsibilities as a nurse.

A non-nursing study was done that explored authentic leadership and followers' self-efficacy in a similar sense as done in the current study. Roux (2010) examined the relationship between perceived authentic leadership of managers and effect on optimism, self-efficacy and work engagement. Self-efficacy in this study referred to the workers competence beliefs as defined by Bandura (1997) which shows similar basis to the current study. Data were collected from 407 employees who worked in a manufacturing company that produced liquor and analysed using structural equation modeling. The results of the study showed significant relationship between authentic leadership and work engagement, authentic leadership and optimism, but the path from authentic leadership to self-efficacy was not significant. No significant relationship was seen between the two variables of authentic leadership and self-efficacy. Hence, the researcher called on the need to follow-up on this study to investigate the relationship between the variable in different leader-follower samples (Roux, 2010). This will be accomplished in the current study, as authentic leadership effect on self-efficacy in the final year nursing student sample is explored.

Authentic Leadership and Job Satisfaction

Job satisfaction focuses on the extent to which an individual enjoys working as a nurse (Stamps, 1997). Nursing leadership plays an important role in determining the job satisfaction level of nurses (Giallonardo et al., 2010). Research has reported a strong correlation between nurse leaders' behaviours and nurses' job satisfaction in Seattle and Los Angeles (McNesse-Smith, 1997). In Canada, nurse managers' leadership style has a positive impact on nurses' perceived job satisfaction (Doran et al., 2004). Nurse managers who exhibit relational leadership styles, such as authentic leadership, positively influence nurses' job satisfaction as they are seen as being supportive, open, and caring (Cummings et al., 2018; McGillis-Hall & Doran, 2007). It has been reported that the nurse manager who engages in authentic leadership creates a supportive environment, which has been shown to enhance nurses' job satisfaction, particularly new graduate nurses (Fallatah & Laschinger, 2016). Additionally, authentic leadership has been shown to influence nurses' job satisfaction indirectly, in environments that may be tinged by bullying and emotional exhaustion (Laschinger et al., 2012).

A study done in Manitoba, Canada, explored the relationship between authentic leadership, job satisfaction, and bullying among 317 medical surgical nurses in acute care (Bennett, 2015). RNs were asked to rate their managers on the medical surgical unit and their job satisfaction and experience of being bullied at work. The mangers were rated as moderately authentic (*M* = 2.34) with internalized moral perspective and relational transparency being rated the highest and equally (*M*= 2.47) and self-awareness the lowest at (*M* =2.13). With regards to job satisfaction, 65% of the participants reported overall satisfaction. However, 43% of the acute care nurses reported being bullied at some time. The results showed that the medical surgical nurses in Manitoba were more satisfied when they were not bullied. Perceived authentic leadership of the managers was also positively associated with the nurses' job satisfaction. Therefore, the more authentic managers were perceived, the more satisfied the nurses were (Bennett, 2015). Hence, based on the results of the study it was demonstrated that managers are integral in creating healthy work environments by engaging authentic leadership, which may reduce the prevalence of nurses being bullied and have further impact on job satisfaction, which may reduce nurses' intention of wanting to leave the profession of nursing.

Laschinger and Fida (2015) conducted a cross-sectional provincial survey of 723 RNs in Ontario, Canada, to determine the nurses' perception of their manager's authentic leadership and effect on structural empowerment, supportive professional practice environment, and subsequent influence on quality of patient care and job satisfaction. Descriptive statistics revealed that the nurses perceived their managers to be demonstrating authentic leadership (M = 2.29, SD = 1.05), and they were moderately satisfied (M = 3.27 out of a possible 5, SD = 0.87). Authentic leadership showed an association with job satisfaction ($r = 0.46$, $p < .05$). Structural equation modelling was done to analyse the data and showed authentic leadership had a significant direct effect on structural empowerment, which then influenced the professional practice environment, which further had a negative effect on the perception that short staffing interfered with the quality of patient care and further influenced the nurses' job satisfaction positively (Laschinger & Fida, 2015). It was concluded that authentic leadership plays a positive role in management creating healthy work environments and the perception of structural empowerment where nurses feel they have greater support for professional practice, which may eventually impact on the quality of patient care and nurses' job satisfaction. The authors believed that the findings supported the view that nurses' job satisfaction is enhanced by their perception of the high quality of patient care in the clinical environment, and that authentic leadership may be integral in creating empowering working environments which may contribute to retaining nurses and combatting the nursing shortage (Laschinger & Fida, 2015).

Another quantitative study that was time lagged was conducted throughout Canada to determine the perception of new graduate RNs with regards to their manager's authentic leadership and structural empowerment, short staffing, and work life interference with eventual impact on burnout, job satisfaction, and quality of patient care (Boamah, Read, & Spence

Laschinger, 2017). Data were collected from 1020 new graduate RNs who had not practiced as a nurse for more than three years and were working in direct patient care. Data were collected two times from the nurses that consisted of a one-year gap to determine if the nurses became burnout and their transition process over the year in their role as a nurse. At the end of the year only 406 of the participants that responded at time one responded at time two of data collection. Descriptive data analysis showed that the new graduate RNs perceived their managers to be authentic ($M = 2.64$, $SD = 0.86$). Authentic leadership showed an association with job satisfaction ($r = 0.22$, $p < .05$). Data were also analysed through structural equation modelling and showed that authentic leadership influenced structural empowerment positively and significantly, which further impacted short-staffing and work-life interference negatively. Hence, it was concluded that authentic leadership can mitigate the negative effects of short-staffing and work-life interference, which will reduce the chances of new graduate RNs burnout and dissatisfaction which could further negatively affect safe patient care (Boamah et al., 2017).

Laschinger (2012) also did a study among new graduate RNs and explored their perceptions of their supervisor's authentic leadership and subsequent effects on their job and career satisfaction and turnover intentions. The study was conducted in Ontario, Canada, among 342 nurses who had been practicing for less than two years. The study was of a cross-sectional quantitative design. Results showed that the new graduate RNs rated their immediate supervisor's authentic leadership as moderate, where nurses who were practicing for 1 year rated their supervisor as ($M= 2.34$, $SD = 0.93$) and those with two years of experience as ($M = 2.57$, $SD = 0.79$). Authentic leadership showed an association with job satisfaction ($r = 0.41$, $p < .05$) and career satisfaction ($r = 0.21$, $p < .05$). New graduate RNs generally reported that when the managers set them up in their roles so that they feel adequately prepared to take on the responsibility of a nurse, contributed to their job and career satisfaction and reduced intention to leave the profession of nursing (Laschinger, 2012). This shows the role that self-efficacy can also play in contributing to new nurses' job satisfaction. Laschinger (2012) went on to report that authentic leadership was positively and significantly related to new graduate nurses' job and career satisfaction and negatively associated with their intent to leave their job and the profession altogether. Hence, nurse managers could utilise authentic leadership to create an engaging and satisfying environment to help new nurses in the first two years of their practice to achieve career and job satisfaction which may improve nurse retention (Laschinger, 2012).

Fallatah and Laschinger (2016) completed secondary analysis of data from a study done in Ontario, Canada, among 93 new graduate RNs testing a model linking authentic leadership to job satisfaction through supportive professional practice environments. The focus of the study was to see the transition process of the new RNs in the first two years of their practice as a nurse. The new graduate RNs in this study reported that they perceived their immediate manager to moderately demonstrate authentic leadership ($M = 2.31$, $SD = 0.79$). The new graduate nurses valued strong nurse-physician collaboration and experiencing autonomy and control over their practice as very significant in contributing to a supportive professional practice environment, which aided their development and transition into their roles as nurses. Authentic leadership ($r = 0.79$, $p < .05$) and all its subscales were positively and significantly associated with job satisfaction. The strongest association of new graduate nurses' job satisfaction was with the authentic leadership subscale of internalized moral perspective ($r = 0.39$, $p < .05$). Specifically, to the model that was tested mediated regression analysis showed that a supportive professional practice environment partially mediated the effect of authentic leadership on the new graduate nurses' job satisfaction. Fallatah and Laschinger concluded that managers who practiced authentic leadership were better able to create healthy work environment which is supportive in nature which further positively influence nurses' job satisfaction.

Read and Laschinger (2015) examined the effect of authentic leadership, structural empowerment, and relational social capital on new graduate RNs' mental health and job satisfaction during the first year of practice. The study was quantitative of a longitudinal survey design. Data were collected from 191 new graduate RNs in Ontario, Canada, at two times at the beginning of their career and a year later. The nurses were working in acute care, mostly in a medical surgical setting or in critical care. The new graduate nurses rated their managers authentic leadership and found that they were authentic ($M = 2.47$, $SD = 0.88$). Authentic leadership was positively and significantly associated with job satisfaction ($r = 0.31$, $p < .05$) and negatively associated with poor mental health ($r = -0.13$). Structural equation modelling was also done which showed that authentic leadership had an effect on nurses' relational social capital as mediated through structural empowerment which further positively influenced the nurses' mental health and job satisfaction. The authors concluded that managers who engaged in authentic leadership were able to create healthy work environments that are empowering, which further positively impact nurses' health and wellbeing and may eventually enhance the retention of nurses (Read & Laschinger, 2015).

As demonstrated in the report of the previous studies described, several studies have been done to examine the relationship between authentic leadership and job satisfaction of the new graduate nurse population. To continue on this path, Giallonardo et al. (2010) did a study on new graduates' job satisfaction in relation to perceived preceptor authentic leadership. This study done in Eastern Canada, among 170 new graduate RNs who practiced for less than three years, reported new graduates felt more engaged ($r = 0{\cdot}21$, $p < .01$) and satisfied ($r = 0{\cdot}29$, $p < .01$)

with work when paired with a preceptor who demonstrated authentic leadership (Giallonardo et al., 2010). Finally, recommendations were given for the study to be conducted in other parts of Canada and the implications of engendering an authentic preceptor preceptee relationship on work engagement, job satisfaction, and retention of nurses emphasized (Giallonardo et al., 2010). The current study is a step in the right direction to address this, as it was done in Western Canada among the student nurse population of both RNs and LPNs.

Authentic Leadership and Job Performance

Authentic leaders are said to be able to contribute to followers' job satisfaction and job performance in an organization (Walumbwa et al., 2008). Employees' alignment with the organization and fulfilment of personal goals and aspiration, often leads to enhanced job performance and job satisfaction (Cummings et al., 2018; McNeese-Smith, 1997). Job performance is described as how successfully an individual can carry out a series of activities (Ng & Feldman, 2010). A non-healthcare study explored authentic leadership and its effect on job performance as moderated by followers' psychological capital and mediation effect of leader-member exchange among 801 employees in China. The results showed that authentic leadership has positive association to leader member exchange which further positively influenced followers' job performance, and this was to a higher degree in those followers who had strong psychological capital (Wang, Sui, Luthans, Wang, & Wu, 2014).

Donachie (2017) did a qualitative case study of a leader and his followers, where the authentic leader created a positive work environment that encouraged people to go to work and he also developed a good relationship with followers. Through personal and social identification, the leader who was identified as authentic was able to motivate followers to perform based on their individual strengths. Donachie identified the main theme of the research as the ability of the leader to positively influence the work environment that is created which is synchronous with authentic leadership that has been identified to be integral in creating healthy work environments. Based on the findings of the case study, Donachie concluded that authentic leadership is able to influence followers' motivation and performance positively.

Authentic leadership has also been identified as an antecedent to followers' perception of leader integrity which subsequently influences followers' commitment and performance among 49 teams in the service industry in Belgium (Leroy, Palanski, & Simons, 2012). Similar results have been reported by a study done in Germany in the business environment (n=306) and research organization context (n = 105), where authentic leadership of managers was linked to followers' job satisfaction and job performance and subsequent team effectiveness (Peus et al., 2012). The effectiveness of the team association with authentic leadership was mediated through trust which aligned with predictability of the leader (Peus et al., 2012).

Authentic leadership and nurses' job performance. Specifically, to nursing, only limited studies have been conducted on nursing leadership and job performance (Germain & Cummings, 2010; Loke, 2001; McNesse-Smith, 1997). Recommendations are that nurse leaders should aspire to understand factors that motivate employees and enhance performance such as autonomy, relationships among nurses, and resource accessibility (Germain & Cummings, 2010); these behaviours are congruent with that of an authentic leader. Germain and Cummings (2010) stated in their systematic literature review, that nurses' job performance is associated with nursing leadership style, and this has further impact on the quality of patient care administered.

Wong and Laschinger (2013) did a study that explored perceived manager's authentic leadership, structural empowerment, job performance, and job satisfaction. The aim of the study was to test a model that linked authentic leadership, structural empowerment, and subsequently job performance, and job satisfaction. The study was of a non-experimental predictive design and data were collected from 280 RNs in Ontario, Canada. The RNs rated their managers as moderately authentic ($M = 2.35$, $SD = 0.99$), with internalized moral perspective rated highest ($M = 2.51$, $SD = 1.03$) and self-awareness the lowest ($M = 2.06$, $SD = 1.17$). The RNs reported that they were satisfied ($M = 3.65$ out of a possible score of 5, $SD = 1.01$) according to the global job satisfaction survey and they were able to perform ($M = 3.72$ out of a possible score of 5, $SD = 0.49$) as per self-ratings given on the general performance scale. The researchers reported that the perceived authentic leadership of managers positively and significantly influenced RNs structural empowerment ($\beta = 0\cdot46$, $p < 0\cdot01$), which then increased job satisfaction ($\beta = 0\cdot41$, $p < 0\cdot01$) and job performance ($\beta = 0\cdot17$, $p < 0\cdot01$). It was concluded that the more mangers are seen as authentic, the more nurses believed that they were empowered, satisfied, and performed better. The researchers recommended testing the authentic leadership model in other groups of nurses, in other healthcare settings and work roles to determine the effectiveness of authentic leadership in nursing and healthcare (Wong & Laschinger, 2013). The current study has moved towards addressing this by exploring the effects of perceived preceptor authentic leadership on nursing students' self-efficacy, and subsequently their job performance, and job satisfaction as mediated through self- efficacy during the final clinical practicum experience which took place in several healthcare settings.

Synthesis of Findings from the Literature

The empirical studies demonstrated that preceptors are integral in the leadership of students' learning experience during clinical practicum as they are socialised in the profession. Unfortunately, students have reported the prevalence of conflict with preceptors that influence clinical performance, and eventually their learning. However, to be more positive, several quantitative and qualitative studies showed that after preceptorship, students’ self-efficacy increase due to the learning environment created by the preceptor in using a strength-based approach with constructive feedback. An engaging clinical environment contributed to nursing students’ empowerment, enhanced critical thinking skills, clinical judgement, better performance and overall satisfaction. The studies showed that the preceptorship process is beneficial to all healthcare stakeholders including the patient, as students are led through the transition process to feel capable to take on the roles and responsibilities associated with nursing, as they too develop their own nursing identity.

Majority of the studies done on authentic leadership in nursing, showed that mangers were perceived to be demonstrating authentic leadership. The two studies that were specific to nursing preceptorship showed that preceptors were also perceived to be demonstrating authentic leadership. In many of the studies, the authentic leadership subscales of internalized moral perspective and relational transparency were rated the highest and self-awareness the lowest. The empirical literature showed the best way to demonstrate authenticity, is to be genuine, open, honest and truthful, which may be enhanced by engaging in reflective practice and learning from life experiences.

One non-nursing study was identified that examined authentic leadership and follower self-efficacy, but no associations were identified between the two variables. Throughout the nursing literature, authentic leadership has been shown to have strong associations with new and experienced nurses’ job satisfaction. With regards to job performance and authentic leadership in healthcare, qualitatively, authentic leadership was reported to influence followers’ motivation and performance. Quantitatively, authentic leadership was shown to influence experienced nurses’ job performance through a mediator.

Summary

In summary, it is recognised that authentic leadership creates a nurturing atmosphere and contributes to healthy work environments for nurses (American Association of Critical-Care Nurses, 2016; Laschinger et al., 2015; Wong & Laschinger, 2013). Preceptorship has been integral to the development of self-efficacious nurses and aids in smooth transition from student to certified nurse (Duteau, 2012). Self-efficacy has also been promoted as being integral to an individual's job satisfaction and job performance (Judge & Bono, 2001). Authentic leadership has been linked to psychological capital which includes self-efficacy as an element, and some of the studies have shown where authentic leadership enhances nurses' occupational coping self-efficacy (Anderson, 2018; Laschinger et al., 2015).

Several studies have shown that authentic leadership plays a role in job satisfaction, especially in the graduate nurse population (Fallatah & Laschinger, 2016; Laschinger et al., 2012; Wong & Giallonardo, 2013). However, with regards to preceptorship only one study was identified with regards to job satisfaction and authentic leadership and it was from the view of the new graduate RNs, who would have recently graduated and is certified to practice nursing by a regulatory body (Giallanardo et al., 2010). Only one study to date has examined nurse managers' authentic leadership and nurses' job satisfaction and job performance (Wong & Laschinger, 2013). However, this was on RNs in acute care and their perception of their managers' authentic leadership and not novice student nurses or preceptors. Specific to nursing students, according to the literature identified, only Anderson's (2018) study done in Ontario, Canada, explored fourth year RN students' perception of preceptor's authentic leadership, bullying and withdrawal intentions. Similar to most of the studies done in Canada, this study was done in Eastern Canada and the student population was preparing to become RNs. Table 1 provides a visual framework as a summary of the major concepts of the current study in relation to the research questions and the instrument used with related researchers.

Table 1

Conceptual Framework showing Summary of Key Concepts of Major Variables Related to the Research Questions

Research Questions	Related Variables/ Descriptors	Summary of Descriptors	Instrument used for Descriptors (Researchers)
1. Do nursing students perceive authentic leadership of nursing preceptors during their final clinical practicum experience?	Authentic Leadership	Transparent ethical and moral leadership associated with honesty, integrity and sincerity to promote trust and healthy work environments (Leadership of me [self] and you [follower]).	Survey/Interview • Authentic Leadership Questionnaire (Avolio, Gardner, & Walumbwa, 2007)
	• Self-awareness	Knowing one’s strengths, limitations, values and beliefs and impact on others.	Survey/Interview (Avolio, Gardner, & Walumbwa, 2007)
	• Balanced Processing	Objective decision making, considering the opinion of others.	Survey/Interview (Avolio, Gardner, & Walumbwa, 2007)
	• Internalized Moral Perspective	Role modeling high standard of ethical and moral conduct.	Survey/Interview (Wong & Laschinger, 2012)
	• Relational Transparency	Openly and genuinely engaging with followers.	Survey/Interview (Avolio et al., 2004; Wong et al., 2010)

2. Is nursing students' self-efficacy influenced through the preceptorship process of the final clinical practicum experience?	Self-Efficacy	Belief in capabilities/abilities to accomplish success in a specific area. For the purposes of this study – nursing competence.	Survey/Interview • Adapted Self-Efficacy Scale (George, Locasto, Pyo, & Cline, 2017)
	• Mastery Experience	Personal experience of successful completion of task.	Interview (Bandura, 1997, 2008)
	• Vicarious Experience	Seeing others successfully completing task.	Interview (Bandura, 1997; Grightmire, 2009)
	• Verbal Persuasion	Receiving feedback about performance of task.	Interview (Bandura, 1997)
	• Somatic and Emotional States	Physical and emotional state of being while performing task.	Interview (Bandura, 1997, 2008)
3. During the final clinical practicum experience, is there an association between perceived preceptor authentic leadership and:	Authentic Leadership	Same as above	Survey/Interview • Authentic Leadership Questionnaire (Avolio, Gardner, & Walumbwa, 2007)
i. nursing students' self-efficacy beliefs?	Self-Efficacy	Same as above	Survey/Interview • Adapted Self-Efficacy Scale (George, Locasto, Pyo, & Cline, 2017).
ii. nursing students' job satisfaction? and	Job Satisfaction	Sense of fulfillment with nursing as a career.	Survey/Interview • The Global Job Satisfaction

				Survey (Quinn & Shepard 1974; Pond & Geyer,1991; Rice, Gentile, & McFarlin,1991; Wong & Laschinger, 2013)
iii.	nursing students' job performance?	Job Performance	Self-evaluation of ability to successfully perform the duties, responsibilities and requirements of nursing.	Survey/Interview • The General Performance Scale (Roe, Zinovieva, Dienes, & Horn, 2000; Wong & Laschinger, 2013)
4.	A) Does self-efficacy mediate the relationship between nursing students' perceptions of preceptors' authentic leadership and their job satisfaction during the final clinical practicum experience?	Authentic Leadership Self-Efficacy Job Satisfaction	Same as above	Survey • Authentic Leadership Questionnaire • Adapted Self-Efficacy Scale • The Global Job Satisfaction Survey
	B) Does self-efficacy mediate the relationship between nursing students' perceptions of preceptors' authentic leadership and their job performance during the final clinical practicum experience?	Authentic Leadership Self-Efficacy Job Performance	Same as above	Survey • Authentic Leadership Questionnaire • Adapted Self-Efficacy Scale • The General Performance Scale

Conclusion of Literature Review

Based on the literature review, authentic leadership is a root construct of leadership that has been effective in building positive relationships with followers through personal and social identification. Authentic leadership is believed to be beneficial to lead the next generation of workers, as Millennials appreciate openness, recognition, being valued and relationship with supervisors. Specifically, to the nursing population, authentic leadership is important in enhancing nurses' job satisfaction and job performance. Self-efficacy is important for new nurses to believe they are capable to safely practice as a certified nurse, without the fear of harming patients. The literature has shown that preceptors as nurse leaders play a pivotal role in helping the students come to a place of competence as students engage in consolidation of clinical nursing practice during the final clinical practicum. Preceptorship has positive effects on nursing students' self-efficacy. Hence, it makes sense to explore the effects of perceived preceptor authentic leadership on students' self-efficacy, providing that the literature has shown nurse managers' authentic leadership acts as a catalyst in enhancing the experience of certified nurses.

It can be concluded that Avolio and colleagues' model of authentic leadership has been helpful in establishing healthy work environments in nursing. Leaders who are perceived to be authentic have been linked to the job satisfaction and job performance of novice and experienced nurses. However, no literature was identified to link such findings or propositions to the nursing student population. It is well known that the preceptorship process is an important component of nursing education as it is integral to facilitate smooth transition of student nurses to their nursing roles as they develop self-efficacy and competence beliefs to nurse safely and effectively. What the literature review has shown is that preceptorship is important to students' development of self-efficacy, preceptor's authentic leadership is important to help novice nurses gain job satisfaction, and nurse managers’ authentic leadership has an indirect effect on experienced nurses’ job performance. The literature has shown the implications and importance of all the factors of authentic leadership, preceptorship, self-efficacy, job satisfaction, and job performance in nursing and in some instances amongst novice nurses, but to date, it all has not been studied as a composite with regards to student nurses.

The literature has reported on the experiences of novice nurses who are new graduate RNs, but there is a need to explore the effects of authentic leadership on self-efficacy, job satisfaction, and job performance amongst the nursing student population and subsequent implications for nursing education. Understanding nursing students’ perspectives of preceptors’ authentic leadership and their self-efficacy is important for designing an equitable and meaningful clinical learning environment in all clinical practicum placements. This is even more important for final focus clinical practicum where learning consolidation takes place, and the student is being prepared to transition into the role of a certified nurse. In addition to most of the studies having a RN focus, another observation from the literature, is that most of the studies done in Canada were done in the Eastern hemisphere of the country. It must be recognised that the nursing demographics, particularly in Alberta, is made up of both RN and LPNs, as such, understanding the LPN population’s point of view may also contribute to the way in which nursing leadership and educators facilitate the transition of all nurses.

Several studies have shown authentic leadership’s direct and indirect effect on various outcomes including, job satisfaction and job performance through various mediators. This supports the propositions of the developers of authentic leadership, that the theory has grounds of an authentic leader being able to develop personal and social identification with followers to further influence their work attitude and behaviour. However, none of these studies have examined the mediating effect of self-efficacy on the relationship between authentic leadership and followers’ job satisfaction and job performance. The literature has demonstrated that nurse leaders who have adopted authentic leadership impacted positively on nurses to increase job satisfaction and job performance, thereby reducing attrition and turn over, showing the importance of authentic leadership in the nursing work environment. However, to date, only few studies have been done on authentic leadership and its effect on the novice nurse population’s job satisfaction and job performance. This current study investigates RN and LPN students’ perception of preceptors’ authentic leadership effect on self-efficacy (competence beliefs), job satisfaction, and job performance.

Recognizing the dearth of empirical studies that exist on preceptor authentic leadership and novice nurses, the research problem is around the leadership role of the preceptor and their engagement in authentic leadership. No empirical study has been recognized that investigates the preceptors’ authentic leadership effect on nursing students’ self-efficacy, and how this relationship may then impact on job satisfaction and job performance during their final clinical practicum experience. Additionally, no qualitative study has been identified on the phenomenon of interest based on preceptorship or from the student’s perspectives. The current study utilised a multi-phase mixed methods approach to explore the authentic leadership model in nursing preceptors and nursing students, in various healthcare settings.

CHAPTER III

METHODOLOGY

The purpose of this multi-phase mixed methods study was to determine and understand the effects of perceived preceptor authentic leadership on nursing students' self-efficacy. The effects of perceived preceptor authentic leadership on nursing students' job satisfaction and job performance during the final clinical practicum as mediated through self-efficacy was also examined. The study's goal was to understand the dynamics of the final clinical practicum from the students' perspectives, and to identify how the preceptors' leadership of the students' learning experience during the final clinical practicum influenced the students' nursing competence beliefs and key follower outcomes of job satisfaction and job performance as proposed by Avolio et al.'s authentic leadership theory. The researcher believes that a better understanding of this phenomenon would allow preceptors and other nursing education leaders and stakeholders, to operate from a more informed position in terms of leading nursing students' learning experiences during the final clinical practicum.

This chapter describes the study's research methodology and includes discussion around the paradigm, epistemology, and research design guiding the research inquiry. Research methods, participants, data collection methods, operationalization of research questions, procedures, and data analyses are presented according to the phases of the study. The chapter culminates with a section on addressing ethical considerations and issues of trustworthiness that were addressed in each phase of the study. Following a description of issues of trustworthiness for each of the phases, information is provided to outline when and how the mixing of the data occurred. Concluding remarks are presented as a summary of the chapter at the end.

Research Paradigm

Paradigms are a set of shared beliefs that scholars in a research community ascribe to that influences the kind of knowledge that is investigated and how such knowledge is interpreted (Creswell, 2011). Paradigms refer to our worldviews, epistemological and ontological stance of a community of scholars in a research field as we take on scholarly activities and investigations (Morgan, 2007). Researchers are encouraged to identify the paradigm they align with for transparency and enhanced quality of their work, as paradigms provide a set of assumptions and beliefs that the research is guided by (Alise & Teddlie, 2010; Braun & Clarke, 2013). Identifying paradigm of alignment is beneficial to the researcher and the audience and must be considered when evaluating the quality of a mixed methods research. Hence, paradigms are useful in grounding the research study and guiding the researcher practically and methodologically (Harrits, 2011).

The current research study aligns with the pragmatist paradigm. Pragmatism is an alternative paradigm to the more popular and traditional ones; it allows researchers to combine methods and integrate research findings (Greene, 2007; Teddlie & Tashakkori, 2011). It is not committed to a specific philosophy or paradigm (Bloomberg & Volpe, 2012). In philosophy, pragmatism is defined as a school of thought or world view that attributes knowledge claims to actions, situations, outcomes and consequences of inquiry; it is solution based, focusing on the problem or research question(s) as opposed to being driven by antecedent conditions and the methods being employed (Bloomberg & Volpe, 2012; Creswell & Creswell, 2018). The pragmatic paradigm allows for democratic deliberation and action in social sciences (Levin & Greenwood, 2011). Pragmatism frees the researcher from focusing on the methods but gives precedence to the research questions, participants’ experiences, consequences, actions and understanding of the phenomenon being studied (Creswell & Plano Clark, 2018). Pragmatism is hailed as a "philosophical partner for mixed methods research" (Johnson & Onwuegbuzie, 2004, p. 16), as it gives liberty to combine and converge methods for knowledge creation through inquiry (Denscombe, 2008; Feilzer, 2010).

Epistemology

This mixed methods study was guided by a constructivist epistemology, with the belief that knowledge is socially constructed (Noddings, 1990; Yilmaz, 2008)). Constructivism rejects that there is a single methodology to coming to know and creating knowledge (Andrew, Pedersen, & McEvoy, 2011). This aligns with the pragmatic paradigm that focuses on knowing through social interactions rather than questions about the nature of reality (Reich, 2013); unlike post-positivists that think nature can never fully be understood due to hidden variables and no absoluteness in nature, but from an epistemological stance that statistics could help with us understanding it (Lincoln, Lynham, & Guba, 2011). Constructivism is often described as being in the middle of the three broad epistemological categories, as it rejects objectivism's view of knowledge as truth and being independent of the researcher's biases, and subjectivism's view that knowledge or meaning only comes from the individual doing the observation (Crotty, 2012). Instead, constructivism advocates that nature independently exists, but coming to know about nature and the world is a human and socially constructed activity, that is conditional and is based on experiences, culture, conventions, and perceptions (Burke, 2009; Piaget, 1967, 1970).

I embrace the epistemology of co-constructed knowledge where we come to understand what we know and how we know it and there is no one way of knowing (Lincoln et al., 2011). I must recognize that I align with the view that knowledge is developed through daily interactions between people in the course of social life (Burr, 2003). Like Papert (1996), my epistemological view is that learning takes place best in a social context that is more relaxed but is influenced by hegemonic and critical discourses where people learn from each other, as new knowledge is anchored in a context, time, and space that becomes a part of the learner (Stager, 2005). Hence, the following philosophical assumptions of this study:1) the nature of reality is pluralistic, as such the views of multiple participants were explored, 2) knowledge is socially constructed, as such the participants provided information about their final clinical practicum experience, based on their learning and interactions with preceptors as mentors, 3) data collection was done in two phases, where quantitative and qualitative data were collected, as oppose to a solely deductive style, 4) emerging themes and patterns were developed from participants' perceptions, views, opinions, and feelings (Creswell & Plano Clark, 2018; Pickard & Dixon, 2004).

Research Design

The current research addresses the research questions through a two-phased mixed method approach of an explanatory sequential design. Mixed methods research is defined as the coming together of two or more methods in a research project to produce quantitative and qualitative data for the purposes of enhance breadth and depth of understanding and validation (Cresswell & Plano Clark, 2018; Johnson, Onwuegbuzie, & Turner, 2007; Greene, 2007; Teddlie & Tashakkori, 2009). In this section the research design is defined and the rational for using a mixed methods approach is outlined. The assumptions of mixed methods research are also addressed. The section ends with an overview and diagrammatic representation of the research design showing the sequential timing of the study, data priority, and the elements of each phase.

The research questions were addressed through a mixed methods approach. Mixed methods research way of inquiry is not limited and uses induction, deduction, and abduction, to understand and explain findings, using theories and testing of hypotheses to discover patterns in the area of interest being studied (deWaal, 2001). Although, many research questions can be fully answered through mixed methods research approaches, the controversy remains around the philosophical assumptions and the use of multiple or single paradigms guiding the research (Denzin, 2010; Sale & Brazil, 2004). Hall (2013) recommended that the issue around mixed methods paradigms be addressed by the researcher clearly identifying and articulating the philosophical beliefs guiding the inquiry in the study being undertaken, as done in the preceding section. In spite of the controversy that exist about mixed methods philosophical assumptions, it cannot be rejected that the use of more than one method will yield stronger inferences, enhance confidence and diversity in findings, and allows for the use of various strategies to answer research questions that a monomethodology could not (Creswell & Plano Clark, 2007, p. 18; Teddlie & Tashakkori, 2003, p. 14-15). It can prove difficult to measure human subjectivity with only using a quantitative research approach which will show general trends, but enhanced understanding comes from additional qualitative approaches (Owusu-Bempah et al., 2011). Hence, since several perspectives might be unearthed through the use of various research methods, using quantitative and qualitative methods in a mixed methods study can bring about a more holistic view of the phenomenon being studied (Morse, 1994).

Similar to other research methodologies mixed methods design are guided by assumptions. The three major assumptions that guide mixed methods research are: (a) both quantitative and qualitative data are collected; (b) the quantitative and qualitative data are compatible; and (c) the research aligns with a paradigm, preferably the pragmatic or constructive paradigms (Creswell & Plano Clark, 2018; Maxwell & Mittapalli, 2010; Sandelowski, Voils, & Knafl, 2009). Providing these assumptions are met, the researcher can proceed with a mixed methods methodology but needs to decide whether to operate within one paradigm or not.

Additionally, the researcher has to determine how the phases of the study will be implemented whether concurrently or sequentially (Johnson & Onwuegbuzie, 2004).

In this study, I decided to use the pragmatism paradigm and to conduct a sequential study. Pragmatism best suits the research approach, as it places importance on the research questions and the participants' experiences, thus, bringing about a broader and more in-depth understanding of the students' perception of preceptor perceived authentic leadership and effect on self-efficacy, job satisfaction, and job performance (Creswell, 2011). It was my aim to solicit the students' views on their final practicum experience, with emphasis on their perception of the preceptors' authentic leadership and what consequences came about from the preceptors' actions in influencing the students' self-efficacy, job satisfaction, and job performance. However, I must recognise the historical debate that exist around the pragmatism paradigm, and mixed methods use of combining quantitative and qualitative methods. For example, Creswell and Plano Clark (2007) pointed out that mixed methods such as the one that I am conducting starts from an initial postpositivist leaning and in the qualitative phase it is more of a constructivist paradigm. However, despite strong convicting views on the incompatibilities of paradigms in mixed methods studies, Guba and Lincoln (2005) swayed away from these views to cautiously declare that elements of paradigms might be blended together in a study.

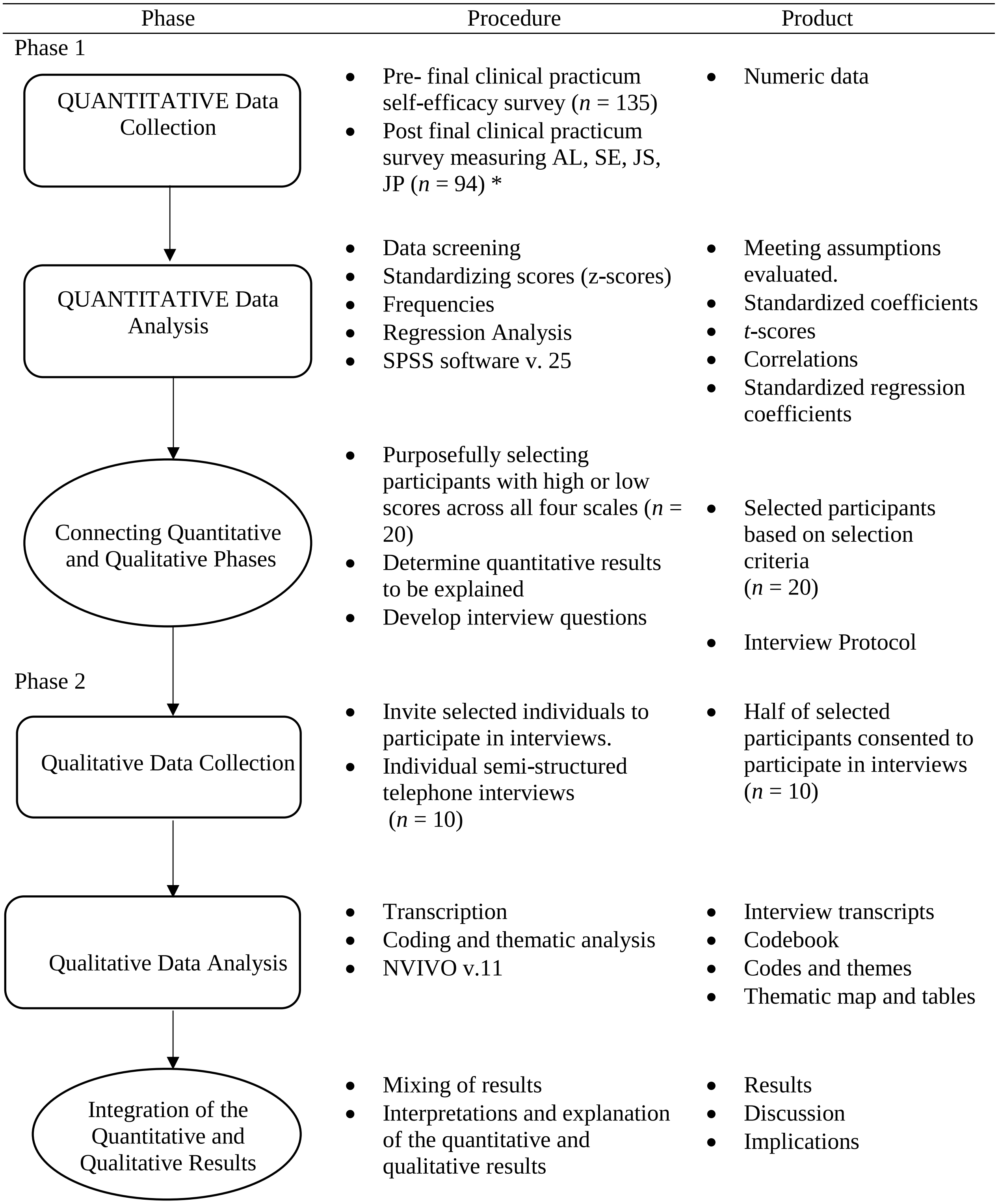
The mixed methods design arrived at for this study was an explanatory sequential design, where the collection and analysis of quantitative data were done prior to the collection and analysis of qualitative data (Creswell & Plano Clark, 2018; Teddlie & Tashakkori, 2009). This approach was particularly useful in the current study as the aim was to carry out an in-depth exploration of the phenomenon being studied, which might not have been appropriately achieved by using one method. Additionally, collecting quantitative and qualitative data from the same subjects can be very powerful in shedding light on the phenomenon being studied in a comprehensive manner as compared to a single method (Morse, 1994; Sieber, 1973). Further, this study is the first of its kind in Western Canada, as such the need for validity. Mixed methods research offers this validity, as it allows for an eclectic approach to selecting methods that are driven by the research question, and is pluralistic, complementary, and promotes inclusivity (Johnson & Onwuegbuzie, 2004). Additionally, it facilitates deeper understanding where one method informs another; and expansion in the breadth and range of research findings (Greene, Caracelli, & Graham, 1989). As such, the research design is multi-phase (QUAN → qual) where the timing is sequential with a quantitative prioritization. The process of data collection was done in two phases, where an initial quantitative scan was done in phase one (QUAN), and an in-depth qualitative exploration in phase two (qual) for corroboration of findings.

A quality of a good mixed methods study is diagrammatic representation of the research design showing the procedures and product of each stage (Creswell 2015; Creswell, Plano Clark, Gutmann, & Hanson, 2003; Tashakkori and Teddlie 1998). The diagram of the design normally includes the notation system developed by Morse (1991) and visual representation of mixed methods design examples by other authorities on mixed methods (Creswell et al. 2003; Tashakkori and Teddlie 1998). All these resources were eventually combined into ten rules (Appendix A) as a guide for drawing visual representation for mixed methods procedures (Ivankova, Creswell, and Stick, 2004). The tabulated rules shown in Appendix A were followed, to construct the diagram presented in Figure 3 which gives an overview of the design of this multi-phase mixed methods study.

Phase one of the study consisted of the administration of two questionnaires. Questionnaire one (Appendix B) measured nursing students' self-efficacy prior to the final clinical practicum. The second questionnaire was administered after the final clinical practicum and measured perceived preceptor authentic leadership, nursing students' self-efficacy post final clinical practicum, along with their job satisfaction, and job performance (Appendix C). Overall, the study utilised four self-report instruments to determine nursing students' perception of authentic leadership, self-efficacy beliefs, job satisfaction, and job performance. The independent study variable of authentic leadership was determined from the followers' (nursing students) perception of whether the preceptors were authentic or not, hence, it was beneficial to use objective measures to see the trend of how the followers think about specific behaviours that were expected of an authentic leader, however, it was recognised that the ratings given would be from a subjective stance.

The recommendations given by Owusu-Bempah and colleagues (2011) was followed, where they said it was good to use objective measures and statistics to determine if a leader was operating in alignment with the authentic leadership theory, but it would be more beneficial to also discuss the followers' perceptions with them through following up with qualitative methods, such as, interviews, where questions can be asked and clarifications sought where necessary to fully understand participants' point of view. Additionally, the qualitative data collected from the participants should be reported according to their perspectives without superimposing external ideas to their perceptions, feelings, and thoughts (Owusu-Bempah et al., 2011). Hence, the second phase of the study utilised a semi-structured telephone interview with purposely selected participants to discuss in greater depth the variables from phase one (Polit & Beck, 2016).

Phase two of the study was done to understand how the participants made sense of perceived preceptor authentic leadership, self-efficacy, job satisfaction, and job performance and to elicit explicit examples as a rational for their responses on the questionnaire. An interview guide was used to provide structure and to ensure the specific topics and findings from phase one that were of interest were explored in greater details (Polit & Beck, 2010). The instruments will be discussed further in the data collection measures section. The diagram of the research design can be seen in Figure 3.



Phase	Procedure	Product
Phase 1		
QUANTITATIVE Data Collection	• Pre- final clinical practicum self-efficacy survey (n = 135) • Post final clinical practicum survey measuring AL, SE, JS, JP (n = 94) *	• Numeric data
QUANTITATIVE Data Analysis	• Data screening • Standardizing scores (z-scores) • Frequencies • Regression Analysis • SPSS software v. 25	• Meeting assumptions evaluated. • Standardized coefficients • *t*-scores • Correlations • Standardized regression coefficients
Connecting Quantitative and Qualitative Phases	• Purposefully selecting participants with high or low scores across all four scales (n = 20) • Determine quantitative results to be explained • Develop interview questions	• Selected participants based on selection criteria (n = 20) • Interview Protocol
Phase 2		
Qualitative Data Collection	• Invite selected individuals to participate in interviews. • Individual semi-structured telephone interviews (n = 10)	• Half of selected participants consented to participate in interviews (n = 10)
Qualitative Data Analysis	• Transcription • Coding and thematic analysis • NVIVO v.11	• Interview transcripts • Codebook • Codes and themes • Thematic map and tables
Integration of the Quantitative and Qualitative Results	• Mixing of results • Interpretations and explanation of the quantitative and qualitative results	• Results • Discussion • Implications

Figure 3. Multi-phase mixed methods research design with sequential timing and quantitative priority. *AL refers to perceived preceptor authentic leadership, SE to nursing student's self-efficacy, JS to job satisfaction and JP to job performance.

Research Methods

The research methods were guided by the sequential timing of the study, where the quantitative data were collected, and analysed, and then qualitative data collected and analysed to enhance breadth and depth in understanding the effects of perceived preceptor authentic leadership on nursing students' self-efficacy, job satisfaction, and job performance. The information provided in this section includes a description of the participants and the sampling plan that was followed. An overview of the research methods for each phase is presented, as well as the process undertaken to acquire approval for the study.

Participants

Final year nursing students from four schools of nursing in Calgary, Alberta were considered as potential participants in this study. A four-year baccalaureate of nursing program approved by the College and Association of Registered Nurses of Alberta (CARNA, 2018) is offered by two of the schools and a two-year practical nurse diploma program approved by the College of Licensed Practical Nurses of Alberta (CLPNA, 2018) is offered by the other two schools. The population (N=376) included nursing students who were in their final year of the four-year Baccalaureate of nursing (RN) program (N=217) and two-year practical nurse diploma (LPN) program (N = 159) from accredited nursing schools in Calgary, Alberta.

Of the four schools considered in the sampling decision, the inclusion criteria for selection included: (a) nursing students must be in their final year of the RN or LPN program; (b) nursing students must be enrolled in the final clinical practicum course; (c) nursing students must be assigned to consistently work with only one preceptor in an acute care or community care setting over a period of at least two consecutive months. It was assumed that participants were older than 18 years old and could be of any gender. Individuals who were in final year, but who were not registered in the final clinical practicum course were excluded from the study. Participants who were not enrolled in final practicum would not have been in contact with one preceptor over a continuous period to effectively identify authentic leadership traits of the preceptor. Additionally, students who were enrolled in the final clinical practicum but had more than one preceptor were excluded to avoid confusion in responding to the survey items that are specific to one individual (leader). The study participants were selected because they could relate to the topic of interest, and not because of lack of autonomy, social bias or convenience.

Sampling. Since no previous studies were identified that investigated the research questions among the population of interest, the statistical software G*Power 3 (Cunningham & McCrum-Gardner, 2007) was used to calculate an appropriate sample size. The required minimum sample size of (n = 55) was determined a priori based on an alpha of .05 and a power level of .80 to detect a moderate effect size of .15 (Faul, Erdfelder, Lang, & Buchner, 2007). A statistical power of .80 is sufficient to determine robustness of results in data analysis (Cohen, 1992). However, it was decided to approach all final year nursing students to participate in the study provided that they met the inclusion criteria. This approach was taken to combat possible low response rate and restrictions of the inclusion criteria, as well as to give each student an equal chance to participate and share their voice. Therefore, the entire population would be represented, and the level of bias would be greatly reduced. However, one of the LPN schools of nursing refused to participate in the study.

The sampling method utilised was random sampling, where the sample was selected in a way that each final year nursing student in the entire population had an equal chance of being included in the sample (Martin & Bateson, 1993, p. 131). Random selection of participants was done by approaching all final year nursing students and informing them of the inclusion/exclusion criteria. Those who met the criteria were asked to volunteer to be in the study. Hence, the participants of the study constituted a voluntary sample. The final sample consisted of n = 135 final year nursing students who volunteered and enrolled into the study and responded to questionnaire one. However, post final clinical practicum only 95 students responded to questionnaire two. Based on the nature of the study, where questionnaire one was a pretest and questionnaire two a post test, only the 95 surveys were usable. However, one of the surveys had over 50% of the data missing so it could not be used, resulting in n=94 respondents for phase one of the study. The response rate of the study was 69.6%.

Phase two of the study was designed to aid in understanding the results from phase one in greater depth. Hence, it was decided to purposefully select n=20 students from phase one who had high or low scores across all the variables studied in phase one, to help us better understand and identify preceptors' leadership practices that were helpful and those that needed to be altered. However, only n = 10 students agreed to participate in phase two of the study. Sampling for phase two will be discussed in more details in the upcoming phase two description section.

Institutional Review Board (IRB) Approval

Prior to submission for ethical approval, a proposal was successfully defended and approved for this study. The methods used in this study adhered to strict ethical guidelines to ensure protection of the participants. Ethical approval to conduct the study was granted by the University of Calgary Conjoint Faculties Research Ethics Board REB17-1618 in November 2017 and was renewed in November 2018. Subsequent ethical approval was received from all three schools of nursing that participated in the study. Once the ethics process was completed, the Deans of the nursing schools were contacted via email to gain permission to access the students (Appendix D). Each school had a different process to attain permission to access the students and conduct the study. Permission was granted to access the RN students in the Winter 2018 semester while the LPN students were accessed in Spring 2018 semester.

Data Collection and Analysis Methods

Data collection was done in two phases between January and September 2018. Both quantitative and qualitative data were collected to aid in the inquiry of the research questions. The integration of both quantitative and qualitative data was useful to facilitate a richer and more in-depth exploration of the phenomena. Data were collected over the nine months period using four self-administered scales in phase one and an interview in phase two. The *Adapted Self Efficacy Scale* was administered before and after the final clinical practicum experience. The *Authentic Leadership Questionnaire, Global Job Satisfaction Survey, General Performance Scale* and semi-structured interviews were done after the final clinical practicum experience.

A sequential data analysis process was used to analyse the data, where the findings from phase one informed phase two (Creswell & Plano Clark, 2018). The findings from the quantitative survey scan in phase one was examined first, then it was also done in combination with the qualitative findings from phase two for a richer interpretation and enhance understanding of the variables (perceived preceptor authentic leadership, self-efficacy, job satisfaction and job performance) studied. As such, each data set from phase one and phase two were analysed separately, but due to the design of the study the findings from phase one were further explored within the semi-structured telephone interviews in phase two, to facilitate comparison of the students’ responses in both phases. Since the research was quite complex, this section of the methods is organized by the phase of the study; including operationalized research questions, data collection measures, and procedures and analysis for each phase of the study.

Phase One Data Collection Measures

In phase one of the study nursing students were asked to complete four self-administered instruments and respond to demographic questions. The *Authentic Leadership Questionnaire* (Avolio et al., 2007) was used to measure student nurses' perception of preceptors' authentic leadership. The *Adapted Self Efficacy Scale* (George et al., 2017) was used to measure student nurses' self-efficacy beliefs. The *Global Job Satisfaction Survey* (Quinn & Shepard, 1974) was used to measure student nurses' job satisfaction. The *General Performance scale* (Roe, Zinovieva, Dienes, & Horn, 2000) was used to measure student nurses' job performance.

Authentic leadership questionnaire (ALQ). The ALQ was developed by Avolio et al., (2007) and measures leaders' authentic leadership skills. The questionnaire consists of 16-items that are based on the four tenets (self-awareness, balanced processing, internalized moral perspectives and relational transparency) of authentic leadership. It consists of questions that address self-awareness such as "my leader shows he or she understands how specific actions impact others", balanced processing "my leader solicits views that challenge his or her deeply held positions", internalized moral perspectives "my leader makes difficult decisions based on high standards of ethical conduct", and relational transparency. Its Likert type questions are measured on a 5-point (0 = not at all; 4 = frequently, if not always) behavioural observation scale. An ALQ score is arrived at through adding of the scores on the subscales and then averaging these scores. Higher scores are indicative of higher levels of authentic leadership being practiced by the leader. Confirmatory factor analysis has been reported by previous studies supporting the trustworthiness of the four scales of the ALQ. Its validity and reliability have been consistently reported, with Cronbach's alphas ranging from .70 to .90 (Walumbwa et al. 2008).

In the current study, student nurses were asked to rate their perceptions of their immediate preceptor authentic leadership who they worked with during the final clinical practicum. The Cronbach's alpha coefficient for the ALQ was calculated as .94. It would appear from the data that nursing students are consistent with other respondents who would have used the ALQ to rate their leaders.

Adapted self-efficacy scale (ASE). The ASE was developed by George et al. (2017) and measures the construct of self-efficacy. The instrument is an adaptation from the General Self-Efficacy Scale developed by Schwarzer and Jerusalem (1995), and then it was adapted with permission by George and colleagues to be more applicable to precertification clinical nursing education. Thus, making it well suited for this current study in exploring nursing students' self-efficacy beliefs. It consists of 10 items that are measured on a four-point Likert scale (1= not; 4 = exactly true). All items relating to self-efficacy are stated positively, as such higher scores are indicative of higher levels of self-efficacy. Sample questions include "I can always manage to solve difficult problems in the clinical unit if I try hard enough" or "thanks to my resourcefulness, I know how to handle unforeseen situations in the clinical unit". The reliability of the instrument has been reported with Cronbach's alphas ranging between .81 and .86 (George et al., 2017). In the current study, the Cronbach's alpha coefficient for the ASE was calculated as .88 for the pre-final clinical practicum and .89 after the final clinical practicum. The Cronbach's alpha attained in this study is consistent with the previously reported Cronbach alpha.

Global job satisfaction survey. The *Global Job Satisfaction Survey* was originally developed by Quinn & Shepard (1974) but has gone through several modifications which have been credited to Pond and Geyer (1991) and Rice, Gentile, and McFarlin (1991). This survey measures general job satisfaction without placing emphasis on any specific area related to a particular job. This was useful for this study as nursing students are not employed to an organization, as such, other job satisfaction surveys that measured satisfaction in relation to pay and promotion would be impractical. The *Global Job Satisfaction Survey* is useful to measure satisfaction with the job, supervision, interaction with leaders, patient contact, flexibility, satisfaction with colleagues, and involvement in the decision-making process (Pond & Geyer 1991, Rice et al. 1991), which was adequate for the participants in this study in their capacity as a student nurse. The survey consists of 6-items, that are measured on a 5-point Likert-type scale (5 = more satisfied) and the anchors vary by item. Sample questions include “If you had to decide all over again whether to take the job you now have, what you would decide?” or “All things considered, how satisfied are you with your current job?” A satisfaction score is arrived at through the mean of the scores on the scales. Higher scores are indicative of higher levels of job satisfaction and vice versa. Its validity and reliability have been reported with Cronbach’s alpha between .78 and .89 (Laschinger, Finegan, Shamian, & Wilk, 2004; Pond & Geyer 1991) and correlational studies have shown positive associations with job satisfaction attitudes and behaviours, thus, supporting its validity (Pond & Geyer, 1991; Rice et al., 1991). In the current study a Cronbach’s alpha of .93 was attained.

General performance scale. The *General Performance Scale* was developed by Roe et al (2000). It measures general performance based on self-assessment of respondents in comparing themselves to others with similar roles and tasks. Considering the self-efficacy component of this study, the general performance scale is useful to help to determine how students are evaluating their competence and capabilities to become safe practicing nurses. The scale is composed of 8-items that compositely measures task and role performance. Task-performance is measured by items such as “I am known to perform better than my colleagues” and role-performance by items, such as, “my colleagues often ask me for advice about difficulties in their work.” The Likert type questions are measured on a 5-point scale (1 = completely wrong; 5 = completely right). Its validity and reliability have been reported, and Cronbach’s alpha was reported as ranging between .72 - .80 (Roe et al., 2000; deVries, Roe, & Taillieu, 2002). Consistent with previously reported internal consistency scores, in the current study, a Cronbach’s alpha of .85 was attained.

Participants were also asked to complete a researcher-developed questionnaire for demographic information including age, gender, type of nursing program, final clinical practicum setting, academic institution, and length of practicum with current preceptor. Demographic data were collected to provide a more detailed description of the participants to assist with situating the findings. American Psychological Association (APA, 2010) recommends the collection of enough demographic data to facilitate description of the sample. However, the demographic data does not provide the basis for data analysis but can be useful in showing the limits of what can be claimed from the findings, thus situating the research’s results (Braun and Clarke, 2013, p. 68).

Operationalized Research Questions

1. Do nursing students perceive authentic leadership of nursing preceptors as measured by *the Authentic Leadership Questionnaire* during their final clinical practicum experience?
2. Is nursing students’ self-efficacy as measured by the *Adapted Self Efficacy Scale* influenced through the preceptorship process of the final clinical practicum experience?
3. During the final clinical practicum experience, is there an association between perceived preceptor authentic leadership as measured by the *Authentic Leadership Questionnaire* and:

iv. nursing students' self-efficacy beliefs as measured by the *Adapted Self Efficacy Scale?*

v. nursing students' job satisfaction as measured by the *Global Job Satisfaction Survey?* and

vi. nursing students' job performance as measured by the *General Performance Scale*?

4. (a) Does self-efficacy as measured by the *Adapted Self Efficacy Scale*, mediates the relationship between nursing students' perceptions of preceptors' authentic leadership as measured by the *Authentic Leadership Questionnaire*, and their job satisfaction as measured by the *Global Job Satisfaction Survey* during the final clinical practicum experience?

   (b) Does self-efficacy as measured by the *Adapted Self Efficacy Scale*, mediates the relationship between nursing students' perceptions of preceptors' authentic leadership as measured by the *Authentic Leadership Questionnaire*, and their job performance as measured by the *General Performance Scale* during the final clinical practicum experience?

Phase One Procedure

Data collection for phase one commenced in January 2018. Upon receiving ethical approval and permission to conduct the study at each of the schools of nursing, I was introduced to the course coordinator for the final clinical practicum course by the respective deans. I worked closely with the identified course coordinator to identify various class periods that would be suitable to facilitate participant recruitment. The best time period that was identified for all three schools was the date of the final clinical practicum orientation. I was allotted a 30 minutes time slot during the final clinical practicum orientation to present the study to the nursing students and facilitate participant recruitment. The process of recruitment and initial data collection were done over a two weeks period at the commencement of the Winter 2018 semester for the RN students. Similar procedures were followed on May 16 and 17, 2018 for the LPN students.

At the orientation sessions, each student was given a recruitment package that contained an invitation letter to participate in the study (Appendix E), an informed consent form (Appendix F) and writing apparatus. The RN students' recruitment package also contained questionnaire one, the pre-final clinical practicum self-efficacy survey (ASE), this was omitted from the LPN students' package to adhere to the requirements of their IRB who preferred that this survey was administered online. The students were informed of the reason for my attendance at the final clinical practicum orientation session and the aim to voluntarily recruit participants for the study. Students were directed to open their packages, and I went through each document with them. Students were informed of the purpose of the study, the inclusion and exclusion criteria, and their rights if they should decide to participate. Students were also informed during the presentation that their names would be collected on the questionnaires to facilitate linking the pre and post final clinical practicum questionnaires. However, they were reassured that once data collection was completed the data would be anonymized through the use of codes and all personal information would be deleted from the database. After the presentation, students were given the opportunity to ask questions and misconceptions were clarified.

Students who met the inclusion criteria were invited to voluntarily participate in the study, and if they were willing to participate to sign the informed consent. Signing the informed consent required that students wrote their full names, provided signature, email address, and telephone number if they agreed to be considered for possible selection to participate in phase two. Since it was one consent form that was being used for both phases one and two of the study, students were told that if they did not want to participate in phase two, they should not include their telephone numbers on the form. The RN students were also directed to use 5 minutes to complete questionnaire one *(ASE* survey) in their package if they agreed to participate in the study.

To facilitate confidentiality and privacy, students were told to return all the documents to the envelope whether they decided to participate or not, and soft copies would be emailed to them if they had signed the informed consent and provided their email address. The presentation took approximately 15 minutes. After the presentation, the researcher and faculty members left the room to allow the students time to read through the documents, sign the informed consent and complete the survey (if applicable) without any sense of pressure. The researcher returned to the room after 10minutes and collected sealed envelopes from the students. Faculty members were then informed that they could return to the classroom to continue with the orientation session.

The sealed envelopes were opened when the researcher got back to the office. After the three recruitment sessions, 135 nursing students had consented to participate in phase one or both phases of the study. Each student that consented to participate in the study was emailed soft copies of the informed consent and the invitation letter. The LPN students were also invited to complete the pre-final clinical practicum self-efficacy survey in Google Docs. The researcher then created a database in Microsoft excel to track each participant through the research study.

After the initial contact with the students no further contact was made with them while they engaged in the final clinical practicum with their preceptors. There were instances where students who had consented to participate in the study, contacted the researcher to withdraw from the study. Most of the students who withdrew, no longer met the inclusion criteria due to the student being consistently assigned to more than one preceptor during the practicum. Records of students who withdrew from the study were deleted and destroyed by shredding. At the end of the final clinical practicum (April for the RN students and August for the LPN students), students who completed the first questionnaire were invited via email to complete the second questionnaire which included the *Adapted Self Efficacy Scale, Authentic Leadership Questionnaire, Global Job Satisfaction Survey, and the General Performance Scale.* The second questionnaire was administered online using Google Docs to both RN and LPN participants. After the initial email invite to complete questionnaire two, students were sent weekly reminder emails for a month to encourage them to complete questionnaire two, which took approximately 30 minutes. At the end of the quantitative data collection period 72 RN students had responded to both questionnaires one and two at the end of April 2018, and 23 LPN students had responded at the end of August 2018. A total of 95 final year nursing students had successfully participated in phase one.

Analysis of Phase One Data

The analysis of data in phase one was done according to the research questions. Prior to analysing the data, it had to be prepared for acceptable use in the statistic software program that would be used for data analysis. The process of exporting the data from the Google Docs online platform and preparing the data for data analysis are described in this section. The descriptive and inferential statistics procedures that were used to answer each research question are also outlined.

To prepare the data for analysis in the Statistical Package for the Social Sciences (SPSS) the data were exported from Google Docs into Microsoft Excel. Then data were formatted to meet SPSS criteria, where the first row of the spreadsheet was formatted to SPSS appropriate labels without space and special characters. I also ensured that the data began in the first column and second row of the spreadsheet. Anything that was not part of the data were deleted and missing data for string and numeric variables were identified using '999'. All data were changed to numerical values, for example, students' gender; those who identified as male were changed to the numerical value of 1. After formatting the data into an acceptable SPSS format, the data were imported into SPSS version 25.

Frequencies were done in SPSS to accommodate cleaning and identifying missing cases. Data set from the three schools were merged in SPSS once all data sets were individually cleaned and adjusted. Descriptive statistics were used to summarize the background characteristics of respondents such as age, gender, and type of program, as well as all the variables measured through the *ALQ, ASE, Global Job Satisfaction Survey,* and the *General Performance Scale.* Cronbach's alpha was determined for reliability purposes on the entire data set and it was also done for each of the scales (ALQ, ASE pre and post final clinical practicum, Global job satisfaction survey, and General performance scale). The overall Cronbach's alpha of all the scales measured in this study was 0.95. Analysis of variance (ANOVA) was also done initially for covariate analysis to determine if data analysis could be done on the entire data set due to no differences among the three groups of students from the nursing schools, or if data would need to be analysed according to school of enrollment (George et al., 2017). No differences were identified as such the data set was analysed as one unit, where descriptive and inferential statistics were used to answer each research question.

Research question one asked, if students perceived preceptor authentic leadership as measured by the ALQ during the final clinical practicum? Descriptive statistics were used to provide summary values of the sample, frequencies, and measures of central tendency specific to perceived preceptors' authentic leadership scores to answer research question one. Perceived preceptor authentic leadership scores were determined by averaging the scale for each quality of self-awareness, balanced processing, internalized moral perspective, and relational transparency, and then averaging the scales of all four qualities to arrive at the overall perceived authentic leadership score. The maximum average score could range from 0 to 4, with higher scores suggesting strong demonstration of authentic leadership by the preceptors.

Research question two sought to determine if nursing students' self-efficacy was influenced through the preceptorship process of the final clinical practicum experience. Paired t-test was used to calculate changes in composite self-efficacy scores pre- and post-final clinical practicum experience. This comparison of individual student's self-efficacy scores was facilitated since questionnaire one and two collected their names and each respondent was assigned a code that facilitated linking both questionnaires specific to each respondent. Pre and post self-efficacy scores for each student were determined by averaging all 10 items on the scale. After which, paired t-test was used to identify mean changes and determine statistical significance in the differences of the pre and post practicum self-efficacy scores for the students. Paired t-tests are useful for before and after measurements (Plichta & Garzon, 2009), as was the case in this study.

The statistical model of Analysis of Variance (ANOVA) that tests the differences in three or more group means (Polit & Beck, 2016), was done prior to the paired t-tests to determine if it was the final clinical practicum experience that influenced the students' self-efficacy beliefs as opposed to other factors. An ANOVA was done to determine mean differences in pre-final clinical practicum self-efficacy scores among the three groups of students (school one, school two, and school three); no differences were found. However, if ANOVA had determined major differences in the means between the groups, in the initial *ASE* scores then the paired t-test would have been done with the scores of the initial *ASE* being treated as a covariate, to facilitate more accurate findings, and create equity in comparisons of the participants' self-efficacy scores with regards to the final clinical practicum (George et al., 2017).

The third research question sought to determine if associations existed between perceived preceptor authentic leadership as measured by the ALQ and nursing students' self-efficacy as measured by the ASE, job satisfaction as measured by the global job satisfaction survey and job performance as measured by the general performance scale. Prior to testing if correlations existed the data were prepared by averaging the items on each of the four scales (ALQ, ASE, global job satisfaction survey and general job performance scale). Pearson's correlation coefficient, which "summarizes the magnitude and direction of a relationship between two variables" (Polit & Beck, 2016, p. 418), was then used to determine the association between preceptor authentic leadership and nursing students' self-efficacy in research question three. It was also used to determine the relationship between authentic leadership and job performance, as well as authentic leadership and job satisfaction. The magnitude of the observed correlation was interpreted according to Sprinthall's (1987) guide, where a correlation of < .2 is a slight, almost negligible relationship; .2 - .4 indicates a small relationship and low correlation; .4 - .7 indicates a substantial relationship of a moderate correlation; .7 - .9 a high correlation; and .9-1.0 very high correlation (Appendix G).

Mediated multiple regression analysis as outlined by Baron and Kenny (1986) and Mackinnon and Dwyer (1993) was used to answer research question four which sought to determine if self-efficacy mediated the relationship between nursing students' perceptions of preceptors' authentic leadership and their job performance and job satisfaction. According to

Baron and Kenny (1986) mediated regression is guided by the assumptions that the identified mediating variable is measured well, in this case self-efficacy, and that the mediator is not influenced by the dependent variable (job satisfaction or job performance). Mediated regression has four steps: first a significant relationship must be established between the independent and mediating variables (authentic leadership and self-efficacy beliefs), second, a significant relationship must be established between the independent and dependent variables (authentic leadership and job satisfaction and job performance), third, a significant relationship must be established between the mediating variable and dependent variables (self-efficacy and job satisfaction and job performance), and fourth, mediation is determined if the relationship between the independent (authentic leadership) and dependent variables (job satisfaction and job performance) are non-significant or weaker when the mediator (self-efficacy) is included in the regression (Baron & Kenny, 1986; James & Brett, 1984; Judd & Kenny,1981). Significance of the relationship in step four helps to determine if full or partial mediation has taken place. Full mediation occurs when the independent variable has no significant effect on the dependent variable in the presence of the mediator variable. Partial mediation occurs when the independent variable has a significant effect on the dependent variable in the presence of the mediator variable, but the effect is reduced (Baron & Kenny, 1986). Sobel’s (1982) test statistic was also used to determine indirect effect and to assess the significance of the mediation if evident.

The levels of significance for the relationships identified in this study were 95% ($p \leq 0.05$, two tailed). At the end of data analysis, hard copy of questionnaires was locked away in a secured place. No individual’s name was mentioned, data were anonymized, stored on a password protected disk and all information was treated confidentially. None of the data analysis entailed comparing the three schools. This was an intentional decision, as no study aim was set to compare the schools of nursing. Instead, the aim of the study was to understand nursing students' experiences throughout the final practicum and further effects on the emergence of self-efficacy and eventual job satisfaction and job performance. As such, data analysis was focus on understanding the overall experience of the final year nursing students during the final clinical practicum, and advancing knowledge related to effective preceptorship and leadership of students' learning during their last guided clinical, regardless of their school of nursing enrollment.

Phase Two

The analysis of phase one quantitative data informed phase two participants selection and the data that were explored in greater depth in phase two. Phase two of the study was done to gather additional data from the participants to aid in understanding how the students made sense of their clinical experience with regards to the preceptors' authentic leadership and subsequent impact on their self-efficacy, job satisfaction, and job performance. The sampling procedure employed for selecting participants for phase two is outlined in this section, along with the data collection measure, procedures, and data analysis that were done in phase two.

Sampling. Participants for phase two were purposively selected from those who completed questionnaires one and two in phase one of the study. To facilitate selecting participants for the interview, the final scores of each participant on the scales measuring pre and post self-efficacy using the ASE, perceived preceptor authentic leadership using the 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 done for equity and standardization among the scales. Standardized (z-scores) scores tell us how many standard deviations a value is away from a mean of 0; z-scores are useful to compare different scores from several scales (Colman, Norris, & Preston, 1997). After standardizing the scores, an average z-score was calculated for all the scales. The average z-scores were then used to sort the data set in an ascending order. The participants who scored the lowest on all the scales were at the top, and those who scored the highest were at the bottom of the list. I then looked at the raw scores for all the scales to see if they supported the overall average score or if it was one scale that was causing the average z-score to be low or high. Participants who scored high, low or had results that followed a different trend from most of the participants were selected to participate in phase two. An example of a different trend in results included students who scored the preceptor high on the authentic leadership scale, but the student's self-efficacy decreased post final clinical practicum when compared to the pre-test self-efficacy score, and they might have reported job satisfaction but an inability to perform. Hence, results that seemed contradictory or unexpected were also up for selection.

No previous standards were set from the literature with regards to particular scores that were used to determine high or low ratings for the scales used in this study. Researchers have been at liberty to interpret the scores the best way they choose to in the context of their study. Based on what previous researchers have done (Giallonardo et al., 2010; Wong & Laschinger, 2013); a guide was developed to use in rating participants' scores to facilitate selection for phase two. The ALQ was rated between 0 and 4. In this study high scores for the ALQ were between 3.0 – 4.0, moderate scores 2 - 2.9 and low scores were 0 – 1.9. Job satisfaction was rated between 1 and 5. To determine high or low job satisfaction scores, participants who rated job satisfaction below 3 were at the lower end while those who rated it above 3 were at the higher end. Job performance was also rated between 1 and 5. Benner's (1984) five stages of clinical competence were used to interpret nursing students’ job performance scores. Hence, students who rated their performance between 1 - 1.9 were at the novice stage; 2-2.9 an advanced beginner, 3 – 3.9 competent, 4 - 4.9 proficient and someone who scored 5 would be exceptional. The developers of the ASE scale preferred not to use the scores to label respondents as having high or low self-efficacy, but instead stated high scores indicated high levels of self-efficacy (George et al., 2017; Schwarzer & Jerusalem, 1995). In line with this recommendation by the developers, after identifying the average z-scores of all the scales, the pre and post self-efficacy scores of respondents who averaged low or high on all the scales were reviewed to see if their self-efficacy increased or decreased post final clinical practicum. In essence, for the ASE, it was a comparison that was done of pre and post self-efficacy scores and it was evaluated in the context of how the students rated the other scales.

After engaging in standardizing, averaging, reviewing and interpreting z-scores of the scales, the master list database was reviewed to see if the selected students had provided their telephone numbers during the initial consent process. The process of reviewing the master list was facilitated by the unique codes that were assigned to questionnaires one and two for each student participant. I also did a second check of the hard copies of the informed consent, to see if the participants who met the average high or low score selection criteria for phase two had provided their phone numbers, as this was the means used to determine if they consented to being interviewed if they were selected. Several of the people who would have met the selection criteria for the interview did not provide a number, so I moved on to the next best participant. At the end of this process ($n = 20$) students were selected to participate in the telephone interviews.

The students who were selected to participate in the interview based on the findings from phase one were contacted via telephone, some people declined the call, and voice messages were left for others. Follow-up emails were also sent inviting the students to participate in the interview (Appendix H). The researcher made up to three calls as was promised in the information session and students continued to decline the call or did not respond to the voice messages. Some of the students did not call back and had not responded to the emails up to the end of data collection on September 30, 2018. At the end of the recruitment process for phase two, ($n=10$) students consented to participate in the telephone interviews. This sample size was still acceptable as ($n = 6$-10) participant interviews can provide enough data for a small project to do thematic analysis (Braun & Clarke, 2013, p. 50). The students who agreed to participate were sent a confirmatory email of the date and time of the interview and a copy of the informed consent form to remind them of their rights and what to expect during the interview. Verbal consent was also obtained from the students prior to the commencement of the telephone interview.

Phase Two Data Collection Measures

In phase two of the study, a researcher developed semi-structured interview guide, *Perceptions of nursing students' preceptor authentic leadership and self-efficacy in clinical practice* was used to conduct interviews (Appendix I). The interview guide was developed according to the questionnaire responses in phase one to aid in gathering qualitative comments from the student nurses with regards to their perception of preceptors' authentic leadership and its influence on self-efficacy beliefs, job satisfaction, and job performance. The purpose of the interviews was to explore in greater depth the findings in phase one and arrive at a consensus as to how and why the results in phase one emerged (Fontana & Frey, 2000; Guest, MacQueen, &

Namey, 2012). The interview questions included asking participants, “what was your first impression of your preceptor?” Students were also asked to describe examples of “how did the experience with the preceptor impact on your competence belief as a nurse?” or “can you share an example of how your preceptor influenced (or did not, based on student’s responses in phase one of the study) your ability to perform?”

Phase Two Procedure

Prior to conducting the telephone interviews with the selected participants, pilot interviews were done with the principal investigator (supervisor) and other doctoral students (n=3) to determine the time that would be needed to do the interview and if questions were succinct and clear enough for participants to understand. After doing the pilot interviews, adjustments were made to the interview guide where questions were broken up into two parts, so respondents would not be asked two questions at one time, wording was simplified to avoid using research field specific language that participants might not had been familiar with. Based on the pilot interviews, approximately 30 minutes would be needed to conduct the interview.

Telephone interviews with selected participants from phase one were conducted in the months of May, June and September 2018 to accommodate completion times of the final clinical practicum for each nursing school. Interviewees gave both written and verbal consent to participate in phase two telephone interviews. The interviews were audio recorded with the permission of the participants. Telephone interviews were selected for the students’ convenience as some of the students had completed final practicum and started working at the time of phase two data collection. Additionally, telephone interviews have many advantages including participants are able to participate in a location of their own choice, they can also feel a greater sense of control and empowerment, it allows easy accessibility and anonymity, it is ideal for sensitive topics as participants do not feel judged as when talking to a person, instead they are speaking on the telephone which has a sociable association (Braun & Clarke, 2013). Considering the advantages, the disadvantage is that the researcher is unable to see the non-verbal cues of the participants and is only left with voice tones as additional data that might be interesting to determine what the participant is communicating (Braun & Clarke, 2013).

In this study, telephone interviews were semi-structured, and the interview guide was used to ensure the variables of interest from phase one were explored. The semi-structured interview was of a conversational interview style, because it allowed the discussion to be more of a conversation that flowed with ease and without awkwardness (Patton, 2002) as the participants discussed how they made sense of their experience in relation to the variables of perceived preceptor authentic leadership, nursing students' self-efficacy, job satisfaction, and job performance. During the interviews, students' questionnaire responses from phase one was compared with what they were saying, if discrepancies were noted they were asked to clarify their reason for the change since completing the survey in phase one. The telephone interviews lasted for 29 - 60 minutes, with average interviews being 31-35 minutes in length. The researcher then transcribed the interviews verbatim according to a researcher developed notation system (Table 2) adapted from Jefferson (2004) guidelines.

Table 2

Transcription Notation System for Orthographic Transcription

Feature	Notation and explanation of use
The identity of the speaker; turn-taking in talk	The speaker's pseudonym, followed by a colon (e.g. Violet:) signals the identity of a speaker (use Interviewer: for when the interviewer is speaking); start a new line every time a new speaker enters the conversation, and start the first word of each new turn of talk with a capital letter.
Emphasis on	Underline the word(s). E.g. Emphasis.

particular words	
Identifying information	Replace identifying information with pseudonym or “student name” or “preceptor”
Reported Speech	Reported speech of another person or of the participant in the past is represented by the use of inverted commas (e.g. my preceptor said, ‘you can do it’).
Cut off speech	Represented by …
Spoken numbers	Written as numerals (e.g. 100%)
Laughing, coughing, pausing, chuckle	Represented as ((laughing)) or ((pause))
Clarifying tone of voice in ( )	To clarify participants’ tone of voice represented as (stated with excitement)
Clarifying who/what is being referred to if ambiguous or what is meant.	Use [ ] to clarify who or what the participant is referring to if ambiguous (e.g. [break room] or [preceptor])

Analysis of Phase Two Data

Thematic analysis was used to analyse the qualitative data collected in phase two. Thematic analysis is defined as “a method for identifying themes and patterns of meaning across a dataset in relation to a research question” (Braun& Clarke, 2013, p. 175). The variety of thematic analysis used was inductive where the analysis was done from a bottom up approach, meaning the analysis was not shaped by an existing theory (Braun & Clarke, 2006). The data were coded without trying to fit them in a pre-existing frame or code book based on a previous theory. Data analysis for phase two were guided by the six steps of thematic analysis (Braun and Clarke, 2006): 1) becoming familiar with the data; 2) generating initial codes; 3) searching for themes; 4) reviewing themes; 5) defining and naming themes; and 6) writing the report.

Becoming familiar with the data. Conducting and transcribing the interviews are good ways to become familiar with the data (Braun & Clarke, 2006), both of which I did. Transcriptions were done a day after the interview, as the information about the interview would be current and easy to recall. Orthographic transcriptions were done by listening to the audio recordings and transcribing exactly what was said and how (Patton, 2002). The initial transcription took approximately six hours for the shorter interviews (30minutes) and 12 hours for those close to 60 minutes in length. Transcriptions ranged from 15 to 25pages per interview. Two days after the initial transcription, the orthographic transcription of the interview script was checked against the audio recording of the interview and edited to capture actual sentences, correct spelling errors, and punctuate according to the student's tone of voice. During the second check, the participant's tone of voice or special sounds that were made such as a chuckle or sigh were added to the transcript. Then, the following day after the second check, I reread the transcript thoroughly for any typographical errors and anonymized the script.

To improve rigour through accuracy verification, interviewee transcript review was done (Hagens, Dobrow, & Chafe, 2009), where transcripts were returned to participants for checking (Tong, Sainsbury, & Craig, 2007). The vetted transcript of the interview was sent to the students for their perusal to allow them to make any adjustments, clarify the meaning of what was said if they felt it necessary, or to withdraw comments or statements that were made. The adjusted transcripts were then saved on a password protected disk for data analysis purposes.

After transcribing and checking the transcripts a plan was developed to guide the thematic analysis to prevent distraction by 'good data' that did not relate to the research questions. This was done in line with recommendations given to researchers by Guest and colleagues (2012) to develop a plan to guide qualitative research thematic analysis to avoid being distracted with good data that is not applicable to the research question. As such, the purpose of the qualitative analysis and guided questions were outlined for this study as shown in Table 3.

Table 3

Questions that guided the Thematic Analysis adapted from Guest, MacQueen & Namey (2012)

Questions	Guides
What is the practical purpose of the analysis?	To understand findings from phase one in greater depth. Compare findings of phase one and two.
What is the analytic purpose?	To gain a greater understanding of how students made sense of their self-efficacy, job satisfaction and job performance, as well as perceived preceptor authentic leadership.
How is the analysis connected with the research questions?	1. How and why participants rated their preceptors as moderate to high on the authentic leadership scale? 2. How and why participants' self-efficacy increased through the preceptorship process of the final clinical practicum? 3. How and why an association existed or did not exist between authentic leadership and the dependent variables of nursing students' self-efficacy, job satisfaction and job performance? 4. How and why when self-efficacy was combined with self-efficacy job satisfaction was not influenced? 5. How and why when self-efficacy was combined with authentic leadership, job performance was influenced?
What is my timeline?	November 30, 2018 (3 months)
What resources do I have at my disposal?	Research supervisory committee Self MS Word NVivo
How large is my data set?	10 in-depth telephone interviews
Which data should I use for the analysis?	Any data that helps me to understand how participants made sense of perceived preceptor authentic leadership effect on self-efficacy, job satisfaction and job performance during the final clinical practicum.
Who is the audience for my	Supervisory committee

analysis and how will they judge the process and subsequent findings?	PhD dissertation defence examiners Demonstrate analysis using descriptive narratives Use supporting verbatim quotes from interviews in the results Show the process as to how the major themes emerged.

I then engaged in reading the entire qualitative data set (all 10 transcripts) and listened to the audio recordings several times to facilitate becoming familiar with the data. During this process notes were made, and chunks of interesting data were highlighted with various colours to identify points that were constantly repeated or salient to the variables being studied.

Generating initial codes. After becoming familiar with the data initial codes were developed. Transcripts were imported into Nivo11, a software program that was used in sorting and organizing the data throughout the coding process, which facilitated efficiency, depth and sophistication of the analysis (Nowell, Norris, White, & Moules, 2017). Initial codes were developed from the transcribed data and organized in NVivo. The codes were defined in NVivo and then copied as a code manual to Microsoft word with exemplar text from the transcripts. The code manual was progressive and evolving, it was very useful in guiding the analysis process in helping to identify similarities and differences between codes as they were generated, as well as how best to code data extracts. During this initial coding step, data extracts were coded in as many different codes as applicable. A total of 175 codes were generated from this process. The researcher checked in with the principal investigator (supervisor) during this stage of the analysis biweekly and on an as needed basis to facilitate debriefing and examination of the coding process as thoughts and ideas were evolving.

Searching for themes. The code book of initial codes developed in NVivo was reviewed; patterns and similarities among the codes were highlighted and labelled with the aim of identifying possible themes. NVivo and Microsoft word were used to assist with the identification of patterns in the codes to form sub-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 recognised from the data, thus, the identification of semantic themes that were closely related to the data. Codes that did not clearly fit in a particular sub-theme were retained and made note of so that they would not be lost. These codes were further reviewed or left to be discussed with the principal investigator (supervisor). A total of 24 semantic sub-themes were identified and defined. After completing the step of identifying possible themes, I re-read the entire data set to see how well the themes worked in relation to the data set, and the research questions. I also coded additional data that were missed initially within the themes.

Reviewing themes. The semantic sub-themes were revised to see if some could be combined based on similarity in pattern, or if they needed to be broken down due to great diversity in data and some of the themes were refined for better cohesion. At this step, the sub-themes with data extracts were reviewed to identify a coherent pattern within and across sub-themes; this further facilitated the development of major themes. All themes and subthemes went through a peer review process by the research supervisor. Based on the peer review, overlap among the themes was recognised, overarching themes were then created to address this without losing the data. At the end of this process, a total of five main themes, with two of them being overarching themes emerged, that told a unified story of the data set. At the end of reviewing the sub-themes and themes, the raw data set was reread to ensure that the findings reflected the participants' views.

Defining and naming themes. The themes were given punchy names in line with Braun and Clarke's (2006) recommendation that themes be given concise and punchy names that the reader can garner what the theme is about. The themes were also defined to explain what each theme represented, the assumptions underpinning the theme and possible implications. In collaboration with the research supervisory committee, themes were organized and reorganized to ensure that they reflected a complete story of the data set in a meaningful and useful manner. After this a thematic map was developed reflecting the two overarching themes with supporting themes (Figure 12). Vivid data extract examples were identified to capture the essence of the point each theme was demonstrating.

Writing the report. After completing the analysis following the five steps previously described, the report was generated, thus, completing the six steps of thematic analysis as outlined by Braun and Clarke (2006). Quotes from various participants are dispersed throughout the report to demonstrate that findings and interpretations were garnered from the entire data set as opposed to few of the data items. The themes are discussed in the final chapter and situated in relation to previous literature that guided the study.

Ethical Consideration

When doing research, it is imperative that measures are taken to address ethical issues that protect the participants from suffering any harm (Berg, 2009; Marshall & Rossman, 2011; Schram, 2003). To address ethical issues, the researcher is responsible to be transparent in informing the participants so that they can make an informed decision to voluntarily participate in the study (Polit & Beck, 2016). Although participants would have agreed to participate in the study, the researcher still has the responsibility to ensure participants are protected (Bloomberg & Volpe, 2012). In this study, the researcher took measures to maintain privacy, anonymity, and confidentiality as well as to protect the participants from harm. This section outlines how ethical issues of voluntary and informed participation, privacy, anonymity, confidentiality and the acknowledgement of use of secondary sources were addressed in this study.

The principles given in the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Course on Research Ethics* guidelines for conducting research were followed. To operate from an informed position as to how to conduct research involving humans, the researcher completed the Course on Research Ethics (CORE) that is offered by the Panel on Research Ethics (Appendix J). Based on the CORE (2010) guidelines decision to participate in a study should be from an informed position and must be voluntary. Additionally, the way in which participants' information is treated is a central issue, as such, measures must be taken to protect participants' identity.

At the stage of recruitment for the current study, participants were informed about what they would be asked to do, their rights as a participant and the researcher's responsibility to them. No foreseeable risk was identified, and the potential participants were informed of this. Students were also informed that if they participated in the study or not, their decision would have no impact on their academic status and progression during the final clinical practicum experience. No faculty member was allowed to be present at the time of participant recruitment to ensure students' privacy. All participants signed an informed consent form to protect the rights of the participants and the researcher. None of the participants were minors, and as such were able to sign the informed consent form independently.

Participants in phase two gave both written and verbal consent to participate in the audio recorded telephone interview. Recordings of the interviews were stored on a password protected drive. Participants' information was kept confidential; no instructor, preceptor or university offices at the research sites had access to participants' information; this was only privy to the researcher. Participants were selected because they were nursing students and could relate to the topic of interest. They were not selected due to their vulnerability, diminished autonomy, social bias, or easy availability to the researcher.

The master list of participants was encrypted and stored on a password protected disk. All personal information was deleted after phase two when all contact with the participants ceased. Personal information was anonymized, and pseudonyms were assigned for students who participated in the interviews. The encrypted anonymous data were stored on a drive as per the Tri-Agency Statement of Principles on Digital Data Management:

> Data should be stored and collected throughout the research project using software and formats that ensure secure storage, and enable preservation of and access to the data well beyond the duration of the research project (Research Data Canada, 2016, p. 3).

All collected data were stored electronically on a password protected drive and hard copies were stored in a locked cabinet. Data of participants who withdrew from the study were deleted and destroyed by shredding.

All information obtained from secondary sources were cited throughout the research project using the APA (2010) 6th edition format. Authors of the ALQ, ASE, and general performance scale instruments used to compile the data collection tool that was developed for this study were contacted and permission was granted to use the instruments (Appendices K, L, and M). The global job satisfaction survey is openly published in the public’s domain and available for researchers to use (Fields, 2013).

In summary, although no foreseeable risk or ethical threats were anticipated to the participants’ wellbeing, various measures were employed to safeguard against harm to the participants. Due diligence was done to ensure the rights and protection of the participants. To enhance the credibility of the study and avoid plagiarism, the study adhered to the APA guidelines. Permission to utilise the instruments for data collection was garnered and the developers were clearly recognised throughout the research project. The research was able to address ethical considerations pertinent to a research study.

Issues of Trustworthiness

Issues of trustworthiness were addressed in both phases of this study. In phase one reliability and validity of the instruments used to collect the data were ascertained. Trustworthiness of phase two research methods were determined based on Lincoln and Guba's (1985) qualitative research trustworthiness criteria as well as Braun and Clarke's (2006) 15-point checklist of good thematic analysis. Considering that the study is of a mixed methods methodology, the use of such methods in enhancing quality and validity in this study will also be outlined. The steps followed to enhance trustworthiness of the study are discussed in this section according to each phase and the process of mixing methods.

Phase One

It is imperative that researchers assess the extent to which the measures used to obtain findings are trustworthy (Bloomberg & Volpe, 2012). In quantitative studies, reliability and validity are fundamental in helping the researcher and readers determine how trustworthy the findings are (Tavakol & Dennick, 2011). Validity is the extent to which an instrument measures what it was designed to measure in relation to the research question being asked (Martin & Bateson, 1993). Reliability speaks to the internal consistency and repeatability of the instrument measures overtime that is free from error (Taber, 2017). Both principles of validity and reliability are interrelated, and an instrument can be considered valid when it is reliable (Brown, 2005; Nunnally & Bernstein, 1994). A good way to determine reliability is through the use of alpha levels which contribute greatly to the validity and accuracy of interpreting the findings of the study (Cronbach, 1951). Cronbach's alpha is used to determine internal consistency of an instrument or scale and has a value between 0 and 1; values greater than .7 are desirable (DeVellis, 2003). Higher alpha values indicate reliability and lower chances of error in the data (Nunnally & Bernstein, 1994; Taber, 2017).

Reliability. In the current study, the instruments of ALQ, ASE, Global Job Satisfaction Survey, and General Performance Scale were used and internal consistencies with acceptable alpha levels have been reported in the literature for these scales (George et al., 2017; Pond & Geyer 1991; Roe et al., 2000; Wong & Cummings, 2009). However, Tavakol and Dennick (2011) pointed out that alpha levels that are reported are not generalizable and are specific to a sample; as such, it is important to calculate Cronbach alpha values each time the instrument is administered to a new sample. Additionally, alpha should be calculated for each of the variables or scales administered as opposed to the entire questionnaire. The reliability analysis for the various instrument scales can be seen in Table 4.

Table 4

Reliability Analysis for Instrument Scales used in the Current Study.

Instrument	Number of items	Alpha Coefficient
Authentic leadership questionnaire	16	.94
Adapted self-efficacy scale – pre-final practicum	10	.88
Adapted self-efficacy scale – post-final practicum	10	.89
Global Job Satisfaction Survey	6	.93
General Performance Scale	8	.85

Validity. The reliability of the scales showed that they were valid to use in measuring the variables of interest (perceived preceptor authentic leadership, nursing students' self-efficacy, job satisfaction, and job performance). In addition to reliability, other factors of face, content, and construct validity are considered to determine the usefulness of the instruments in measuring the intended variables (Price, Jhangiani, & Chiang, 2015). Construct validity of the instruments used in this study have been vouched for in the previous literature (DeVries et al., 2002; George et al., 2017; Laschinger et al., 2004; Rice et al., 1991; Roe et al., 2000; Wong & Laschinger, 2012). For example, confirmatory factor analyses and structural equation modeling have showed predictive validity of the ALQ in measuring self-awareness, relational transparency, internalized moral perspective and balance processing in relation to work related attitudes such as job satisfaction and job performance (Pond & Geyer, 1991; Walumbwa et al., 2008; Wong & Cummings, 2009).

Validity of the self-efficacy scale has been determined as it has measured self-efficacy in various populations from several countries, cultures, and disciplines, which have demonstrated construct validity (George et al., 2017; Luszczynska, Scholz, & Schwarzer, 2005). Previous correlational studies have shown that self-efficacy was effectively measured using the self-efficacy scale and showed positive correlations of self-efficacy with students' optimism and proactive coping, but negative correlations were observed with burnout (Romppel et al., 2013; Schwarzer & Jerusalem, 1995; Yildirim & Ilhan, 2010). These results were expected, and in line with the criteria for using correlation to determine construct validity, where associations with other variables that the construct would be expected to correlate with or not occurs (Price et al., 2015). Confirmatory factor analysis has also shown that the self-efficacy scale appropriately measures the construct of self-efficacy generally and in specific situations (Bosscher & Smith, 1998; Luszczynska et al., 2005). Correlations, factor analysis, and structural equation modeling are all useful statistical analyses that can be used to help researchers determine if an instrument has achieved construct validity as they objectively show how well the instrument would have measured the construct in relation to other variables that is relevant to the construct (Beckman, Cook, & Mandrekan, 2005; Price et al., 2015; Taber, 2017).

To further meet validity measures in the current study face and content validity of the data collection instruments were done by experienced scholars and educators in nursing and leadership. Expert review involves revision of each instrument by experts in the field of the research phenomenon's interest (Blumberg, Cooper, & Schindler, 2011). An expert quality review is defined as an evaluative process of an instrument to determine its appropriateness, content accuracy, and quality design in measuring what it is intended to measure (Tessmer, 1993). Face validity is often done informally as there is not a clear process, it is where the items on the instrument are read and thereby assessed if questions appropriately measure the construct, it is evaluating the face value of the instrument (Price ae al., 2015). Simply put, face validity is the extent to which an instrument appears to measure the variable it is intended to.

Content validity is assessing the instrument to determine if it measures the construct according to its definition in the study (Blumberg et al., 2011; Cook & Beckman, 2006). For example, in this study authentic leadership was defined as students' perception of preceptors' self-awareness, balanced processing of information, internalized moral perspective and relational transparency; content review would assess to what extent all these elements were measured by the scale. To strengthen the validity of the current study, quality reviews of the instruments were done by experienced nurse leaders, leadership educators and researchers. Validity was further ascertained during the ethics review process by the three IRB committees.

Reliability and validity of the instruments have been demonstrated and observed by other researchers. The alpha values of the instruments in the current study have also supported the reliability and validity of the instruments. The instruments' content, face, and construct validity along with reliability have been clearly demonstrated, hence, it was reasonably assumed that the ALQ, ASE, global job satisfaction survey, and general performance scale were useful for studying nursing students' perception of preceptors' authentic leadership effect on their self-efficacy, job satisfaction, and job performance.

Phase Two

Similar to quantitative studies; qualitative research should be conducted rigorously and methodologically for results to be considered trustworthy and credible (Riger & Sigurvinsdottir, 2015). To demonstrate trustworthiness, qualitative data analysis needs to be precise and consistent with an exhaustive and detailed written account that readers are able to determine if the process is credible (Nowell et al., 2017). To demonstrate trustworthiness in qualitative research, reliability and validity is shown through following a guideline or framework criteria (Braun & Clarke, 2013). According to Lincoln and Guba (1985) trustworthiness allows the researcher and reader to be persuaded that the research findings are worthy of attention. Hence, Lincoln and Guba (1985) developed the criteria of credibility, transferability, dependability, and confirmability to assess trustworthiness of a qualitative study. Lincoln and Guba's (1985) criteria were utilised to assess phase two of the current study, along with Braun and Clarke's (2006) 15-point checklist criteria for good thematic analysis. The application of these criteria is discussed in this section.

Credibility. Credibility refers to the extent to which co-researchers and readers find the results believable (Guba & Lincoln, 1989). It is determining if participants' accounts are reflected in the researcher’s representation from the data analysis (Riger & Sigurvinsdottir, 2015). Credibility can be determined by assessing if the researcher had established rapport with interviewees before commencing interviews, developed a trusting relationship with interviewees, prolonged engagement, interviewee transcript review (Bradshaw, Atkinson, & Doody, 2017), data collection triangulation and peer debriefing (Lincoln & Guba, 1985).

In the current study credibility was ascertained as I made great effort to develop rapport with the respondents before commencing the interviews. Respondents were asked about their general well-being and their current progress with attaining nursing licensure. After respondents were put at ease and rapport established, I transitioned into asking interview questions about the phenomenon being studied. A trusting relationship was established as I reminded the participants about their rights and my commitment to confidentiality and privacy. Prior to the commencement of the interview I read the preamble below to the interviewees that assisted in building a trusting relationship:

> The purpose of this interview is to discuss your relationship with your preceptor to explore in more breadth and depth factors that influenced your perceptions of the preceptor’s authentic leadership, your self-efficacy, job satisfaction and job performance. In reference to the soft copy of the informed consent that was sent to you in the email to set up this interview, I would just like to emphasize, before we begin that there is no impact on your academic standing, graduation, or professional practice after graduation by participating in this study. You also have the right to withdraw your data any time prior to December 31, 2018.

Participants were reassured that it was a safe space to share the details of their final clinical practicum experience without repercussions, which resulted in respondents speaking openly, freely, and bluntly. Only one respondent was noted to be elusive at the start of the interview, the student was reassured by reiterating that data will be anonymized and all information treated confidentially. The act of reassurance resulted in the formation of a trusting relationship and the respondent became willing to share information.

Credibility was also established as participants were invited to review their transcripts, after the audio recording telephone interviews were transcribed. Interviewee transcript review is recommended as it enhances data validity, preserve research ethics, and empower participants to have control of what was written and is shared (Mero-Jaffe, 2011). Interview transcript review further enhanced the validity of the study as the process safeguards against significant errors that could impact on the quality of the transcript (Polit & Beck, 2016). A trustworthy transcript should translate into trustworthy research findings (Davidson, 2009). Credibility was also ascertained as the themes identified were checked against the raw data of the transcripts and audio recordings to ensure that the participants' views were reflected in the themes. This was further confirmed through the peer review process, where the findings were discussed and reviewed by the research supervisory committee, to determine how credible they were in representing the views of the participants.

Transferability. Transferability as the name suggests, speaks to the transferability or the applicability of the research findings to other settings (Riger & Sigurvinsdottir, 2015). Transferability is difficult for the researcher to determine; however, the onus is on the researcher to provide detail recordings of thick and rich descriptions of the research analysis to help readers and other scholars determine the study's transferability (Nowell et al., 2017). Transferability can be accomplished through purposeful sampling, reflexive journaling, rich and detailed study description to facilitate recreation (Bradshaw et al., 2017).

The current study addressed the issue of transferability by using purposeful sampling technique to identify participants from phase one of the study to participate in semi-structured telephone interviews in phase two. I also maintained a reflexive journal of the research process. Reflexive writing throughout the coding process helped with identifying how the conclusions and themes were arrived at, as it allows one to track how thoughts and ideas emerged as the data was interacted with (Blomberg & Volpe, 2012; Starks & Trinidad, 2007). Reflexive journaling was also beneficial with helping to write up the research report and developing tables and diagrams as it showed when and how themes emerged and related to each other over time. Thick and rich description of the study, participants, and context were also provided to address the issue of transferability of this study. This can assist in helping readers decide the relevance and applicability of the study to a broader context, hence, transferability (Schram, 2003).

Dependability. Dependability involves precise documentation of the research process that is logical and traceable (Tobin & Begley, 2004). It is integral to document the research process as the study progresses, so that readers are able to examine the research process and judge its dependability (Lincoln & Guba, 1985). Dependability can be assessed through an audit trail where the researcher clearly documents any changes that occur in the study (Bradshaw et al., 2017; Nowell et al., 2017).

The transcripts, progressive NVivo code book, excel spreadsheet, memos, and field notes all formed an audit trail in the current study. These tools along with the reflexive journal were integral for cross referencing of data and ease of writing up the research report. For example, an excel spreadsheet was used to monitor students’ progress through the study, the date of their interview, when transcription was completed, date of interviewee transcript review invites and subsequent response which served as a clear trail in the analysis process. With regards to the coding process, hard copies of the printed anonymized transcripts with initial codes were dated and filed. Initial codes were then entered into NVivo, where sub-themes and themes were tracked as they emerged in a progressive codebook.

The raw data in NVivo was stored over a secured network and codebooks archived with dates to reflect progress as the themes emerged from the data. Thus, an audit trail was provided that was used to confirm data analysis and subsequent findings. The use of a progressive evolving codebook provided a clear trail to see the data analysis pattern and provided evidence for credibility and dependability. Audit trails are beneficial in helping the researcher and reader identify theoretical and methodological decisions that were made throughout the study with rational (Lincoln & Guba, 1985).

Confirmability. Confirmability is where the findings are corroborated by others (Riger & Sigurvinsdottir, 2015) and having established credibility, transferability and dependability (Guba & Lincoln, 1989). Confirmability requires clearly demonstrating that the interpretations and findings are from the data and are not based on the subjectivity and beliefs of the researcher (Nowell et al., 2017). Confirmability can be established through a reflective journal, audit trail, description of demographics of participants, and direct quotes from interview transcripts that demonstrate that interpretations are supported by the data (Bradshaw et al., 2017).

In the current study, audit trail and reflective journal were useful in tracking progress. An example was the use of NVivo to make detailed notes that defined codes, sub-themes, and themes as they emerged, and each codebook file archived and saved. The process of dating and storing codebooks contributed to the audit trail and showed the process of decision making over time. Hence, the audit trail along with ongoing reflections through journaling, field notes, memos and transcripts all worked in tandem to provide a clear trail to help with assessing the findings, thereby demonstrating confirmability of the study. Confirmability was also established through a description of the participants' demographics as well as the use of direct quotes from the data set to support interpretations as can be seen in chapter four of this study.

Thematic analysis checklist criteria. Since the qualitative analysis was done in accordance with Braun and Clarke's (2006) guidelines for thematic analysis. Braun and Clarke's 15-ponit checklist criteria for good thematic analysis were also used to assess the trustworthiness of the study. The process of transcription, coding analysis, overall interpretations and writing up the report were followed as per Braun and Clarke's (2006) guidelines (Appendix N). Telephone interviews were transcribed verbatim to a high level of detail where tone of voice, changes in speech, throat sounds, laughter and sigh were noted. Each transcript was also checked twice against the audio recording to determine accuracy, and participants were also invited to review their personal transcripts.

The coding process was systematic, inclusive, thorough and comprehensive of the entire data set (10 transcripts). Each transcript (data item) was given full attention and treated equally. The data were coded inductively as it was data driven. Themes were derived based on the complete data set and all relevant extracts were collected and combined, according to their relation to the themes that emerged from the data. Diligence was taken to check the themes against the original data set and each other to determine internal coherence, consistency, and distinction.

Data were analysed, and interpretations were supported using data extracts from diverse participants to illustrate analytical claims. The researcher and the principal investigator (supervisor) met regularly and reviewed the analysis process. Coding was generally consistent, in instances where there were differences in interpretations, my supervisor and I engaged in discussion until a consensus was arrived at as to the appropriate information the code and data extracts from the students' transcripts were conveying. After the researcher and principal investigator came to a consensus, themes were combined to tell a complete story about the data set, this was further enhanced through a thematic diagram to show the themes relations to each other in conveying major concepts that emerged from the data about the research topic. The process of naming and defining themes and the thematic map was further reviewed by the supervisory committee; the final consensus of the team is presented in Chapter four which reflects a balance between analytic claims and excerpts from the data. Enough time was allocated to do the study where the researcher interacted with the data for over three months allowing for detailed analysis of the data.

The data analysis was reported according to Braun and Clarke's (2006) six steps of thematic analysis, Table 5 summarizes how trustworthiness was established during each stage. The results in chapter four showed how the themes emerged from the code and sub-themes to major key themes and overarching themes to demonstrate consistency and coherence between what was done and the ensuing findings. I was actively involved in the research process, and conducted the analysis based on the epistemological stance of a constructivist. I immersed myself in the data and identified the themes salient to what the participants said, thus, adhering to the 15 criteria of a good thematic analysis.

Table 5

Measures taken to demonstrate Trustworthiness during the six steps of Thematic Analysis

Thematic Analysis Steps	Trustworthiness Measures
Becoming familiar with the data	Engaged with the data for three months. Made memos and documented thoughts as they emerged. Raw data transcripts stored on password protected drive.

	Transcripts, memos, field notes and reflections were kept for a guide and to validate the analysis as it progressed. Interviewee transcript reviews.
Generating initial codes	Peer review and debriefing. Reflective journaling. Use of a code manual. NVivo codebook audit trail.
Searching for themes	Peer review. Themes cross referenced with raw data. Audit trail of theme generation process using MS Word and NVivo.
Reviewing themes	Peer review. Credibility check of interpretations by rereading raw data.
Defining and naming themes	Team agreed on themes and sub-themes. Diagramming of themes to identify connections. Naming and defining themes. Use of examples from the data to support interpretations.
Writing the report	Quotes from various participants are dispersed throughout the report. Detailed study description of context, participants, coding, analysis and audit trail.

Similar to the traditional validity and reliability standards of quantitative research, it has been demonstrated that qualitative research has its criteria and standards for determining a good qualitative research and more specifically one of a thematic analysis focus, which this study was assessed against. Trustworthiness of the qualitative research methods employed in phase two of the study has been demonstrated based on Lincoln and Guba’s (1985) trustworthiness criteria and Braun and Clarke’s (2006) 15-point checklist criteria for good thematic analysis. Hence, it can be reasonably assumed, that the data collection measures and analysis of the phase two data adequately contributed to the understanding of how nursing students' perception of preceptors' authentic leadership relate to their self-efficacy, job satisfaction, and job performance.

Mixing of Phase One and Two

Keeping in line with the requirement of mixed methods study the data needs to be mixed and integrated at some stage (Creswell, 2015). Data were mixed at three distinctive points during this study. Data were first mixed during the design of the study through the intertwining of inductive and deductive methodologies of research. The second stage of mixing data occurred during data collection and analysis. The final type of data mixing in this study was linking.

Mixed methods in this study, first became evident in the research design, where inductive and deductive methodologies were mixed through the use of an explanatory sequential design. Sequential mixing of research methods requires that, the identification of data priority and deciding which quantitative or qualitative method will be employed first (Gall, Gall & Borg, 2015). Additionally, a quality of a good mixed methods study is diagrammatic representation of the design (Creswell, 2015). The authorities on mixed method research purports that these recommendations serve as a guide to both the researcher and reader (Plano-Clark & Creswell, 2014; Tashakkori & Teddlie, 2003). In the current study the timing was sequential with a quantitative emphasis as can be seen in Figure 3. The quantitative data were collected first followed by the qualitative data which were used to support understanding and interpreting the quantitative data from phase one. Combining deductive and inductive methodologies are useful in providing a complete picture in helping the reader and researcher decide or judge the quality found in mixed methods research in effectively studying a phenomenon in a holistic manner (Bryman, 2006).

A hallmark of a good mixed method study is the mixing of data through merging the two methods in data collection and analysis which facilitates combining and contrasting the two sets of results (Plano-Clarke & Creswell, 2014). The second stage of mixing data in this study was during data collection and analysis. Quantitative data were collected first and analysed then the results were used to inform the qualitative data that were collected in phase two. Based on the findings of phase one, students were asked during the telephone interviews to expand on their questionnaire responses and general findings from phase one about perceived preceptor authentic leadership, nursing students' self-efficacy, job satisfaction, and job performance. Then, the qualitative data were analysed. The validity of the research findings was further enhanced by a convergence model of triangulation to synthesize both quantitative and qualitative data analysis (Creswell & Plano Clark, 2007). Triangulation in the general sense is where two or more methods of data collection are used to assess a phenomenon of interest (Braun & Clarke, 2013), as is the case in this study. The convergence model of triangulation involves comparing and contrasting data from phase one and two for similar interpretation and greater understanding (Erzberger & Kelle, 2003). The convergence model of triangulation allows for strengthening of analytic claims and contributes to the development of a richer and fuller story; thus, enhancing the validity and trustworthiness of the study (Creswell, 2011; Smith, Flowers, & Larkin, 2009).

It is also important that mixing occurs in the discussion and conclusion section where the researcher outlines the interpretation of the findings and shares what was learnt through combining the two methods (Creswell, 2015; Gall et al., 2015; Plano-Clark & Creswell, 2014). The final type of mixing was done through linking the quantitative and qualitative findings to answer the research questions. In the current study, the findings from phase one and two were combined and the qualitative data along with literature support were used to interpret the quantitative findings. Once all data were mixed, analysed, and triangulated, a peer review process was undertaken to review the themes that emerged to identify overlap, repetition, and assess clarity of the findings; as well as to determine clarity of the themes' definition and description, and confirm that each theme was related to the research question and quantitative findings from phase one.

Mixing at multiple stages throughout the research during a multi-phase study allows for thorough integration of the data and enhanced quality of the study as a whole (Bryman, 2006). The current study was designed to mix the data at several stages to enhance the effect of triangulation and provide a deeper understanding of the variables being studied in a broad and in-depth manner. Mixing occurred at three distinct stages during the research. This was in line with the recommendation that mixing should occur at least twice throughout the study (Creswell & Plano Clark, 2011).

Summary

This chapter described the methodological underpinnings and processes of this multi-phase mixed methods research. The study was of an explanatory sequential design with a quantitative priority. A pragmatic stance was taken for this study where the research question and participants' experience were the core focus, hence, the epistemological view of a constructivist that purports that coming to know and create knowledge can be done through several methodologies as opposed to one.

Participants were recruited from three schools of nursing and ethical approval was obtained from all three institutions' IRB. Participants had to meet the inclusion/exclusion criteria for the study which included being a final year nursing student enrolled in a RN or LPN program and be supervised by one preceptor for at least two months. A total of n=94 students completed two questionnaires in phase one of the study, and n=10 participated in phase two. The questionnaire administered in phase one was composed of four self-administered scales including, the ALQ, ASE, global job satisfaction survey, and general performance scale. Phase two involved the use of an interview guide to conduct audio recorded semi-structure telephone interviews. Quantitative data in phase one were analysed using inferential and descriptive statistics. Thematic analysis was used to analyse qualitative data in phase two. Efforts were taken to protect the participants from harm, and ethical considerations such as anonymity, privacy, and confidentiality were addressed. All participants had signed the informed consent, and data were secured in a lock cabinet or on a password protected drive.

In concluding this section, the trustworthiness of this study has been demonstrated. Issues of trustworthiness were addressed through reliability, validity, credibility, transferability, dependability and confirmability of the study. Validity and reliability have been met using subjective and objective measures as recommended by the literature. The trustworthiness and quality of the qualitative methods used in phase two followed the traditional criteria for qualitative research and the specific criteria for a good thematic analysis. The key principles of mixed methods methodology were followed, and mixing occurred more than two times at three distinct stages throughout the study. The entire checks and criteria adherence contribute to the evidence that this study followed methodological and rigorous principles of research.

CHAPTER IV

RESULTS

The purpose of this explanatory sequential mixed methods study was to determine the effects of perceived preceptor authentic leadership on nursing students' self-efficacy. The aim was also to examine the effects of perceived preceptor authentic leadership on nursing students' job satisfaction and job performance during the final clinical practicum as mediated through self-efficacy. The results presented in this section are done in two phases. Phase one uses descriptive and inferential statistics to present quantitative findings according to the specific research questions. Phase two present the themes that emerged from the inductive thematic analysis that was done. The chapter is concluded with a summary of the results.

Phase One – Quantitative Results

Phase one of the study was the main priority of this explanatory sequential design mixed methods study. In phase one, a quantitative scan was done to determine nursing students' perception of preceptors' authentic leadership and the effects on their self-efficacy, job satisfaction, and job performance during the final clinical practicum experience. A total of n=94 randomly selected nursing students correctly completed two questionnaires before and after their final clinical practicum experience. The first questionnaire consisted of the ASE scale and demographic questions to determine students' ratings of their self-efficacy going into the final clinical practicum. The second questionnaire was administered after the completion of the final clinical practicum experience and consisted of the ALQ which measured perceived preceptor authentic leadership, ASE that measured self-efficacy after the clinical practicum, global job satisfaction survey which measured students' job satisfaction, and the general performance scale that measured job performance. Phase one results are presented in this section with an overview of the sample demographics and findings according to each research question that was addressed.

Demographic Characteristics of the Sample

The sample consisted of 93% females and 7% males. Study participants were between the ages of 20 and 46 years, with a mean age of 25.19±5.74 years. Of the 94 respondents, 75% were Baccalaureate of nursing (RN) students and 25% were practical nurse diploma (LPN) students. The total number of students that completed both surveys from school one was n=30, school two n=41, and n=23 from school three. The average duration of the students' final practicum with their preceptor was three months, 74.5% (n=70) completed their practicum in a hospital setting and 25.5% (n=24) in the community. Table 6 gives an overview of the sample's demographics.

Table 6

Demographic Characteristics of the Sample

Demographic	Frequency (n)	Percent (%)
Gender		
Female	87	93
Male	7	7
Type of program		
BN -RN	71	75
Diploma -LPN	23	25
Months of experience with preceptor		
2 months	27	29
3 months	47	50
> 3months	20	21
Clinical Setting		
Hospital	70	74
Community Health	24	26

Note. (n=94)

Research Question 1

The first research question asked: do nursing students perceive authentic leadership of nursing preceptors *as measured by the ALQ* during their final clinical practicum experience?

Descriptive statistics were used to answer research question one. Prior to doing the descriptive statistics, the raw data of the ALQ were setup for analysis, where the average of the ALQ scale was calculated. ALQ scores were calculated by first, averaging each of the four subscales (self-awareness, balanced processing, internalized moral perspective, and relational transparency), and then calculating the average for all four scales combined to arrive at the overall perceived preceptors' authentic leadership scores. The scores could range from 0 to 4 with higher scores indicating high authentic leadership and vice versa. Based on the findings, final year nursing students perceived their preceptors to have a moderate to high level of authentic leadership (*M* = 3.21, *SD* = 0.68). Internalized moral perspective was rated the highest among all four subscales of authentic leadership (*M* = 3.38, *SD* = 0.67). A summary of how the students rated their preceptors overall authentic leadership and specific tenets according to the subscales of self-awareness, balanced processing, internalized moral perspective, and relational transparency can be seen in Table 7. There were no missing variables for any of the scales.

Table 7

Mean Perceived Authentic Leadership Scores of Final Practicum Nursing Preceptors

Scale	Mean	SD	Range	
			Minimum	Maximum
Self-Awareness	3.14	0.88	0.00	4.00
Balanced Processing	3.06	0.79	0.67	4.00
Internalized Moral Perspective	3.38	0.67	0.75	4.00
Relational Transparency	3.28	0.72	0.80	4.00
Total Authentic Leadership	3.21	0.68	1.14	4.00

Note. (n=94)

Research Question 2

Research question two addressed: is nursing students' self-efficacy *as measured by the ASE* influenced through the preceptorship process of the final clinical practicum experience? Average scores were calculated for the ASE pre and post the final clinical practicum experience. Preliminary statistics were done to determine covariance, that is, to determine if any differences existed between the participants from the three schools prior to commencing the final clinical practicum experience (Steiner, Cook, Shadish, & Clark, 2010). ANOVA was the preliminary statistic that was used to detect covariance among the scores of the pre-test final clinical practicum self-efficacy ratings of the nursing students, after which paired samples t-test was used to answer research question two.

Preliminary statistics and assumptions. The data in this study was collected from three schools of nursing. To determine whether to conduct the analysis for research question two on the entire sample or by nursing school, an ANOVA was done on the pre-test final clinical practicum self-efficacy scores prior to conducting the paired t-test to detect any covariance that may exist (George et al., 2017; Steiner at al., 2010). All the assumptions to conduct an ANOVA were tested (Stommel & Dontje, 2014). An assumption of ANOVA is that the dependent variable be interval or ratio, this was met as the data that were used to calculate self-efficacy scores prior to the final clinical practicum was collected on a continuous Likert scale. Another assumption for ANOVA is that the observations are independent, this was met where there was no relationship between observations of the three nursing school groups and the sample was randomly drawn. The Shapiro-Wilk test of normality and standardized skewness were used to investigate ANOVA's normality assumption of the nursing students' pre-test final clinical practicum self-efficacy scores for each nursing school group. According to Guo (2012) Shapiro-

Wilk test is more appropriate for small sample sizes ($n \leq 30$). All of the groups were approximately normally distributed as the Shapiro-Wilk's value was non-significant: school one (W=.97, p = .54), school two (W=.96, p = .11), and school three (W = 0.97, p = .72). According to Kim (2013) medium-sized samples ($50 < n < 300$) with standardized skewness of $z \leq 3.29$ are reasonably normally distributed. The skewness for school one was -.44 (*SE* = .43) and z = -1.02, for school two skewness was .05 (*SE*= .37) and z = 0.14, and the skewness for school three was -.24 (*SE* = .48) and z = -0.5. None of the standardized skewness values exceeded z = 3.29, so normality was confirmed. Levene's test was used to test the ANOVA assumption of homogeneity of variances, and variances were assumed where the F statistic was non-significant (F(2, 91) = 1.27, p = .29). Hence, all the assumptions to do ANOVA were met.

The ANOVA was done on the pre-test self-efficacy scores to help us determine if a change in self-efficacy scores after the final clinical practicum was due to the students' experiences during the practicum, or it could be explained based on their abilities prior to commencing the practicum. There was no statistically significant differences between the three groups of students before they started the final clinical practicum as determined by the one-way ANOVA (F(2, 91) = 1.73, p = .18, η2= .04). Since no statistically significant differences were found, all the analyses for research questions two to four were conducted on the entire sample (n=94). This result showed equality of the groups' self-efficacy beliefs prior to the final clinical practicum experience (George et al., 2017).

Paired samples t-test assumptions. Paired samples t-test was conducted to compare the final year nursing students' self-efficacy prior to and after the final clinical practicum. The assumptions of paired samples t-test are similar to the ANOVA, as can be seen in the previous section the assumptions of independence, continuity of variables, and randomly drawn and related sample groups were met (Stommel & Dontje, 2014). Specific to the paired samples t-test is the assumption of normality on the individual change scores or the differences between the two groups. To test this assumption of differences between the two groups, a new variable was created by computing the difference between the pre and post final clinical practicum self-efficacy scores. The new variable of the differences between the scores was subject to the Shapiro-Wilk test and standardized skewness to determine if it met the normality assumption. The test for normality of the difference between the two pairwise group failed Shapiro-Wilks ($W = 0.93$, $p < .001$) but met the standardized skewness guideline, where skewness was .69 ($SE = .25$), and $z = 2.76$. Hence, the decision to proceed with conducting the paired samples t-test based on the rule that standardized skewness had not exceeded $z = 3.29$. Additionally, paired t-test is robust and relatively insensitive to deviations from normality (Martin & Bateson, 1993) with medium to large sample sizes ($50 < n < 300$) as previously identified in the literature (Lumley, Diehr, Emerson, & Chen, 2002; Zar, 1999).

Paired samples t-test results. The paired samples t-test was calculated to assess changes in the composite self-efficacy scores of the nursing students. The results of the paired samples t-test showed there was a significant difference in final year nursing students' pre ($M = 2.96$, $SD = 0.45$) and post ($M = 3.19$, $SD = 0.47$) final clinical practicum self-efficacy scores $t(93) = 3.96$, $p < .001$ (Figure 4). This suggests that the nursing students' self-efficacy was influenced through the preceptorship process of the final clinical practicum experience, where their self-efficacy was generally increased.

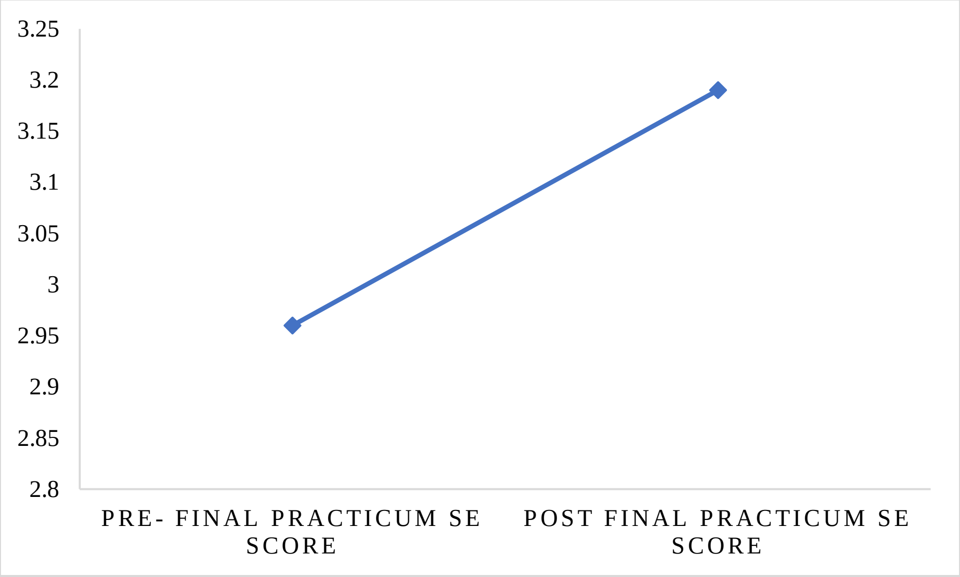


Figure 4. Mean scores of final year nursing students' self-efficacy (SE) before and after the final clinical practicum experience.

Research Questions 3

Research question three asked about associations among the independent variable of perceived preceptor authentic leadership *as measured by the ALQ* and dependent variables of nursing students' self-efficacy *as measured by the ASE*, job satisfaction *as measured by the global job satisfaction survey*, and job performance *as measured by the general performance scale*. The third research question sought to determine if there was an association between: (a) perceived preceptor authentic leadership and nursing students' self-efficacy beliefs, (b) perceived preceptor authentic leadership and job satisfaction, and (c) perceived preceptor authentic leadership and job performance? To answer research question three the data from the ALQ, ASE, global job satisfaction survey, and general performance scale were analysed using Pearson's correlation (*r*). In order to ensure that the Pearson's correlation can be used, and that the data met the assumptions for this parametric test of association, the data were standardized, and assumptions tested.

Standardizing data. As outlined in the previous chapter the independent variable of perceived preceptor authentic leadership and dependent variables of nursing students' self-efficacy belief, job satisfaction, and job performance were measured on different Likert point scales, where one scale was four-points while the others were five-points. All scales were averaged, and overall perceived preceptor authentic leadership score (*M* = 3.21, *SD* = 0.68), nursing students' self-efficacy before (*M* = 2.96, *SD* = 0.45) and after (*M* = 3.19, *SD* = 0.47), final clinical practicum as well as job satisfaction (*M* = 4.15, *SD* = 0.85), and job performance (*M* = 3.71, *SD* = 0.54) were determined. To reduce the influence of the differences in Likert point scales on the findings, all four scales were standardized, and z-scores were used to carry out the analyses (Colman et al., 1997) for research questions three and four.

Pearson's correlation assumptions. First, to answer research question three, the assumptions for Pearson's correlation (*r*) were tested. A major assumption is that correlations coefficients are used to explain the linear association between two variables and requires that they are linear and have homoscedasticity (Cason & Farmer, 2014). This assumption was tested using scatter plots which showed linearity and homoscedasticity among the variables (Figures 5, 6, and 7). Additionally, Pearson's correlation requires that the variables are continuous and independent pairs of measurements with each case having values for both variables (Martin & Bateson, 1993). The data were cross-sectional and different Likert scales were used to collect the data to measure each variable of perceived preceptor authentic leadership, nursing students' self-efficacy beliefs, job satisfaction, and job performance, as such the data met the assumptions of being continuous and independent. All these assumptions of determining association among variables using the Pearson's correlation were met. Hence, Pearson's correlation coefficient was used to determine the strength and direction of associations between the independent and dependent variables.

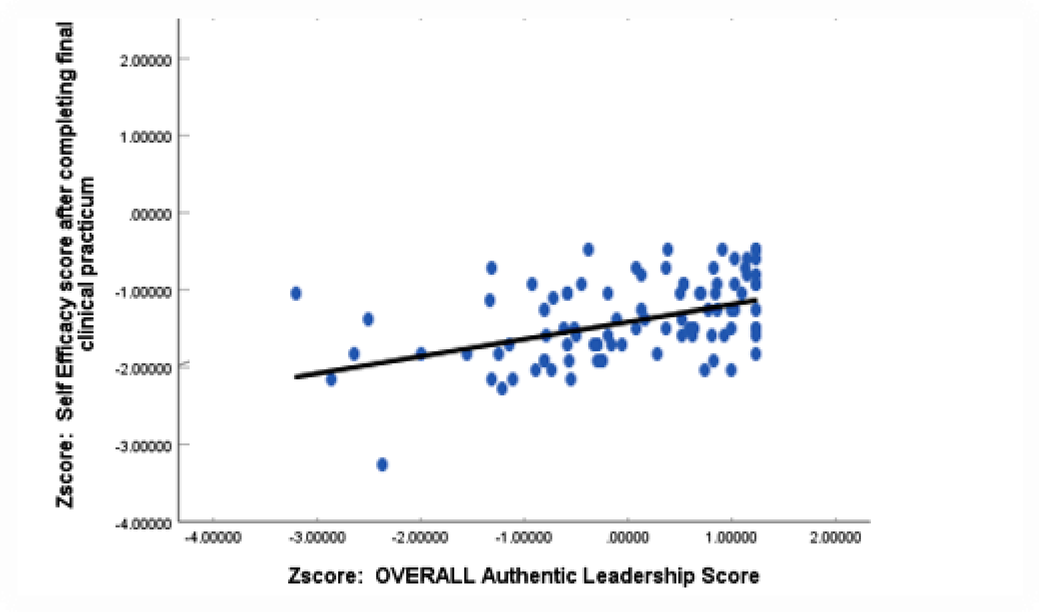


Figure 5. Simple scatter plot graph with fit line showing the linear relationship between z-scores of overall perceived authentic leadership score and nursing students post final practicum self-efficacy scores.

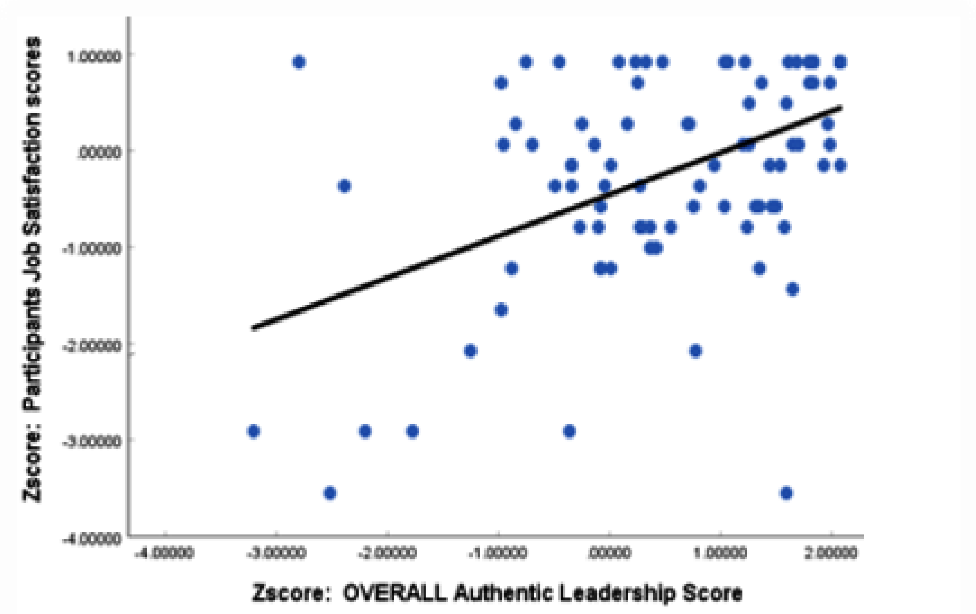


Figure 6. Simple scatter plot graph with fit line showing the linear relationship between z-scores of overall perceived authentic leadership score and nursing students' job satisfaction scores.

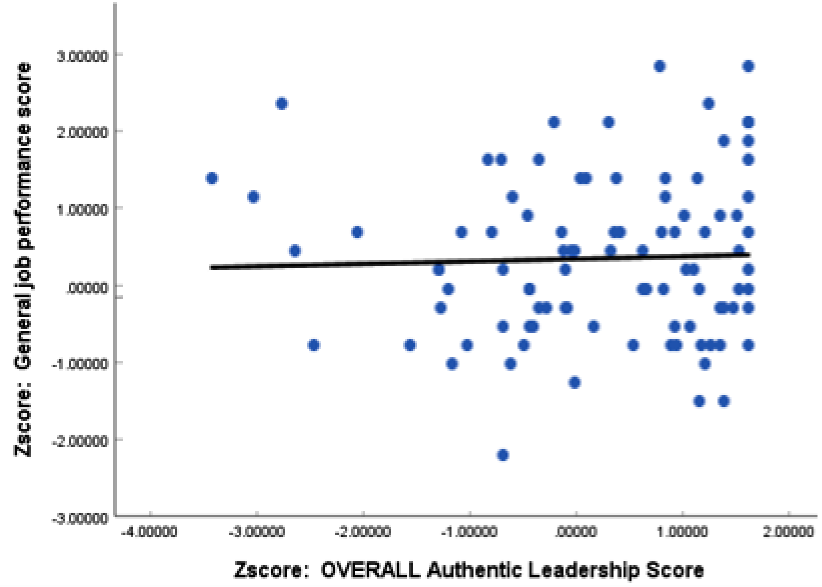


Figure 7. Simple scatter plot graph with fit line showing the linear relationship between z-scores of overall perceived authentic leadership score and nursing students' job performance scores.

The assumptions for the Pearson's correlation to determine strength and direction of associations were met, but the assumptions for the significance of the Pearson's correlation statistic had to be tested as well. The significance test of the Pearson's correlation is parametric which assumes that the variables are normally distributed, and no outliers are present (Sedgwick, 2012). The Shapiro-Wilk's test was used to test normality of the variables, authentic leadership ($W = 0.91$, $p < .001$), self-efficacy ($W = 0.96$, $p < .001$), and job satisfaction ($W = 0.86$, $p < .001$) were not normally distributed, thus, violating the test of significance assumptions for Pearson r. Job performance was normally distributed ($W = 0.98$, $p = .12$) and had no outliers. The variables of perceived preceptor authentic leadership and job satisfaction had two outliers each, and self-efficacy had one outlier. It has been previously recognised that Parametric tests such as Pearson's correlation is robust enough to non-normality (Martin & Bateson, 1993) in sample sizes that are relatively large, that is, close to n=100 (Chok, 2010; Norman, 2010), and so too to a small percentage of outliers (Chen & Popovich, 2002). Researchers are encouraged to test the assumptions, and if there are major violations non-parametric tests may be done (Martin & Bateson, 1993). However, Burns and Grove (2004) have stated that it is acceptable to use parametric tests even if some assumptions are not met, once the analyses are robust to moderate violations of the assumptions.

Researchers in social sciences are advised to use statistical techniques to answer research questions, but not at the expense of discarding real data for exquisite statistics (Lumley et. al, 2002; Norman, 2010). Hence, the decision was taken not to transform the data, as answering the research question should be the focus (Martin and Bateson, 1993). These suggestions were followed in this study, and it was decided to proceed with the significance level detected for the Pearson's correlation. However, the limitation of such a decision was taken into consideration and caution was taken to compare the results to avoid misrepresentation. Therefore, another test that can be done to determine significant associations when the data fails to be normal and contain outliers, Spearman's rank coefficient (r_s), a non-parametric equivalent to Pearson's r was also calculated to confirm and compare the results (Sedgwick, 2012; Stommel & Dontje, 2014). According to Martin and Bateson (1993) correlations are often similar for both Pearson's and Spearman's correlation coefficients when calculated on the same data. In line with Martin and Bateson (1993), no differences in the significance (*p* value) of the associations between the independent (authentic leadership) and dependent variables (self-efficacy, job satisfaction, and job performance) were identified (Table 8). Hence, the Pearson's correlation values were interpreted for this study.

Table 8

Correlations between Authentic leadership and Dependent Variables

Authentic leadership	Self-Efficacy		Job Satisfaction		Job Performance	
	r	r_s	r	r_s	r	r_s
Self-Awareness	0.43***	0.47***	0.42***	0.41***	-0.04	0.02
Balanced Processing	0.41***	0.37***	0.44***	0.47***	0.08	0.08
Internalized Moral Perspective	0.45***	0.48***	0.45***	0.35***	0.08	0.11
Relational Transparency	0.32***	0.31**	0.44***	0.39***	0.02	0.07
Total Authentic Leadership	0.46***	0.46***	0.49***	0.47***	0.04	0.08

Note. (n=94)
** $p < .01$. *** $p < .001$

Pearson`s correlation results. Results of the Pearson’s correlation coefficient were interpreted using Sprinthall’s (1987) guide for interpreting correlations (Appendix G). The results indicated that there was a significant, positive, moderate association between perceived preceptor authentic leadership and nursing students’ self-efficacy beliefs ($r(93) = .46$, $p < .001$) and job satisfaction ($r(93) = .49$, $p < .001$). As such, as students perceived that their preceptors were demonstrating authentic leadership, the students’ self-efficacy belief and job satisfaction increased as well. With regards to the four tenets of authentic leadership, the highest positive correlations were found between internalized moral perspectives and self-efficacy ($r(93) = .45$, $p < .001$), and the same was true for job satisfaction ($r(93) = .45$, $p < .001$). However, this was not the case for the relationship between perceived preceptor authentic leadership and job performance. The results of the Pearson correlation coefficient showed a statistically non-significant, slight to almost negligible association between perceived authentic leadership and job performance ($r(93) = .04$, $p = .74$).

Research Questions 4

The fourth research question had two parts, it asked: (a) Does self-efficacy *as measured by the ASE* mediates the relationship between nursing students' perceptions of preceptors' authentic leadership *as measured by the ALQ* and job satisfaction as measured by the *Global Job Satisfaction Survey* during the final clinical practicum experience? and (b) Does self-efficacy *as measured by the ASE* mediate the relationship between nursing students' perceptions of preceptors' authentic leadership *as measured by the ALQ* and their job performance *as measured by the General Performance Scale* during the final clinical practicum experience? The data from the ALQ, ASE, global job satisfaction survey, and general performance scale were analysed using mediated multiple regression analysis to answer research question four. The standardized data were used for the same reasons outlined in research question three, due to differences with the Likert-points of the scales. Assumptions of regression analysis were also tested to ensure that regression statistic is appropriate to use to analyse the data and answer the research question. The mediated regression analysis principles of Baron and Kenny (1986) were used to answer research question 4a and Mackinnon and Dwyer's (1993) approach to answer research question 4b.

Regression analysis assumptions. One of the basic assumptions of mediated linear regression is that there should be at least 20 cases per independent variables (Green, 1991; VanVoorhis, & Morgan, 2007); this was met as the sample size was n=94. Independence of variables' data is another assumption of mediated regression analysis, and this was met as the data set was cross-sectional (Cason & Farmer, 2014). According to Stommel and Dontje, (2014) other assumptions of linearity, normality, and equality of variance of the residuals are required. The tests of assumptions on the residuals were done and evaluated based on the P-P plots. The assumptions of linearity, normality and equality of variance of the residuals were met based on the P-P plots (Figures 8 and 9) where the observed cumulative normal distribution to the expected cumulative distribution of the standardized residual points clustered around the straight line. Scatter plots were also done which show linearity and equal variance as the residuals did not fan out in a triangular fashion. Cook's distance was also calculated to determine if any of the cases were influential on the findings (Cook, 2000). None of the cases had a Cook's distance greater than one, thus, meeting the assumptions of regression modelling. Considering that the aim of regression modelling in this study was for mediation purposes, it was sensible to check for multicollinearity among the independent variables, as it can cause error in the regression coefficient (Montgomery, Peck, & Vining, 2015). Based on the results of research question three multicollinearity did not exist as none of the correlations were greater than *r* = .8 (Gujarati & Porter, 2009).

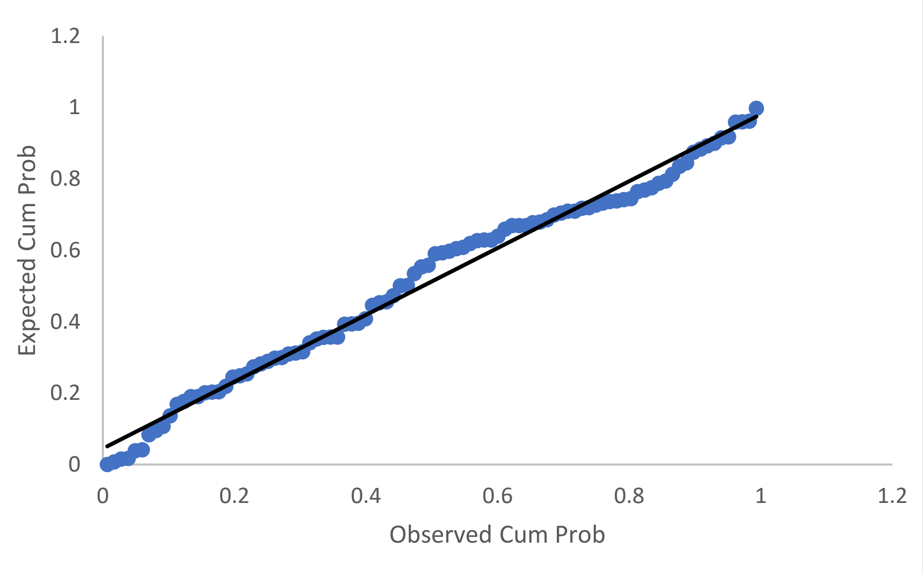


Figure 8. Normal P-P plot of regression standardized residual for the mediated model of authentic leadership on job satisfaction mediated through self-efficacy.

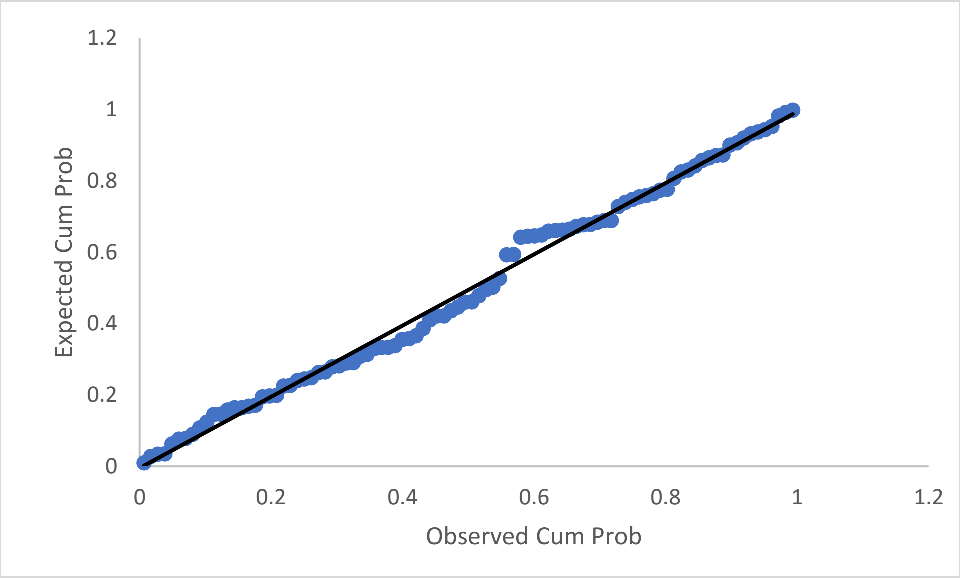


Figure 9. Normal P-P plot of regression standardized residual for the mediated model of authentic leadership on job performance mediated through self-efficacy.

All the assumptions were met, and multiple mediation regression analysis was done to determine if self-efficacy mediated the relationship between perceived preceptor authentic leadership and job satisfaction as well as perceived preceptor authentic leadership and job performance.

Baron and Kenny (1986)) mediated regression analysis. Mediated regression analysis as outlined by Baron and Kenny (1986) was used to determine if self-efficacy mediated the relationship between nursing students' perceptions of preceptors' authentic leadership and their job satisfaction during the final clinical practicum experience. Baron and Kenny (1986) four conditions for conducting mediated regression were followed. Results are reported using the standardised values. With regards to the mediated relationship between authentic leadership and job satisfaction, the results showed:

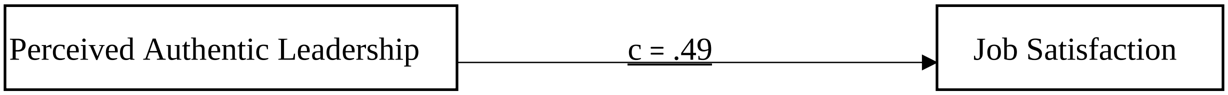
a. Authentic leadership was positively and significantly related to self-efficacy ($\beta = .46$, $t(92) = 4.90$, $p < .001$). This is called path a.

b. Authentic leadership was positively and significantly related to job satisfaction ($\beta = .49$, $t(92) = 5.41$, $p < .001$). This is called path c.

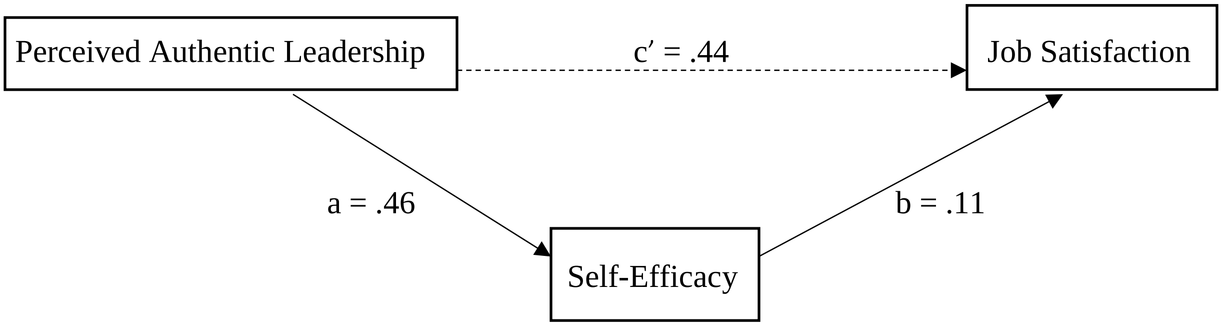
c. Self-efficacy was positively and significantly related to job satisfaction ($\beta = .31$, $t(92) = 3.12$, $p = .002$).

d. Paths b and c’ of the model were identified when self-efficacy was taken into account in the equation between authentic leadership and job satisfaction; authentic leadership remained significant ($\beta = .44$, $t(91) = 4.32$, $p < .001$) but self-efficacy ($\beta = .11$, $t(91) = 1.09$, $p = .28$) became non-significant (Figure 10).

Results indicated that self-efficacy did not mediate the relationship between authentic leadership and job satisfaction ($F(2, 91) = 15.24$, $p < .001$, $R^2 = 0.25$, adjusted $R^2 = 0.23$). Preacher and Hayes (2004) simple mediation procedure for Sobel test was used in SPSS to further confirm the results and determine the indirect effect, which showed no significant mediated effect ($z = 1.05$, $p = .30$).


Perceived Authentic Leadership
c = .49
Job Satisfaction

a) Direct Pathway


Perceived Authentic Leadership
c′ = .44
Job Satisfaction
a = .46
b = .11
Self-Efficacy

b) Indirect or Mediated Pathway

Figure 10. Mediation model testing the mediated effect of self-efficacy on the relationship between perceived authentic leadership and job satisfaction (on the basis of Baron and Kenny, 1986).

Mackinnon and Dwyer (1993) mediated regression analysis. To determine if self-efficacy mediated the relationship between authentic leadership and job performance mediated regression analysis was done. Based on the results shown in research question three job performance did not have a significant relationship with authentic leadership, thereby violating condition one of Baron and Kenny's (1986) procedure. As per Baron and Kenny's steps, researchers would conclude that mediation is not possible; however, this is not always the case (see MacKinnon, Fairchild, & Fritz, 2007). Therefore, scholars are encouraged to test for mediation if this has been supported by the literature. As such, a three-step method to assessing mediation as outlined by Mackinnon and Dwyer (1993) was done to determine the mediated effect of self-efficacy on the relationship between perceived preceptor authentic leadership and job performance.

The first step in Mackinnon and Dwyer's (1993) method determines if the independent variable (authentic leadership) affects the dependent variable (job performance). Whether the overall effect is significant or not it progresses to the second step, where the effect of the independent variable (authentic leadership) on the mediating variable (self-efficacy) is evaluated. The third step involves the complete model, where the effect of the independent variable together with the mediated variable is tested on the dependent variable. If the results of the third step provide evidence that the independent variable influenced the mediator and the mediator influenced the dependent variable, then mediation has taken place.

According to the three steps of mediated regression the results for the mediated effect of self-efficacy on the relationship between authentic leadership and job performance showed (Figure 11):

a. Perceived authentic leadership did not significantly affect job performance ($\beta = .04$, $t(92) = 0.34$, $p = .74$).

b. Perceived authentic leadership was positively and significantly related to self-efficacy ($\beta = .46$, $t(92) = 4.90$, $p < .001$).

c. In the third step, perceived authentic leadership affected job performance ($\beta = -.21$, $t(91) = -2.08$, $p = .04$) as mediated through self-efficacy ($\beta = .55$, $t(91) = 5.3$, $p < .001$).

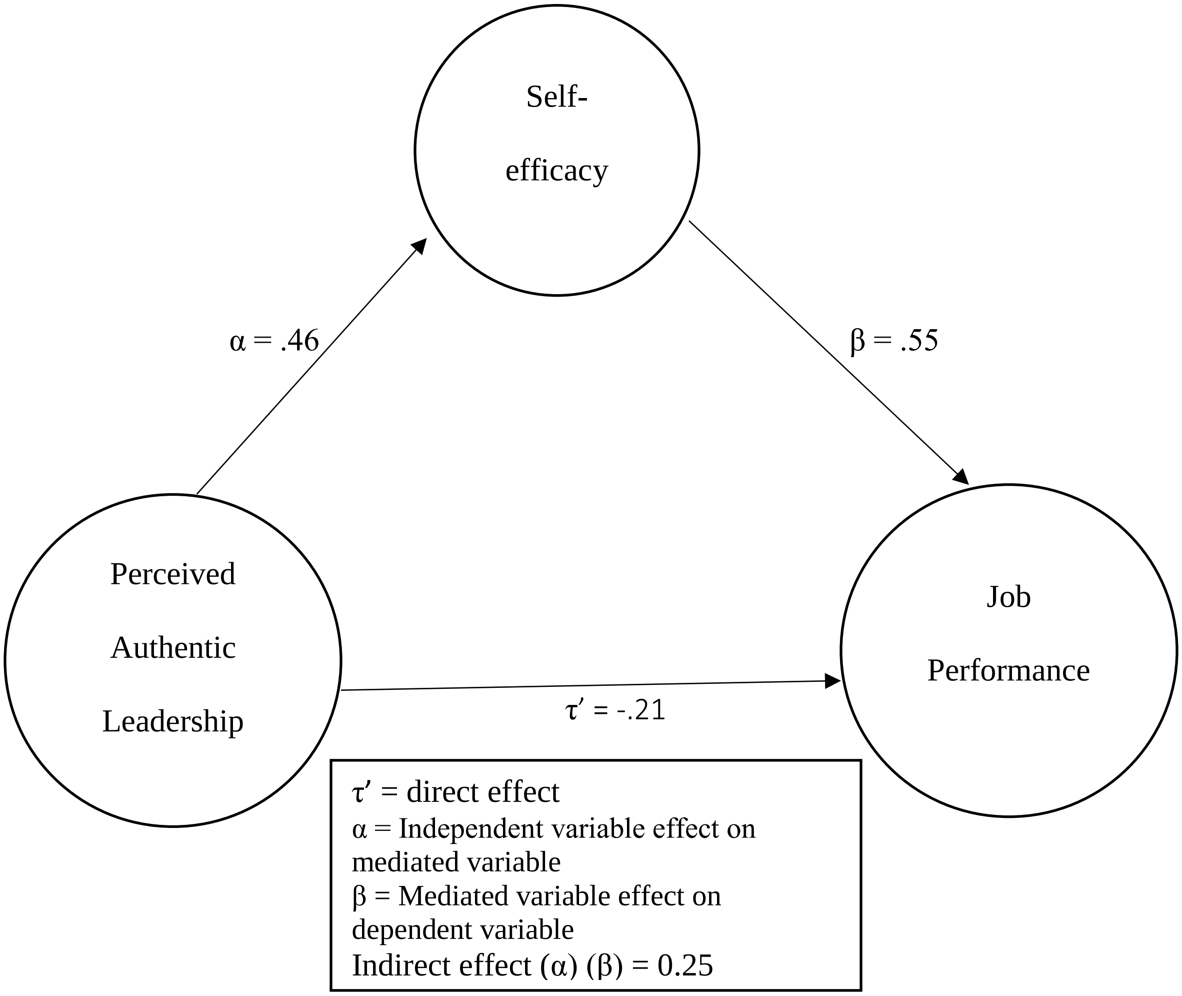

Self-efficacy
α = .46
β = .55
Perceived Authentic Leadership
Job Performance
τ′ = -.21
τ′ = direct effect
α = Independent variable effect on mediated variable
β = Mediated variable effect on dependent variable
Indirect effect (α) (β) = 0.25

Figure 11. Simple mediation model testing the mediated effect of self-efficacy on the relationship between perceived preceptor authentic leadership and job performance (on the basis of Mackinnon and Dwyer, 1993).

Results indicated that self-efficacy mediated the relationship between perceived preceptor authentic leadership and job performance ($F(2, 91) = 14.28$, $p < .001$, $R^2 = 0.24$, adjusted $R^2 = 0.22$). Approximately 24% of the variance in job performance was accounted for by the predictors. Upon examining the individual predictors, there was evidence to suggest that in the regression analysis authentic leadership influenced self-efficacy ($\beta = .46$, $t(92) = 4.90$, $p < .001$), and self-efficacy influenced job performance ($\beta = .55$, $t(91) = 5.3$, $p < .001$). Preacher and Hayes (2004) simple mediation procedure for Sobel test was used in SPSS to determine the indirect effect. Results of the Sobel test suggest that the association between authentic leadership and job performance was significantly mediated by self-efficacy ($\beta = 0.25$, $SE = .07$, $z = 3.57$, $p < .001$). Together, these results suggest that perceived preceptor authentic leadership combined with nursing students' self-efficacy effect students' job performance.

This concludes the presentation of the quantitative results in phase one. The results of the quantitative data in phase one were used to inform the data collection and analysis in phase two. The qualitative data analysis results in phase two are described in the forthcoming sections.

Phase Two – Qualitative Results

Phase two was done to facilitate gathering further information about how participants made sense of their final clinical practicum experience, with regards to their perception of their immediate preceptor authentic leadership and subsequent influence on their self-efficacy, job satisfaction, and job performance based on their questionnaire responses in phase one of the study. A total of n=10 students from phase one of the study were purposefully selected to participate in phase two. The students from phase one who agreed to participate in phase two were given pseudonyms of Abbey, Claire, Chelsea, Lindsay, Margo, Moya, Nancy, Reece, Temi and Violet.

Participants were selected after standardizing and averaging the ALQ, ASE, global job satisfaction survey, and general performance scale for all the students in phase one. The scores for the scales were then individually assessed to determine if the students had scored consistently high or low on all scales or it was one scale that was causing the average score to be high or low. Students who gave ratings that were generally low or high across all scales were selected to participate, as the aim was to unearth what students believed to really work well in enhancing their self-efficacy, job satisfaction, and job performance and what actions by the preceptors impeded them. Students who were also of interest included those that had results that were not consistent across all the scales, for example, where the preceptor was rated high, but the student’s self-efficacy was low or decreased when compared to their pre-test final clinical practicum self-efficacy score and vice-versa.

Qualitative data were collected in phase two via audio recorded semi-structured interviews done over the telephone. Participants were asked to describe their experiences and to cite examples that supported their questionnaire responses. The interview was used as a medium to compare some of the students’ responses to the questionnaire with what they were saying in the interview with regards to the main variables of interest (perceived preceptor authentic leadership, nursing students’ self-efficacy, job satisfaction, and job performance). This section describes the results of the themes that emerged from an inductive thematic analysis. A total of five key themes emerged, two of which were overarching themes identified as preceptor attributes and preceptor effects (Figure 12). The results for phase two are presented with an overview of the 10 interviewees’ quantitative results, followed by the findings related to each of the five key themes that emerged from the thematic analysis.

Quantitative Findings of Phase 2 Respondents

Based on the quantitative findings, four of the respondents gave high ratings on all four scales. Claire, Temi, Lindsay, and Moya rated their preceptors high on the ALQ. Claire, Temi, Lindsay, and Moya rated their self-efficacy higher post the preceptorship when compared to their pretest self-efficacy score prior to the final clinical practicum. Claire, Temi, Lindsay, and Moya, also rated their job satisfaction high as per the global job satisfaction survey, as well as their job performance as measured by the general performance scale. Students such as Nancy and Abbey rated their preceptor low on the ALQ, and rated job performance high. However, Nancy`s self-efficacy decreased, but job satisfaction was high. While Abbey`s self-efficacy increased, and she rated job satisfaction low. Chelsea and Violet rated their preceptors high on the ALQ, rated their job satisfaction and job performance highly, but their self-efficacy decreased. Reece and Margo on the other hand, rated job satisfaction low and job performance as average or competent. Reece rated her preceptor as moderately demonstrating authentic leadership, but her self-efficacy increased. While, Margo rated her preceptor high on the ALQ but her self-efficacy decreased. Extracts of participants' responses are spersed throughout the report of the qualitative findings in the upcoming sections.

Thematic Analysis Results

I approached the qualitative data and conducted an inductive thematic analysis, emphasising semantic themes to explain how and why the ratings of the preceptors' perceived authentic leadership, nursing students' self-efficacy, job satisfaction, and job performance emerged. The inductive thematic analysis of the 10 interview transcripts yielded 175 codes, 24 sub-themes and five key themes: preceptor attributes, preceptor effects, making a nurse, nursing passion or detachment, and gauging job performance factors (Figure 12). Preceptor attributes and preceptor effects were the two overarching themes identified with both interacting with each other. The remaining three key themes of making a nurse, nursing passion or detachment, and gauging job performance are extensions of preceptor effects as can be seen in the hierarchical depiction of the themes in Figure 12. The description of each theme follows with analytic claims illustrated by data extracts.

Further to the distinction between the definition of self-efficacy and confidence in chapter II, it must be clarified that when reading some of the data extracts that speaks to the students' self-efficacy, the students refer to their competence belief as building confidence. As such, in some instances it might be seen where self-efficacy is referred to as confidence. Hence, confidence might be used loosely in this section to refer to nursing students' self-efficacy.

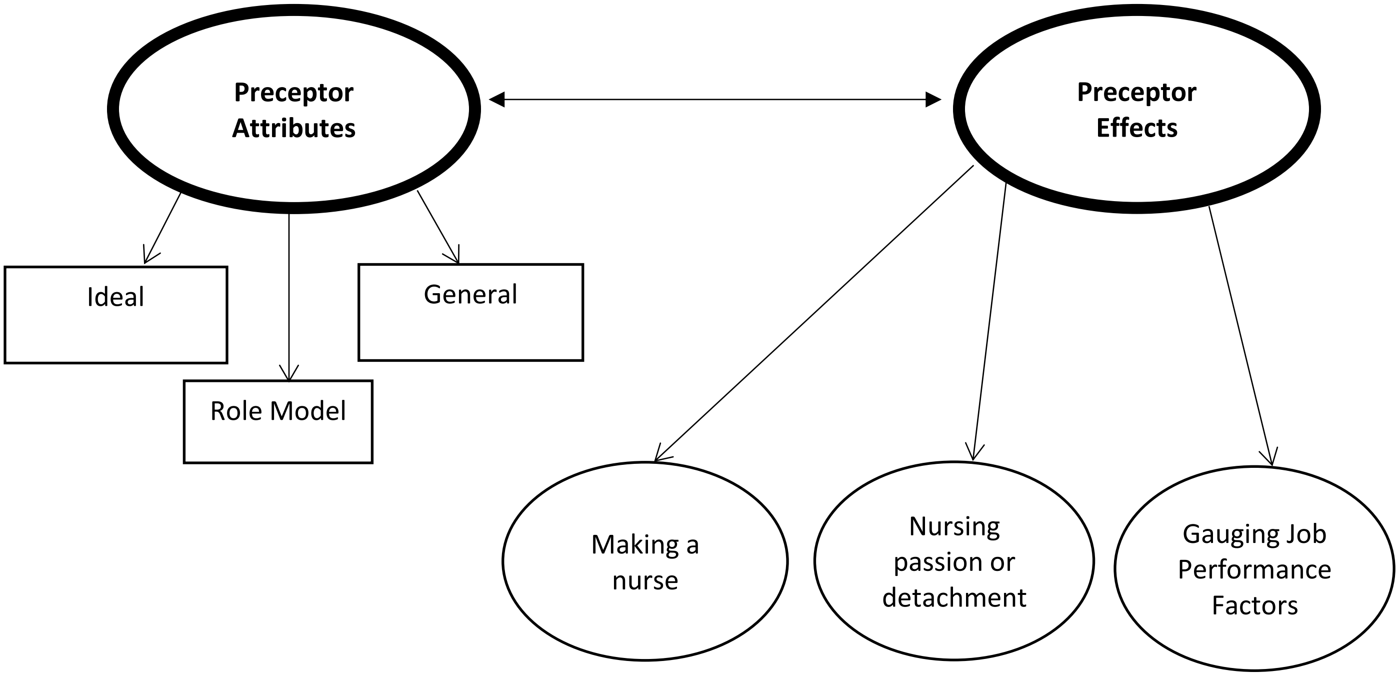

Preceptor Attributes
Preceptor Effects
Ideal
General
Role Model
Making a nurse
Nursing passion or detachment
Gauging Job Performance Factors

Figure 12. Final thematic map, showing five main themes.
Key: Single directional solid arrows demonstrate hierarchical relationships between main themes and subthemes. Main themes are in the oval shape with the overarching ones having a bolder outline; subthemes are in the rectangular shape. A bi-directional solid arrow signals a close lateral relationship between the themes.

Preceptor attributes. During the interviews students were asked about how and why the perception of their immediate preceptor authentic leadership emerged, considering that generally the preceptors were rated moderate to high on the authentic leadership scale in phase one. Students' responses during the interview spoke to the characteristics of the preceptor and how such characteristics influenced their perception of the preceptor's authentic leadership skills. From the students' responses several preceptor attributes emerged to include various characteristics of the preceptor that ranged from ideal, good/bad role model and good/unwanted characteristics observed in the preceptors in general.

Since, the data were approached inductively, where coding was done using a bottom up approach not trying to fit data in a pre-existing frame, the theme was originally called preceptor characteristics. The theme was defined as, attributes of the preceptor that the students liked or did not like and was further broken down into the ideal they desired, those characteristics that they believed highlighted good and bad role models, and at the least good and unwanted characteristics they observed during their practicum in line with authentic leadership. However, after seeing the pattern that emerged from the coding and following the recommendation of Braun and Clarke (2006), to give themes concise and punchy names that the readers can understand, the name of the theme was upgraded to Preceptor Attributes. The sub-themes of the preceptor attributes are described in this section supported by data extracts. This section ends with a tabulated summary (Table 9) of the sub-themes and the selected associated codes that contributed to the emergence of the preceptor attributes theme.

Ideal preceptor. The ideal preceptor, for the purposes of this analysis, was defined as the students' description of their ideal authentic preceptor/leader. It includes attributes students desired to be seen in their preceptors that align with authentic leadership. According to the students' accounts, some of the preceptors were close to the ideal. For example, Margo who rated her preceptor highly on the authentic leadership scale, stated, "I think that my preceptor was extremely close to the ideal" (Margo, p.9). Thus, confirming her responses on the questionnaire in phase one. Temi who also rated her preceptor highly on the ALQ said:

> Honestly, I don't know what she could have done better, because I was a little bit nervous before my placement because I didn't know how it was going to work out, but no it was definitely positive…She was amazing! (pp. 4 – 5)

This was the general report of students who rated their preceptors high on the authentic leadership scale in phase one. As the students reported in phase one, the preceptors demonstrated moderate to high authentic leadership because in the students' views their preceptor was very close to what that ideal authentic preceptor leader would be like.

Throughout the interviews, the students spoke of what their ideal preceptor would be like, a salient point for most of the students was that the ideal preceptor would set up an initial meeting with them where they are informed of expectations, introduced to other members of the health care team, and informed of the unit's routine. This expectation is understandable and salient with authentic leadership, where followers are incorporated into the team showing balance processing and relational transparency. Knowing expectations is also vital where authentic leaders often hold themselves and others to a high standard with the aim of bringing about authentic followership through internalized moral perspective.

Students wanted to be recognized as an individual where the preceptor called them by name. For example, Abbey corroborated her responses on the questionnaire where she rated her preceptor quite low on the authentic leadership scale. Abbey's reason for rating the preceptor poorly is that the preceptor was far from Abbey's ideal preceptor. Abbey sTated with yearning that she desired the following in her preceptor:

> …like 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! So, it was really annoying. Introducing them to the educator so that they can feel comfortable approaching the educator, the manager, the charge just having a day where you can get 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. (pp. 19)

Having a meeting and being introduced to members of the healthcare team would facilitate team integration and allay the students' fears of the unknown. The students were not expecting a long meeting that would last for hours, but a short meeting to help them prepare for the placement. For example, Moya who rated her preceptor very high on the authentic leadership scale, benefited from having an introductory meeting with the preceptor prior to commencing the practicum, she stated, "it was only like 30 minutes that I was with her for the first time" (Moya, p. 3). This short meeting had a great impact in settling the student, Moya continued to say:

> it was good because then at least I knew who I was supposed to be meeting with, and I knew that she was nice, so I wasn't like nervous or anything ((chuckles)), and that everyone else was nice there, and I knew where to go, and it was nice to be familiar with everything. (pp. 3)

Hence, it can be seen that an initial meeting can be helpful in setting the tone of the preceptorship for the students, which facilitates developing an authentic relationship that is transparent.

Students' expectations of the ideal preceptor are that they are competent, experienced, passionate, empathetic, reliable, patient, and have a strong knowledge base; as such, the preceptor will be able to support, teach, and help them to accomplish competence which aligns with the internalized moral perspective tenet of authentic leadership, operating at a high standard. Reece who rated her preceptor moderately on the authentic leadership scale supported her questionnaire responses in phase one when she 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 per se. Somebody who has a positive outlook, who is passionate, that they do everything with passion, they can't be I'm coming here to do this because I need a pay check; like the ideal preceptor is doing the job because they love it not because they have to. (Reece, pp. 14)

Reece's comment shows that students hope that their preceptors are someone who they can look up to and want to emulate. Hence, an ideal preceptor would need to be someone like a role model, an encourager and a motivator who is patient. Claire who had a great experience and rated her preceptor high on the authentic leadership scale commented:

> my ideal preceptor is someone who is understanding, approachable, encourages you and pushes you to grow as a professional, someone who give you support and has your back, someone who has empathy. Even if you're slow at learning and needs more time they understand. Someone who is very knowledgeable too: of the unit, of the profession, of the dynamics of the team. Someone who is also confident and who is reliable. Someone

> who loves the job ((laughs))…seeing someone who functions as a good nurse and who loves their job and is very passionate is kind of inspiring to me. (pp. 10)

Claire's and Reece's comments show how much students expect of their preceptors as a leader, almost like the gold standard of what the ideal nurse should be. Although the students expressed such sentiments, they desired a balance and would want the preceptor to be human, meaning, be humorous and still be vulnerable enough to admit mistakes and be open to feedback. Violet who rated her preceptor high on the authentic leadership scale in phase one of the study stated this eloquently when asked about her ideal preceptor. Violet said, "openness, like a willingness to admit that they are wrong and that they are not sure, humor, the ability to research is really big" (p.13). Violet's reference to ability to research meant that the preceptor needed to know how to set the student up for success so that they will be able to achieve the competence to effectively practice as a nurse, and this required patience, a willingness to teach and guide on the part of the preceptor. In the students' eyes, this process towards achieving competence is best facilitated by a preceptor who has good communication skills, creates a safe learning environment that is pungent with warmth and kindness, and provides resources to enable them to do the job well. This is in line with the authentic relationship where authentic leaders "make the development of others a priority and are self-aware enough to make their communication clear and transparent so that it is perceived by others as intended (Wong & Cummings, 2009, p. 524). Reece said:

> They would be somebody who is approachable, who exudes that enthusiastic vibe, a warm kindness. I think every nurse should kind of give off that vibe but as a preceptor especially because as students we are terrified ((chuckles)). Like when we come and show up on site, we're actually terrified we don't know what we're doing, we don't know

> who is who or what is what, so, I think a preceptor with a calm kind of demeanour and who is going to teach you along the road is very important. (pp. 14)

Nancy and Abbey whose experiences were not totally positive, and who rated their preceptors low on the authentic leadership scale, upon reflection stated:

> Nancy: communicating in general. For example, most of the time I didn't know what I was missing, or what I did not understand, but if someone was just like you know what this is what I'm looking for, and this is where you are shy (where you need improvement), but 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, or this is what you're missing even if it's just guiding me in a direction, it would have been helpful. (pp. 18)

> Abbey: Encourage them [students] to interact with the other nurses, checking in at the beginning, providing resources that would support the students, so like having a Vocera, enabling them to have a communication device because I had to be always running around on the unit searching for my preceptor, and enabling the students to feel comfortable to say I need help with this, can you help me to do it, or teach me this. (pp. 20)

From the extracts, approachability is continuously repeated, and students show their desire to achieve the utmost competence possible. It is important that preceptors provide resources, including the human resource of “the self as a nurse” to help student to practice at a high level. Students desired feedback and wanted to be pushed or challenged out of their comfort zone to facilitate growth as a nurse. For example, Temi who rated her preceptor high on the authentic leadership scale in phase one commented:

> 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 and I know sometimes I am quiet, but I like being pushed, and that helps in building my confidence. (pp. 13)

Students wanted to be given the opportunity to grow to achieve that level of internalized moral perspective, upholding high standards of nursing practice. Lindsay who rated her preceptor high on the authentic leadership scale said, it is all about "giving me the opportunity to do the skills on my own, and really reinforcing the things that I do well" (p. 10). In the students' views continued growth was best facilitated through autonomy, seizing learning opportunities, and positive reinforcement when they had risen to the challenge. Similarly, Chelsea who gave her preceptor high ratings on the authentic leadership scale, in her response to how an ideal preceptor could enhance her experience, stated:

> I think seeking out those opportunities, because you won't always have those opportunities with your patients but being active and seeking it out on the unit or just seeking out those extra opportunities elsewhere and letting the student do things without micromanaging. Helping the student to figure out their own way, obviously staying safe and following protocols, but I think when people micromanage it really reduces your confidence and it has a negative impact. On me anyways, because I feel like I can't find my own way to practice, it's like I have to do it this specific way and that's not really the case. (pp. 12-13)

The students have shared what their ideal preceptor looks like and some data extracts have been used to provide illustration of their desires. In conclusion, preceptors are important and aspiring to achieve ideal is encouraged. Margo summarized quite succinctly the importance of the ideal preceptor's role in helping the student transition from student to nurse, and she said:

> if they just help, like guide your learning and help you be independent from the start. You can take on a lot more independence in your nursing from the start, and therefore in the long term it will help you transition from a student to the RN a lot quicker, than if it was a preceptor that did not do so necessarily. (pp. 9)

Role model. The next subtheme of preceptor attributes to be addressed is how the students described the preceptors as good or bad role models. A good role model captures a construction of the preceptor as a person who students admire, whose behaviour and example can be emulated. Lindsay who rated her preceptor high as per the ALQ stated with great admiration when speaking of her preceptor:

> …I got to know her, and she is a phenomenal human being, let alone a nurse! But, like personality-wise, honest to God, she's one of the kindest Souls I have ever met in my life (stated with great passion and adoration)! (pp. 3)

Similarly, Chelsea perceived her preceptor to demonstrate strong authentic leadership capabilities as demonstrated by high ratings on the ALQ, and she commented that "my preceptor was great; I thought she was really good, I thought that she was really smart. I really admired her practice" (p. 2). The logic that informs a comment like this is that a good role model is knowledgeable and whose practice warrants admiration. On the other hand, a poor role model is seen in a different light as one who is a lazy nurse, who is incompetent, and whose practice cannot be trusted. For example, Nancy's preceptor who was rated low as per the ALQ, Nancy said she learnt what not to do when in the preceptor's position (p. 14). This suggests that the preceptor was not a role model you would want to emulate. The preceptor as a role model can be akin to the core of authentic relationship, particularly internalized moral perspective, operating from and holding others and self to a high standard.

Good role model. The students saw a good role model as inspiring, one who exhibited an assertive kindness, calm, experienced and competent. Claire justified giving her preceptor high ratings on the authentic leadership scale in phase one, when she said she found her preceptor inspiring and "with the inspiration it helps me to kind of like model myself after that person, after that role model" (p. 10). Moya also gave her preceptor high rating on the ALQ and responded with excitement when asked if she would want to be a nurse like her preceptor:

> oh yes! I would definitely like to be like her someday, because she was assertive but also very kind, I think those are good qualities to have as a nurse. (pp. 5)

The biggest thing that stood out for her was how assertive and kind her preceptor was. In Moya's view this was the epitome of nursing, as students are often taught in nursing school the importance of being assertive, but also being kind and caring.

Students admired preceptors whose nursing practice was at a high level and had the ability to remain calm. This calm competence reassured the student and made them feel like they were in good hands. For example, Temi, rated her preceptor high on the ALQ and one could see why as she commented:

> I guess she [my preceptor] was a very calm person which helped from the very start. She never got worked up about anything, and I felt like I could ask her anything and she would know how to help me. Like, she would always have an answer to help me and on the unit, she was always the person that everyone asked for help, like all the other nurses too. She's a very experienced RN, she was always solving everyone else's problems and

> helping them to work through them and telling them how to kind a fix them. I felt like I could ask her anything and she would know how to help me. (pp. 5)

Temi's comment shows the admiration and respect that she had for her preceptor and the example that she was leading by. From the extracts it can be seen that students are paying close attention to their preceptors' practice and how much of it they would want to bring over and apply into their own style. It was important to the students that the preceptor led by example, and as such they were considered good role models.

Bad role model. In comparison, the bad role model is seen as unprofessional, a lazy nurse who withholds care, has poor nursing manners, and avoids work. Reece was one of the students who rated her preceptor as average or moderate on the authentic leadership scale in phase one. Reece said a contributor to her rating the preceptor as average is that she was unprofessional at times and when it came to bedside manners she would not want to be like her preceptor. With regards to authentic leadership this showed a lack of self-awareness in knowing impact on the student and patient. For example, Reece commented:

> yea and you know when you are at the bedside of an unconscious patient you know you are not going to mumble or say stuff that you would not say if the patient was awake. It was just little things like that, that were just... (pp. 9)

In supporting her view with regards to the preceptors' demonstration of authentic leadership. Reece also said:

> Like there were things that I knew that if you mumbled under your breath like to me, I know that that's not professional, and I know that's not something that I would do with patients, but in a sense that experience showed me what not to do. But then again, I think

> it depends on who the person is because as I said I was able to pick up on that quite quickly and realize that's not the nurse that I want to be. (pp. 4)

Abbey who gave her preceptor very low ratings as per the ALQ, was the most expressive with regards to a poor role model. She described her preceptor as “one of the laziest persons!” (p. 6). This evaluation came from the preceptor withholding medication from one of the patients. Abbey’s account is:

> I had one patient and she had really bad Crohn's and you can’t really just judge people's pain and sometimes people could be really med seeking or they really have pain, but I always go with this is what they're telling me, this is their pain and my preceptor was saying like, ‘oh she's just older person when they're this age they really cry a lot, they're often such a baby, they just bother you with so many pain medications.’ And I was just really caught off guard. (pp. 15)

Abbey recalls that her preceptor would shun work most of the times or just be unavailable. Abbey states:

> And to be honest, like she would be on her phone most of the times, or she would just disappear and say, ‘I have to go do this now.’ And I would go to her sometimes to clarify, like for this unit this is the policy to change lines, and she wouldn't even care about it. (pp. 6)

Abbey drew the conclusion that the preceptor was lazy because of her behaviour and this was not someone she wanted to emulate, as sometimes she would seek the help of the preceptor to clarify the policy on the unit and the preceptor would not be interested to help. In response to the preceptor’s behaviour Abbey commented, “this was only one person that I don't really know if she's a good nurse or not, she wasn't like a typical role model” (p. 18). In Abbey’s mind this statement was confirmed when her preceptor was demonstrating a procedure on the unit and the preceptor did not follow the policy and procedure to carry out the steps. This left the student believing that the preceptor was an incompetent nurse. Abbey stated:

> … she would like tell you one thing, and then it was actually something else. She would just copy down other people's notes, like she would say the dressing is clean when it was actually sterile. So sometimes after reading her charting I was just like this lady doesn’t know what she is talking about…I remember I was to do a NG tube feed and I reviewed the policy and I told her about it, and she didn’t follow the policy, like what she did didn’t make sense. I didn't have the confidence to learn from her because she didn't really make sense. I am not sure how to explain it, it wasn't clear, it wasn't structured appropriately, I am not sure where the evidence came from for some of her actions. I am just not sure how she would go about her clinical skills. (pp. 13)

A lot can be seen from the comments of the students as they described what a bad role model of a preceptor is. A recurrent point is lack of competence, lack of care towards student and patient, poor work ethic, not following the nursing care policy, and a poor example of leading and directing patient care. These examples the students have cited violate the principles of authentic leadership, particularly internalized moral perspective, where the leader operates from a high ethical and moral stance. In the student’s eyes being lazy, withholding care, and being unprofessional were clear signs of the preceptor as leader demonstrating behavior that was not congruent with an authentic leader. This resulted in lack of trust and the students not wanting to be a nurse or preceptor like the preceptor they worked with during the final clinical practicum.

General preceptor characteristics. General preceptor characteristic(s) is the third aspect of the preceptor attributes theme. These are general characteristics that students observed in their preceptors during the final clinical practicum. The characteristics that the students identified in this study were classified as good or unwanted according to the authentic leadership theory. Good characteristics were defined as outstanding characteristics of preceptors that stood out for the students that caused them to classify preceptors as having authentic leadership that were in alignment with self-awareness, balance processing, internalized moral perspective, and relational transparency. An unwanted characteristic was defined as bad characteristics of a preceptor; which included any characteristic, behaviour or attribute that is not desirable for an authentic leader.

Good characteristics. Good characteristics of preceptors that students described in this study included being open and honest with the student. For example, Temi stated, “My preceptor was always open and honest with me, telling me how it was going and that was good” (p. 13). According to the student’s comment one can see that the student concluded from her observation that it was good that the preceptor was open and honest. The student knew where she stood in terms of the preceptor’s evaluation of her; the preceptor removed the element of uncertainty that could bring about unnecessary anxiety. These are good characteristics that stood out for the students where the preceptor was upfront, open and honest from the outset, which were the hallmark of a sound preceptor student relationship that is guided by authentic leadership, particularly relational transparency. Violet who rated her preceptor as a strong authentic leader expressed sentiments which were typical for the participants:

> 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, so she was just getting her foot in. Even hearing that from her pretty much like the first thing that she told me was that she was still trying to figure out things and that we would be

> learning together, and that she was willing to learn new things, and she was open to me asking questions, or answering my questions, even asking me questions, and asking me for help sometimes ((chuckles)). Just like they were changing some of the computer system and she was like you should be better at this than me because she was this older lady, so she would say you help me with this and I will help you with that, she said everyone here has something to teach someone else. So that was my first thought of her. (pp. 2)

A big element as seen in this extract for many of the students was that the preceptor was respectful, had a willingness to learn from the student, and acknowledge that the student had expertise that they could contribute to the team as well. Like many of the students, Violet found it impressive when the preceptors were open to being vulnerable and admitting that they do not know everything. For example, Reece commented:

> So, it was really nice to see that vulnerable side to my preceptor, because seeing that kind of boosted my confidence seeing that she's my preceptor and she`s still learning just like I will be forever learning as well. (pp. 6)

The atmosphere that was being created by the preceptors was that the students could be comfortable being themselves and admit any challenges or areas of growth they needed for the practicum to meet their needs. Students appreciated such an atmosphere where they would not be met with judgement but embraced as a learner who is trying to figure things out. Moya said of her preceptor, “She is very approachable that’s for sure, and I think she is open as well” (p. 6). Moya described her preceptor quite succinctly, but along the same thought, of being open and creating the atmosphere where students can learn, and not feel stupid. Moya’s statement validated her rational for rating the preceptor as a strong authentic leader in phase one as she continued to say:

> …if I had a question, she was able to answer very easily. I was never afraid to ask her questions and she didn't make me feel stupid or something. (pp. 7)

Being approachable further communicated to the students a sense of being cared about. Claire's description relates this, "I thought that she was approachable, like I felt the caringness from her, and I felt like I was in good hands" (p. 2). In addition to this, Claire expressed similar sentiments like the other students about the preceptor facilitating learning by being a good communicator who always encourages and motivates the students. Claire continued to say about her preceptor:

> She was just always involved in constant communication with me. She didn't make me feel dumb for asking questions. She always reassured me that I am still learning, and I am a student, at first, I would be slow and get better when I get used to the routine and stuff. (pp. 3)

Another good example was Reece's preceptor who did a good job at encouraging and motivating the student. Reece said, "…if there was an opportunity on the unit, she would say you know, 'go do it because I think you're good enough'" (p. 7).

Based on the students' comments the preceptors' characteristics shaped students' views of their safety to learn in the clinical environment. From these examples the patience that the preceptors exhibited in showing that they recognized that the students are still learning, just as much as the preceptor too is still learning cannot be ignored. The preceptors were integral in creating a warm, kind and welcoming learning atmosphere. For example, Margo stated "he's very friendly and easy-going guy, so like I wasn't intimidated at all or uncomfortable" (p. 9). However, it is important to note being friendly is different from being friends, to maintain and demonstrate professionalism the students did not desire a friendship, as Chelsea who rated her preceptor high on the ALQ commented:

> I think she did a really good job at maintaining a professional line, so we got along pretty well, but it was still like a preceptor student relationship it wasn't like a friendship. (pp. 3)

Professionalism was important to the students to maintain that respect for their preceptors and see them as respected guides, so one could be friendly but within professional boundaries. In addition to being friendly, other characteristics that students valued were being dependable and available. Temi captured it well in describing how the preceptor can be dependable and available even if they are a busy. It could be easily seen why the student rated her preceptor high on the ALQ as she sounded quite impressed when she said:

> She was all over, everywhere, I don't know how she did it, because she seemed to be in three places at once all at the same time because she was always there whenever I needed her. She was just a super busy nurse, so, she was always helping everyone else and me out. (Temi, pp. 5)

This comment shows that the students value a preceptor who is not only open and creating a non-judgmental atmosphere, but one who is also helpful, so the student does not feel overwhelmed or left alone with all the responsibility to care for the patients. This also made the student feel comfortable asking for help if they needed it. For example, Margo who rated her preceptor high on the ALQ said, “I was comfortable asking for help, it was good” (p. 4). Such a preceptor was able to remove the element of fear and brought about relational transparency, in alignment with an authentic leader.

Being helpful brings about a sense of kindness and a supportive atmosphere. The students expressed such beliefs where Lindsay said her experience was great because the preceptor was helpful and also demonstrated kindness to her, which supported her responses in phase one, where she rated the preceptor very high as an authentic leader. Lindsay stated:

> It was a life changing experience for sure. I am very grateful to my preceptor for everything that she taught me skill wise and in my personal life too. Like, she was very helpful and a very kind woman. (pp. 9)

Likewise, Violet took it a step further to show the holistic approach to mentoring that her preceptor demonstrated. The preceptors that demonstrated holistic mentoring showed great kindness and empathy to the students, which the students valued as it was beyond an academic sense. Violet said:

> like kindness, like that was the biggest part. It's just like the holistic view, being able to look at the student and to say this is not just a student, but a whole person who has other people in their life. (pp. 14)

Similar sentiments were shared by Claire. To put Claire's comments in perspective, Claire was repeating the final practicum course because she had to exit the program prematurely the year before due to a bad experience with the preceptor. However, luckily for her she had a better experience this time, where she rated the preceptor highly as an authentic leader. In her comment in speaking about good characteristics of the preceptor, Claire summarized from both her good and bad experiences:

> I guess like empathy, cause my previous preceptor, like my first one, expected me to be already at her level, and made me feel stupid every time I asked a question. So, I feel like someone who can empathize, cause they've been where I'm at now too, so someone who can understand that sometimes it is not easy to be a student too and that we are still

> learning, we could be anxious. Feeling what we're feeling and understanding those feelings…yeah and being supportive. (pp. 11)

An integral characteristic of an authentic leader is to know the impact one is having on the follower and seeking feedback to improve leadership style. Students were impressed and thought it phenomenal that their preceptors exhibited such good characteristics of being flexible, seeking feedback and knowing their impact. For example, Chelsea commented:

> Yeah, I think so, she constantly asked for feedback on her style as well, and no matter how good your preceptor is at what they do, I think it's always hard for the student to give feedback to the preceptor, because this person is evaluating you, and so that is always in the back of your head. But I did feel like I could speak up …Also, like things that I needed to do so that I could be more comfortable, and so she was definitely open to hearing those suggestions, and she was always willing to take those suggestions and let me try them out. (p. 10)

Violet also shared a profound example of how a preceptor responded when she determined the impact she was having on the student:

> …so, because it was such a specialized field, I was really nervous about taking over interview appointments in completing the assessment, so I was really nervous about doing one on my own, and I think she recognized that her role for me at that time, like initially, at the beginning of our relationship was that she was judging me. So she sat me down one day and said, ‘listen I don't want you to feel like I am judging you, I think that that is half the reason why you're so nervous about going out and being 100% independent in doing the assessment because you feel like you need to look at me every time you are going to say something.’ So, she actually sent me out with a different nurse

> who wasn't my preceptor and then told that nurse that she had taught me everything required for the assessment and that she should let me try, and I think that even recognizing her own role in my perception of how things would go was a big part in allowing me to become even more independent. (pp. 7)

These examples show that the preceptors had good characteristics that were beneficial to the students' growth and could be learnt from. Thus, corroborating the responses to the ALQ in phase one where students gave the preceptors good ratings for demonstrating authentic leadership attributes.

Unwanted characteristics. Unfortunately, students also identified unwanted preceptor characteristics that were observed during the final clinical practicum. A congruent motif for the preceptors who demonstrated good characteristics was the type of learning environment that was created, which was mostly non-judgmental. The opposite is true for those preceptors that exhibited unwanted characteristics. The students reported unwanted characteristics where the preceptors were intimidating, judgmental, overreacted, rude, and aggressive. For example, Nancy who was a more mature student had a bad experience with her preceptor and she tried to speak to her preceptor about the intimidation she was sensing and the learning environment that it was creating for her. Nancy validated her low rating of the preceptor as an authentic leader in phase one when she recalls:

> And then I met with her and was talking about the different problems we were having and how it was intimidating then she was like, 'oh is it because I'm younger than you!' And I was like, 'no! That is not why' ((laughs)). And then I couldn't figure it out why at first, and then when I met to talk with her again I said, 'you're like I find the situation really intimidating whenever I need to ask you a question or whenever you ask me a question so

> if when I need to learn something if you could just guide me a bit or just say a word just something, that I could go off of I could probably answer it but in that moment that you ask me I just may not know, and it feels like if I do not know at that moment something is really wrong and it causes me to second guessing myself.' (pp. 10 – 11)

Another characteristic that students observed that impacted on their learning was impatience and the tendency to take over when the student was doing a procedure or giving patient care. For example, Abbey who rated her preceptor low on the ALQ stated:

> …like we were doing a dressing change and I felt a bit intimidated because it was a very extensive dressing with gangrene and I was like 'oh I have never seen anything so complex.' And like halfway through she just took up the equipment and did it herself, and it was just like she just wanted me to just finish it. So sometimes she just takes over. (pp. 12 - 13)

This attitude shows the preceptor's unwillingness to teach and to guide. As taking over would have robbed the student the opportunity to learn and result in the student becoming more intimidated by the preceptor.

Students were also finding that preceptors were unavailable when they needed them and would have to constantly search for them when they needed help. One student called it Ghosted, and the frustration that the student experienced was evident; Abbey stated, "she was approachable if I found her but she ghosted a lot like she would just disappear...((sigh, sigh sigh))" (p. 13). Such a statement captures a construction of the preceptor as a ghost who would be present one second then disappears shortly after. Abbey continues:

> …if I had a question I had to wait, because sometimes she was doing something, or she was literally on her phone every minute, or if I had to co-sign something like she would just disappear. (pp. 10)

Such characteristic in a preceptor is unwanted as the student should feel that the preceptor is available and can be easily found if they needed assistance. Nancy shared a similar experience:

> …a lot of it was like half the time I had to go hunt her down and find her and she was like talking, or maybe helping out her other nursing colleagues, which nothing is wrong with that, but my understanding is that at the end of the day she's responsible for me and I am there to learn and if I can't find her then what. Until for example, there is one time when a patient was complaining, and he was having chest pain and stuff like that and I couldn't even find her, she wasn't in a place that I could find her. What if the patient had coded! (pp. 15 - 16)

Nancy's frustration is evident, and she openly said she had no problem with the preceptor helping others, but she wanted to be able to find her. This could be compared to Temi's preceptor who the student described as busy and always helping others, but she was able to find her preceptor when she needed her. Therefore, it is important for preceptors to avail themselves to their students to facilitate learning. The students want to know their preceptor is dependable and can be easily available and found when needed. Hence, the low rating on the authentic leadership scale, as the supportive work environment that the authentic leader creates was absent.

Preceptors who were uncaring, unhelpful and unsupportive could be likened to a combo, as the students used the same experience to express such sentiments. For example, Abbey shares an experience of how she had a lot to do during one of her shifts, and instead of the preceptor offering to help her; she walked away and went on her break. This action for the student was interpreted as the preceptor being unsupportive, unhelpful and uncaring. Abbey shares her experience below:

> Like one night instead of being supportive, I was completely stressed out because one of the patients had a coccyx wound and the backing dressing fell off and it was bleeding, and so I had to do a fall assessment, and then Q4 vitals at midnight, and I had an admission to do, and it was like I had two computers out and I was like, 'oh my God what is going on here!' And in terms of support she was like, 'oh I'm going to get a snack or just break'… she's like standing up there and then I am like, ok, where did she go. I find her, she was eating with the other nurses and then I thought ok she just doesn't care about me. (pp. 8)

Preceptors need to be mindful of the characteristics that they display as students are observing keenly. Such behaviour by Abbey's preceptor was not acceptable, as nurses often help each other, and particularly their students. Unkind behaviours can result in the student seeing the preceptor as unprofessional and it also leads to a sense of fear as the student does not know what to expect from the preceptor; thus, violating the principle of relational transparency a major tenet of authentic leadership.

Students also experienced other unwanted characteristics that were somewhat surprising and unbelievable. In addition to being unprofessional, preceptors were described as being aggressive, rude, and territorial. Abbey shared an experience that she had early out in the practicum where she wanted to interact with a doctor, and the preceptor did not facilitate this. Abbey said of her experience:

> when I would approach people and say, 'hey this is my question, this is what I tried to find, and I can't find the answer, can you help me out?' She would just walk away in

> mid-sentence and say, ‘oh I'm doing something.’ And the one thing that made me really angry was that she was really unprofessional, one time one of the doctors was talking to my preceptor, and it was about one of my patients that was critically sick and eventually he passed away, and it was about medication administration and figuring out the calculations, and I thought that it was really great to talk to the doctor from a student perspective and she literally put her hands to my face and said, 'just wait!’ and I was just like wow! (pp. 4 - 5)

The student was taken aback by such an experience, and eventually informed her school as the preceptor became worse over time. Abbey recounted that:

> She was just really rude and aggressive and was really territorial…When the shift was over I went to her and I said, ‘hey, I think today was good’ just to be like recounting my learning, just to touch base, say goodbye, and go home. So, she reiterated everything, ‘oh don't mingle with the other nurses, focus on your own work, and I still haven't written your final yet.’ That was like it for me; I called the school and told them everything… (pp. 6 – 7)

Abbey’s experience was unfortunate, and such behaviours are seen as unwanted characteristics in preceptors. Behaviours that are classified as unwanted characteristics can create a poor learning environment where students are unable to thrive. Preceptors’ behaviours that were unkind and unprofessional impacted negatively on the relationship with the student, which hampered the tenet of relational transparency, but their general poor actions speak to lack of coherence with internalized moral perspective, operating from a high ethical and moral standard. It shows preceptors need to develop self-awareness and be cognizant of their influence on the student and to further engage in balanced processing to seek out students' opinions to better improve the product the preceptor can offer.

In summary the preceptor attributes theme is made up of what the students desired to see in their preceptor which would have been the ideal from their perspective, which were compared to the authentic relationship and authentic leadership model. A role model in the students' eyes was someone that they admired, who inspired them and one they would want to emulate. However, there were those preceptors who did not lead by example and were seen as bad role models. Eventually, the third strand of the preceptor attributes theme was the general characteristics of the preceptor that the students observed. Some of the characteristics the students observed were good such as the preceptor being approachable, kind, helpful, non-judgemental, friendly and professional which aligned with the principles of an authentic leader-follower relationship and the major tenets of authentic leadership: self-awareness, balanced processing, internalized moral perspective, and relational transparency. The opposite was also seen where the students observed unwanted characteristics in their preceptor such as, aggression, impatience, judgemental, uncaring, unhelpful and unprofessional which did not align with characteristics of an authentic leader and the authentic leader-follower relationship. Table 9 summarizes the sub-themes and the selected associated codes that contributed to the development of the Preceptor Attributes theme and congruence with the authentic relationship and authentic leadership model.

Table 9

Summary of candidate themes showing selected associated codes for Preceptor Attributes and applicability to the Authentic Relationship and Authentic Leadership Model

Preceptor Attributes				
Ideal	General Characteristics (Alignment/not with AL)		Role Model (Alignment/not with AL)	
	Good Characteristics	Unwanted Characteristics (no alignment)	Good Role Model	Poor Role Model
Be human - admit mistakes ***(RT)***	Approachable ***(authentic relationship)***	Aggressive	Assertive kindness ***(RT)***	Unprofessional ***(violates SA, IMP)***
Use student name-calling student by name and not just saying student ***(authentic relationship-valuing follower)***	Available ***(authentic relationship; RT)***	Ghosted-preceptor keeps disappearing and the student is unable to find them when they need help.	Remains calm –preceptor remains calm during difficult situations and still teach student ***(SA, IMP, RT)***	Preceptor appear incompetent-unable to complete skills and does not follow policy ***(violates IMP)***
Challenge student-pushing student out of comfort zone and progressively raising the bar ***(IMP)***	Caring ***(authentic relationship; RT)***	Uncaring	Experienced and competent – confidently carryout roles and duties ***(authentic relationship; IMP)***	Lazy nurse ***(violates IMP)***
Competent nurse with a strong knowledge base- the preceptor has a sound evidence-based nursing practice ***(IMP)***	Dependable ***(IMP)***	Overreacting – respond more emotionally than justified	Inspiring ***(IMP)***	

Encourager and reassuring ***(authentic relationship; RT)***	Encourager and Motivator ***(authentic relationship; RT)***	Intimidating – frightening the student so they feel scared or unsure of fair evaluation	Lead by example ***(authentic relationship; SA, IMP, BP, RT)***
Good communication ***(authentic relationship; SA, IMP, BP, RT)***	Helpful- I can ask for help ***(authentic relationship; RT)***	Unhelpful	
Good role model ***(authentic relationship; IMP)***	Holistic mentoring – empathy ***(authentic relationship; SA, IMP, BP, RT)***	Refuses to teach or guide	
Helpful ***(authentic relationship; IMP, RT)***	Kindness ***(authentic relationship; RT)***	Rude	
Humorous ***(RT)***	Know impact – preceptor needs to know the impact they are having on the student ***(SA)***	Unpredictable	
Identify learning opportunity for students ***(authentic relationship; IMP)***	Non-judgmental – student feel comfortable to ask questions. ***(authentic relationship; RT)***	Judgmental	
Patient ***(RT)***	Patience – recognize the student is still	Impatient – lacks patience, and take over patient care	

	learning ***(authentic relationship; RT)***	
Passionate ***(IMP; RT)***	Professionalism ***(IMP; RT)***	Unprofessional
Feedback ***(SA)***	Friendly ***(authentic relationship; RT)***	Territorial
Positive reinforcement ***(IMP; RT)***	Supportive and kind ***(authentic relationship; RT)***	Unsupportive
Facilitate autonomy – allowing independence for confidence boost ***(BP)***	Flexible – being open and giving the student the freedom to develop safe practice ***(authentic relationship; RT, IMP)***	
Openness ***(authentic relationship; RT)***	Seek students' feedback ***(SA, BP)***	
Facilitate team integration ***(authentic relationship; RT)***	Honesty ***(authentic relationship; RT)***	
Provide resources ***(authentic relationship; RT, IMP)***	Vulnerability ***(RT)***	
Safe learning	Good	

environment (***SA, IMP, BP, RT)***	communicator ***(authentic relationship; RT)***
Set student up for success ***(IMP; RT)***	
Warmth and kindness ***(RT)***	

Note. This table shows how the theme and sub-themes emerged and the codes that make them up. The codes that are seen in the body of the table are examples of extracts taken from the students' transcripts to describe how they perceived their preceptors during the final clinical practicum, hence the themes being described as semantic. In parentheses the codes applicability to the authentic relationship and/or the major tenets of authentic leadership (AL) are identified based on the students' comments. The tenets are abbreviated as follows: self-awareness (SA), balanced processing (BP), internalized moral perspective (IMP), relational transparency (RT).

Preceptor effects. According to the findings of the thematic analysis, students' experience with their preceptors resulted in the preceptors influencing the students. Based on the extracts of the students in the preceptor attributes theme, overall, it is evident that the preceptor whether good or bad will have an effect on the student. Some effects were more general and others more specific as will be addressed in upcoming themes of *making a nurse, nursing passion or detachment, and gauging job performance factors*. In this section I will outline general preceptor effects that influenced the students' experience and perceptions. The theme, preceptor effects, is somewhat of a summary theme that covers the overpowering effect of a preceptor's actions in influencing students' self-efficacy, job satisfaction, and job performance. The student may want to be a preceptor too or become dissatisfied with possible attrition. Preceptors are leaders and ambassadors of the profession and need to be mindful that students are watching them to determine whether they will remain in the profession or not. The sub-themes addressed in this section are the general preceptor effects that influenced the students' physical and emotional states, their desire to become a preceptor too, resilience, and general make and break of the practicum experience.

***Physical and emotional states*.** In this study preceptors were able to have an impact on the students emotionally and physically. Students' physical and emotional states have the capacity to influence their self-efficacy, where positive mood enhanced, and negative mood decreased students' self-efficacy. According to the results in phase one, students' perception of preceptors' authentic leadership was associated with self-efficacy and job satisfaction. This finding was also explained by the students during the interviews, as they were happy with preceptors especially those who practised holistic mentoring and led by example. For example, Lindsay commented:

> My preceptor was phenomenal personally, and it was emotionally hard for me because I was away from my son for extended periods of time, and I wasn't ready for that because he's only 2, right; but my preceptor just really supported me through that. She made me feel really good about the way in which I did things and she gave me a lot of respect too. If I were to do my practicum again, I would really want to do it with her. (pp. 9)

She also said, "I was really lucky and really blessed to have a really good time" (p. 11). Comments like Lindsay's shows the care and the interest that the preceptor extended to the student, even beyond the practicum and the overall preceptor effect that came about. From the student's words the gratitude that she has is evident.

In the interviews the students spoke about burnout, neglect, stress and emotional factors. Preceptors that practised holistic mentoring were particularly interested in the student's physical health and overall well-being and helped students understand how to prevent burnout. The students gave accounts how the preceptors asked them about their rest and eating habits. For example, Violet who rated job satisfaction high in phase one of the study, commented that her preceptor would say, “you come in every day and let me see what you eat for lunch’ and like ‘have you been sleeping well?” (p. 6). Violet said the preceptor also warned against burnout:

> Like whenever we had breaks, she would always be checking in and saying, ‘make sure that you're taking time for yourself and your family. It is really important especially in this area that you take care of yourself, and like make sure you do not get burnt out.’ Like, ‘I do not want you to get burnt out, so tell me if you're tired or sick if something is wrong even if it's not school related so we can work it out so that you can have the best experience everywhere.’ (p. 3)

Experiences like the one Violet described gave the students a more satisfying experience as they were not only learning skills related to nursing, but how to sustain themselves to be better nurses. Lindsay whose questionnaire responses in phase one demonstrated satisfaction and enhanced self-efficacy summed it up as:

> I think if she did not teach me the kind of things that she does to prepare for her shift, I maybe would have burnt out a lot earlier, because I was tired. But, she kind of helped me mould into the preplanning and preparing the right foods, which is really huge in ensuring that I had enough protein and had enough this to have enough energy. So that I was well myself and that kind of gave me a huge push into knowing that if I do this then it would actually help me to be able to do my nursing job versus being tired all the time. (pp. 7 - 8)

Preceptors’ effects were far reaching than sustaining the physical body and preventing burnout from a demanding job, but they also influenced positive and negative emotions. Students reported that their interactions with their preceptors left them feeling good about themselves. For example, sentiments shared by Claire and Reece are typical of the participants whose questionnaire responses showed a general increase in self-efficacy:

> REECE: it was a very positive experience like I cannot say that there were ever moments where I felt like I was struggling or like I was not going to make it through the semester. Like, it was a really positive learning experience. (pp. 4)
>
> Claire: …I realized that my preceptor is really watching me and like really noticing like even the smallest things I do that's good for the patients, compliments me and make me feel good about what I do. Instead of like picking on, nit-picking on my flaws and ignores the good things that I do, like my other preceptor did. (pp. 5)

On the other hand, some students experienced negative emotions of regret, helplessness, fearfulness, and neglect. For example, Nancy who reported decreased self-efficacy spoke about the fear and feeling of helplessness she had, "I felt like I was drowning, and I did not want to fail, and I knew I had to do something to succeed. I felt that if I communicated what I thought was not working, we could make those changes" (p. 19). Nancy also said:

> I kind of regret that I didn't just sought out more, and just honestly take charge of my learning, because a lot of it I just pushed past it and say okay I guess I don't need to learn that thing. I should have just take charge of my learning and say I need to do this. (pp. 15)

It can be seen that the student eventually blamed herself and expressed regret for not being more assertive. The students who found themselves in this situation eventually said like Abbey, "it was really stressful" as they felt there was nothing, they could do about it, because they did not want to fail or get a bad image. Nancy further recounted:

> One of the instructors saw me while I was sitting there [in break room] and she said, 'hey how is it going?' and I said, 'oh it's going really well.' And then she looked at me and said, 'you don't look very good' and I said to her, 'oh I am just really having a really tough time, and I just think that I'm not getting it, and I am not sure what I am not getting, and I feel kind of stressed out.' (pp. 6)

The unfortunate thing is that the students felt as if they had to remain in a stressful situation and tried to cover it up. The students felt like they were not in a safe learning environment and this left them feeling alone and sometimes neglected. For example, Abbey shared:

> my preceptor was bilingual, and so sometimes I felt excluded whenever she would talk to her colleagues who spoke the same language and they were just kind of like chatting and off to the side, and I would not know what's going on, I would not know what they're saying and that made me feel uncomfortable…So essentially creating a safe environment with open communication and not letting the student feel neglected. (pp. 21)

Preceptor too. Students also reported preceptor effects that resulted in the student wanting to become a preceptor too, because they experienced the difference it made when learning experience is led with dedication, care, and passion. Based on the experiences that have been shared in the previous sections it shows that the preceptors are able to have an immense impact on the students. Students who had great experiences wanted to become a preceptor as well, because of the positive impact it had on them. For example, Violet who ranked her job satisfaction and job performance high in phase one commented:

> Honestly, having her as a preceptor I would really like to be a preceptor myself because of the impact I know it can make, or even just talking with other students like the things that she taught me, I would bring it in with my group with our faculty representative this semester, the things that she said to me I would then bring it and share it with my classmates and like present to my group, like I have presented to them or even just my co-workers now in my medical field. (pp. 6)

This demonstrates the effect of a preceptor who has had a profound and positive effect on a nursing student.

Resilience. Unfortunately, for others whose experiences were not as positive, they indicated that they have learnt something from the experience, what not to do, and how resilient they are. Nancy said:

> I think the worst part of the situation is that if I was not a strong personality type of student she [preceptor] could have done serious damage and I am very strong-willed ((chuckles)) and I am very understanding of people's situations, but at the same time like other people that I have been in nursing school with if they were subjected to what I went through they would have cracked. They wouldn't have survived; she could have done very serious damage to an individual. I took damage from it and I mean I'm a strong person. (pp. 20)

So too for Abbey who had surprising ratings on the scales in phase one, where she rated the preceptor and her job satisfaction low but her self-efficacy increased. Her comments below brought enlightenment to her responses in phase one as she commented, "…it was a really hard and challenging semester, but I am proud that I have learnt more than I thought I would, and I overcame a lot of obstacles! The personalities I had to go through …" (Abbey, pp. 15). Abbey further said:

> I only took what she [preceptor] said into consideration for a moment, but I think like I've made it this far, I am working hard, I know what I'm working at and I will not allow her to tear me down. (pp. 18)

These are good observations made by the students, and in line with what Nancy said, Claire had to repeat the course due to a previous bad experience with her first preceptor. Claire said, "I just do not want anyone else to go through what I went through the first time. It's tough because it lessens your confidence" (p. 11). Showing it is possible that a bad preceptor can do serious damage and lead to attrition as Nancy alluded to in her comments. As such, preceptors must be mindful of their behaviour and possible impact on students.

Make and break of practicum. There were other factors that the students spoke of that the preceptor did that impacted on students' satisfaction with the experience. This sub-theme deals with any extraordinary experiences that contributed to the students' learning or unmet expectations that they identified. A major expectation that all the students had was to have a mini preceptor student orientation, but unfortunately this was not done at all times even for students who reported good experiences. For example, Lindsay said:

> Yeah so, I actually was really surprised, because I was expecting a little bit more of formal introduction, like to sit down over coffee and to get to know each other... I don't know why that was my expectation, but I kind of figured I would be working with her for 2 months at full-time hours right... So, I kind of expected that. But when I first met her…and she just jumped right into it (element of surprise in her voice). (Lindsay, pp. 3)

Another unmet expectation was in the form of lost learning opportunity, where students were disappointed when the preceptor did not seize teaching moments, so they could learn from them. In the students' eyes it was their last experience with a trusted guide before becoming a nurse, so they would like to learn as much as possible, but sometimes the preceptors did not see that as important. Nancy shared:

> Another situation that was probably the most pertinent to me was we had a night shift; a patient got up out of bed, walked down the hall and started screaming for help. So, the nurse went to the individual, he was not one of our patients but it was right beside the nursing station and I could see things that were happening...and so I turned to my preceptor and said, 'what would you do in this situation, like what would happen because I had never seen a situation like this as a student?' and my preceptor was like 'it's not our patient don't worry about it'. So, in my experience, in my understanding, that was a learning opportunity, and even if she was busy and couldn't deal with it at that moment, she should have been like let's come back to that, but I got nothing! She could come back to it, so we could talk about it and I could learn from it. (pp. 4)

It was also surprising to the students that the preceptor would withhold available resources from them that would be helpful to effectively and efficiently do the job. Abbey explained:

> I didn't have a Vocera device, like a little walkie talkie, and I asked her at the beginning if it was okay if I could have one and she said, 'no, students can't have one.' But then I find another student from a different school there and I became friends with her, and she said like, 'oh yeah my preceptor got me a Vocera' and I said, 'oh, okay, I was told they weren't allowed' ((laughing)) and she was like 'oh that's messed up.'(pp. 10)

In this section I outlined the general preceptor effects that can influence how students interpret their experience. Some preceptor effects on the students resulted in positive emotions and a sense of appreciation as well as the student wanting to be a preceptor too. In other cases, the students had bad experiences either because of unmet expectations or a mean preceptor in general which led to negative emotions, dissatisfaction, or the student feeling a sense of resilience because they were able to endure and overcome the negativity. A salient point to make note of, is the resulting effect the preceptor can have on the student where the student wants to emulate the preceptor or not. Table 10 summarizes the codes that contributed to the sub-themes that emerge to make up this preceptor effects theme.

Table 10

Candidate themes showing selected associated codes for Preceptor Effects

Preceptor Effects			
Resilience	Make and break of practicum	Physical and Emotional States	Preceptor too
Serious damage	Mini preceptor student orientation Unmet expectations- eg. student lost opportunity to learn; resources were withheld	Burnout prevention Emotional factors - any negative and positive emotions experienced. Neglected Stressful experience	

Note. This table shows how the theme and sub-themes of Preceptor Effect emerged and the codes that make them up. The codes that are seen in the body of the table are examples of extracts taken from the students' transcripts to describe how they perceived the effects their preceptors had on them during the final clinical practicum.

Making a Nurse. The final preceptorship had many effects on the students, and the main element for this study was to determine how their self-efficacy was influenced during the experience. The theme making a nurse is an extension of the preceptor effects in influencing students' self-efficacy belief and speaks to the development of the nursing students' self-efficacy in this study. Making a nurse has to do with how the preceptor and other factors contributed to the emergence of the nursing students' self-efficacy. The theme making a nurse is defined as the process that the students went through to gain competence, when the student felt that they transitioned from a student to a nurse, and the role the preceptor played or might not have in facilitating the transition. This theme includes activities the students would have engaged in that gave them the freedom to practise their skills and engage in mastery experiences, as well as the role of feedback and paced growth. In essence, this theme covered what is needed to help the student become a nurse; the role the preceptor played in the transition, and the how and when the student transitioned from feeling like a student to a competent nurse. The sub-themes of achieving self-efficacy, autonomy, feedback, nursing identity, pacing students, preceptor as teacher and respectful collegiality and team involvement are described in this section.

Achieving self-efficacy. The ultimate goal in making a nurse is to help the student achieve self-efficacy. Building the students' capacity by teaching and showing them how their competence is improving can be an effective way to help them achieve self-efficacy. Building capacity can be a source to reduce their fears and calm whatever doubts they may have, because the preceptor boosts their confidence. For example, Reece whose self-efficacy increased after completing the final practicum in phase one, commented:

> I didn't feel nervous to go you know, I wasn't, I wasn't nervous like when I had to go and talk to like a doctor or another staff member who you know, as a student you feel like, oh my God I can't do that because I'm a student! She really put a lot of confidence in me. (pp. 7)

The preceptor played an integral role in empowering Reece and building her capacity to engage with other members of the healthcare team, which brought about a level of competence boost in the student.

Believing in the student before the student believes in themselves is also beneficial in helping the student achieve. The impact of this was seen in Claire’s experience. Claire, who was repeating the final practicum course, gave a good contrast of having a preceptor believe in you as opposed to one who does not. When Claire was asked how the preceptor was able to influence her competence belief. Claire whose self-efficacy increased based on the quantitative findings in phase one responded:

> because my preceptor [previous preceptor when she took the course first] didn't believe in me ((chuckle)) and made me feel like you know I'm not good enough. She just made me feel like I was not fit to be a nurse, but my second preceptor, even though I had doubts, she was the first one that believes in me. She had more confidence in me than I did which made me feel confident! I don't want to let her down because someone else believes in Me, which inspired me. (pp. 11 – 12)

The preceptor can be a source of inspiration for the student by showing that they believe the student is competent, eventually the student will feel competent too. The opposite also happened with Nancy, the quantitative results showed that Nancy went into the final practicum with a high level of self-efficacy and it decreased by the end of the practicum because of her experience with her preceptor. Nancy’s preceptor would have negative conversations with the student which showed her lack of belief in Nancy’s capabilities and it had some effect. When Nancy would ask her preceptor to help her get interdisciplinary care team experiences, her preceptor’s response would be, ‘I don’t think you should go because you are not doing well enough’ (Nancy, p. 9).

This was not encouraging for Nancy, so it impacted on her self-efficacy. Hence, it is important for preceptors to demonstrate great belief in their student, until the student believes in their competence too.

Nancy was able to successfully complete the final practicum and she reported during the interview that she now feels that she can perform the job of a nurse. When she was asked how this emerged, she spoke about the support of friends, other nurses, and faculty members who were integral in telling her she is capable. Nancy said:

> Honestly it was at the end, because my final eval, well-liked everything towards the end made me question and I had an instructor who I had been with before that said, ‘you know what you can do it.’ And too my best friend who has been a nurse for the last 2 years was like questioning me, and quizzing me, and she said, ‘you know what you got this, you know this, it's just her, it's not you.’ I had my faculty member saying, ‘it's not you it's her.’ (pp. 12 - 13)

Luckily, for Nancy she had an external support network, outside of her preceptor who helped in boosting her confidence, and eventually her self-efficacy.

Early involvement of the student in the daily activities of the unit, pushing or challenging them, and helping them to have mastery experiences to enhance their practice is also useful for helping the students achieve self- efficacy. When the students start the final practicum they often start out by observation. Although the students were allowed to only observe, the preceptors recognized the students would have expertise from previous clinical placements. Hence, the preceptors found simple and small ways to involve the students in patient care early in the final practicum, so they could feel useful. For example, Temi whose self-efficacy increased after the final practicum, stated:

> I liked it because she kind of pushed me, I liked that. I was kind of bored at the beginning because I wanted to get in and do more, because like when you're observing you feel like you have extra people for like a small job so I liked how she let me do what I could, and she was always good at being there to give me help if I needed it. (pp. 4)

Students liked being pushed as this was a way for them to determine if they are gaining competence. The thought of overcoming a challenge, meant raising the bar of their level of competence, hence, the desire to be pushed to achieve but also being mindful of the students' capabilities. For example, Claire said:

> I liked her style in the way that she worked with my comfort level, and then there were days when she wanted to challenge me. I liked how she was pushing me and challenging me but at the same time being mindful of my comfort level. (pp. 6)

What preceptors have to be mindful of though is that the student is not becoming flustered and overwhelmed, the students want to be pushed and challenged, but it is important to pay attention to the comfort level. For example, Moya whose self-efficacy increased in phase one as well pointed out, “I think pushing is good, but as long as you're not like a mean pusher, and your kind” (p. 14).

Mastery experiences were also beneficial where the preceptor was actively helping students to get experiences that facilitated practising skills or interacting with different members of the healthcare team. Each time the student successfully completed an activity their competence belief increased. For the students, the preceptor being an active leader in guiding their learning experience and having keen interest in the students' development assisted them in developing competence and self-efficacy. Evidence by the following representative statement which is typical of most of the students' responses, when they were asked how the preceptor was able to influence their self-efficacy:

> Margo: it [practicum experience] had a huge impact on my competence belief, I am a lot more confident in dealing with any patient on the unit, because my preceptor just always looks for learning opportunities like for me. For example, if there was a Depo injection that needed to be done, he would get me to do that so a lot of the skills on the units as well because he would find me all these learning opportunities then I would actively prepare for them as well and they help me to gain a lot more confidence. And, he is always willing for me to do things when I'm willing to try, for example, talking to family members and stuff like that. So, it helped me a lot to develop more confidence. (pp. 6)

Students saw the benefit of the mastery experiences they got during the final practicum, and believe it was vital, including the experiences they gained in learning to collaborate with other members of the healthcare team. Collaborating with other members of the healthcare team helped them to feel competent, as it is required of them when they become nurses. As such, the students revered experiences like this. Although Violet reported a reduction in her self-efficacy in phase one, she commented:

> she [preceptor] really let me go with even the psychiatrist a couple of times so even then I got an even well-rounded view of the scope of everyone on the team. And not just the nurse's job it was like what does the nurse do with the psychiatrist, what does the nurse do with the social worker, what does the social worker do, how is that helpful to what the nurses do. So, it really helped in giving me a full broad picture in what everyone else

> does for the patient. It's really helpful now, so even being on a medical unit now, it helps me in referring to a social worker because I know what a social worker does. And that I was not able to do before. (pp. 11)

Here it can be seen that some form of self-efficacy emerged in the student because of the mastery experiences her preceptor was able to help her garner. The student sees the evidence of her competence emerging as well, where she was able to transfer what she learnt into her current place of practice, thus, enabling her to perform her job effectively. After hearing her response and it sounded as if her self-efficacy was influenced under the leadership of her preceptor, she was asked why her self-efficacy decreased. Violet commented:

> Honestly, initially in January I rated it because of what I believe the full scope was, working at mental health made me realize that there was so much that I didn't know so I should maybe pull myself back...Now I would definitely increase it, because now I see it in practice, and at the time when I was leaving I did not have a job, I wasn't sure how I was going to apply what I learned and so I felt like I needed to know a lot more. (pp. 12)

Some preceptors were really dedicated to getting the students mastery experiences and would collaborate with other nurses to help the students gain diverse experiences. For example, Reece's preceptor would go to the unit early, prior to the commencement of the shift so that Reece could get a good experience, and this translated into the student's self-efficacy increasing over the duration of the final practicum. In a tone of gratitude and adoration Reece said:

> she would get there early, and she would look on the patient assignment and if she felt that there were no opportunities in the area that she was chosen to be in, she would go to the nurse in charge and ask them to swap it. Like if patients 1 to 5 were really stable and

> not really interesting for learning but patient 6 to 10 were really good learning opportunities, she would approach the nurse in charge and asked if the assignment could be switched so that I could have the learning opportunity. (pp. 10)

This had a great impact on the student's competence belief as Reece said, "it was very beneficial because it made me know that… I knew that I would be getting something out of it" (p. 11). Students valued experiences like this and seeing the dedication that the preceptor has to help them achieve.

Prioritizing the student's learning is also essential, this can be seen when preceptors worked with the students to develop a learning plan and decide on the direction for learning. During the process of planning the students' learning, collaborating with them to identify goals will help them to track their progress. For example, Chelsea was in a high acuity area which required her to learn a lot of new material, and her self-efficacy decreased based on her questionnaire responses. When Chelsea was asked about her self-efficacy development, she spoke of collaborating with the preceptor to develop a plan to help her achieve goals. Chelsea stated:

> we would make a plan and say this is what I want to work on, and it was that kind of daily goals that we worked on. She would ask me how I think the day went and I would say I thought that it went well, this, this, this, and this was what I did or what I needed to work on, and she would say okay we would work on it tomorrow. (pp. 8)

As the students see that they are achieving the goals they developed a sense of competence which helped them achieve self-efficacy. Abbey who had a bad experience with her preceptor but reported increase in self-efficacy after the final practicum pointed out, "I am proud that I have learnt more than I thought…I made my own clinical goals for myself, so I was to write 2 SMART goals and I accomplished that" (p.15).

Students found that the use of problem-solving technique and reflective practice were also beneficial in helping them to achieve self-efficacy. For example, Margo commented "he [preceptor] would help me reflect on my day and think about what I did right and what I did wrong" (p. 3 - 4). Students preferred when preceptors allowed them to reflect and troubleshoot so that they could solve problems and see where they went wrong and how to correct it, rather than the preceptor telling them. Lindsay had an experience where she had contaminated a peritoneal dialysis bag, and the preceptor guided her through reflective practice to help her see where she went wrong and how to correct it. Lindsay shared:

> …I would be contaminating the bag. So, at this point I stopped, and I wasn't even sure how to fix that situation. So, she just kind of walked me through, and had me pointing out that I had broken sterility and my needle was no longer okay. So, she asked me what I needed to do, 'was your bag ok?' I responded 'no, it's not because when I withdrew the needle it went through the bag.' So obviously I contaminated the whole bag and we had to discard everything. So, we had to start everything all over again and she was super patient with me the whole time and walked me through it and let me figure it out versus telling me. (pp. 7)

The saying goes practice makes perfect, and for the students it did, as those who got the opportunity to gain diverse experiences through practicing with the support of the preceptor came out feeling more competent. Lindsay's statement is typical of the comments among the participants who experienced a general increase in their self-efficacy as evidenced by the comparison of the pre-test and post-test final practicum self-efficacy score in phase one. Lindsay went on to say:

> …I felt by the end of my practicum that I had gone through a lot of different scenarios and enough for me to be able to do confidently whether or not I was in a home care setting or in the hospital to be able to do these skills on my own... We had to troubleshoot, and had to problem solve a lot, like clogged indwellings or leaky IVs, things like that. So, I feel like I did at the end of the day come out way more confident than I did going into it. (pp. 3)

Preceptor as teacher. In order to help the students, succeed and become a nurse the preceptor is required to have some teaching skills or be a good teacher. The teaching skills that are required include guidance, teaching the students tips and tricks, teaching according to the students' learning style, and outlining clear expectations. Guidance for the students is about the preceptor sharing their knowledge with them and effectively utilizing teachable moments. For example, Margo who rated her preceptor high on the ALQ and her self-efficacy increased according to the ASE pre-test and post-test scores, explained:

> …of course there's some things on the unit like a patient escalation or like a patient that is very aggressive, like those type of things that I am not really familiar with handling; so when those events happened, he explains everything really well and like told me what to expect in the future and I had a lot of Night Shift when he helped me to look on the policies that the unit had, so I got to become really familiar with those too… 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. (pp. 3)

In this example the preceptor utilised teachable moments whenever an opportunity presented on the unit that the student was not familiar with. The preceptor taught the student how to find resources so that she can practice efficiently and how to handle unfamiliar situations in the future. 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 final clinical practicum reported that her preceptor was not willing to teach. Nancy said:

> One as the best example of just the lack of guidance was, I was trying to better understand calcium channel blockers, and I had done some research and I came to her and was like okay this is the research that I have done I have it all in my notebook and she just said, 'that's not enough, you need to go to more and you need to go get to the details the very nitty gritty'…Then I went back and I did more research and I went back to her with all of these research and I said okay this is what I've got and then she said that was just way too much, you don't need to go in that depth but that's great for NCLEX but you don't need this much. I said, 'okay well how do you understand?' and her response to me was 'I am not giving you the answer you need to go do more research'. (pp. 3-4)

This left Nancy at a lost and she was not clear as to what the preceptor's expectations were. Nancy's experience brings to the fore the importance of communicating with the students and engaging in clear communication as it goes a far way in allaying fears and helping students to become competent. In Nancy's evaluation she said of her preceptor, "She has the skills, she has the mind, she has everything to be a great nurse, but she couldn't teach" (p. 10). It must be clarified that students were not expecting to be told everything, they only desired guidance. For example, Margo stated:

> I think the student has a large responsibility to do their own Independent Learning as well, because you shouldn't necessarily rely on your preceptor to tell you everything that you have to know. Like you should make some effort to research things. (pp. 9)

That being said, some guidance is required as the students are still learning and would need to be taught some things. A good way to get this done is to identify the students' learning style and teach accordingly. For example, Lindsay whose questionnaire responses showed an increase in self-efficacy explained how her preceptor was able to help in building her self-efficacy by teaching according to the student's learning style. Lindsay stated:

> She [preceptor] caught on to that I am a very visual learner and she caught on to that very quick. Even at the very beginning she told me that she too was a visual learner, so she understood that I needed to visually see things before, before I fully got it right ((chuckles)). So, her style was definitely working visually with me and ensuring that I saw things before I did them on my own. (pp. 5 – 6)

As a good teacher, another way to help the student become competent and develop into a nurse is that the preceptor can teach them tips and tricks on how to effectively accomplish the job. Reece validated how her preceptor was able to assist her in building her competence as the quantitative results had shown an increase in Reece's self-efficacy post final practicum. Reece shared:

> She [preceptor] taught me the shortcuts so that I could get it done in less time. So, she was very responsible the way in which she did her teaching and very supportive. I really do appreciate it because as I said I learned the skills the way in which I needed to, and

> again I never felt like I was belittled because whenever there was criticism it was always in a supportive manner. (pp. 8)

Students valued being taught and guided in a supportive manner and respectful atmosphere. These are required to create a good learning environment where the student feel comfortable to learn, and as their skillset improves, they become more competent; eventually making them feel like a nurse.

Pace student. It requires patience and yielding the self to the process of transition to make the student into a nurse. This requires that the student's growth is paced, and progression monitored overtime. It requires that preceptors assess the level where the student is at and then raise the bar. The preceptor should facilitate steady growth overtime, and this was seen as the students reported that their preceptors eased them in. Reece and Moya who both rated their self-efficacy higher after the final clinical practicum commented:

> Moya: she eased me in slowly, so she kind of did the visit for the first couple…So, she did the first couple days, and then she kind of slowly eased me in. (pp. 4)
>
> Reece: So, I maybe shadowed her for two shifts and then as the weeks went on, I started taking one patient, then two until by the middle of the term I had my own patient load. (pp. 3)

The steady growth of the students is evident, and they were given the opportunity to see their growth over time thus building their self-efficacy. Rapid progression has the opposite effect and contributes to a reduction in the students' competence belief. Rapid progression and excessively high expectations destroyed the students' self-efficacy as opposed to enhancing it. Unrealistic expectations are unattainable and so the student would fail and then result in them doubting themselves. Opposite to the previous accounts, Nancy took on a full patient load very early in the practicum, she said, "my second week in I was full patient load. I followed her for like a day, yeah" (p. 5). This rapid progression resulted in the student feeling overwhelmed and was unable to meet the preceptor's expectations, the student's self-efficacy was also tarnished as shown in a reduction in her self-rating of post clinical self-efficacy. Nancy said:

> I thought that because I was able to do everything, and I was managing everything that I was doing well. Right, because I was like well, I can show that I can time manage, I am able to show that I can handle the multiple responsibilities, and that I can do it well. Then things were brought up about things that I was doing that were not to her liking, and it seemed like every time things were brought up it was like I was not improving. I was not doing better and then it made me think, oh my God! I'm going to fail! I can't do this! And I started to question my ability to do the job as a nurse and it was really bad. (pp. 5 - 6)

Feedback. Part of the teaching process requires that students receive feedback, so they can improve and know what they are doing well at. Students cringed at receiving insincere feedback and harsh criticism but flourished when they got praise and positive reinforcement through empowering feedback. For example, Lindsay whose rating of her self-efficacy increased based on her responses to the ASE scale in questionnaire two after the final practicum commented:

> So, one of my high points was on a full shift I would be able to go into the house, review the chart, look on the doctor's orders and do everything on my own, and then walk out and then my preceptor would say, 'you rocked that, you did really good! Maybe things I would do differently but the way in which you did it really made sense', and those were my high days and I had multiple of those days. So, it wasn't just one day like that but lots

> of days where she really empowered me after the home visits, and kind of just pointed out all of the good things that I did and would give me feedback on what she would have done differently. (pp. 4)

Positive reinforcement and praise had a way of encouraging the students and causing them to want to do more activities, as a result enhancing their competence belief and job performance. Claire's comment is in line with this point, "Like I liked how she'd paid attention to even the smallest things I do, and she would complement me on that, so it made me feel like I want to do more" (p. 4 – 5).

Insincere feedback and harsh criticism on the other hand leaves the student unsure as to their progress and lessens the students' competence belief. The students know when the preceptor is not interested in them, and so if the words being spoken are not in alignment with action, they will not believe what is being said. For example, Abbey's preceptor showed no interest in helping the student to learn, but she would give her good feedback. Abbey shared her perspective on the incongruence between action and words:

> it was really stressful, and I wasn't sure of what was going on, I didn't have an indication as to what was good or bad. She was like 'you're doing good, you can do it.' She was kind of very passive. (pp. 10)

Instead of the student believing what the preceptor was saying, it resulted in the student being unsure of her practice. Feedback is important in helping the students know how well they are doing, as such it must be utilised effectively for the students to know how they can enhance their practice. If feedback is not used appropriately it can be stressful for the student as it heightens the fear of the unknown. Harsh criticism is even worse as it immediately reduces one's confidence and then the self-efficacy will also be reduced. An example is seen in Nancy's comment below:

> I think that if I even had someone who was just even attentive to what I needed to learn I think, yes, I would have been more confident, more comfortable, at the end of the day I would have been able to do the job. (pp. 17)

Opposite to the students who gained more competence and wanted to do more, Nancy felt like she could have been able to perform better if she had support. Another comment that was made by Nancy was:

> yeah, and I agree, all the time it will not be all positive, that is the fact of learning but if you don't have any form of positivity ((chuckles)) it makes it very hard for an individual, and I think that was, it was! I felt bombarded by negativity and when positivity was scarce it made me start to reflect on myself and say maybe it's me, right. (pp. 18)

Hence, students want feedback to gauge their progress. Preceptors need to understand that students want to be told what they are doing good at, and what to improve on, but in a kind and supportive manner. When feedback is done in a supportive way it will be empowering and uplifting rather than destroying the student’s self-efficacy. For example, Chelsea stated:

> I would be scared if she never gave me feedback. If I never had any feedback until the mid-term I would be scared, and so, having constant feedback, I think it’s a good thing, like you’re still a student and you're not going to know everything, and you’ll have things that you have to work on and everybody does. So, I think that like getting that instant feedback and also at the end of the day. I think that's what made me come to terms with if I felt like I wasn't doing something good enough. (pp. 8)

Autonomy. As the time progressed, students valued autonomy, this is where they were given the freedom to make decisions and take charge of their nursing practice. For example, Violet commented, “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" (p. 4). The student would be the main one leading patient care, but still had the preceptor guiding them when needed. The students spoke of it in light of guided independence, where they had independence to take charge of patient care, but still had the advantage of a preceptor as a guide in the shadow. For example, Temi who rated her self-efficacy higher at the end of the final practicum when compared to her pre-test self-efficacy score shared her experience:

> she would prompt me and ask me questions that she would kind of let me decide instead of like this is how I do it, and this is a good way to do it. Instead she would let me decide how I wanted to do it and she would say, 'Ok if you have a situation like 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 and stuff for the day, so that was good. (Temi, pp. 7)

Being given autonomy communicated to the students that they have grown as a nurse and the preceptor trusts their practice to be able to deliver safe patient care. As demonstrated in Reece`s comment:

> I really appreciated that trusting, that she was able to trust and let me take on patients, and I felt like I was able to still learn it's not like I was expected to take on patients and to know everything that there was to know. It was more like take these patients and if anytime there is a new skill, I know that she would be there to help me and walk me through it, or to lead me to where I could find the right information. (pp. 3)

Comments like this validate the findings of phase one as the students show how and why their self-efficacy increased after the final clinical practicum. Reece was one of the students that rated her self-efficacy higher after the practicum when compared to her self-efficacy score prior to commencing the final preceptorship experience.

Respectful collegiality and team involvement. A major point that stood out for the students and contributed to them feeling like nurses was being respected and treated as a colleague by the preceptor. This action of collegial respect further enhanced the students' competence belief. Students spoke of the way in which the preceptor would ask them their opinion about patient care and openly listened to their suggestions whenever the preceptor had to make a clinical decision. An action like this changed the students' perspective of themselves of "just a student" to "I actually know and can do the job." Lindsay and Reece both had increased in their self-efficacy ratings after the practicum and made comments that were typical of participants who experienced an increase in competence as their preceptor was respectful, and treated them as a colleague, thus, building self-efficacy:

Lindsay: Like she would ask me questions not necessarily to quiz me, but to actually get my feedback on them which actually meant a lot, and it helped me now (stresses now) feel like the nurse and not just... It's hard to put into words how I feel, but she definitely gave me that kind of praise for me to now realize that I do have the very basics down and that I can troubleshoot and think things through; because she would ask me things and I would be able to get back to her. (pp. 5)

Reece: yeah it all comes back to just feeling more competent that she would approach me and say, "do you know how to do this skill, I haven't done it in a while?" …So just having her approach me before going to her other colleagues was really nice. She always wanted to know if I had anything

> to say, so that little piece made me feel like more of her colleague than I did her student. She would collaborate with me just as how she would collaborate with someone who she has been working with for years. (pp. 7)

It is evident that the students valued the congenial relationship that the preceptor fostered, in showing similar respect that would be given to an experienced colleague. That is the aim of preceptorship, empowering students to become competent and take charge of patient care. It must be noted that the students sense a difference between when they were seen as a student "below the preceptor" as opposed to a trusted colleague and team member. Students who were not treated with respectful collegiality made comments like Claire who was taking the final practicum course for the second time due to a bad experience with her previous preceptor, she said, "she makes me feel like I was working for her" (p. 4). Similarly, Abbey said of her preceptor "It was just like, 'oh my student will do this', 'oh my student could do that', and just kept passing things off to me" (p. 7 – 8).

Students wanted to feel like a member of the team, for example Chelsea commented, "really like facilitating and building trusting relationship with the staff, and like facilitating me becoming a part of the team" (p. 4). A good way that the preceptor can facilitate students' integration into the team is by introducing them to members of the interdisciplinary healthcare team. Margo said, "he [preceptor] would always ask staff members or like the nursing educator on the unit to have me have a shadow day with them" (p. 6). Students appreciated working with members of the interdisciplinary healthcare team, and it gave them the sense that they are competent and can contribute to the team. Chelsea's example is shared below:

> I had a night shift where we had a patient, and who was really, really, really quite sick and it wasn’t my patient, my patient was resting so I went to go help staff members to deal with the admission, and I stayed with her for maybe about 4 hours and my preceptor was really good. I asked her [my preceptor], if she could just watch our patient while I went and helped with this admission, and she said sure and I just worked with the nurse and the doctor, helped with the admission, … and I felt like I was there being part of the team and I was actually being helpful. (pp. 5 – 6)

Experiences like these help the students to transition from student to nurse, where they feel like valued contributors to safe patient care. Nursing requires team work as such it is essential to get the students involved from a team perspective and to show them the respect that is extended to a trusted colleague. As the students engage in these activities their nursing practice may improve and their self-efficacy increase.

Nursing identity. The hope is that at the end of the preceptorship, the student will develop their own style of practice, a nursing identity. This happened for many of the students, for example Margo stated, “so, he [preceptor] definitely helped me to find my identity as a nurse and like how to find my strategy and my style of practice” (p. 3). For the student, developing a nursing identity is the point where they make the transition from a student to a nurse. For example, Violet commented “I really felt like I’d crossed like the threshold from a student to a nurse, and she allowed me to get there” (p. 8). How did this transition happen? From the preceptor giving the students the freedom to do things the way in which they understood it, once the patient was safe. For example, Lindsay’s experience:

> so, she [preceptor] alcohol swabs absolutely at every single point, and I make sure not to break sterility so I only alcohol swab once, at the beginning. So, she at one point asked

> me to kind of lay out the process for her, and at the end of the day when I explained to her how it is I was doing what I was doing and why I was not swabbing the whole way through, she was like, ‘yeah that's good; if you do it that way. I do it this way because I want to ensure that I am not contaminating or breaking sterility at any point, but, yeah that's great.’ So, it empowered me to do things the way in which I understood, and I felt was ok. (pp. 5)

In summary all the elements discussed in this section contribute to making the student into a nurse. Eventually when the students feel that they have developed their own nursing identity, the preceptor would have done well in making a nursing student into a nurse. Students acknowledged that it required a process and as time progressed, they felt the transition happening. In conclusion, Temi expresses it well when she said:

> Before I started, I was really nervous, but as the time progressed, I felt like I can really do this. I don't know, I don't know, I guess just having a really good preceptor was very good for me cuz I don't know, it would have been a lot different with a different type of preceptor, I think. (pp. 9)

Based on the extract examples that were shared to support the theme making a nurse, it can be understood how students’ self-efficacy increased during the final practicum, as they practised and engaged themselves to build their competence. In addition to that, the learning environment that the preceptor created for them through mastery experiences also contributed to the students being given the opportunity to develop their skills and enhance their competence. Table 11 summarizes the codes that contributed to the sub-themes that emerged to make up the theme, making a nurse.

Table 11

Candidate sub-themes showing selected associated codes for Making a Nurse

Making a Nurse						
Achieving Self-efficacy	Autonomy	Feedback	Nursing Identity	Pace Student	Preceptor as teacher	Respectful Collegiality and team involvement
Believe in student Reflective Practice	Guided Independence	Insincere feedback	Developing own style of practice	Steady growth	Guidance	Collegiality
Competence/Confidence boost-building capacity; support network/cheerleaders	Trust	Harsh criticism leads to reduce competence belief	Transition from student to nurse	Overwhelming responsibilities	Clear expectations	Congenial Relationship
Early Involvement		Praise	Professional growth	Rapid progression	Teachable moments	Value students' opinions
Mastery experiences-seeking out diverse learning opportunities, practicing skills, interdisciplinary care team experiences		Positive reinforcement/ empowering feedback makes the student want to do more		Unrealistic expectations	Teach tips and tricks;	Felt like team member Student or employee
Problem solving Push out of Comfort zone Prioritizing students' learning					Know students' learning style	Introduce to healthcare team members

Note. This table shows how the theme and sub-themes of making a nurse emerged and the codes that make them up. The codes that are seen in the body of the table are examples of extracts taken from the students' transcripts to describe how they made sense of how and why their self-efficacy was influenced during the final clinical practicum.

Nursing passion or detachment. Nursing students' job satisfaction was also explored in greater depth in phase two. During the interviews, the construct of job satisfaction was unearthed as the students' passion for nursing or the lack thereof, as an extension of the preceptor effect overarching theme. Students were made into nurses and they felt the transition. However, some found the experience fulfilling which contributed to their job satisfaction while others did not; hence, the development of the nursing passion or detachment theme. Students who reported nursing passion achieved flow in their work as a nurse by doing what they love, nursing. Surprisingly, this was not the case for some of the participants. In this section students' identification of nursing as a rewarding experience, lack of passion for nursing, and the influence of the preceptor's job satisfaction in the emergence of students' job satisfaction are described.

Rewarding experience. Students who reported a passion for nursing during the final practicum described their experience as rewarding. Moya was placed in a placement area that she enjoyed, and the patient population was in her interest area. She was among the students that rated job satisfaction very high in phase one of the study and she corroborated her questionnaire responses in phase two, as can be seen in the following excerpt:

Interviewer: ok. So, are you able to give another example as to how your preceptor contributed to your satisfaction in selecting nursing as a career?

Moya: well it was very rewarding being a part of the parents' experiences and like maybe they have just gotten home within the last 24 or 48 hours. It was really positive being able to be a part of that and being able to educate them on what they needed to know. Because they might have learned quite a bit of it at the hospital, but they didn't remember any of it (chuckles), so, it was very rewarding being a part of that experience and letting them tell

> us their stories, maybe how their first night went and that kind of thing. Babies and moms is definitely in my area of nursing so it kind of confirmed that. (pp. 9)

According to the student the preceptor allowed her to receive such a rewarding experience as she created a happy, stress free environment that was conducive to learning, and the preceptor gave her the freedom to contribute to the patients' lives. She believed it was easy to achieve satisfaction because of the support she got from her preceptor. Moya's comment to the follow-up question to understand the basis for her satisfaction was:

> I am really happy ((pause)) I did, I guess because it wasn't a really super stressful environment, and everyone was kind of happy like usually there is no problems, so I think that that made it less stressful and it was more of a happy environment, everyone was just happy! (pp. 9)

Lack of passion for nursing. Unlike Moya, other students did not find nursing or their experience fulfilling; as such, they had a sense of detachment. Although the students might have the confidence and ability to do the job, nursing was not their passion; hence, they found no fulfillment in being a nurse. Students also reported lack of a sense of fulfilment due to the placement area and the patient population. For example, Reece and Margo both rated their job satisfaction low based on their questionnaire responses in phase one, the students said they had great experiences and they learnt a lot throughout the final practicum but did not achieve a feeling of fulfillment or satisfaction. When the students were asked why they did not find nursing fulfilling since they had picked it as a career, they responded:

> REECE: I think it's just cause this isn't really what I want to do and not just nursing in general but more nursing in the acute care side, and like I got a job on

> the unit, but to me it's not fulfilling my needs. It doesn't feel like I am making a difference that I know I could make. (pp. 11)

> Margo: I think it was just because I was graduating high school, and because my mom is a nurse, so I picked nursing for now. And because I was graduating high school, I just wanted to go directly to university instead of having a gap year. So, I think that I just picked nursing because of that, and I do appreciate that I pick nursing, it's just that I don't want to do it forever but for now I will do it. (pp. 8)

It can be seen from the previous extracts students' achievement of job satisfaction could be a preceptor effect as well as it could be influenced by other underlying factors as described by these two students.

Influence of preceptor job satisfaction. Preceptors might be able to help students develop job satisfaction with regards to nursing if they model a level of satisfaction as they engage in nursing care daily. Throughout the interviews it became evident that for some of the students' nursing passion came about due to the preceptor being a good role model and the students became satisfied as they aspired to emulate the preceptor. In essence, when the students saw good behaviours in the preceptor starting to emerge in them, they became satisfied as well. For example, Temi who reported a high level of job satisfaction based on her questionnaire response in phase one, commented:

> yeah, for sure, like I do want to be a nurse like her because just seeing how patients responded to her was the biggest thing, I think. I don't know, like they responded so well she developed a good therapeutic relationship with them, and so for me I want to be a nurse like that all her patients are always so content and happy and then I started to go in

> and to build good relationships with the patients too and following her example and that made me feel really good you know, to say that, ‘yeah this is what I want to do .’ So, I had a very good experience. (pp. 9)

To follow-up on Margo’s and Reece’s accounts with regards to their lack of passion for nursing, during the interviews it was revealed that some of the students’ views towards 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 she did not have a passion for nursing but due to the influence of the preceptor, she desired to work in the preceptor’s specialized area. Margo stated:

> …seeing my preceptor and being on my unit and seeing how positively he interacted with the kids and all the effective strategies that he taught me to communicate with them. It made me want to like if I had a chance, I would also like to do mental health nursing as well. (pp. 5)

While, in cases similar to Reece’s where the preceptor was not a great role model and was dissatisfied with the job, students reported dissatisfaction although attaining competence, and having the self-efficacy. For example, Reece commented:

> Like, it was a really positive learning experience, the fact that it wasn't exactly where I wanted to be placed kind of had a negative impact and again I got what I needed to get out of it in terms of learning… (pp. 4).

Reece further went on to say:

> I think it's about finding the right setting for me, and when I find it you know like the demographic that I will be working with will be a demographic I really care, and I'm not

> saying I don't care about the ones I see in the hospital I just feel like there's a better place for me and I haven't found it yet! (pp. 12)

Here, it can be seen Reece's opinion with regards to her job satisfaction had not changed, the lack of satisfaction and fulfillment still remained.

The difference between the two experiences if you can recall, Reece did not want to be a nurse like her preceptor because the preceptor would mumble under the breath and as Reece said of the preceptor, "the burnout may have caused a little bit of a jaded attitude towards the unit and towards patients" (p. 2) while, Margo's preceptor "was extremely close to the ideal" (p. 9) preceptor. Based on the quantitative results, Reece reported an increase in her self-efficacy, but as she commented "but to me it's [nursing] not fulfilling my needs" (p. 11). Perhaps if she had a preceptor like Margo's her perspective would have changed as well, and she would at least be happy to work in the preceptor's specialty area of nursing. From the extracts, the preceptor could play a role in creating the atmosphere that facilitated the student developing job satisfaction. As Abbey who reported low satisfaction levels in phase one pointed out the role of the preceptor goes a far way in determining whether the student will receive satisfaction or not. Abbey said:

> I think if I would have had a different preceptor it would change the whole experience. So now, I am saying oh I hate this unit, but maybe if I had a good preceptor, I would be seeing the unit as different. (pp. 23)

In summary, the preceptor's effects on the student can be very influential on the students experiencing job satisfaction. However, other factors such as students' reasons for choosing nursing as a career also played a role in students finding the satisfaction they were looking for. Students who had similar experiences like Moya, found an area they could thrive in. While others found that they did not feel like they were making a difference as they felt they could due to the placement area and the patient demographics. Whether students achieved satisfaction or not may be influenced by the preceptor, but other external factors must be taken into consideration such as the student's underlying reason for dissatisfaction, a lack of passion and detachment. Despite students reasoning for nursing passion or detachment, the best the preceptor can do is to role model job satisfaction, and this may inspire the student towards achieving some level of satisfaction.

Gauging job performance factors. Job performance was another construct that was evaluated in this study. Among the preceptor effects that students spoke about were factors that contributed to how they rated their job performance. Gauging job performance factors for the purposes of the thematic analysis conducted for this study was defined as details that students took into consideration when they were rating their performance on the general performance scale after the final clinical practicum experience. Codes that were incorporated into this theme dealt with factors that students thought about when they were rating their job performance. Factors that students took into consideration that will be addressed in this section include, the students' reference to their final practicum as a reality check, comparison of clinical placement with that of other nursing students, placement area too specialized and students feeling that they needed to learn more. Possible reasons for the lack of preceptor influence on students' job performance as identified in phase one is also described in this section.

Reality check. Students rated their job performance based on their final practicum experience. This resulted in some students re-evaluating themselves because they realized that nursing had a broader scope of practice than they initially thought. Chelsea rated her job performance high in phase one of the study as she was in a high acuity setting and she was able to learn how to function beyond a general nurse. In spite of this, Chelsea commented that her experience was a reality check. Hence, her statement:

> I think that 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 ((laughs)). So, it wasn't necessarily a bad thing, I think, it was more of a reality check. (Chelsea, pp. 11)

Comparison of clinical placement area. From the interviews it was noted that the placement also impacted on how the students gauged themselves in comparison to other students when it came to job performance. For example, Temi who rated herself high with regards to job performance but based on her comment below it would appear that she felt her unit was slow paced and as such she could easily perform. Temi said:

> I think, maybe one thing was that med-surg was not my first placement choice, and like 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 like in the ICU or something, so, I felt like I wasn't doing as much as I could be, because often times on the med-surg unit, especially when you're on the dementia side of the unit like you don’t feel like you are doing a lot. So, maybe it had something to do with where I was placed. (pp. 11)

In Temi’s case she felt that her placement area was perhaps too slow, so she was not getting enough experience.

Clinical placement area too specialized. Some of the students believed their placement area was too specialized and as such they would need more practice to function as a general entry level nurse. Moya who rated herself high with regards to job performance and Margo who rated herself as average or competent expressed such sentiments as would be typical among the students who felt their placement area was too specialized:

Moya: I wouldn’t say that I am a professional and I have it all down but would say that whatever is the maximum I am one below, so I got a lot of experience, but I would just like to practice some more hands on stuff. (pp. 12)

Margo: …because in the past I have done well in other places it's just that because 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. (pp. 9)

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 the mean ratings of job performance as mostly average in phase one of the study. Moya and Margo expanded on their views by stating:

Moya: yea, [at clinical placement area] there is not a really lot of hands-on stuff …, it’s mostly just talking ((chuckles)), with very little assessments, but mostly the assessments is through communication and education, and doing the new born assessment that kind of thing, and I did all that, but it just didn’t have as much hands-on skills as you would have in the hospital, except removing staples and the new-born assessment that type of thing. (pp. 12)

> Margo: I think the reason is that I gained a lot more confidence in mental health, but because I was in mental health, I think that I lost some of the medical nursing. Because for the past few months I was just really focus on mental health and I was not really practicing the skill and things for other areas of nursing that I would use on other units. But no, and for that unit and General Nursing I do have confidence in it. I just felt like I had forgotten some of the General Nursing because I was focused on Mental Health so that was the main thing. (pp. 6)

In summary factors that the final year nursing student participants took into consideration when rating their job performance were diverse. Considering the extracts presented, the students might have had great experiences with their preceptors who demonstrated strong leadership, but the placement area was either slow paced or too specialized, which caused the students to believe they might not have as much expertise as desired to practise as a general entry level nurse. Due to these factors, students rated themselves as average in comparison to others as they thought that they needed to learn more. Another reasoning was that the scope of practice is much broader than they thought, as such, they would not say they are able to perform extremely well when compared to others. In summary these factors resulted in students wanting to get more practise, or they wanted to learn more to enhance their job performance.

No association between job performance and preceptor leadership. The lack of preceptor influence on students' job performance was another interesting finding from phase one that was explored in greater depth in phase two when trying to determine what factors students used to evaluate their job performance. Based on phase one results no association existed between job performance and perceived preceptor authentic leadership. Based on the students' responses during the interviews a plausible explanation that emerged was that students wanted to do nursing and did not want to fail, as such if they had a preceptor that would not support them, they would get the support from someone else. Hence, students' ability to perform was not dependent on the support or leadership that they received from the preceptor. For example, Abbey and Nancy both reported bad experiences with the preceptor, but they rated their job performance high. When the students were asked how this emerged, they responded:

> Abbey: if I had questions, I would just go to some particular nurses that I felt comfortable with; so, charge nurses and some nurses that were more senior to that unit … because I just want to succeed and pass, and I just want to survive and get out of here. (pp. 10 – 11)
>
> Nancy: I had the nursing educator who was saying you know what you got this, even just me seeing you with your patients and your knowledge base you got this you're great! (pp. 13)

In general, the students did not want to fail and needed to get the job done so they found a way to perform.

In summarizing phase two qualitative analysis, the preceptor's characteristics have effects that can influence the students' self-efficacy to nurse, their job satisfaction, and job performance. Preceptors' characteristics were identified according to attributes of the ideal preceptor, the good or bad role model and general characteristics that may be classified as good or unwanted. These characteristics had a resultant effect on the students in making them into nurses, their job satisfaction identified as nursing passion or detachment, and how they gauged their job performance. Additionally, placement areas that were highly specialized or those with limited hands-on skills were factors that were taken into consideration when rating job performance. From this section it shows students are watching preceptors keenly and evaluating if they want to be a nurse like the preceptor or take it a step further and be a preceptor too.

Summary of Results

Quantitative data from phase one and qualitative data from phase two were used to answer the overarching research question: What are the effects of perceived preceptor authentic leadership on nursing students' self-efficacy, and subsequently their job satisfaction and job performance? The quantitative findings showed majority of the students perceived that their preceptors demonstrated moderate to high authentic leadership. Generally, nursing students' self-efficacy increased throughout the final clinical practicum when compared to their self-efficacy prior to commencing the final practicum experience. The results suggest that perceived preceptor authentic leadership is associated with nursing students' self-efficacy and job satisfaction, but not job performance. The results further suggest that perceived preceptor authentic leadership influences job performance in the presence of self-efficacy.

The qualitative results expanded on five themes of preceptor attributes, preceptor effects, making a nurse, nursing passion or detachment and gauging job performance factors. The preceptor attributes shed light on how and why preceptors were perceived as demonstrating authentic leadership. Preceptor effects spoke to ways in which the preceptor played a role in influencing nursing students' self-efficacy, job satisfaction, and job performance in a general sense. Making a nurse unraveled the process that students went through to develop self-efficacy. Nursing passion or detachment showed students' achievement of job satisfaction or not. While gauging job performance factors identified factors that students took into consideration when they were self-evaluating their job performance during the final clinical practicum experience.

CHAPTER V

DISCUSSION

The purpose of this study was to explore and understand the relationships between nursing students' perceived preceptor authentic leadership and the nursing students' self-efficacy, job satisfaction, and job performance. The researcher was also interested in determining if self-efficacy mediated the relationship between perceived preceptor authentic leadership and nursing students' job satisfaction and their job performance. A multi-phased mixed methods research approach was utilised in this study of an explanatory sequential design. The main themes that emerged from the data analysis in phase two corroborated with the quantitative findings in phase one. The design utilizing quantitative and qualitative methods was chosen to gain a holistic view of the participants' perceptions of the preceptors' authentic leadership, and to aid in deeper understanding of the associations between authentic leadership and nursing students' self-efficacy beliefs in nursing, job satisfaction, and job performance.

In this chapter the results of the research study will be interpreted and discussed in relation to the quantitative and qualitative research studies identified in the existing literature, as well as theoretical constructs of authentic leadership (Avolio et al., 2004) and self-efficacy (Bandura, 1977a, 1986). First, this chapter summarizes the results in a tabulated format (Table 12) and then presents subsequent interpretations of the findings according to each research question. The discussion of the results is presented as a blending of mixed sources of quantitative and qualitative data to better capsulate the findings for each research question. After which, the limitations, suggestions for future research and implications are presented. The chapter ends with the conclusions that were drawn from the study.

Table 12

Summarised Answers and Core Analysis Done for each Research Question

Research Questions	Core Analysis	Summary Answer
1. Do nursing students perceive authentic leadership of nursing preceptors during their final clinical practicum experience?	• Descriptive Statistics • Thematic analysis	• Preceptors demonstrated medium to high levels of authentic leadership during the final clinical practicum. • Preceptors' internalized moral perspective was rated the highest. • Preceptors' balance processing was rated lowest.
2. Is nursing students' self-efficacy influenced through the preceptorship process of the final clinical practicum experience?	• ANOVA • Paired samples t-test • Thematic analysis	• Nursing students' self-efficacy was influenced by the preceptorship process. • General self-efficacy to nurse increased post final clinical practicum. • Being able to practice independently, receiving feedback, autonomy, mastery experiences led to nursing identity.
3. During the final clinical practicum experience, is there an association between perceived preceptor authentic leadership and: I. nursing students'	• Pearson's correlation • Thematic analysis	• An association exist between perceived preceptor authentic

	self-efficacy beliefs? II. nursing students' job satisfaction? and III. nursing students' job performance?		leadership and nursing students' self-efficacy and job satisfaction. • **Unexpectedly**, no association exist between perceived preceptor authentic leadership and nursing students' job performance. • Students sought help from others to perform duties as a nurse if preceptor not available. • Students related their level of job satisfaction based on their level of passion or detachment towards nursing as a rewarding experience.
4.	A) Does self-efficacy mediate the relationship between nursing students' perceptions of preceptors' authentic leadership and their job satisfaction during the final clinical practicum experience?	• Barron & Kenny (1986) mediated regression analysis	• **Unexpectedly**, nursing students' self-efficacy did not mediate the relationship between perceived preceptor authentic leadership and their job satisfaction.
	B) Does self-efficacy mediate the relationship between nursing students' perceptions of preceptors' authentic leadership and their job performance during the final clinical	• Mackinnon & Dwyer (1993) mediated regression analysis	• Nursing students' self-efficacy mediated the relationship between

practicum experience?		perceived preceptor authentic leadership and their job performance.

Discussion of Research Question One

Research question one asked: Do nursing students perceive authentic leadership of nursing preceptors during their final clinical practicum experience? According to the findings from phase one of this study, nursing students engaged in the final clinical practicum preceptorship experience perceived their preceptors to demonstrate moderate to high levels of authentic leadership. This finding is significant and important to help us understand how students perceive preceptors' leadership of their learning experience and leading the students' transition to becoming competent and self-efficacious nurses. It is also good that students perceived the preceptors to demonstrate authentic leadership, as authenticity is believed to be essential for one to be perceived as a leader (Endrissat et al., 2007). A study done in Eastern Canada that addressed the influence of nursing preceptors' authentic leadership on fourth-year nursing students' experience of bullying and their intentions to withdraw reported similar findings, where preceptors were rated moderate to high on the authentic leadership scale (Anderson, 2018). The mean of perceived preceptor authentic leadership reported by Anderson was the same as that found in this current study (M= 3.21, SD=0.76). On average, most of the nursing research done among novice or experienced nurses have reported moderate ratings of perceived nurse leaders' authentic leadership with means ranging from M = 2.31 – 3.05 (Bamford et al., 2013; Boamah et al., 2017; Fallatah & Laschinger, 2016; Giallonardo et al., 2010; Laschinger, 2012, Laschinger et al., 2013; Laschinger et al., 2015; Laschinger & Fida, 2015; Malik & Dhar, 2017; Read & Laschinger, 2015; Wong & Laschinger, 2013; Wong et al., 2010).

The preceptors' authentic leadership was determined based on the four sub-scales of the authentic leadership questionnaire which measures how well the leader is perceived to portray the tenets of authentic leadership: self-awareness, internalized moral perspective, balanced processing, and relational transparency. Considering that leaders cannot call themselves an authentic leader, but it is how authentic they are perceived by others that determine authentic leadership (Goffee & Jones, 2005), the final year students were asked to rate their preceptors' authentic leadership skills. The LPN and RN students in this study rated the preceptors highest on the internalized moral perspective scale, followed by relational transparency, self-awareness and lastly balanced processing. According to the authentic leadership theory, the preceptors' demonstration of internalized moral perspective shows that they were demonstrating beliefs that were consistent with their actions, leading by example, and making decisions based on their core values (Avolio & Gardner, 2005; Saxe-Braithwaite, 2017). Leaders who demonstrate authentic leadership often makes ethical and transparent decisions that are backed by a positive moral perspective (Wong, 2008). Billay and Myrick (2008) pointed out that effective preceptors often demonstrate a high level of behavioral integrity and this could be what the students in this study observed in their preceptors.

High ratings of nurse leaders internalized moral perspective, followed by relational transparency, balanced processing and self-awareness on the ALQ have been the trend in the nursing literature with regards to authentic leadership (Giallonardo et al., 2010; Wong & Giallonardo, 2013; Wong & Laschinger, 2013; Wong et al., 2010). However, in this current study, self-awareness was rated higher than balanced processing. The high ratings of internalized moral perspective in this study and previous nursing literature, could be explained on the premise that nursing is a profession that is driven by high moral standards and ethical decisions have to be made many times throughout a nurse’s career (Trailer, 2004; Yoder, 2017). Hence, the high ratings of internalized moral perspective could be due to the characteristics of the profession; as such, nurses exhibit a high moral and ethical standard such that it is observed by followers, as studies external to nursing have found that followers rated their leaders highest on the relational transparency scale (Hughes, 2005; Norman, 2006).

Relational transparency was still highly demonstrated by nurse leaders as it was often rated second highest in the nursing literature as was the case in the current study. The ratings of the preceptors’ relational transparency imply that they were successful in building trust with the nursing students through open and honest self-disclosure, fostering teamwork, and being open to feedback from the students as followers (Saxe-Braithwaite, 2017). However, this current study has brought to light an observation that was not observed in the nursing literature that was reviewed and that is the rating of balanced processing. It could be said that nurse preceptors have heeded the call of previous scholars and have attempted to address becoming more self-aware which has been the previous trend for nurse leaders to have lower rating on the self-awareness sub-scale (Giallonardo et al., 2010; Regan et al., 2015; Wong & Laschinger, 2013; Wong et al., 2010). In considering these findings in relation to the authentic leadership theory, for this current study, the respondents perceived that the preceptors could demonstrate more behaviours associated with balanced processing such as soliciting the preceptee’s views that challenges the preceptor’s deeply held position or just being more purposeful in seeking out and listening to preceptee’s views before arriving at a conclusion (Avolio et al., 2007).

The qualitative findings supported that of the quantitative results. Majority of the students spoke highly of their preceptors, describing the preceptor as close to the ideal, and a good role model who bore good characteristics in line with an authentic leader. The students also spoke about poor preceptor role models with unwanted characteristics, which supported the range that was identified from the quantitative analysis in rating the preceptors, as there were a few outliers where the preceptors were rated low and perceived to be less authentic. The students' description of their preceptors gave rise to the theme *preceptor attributes,* where the characteristics of preceptors in this study were classified into groups of ideal, role model, and general characteristics in line with authentic leadership theory.

Students reported that they are not sure what else the preceptors could have done to make their experience better as the preceptors were close to the ideal. No qualitative studies were identified in the nursing field with regards to the study population. However, similar sentiments were expressed in a qualitative case study done in the management field among a manager and three of his followers. In the case study the followers expressed that the leader was ranked high on the authentic leadership scale and they are not sure what else the manager could do to enhance their experience, which resulted in the employees working in the organization for many years (Donachie, 2017).

In the current study, attributes that students desired to see in their preceptors included being competent, vulnerable, passionate, good communicator, making an effort to learn the student's name, encourager, helpful, creating safe learning environment, exuberating warmth and kindness, and facilitating their acceptance into the healthcare team. The ideal preceptor would also meet with them before the commencement of the preceptorship to brief them on expectations and about the unit. Myrick (2002) pointed out that it was essential for the preceptor to facilitate integration of the student to the team as that had impact on them learning and developing critical thinking skills. A qualitative study done in Finland and Sweden among nursing preceptors reported that preceptors believed it was important to build positive relationships with students and engage in relational leadership; one of the most essential foundation of such relationship is to learn the student's name, set up a first time meeting with them, and help the student to feel welcome to the unit and to the team (Hilli, 2014). Not knowing the student's name has been reported in previous studies to be very offensive and sending a sense to the nursing student that they are not valued by the preceptor (Löfmark & Wikblad, 2001).

With regards to the authentic leadership theory the expectations that the students in the current study had of their ideal preceptor is in alignment with the theory, as it purports that authentic leaders are open, transparent, honest, shares vulnerabilities and limitations, communicates clearly and are able to motivate followers (Avolio et al., 2004; May et al., 2003; Saxe-Braithwaite, 2017). Additionally, authentic leaders facilitate building strong relationships with followers and this can be achieved through learning the person's name and identifying their values, strengths and areas that need improvement (Avolio & Gardner, 2005). The authentic leader is very helpful as they genuinely desire to serve others through passion, compassion, and commitment; they find it very fulfilling to see followers grow, and as such they create healthy work and learning environments for the follower to thrive (Donachie, 2017; George, 2003; Luthans & Avolio, 2003; Wilson, 2014).

The fact that most of the study participants believed that their preceptors were close to the ideal may account for the moderate to high ratings of the preceptors on the authentic leadership scale. It has been pointed out in the literature that authentic leadership is a title bestowed on the leader based on the perception of the follower with regards to their determination of the leader portraying the elements of authentic leadership (Goffee & Jones, 2005). If what the follower observes commensurate with what they expected or desired of their ideal or prototype, then they will determine that the leader is authentic (Owusu-Bempah, 2011). This might have been the case in the current study, where the students' definition of the ideal authentic preceptor leader aligned with what they observed in their preceptors. As such, the preceptor as leader lived up to the expectations or follower's definition of effective leaders, then they were perceived to be authentic leaders due to personal identification, where the follower's belief about the leader became self-defining (Kark & Shamir, 2002; Avolio et al., 2004).

Students also spoke of their preceptors as good or bad role models with good or unwanted characteristics, which could be a possible explanation for the range of the perceived preceptor rating on the authentic leadership scale (1.14 - 4.00 out of a maximum of 4). Preceptors who were considered as good role models with good characteristics were greatly admired and considered to be flexible, smart, honest, inspiring, open, shared vulnerabilities, competent practitioner, led by example, approachable, available, caring, dependable, encourager, motivator, and valued students' opinions and suggestions. The students also felt comfortable to ask these preceptors for help, as they were authentically self-aware and knew the impact they were having on the students, engaged in constant communication, and sought the students' feedback. Similarly, a study done among pre-registration Bachelor of Nursing students in Australia, reported similar findings where students believed that good leadership qualities of the preceptors were essential in their role as a preceptor. The students in the Australian study listed similar characteristics as the students in this study, such as, the preceptor being supportive, approachable, consistent, competent and a good communicator to name a few (Zilembo & Monterosso, 2008). The students report in this current study reflects positively on the preceptors with regards to the definition of authenticity. A leader who engages in authenticity is said to lead by example, is trustworthy, caring, genuine, believable, flexible, dependable, inclusive, reliable, honest, transparent, predictable, passionate, and inspires and motivates followers (Dasgupta, 2018; May et al., 2003; Saxe-Braithwaite, 2017; Shirey, 2006), most of which were listed among preceptor attributes in this study.

In support of the quantitative findings, during the interviews the students explained that their preceptors engaged in holistic mentoring and showed an interest in the student thriving as a nurse, and also achieving balance in their personal lives; thus, contributing to the nursing students' views of the preceptors as good role models. This description by the students aligns with authentic leadership theory, where authentic leaders are described as role models who show a deep care for the follower and finds it satisfying to see the follower grow and develop (Wong & Cummings, 2009). Similar findings were reported in a management case study where followers reported that the leader was a good role model who engaged in authentic leadership because he took complete interest in the employee as a person, and not just limited to their role in the organization; this authentic leader also made them feel valuable and asked them for feedback to improve his leadership (Donachie, 2017), as some of the preceptors did in this study. Authentic leaders are seen as role models who are able to impact followers by engaging in the four key components of self-awareness, balanced processing, internalized moral perspective and relational transparency (Gardner et al., 2005). In the students' views the preceptors were good role models according to the authentic leadership theory as they led by example, were flexible and operated at a high ethical standard. Integrity is important in a leader, especially a nurse leader who will reflect on their behaviours and ask for feedback to determine their influence on others (Hughes, 2018).

Gardner and colleagues pointed out that authentic leaders often role model a high standard of ethical practice showing internalized moral perspective, and demonstrate self-awareness by knowing their strengths, weaknesses, and the effects they are having on the follower (Gardener et al., 2005; Walumbwa et al., 2008), as was described by the students in this study. Some preceptors went as far as removing themselves from the environment so that the student could thrive when they recognized they were having an overwhelming effect on the student. This demonstrated a high level of authentic leadership, where authentic leaders engage in and act on self-assessments and social comparisons without concern of self-protection for the greater and ethical good, growth and development of the follower (Shirey, 2015; Wong & Cummings, 2009).

The preceptors in this study also engaged in relational transparency as they were open about their strengths and areas that they were not an expert in. This level of vulnerability earned the preceptors the respect and trust of the students. It has been pointed out in the literature that authentic leaders are open and comfortable with being vulnerable with followers, discussing their strengths and limitations about areas of expertise and those that they are struggling with (Avolio et al., 2004). Thus, helping the follower to feel accepted and grow to a level of awareness in also being comfortable enough to also identify their strengths and weaknesses (Dasgupta, 2018; Owusu-Bempah, 2011).

Some of the preceptors were also very open and wanted to grow as a preceptor, as such, they asked the students for feedback. The students reported being surprised at such direct level of openness and reflected on the fact that the preceptor-preceptee relationship is that of a power relation, however, the students felt comfortable enough to give the preceptor feedback without fear of reprisal. Such actions by the preceptors demonstrate a commitment to relational transparency, as authentic leaders strive towards truthfulness and transparency in their relationships by seeking feedback from followers, listening to their point of view and acting on the feedback and suggestions (Alexander & Lopez, 2018; Wong & Cummings, 2009). Additionally, Caza and Jackson (2011) pointed out that leaders who are practicing authentic leadership must seek feedback and be open to both positive and negative evaluations that may challenge the leaders' personal beliefs. Preceptors in this study also engaged in balanced processing by asking students for opinions, suggestions and ideas with regards to patient care and involved the student as a trusted expert as well in the care of the patient, thus, enhancing the development of the student as follower (Avolio et al., 2004). These attributes of the preceptors demonstrate the rational for the students' perception of the preceptors as authentic leaders and role models.

The preceptors who were good role models with good characteristics created a nurturing learning environment for the student, where they could grow and be comfortable with admitting what they do not know and come up with a plan to work on it. A nurturing learning environment is important in enhancing the communication between leader and follower, and brings about trust and credibility; thus, further enhancing the students' sense of security to learn and be accepted (Dobransky & Frymier, 2004). The preceptors who were seen as good role models in this study did well, as nurse leaders are expected to be respectful, treating others with dignity while creating a caring and nurturing atmosphere (Jaffe-Ruiz, 2011a). Specifically, authentic leaders are praised for being able to promote inclusivity and positive work climates that are conducive for engagement and growth of followers where they feel accepted for who they are (Avolio & Gardner, 2005). The preceptors must be commended for positive role modeling as this demonstrates self-awareness and self-regulation as per the authentic leadership theory which are important in influencing and developing followers; and has been promoted in nursing through mentorship (Gardner et al., 2005; Wong & Cummings, 2009).

Preceptors who were considered poor role models with unwanted characteristics were described by the students as incompetent, lazy, had poor work ethic, unsupportive, unprofessional, unpredictable, uncaring, unhelpful, rude, aggressive, judgemental, unavailable, impatient, intimidating, and refused to teach and guide. The behaviour of the poor preceptor role model led to a lack of trust, and the student did not want to emulate that preceptor in their own nursing practice. Hughes (2018) reported that inconsistency in behaviour and verbal message, as well as lack of congruence between what is said, and the actions of leaders can lead to the follower's perception of leader inauthenticity. The students in this study had reported similar instances to what Hughes described where the students found it difficult to trust the preceptor due to incongruence of actions and words, some students described it as a lack of willingness to teach, laziness or poor work ethic. One student said she did not believe anything her preceptor said including the feedback she gave her due to incongruence between words and actions.

Students in this study were also appalled that some preceptors withheld resources that would be integral in communication with the preceptor and other staff while the student was on duty. Students who had such experiences viewed the preceptors as inauthentic and this is in line with the literature where it was reported that authentic leaders were able to combat negative work environment factors such as, the inability to access structural and interpersonal resources which can affect the relationship with leaders. As such, authentic leadership is known to be integral in establishing ethical work climates of trust in the nursing practice work environment (Grojean et al., 2004; Wong & Cummings, 2009). As far as the students in this study were concerned, preceptors who withheld resources that were naturally available were not demonstrating authentic leadership and could not be trusted to establish an ethical nursing practice work environment.

Based on the quantitative and qualitative preceptor attributes findings, it can be said, in this study, majority of the nursing students perceived authentic leadership of nursing preceptors during the final clinical practicum experience. This finding is important as it supports the use of authentic leadership in nursing and helps to increase understanding of final year nursing student experience with preceptors during the final clinical practicum experience. The findings are encouraging as it suggests that the preceptors were engaging in authentic leadership as they led the final year RN and LPN students' learning experience. In spite of this, it cannot be ignored that a few of the students had bad experiences with their preceptors and classified them as poor role models with unwanted characteristics. Efforts must be made to address this situation of preceptors as poor role models as they are ambassadors for the nursing profession and should be able to practice at a high standard that students would want to emulate him or her.

Discussion of Research Question Two

The second research question asked: Is nursing student self-efficacy influenced through the preceptorship process of the final clinical practicum experience? The quantitative results from phase one showed an increase in students' self-efficacy ratings post the final clinical practicum experience as compared to their ratings before the practicum. This suggests that the nursing students' self-efficacy was influenced through the preceptorship process of the final clinical practicum experience, where their self-efficacy was generally increased. Similar findings were observed in the nursing literature; however, these studies only examined the self-efficacy of RN students and did not include LPN students. For example, an older study that was conducted in Eastern Canada documented that final year baccalaureate nursing students' self-efficacy increased significantly after they engaged in a 12-week preceptorship experience (Goldenberg et al., 1997); this is similar to the current study where most of the students' preceptorship was for a period of 12 weeks or more (3 months). The authors concluded that the preceptorship process was integral in enhancing the nursing students' self-efficacy to perform as a competent and safe nurse (Goldenberg et al., 1997). Similarly, a more recent study done among RN students in the United States that used the same tool as was used in this study, reported that nursing students' self-efficacy increased significantly post practicum as compared to their pre-practicum self-efficacy scores (George et al., 2017). The authors went on to infer that this shows that the preceptorship process is integral to the development of student nurses, as a high self-efficacy facilitates a smoother transition from student to certified professional nurse (George et al., 2017). Such findings were not only limited to North America, but similar results were observed in Iran, where final year nursing students' self-efficacy was rated high with similar means as observed in the current study after participating in the preceptorship clinical experience (Rambod et al., 2018). Hence, it could be said that the preceptorship process is important in enhancing nursing students' self-efficacy to work as a nurse in spite of their culture and educational setting, as the students in the current study completed their practicum both in the hospital and community care settings.

The qualitative data collected through the interviews done in this study were helpful in understanding how and why the students' self-efficacy increased during the final practicum experience. Through the interviews the four sources of self-efficacy of mastery experience, social modeling, verbal persuasion, and physical and emotional states as described by Bandura (1977a, 1986) were identified in the students' accounts. Based on the qualitative analysis, the *making a nurse* theme emerged that unraveled the process students went through to develop self-efficacy. According to the students, during the final clinical practicum they developed a nursing identity, were able to practice independently, and function as part of the team as they progressed through the final clinical practicum experience. Eventually, when the students felt that they have developed their own nursing identity, this signified that a nursing student was 'made' into a nurse. Students acknowledged that it required a process, and as time progressed, they felt the transition happening.

Achieving self-efficacy was a sub-theme that contributed to the making a nurse theme which spoke to the role of empowerment in boosting the students' competence belief in their capability and ability to perform as a competent nurse. Students made reference of how the preceptor believed in them before they even believed in themselves, and constantly build their capacity to succeed by challenging them, providing opportunities of mastery experiences, and actively planning their learning through goal setting. Students also made mention of the preceptors' use of problem-solving technique and reflective practice in helping them achieve self-efficacy. The RN and LPN students in this study were appreciative when they were given the opportunity to become involved with patient care very early during the practicum, even if it meant only doing basic care, the students wanted to be involved rather than just observed. However, they made mention that assuming full responsibility and full patient assignment too early in the practicum was overwhelming, and, in some cases, influenced the students' self-efficacy negatively. Students also made reference of other factors outside of the preceptor-preceptee relationship that contributed to them achieving self-efficacy during the final practicum. External factors outside of the preceptor that the students made mention of included support from friends, faculty members, other nurses and the patients' response to care.

It is a good finding that students felt empowered and as they were empowered this contributed to them achieving self-efficacy. Students who are empowered will actively participate in their learning, thus, building their competence belief more as they feel they are capable to achieve the outcomes (Houser & Frymier, 2009). It has been reported that nursing students who perceived that they were being empowered during their clinical experience believed that their self-efficacy to practice nursing professionally increased (Ranse & Grealish, 2007). Empowerment gives students a sense of meaning to what they are doing (Dobransky & Frymier, 2004) and is very important especially in the nursing context, as when the students feel empowered as nurses they have a sense of worth and that they are active contributors to care; thus, helping them to transition more smoothly from a student nurse to a nurse.

Early involvement in patient care during the preceptorship and being given constant opportunities for collaborative practice or general practice of nursing skills, contributes to the students' mastery experiences which have been identified by Bandura (1997) as the most powerful source of self-efficacy development. The students wanted to get involve early as opposed to observing their preceptors giving care. Active involvement that brought on success was confirmation to the students that they were gaining competence, thus, enhancing their self-efficacy (Hellström-Hyson et al., 2012). However, early involvement and the task that students are asked to perform have to be gauged appropriately according to the students' level of competence. Bandura (1997) warned that the teacher has to select tasks that challenge the student but still have a good probability of the student achieving success, otherwise constant failures will reduce the students' self-efficacy.

Many of the studies that have reported that nursing students' self-efficacy increased after the preceptorship, point this to the students innumerable and constant opportunities to engage in successful mastery experiences over an extended period, usually 12 weeks, thus confirming for the students their ability to practice as a professional nurse (Babenko-Mould et al., 2012; Bulfone, 2016; Goldenberg et al., 1997; Grightmire, 2009; Hellström-Hyson et al., 2012; Kristofferzon et al., 2013). Mastery experience is seen as performance accomplishment and constant successful experiences contribute to enhancing the students' self-efficacy and encourage them to be expectant and aspire to accomplish or master more challenging task or activities, as such, they keep building their nursing competence (Bandura, 1997; Pierazzo, 2014). Hence, it is important for students to be given opportunity to engage in mastery experiences during the preceptorship, where students have the opportunity to be successful in doing nursing activities and fulfilling their roles and responsibilities as a nurse, as Bandura (1994) pointed out that success is integral in building robust self-efficacy.

Prioritizing students learning and engaging in goal setting was also seen as integral in helping the student achieve self-efficacy. This is understandable as when the students saw that they were accomplishing their goals this was a sign of success for them, hence, contributing to their enhanced self-efficacy beliefs to practice as a nurse. The ability to set goals, commit to them, and achieve them, have been described among the principles of learning and self-efficacy development (Bandura, 1977a). A study done among nursing students at a Midwestern university in the United States, reported strong relationships between students' goal accomplishment and self-efficacy beliefs (Rowbotham & Owen, 2015). A qualitative study reported that from the preceptors' perspective it is important to find time to work along with the students to identify their learning goals and objectives and devise a plan to achieve them, to help the student develop self-efficacy and to facilitate successful transition from student to safe competent professional nurse (Myrick, 2002). It has been recognized in the literature that setting appropriate goals, persevering and trying new and various strategies are related with self-efficacy and smooth transition from nursing student to nurse (Babenko-Mould, 2012; Grightmire, 2009; George et al., 2017).

Students liked to be challenged and often reported greater learning when they engaged in reflective practice and problem solving, which was the case in this study. A previous mixed methods study done among final year RN students, reported that students liked to be challenged through questioning and new learning situations as their critical thinking skills improved as well as their overall competence belief to nurse (Pierazzo, 2014). Nursing students in another qualitative study also commented that they felt motivated to learn when their preceptors utilised questioning; in response, the students would engage in dedicated preparation for the well anticipated stimulating conversations they would have with the preceptor or clinical teacher (Hannon et al., 2012). Similarly, nursing students in Sweden valued when they were motivated to reflect on their own learning and engaged in discussion of their experiences and hypothetical problem solving (Kristofferzon et al., 2013). In the students' views these activities build their self-efficacy and equip them with strategies to be a more effective nurse in delivering safe patient care. The authors concluded that the students' competence increased as learning occurred through encouraging students to take on challenges and engage in problem solving during the preceptorship clinical practicum (Kristofferzon et al., 2013).

The students' ability to reflect on their experiences to improve practice or to brainstorm ideas for effective problem solving helps building the students' competence and capacity (Grightmire, 2009; Hellström-Hyson et al., 2012). For example, students in this current study made mention of how their preceptors would allow them to figure out how to correct or address a clinical challenge that they might be facing rather than step in and do it for them. Preceptors who took over were not appreciated. This is a means of the student developing self-efficacy through the source of enactive mastery experience (Bandura, 1986) where the student got the opportunity to experience success in overcoming a nursing challenge as opposed to being ‘rescued’ or told by the preceptor what to do.

Some of the students linked their achievement of self-efficacy to support and encouragement they received from friends, faculty members, and the patients’ response to the care that they had given. Bandura (1997) refers to this as verbal persuasion, where individuals are told they are doing well, and it is evident in the desired outcome they wanted to achieve from the activities performed. Grightmire’s (2009) qualitative study reported similar accounts among RN students where it was emphasized that encouragement from others outside of the preceptor also led to a higher level of perceived self-efficacy among the study participants. The author concluded that verbal persuasion from patients, staff, and previous influential individuals such as clinical teachers are powerful sources to contribute to the nursing students’ self-efficacy belief to practice as a professional nurse (Grightmire, 2009).

Another sub-theme that contributed to the making a nurse theme was described as the preceptor as a teacher. The students spoke at length how the preceptor used principles of a good teacher to assist them in becoming a nurse. It has been previously recognized that the preceptor who adapts the principles of an effective instructor may have an indelible impact on the nursing students’ self-efficacy as they engage in preceptorship (Rambod et al., 2018). In this current study, students reported that the preceptor who was seen as a teacher and contributed to their self-efficacy provided guidance where students felt comfortable to seek clarification, gave clear expectations, utilised teachable moments effectively, taught tips and tricks of how to master the art of nursing efficiently, and made an effort to accommodate the students’ learning style.

Previous research has supported this and emphasized the importance of teaching to the students learning style and effectively communicating expectations as preceptor expectation has been cited as the main source of conflict between student and preceptors in the past which made the clinical environment less desirable (Duteau, 2012; Mamchur & Myrick, 2003)

Guidance is very important to a nursing student's journey during preceptorship, as the preceptorship process is integral in helping the student transition from a nursing student to a competent nurse with strong self-efficacy beliefs (Laschinger & MacMaster, 1992). A study conducted in the United States that reviewed the implementation of a preceptorship like course on novice nurses and turnover rate, reported that novice nurses appreciated the availability of a resource person to help and guide them when needed, and that contributed to increasing the new nurses' self-confidence and the enhancement of their competence belief (Hayes & Scott, 2007). The preceptors who create the atmosphere where students feel safe to ask questions contribute immensely to the students' self-efficacy. Preceptors in a previous qualitative study acknowledged that it is important for students to feel safe to ask questions; preceptees in the same study also said they felt comfortable to ask questions and preceptors never made them feel like any of their questions were stupid which contributed to their self-efficacy belief (Myrick, 2002). Another study done among final year nursing students reported that students valued preceptors who were receptive to students asking questions, provided guidance, and showed them how to do an activity before they were required to do it. As per the students' report, such preceptors contributed to their self-efficacy development to perform as an effective and competent nurse especially in situations that required linking theory to practice (Pierazzo, 2014).

In the current study, the students referred to showing them how an activity is done before they are asked to do it, as the preceptor's ability to both guide and recognize the students' learning style and teach accordingly. A preceptor in a previous study spoke to the importance of adjusting teaching style to meet the learning style of the student and this is integral in helping students achieve self-efficacy (Hannon et al., 2012). A number of the students in this current study reported that they were visual and kinaesthetic learners, hence, they learned best by seeing and doing. The preceptors who facilitated such learning styles were integral in contributing to the development of the nursing students' self-efficacy. According to Bandura (1977b), this is a source of contributing to students' self-efficacy called vicarious experience or social modelling; where learners are showed how to do something, and when they see the success of others and it is done in a supportive atmosphere, the student believe that they are able to accomplish the results as well. Eventually this facilitate mastery experience, where the ultimate performance of doing the activity takes place and this is the most powerful source of information that contributes to self-efficacy development and belief. Hence, like Myrick (2002), it can be said that the reports of the students in this current study shows that the guidance that the students received from this one-to-one preceptor-preceptee relationship, contributed to the students developing general self-efficacy as a nurse. Thus, supporting the dated claims of O'Mara (1997) that the individual guidance that preceptees received during the preceptorship is very important to the students achieving their learning goals and objectives and eventually their overall self-efficacy, which is a major strength and hallmark of the preceptorship experience.

The students in this current study also spoke of how the preceptor as teacher gave clear expectations, taught them tips and tricks and utilised teachable moments effectively. Similar findings were reported in previous studies where RN students valued preceptors who gave them clear expectations (Kristofferzon et al., 2013; Rowbotham & Owen, 2015). Grightmire (2009) also reported that nursing students in their first and second practicum valued nursing staff that were open and encouraged students to ask questions to get clarification about what to do and what was required of them. The nursing students valued being given clear expectations early in the preceptor-preceptee relationship, being guided and being given the opportunity to learn from their peers and other nurses' experiences, hence, teachable moments were effectively utilised to the students' advantage which contributed to an increase in the students' self-efficacy. Similar to this current study, the students benefited from being taught alternative ways to carry out nursing procedures and especially appreciated when the preceptor explained the reason for the modification to the nursing procedure which might be different from what was originally taught in theory at the nursing school (Grightmire, 2009). Hence, it can be seen that the preceptor is not only required to be a competent nurse with strong nursing skills, but also needs to possess some teaching capabilities to be an effective mentor and guide to the student during the preceptorship process. Myrick (2002) summarized it succinctly when she concluded that the preceptors' behaviour of role modeling, facilitating, guiding, and prioritizing students learning is integral to the preceptorship process and students learning, critical thinking, and self-efficacy.

Pacing student was another sub-theme that emerged as the students spoke about how they transitioned from a student to feeling like a nurse. In pacing the student, the preceptor was patient in watching the growth and identifying how the student progressed overtime, the students referred to it as being eased in slowly. The RN and LPN students spoke about their experience of being paced from a positive and negative stance. Some students said they were appropriately paced, and it was a natural progression for them as they started by watching the preceptor from the periphery, then they were given a small patient assignment, until they grew to assume a full patient load with full responsibility for patient care. While other students spoke about how they progressed rapidly, and were given unrealistic expectations, which caused them to become overwhelmed due to the excessive responsibilities they were given that surpassed their level of competence. In response, the students who were not given enough time to observe and eased in as the students described it, suffered from low self-efficacy due to the sense of belief that they were not able to provide competent and safe nursing care. Similar sentiments were expressed by final year RN students in Sweden who reported that it was overwhelming when they were given too much work and too much was expected of them, which they saw as an obstacle to their learning and competence development (Hellström-Hyson et al., 2012). This was what Bandura (1994) spoke about when he noted that excessive failure has a cognitive effect on an individual and may lower their self-efficacy in that task they are failing.

It is ideal for the students to experience a natural progression and this is what has been recommended. According to Hannon and colleagues (2012) preceptorship is mixed with participation and non-participation; at the beginning, novice nurses are observers and are classified as non-participants, and then as the time progresses, they start contributing to patient care and become more actively involved, at this point they are now participants. Students in a previous qualitative study reported how they appreciated when the preceptor paced them during the preceptorship, allowing them to go at their own pace and that contributed to building their self-efficacy belief in their capabilities to be an effective and competent nurse (Myrick, 2002). Similarly, in Hilli’s (2014) study, preceptors spoke about the importance of acknowledging that the students are still learning and allowing them to develop at their own pace and giving the students enough time to grow without giving them too much responsibility at the beginning, as this may overwhelm them and might negatively influence their self-efficacy. What the preceptors in Hilli’s (2014) study tried to safeguard against occurred in the current study where the students who were not given enough time to grow at their own pace or was given too much responsibility at the beginning of the final practicum, rated their self-efficacy lower at the end of the preceptorship as compared to their self-efficacy going in. Hence, this speak to the importance of preceptors being mindful of the need to avoid overburdening the student with too much responsibilities at the beginning of the practicum, but the need to assess the students' level of competence and continually evaluating if the student is ready to assume additional responsibility.

Feedback was also identified as a sub-theme in this current study that was integral in making the student into a nurse. Students spoke about the effect of praise, positive reinforcement, constructive feedback as well as harsh criticism and insincere feedback on influencing their self-efficacy belief. Feedback has been shown to have strong connections with students' self-efficacy, where positive feedback motivates and increases students' self-efficacy and negative feedback decreases it (Bandura, 1994; Grightmire, 2009; Rowbotham & Owen, 2015). Feedback is essential to the learning process and positive and negative feedback helps students to develop, grow, and mature as they are on the journey of being led to become professional and proficient nurses (Rowbotham & Owen, 2015).

Praise is integral to the learning process and the students in this current study spoke extensively as to how the preceptors praised them when they did well, and also told them in a kind manner how they could improve on their practice. A previous thematic analysis qualitative study reported that nursing students valued praise and specific constructive feedback as effective teaching strategies to enhance their self-efficacy (Pierazzo, 2014). Similarly, students spoke at length about the importance of praise, constructive feedback and criticism in a previous study done in Eastern Canada (Grightmire, 2009). The nursing students in Grightmire's study said positive feedback was integral to promoting their learning and ability to provide safe patient care, and that positive encouragement was vital to their success as nursing students. Similar to the students in this current study that was done in Western Canada; the students in Eastern Canada stressed the importance of encouraging and acknowledging positive behaviour before criticism and constructive feedback. In comparing both studies at each ends of Canada, it can be seen that nursing students in both locations valued being encouraged, praised, and acknowledge when they did well. This is in line with the self-efficacy theory where Bandura (1997) pointed out that verbal persuasion of an individual’s capabilities, especially from a supervisor, mentor or any influential person in an evaluative role is integral to the self-efficacy development of the learner or follower. This finding could also be viewed from the demographic characteristics of the nursing student sample involved in this study, where most of them were in the Millennial age group (20-39 years), and these individuals are said to value, feedback, praise, and recognition (Twenge & Campbell, 2008).

It must be clarified that the students did not want the preceptors to only give them glowing feedback and praise, as the participants in this current study acknowledged they are learners, but the constant negativity and criticism had negative effects on them and caused them to question their abilities. Instead, students said as a learner they knew they were not an expert in nursing and so expected to receive constructive feedback that would help them to grow and develop as a nurse, but they also wanted to hear what they were doing well at, as opposed to always highlighting what they were not good at. Students in this study referred to preceptors that only highlighted the students’ weaknesses as nit picking, negative, and mean, and these students eventually said constant harsh criticisms led to a reduction in their competence belief. So too nursing students in previous studies reported that it was more beneficial when they were given negative feedback in a kind manner that they feel it can be adjusted, corrected, and accomplished as opposed to making the student feel stupid (Grightmire, 2009; Pierazzo, 2014). The students in

Grightmire's study even took it a step further where they recommended a ratio of 10 positive reinforcement or praise to one negative feedback or criticism, as positive feedback was associated with strong self-efficacy beliefs. For students, positive feedback and praise were motivating and also a sign of evident growth and progress towards becoming safe, competent, and professional nurses, and are also connected to the students' psychological wellbeing (Grightmire, 2009). This shows a link to the self-efficacy theory where positive mood enhances students' self-efficacy, although this source of self-efficacy information is said to be the least influential it also plays a role as Bandura (1997) said physical and emotional states are also a source of self-efficacy information. As a result, if students link positive feedback with psychological well-being, then they will feel more competent and confident in their roles as nurses. It was also previously pointed out that students who received feedback felt more competent and empowered to fulfill their role in the nursing profession (Hellström-Hyson et al., 2012).

Students were also unto preceptors who gave insincere feedback. Students in this current study spoke about preceptors who showed no interest in the student learning or who were mean to the student saying to the students how they were doing well and praising the students. The students did not believe them, and such feedback had no effect on the students' self-efficacy as the student was not sure if they could trust such a feedback. Hence, this brings us back to the point that Bandura highlighted that feedback is effective, but even more effective when the person the feedback is coming from is influential, in an evaluative role and their judgement is trusted by the individual receiving such feedback (Bandura, 1977a). Likewise, Swedish RN students reported that they valued feedback more from preceptors who were supportive and showed interest in their learning, which had more sustained effect on their self-efficacy (Kristofferzon et al., 2013).

Students also desired to receive the feedback in real-time, they were happy when they received feedback immediately as opposed to mid-term or the end of the week. This was important to students, so they could reflect and apply the feedback to their future practice. When the evidence of the incorporated feedback is seen in their practice then that is a sign of growth to them that they are becoming competent professional nurses, and this is helpful in enhancing their transition (Hellström-Hyson et al., 2012). Students in Grightmire's (2009) study expressed similar sentiments, where they believed receiving immediate feedback was integral as it was hard to remember an incident that took place several weeks prior and be able to effectively act on the feedback that is given at a later date to correct and make adjustment to their practice. Hence, it can be seen that feedback especially positive feedback play an important role in building students' self-efficacy, as such, it was integral in making the student nurses into a nurse. For the students receiving feedback helped the students to know their standing, determine their progress, and gauge if they were on the right track (Grightmire, 2009; Pierazzo, 2014). As such, feedback is a major source of information to learners and followers that contribute to their self-efficacy development, as Bandura (1977a, 1986) calls it verbal persuasion. Babenko-Mould and colleagues (2012) suggested that nurse leaders, such as preceptors with their nursing students who provide sources of self-efficacy such as verbal persuasion and social modelling through role modelling high standards of nursing care, are integral to boosting novice nurses' competence and self-efficacy belief, which will have further impact on the followers practice behaviours.

Autonomy was another sub-theme that emerged from the students' interviews and the students spoke at length about how the preceptors trusted them and allowed them to be independent in caring for the patients. Pierazzo (2014) reported that nursing students valued when the preceptors trusted their ability and gave them autonomy to direct patient care, which translated in the student believing that they had the capacity to be successful and enhanced their self-efficacy belief with regards to nursing. Students appreciated when the preceptor trusted them to provide safe care, and believed that they were capable to do it, which has been an encouraging factor in motivating students (Kristofferzon et al., 2013). Hannon and colleagues (2012) reported that nursing students' self-confidence, critical thinking, and clinical judgement improved when they knew that they were trusted to provide safe patient care. This could also be the case in this current study, where the added trust of the preceptors in students' capabilities motivated the students to want to make the preceptor proud, and as such, they endeavoured to provide safe patient care which further built their self-efficacy. The mechanics of this process can be understood, as the student is now self-motivated to perform well to maintain the trust of the preceptor. As the student continues to perform and provide safe patient care, fairly independently with the preceptor only stepping in when needed, the student is being given opportunity to engage in mastery experiences. Hence, at the end of each day as the student progresses, they have more successes which further build their self-efficacy through performance accomplishment; thus, contributing to their repertoire of mastery experiences which is the most powerful source of self-efficacy (Bandura, 1977a, 1986).

In the current study, the students were quick to report that although they had the independence, they were happy to know that they still had the support of the preceptor if needed, and as such, they benefited from guided independence. As the students grew and took on more responsibility, they spoke of how the preceptor prompted them to take charge and asked them what they would do, rather than the preceptor telling them what to do. At this point, they recognised that they had grown and was well on their way to becoming a nurse. Similarly, final year RN students in Myrick (2002) study reported that their preceptors would cue them on things that they needed to do rather than tell them as they progressed through the clinical practicum, and this activity assisted in developing their critical thinking skills and self-efficacy to nurse. The students in Myrick's study also spoke about how much they valued the guided independence and referred to the preceptor as a safety net, where they knew they were being allowed to practice independently, but if they needed to ask questions they knew the preceptor was there willing to help and guide and this further contributed to them developing self-efficacy to nurse independently and safely. The process of the student being able to take on more responsibility and ability to practice independently is a positive sign to both the student and the preceptor that the student is transitioning from being a student to a competent nurse and has been reported in several studies to enhance the students' self-efficacy to nurse (Goldenberg et al., 1997; Hellström-Hyson et al., 2012; Kristofferzon et al., 2013).

As the students gained autonomy during the preceptorship their conversations during the interview extended to how the preceptor respected them, incorporated them in the healthcare team and treated them as colleagues. This gave rise to another sub-theme that contributed to the making a nurse theme called respectful collegiality and team involvement. Students who reported experiencing respectful collegiality and team involvement referred to the congenial relationship that existed with the preceptor, how the preceptors valued their opinions and took their suggestions into consideration before making clinical decisions, introduced the student to the healthcare team which led to a general sense of collegiality and camaraderie. The students constantly said it was this respect and team involvement that contributed to a sense that they were not "just a student" but they can actually contribute to safe patient care, and this realization was integral in their self-efficacy belief to nurse. This finding could possibly be explained by the age range of the students who were mostly Millennials born between 1980 and 2000, who values respect, being valued and acknowledged and being incorporated into the team for social involvement and identification (Mhatre & Conger, 2011; Twenge & Campbell, 2008). According to Bandura (1994), the act of the preceptors of demonstrating belief in the student by respecting them as colleagues and valued team member, is a form of social persuasion which is another source of information for self-efficacy development. This act of social persuasion contributes to removing the individual’s focus on their limitations and eradicates self-doubt, thus, giving them a persuasive boost to enhance their self-efficacy (Bandura 1994, 1997). This is what was seen in the current study, as the students reported that being treated as a respected colleague and valuable team member shifted their thinking from their just a student with limited information to contribute, to an individual who possesses knowledge to be a valuable contributor to safe patient care. Hence, the students’ self-efficacy increased and their competence belief to perform the nursing role and responsibilities enhanced.

The students in the current study referred to the congenial relationship that they shared with the preceptor being one that was similar to the relationship the preceptor would have with a respected colleague. This is commendable and in line with previous reports of preceptors in a study done in Finland and Sweden, where the preceptors believed that mutual respect was integral in forming relationships with the students and recognising that they are coming to the practicum with expertise that should be nurtured as eventually the student will become a fellow colleague (Hilli, 2014). The preceptors spoke about the importance of respecting the nursing students’ opinions and knowledge as an equal team member, and the importance of the relationship shared with the student was integral and permeated everything for the student to learn, grow, and have a good experience that will contribute to their self-efficacy development as a nurse (Hilli, 2014). The preceptors in Hilli's study also believed that the student should be welcomed and incorporated into the healthcare team as a valued team member to enhance the students' sense of belongingness, as opposed to being treated as an outsider in isolation to achieve their learning outcomes and not being involved in team activities. It is interesting that the preceptors in Finland and Sweden were of the belief that team involvement and respectful collegiality were important, and students in Canada as can be seen in this study were elated to be incorporated into the healthcare team and experience acceptance and respect. This shows the global value of nursing preceptorship during the final clinical practicum on the development and growth of nursing students, as they develop self-efficacy to nurse and transition to competent and safe nursing practitioners.

Team involvement and being given opportunity to make decisions about patient care was greatly valued and appreciated by the students in this current study. It has been recommended that it is vital to incorporate students into the healthcare team as it contributes to nursing students' self-efficacy belief, and when the student is valued as a learner and team member they are empowered to fulfill their professional role as a nurse (Bradbury-Jones et al., 2011; Löfmark et al., 2012). Team involvement and being valued to be involved in decision making is also important to Millennials who made up majority of the participants in this study (Twenge & Campbell, 2008). Nursing students in a previous study in central Sweden reported that being involved in decision making about patient care was integral to their self-efficacy belief to nurse (Kristofferzon et al., 2013). Additionally, a previous qualitative study reported that nursing students valued being incorporated into the clinical team and that students learning was superficial when they were not involved in the team, as the students believed they were robbed of learning to nurse in the real world as nursing is of a team approach (Hannon et al., 2012).

The preceptorship process is integral to the students' self-efficacy development as the students are given the opportunity to work as part of the team and be treated as colleagues which build students' competence in collaborative practice in being a member of the interdisciplinary healthcare team (Goldenberg et al., 1997). The value of team involvement and acceptance is evident based on the findings of the current study and the recent literature. Hence, it has been recognised that belongingness and acceptance is important to us as social beings and students are particularly sensitive to this, as such, it is essential that they are accepted in the work group (Ranse & Grealish, 2007). This could even have more implications for the participants in this study who were mostly Millennials who valued guidance and supervision and who wanted to be affiliated with the group through team involvement (Mhatre & Conger, 2011). Specifically, to nursing, it has been reported and recommended that it is vital to incorporate students into the healthcare team, as it contributes to nursing students' self-efficacy belief and when the student is valued as a learner and team member they are empowered to fulfill their professional role as a nurse (Bradbury-Jones et al., 2011; Ranse & Grealish, 2007). Therefore, it is important that nursing students are incorporated into the team and treated as a respected colleague who can contribute to the delivery of safe patient care, as this has been shown to be important in enhancing their self-efficacy belief to nurse.

The true proof of the pudding for the students in this study was when they saw the emersion of their own nursing identity, and then they came to the conclusion that indeed "I am a nurse" and "I have what it takes to fulfill the roles and responsibilities of a professional nurse." The students in this study recognised that their own identity emerged when they had developed their own style of nursing practice, professional growth was evident, and they had a sense that they had transitioned from student to nurse. The students spoke at length how the preceptors were integral in helping them develop their own style of nursing practice and that boosted the students' competence and self-efficacy as a nurse. The students also spoke about when they felt they had crossed the threshold from a student to a nurse, and that was also beneficial, as it removed doubt and excessive dependence on the preceptor, because they saw that their own style of practice had emerged, worked and was safe and acceptable. The emergence of the students' nursing identity is integral to their development of self-efficacy and it is encouraged that novice nurses are supported in acquiring the values, goals, and attitudes that are in alignment with the profession, for them to gain a sense of identity and enhanced self-efficacy to facilitate smooth transition from a student to a bonafide nurse (Hayes & Scott, 2007). Similarly, nursing students in Sweden reported that the preceptorship process was integral to their development of nursing responsibilities and identity which had further impact on their self-efficacy to nurse in general (Kristofferzon et al., 2013). Likewise, RN students in Australia reported that during the clinical practicum they felt that their knowledge was coming together, and they were able to grasp the complexities of nursing, hence, the students had a sense of transitioning from student to nurse (Ranse & Grealish, 2007). Myrick (2002) also reported that students valued when preceptors allowed them to develop their own style of practice once it was safe rather than insisting that students practiced exactly like the preceptor. Students valued being given the opportunity to explore and find their own niche, thus, contributing to the development of their own identity and enhanced self-efficacy.

In summary, to answer research question two, according to the findings of the current and previous studies, it has been shown that the preceptorship process can be integral in enhancing nursing students’ self-efficacy during the clinical practicum experience. A plausible explanation is that the length of time that students spend with preceptors in the practice setting contributed to their development of self-efficacy by the four main sources of self-efficacy influence, which include mastery experience, social modelling, verbal persuasion, and positive physical and emotional states (Bandura, 1994). The students’ active engagement in the clinical environment for a long time brings about socialisation and opportunity for the students to have many opportunities to practice, thus mastering the art of nursing. Throughout the interactions with the preceptors, staff, and patients, students would have seen good standards role modelled; hence, an integral source of information of self-efficacy known as social modelling would be evident. The students’ self-efficacy would also further be impacted from the feedback that they received from the preceptors and other individuals in the clinical environment, thus contributing to another source of self-efficacy development called verbal persuasion. Finally, feedback, particularly positive feedback is connected to psychological well-being which brings about another source of self-efficacy development information where positive mood enhances self-efficacy, as such, the student’s competence belief would have been boosted. Considering that the students are in the clinical environment for an extended period of time with their preceptors, a higher probability exist for them to gain information with regards to their self-efficacy from all four sources of mastery experience, social modelling, verbal persuasion and positive emotional states as per Bandura’s (1977a, 1986) self-efficacy theory which may contribute to an enhancement of their self-efficacy belief to nurse. Therefore, it would support the point that when nursing students develop high self-efficacy, it is integral to a smooth transition from student to professional nurse (Grightmire, 2009), as was demonstrated in this study, as the students saw their own nursing identity emerging, they acknowledged that they were made into a nurse.

Discussion of Research Question Three

The third research question has three parts, where we sought to determine associations between perceived preceptors' authentic leadership and nursing students' self-efficacy beliefs, job satisfaction, and job performance. Overall, research question three asked: Is there an association between perceived preceptors' authentic leadership and nursing students' self-efficacy beliefs, job performance, and job satisfaction during the final clinical practicum experience? The interpretation of the quantitative and qualitative findings with regards to the associations between the independent variable of perceived preceptor authentic leadership and the dependent variables of self-efficacy, job satisfaction, and job performance will be addressed separately in this section.

Discussion of the Association between Perceived Preceptors' Authentic Leadership and Nursing Students' Self-Efficacy

Part one of research question three asked: During the final clinical practicum experience, is there an association between perceived preceptor authentic leadership and nursing students' self-efficacy beliefs? With regards to associations, the results in phase one showed students' self-efficacy beliefs were positively and moderately associated with perceived preceptor authentic leadership. Hence, as students perceived that their preceptor was demonstrating authentic leadership, their self-efficacy also increased as well. No studies were identified during the literature search that examined the relationship between authentic leadership and RN and LPN students' self-efficacy to practice as a nurse; as a result, no direct comparisons can be made with other like groups. However, studies were identified that examined the association between authentic leadership and psychological capital which had self-efficacy as a component of psychological capital, but self-efficacy was not a main variable. In comparing the findings of the current study to a recent study that was done in Eastern Canada that evaluated fourth year RN students' experience of workplace bullying and withdrawal intentions, the correlations between final year RN students' perception of preceptors' authentic leadership and students' self-efficacy as a subscale of psychological capital was moderate and positive (Anderson, 2018), which would be similar to the findings in this current study.

The demographics of the nursing students in both Anderson's (2018) study and the current study are similar where most of the respondents were female and the participants completed their clinical placements in similar acute and long-term healthcare settings. This is a plus as it shows coherence of study results in two regions of Canada where students were involved in clinical practice in comparable settings. This study also adds to the applicability of authentic leadership in different healthcare settings as most of the previous studies done on authentic leadership among certified nurses have been in the acute care setting, while some of the participants in the current study had also completed placement in the community setting. However, most of the respondents were females and their perspectives may be different from that of men (Alexander & Lopez, 2018). Additionally, women value relationships and immediacy skills more than males (Houser & Frymier, 2009), as a result if the students felt that preceptors were demonstrating authentic leadership which is a relational style of leadership, the students in response may believe that their self-efficacy would have been influenced as well. This is not a negative evaluation of the findings, and it makes sense that authentic leadership is practiced by preceptors as nursing over the years have been traditionally pursued by women, with men making up 5-10% of the nursing population in some countries (Brown, 2009; CARNA, 2016; CLPNA, 2017). Additionally, relationship has been identified as being fundamental to effective nursing leadership (Wong & Cummings, 2009). Hence, it is commendable that students in Eastern and Western Canada perceived preceptors to demonstrate authentic leadership, and this further influenced their self-efficacy belief to nurse, which may further impact on students' smooth transition from student nurse to competent, safe and professional nurses.

In looking at the association between nursing students' self-efficacy and the four tenets of the authentic leadership scale, an association existed between the students' self-efficacy and all four AL subscales. The strongest association existed between the nursing students' self-efficacy and internalized moral perspectives. This was not surprising as the students had rated the preceptors highest on the internalized moral perspective subscale as was seen in research question one interpretations. The associations between nursing students' self-efficacy and the authentic leadership subscale of self-awareness showed the second strongest association followed by balanced processing and finally relational transparency. In comparing Anderson's (2018) results of associations between the psychological capital subscale of self-efficacy and the four subscales of authentic leadership, the associations observed were weaker than that seen in the current study. The strongest associations existed between nursing students' self-efficacy and self-awareness, followed by relational transparency, then balanced processing and finally internalized moral perspective (Anderson, 2018). These findings are different from the current study where internalized moral perspective had the strongest association with the nursing students' self-efficacy. However, the fact that different scales would have been used to measure self-efficacy in both studies must be taken into consideration, and self-efficacy was a major variable in this study, unlike Anderson's study.

A non-healthcare study was done among employees working at a manufacturing organisation that used similar scales as the data collection tools used in the current study, authentic leadership and self-efficacy were major variables, and the study results showed no significant relationship between perceived authentic leadership of managers and employee's self-efficacy (Roux, 2010). These two studies that have been compared to the findings of this current study must be interpreted with caution, as it has been seen that some similarities may exist as shown in Roux's and Anderson's studies, but differences also exist as well where the study population or the measurement tools of the variables were different. Thus, this study has shown that its findings are significant and can contribute to the authentic leadership literature.

The qualitative results expanded on the reasoning for the association that existed between perceived preceptor authentic leadership and the nursing students' self-efficacy beliefs to nurse. During the interviews, the theme *preceptor effect* emerged which highlighted ways in which the leadership of the preceptor influenced the students' experience and belief in their abilities and capabilities to provide safe and competent nursing care. The students brought to fore that the preceptors who practiced holistic mentoring caused them to feel good about the way they practiced nursing, allowed them to develop their own style of practice, sought and valued the students' opinions, and treated them with overall respect. Leaders who align with authentic leadership theory create a climate of respect, trust, and shared power by involving followers in decision-making, which encourages people to thrive through psychological engagement and gives a sense of growth (Wong, 2008; Wong et al., 2010). Based on the students' interview responses a sub-theme that aligned well in explaining the association between preceptor authentic leadership and the nursing students' self-efficacy was identified as impact on students' *physical and emotional states*, where the preceptors caused the students to experience positive or negative emotions. According to Bandura's (1977a, 1986) self-efficacy theory, positive physical and emotional states are influential sources of information that contribute to an individual's development of self-efficacy. Therefore, if the preceptor is able to engage the principles of authentic leadership to create the appropriate clinical working environment for the students to influence their physical and emotional state positively, then it is possible that the students' self-efficacy may increase.

The nursing students identified that the preceptor caused them to feel good about their practice through the use of praise. Students also spoke about how the preceptor trusted them to get the job done and paced them by giving them appropriate assignment in accordance with their competence level at the time. The students' accounts are consistent with the authentic leadership theory where authentic leaders empower followers by being respectful, giving feedback and rewarding them for their efforts through praise, thus, fostering professional and personal growth (Avolio & Gardner, 2005). A previous study done in Eastern Canada reported that nurse managers who were perceived as authentic leaders by new graduate nurses which are closely comparable to the final year nursing students in this study, were effective in building the novice nurses job specific self-efficacy with the use of positive reinforcement which encouraged new graduate nurses to believe in themselves. The enhancement of the new graduate nurses' self-efficacy was also linked to the managers giving the nurses autonomy, involving them in the decision-making process of patient care, and giving them assignments that they could accomplish without feeling overwhelm (Laschinger et al., 2015).

The sense of acknowledgement is important to people, and it is plausible that the age group of the students in this current study might have also played a role in the findings, as the average participant was a Millennial, around 25 years, who values recognition, feedback, autonomy, team involvement, and being respected (Mhatre & Conger, 2011). Millennials are known to work very hard to get recognised, rewarded, and praised (Twenge & Campbell, 2008). Hence, a preceptor who demonstrated authentic leadership, and fostered the nursing students' professional and personal growth through recognition and feedback may be effective in influencing self-efficacy positively. Additionally, verbal persuasion through feedback and praise is an important source of information for self-efficacy development (Bandura, 1997).

Another point that could be used to understand the association between perceived preceptor authentic leadership and nursing students' self-efficacy was the students' gratitude for being taught how to prevent burnout by the preceptors. The students saw this as the preceptor taking a holistic interest in their success and not only in teaching them the task, roles, and functions of nursing. The students' sense of gratitude for being taught measures to prevent burnout is understandable, as nursing is a demanding job where nurses can burnout very quickly (Boamah et al., 2017). Hence, when the preceptor as a veteran nurse taught the student nurses how to prevent burnout, their self-efficacy may increase due to the elevated mood that such practices may cause, and as Bandura (1997) pointed out positive mood enhances self-efficacy while negative mood decreases it.

It has also been shown in the literature that new nurses' perception of managers' authentic leadership was related to their occupational self-efficacy to cope with the demands of nursing and protect against burnout (Laschinger et al., 2013; Laschinger et al., 2015; Laschinger & Fida, 2014). Additionally, another study has shown that nursing students' perception of self-efficacy combated stressful demands of nursing and protected against burnout (Bulfone et al., 2016). Hence, it is commendable that the nursing preceptors who led the RN and LPN students in this study taught them how to combat burnout, which will help them to cope with the demands of nursing when they become professional nurses, and eventually facilitate a smooth transition into their professional nursing role. Teaching burnout prevention can also be valuable to the nursing profession as a whole, as Millennials which include most of the participants in this study, are known to repel stressful situations that may cause burnout and value work-life balance (Twenge & Campbell, 2008); it has been said if their needs are not met they will quit (Mhatre & Conger, 2011). Therefore, arming the final year nursing students who will be transitioning into the nursing workforce with preventative burnout strategies is wise, to proactively reduce the chances of nurse attrition and may curtail the current severe nursing shortage.

During the interviews, the students linked preceptor attributes of flexibility, being accommodative, supportive, open, approachable, good communicator, and being open to students asking questions, to the students' ability to achieving self-efficacy. Preceptors were also commended for providing students with mastery experiences, and role modeling a high standard of nursing care for the student to follow. For the students, the preceptors' act of role modelling the ideal and practicing with them removed self-doubt, as some students pointed out that they knew how to perform most of the tasks, but the preceptor was integral in showing them how to do it in a new environment so that they could be an effective team member. Authentic leaders are known to lead by example, so that the follower has a standard to follow and emulate (Alilyyani et al., 2018; Donachie 2017; Laschinger et al., 2013). This also relates back to Bandura's (1977a, 1986) self-efficacy theory where mastery experience (achieved through actual task engagement and completion) and vicarious experience (through social modelling and role modelling) are powerful sources of information that contribute to self-efficacy development. Therefore, the preceptor as an authentic leader exhibits attributes of an effective teacher and leader to bring about the growth and development of the follower, so that they can thrive and become their authentic self as well (Aliliyyani et al., 2018; Gardner et al., 2005; Wong & Laschinger, 2013); hence, the importance of an environment that supports flexibility and freedom for followers to develop their own practice once it is safe.

The learning environment that the preceptors created for the student nurses could also play a role in the observed association between perceived preceptor authentic leadership and nursing students' self-efficacy. The students connected their increased self-efficacy to the environment that the preceptor created by saying the preceptor never caused them to feel stupid, they were allowed to be a student as learner while at the same time being a trusted and respected colleague who had the freedom to develop their own style of nursing practice, and hence, their self-efficacy was enhanced. According to the views of the students the preceptors who were described as demonstrating attributes that were more in alignment with authentic leadership created a supportive, safe, calm, and nurturing learning clinical space, where the students felt free to be themselves, hence, they could thrive, grow and develop as a nurse. The students reported feeling safe and never fearful of failing due to the supportive environment that was created by the preceptor. These findings are encouraging as it has been reported before that authentic leadership is integral in creating healthy nursing work environments (AACN, 2016; Laschinger et al., 2013; Ranse & Grealish, 2017; Wong et al., 2010) now we are also seeing that authentic leadership is helpful in creating healthy clinical learning environments as well.

The preceptor as an authentic leader gave the students the autonomy and independence needed to allow them to transition from the state of mind of a student nurse to a nurse much faster when they could grow and take charge of patient care through active involvement in decision making. A plausible reason for the association between perceived preceptor authentic leadership and nursing students' self-efficacy beliefs, could be ascribed to the supportive environment that the preceptors created which is of particular importance to the participants in this study and to the generation (Millennials) of people entering the workforce at this time, hence, if they feel that they were supported to achieve, then, they may develop a sense of competence (Mhatre & Conger, 2011). For many of the students they believed they became competent because they were able to experience success due to the leadership of their preceptor in effectively leading their learning; hence, an association between self-efficacy and perceived preceptor authentic leadership.

The association between perceived preceptor authentic leadership and self-efficacy was also seen in the accounts of those students who had negative experiences with their preceptors and their self-efficacy was also influenced negatively. The students who had negative experiences, although a few, reported experiencing negative emotional states due to their experience with the preceptor which resulted in fearfulness and bad mood which eventually influenced their self-efficacy negatively. This is in line with the self-efficacy theory where bad mood, is cognitive information to the individual that cause them to doubt their competence and capabilities to achieve an outcome (Bandura, 1997). The unfortunate thing about these experiences though, was that the students felt that they needed to hide that they were being bullied or having a bad experience due to fear of reprisal. Similar findings were previously reported among final year students from several professional disciplines including nurses, where students hid that they were experiencing conflict with their preceptors and it impacted on their learning and personal growth. The authors of the study recommended that preceptors needed to be mindful of addressing conflict with students, as the student may not be bold enough to do so and the preceptor should aspire to provide holistic mentoring, as the emotional support that students receive during the preceptorship process is integral in helping the student transition smoothly into their professional roles as nurses (Mamchur & Myrick, 2003). As expected, the students in this current study who perceived their preceptors to be less aligned with authentic leadership theory experienced a decrease in their self-efficacy, which shows that preceptors who were not as authentic could influence nursing students' achievement of self-efficacy.

Interestingly, there was another view to the influence of less authentic preceptors on nursing students' self-efficacy, where the students commented that they were surprised at how strong and resilient they were to overcome having to deal with a bad preceptor, yet they were able to learn and achieve some level of self-efficacy. This observation was different from the general trend of the study where students who reported that their preceptors were less authentic reported low self-efficacy and vice versa. Hence, a sub-theme named *resilience* was identified to capture students who reported an increase in their self-efficacy although the preceptor was perceived to be less authentic. The students stated that the lack of preceptor authentic leadership brought out resilience in them. This could be explained by Bandura (1994) who stated that individuals with a high sense of general self-efficacy who view challenges as obstacles to be overcome will persistently work at a task until they achieve success. This was seen in students who spoke about refusing to have the preceptor tear them down and as such it was like they had a fight in them to gain the competence to nurse and be successful. This is an interesting finding that could be explored further in the future.

In summary, the quantitative and qualitative results demonstrated that an association existed between perceived preceptor authentic leadership and nursing students' self-efficacy beliefs during the final clinical practicum experience. The preceptor as an authentic leader may be able to bring about nursing students' self-efficacy through empowering them and facilitating personal and professional growth through autonomy, independent practice, sharing power, and trusting them to accomplish assignments that is congruent with their level of competence. The results suggest that the preceptor as an authentic leader who practiced holistic mentoring demonstrated elements of internalized moral perspectives, self-awareness, balanced processing and relational transparency, thus, contributing to the nursing students' self-efficacy development. The preceptor as an authentic leader was able to create a positive and supportive healthy work environment for the students to achieve their self-efficacy; as a result, the preceptor being an authentic leader and having keen interest in the students' development assisted them in developing competence and self-efficacy to nurse.

Discussion of the Association between Perceived Preceptor AL and Nursing Students' Job Satisfaction

The second part to research question three asked: During the final clinical practicum experience, is there an association between perceived preceptor authentic leadership and nursing students' job satisfaction? In phase one of the study students' job satisfaction was rated high, and with regards to associations, their job satisfaction was positively and moderately associated with perceived preceptor authentic leadership. Hence, the results suggested that as the students perceived their preceptors to be a more authentic leader their job satisfaction increased as well. The study population of RN and LPN nursing students has not been studied before with regards to preceptors' authentic leadership and job satisfaction, hence, no direct comparison was applicable at the time the study was conducted. However, previous studies conducted in nursing among new graduates and experienced nurses that evaluated authentic leadership and job satisfaction, reported positive and significant associations between the two variables that range from r = .29 - .46 (Bennett, 2015; Boamah et al., 2017; Fallatah & Laschinger, 2016; Giallonardo et al., 2010; Laschinger, 2012; Laschinger & Fida, 2015; Read & Laschinger, 2015; Wong & Laschinger, 2013). To be more specific, a close enough comparison could be done with new graduates who would be comparable to final year nursing students as novices in the nursing profession. For example, Laschinger (2012) found a moderate association between new graduates' perception of their immediate supervisor authentic leadership and new graduate nurses' job satisfaction ($r = .41$, $p < 0.01$). Specifically, to preceptorship a previous study reported that perceived preceptor's authentic leadership was positively and significantly associated with new graduate nurses' job satisfaction ($r = .29$, $p < 0.01$) (Giallonardo et al., 2010). Hence, it is evident in the nursing literature that the perceived authentic leadership of a manager, supervisor or mentor is associated with nursing followers' job satisfaction.

With regards to the associations between nursing students' job satisfaction and the four tenets of the authentic leadership scale, an association existed between the students' job satisfaction and all four authentic leadership subscales. The strongest association existed between the nursing students' job satisfaction and internalized moral perspectives. The association between the students' job satisfaction and the perceived preceptor authentic leadership on the sub-scales of balanced processing and relational transparency were similar. The association between nursing students' job satisfaction and perceived preceptor self-awareness subscale was the weakest of all four; however, the relationship was positive and moderate in strength which was similar to the rest of the subscales although their relationships were a bit stronger. Similarly, Fallatah and Laschinger (2016) reported that internalized moral perspective had the strongest relationship with new graduate nurses' job satisfaction. Hence, the more managers were perceived to be authentic by providing a supportive environment the new graduate nurses were more satisfied. A similar inference could be made with regards to this current study, as based on the findings the association between perceived preceptor authentic leadership and the RN and LPN students' job satisfaction is the highest to date at $r = .49$. Therefore, the more authentic the nursing students perceived their preceptors to be, particularly those who demonstrate internalized moral perspective, the greater the students' level of nursing job satisfaction.

Based on the qualitative thematic analysis, students' job satisfaction association with perceived preceptor authentic leadership could be explained by the elements of the theme identified as *nursing passion or detachment*, where the students achieved some flow, fulfillment and satisfaction from their roles and responsibilities as a nurse or perhaps not. The achievement of job satisfaction was explained by the students as the experience of happiness due to the learning environment that the preceptor created, especially those who practiced holistic mentoring and led by example. As pointed out in the previous section, the preceptors who engaged in holistic mentoring took keen interest in the students and taught them how to prevent burnout. According to the students' accounts, some preceptors took it further and protected them from burnout, especially when it was observed that the student was becoming overwhelmed or emotionally exhausted, sometimes due to external pressures outside of the practicum such as issues to do with the family. It has previously been shown in the literature that burnout is negatively associated with job satisfaction of new graduate nurses (Boamah et al., 2017; Laschinger et al., 2012) who would be closely comparable to the participants in this study. Hence, once the students were protected from burnout it is plausible that they could achieve job satisfaction much easier. Job satisfaction due to burnout prevention may go a far way in combatting attrition and students' intention to leave the profession after the honeymoon of acquiring nursing credentials has passed.

When the students in this study spoke about holistic mentoring they made many references to the preceptor showing empathy and kindness. It has been seen in the literature where preceptors' kindness and empathy were integral to the relationship shared with nursing students which further influenced the students' professionalism (Hilli, 2014). Authentic leaders believe that it is integral in the mentoring relationship to practice holistic mentoring to develop professional but personable relationships, which eventually influence the followers' job satisfaction as they feel cared for; a key foundation of such relationships is knowing the follower's name (Donachie, 2017). The students also had made mention of this when they spoke about the ideal preceptor, someone who knows their name, is friendly but with professional boundaries, and show a general care and kindness towards them. Hence, it has been the belief that positive preceptor-preceptee experiences is very influential on students learning and is so powerful that it can impact on a student's decision to stay in nursing (Clements et al., 2016).

Elements of the general *preceptor effects* theme could also be used to understand the association that was observed between nursing students' job satisfaction and perceived preceptor authentic leadership. Sub-themes that emerged in relation to job satisfaction that composed the preceptor effects theme included factors that were considered as *make and break of the practicum* experience. Students "make and break" factors included extraordinary experiences that the preceptor brought about for the students that were recognised as rewarding. Make and break factors also referred to instances of unmet expectations that surprised the students that the preceptor did not do, such as loss of learning opportunities, no orientation prior to the commencement of the preceptorship, and withholding available resources that they could use to do their job effectively and efficiently. Being incorporated into the healthcare team and experiencing interprofessional collaboration was also taken into consideration by the students. Similarly, this was integral to new grad nurses when their preceptors facilitated their incorporation into the healthcare team which allowed for collaboration with other team members such as physicians (Giallonardo et al., 2010). Group involvement and group cohesion has been shown to contribute to overall nurse job satisfaction (Wong et al., 2010). Hence, Anderson (2018) suggested it is integral for students to feel part of the profession and team as this will aid recruitment and retention, which can be provided through a supportive working and learning clinical environment during the preceptorship experience.

The students in this current study also spoke about how job satisfaction emerged when they saw characteristics of their preceptors emerging in their practice as well. The students expressed how happy they were with their experiences, when they had aspired to be like their preceptor as a role model, and they started to see attributes of the preceptor emerging in them. Hence, they found nursing as a rewarding experience. This is the main aim of authentic leadership, authentic followership, where the students saw characteristics of their preceptors as role model showing up in their practice and patients responding to them in a similar way they would to their preceptors, hence, a sense of satisfaction and fulfillment came about in the student. This finding in the current study supports the proposition previously made in the literature that authentic leaders are able to engage in modelling positive values, behaviours, and attitudes which followers learn vicariously and by observation, eventually when similar demeanors are seen in the followers practice it is a sign of self-development to the follower (Mhatre & Conger, 2011).

The environment that the preceptor created also influenced the students’ satisfaction, as when the preceptor created a happy environment the student found the experience fulfilling and stress free. Some of the students were so satisfied with the experience that the preceptor as an authentic leader enabled them to have, so much so that the students expressed wanting to become a preceptor too, because they saw the benefits of having a good preceptor to assist in the transition process from a student to a nurse. Nursing students in a previous study done in Norway reported high levels of satisfaction due to the support that they received from preceptors, and the impact it had on them in achieving their learning outcomes (Löfmark et al., 2012). Above being a good role model that the students wanted to emulate and creating a good learning environment for the student, a very profound effect of the preceptor on the students was seen in cases where students acknowledge that they did not want to do nursing and were actually contemplating to eventually explore a career in another discipline, but after the experience with their preceptor during final practicum they believed they would want to work in the preceptor's specialty area of nursing. Experiences such as these are profound and could help us to understand the association that was seen between perceived preceptor authentic leadership and nursing students' job satisfaction. Hence, it has been reasonably believed that nursing students who perceived their preceptors aligned with authentic leadership theory may have more positive experiences during their clinical placement due to the preceptor creating a positive healthy work environment (Anderson, 2018), and job satisfaction may increase commitment to stay in the profession (Laschinger et al., 2012; Laschinger & Fida, 2015).

The experiences that the students have shared show that the preceptor as an authentic leader has a great responsibility not only to role model the task and functions of nursing, but also to role model job satisfaction while fulfilling their role as a nurse, as this may inspire the student towards achieving some level of job satisfaction out of their anticipated nursing career. Interestingly, some students reported dissatisfaction with nursing as a career and they also said their preceptors had role modelled dissatisfaction and burnout. Similar findings were reported in a qualitative case study done in management, where employees reported being happier to go to work and motivated to perform because of the environment the present leader who was described as authentic created, as opposed to when the previous manager was there, they hated going to work (Donachie, 2017). These results show the profound effect that an authentic leader can have on followers. It is commendable that the students reported job satisfaction and being happy with their experience during the final clinical practicum, as previous research has shown that students' satisfaction during clinical influence their decision to graduate and work as nurses (Ujváriné et al., 2011).

Discussion of the Association between Perceived Preceptor AL and Nursing Students' Job Performance

The final aspect of research question three addressed: During the final clinical practicum experience, is there an association between perceived preceptor authentic leadership and nursing students' job performance? According to the quantitative results in phase one, students rated their job performance as average, rating themselves as competent to proficient performers. With regards to associations, the results in phase one showed students' job performance was not associated with perceived preceptor authentic leadership. The results were surprising as it suggested that authentic leadership of the preceptor was not associated with the nursing students' job performance, although this was the case in most of the previous non-nursing studies and the assumptions of the authentic leadership model (Avolio et al., 2004; Clapp-Smith et al., 2009; Gardner et al., 2005; Leroy et al., 2012; Wang et al., 2014).

In the nursing literature, only a few studies have evaluated an association between authentic leadership and follower job performance, and similar findings were noted as observed in this current study. As there have been no reported studies using the ALQ and General performance scale in the nursing student samples, no direct comparison can be made with similar groups, but comparison can be made with studies involving experienced nurses that would have used the tools that were used in this study. For example, Wong and Laschinger (2013) reported a non-significant correlation of $r = -.03$ between authentic leadership and job performance of experienced acute care RNs. According to Sprinthall's (1987) guide to interpret correlations this correlation reported by Wong and Laschinger suggests a slight to almost negligible association, but it was non-significant. Hence, no direct association existed between authentic leadership and job performance which would be consistent with the findings of the current study.

A plausible justification for the lack of direct association that was observed in phase one was sought during the interviews conducted in phase two to further explore how the students made sense of the study variables during the final practicum. The students said they believed the preceptors helped them with their job performance, but they often related it back to their self-efficacy and development of their competence as a nurse. Additionally, students did not want to fail and were determined to complete the final practicum successfully, as a result, if they were not receiving the support they needed from their immediate preceptor they sought help outside of the preceptor-preceptee relationship. Therefore, the final year RN and LPN students' performance in this study was not related to the support or leadership of the preceptor as the student sought to perform the job of a nurse with or without the preceptor.

Other assumptions for the lack of association between perceived preceptor authentic leadership and nursing students' job performance can also be deduced based on the thematic analysis of the nursing students' interviews where the theme *gauging job performance factors* was identified. In this theme students spoke of their job performance independently of the preceptor-preceptee relationship and considered factors such as the specialisation of their clinical placement area, whether the clinical area was too fast or slow paced, and comparison of their clinical experience with that of their colleagues. Some of the students spoke about experiencing great leadership by their preceptors, however, it was factors outside of the preceptor's control that the students had taken into consideration when evaluating or ‘gauging’ their job performance. Hence, it could be possible that such assumptions by the students were reflected in their self-reporting of perceived preceptor authentic leadership and the self-rating of their job performance.

To summarize the overall interpretation of research question three with regards to associations between perceived preceptor authentic leadership and nursing students’ self-efficacy beliefs, job satisfaction, and job performance, the quantitative and qualitative findings showed an association between perceived preceptor authentic leadership and nursing students’ self-efficacy and job satisfaction, but not with job performance. The students offered explanations as to how and why there were associations between perceived authentic leadership and self-efficacy and job satisfaction, as the preceptors helped them to have great experiences; thus, building the competence belief and bringing about a sense of fulfilment. With regards to job performance, students sometimes sought out other people to help them perform the job when the preceptor did not demonstrate authentic leadership. The students did not want to fail and needed to get the job done, so they found a way to perform. Additionally, external factors outside of the preceptors’ control such as placement areas that were highly specialized or those with limited hands-on skills were factors that were taken into consideration when rating job performance; hence, possible explanations for no association between perceived preceptors’ authentic leadership and job performance in this study.

Discussion of Research Question Four

Research question four has two parts and asked: a) Does self-efficacy mediates the relationship between nursing students’ perceptions of preceptors’ authentic leadership and their job satisfaction during the final clinical practicum experience? and b) Does self-efficacy mediates the relationship between nursing students' perceptions of preceptors' authentic leadership and their job performance during the final clinical practicum experience? According to the findings self-efficacy did not mediate the relationship between perceived preceptor authentic leadership and job satisfaction. However, self-efficacy had mediated the relationship between perceived preceptor authentic leadership and nursing students' job performance. According to the literature search that was done and a recently published systematic review of authentic leadership antecedents, mediators and outcomes in the nursing literature (Alilyyani et al., 2018), no previous studies exist that has used self-efficacy as a mediator of authentic leadership. Hence, direct comparison of the findings with nursing and non-nursing literature is not possible at this time. The interpretation of both research questions findings will be discussed in this section.

Mediated Relationship between Authentic Leadership and Job Satisfaction

In this current study perceived preceptor authentic leadership had a statistically significant direct effect on nursing students' job satisfaction. The same was observed where self-efficacy also had a statistically significant direct effect on nursing students' job satisfaction. However, when authentic leadership and self-efficacy were both included as predictors in the model, self-efficacy's effect on nursing students' job satisfaction became non-significant and authentic leadership effect remained significant. Hence, suggesting that perceived preceptor authentic leadership had a more influential effect on job satisfaction even in the presence of self-efficacy. The moderate size of the effect between perceived preceptor authentic leadership and job satisfaction ($\beta = .46$, $p < .001$) suggests that authentic leadership may be important in creating the nurturing atmosphere for the students to experience job satisfaction.

Based on some of the students' discussion during the qualitative interviews, it could be surmised that the atmosphere of the clinical placement and the learning environment that the preceptor created had an overpowering effect in determining students' report of satisfaction. The students spoke extensively how the preceptors' actions in welcoming them, helping them to feel part of the team, and respecting the expertise they had and were developing contributed to their satisfaction. Some students acknowledged that they had achieved competence during the practicum and they always wanted to be a nurse and had a passion for nursing, but the preceptor assisted in solidifying their passion because they really enjoyed the final practicum experience. Hence, according to the students' responses it can be acknowledged that having competence can influence the student's job satisfaction, but what is more essential for the student is the overall work environment. Even students who had bad experiences and reported high self-efficacy levels and low job satisfaction made inferences that it is possible that they could have experienced satisfaction if they had a good preceptor. This supports the point that perceived authentic leadership can have an impact on self-efficacy and job satisfaction, but self-efficacy does not have a strong enough effect in the presence of perceived preceptor authentic leadership, as students will feel competent, but may not necessarily attain job satisfaction.

The relationship between authentic leadership and job satisfaction has been extensively supported in the nursing literature (Boamah et al., 2017; Fallatah & Laschinger, 2016; Giallonardo et al., 2010; Laschinger & Fida, 2015; Wong & Laschinger, 2013), and hence, is showing no difference for the RN and LPN nursing students in this current study. On the other hand, research linking self-efficacy to job satisfaction in nursing is sparse and inconclusive (Jnah, 2015; Kuru & Katsaras, 2016; Reid, 2014), but it must be taken into consideration that by itself, self-efficacy does influence nursing students' job satisfaction in the current study.

However, it has been reported that a good role model (such as a preceptor that aligns with authentic leadership theory) is the most influential element in helping a nursing student decide if they will stay in the nursing profession post-graduation (Ujváriné et al., 2011). Additionally, majority of the students in this study are in the age range of Millennials, and it has been purported that millennials appreciate authenticity (Twenge & Campbell, 2008). Hence, if the students are comfortable and happy in the work environment and perceived the preceptor to be authentic, this could have a great influence on their job satisfaction; which could be a plausible explanation of the overpowering effect of perceived authentic leadership on job satisfaction even in the presence of self-efficacy.

Mediated Relationship between Authentic Leadership and Job Performance

Results from phase one showed that nursing students' self-efficacy mediated the relationship between their job performance and perceived preceptor authentic leadership. Similar findings have been seen in nursing and non-nursing literature where authentic leadership did not have a direct effect on job performance but had an indirect effect on job performance through a mediating variable. For example, Wong and Laschinger (2013) reported that experienced acute care RN's job performance was influenced by perceived managers authentic leadership as mediated through structural empowerment. Now, this study adds to such observations among the RN and LPN nursing group where job performance is significantly indirectly influenced by authentic leadership through a mediator, nursing students' self-efficacy. This study is one of the first to demonstrate the effect of authentic leadership on self-efficacy and the subsequent mediating effect nursing students' self-efficacy has on their job performance.

Based on the qualitative analysis it was recognised that students often refer back to their self-efficacy when asked how the preceptor was able to influence their job performance. Hence, supporting the students' views that authentic leadership influences self-efficacy and self-efficacy in turn influences job performance. Students spoke about how the preceptor would teach them how to do an activity, for example prioritizing patient care, and they felt that helped them to become more competent and function better as a nurse. Other students spoke about the role of the preceptor in making them feel good and enhancing their beliefs in themselves which allowed them to physically perform the activities associated with nursing. Therefore, as far as the students were concerned, the preceptor played a role in helping them to build their competence and then that translated into them being able to perform the job of a nurse. It could be said that the students understood the variables to have a cyclical relationship. Even students who had a negative experience with their preceptor expressed a desire to have a preceptor that demonstrated authentic leadership, who then would be able to help influence their self-efficacy and then to further impact on their job performance. Hence, a possible explanation of the findings that self-efficacy mediated the relationship between perceived preceptor authentic leadership and job performance.

The link between self-efficacy and job performance is evident in the literature, and it has been suggested that determining nursing students' self-efficacy can be used as a predictor for their job performance and may eventually have an impact on the education of nurses in helping them transition smoothly to competent professionals (George et al., 2017). A very dated meta-analysis of non-nursing studies showed that self-efficacy was a great predictor of work performance (Stajkovic & Luthans, 1998), as efficacy beliefs are strongly related to an individual's motivation which will drive performance (Bandura and Locke, 2003). The findings of this study support such propositions, as it has shown that self-efficacy plays an effective mediator role in the relationship between final year nursing students' job performance and authentic leadership of the preceptor. Therefore, the findings of the current study contribute to new nursing and leadership knowledge by providing preliminary evidence to suggest that nursing students' job performance is influenced by their self-efficacy and preceptor authentic leadership.

Summary of Interpretations

Overall, the results provided support of the authentic leadership theory model in the final year nursing student population, where authentic leadership had a direct association with self-efficacy and job satisfaction, and an indirect relationship with job performance. The findings of this study show that preceptors who were perceived to be demonstrating internalized moral perspective, relational transparency, self-awareness, and balanced processing in line with the authentic leadership theory were integral in influencing nursing students' self-efficacy beliefs, job satisfaction, and job performance during the final clinical practicum experience. As expected, preceptors who created a warm, kind, and welcoming learning atmosphere were perceived to be authentic leaders who were integral in assisting the students to develop their own nursing identity and eventually experience a shift in their mindset from "student nurse" to "competent nurse."

This study adds to the findings of other studies that have shown that authentic leadership, as a relational leadership style is integral in fostering and sustaining professional interpersonal relationships with followers. Such relationships are marked by respect, openness, and honesty to achieve positive outcomes for the followers such as enhanced competence, satisfaction and effective task and role performance. The study showed that authentic leadership was directly associated with self-efficacy and job satisfaction. However, to the researcher's surprise self-efficacy did not mediate the relationship between perceived authentic leadership and nursing students' job satisfaction. From the qualitative analysis, students admitted some detachment and lack of passion towards nursing. It was very surprising to hear students' acknowledgement of their detachment to nursing as a career even before officially receiving certification and being employed as a nurse.

Unexpectedly, authentic leadership was not directly associated with job performance, and brought to light that students were invested in being successful in completing the final practicum. However, authentic leadership was indirectly related to job performance through the mediating effects of nursing students' self-efficacy beliefs. This study has brought to fore the importance of healthy work environments that are safe and supportive, as the authentic leadership of preceptors may influence nursing students' self-efficacy and eventually their job performance. Authentic leadership had an overpowering effect on nursing students' job satisfaction even in the presence of self-efficacy. Thereby, demonstrating the importance of preceptors exhibiting behaviours in line with authentic leadership, to enhance students' job satisfaction, which may encourage students to remain in nursing; thus, combatting attrition and the chronic nursing shortage.

Limitations

The current study has presented significant findings about preceptor authentic leadership and nursing students' self-efficacy, job satisfaction, and job performance that can be contributed to the nursing and leadership literature; however, it is not without some limitations. Limitations of the study will be discussed in this section. Identifiable limitations of the study include those related to bias such as voluntary sampling technique, the use of self-report questionnaire and telephone interviews, and the data presented is only representative of the views of the final year RN and LPN students. There were also limitations associated with a lower response rate such as online survey administration, length of time between administration of questionnaire one and two, and sampling restrictions of the inclusion and exclusion criteria. Finally, limitations related to the quantitative data analysis with regards to restrictions associated with the mediated regression conditions and variance of the model will also be described.

Overall, the study utilised four self-report instruments to determine nursing students' perception of authentic leadership, self-efficacy beliefs, job satisfaction, and job performance. Self-report questionnaires have been used in many studies and have many advantages in that they are cost effective and time efficient, however, the potential of response bias exist (Polit & Beck, 2010) and it had to be assumed that the students' responses were honest. Specifically, with regards to the job performance tool, students were asked to self-rate themselves in comparison to others and the quality of their work effort contribution with regards to their task and role as a nurse. It has been adjudged in the past that self-evaluation of job performance may not be one of the most effective ways to measure an individual's job performance due to self-reference bias, social desirability, and halo effect (Wong, 2008). The effect of self-evaluation of job performance could account for the findings that have been reported.

Selection bias may also be a factor, as random sampling was employed where each final year nursing student had an opportunity to participate in the study, but it was a voluntary sample. Hence, selection bias may exist due to those who volunteered to participate in the study. Another factor to consider with regards to bias is that this study only included the views of the final year nursing students and did not collect any data from the preceptors or faculty mentors, whose perspectives might have been able to shed light on the overall preceptorship and nursing students' experiences. The qualitative data were also collected via telephone interviews; hence, it had to be assumed that interviewees were being honest as the lack of a face-to-face interaction reduced the chances of observing facial expression and other body language cues that could be beneficial to the data collection process. Another limitation around the interviews is that none of the male participants were included in phase two. As pointed out by Alexander and Lopez (2018) the perception of males in nursing may be different from that of females. Unfortunately, this study was not able to garner the perceptions of male nursing students, as such their views on perceived preceptor authentic leadership and effect on self-efficacy, job satisfaction, and job performance are not known based on the qualitative findings, but they were included in the quantitative data.

There were also limitations that could be grouped into response rate limitations which include online data collection, the length of time that elapsed between survey one and two administration and phase two interviews, as well as sampling restrictions around the inclusion and exclusion criteria. Online data collection and the length of time between administration of survey one and two could account for the eventual response rate of the study. It was noted that more students completed the paper-based survey one with fewer of them not completing the online based survey two, when compared with students who were asked to complete both questionnaires one and two online; the response rate was much lower. Although integral to the before and after design of the study, the time that elapsed between when the students were invited to participate in the study and their completion of survey one, and the later invite to complete survey two might have brought about a lack of interest to participate in the study. Hence, after the two to three months of practicum had passed, the students did not respond to the invite to complete questionnaire two and avoided participating in the phase two qualitative interviews. Possible effects of this was seen with the 50% response rate for the semi-structured interview, where only n=10 individuals from phase one participated in phase two, although the desired number of interviewees was n=20. It was also noted that the inclusion and exclusion criteria had a limiting effect on the number of students that remained in the study after consenting to participate. Several students withdrew from the study once they were assigned a second preceptor, as part of the inclusion/exclusion criteria was that the students had to be assigned to consistently work with only one preceptor for at least two months; which influenced the response rate negatively.

A possible limitation around the quantitative data analysis was the conditions of Baron and Kenny's (1986) mediation analysis, where the assumption is to abort the analysis if a direct association does not exist between the independent and dependent variables, as it is unlikely that an indirect association will exist through mediation. If this was adhered to in the current study the multiple mediated regression analysis of the relationship between job performance and perceived preceptor authentic leadership as mediated through self-efficacy would not be explored. However, this was mitigated by using an alternative approach to mediated regression, and the current findings were presented that showed the indirect relationship between perceived preceptor authentic leadership and job performance as mediated through self-efficacy. However, the variance explained by the mediated regression model was only 24% which suggest that authentic leadership and self-efficacy only explained less than a quarter of the variance in the dependent variable of job performance. This suggests that there may be other variables that can explain final year nursing students' job performance which were out of the scope of this study. Therefore, while the current study provides preliminary data to show authentic leadership effect on self-efficacy and subsequently nursing students' job performance, there is need for further study to be done to better understand the phenomena.

Suggestions for Future Studies

This study has addressed many gaps in the literature particularly those of monomethodological studies that evaluated authentic leadership and subsequent effects on followers, by using a mixed method approach to address the relationship between perceived leader authentic leadership and followers' self-efficacy, job satisfaction, and job performance. The direct effects of perceived preceptor authentic leadership on nursing students' self-efficacy and job satisfaction have been demonstrated in this study as well as its indirect effect on the students' job performance. However, as with many research, additional questions that were unanswered by this study were identified. This section is arranged according to future research that needs to be done around leadership, preceptor preparation, and student outcomes of self-efficacy, job satisfaction, and job performance.

Suggestions for Future Leadership Research to be done based on Findings

According to the current research findings, authentic leadership, as a leadership approach has been demonstrated to be of value in the preceptorship experience of final practicum nursing students. Future leadership studies could evaluate the use and appropriateness of the authentic leadership model in student preparation in other professional school disciplines or professional faculty as a whole. The study could be replicated in other nursing schools in Alberta to be a provincial study that informs Alberta Health Services preceptor selection process. To build on the current study, which was specific to the nursing profession, consideration may be given to have preceptors self-rate their authentic leadership along with the students' ratings of the preceptors' perceived authentic leadership. Such a study could also include faculty mentors' rating of the preceptors' authentic leadership and then all three perspectives could be compared for further corroboration to effectively determine preceptors who are more or less authentic, and what attributes they display as a guide for other nursing preceptor leaders to emulate or stay away from. Also, to assess the lasting effect of authentic leadership and the preceptorship process on the students' self-efficacy, job satisfaction, and job performance, a longitudinal study could be done to monitor the students' progress, as they start working as nurses and understand how the final preceptorship affected their transition into fulfilling their roles and responsibilities as a nurse.

According to the findings of the current study authentic leadership did not have a direct effect or association with students' job performance. Future leadership studies in professional schools such as nursing could have the preceptor, student, and faculty mentor rate the students' job performance in the same way that all three parties involved in the preceptorship model would rate the preceptors' authentic leadership. Additionally, to combat the possible limitation around self-rating of job performance (Wong, 2008), having the preceptors and faculty mentors rating of the nursing students' job performance may also be very beneficial in identifying possible associations between preceptor authentic leadership and nursing students' job performance. Future studies could also try to elucidate the lack of direct association between job performance and authentic leadership among the nursing population, particularly final year nursing students, when compared to other non-nursing populations that have unearthed a direct association between authentic leadership and job performance (Leroy et al., 2012; Peus et al., 2012; Wang et al., 2014; Walumbwa et al., 2008). A qualitative approach could be taken to garner from nurses their perceptions as to why nursing leaders' authentic leadership may not have a direct effect on their job performance.

Suggestion for Future Preceptor Preparation Research to be done based on Findings

Considering that the current study showed the overpowering effect of perceived preceptor authentic leadership on nursing students' job satisfaction, and some students had bad experiences where the preceptors were perceived as less authentic and this influenced their self-efficacy and job satisfaction negatively, future studies could explore how to address this. This could possibly be addressed through the development and implementation of a formal preceptor preparation program in mentoring preceptors. For example, future research could take into consideration a training program for preceptors to help them develop authentic leadership skills and then determining if the preceptors developed authentic leadership capacity influenced the preceptorship experience for the students. According to Alexander and Lopez (2018) authentic leadership can be taught, and this has been suggested by nurse executives who are considered as veterans in nursing, nursing leadership and management. As such, future studies could delve into the benefit of teaching preceptors how to be authentic leaders considering that students in this study believed it was beneficial to have a preceptor who was perceived to demonstrate authentic leadership.

The results of this study show the value of authentic leadership approach for professional schools, particularly nursing in this case, as such future studies could explore what are the criteria used to select preceptors and if it would be beneficial to select such preceptors that align best with the authentic leadership model. For example, the selection process of preceptors in Iran is quite established where preceptors are required to have a bachelor's in nursing at a minimum, at least 1 year experience as a nurse on the unit they are precepting, at least 3 years of nursing experience, and they are required to participate in a workshop for two days to prepare them for their role as a preceptor (Rambod et al., 2018). We could benefit from a selection process like the one in Iran, as students in this current study had pointed out that some of the preceptors were good nurses but poor preceptors as they could not teach.

Suggestion for Future Students' Outcomes Research to be done based on Findings

Self-efficacy. Students who had bad experiences with their preceptor described themselves as resilient after surviving the practicum experience with a preceptor who did not align very well with authentic leadership. Surprisingly, these nursing students reported that their self-efficacy increased although they were faced with many challenges throughout the preceptorship and their work environment was not of a nurturing atmosphere. Future studies could be done to understand the mechanism by which increased self-efficacy came about in students, even when the preceptorship environment is unsupportive. To build on this, the criticism of the self-efficacy theory with regards to differentiating between behaviour and self-efficacy, and the role of the environment in the development of self-efficacy could also be measured to determine students' development of self-efficacy even in unsupportive instances.

Job satisfaction. Based on the study findings, some students found the final practicum experience as rewarding and it appears as if this was attributable to the placement area where the students completed their practicum. Future studies of a qualitative approach could be undertaken to garner from students the necessary elements that need to be present in the final practicum to contribute to the perception of a rewarding experience, and the importance of being placed in a preferred clinical area or not. It was surprising to find that some of the students had a detachment to nursing so early in their career. It would be useful for future studies to unearth the basis of such detachment and how could this be addressed, as such detachment can have far reaching effect on the product of nursing and compassionate patient care. Additionally, it was also an interesting observation to see that students whose preceptor's role modelled job satisfaction were satisfied and those preceptors who were dissatisfied their students also reported low job satisfaction. Future studies could also be done to explore the influence of nursing preceptors as leaders' job satisfaction on nursing students as followers' job satisfaction and possible factors that contribute to such an association.

Job performance. According to the study findings, students rated their job performance on the general performance scale at about average, which was surprising since the general self-efficacy score had increased after the final clinical practicum. Another surprising finding was the lack of direct association between job performance and perceived preceptor authentic leadership. To better understand these findings, future studies could be done to determine the basis of pre-service professional students, and more specifically related to this study, nursing students' determination of their job performance. Such a study could be qualitative in nature and could further explore the role of nursing leadership in helping the students to better self-evaluate their nursing performance. Future studies could also assess in greater depth nursing students' basis of rating job performance as average even though they report an increase in self-efficacy and a feeling of being competent to nurse. With regards to students' self-ratings of job performance, preceptors, faculty mentors, patients, or any other resource person who is in the clinical environment and able to observe the students' performance could also be asked to rate the students' job performance as opposed to only depending on the students' self-rating of their job performance. Based on the thematic analysis findings of the current study, it appears that students evaluated themselves based on their placement area. As such, the role of the clinical placement area could also be investigated in greater depth with regards to students' self-evaluation of their job performance and measures that could be taken to help students perform better and be confident that they are effectively carrying out the duties and responsibilities associated with being a nurse.

Implications

Leadership Implications

The current study has brought to fore that indeed preceptors are leaders, and preceptors perceived authentic leadership is associated with nursing students' self-efficacy, job satisfaction, and job performance during the final clinical practicum experience, thereby, influencing nursing students transition from student to nurse and possibly their intention to remain in the profession. The findings suggest that when nursing preceptors, as leaders, demonstrated high ethical standards of care, transparency and openness, engaged in balanced processing and self-awareness, the students viewed the preceptors as more authentic. Hence, the preceptors were better able to be influential during the final practicum by promoting students' engagement, which enhanced the RN and LPN students' self-efficacy, job satisfaction, and job performance.

Preceptors as authentic leaders are encouraged to create a nurturing and safe work environment that supports the growth and development of the students' nursing practice, to the point where they acquire their own nursing identity and build their self-efficacy to nurse. Hence, as the students recognise that their preceptors are keen authentic leaders who have an interest in them by the demonstration of holistic mentoring, the students may trust their preceptors and develop positive views about their final clinical practicum experience, which might contribute to their self-efficacy development and subsequent job performance. It would be interesting to garner from students through research their definition and understanding of holistic mentoring in relation to leadership.

Although preceptors' authentic leadership was rated moderate to high, the tenet of balanced processing was rated low in the current study. The implication of such a finding for preceptors as leaders is to be mindful of seeking students' feedback and opinion and involving them in the decision-making process related to patient care, so that they can feel empowered to embrace their eventual nursing role. It could be a case that nurses were uncomfortable taking the risk to have students make decisions independently which might impact the nurse’s certification. As such, nurse managers and educators could be more involved in helping to remove fear that may be associated with policies of the institution and teach preceptors, as leaders, strategies on how to safely involve students in patient care. Such findings could also mean preceptors need more leadership training. Therefore, consideration may be given to move away from the current optional choice of using personal time (days off) to attend external preceptorship training, to a model where the school or healthcare institution provide preceptors with formal leadership training or provide funding for the preceptor to acquire the training and compensate them for their time to enhance leadership capacity. Additionally, weekly seminars to support new and experienced preceptors in their leadership role may also be arranged by the nurse educator on each unit. This could be done through collaboration with authentic leadership experts to do in-service on authentic leadership.

The findings of this study indicated that preceptors as authentic leaders can influence RN and LPN students’ views of their self-efficacy through the four sources of information for self-efficacy development: mastery experiences, social modelling, verbal persuasion through feedback, and impact on students’ mood. According to the results, preceptors’ authentic leadership specific behaviours of internalized moral perspective and self-awareness were most important in facilitating the RN and LPN students’ self-efficacy beliefs to nurse. The results suggests that preceptors may want to be mindful of their core values and role model a high standard of ethical and moral nursing care, as these characteristics are held in high regard by the students which may further impact on students’ self-efficacy beliefs. Preceptors’ development and sustainability of self-awareness and internalized moral perspective may be facilitated by providing preceptorship and leadership training on the importance of role modelling the altruistic value system of nursing as a profession to provide the service of care to patients above self-interest.

Preceptors' self-awareness through gauging how their actions are impacting on the students, seeking the students' feedback and acting on it to improve interaction with students, may prove to be fundamental in conveying authenticity, thereby influencing the students' self-efficacy. It was really interesting to note that unlike the non-nursing literature where relational transparency is the most influential authentic leadership behaviour; internalized moral perspective was more influential for the nursing students. This is an important finding for nursing leadership to be cognizant of, so that they are mindful as leaders that nursing students as followers value preceptors who demonstrate behaviours in line with a high ethical and moral standard. As such, the schools of nursing or clinical nursing management could collaborate to support preceptors through leadership training on how to be mindful of their core values and strategies to be constantly self-aware in their leadership role as a preceptor.

Although both self-efficacy and job satisfaction are contributing factors to encourage novice nurses to remain in the profession of nursing (Clements et al., 2016; Ujváriné et al., 2011), the current study showed that authentic leadership had an overpowering effect on the nursing students' job satisfaction more than the students' self-efficacy beliefs to nurse. This shows that authenticity is very important to the students' final clinical practicum experience and may have considerable implications on nursing students' attrition and smooth transition from student to nurse. This study suggests that the ability of the preceptors to be flexible to allow the students to develop their own style of nursing practice and create a positive working environment that facilitates students' growth and satisfaction may be vital to the students' success during the final preceptorship experience. Hence, nursing leadership and stakeholders are encouraged to invest in preceptors, as being a nursing expert does not mean that the individual will be an effective preceptor. As such, it is important that measures are taken to support nurses to develop leadership and teaching skills before and during the final clinical practicum experience (Hannon et al., 2012). Leadership training of nursing preceptors may be helpful to assist preceptors to develop authentic leadership and develop the capacity to create healthy work environments, that may enable final year nursing students to experience self-efficacy and job satisfaction; thereby, assisting with attracting and retaining students to work as nurses after completing their program of study. Hence, selecting and training preceptors as authentic leaders may enhance nursing students' job satisfaction and facilitate retention of new nurses to combat the chronic nursing shortage that exists. As such, consideration may be given to reviewing on an ongoing basis the preceptor selection policy and criteria. Additionally, conducting research on the effectiveness of preceptor leadership training to inform the policy and preceptor selection process could also be taken into consideration.

The overpowering effect of an authentic leader on nursing students' job satisfaction resulted in students wanting to be a preceptor too, to reciprocate what they had experienced. Such findings are profound and show the importance of a preceptor demonstrating authentic leadership during the final clinical practicum experience. The findings of the current study suggest, that nursing students' satisfaction would be greatly enhanced if preceptors held a mini preceptor-student orientation meeting prior to the commencement of the final clinical practicum to set the student up for what to expect. Additionally, internalized moral perspective was most important in facilitating the nursing students' job satisfaction. Hence, nursing students may be more satisfied with leaders who role model nursing care of a high ethical and moral standards and who values their opinions. In essence, students’ satisfaction may be enhanced when they are acknowledged, recognised and incorporated into the healthcare team. Such findings may be vital for nursing preceptors as leaders to be aware of, as satisfied nursing students may translate into satisfied new nurses, which may translate into effective recruitment and retention to meet the increasing demands of the nursing workforce. Therefore, it may be beneficial to conduct research to identify ways to intentionally build genuine and positive relationship with students to achieve self-efficacy, job satisfaction and job performance. Research could also be done to determine effective strategies for building nurturing and safe clinical learning environments that align with authentic leadership, and then using the findings to develop a course to teach preceptors how to create nurturing and healthy work environments that will facilitate growth and development of the students’ nursing practice and nursing identity to build their self-efficacy.

The current study has generated new knowledge that may contribute to a better understanding of preceptors’ authentic leadership influence on nursing students’ self-efficacy beliefs, job satisfaction, and job performance during the final clinical practicum experience, as this study has been the first to explore the mediating role of self-efficacy in Avolio’s et al. (2004) model. This can further help leaders in nursing, preceptors, and stakeholders in nursing education deal more effectively with preparing preceptors for their roles and adapt the principles of authentic leadership to enhance the preceptorship experience of the nursing students. This study has brought to fore that nursing preceptors can improve the preceptorship process during the final clinical practicum by paying keen attention to intentionally building genuine and positive relationships with the students, thus, contributing to self-efficacy, job satisfaction and job performance. Table 13 summarises the leadership implications related to the research findings.

Table 13

Summary of Leadership Implications Related to Findings

Research Findings	Leadership Implications
Preceptors demonstrate moderate to high authentic leadership.	• Nursing schools or healthcare institution provide preceptors with formal leadership training on mentoring or provide funding for training. • Support preceptors in their leadership role through weekly seminars. • Nursing educators or unit managers liaise with authentic leadership experts to do in-service on authentic leadership.
Preceptors' authentic leadership specific behaviours of internalized moral perspective and self-awareness are most influential on students' self-efficacy beliefs to nurse	• Nurse managers/educators provide preceptors with leadership training and preceptorship training showcasing the importance of the altruistic value system of nurses. • Collaborate to support preceptors through leadership training on self-awareness.
Preceptors' authentic leadership specific behaviours of balanced processing was rated low and needs improvement	• Move away from the assumption years of experience is equivalent to being a competent leader and preceptor – remove fear that may be associated with policies of the institution and teach preceptors as leaders strategies on how to safely involve students in patient care. • Seek students' feedback, suggestions, and involvement in decision-making. • Review the criteria used to select preceptors and update the preceptor selection policy as required based on preceptor leadership research.

Preceptors' perceived authentic leadership is associated with nursing students' self-efficacy, job satisfaction, and job performance.	• Conduct research to find ways to intentionally build genuine and positive relationships with students. • Teach preceptors how to create nurturing and healthy work environments according to authentic leadership. • Research to find ways to create a nurturing and safe work environment in line with authentic leadership that support the growth and development of the students' nursing practice and nursing identity to build self-efficacy. • Conduct research on effectiveness of leadership training of preceptors to inform preceptor selection policy.
Students' reference to good preceptors as authentic leaders who provide holistic mentoring.	• Research to find out how nursing students' perceive or define holistic mentoring of the preceptor as leader. • Research to explore how holistic mentoring compares with or is influenced by authentic leadership

Nursing Theory Implications

The current study's findings have contributed to advancing the literature on authentic leadership theory in nursing, specifically in the area of clinical nursing education. The study contributes to new knowledge to the nursing literature with regards to nursing theory, as it shows that authentic leadership may play an integral role in directly enhancing nursing students' self-efficacy and job satisfaction, and indirectly influencing their job performance. The current study's contribution is timely as research relating to nursing and authentic leadership is becoming increasingly popular (Alilyyani et al., 2018; Boamah et al., 2017;

Fallatah & Laschinger, 2016; Laschinger & Fida, 2015; Laschinger & Fida, 2014; Wong & Laschinger, 2013). However, studies with regards to authentic leadership theory and preceptorship is scarce (Giallonardo et al., 2010), even more so with regards to the nursing student's population (Anderson, 2018). This study has also contributed in further advancing the little that is known with regards to authentic leadership and the novice nurse's population of new graduates and final year RN students to now be the first empirical study to also contribute the perspectives of LPN students to the discussion.

This study also adds to the authentic leadership theory as it has been shown that authentic leadership may influence followers' attitudes of job satisfaction and behaviours of job performance through several mediating variables (Avolio et al., 2004). However, this study is the first to test the mediating effect of self-efficacy in the authentic leadership theory model and subsequent effect on followers' attitudes of job satisfaction and behaviours of job performance. According to the results of this study it shows that preceptors as leaders who engage in authentic leadership as perceived by their followers did well in creating a healthy work environment that was nurturing and facilitated students learning, enhanced their self-efficacy, job satisfaction, and job performance, to the extent where some students saw their own authentic identity emerging, which is the main aim of authentic leadership to bring about authentic followership. This study has played a role in advancing the authentic leadership theory literature.

Nursing Education Implications

This study heeded the call of previous studies that suggested exploring the effect of final practicum preceptorship on nursing students' self-efficacy beliefs (Grightmire, 2009). The findings of this study showed a general increase in the nursing students' self-efficacy after the final clinical practicum. This has major implications for nursing education and student preparation through the preceptorship process, and as such, measures should be taken to sustain such results among nursing students. Hence, in addition to nursing schools current practice of collaborating with students to assign them at their clinical placement preference to help students meet their learning goals at this last stage of nurse preparation, research needs to be done to identify effective strategies to use to help nursing students develop a strong sense of competence belief during the final clinical practicum to become self-efficacious nurses.

In bridging this gap in the literature, the current study brought to fore that the relationship shared between the students and their preceptors can influence the students' self-efficacy beliefs and their transition from student to nurse. In line with Myrick (2002) observation that clinical staff response in the relationship shared with nursing students is integral to the students learning, this study showed that the use of relational leadership, such as authentic leadership, can play a pivotal role in positively affecting students learning and subsequent self-efficacy beliefs to nurse. The findings of this study suggest that preceptors may find it beneficial to adapt the principles of the authentic leadership theory to create healthy clinical learning environments as this may enhance the preceptorship experience for the students and influence their self-efficacy positively. As such, nursing research could be conducted to find ways to create nurturing clinical learning environments to enhance the preceptorship experience for students and positively influence their self-efficacy to nurse.

The study has also addressed a major gap in the literature as the literature on preceptorship and competence belief has been inconclusive (Myrick, 2002; Mamchur & Myrick, 2003; Myrick & Yonge, 2004; Rambod et al., 2018), and this study has shown an association between the preceptorship process guided by authentic leadership and nursing students' competence beliefs, their self-efficacy to nurse. A major implication for nursing education that was observed in this study was the preceptor helping the student develop their own nursing identity by giving them freedom to carry out the nursing activities independently and according to their own style, once it was safe for the patient. This shows that nursing preceptors may find it beneficial to be flexible and open during the preceptorship process of final year nursing students. As such, clinical nursing units should move towards having a culture that encourages students' autonomy and independence while receiving guided supervision.

The findings of this study also brought to fore the students' desire to have some form of orientation with the preceptor before the commencement of their clinical placement experience in the acute care and community health settings. This is something that preceptors may not be mindful of. As such, the need for faculty to support preceptors in having an orientation with the student is beneficial, so that students aren't left disappointed and preceptors would not know that this is an expectation of them as they were not informed. Nursing schools could think of enhancing their final clinical practicum orientation by also having orientation with the student and preceptor in the clinical area. So, instead of a one-to-one orientation with the student and preceptor, host a session at the clinical site for all students and preceptors that would be working together at that clinical institution. Consideration could also be given to compensate preceptors for their time to encourage attendance.

Another area that faculty may also be integral in the preceptorship process, is to be more involved in addressing relational issues or conflict that may exist between students and preceptors. Unfortunately, students in this study felt the need to hide their bad experiences due to fear of reprisal, failure, or being isolated. Faculty mentors may be able to combat this by engaging in regular visits to the clinical areas to afford the faculty mentors with a first-hand impression of the preceptor-student relationship and interactions. Regular visits by faculty mentors may also give them an opportunity to garner the quality of the preceptors' leadership style in leading the nursing students learning experience to help them transition smoothly from a student to a nurse. Other nursing stakeholders could also help in addressing areas of conflict and potential concern by reviewing nursing students' reflective journals as they reflect daily on the preceptorship process. Reviewing their journals might help in identifying and addressing challenges and hot spots that the student might be afraid to voice. Therefore, faculty and nurse managers could do ongoing assessments or frequent check-ins with the students and preceptors to timely identify any problems, issues and or challenges that may be blocking the students' progress and identify ways to help the student to be successful. I am in no means suggesting that this should be one sided; but providing an avenue for both students and preceptors to share their concerns and be supported accordingly. Additionally, students should take responsibility for their learning and become knowledgeable about actions that can be taken if they believe they are being bullied or not receiving enough guidance and direction from the preceptor.

Faculty mentors could also precept the preceptor on authentic leadership to take a proactive approach to address relational issues that might inevitably creep up in any human relationships, so as to improve the experience that the student may have during the final clinical practicum experience. This is important as the relationship shared between the preceptor and the nursing student is integral to the enhancement of the nursing student's self-efficacy beliefs during the final clinical practicum experience. Respect, recognition and acknowledgement are particularly important to the next generation of nurses, and it has been the belief that authentic leadership may be helpful in helping this generation of Millennials (Twenge & Campbell, 2008). Hence, it makes sense that preceptors might find it beneficial to practice authentic leadership while helping students to transition from student to nurse, as in the same way preceptors can help students to be successful, the opposite can also be true where preceptors behaviours may hamper a student's success and result in attrition.

Teaching burnout prevention was also seen as integral to the students' success during the final clinical practicum. This is very beneficial to nursing education, as it is integral that nursing students are adequately prepared to meet the demands of nursing. Nursing has been classified as a demanding job and many new nurses have been said to quit the profession due to burnout (Boamah et al., 2017). It is commendable that the preceptors in this study taught the students how to prevent and protect against burnout and this has further implications for nursing as a whole, as nurses who are burnout are more likely to leave the profession (Laschinger et al., 2013). This practice is one that may be built on further by nursing programs to incorporate self-care and burnout prevention strategies into the nursing curriculum, to teach student nurses how to take care of themselves while they care for their patients, to prevent burnout and subsequently poor job satisfaction. In addition to the current attempt to assign students to one of their three preferred placement sites, nursing schools could also take other factors into consideration such as family situation and finances to help students to have a more positive and successful final clinical practicum experience. Table 14 summarises the nursing education implications related to the research findings.

Table 14

Summary of Nursing Education Implications Related to Findings

Research Findings	Nursing Education Implications
General increase in nursing students' self-efficacy post preceptorship.	• Research to find best strategies to use to develop and sustain general self-efficacy increase post preceptorship during the final clinical practicum. • Nursing schools continue to collaborate with students in assigning clinical

	placement preferences. • Research to find ways to create healthy clinical learning environment to enhance the preceptorship experience and positively influence self-efficacy.
Students' developed their own nursing identity during the final clinical practicum experience	• Nurse stakeholders create a culture that encourages students' autonomy. • Preceptors facilitate autonomy and independence of nursing students by being open and flexible.
Students desire a mini preceptor-preceptee orientation	• This is a recommendation the nursing programs could adopt in addition to the final clinical practicum orientation that is held at the nursing schools, to facilitate formal introductions between students and preceptors.
Students who had bad experiences with preceptors expressed fear to voice their challenges.	• Frequent faculty representative visits to the clinical site to observe students and preceptors to quickly identify and address challenges. • Faculty members could support the preceptor to help with conflict management and relationship building. • Involvement of faculty, managers, or educators in reviewing students' progress and reflective notes, to diagnose possible areas of concern in the student-preceptor relationship. • Students become knowledgeable about recourse actions they can take if they are experiencing challenges and bullying during the final clinical practicum experience. If they do not have a satisfactory relationship with the preceptor, students need to take responsibility and act on the option of seeking another preceptor without the fear of penalty or any political bias.

Students were happy to learn burnout prevention strategies.	• Preceptors teach and role model burnout prevention strategies during the final clinical practicum experience. • Nursing schools collaborate with students to determine factors that would facilitate the best placement based on other life circumstances such as family and finances. • Nursing programs incorporate self-care and burnout prevention strategies in the nursing program curriculum and reiterate this as part of the final clinical practicum orientation.

Summary of Implications

In summary, the implications of the current study's findings show the role of preceptors' authentic leadership in enhancing the final clinical practicum experience of nursing students as they make the transition from student nurse to certified RNs and LPNs, who are satisfied and able to perform the roles and responsibilities of a safe and competent nurse. In response to previous calls for further research to expand nurse leaders, researchers, and educators understanding of students' learning experiences that facilitate transition to the nursing role (Grightmire, 2009), the current study has made a move in the right direction to address this by sharing results of how the preceptors' authentic leadership may influence nursing students' self-efficacy beliefs, job satisfaction, and job performance. The preceptorship process gives student nurses the opportunity to work independently and discover their own nursing identity, which may play a part in better preparing them for their role as a future nurse. Preceptors may find it useful to be flexible and allow final year RN and LPN students to practice independently, acknowledge and praise their efforts, and give them the opportunity to take responsibility for the patient care they give.

Conclusions

The purpose of this study was to explore the effects of perceived preceptor authentic leadership on nursing students' self-efficacy, job satisfaction, and job performance during the final clinical practicum experience. The mediating effect of self-efficacy on the relationship between perceived preceptor authentic leadership and nursing students' job satisfaction and job performance was also explored. In this section, the findings and conclusions drawn from the current research are discussed, and may be consider helpful in nurse preparation, preceptor development and enhancement of nurse preceptors' leadership.

The first major finding of this study is that majority of the students perceived their preceptor to demonstrate authentic leadership which caused them to classify the preceptors as ideal and good role models. There are two conclusions that can be drawn from this finding. First, preceptors are indeed leaders. Second, authentic leadership is a great leadership approach for nursing preceptors to adopt, as authentic leadership aligns well with what nursing students desire in an ideal preceptor. Preceptors who are more authentic are seen as good role models and are vital to the profession of nursing and the education model used, where students are often paired with a nurse for mentorship/apprenticeship for varying durations during their nurse preparation. Hence, according to the tenets of authentic leadership, preceptors' demonstration of self-awareness, balanced processing, internalized moral perspective, and relational transparency is important for building trusting relationships with students as they engage in the final clinical practicum experience. It is imperative that the culture of authentic leadership is nurtured in the learning atmosphere, as preceptors become more self-aware and know the impact they are having on students and shaping the next generation of nurses.

Of the authentic leadership tenets, preceptors were seen as moral and ethical where internalized moral perspective was rated highest. This finding confirms that the preceptors are doing well in maintaining the ethos of nursing as altruistic, moral, and caring. The findings here, leads to the conclusion that, preceptors are great leaders to model to the next generation of nurses the core of the profession; which will facilitate the sustainability of the culture and product of nursing to deliver care of high ethical and moral standard with the patient being the focus. As such, it is vital to help preceptors become authentic leaders and enhance the level of authenticity that exist in the preceptor-preceptee relationship, resulting in a by-product of nursing care being given at a high standard, which will further contribute to the longevity of the profession. The product of nursing will be maintained as preceptors continue to demonstrate high internalized moral perspective, and nursing students will follow suit and bring it over into their practice. This will continue from generation to generation, thus, maintaining the caring, moral, and ethical culture of nursing, as we continue to do what is best for the patient.

Preceptors' balanced processing as authentic leaders was rated the lowest. Unfortunately, one may have to conclude that the traditional common practice of nursing to treat students as an extra pair of hands with little regard for their opinions and suggestions may still exist. This is cause for concern, and may be disheartening, however, it is a reflective moment as we come to a place of enlightenment and awareness to see an area of nursing mentorship and preceptorship we need to address. This has been a long-standing practice in nursing where many students, including myself, felt that I was being treated as an employee to combat the frequent nursing staff shortage on the unit, yet, not having the liberty to contribute or make suggestions with regards to changes to patient care. In the same way that studying authentic leadership unearthed this finding of how students are being treated; embracing a culture of authentic leadership can combat this longstanding issue. Hence, it is important to move away from seeing students as competitors or extra pair of hands on the unit, to engaging the principles of authentic leadership where the preceptor as leader has a passion to invest in the student, seeks their opinions, suggestions, and feedback. Preceptors and nursing leadership are encouraged to embrace authentic leadership, where leaders find joy in seeing a follower (nursing student) grow and develop into the best nurse he or she could become.

Another finding was that majority of the students reported a general increase in their self-efficacy after completing the final clinical practicum, which was attributed to preceptors giving students autonomy, independence, hands-on-experiences, and feedback, which further contributed to the students’ development of a personal nursing identity. A conclusion that can be drawn from this is that the preceptorship process is integral in creating the atmosphere to have students experience the four sources of self-efficacy development of mastery experience, vicarious experience, feedback, and positive physical and emotional states. The study confirms the importance of the four sources of influence of self-efficacy development for nursing students’ competence belief to be developed.

The value that students place on developing a personal nursing identity, autonomy and practicing independently while simultaneously receiving guidance from the preceptor speaks to adult learners need to be self-directed, self-sufficient, and self-reliant. However, although they want to be self-directed, the preceptors’ “safety net” was important when the need arises, to provide consistent and wholesome advice as students needed support, feedback, guidance, and mastery experiences which are integral to self-efficacy development. Hence, the preceptorship process is vital to consolidating learning and helping students develop their self-efficacy. As such, it is important to invest in nursing preceptors’ leadership and teaching capabilities, so they are able to invest in students, leading to the creation of competent nurses who are able to provide safe patient care.

The study also found an association between perceived preceptor authentic leadership and nursing students' self-efficacy and job satisfaction. A conclusion to be drawn from this is that a clinical environment pungent with authentic leadership is staged to facilitate and promote nursing students' self-efficacy to nurse. The authentic leader is said to be able to create a nurturing and healthy work environment which has been linked to new graduates and experienced nurses' job satisfaction. The current study confirmed that this is so for nursing students as well, where authentic leadership greatly influenced their job satisfaction. Results for this study provided support for the relevance of authentic leadership in various spheres of nursing.

It was even more interesting to see the overpowering effect of authentic leadership on the nursing students' job satisfaction in the presence of self-efficacy, as the findings showed that self-efficacy did not mediate the relationship between job satisfaction and authentic leadership. It can be concluded that during preceptorship it is important for nursing students to develop nursing competence and self-efficacy, however, nursing students' job satisfaction is greatly influenced by the leadership that the preceptor provides during the final clinical practicum experience. For example, holistic mentoring, where the preceptor related with the student as a person in totality, showing interest in the students' success academically and personally, such as, teaching burnout prevention strategies was vital to the students' job satisfaction. People want to be valued, particularly Millennials who are the next generation of the task force. As such, the study confirmed authentic leadership is a good leadership approach to use with the next generation of workers, as authentic leaders are able to give the feedback, recognition, and clear expectations

Millennials desire, which leads to their job satisfaction. It can be concluded that human relations are vital in all spheres of life, as such, when the students felt cared for by the preceptor, it boosted their job satisfaction. Authentic leadership is therefore vital to nursing students' satisfaction and by extension attraction and retention of competent nurses.

A surprising finding was the lack of direct association between perceived preceptor authentic leadership and nursing student' job performance, but an indirect relationship was noted between the two variables in the presence of self-efficacy. A conclusion that can be drawn is that self-efficacy is a strong influence on nursing students' job performance. It could be argued that students needed to feel self-efficacious as a nurse to feel that they were able to perform the duties and responsibilities associated with nursing. However, it cannot be disregarded that the preceptors' authentic leadership is integral in creating the healthy work atmosphere for the students to thrive, but it is the self-efficacy that is vital for the student to feel that they can competently perform as a nurse.

The study has achieved its purpose in showing the relationships that exists between perceived preceptor authentic leadership and final year nursing students' self-efficacy, job satisfaction, and job performance. Upon reflection of the study's process and the limitations of the study that have been identified, first, I must acknowledge my growth as a researcher. However, I must admit my surprise to the fear and push back I observed from nursing education administrators when they were invited to participate in the study. Some thought it was an evaluation of their nursing program and did not want to participate, after much meetings and dialogue I was grateful to have three of the four schools grant access to the final year nursing students. The lack of enthusiasm of the students to participate in the phases of the study, particularly the interview, was also surprising. The reluctance to participate in research shows the need to build awareness in nursing education about the importance of research and contributing “your” voice on nursing experiences, to enhance the research culture and atmosphere, thus, potentially having a profound impact on policy and possible change for the next generation of nurses.

Based on the contributions of the final year nursing students that agreed to participate in the current study, the results support the validity of authentic leadership theory in nursing. The current research adds to the body of knowledge with regards to how preceptors as leaders can contribute to a healthy clinical learning work environment for nursing students that promotes self-efficacy, job satisfaction, and job performance, which may enhance retention of nurses. Preceptors as authentic leaders can create a nurturing learning environment in line with the authentic leadership theory, thereby facilitating the students’ growth, development, and efficient transition from student nurse to a competent and self-efficacious RN or LPN. Although perceived preceptor authentic leadership has been previously linked to *new graduate nurses’* job satisfaction, this is the first study to link perceived preceptor authentic leadership directly to *nursing students’* self-efficacy and job satisfaction, and indirectly to nursing students’ job performance. This study is also the first to explore the variables of authentic leadership, self-efficacy, job satisfaction, and job performance amongst both RN and LPN nursing population.

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Appendix A

Ten Rules for Drawing Visual Models for Mixed-Methods Designs adapted from Ivankova, Creswell, and Stick (2004)

Give a title to the visual model.

Choose either horizontal or vertical layout for the model.

Draw boxes for quantitative and qualitative stages of data collection, data analysis, and interpretation of the study results.

Use capitalized or lowercase letters to designate priority of quantitative and qualitative data collection and analysis.

Use single-headed arrows to show the flow of procedures in the design.

Specify procedures for each quantitative and qualitative data collection and analysis stage.

Specify expected products or outcomes of each quantitative and qualitative data collection and analysis procedure. Use concise language for describing procedures and products.

Make your model simple.

Size your model to a one-page limit

Appendix B

Title: Student Nurses' Perception of Preceptors' Authentic Leadership Effect on Self-Efficacy

Self-Administered Questionnaire 1

To be administered pre-Final Clinical Practicum

Instructions: Please answer the questions by ticking the appropriate boxes and writing responses in the spaces provided.

Participants' Surname and first name: ____

(***Reminder:*** *your name will be replaced with a code; no one will have access to your responses*).

Social and Demographic Data

1. What is your gender? [ ] male [ ] female [ ] prefer not to disclose [ ] you don't have an option that applies to me. I identify as ____
2. State your age at last birthday? _______________
3. What is your school of enrollment? (Please state) __________________________________
4. Which healthcare setting are you completing the final clinical practicum?

   [ ] hospital [ ] community
5. What unit or specialization are you completing the final clinical practicum (Please state eg. Emergent Care A&E, ICU)

   ____

Adapted Self Efficacy Scale Items

Please respond to each statement below by choosing a number from 1 to 4 on the Likert scale by using the following key.

1 = Not at all true 2 = Hardly true 3 = Moderately true 4 = Exactly true

6. I can always manage to solve difficult problems in the clinical unit if I try hard enough.

1 2 3 4

7. If someone opposes me in the clinical unit, I can find the means and ways to get what I want.

1 2 3 4

8. It is easy for me to stick to my aims and accomplish my goals in the clinical unit.

1 2 3 4

9. I am confident that I could deal efficiently with unexpected events in the clinical unit.

1 2 3 4

10. Thanks to my resourcefulness, I know how to handle unforeseen situations in the clinical unit.

1 2 3 4

11. In the clinical unit, I can solve most problems if I invest the necessary effort.

1 2 3 4

12. In the clinical unit, I can remain calm when facing difficulties because I can rely on my coping abilities.

1 2 3 4

13. When I am confronted with a problem in the clinical unit, I can usually find several solutions.

1 2 3 4

14. If I am in trouble in the clinical unit, I can usually think of a solution.

1 2 3 4

15. I can usually handle whatever comes my way in the clinical unit.

1 2 3 4

Appendix C

Title: Student Nurses' Perception of Preceptors' Authentic Leadership Effect on Self-Efficacy

Self-Administered Questionnaire 2

To be administered post Final Clinical Practicum

Instructions: Please answer the questions by ticking the appropriate boxes and writing responses in the spaces provided.

Surname and first name: ____

(***Reminder:*** *your name will be replaced with a code; no one will have access to your responses*).

1. How long have you been working with your final practicum preceptor?
   [ ] 2months [ ] 3months [ ] > 3months

Authentic Leadership Questionnaire (Bruce J. Avolio, 2007)

The following survey items refer to your preceptor's leadership style, as you perceive it. Judge how frequently each statement fits his or her leadership style using the following scale:

0=Not at all, 1= Once in a while, 2= Sometimes, 3= Fairly often, 4= Frequently, if not always

My Leader (Clinical Nurse Preceptor): *Condition of ALQ permission can only publish 3 sample questions*

2. [redacted] 0 1 2 3 4
3. [redacted] 0 1 2 3 4
4. [redacted] 0 1 2 3 4
5. [redacted] 0 1 2 3 4
6. [redacted] 0 1 2 3 4
7. [redacted] 0 1 2 3 4
8. [redacted] 0 1 2 3 4
9. [redacted] 0 1 2 3 4
10. makes difficult decisions based on high standards of ethical conduct 0 1 2 3 4
11. solicits views that challenge his or her deeply held positions 0 1 2 3 4
12. [redacted] 0 1 2 3 4
13. [redacted] 0 1 2 3 4
14. [redacted] 0 1 2 3 4
15. [redacted] 0 1 2 3 4

16. [redacted] 0 1 2 3 4
17. shows he or she understands how specific actions impact others 0 1 2 3 4

Adapted Self Efficacy Scale Items

Please respond to each statement below by choosing a number from 1 to 4 on the Likert scale by using the following key.

1 = Not at all true 2 = Hardly true 3 = Moderately true 4 = Exactly true

18. I can always manage to solve difficult problems in the clinical unit if I try hard enough.
1 2 3 4

19. If someone opposes me in the clinical unit, I can find the means and ways to get what I want.
1 2 3 4

20. It is easy for me to stick to my aims and accomplish my goals in the clinical unit.
1 2 3 4

21. I am confident that I could deal efficiently with unexpected events in the clinical unit.
1 2 3 4

22. Thanks to my resourcefulness, I know how to handle unforeseen situations in the clinical unit.
1 2 3 4

23. In the clinical unit, I can solve most problems if I invest the necessary effort.
1 2 3 4

24. In the clinical unit, I can remain calm when facing difficulties because I can rely on my coping abilities.
1 2 3 4

25. When I am confronted with a problem in the clinical unit, I can usually find several solutions.
1 2 3 4

26. If I am in trouble in the clinical unit, I can usually think of a solution.
1 2 3 4

27. I can usually handle whatever comes my way in the clinical unit.
1 2 3 4

Global Job Satisfaction Survey (Quinn & Shephard, 1974)

For questions 31 - 36, please circle the number that best reflects your rating of each item:

28. If you had to decide all over again whether to take the job you now have, what would you decide?
    Definitely not take the job 1 2 3 4 5 Definitely

29. If a friend asked if he/she should apply for a job like yours with your employer, what would you recommend?
    Not recommend 1 2 3 4 5 Recommend

30. How does this job compare with your ideal job?
    Not ideal 1 2 3 4 5 Close to ideal

31. How does your job measure up to the sort of job you wanted when you took it?
    Not like I wanted 1 2 3 4 5 Like I wanted

32. All things considered, how satisfied are you with your current job?
    Not satisfied 1 2 3 4 5 Completely satisfied

33. In general, how much do you like your job?
    Not at all 1 2 3 4 5 A great deal

General Performance Scale (Roe et al. 2000)

Instructions: Think about your performance at work. For each statement, circle the number of the term that best describes your performance by using the following key:

1=completely wrong 2=mainly wrong 3=partially right, partially wrong 4= mainly right

5=completely right

34. I am known to perform better than my colleagues.
    1 2 3 4 5

35. I think I deserve a very good evaluation by my preceptor.
    1 2 3 4 5

36. Compared to the standards I usually get good results from my work.
    1 2 3 4 5

37. My achievements are usually better than those of others.
    1 2 3 4 5

38. There are no or few complaints about the quality of my work

1 2 3 4 5

39. If there are some difficult things to be done, they are usually given to me.
1 2 3 4 5

40. My colleagues often ask me for advice about difficulties in their work.
1 2 3 4 5

41. I take more work than the other people in our team.
1 2 3 4 5

Thank you for participating

Appendix D

Email to Deans of the Nursing Schools to gain permission to access the Students

Hello Nursing School Dean,

I am reaching out to you to invite the participation of the final year nursing students in my PhD research program focusing on students' perception of the final clinical practicum and its influence on their self-efficacy, job satisfaction, and job performance.

I am happy to report that I have received ethics approval from (Nursing School's) Research Ethics Board (see attachment).

I would be happy to meet with you to discuss the study further and to seek your guidance for recruitment. If you are unable to meet with me and you agree for the students to participate, could you please connect me with the final year nursing students term lead to facilitate a discussion re recruitment and the possible way forward for data collection. I may be contacted by email or at [telephone number].

The discussion with the team lead would be about possible assistance in facilitating the initial meeting with the students. I am requesting to meet with the students for 15minutes at the beginning or end of a class period, whichever would be best, so I can invite the students to participate in the study. I will not be asking any faculty member or staff to assist me in recruiting the students. The only role of the faculty member would be my point of contact to let me know the class time that would best work for me to come and meet with the students to invite participation. I have attached a copy of the recruitment letter that will be read to the students, they will also be asked to complete the informed consent should they agree to participate.

Should the students have any questions after I meet with them please advise faculty members to direct the students to me. They can connect with me by email [email address] or telephone [telephone number].

Thank you in advance for your kind consideration.

Best regards,
Venise

Appendix E

Invitation Letter to Participate in Research Study

Venise Bryan
Graduate Programs in Education
Werklund School of Education

Dear Potential Participant,

RE Proposal – Student Nurses' Perception of Preceptors' Authentic Leadership Effect on Self-Efficacy.

This is to request your participation in the above study that focuses on final year nursing students completing the final clinical practicum who are enrolled in the baccalaureate/diploma nursing program. The purpose of this study is to describe and interpret the relationships between perceived preceptor authentic leadership and nursing students' self-efficacy, job performance, and job satisfaction in Calgary, Alberta. The study's goal is to understand the dynamics of the final clinical practicum from the students' perspectives, and to identify how the preceptor's leadership of the student's learning experience during the clinical practicum influence the student's nursing competence belief, job satisfaction, and job performance.

The study is being supervised by Dr. Salvatore Mendaglio, who I have been working with closely. It is my intention to solicit the views of final year nursing students completing the final clinical practicum in a hospital or community healthcare setting and will be working with one preceptor consistently for at least two months. The University of Calgary Conjoint Faculties Research Ethics Board have approved this research study. Participants will be asked to complete a self-administered questionnaire before and after their final clinical practicum experience and possibly an interview. It is anticipated that data collection will be done between January and September 2018. All data collected will be kept confidential, and there will be no ill-effect to you should you decided to participate. There are no anticipated risks associated with this study, and you always have the option of opting out at any time should you decide you no longer want to participate in the research. Whether you participate in the study or not, this will have no negative effects on your academic progress or your final clinical practicum experience with your preceptor, nor employment opportunities post-graduation.

Your participation would be greatly appreciated and will be valuable in helping to enhance and understand the clinical nursing experience of novice nurses in various healthcare settings. Should you decide to participate please refer to and sign the Informed Consent and complete questionnaire 1. Questionnaire 2 and a possible interview will be done post final practicum and will be done on your personal time.

Thank you for your kind consideration.

Sincerely yours,

Venise Bryan (RN/PhD Candidate)

Appendix F

Informed Consent Form

UNIVERSITY OF CALGARY

Name of Researcher, Faculty, Department, Telephone & Email:

Venise Bryan, PhD Candidate, Werklund School of Education, Telephone: [telephone number], Email: [email address]

Supervisor: Dr. Salvatore 'Sal' Mendaglio, Werklund School of Education, Email: [email address]

Title of Project: Student Nurses' Perception of Preceptors' Authentic Leadership Effect on Self-Efficacy

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This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask Venise Bryan via email at [email address] or Dr. S. Mendaglio at [email address]. Please take the time to read this carefully and to understand any accompanying information.

The University of Calgary Conjoint Faculties Research Ethics Board and [other nursing schools] have approved this research study.

Your participation in this study is voluntary and it is important.

Purpose of the Study

The purpose of this study is to describe and interpret the relationships between perceived preceptor authentic leadership and nursing students' self-efficacy, job performance, and job satisfaction in Calgary, Alberta. The study goal is to understand the dynamics of the final clinical practicum from the students' perspectives, and to identify how the preceptor's leadership of the student's learning experience during the clinical practicum influence the student's nursing competence belief, job satisfaction, and job performance. You are invited to participate in this study because you are currently completing the final clinical practicum in a hospital or community healthcare setting.

What Will I Be Asked To Do?

As a nursing student completing the final clinical practicum you are invited to participate in a two phase study involving completing 2 questionnaires and possible participation in an interview.

Phase 1 includes the completion of the two questionnaires:
Questionnaire 1 will be offered at the beginning of the semester at the initial stage of your clinical

practicum experience during one of your classroom sessions. This 15-item questionnaire might take 5minutes to complete.

Questionnaire 2 will be offered at the end of the semester. This 41-item questionnaire might take 15 minutes to complete. It will be emailed to you at the email address you provide on page 3 post final clinical practicum and will be done on your personal time.

Phase 2 involves a 30minutes audio recorded interview to allow participants to share their experiences and facilitate a deeper understanding of the students' perception of preceptors' authentic leadership during the final clinical practicum and possible influence on nursing competence beliefs, job satisfaction and job performance. Participants (20) who had very high or low scores on the scales from phase 1 may be selected for the interview. If selected this will be done on your personal time.

You may also review the transcripts of the interview and note any changes you would prefer at any time prior to December 31, 2018.

Participating in any of the phases of the study including the follow up phase is completely voluntary. To facilitate follow-up please provide your preferred contact information below in the signature section.

You may refuse to participate altogether, may refuse to participate in parts of the study, may decline to answer any and all questions, and may elect to withdraw from the study at any point after consenting to participate simply by emailing Venise Bryan [email address] directly. Prior to December 31, 2018, all data you offer will be deleted from the study should you decide to withdraw.

What Type of Personal Information Will Be Collected?

All personal information collected in this study will be kept confidential.

Should you agree to participate, you will be asked to provide your name, gender, age, school of enrollment and the clinical setting in which you are completing the final clinical practicum.

All data gathered from you will be retained to the point of withdrawal, or you may elect to have your interview data deleted. The Nursing Faculty office or any office or other researcher will **never** have access to your questionnaire or recorded interview data.

Are there Risks or Benefits if I Participate?

No. There are no risks to participating in this study. Your responses to the questionnaire items and in the possible 30-minutes interview will be secured and de-identified, and all information offered in the study will be kept in the strictest confidence by the researchers. Study readers will not see data other than in its de-identified form(s), meaning **your pseudonym would represent any interview data you provide** and we take all reasonable precautions in reporting to assure that you cannot be identified. **Your instructor, preceptor or any university office will never see your questionnaire or interview data**. Whether you participate in the study or not, your academic standing and graduation, nor employment opportunities post-graduation, will not be impacted by participation in this study.

The **benefit** of participating in this study will be an understanding of the clinical preceptorship experience for nursing students to develop nursing competence and achieve job satisfaction and job performance. From this, a set of ideas for preceptors and leaders involved in the clinical preceptorship experience of novice nurses may be identified to enhance the preceptor's leadership of novice nurses learning experience as they transition into their nursing roles.

What Happens to the Information I Provide?

Participation is completely voluntary, and data will be kept confidential. You are free to discontinue participation at any time during the study. No one except the researcher and her supervisor will be allowed to see or hear any of the answers to the questionnaire or the interview tape. Only group information will be summarized for any presentation or publication of results. The questionnaires are kept in a locked cabinet only accessible by the researcher and her supervisor. The coded and de-identified data will be stored and encrypted on a hard drive.

Signatures

Your signature on this form indicates that 1) you understand to your satisfaction the information provided to you about your participation in this research project, and 2) you agree to participate in the research project.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time prior to December 31, 2018. You should feel free to ask for clarification or new information throughout your participation.

Participant's Name: (please print) ____

Participant's Signature: ____________________________________ Date: ____________

Researcher's Name: (please print) ____

Researcher's Signature: __________________________________

Contact information for follow-up purposes

Participant's email: ____

Participant's telephone number: ____

Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please contact: Ms. Venise Bryan, Werklund School of Education, [telephone number], [email address] or Dr. Salvatore 'Sal' Mendaglio, Werklund School of Education, [telephone number], [email address].

If you have any concerns about the way you’ve been treated as a participant, please contact the Research Ethics Analyst, Research Services Office, University of Calgary at [telephone number]; [email address].

A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.

Appendix G

Interpreting Pearson's Correlations (*r*) values guide

Table showing Value of r interpretation

Correlation Value *(r)*	Interpretation
< 0.2	Slight; almost negligible relationship
0.2-0.4	Low correlation; definite but small relationship
0.4-0.7	Moderate correlation; substantial relationship
0.7-0.9	High correlation; marked relationship
0.9-1.0	Very high correlation; very dependable relationship

Note. Adaptation from Sprinthall's (1987). These were first verbally suggested by the statistician Guilford.

Appendix H

Sample Email to Students Inviting Them to Participate in Phase Two

Hello

Thank you for being a participant in the research entitled “Student Nurses' Perception of Preceptors' Authentic Leadership Effect on Self-Efficacy”.

I am reaching out to you because you had submitted your number to be contacted for a possible discussion re your final clinical practicum experience. This discussion can be done at your convenience over the telephone and will not last longer than 30 minutes.

Please let me know when you would be available for this quick telephone conversation anytime between September 19 – 30.

This email is a follow-up to previous telephone contact on 12/9/18(for example).

Let me reassure you that your participation remains voluntary and confidential.

Thank you in advance for your help.

Best regards,
Venise

Appendix I

Interview Guide

Perceptions of nursing students' preceptor authentic leadership and self-efficacy in clinical practice

Preamble: The purpose of this interview is to discuss your relationship with your preceptor to explore in more breadth and depth factors that influenced your perceptions of the preceptor's authentic leadership, your self-efficacy, job satisfaction, and job performance. In reference to the soft copy of the informed consent that was sent to you in the email to set up this interview, I would just like to emphasize, before we begin that there is no impact on your academic standing, graduation, or professional practice after graduation by participating in this study. You also have the right to withdraw your data any time prior to December 31, 2018. Do you understand?

1. Do you agree to continue with your participation in this interview?
2. Where did you do your placement?
3. How did you get placed there? (Follow-up to clarify if needed: did you asked to be placed there or did they just put you there?)
4. How long were you there for?
5. What was your first impression of your placement site?
6. What was your first impression of the preceptor?
7. How did your first meeting with the preceptor go?

Let's talk about your experience a bit here...

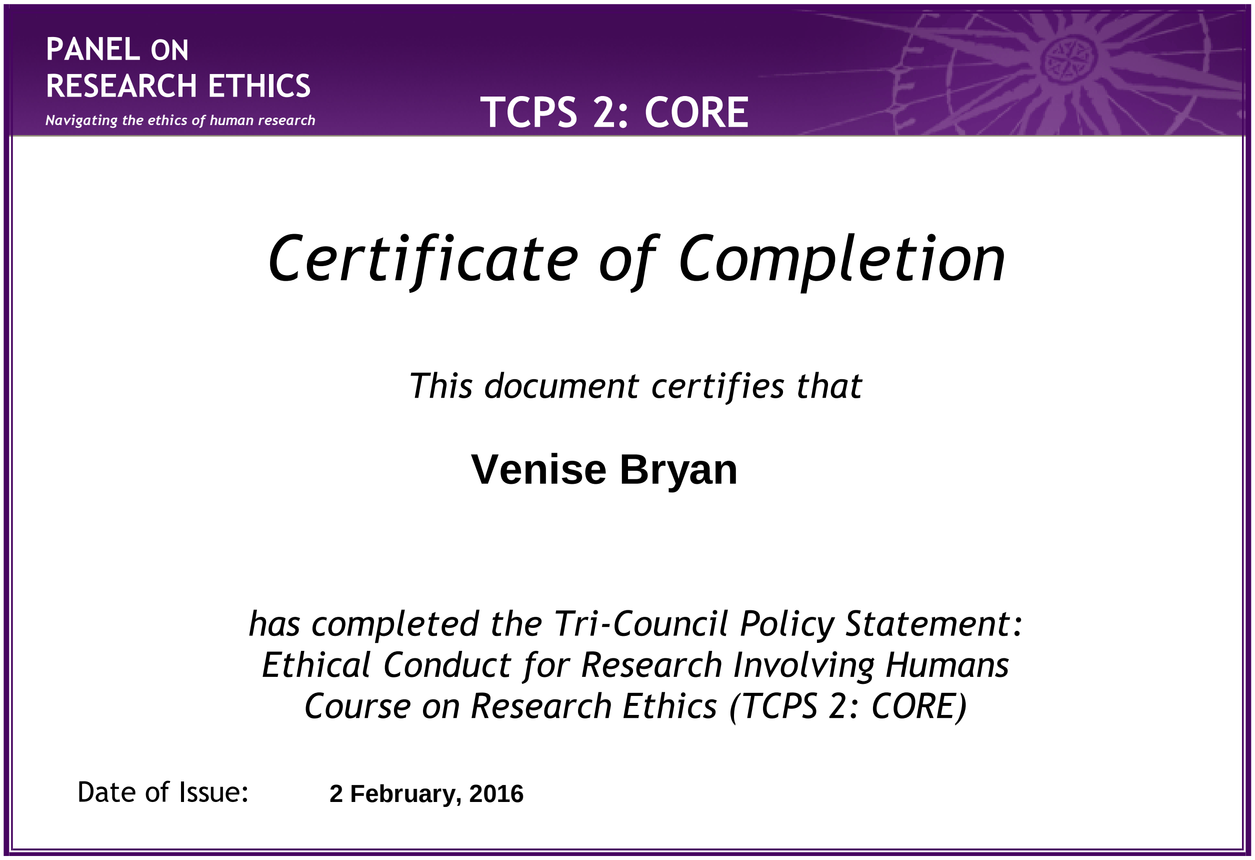
8. So, my understanding is that at the start of practicum you shadow the supervisor, then eventually you have a full patient assignment. What was your first couple of weeks like?
9. So, how would you rate your experience, good, average, or needs lots of improvement?
    a. Would you mind sharing an example of why you rated your experience as such?
    b. Could you elaborate on what the preceptor did to make you feel this way?
10. Did the preceptor have an influence on your view of yourself as a nurse during your clinical placement?
11. How would you describe the style your preceptor used in leading/guiding you on a daily basis?
    a. Can you share an example?
12. Did your experience with your preceptor influence you in wanting to become a nurse like him or her?
13. Please share some examples with me of where the preceptor influenced:
    a. Your ability to perform?
    b. Your overall satisfaction with nursing as a career?
14. Was the preceptor open to hearing your viewpoints even if they were different from his or hers?
    a. Can you share an example?
15. How did you and your preceptor collaborate to identify learning opportunities?
    a. Was this process integral in contributing to your competence belief?

So, to get into your responses from the questionnaire, overall you rated...

16. Discuss student's ratings of preceptor's authentic leadership, student's self-efficacy; job satisfaction and job performance from quantitative data in phase one.
17. Finally, I want you to think about your ideal preceptor, tell me what that person would be like in terms of:
    a. Helping you develop your competence as a nurse?
    b. How could they help you to achieve maximum satisfaction with your job as a nurse?
    c. How could they help you enhance your overall performance for you to feel like a competent or proficient performer?
18. This is the end of the interview, is there anything additional you would like to share?
19. Well, thank you so much for chatting with me. So, what will happen next, I will do up the transcript and I will send it to you so that you can review it or if you want to make any adjustments. However, if I do not hear back from you is it okay if I use the original script?

Appendix J

CORE Certification



PANEL ON
RESEARCH ETHICS

Navigating the ethics of human research

TCPS 2: CORE

Certificate of Completion

This document certifies that

Venise Bryan

has completed the Tri-Council Policy Statement:
Ethical Conduct for Research Involving Humans
Course on Research Ethics (TCPS 2: CORE)

Date of Issue: **2 February, 2016**

Appendix K

mind garden

Venise Bryan

To whom it may concern,

This letter is to grant permission for Venise Bryan to use the following copyright material for his/her research:

Instrument: Authentic Leadership Questionnaire (ALQ)

Authors: Bruce J. Avolio, William L. Gardner, and Fred O. Walumbwa

Copyright: 2007 by Bruce J. Avolio, William L. Gardner, and Fred O. Walumbwa

Three sample items from this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

The entire instrument may not be included or reproduced at any time in any published material.

Sincerely,

Mind Garden, Inc.
www.mindgarden.com

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Appendix L

Permission to use Adapted Self-Efficacy Scale

RE: The Adapted Self Efficacy Scale

Lynn E George
Fri 26/05/2017 06:32
To:Venise Bryan
☐ 1 attachments (20 KB)

Venise: You may certainly use the Adapted Self Efficacy Scale for your research project. We ask only that you appropriately cite the source. Attached is the adapted tool.

Best wishes with your research project.
Lynn E. George, PhD, RN, CNE
Dean, College of Health and Wellness

From: Venise Bryan
Sent: Thursday, May 25, 2017 6:04 PM
To: Lynn E George;
Subject: The Adapted Self Efficacy Scale

Dear Dr. George, Dr. Locasto, Dr. Pyo, and Dr W Cline,

Hope this email greets you well.

I am a PhD student at the University of Calgary and I am interested in studying nursing students' self-efficacy in relation to their final clinical practicum experience. In reviewing the literature, I came across your 2017 article "
Effect of the dedicated education unit on nursing student self-efficacy: A quasi-experimental research study ". Of all the self-efficacy scales I have reviewed, your scale is best suited for what I want to achieve from my study, actually using a similar pre and post clinical survey administration.

I would love to use your self-efficacy scale in my Doctoral study and so I am asking if you would be able to grant me permission and access to it. I would use the proper citation and will adhere to your wishes as the developers.

Looking forward to your kind response.

Kind regards,
Venise

Appendix M

Permission to use General Performance Scale

Re: Fw: General Performance Scale

ltenhorn
Fri 12/05/2017 08:55
To:Venise Bryan

Dear Venise,
Of course you may use our general performance scale. I will send you the required information in a few days.
It's a long time ago we did our study in Bulgaria, Hungary and the Netherlands, so I have to rummage through my old files and piles to find what you need. However, I'm sure to find the stuff.
We used the instrument in several projects. We also compiled a Manual and technical report on all the instruments we used in these studies.
The instrument you are interested in is in it as well.
I'll send the information as soon as I will have located it.
It will not be long.
Best wishes,
Laurens A. ten Horn
[Address]
[email address]

Venise Bryan schreef op 2017-05-12 05:00:
> Hello Dr. Ten Horn ,
>
> Hope this email greets you well.
>
> I am a PhD student at the University of Calgary and I am interested in
> studying nursing students' self-efficacy in relation to their final
> clinical practicum experience. In reviewing the literature I came
> across your 2000 article "Comparison of Work Motivation in
> Bulgaria,Hungary, and the Netherlands: Test of a Model". I would love
> to use the general performance scale you used in my Doctoral study.
> However, I was trying to access it through the reference provided in
> the reference list and was not able to do so. Would you be able to
> guide me into how to get access to the scale?
>
> I would use the proper citation and will adhere to your wishes as the
> developer.
>
> Looking forward to your kind response.
>
> KInd regards,
>Venise

Appendix N

Determining trustworthiness with Braun and Clarke's (2006) guidelines for good thematic analysis

A 15-Point Checklist of Criteria for Good Thematic Analysis

Process	**No.**	**Criteria**
Transcription	1	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'.
Coding	2	Each data item has been given equal attention in the coding process.
	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive.
	4	All relevant extracts for all each theme have been collated.
	5	Themes have been checked against each other and back to the original data set.
	6	Themes are internally coherent, consistent, and distinctive.
Analysis	7	Data have been analysed – interpreted, made sense of - rather than just paraphrased or described.
	8	Analysis and data match each other – the extracts illustrate the analytic claims.
	9	Analysis tells a convincing and well-organised story about the data and topic.
	10	A good balance between analytic narrative and illustrative extracts is provided.
Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.
Written report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated.
	13	There is a good fit between what you claim you do, and what you show you have done – i.e., described method and reported analysis are consistent.
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis.
	15	The researcher is positioned as *active* in the research process; themes do not just 'emerge'.