HELP-GIVING ORIENTATION AND PERCEPTIONS OF SUPPORT: A MODEL
FOR NEWCOMER ADJUSTMENT IN NURSE PRECEPTOR PROGRAMS

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A Thesis

Presented to

The Faculty of the Department

of Psychology

University of Houston

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In Partial Fulfillment

Of the Requirements for the Degree of

Bachelor of Science

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By

Paul Angus Niziol

May, 2019

(SIGNATURE PAGE)

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ABSTRACT

Modern healthcare systems are faced with increasing challenges beyond the traditional realms of patient care. Nurses function as indispensable care providers yet widely publicized are the challenges nurses face upon entering new hospital environments. Research has shown nurse preceptor programs are beneficial in reducing new nurse hire turnover but wide-scale differences in preceptor programs make consensus on what constitutes a good preceptor program difficult. Looking into the interpersonal factors relevant to preceptor-preceptee relationships is a way more applicable data can be gathered for the development of better preceptor programs. This thesis presents a model for nurse preceptor help-giving orientation and its relationships to newcomer adjustment through perceptions of support. Data was collected through a large hospital system with 231 new nurse hires' and 100 nurse preceptors completing the survey. Significant relationships were found between preceptor autonomous help-giving and both instrumental and emotional support, ($\beta = .80, p < .01$) and ($\beta = .78, p < .01$) respectively. Preceptor autonomous help-giving had significant relationships directly with both task mastery and performance, ($\beta = .38, p < .01$) and ($\beta = -.33, p < .05$) respectively. No significant relationships between social adjustment and any other model variables were established. Findings indicate that autonomous help-giving has a powerful role in newcomer adjustment while also establishing the need for additional research on interpersonal aspects of preceptor programs as only some newcomer adjustment variables were related to preceptor help-giving orientation.

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Introduction

Today our modern healthcare system represents a turbulent environment where new hires across all aspects of the industry face increasing nurse shortages, advanced medical technology, high levels of patient acuity, and scare resources (Scott, Keehner, & Melvin, 2008). The inability for new nurse graduates to adapt to such difficult working environments leads to turnover rates within the first year of employment being at levels between 35-65% (Beecroft, Dorey, & Wenton, 2008). The retention of these new nurse graduates is essential for a properly functioning healthcare system so that eventual experienced nurses are available to effectively deliver patient care. Healthcare administrators are thus challenged with the task of creating a more efficient transition period for these new nurse graduates in a means that seeks to lower the turnover rates for said graduates.

Hodges, Keeley, and Troyan (2008) describe the transition period as one booked with extensive learning, yet still seen as a stressful rite of passage among experienced nurses. New nurse graduates continually cite the development of professional competence and confidence as the most challenging aspects of the transition from new nurse graduate to experienced practitioner. Preceptors, defined as the one-on-one pairing of an experienced nurse with a less experienced nurse, help foster a means of easing the transition, with the preceptor acting as a support network to answer questions, ease stress, and fill knowledge gaps that can be present among new nurses (Giallonardo, Wong, & Iwasiw, 2010). A multitude of studies showcase the benefits that preceptor programs can bring to new nurse graduates, with turnover rates lowered by 15-37% (Pine & Tart, 2007), increased confidence and competence (Mills & Mullins, 2008), and better quality of care (Giallonardo et al., 2010).

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The present research seeks to pick apart the preceptor-preceptee dynamic to identify the components important to the effective adjustment of new nurse hires. Currently, knowledge of how to design effective, evidence-based preceptor programs is limited due to the large variability in preceptor programs from one hospital to another, and the lack of systematic evaluation of existing preceptor programs. One way I, and other researchers, seek to overcome this barrier is to consider the interpersonal interactions relevant across all preceptor-preceptee relationships. Analyzing the mechanisms at play for how a preceptor assists the adjustment of new nurse hires will hopefully expand the ability of hospitals to improve their preceptor programs above and beyond the curriculum differences that exist between hospitals. At the core of preceptor programs is the ability of the preceptor to procure help to their preceptee as means to educate and improve upon the skills of the new nurse hire. The goal of this thesis is to analyze ways in which nurse preceptors give help to their preceptees during their adjustment to a new workplace. Thus, I propose a conceptual model that explains that nurse preceptors' approaches to help-giving may positively influence newcomer adjustment to the workplace, and I examine perceptions of instrumental and emotional support as explanatory mechanisms for these relationships.

Background on Preceptor Programs

Research on the dynamics of the preceptor-preceptee program has been conducted more often in recent years, as the implementation of a preceptorship program becomes more common across hospitals. For hospital administrators, knowing the factors that influence the development of a successful relationship between a preceptor and a

preceptee becomes more important as hospitals seek to continually improve the transition and training of new nurse graduates.

Extant research on the preceptor-preceptee relationship highlights a lack of uniformity and standardization from hospital to hospital in how newly graduated nurses are to be trained (Lalonde & Hill, 2016). The discrepancies can be troubling for nurse educators who are looking to implement the best methods as possible, as findings from one hospital's program might not apply to another hospital with a differently designed preceptor program. Educators guided with the knowledge of who makes the best preceptor could then experiment with a variety of programs to effectively equip the best people for the job with the best tools for the job. The end goal of developing specificity in a preceptor program is to create an optimized system.

When discussing the importance of perception within the preceptor-preceptee relationship, much of the research has focused on how the preceptee felt regarding the program and what their thoughts were regarding their preceptor. The results of various studies surrounding this area of preceptorship make it difficult to draw meaningful conclusions on where future changes to preceptor programs need to be made. Conclusions from Sarcona (2015) show that there are variety of traits: interpersonal relationship quality, and clinical competence, that preceptees identify as important. However, these results contrast with those from Lalonde and Hall (2016), who found a significant positive correlation between a preceptor's level of conscientious, emotional stability, and openness with worker turnover. These conflicting results could be explained by the absence of any kind of universal standard describing what the qualifications or characteristics of preceptors are important and effective for developing new nurse

graduates. The ideal characteristics of a preceptor could differ with the program, organizational culture, and working environment of the new nurse graduate; currently, the lack of research within this area makes it difficult to draw meaningful conclusions regarding preceptor programs.

Preceptors must be capable of acting as a cornerstone in building the foundation of a new nurse graduates' professional competence, and their perception of the preceptor program and the preceptor's role within it has the potential to influence their ability to develop the next generation of experienced nurses. Despite the important role that the preceptor plays in the process of nurse education and the increasing number of nurses participating in the preceptor program, there exists a significant number of nurses who do not commit to maintaining the role of preceptor and this trend is global, although the exact reasons why are not clear (Hyrkas & Shoemaker, 2007). Many ideas circulate around why this trend exists among nurse preceptors. Omansky (2010) attributes this lack of commitment to the complex and multi-faceted role that a nurse preceptor holds combined with the normal stress of a nurse, leading to a potential increase in burnout and workplace turnover.

Nurses stepping out of a formal education program possess the knowledge necessary to perform the required duties but lack the confidence and competence to be solely trusted with many patient care scenarios. Preceptor programs hope to serve as a guiding hand through the building process of a new nurse's competence but not all help is created equal. Preceptees benefit from an engaging preceptor who can provide them with the confidence to perform a variety of patient-care responsibilities without becoming overbearing and simply solving the problems for the preceptee (Bamberger, Geller, &

Doveh 2017). Like the characteristics and attitudes of a parent teaching a child how to ride a bike, a preceptor should possess the qualities necessary to prioritize the development of a new nurse's skills with an empowering mindset to offer help when needed, but also allowing the nurse to work through job-related tasks with varying degrees of independence. Understanding the components of the preceptor-preceptee relationship that are most functional in the upbringing of new nurse hires' is critical for future efforts in creating more effective preceptor programs. Within this thesis, the various ways preceptors provide help to their preceptees will be explored to see the effects of help-giving orientations on the adjustment of new nurse hires.

Help-Giving within Preceptor-Preceptee Relationships

At the core of the preceptor-preceptee relationship is a well-defined dynamic of support, with the preceptor functioning as a mentor and expert in relation to the job tasks assigned to the preceptor-preceptee team. Acting as an expert, the preceptor helps to fill the gaps between the new nurse hires' knowledge in the completion of job-related tasks through the provision of help. Based on previous literature, help-giving can be differentiated into two functionally independent styles. Autonomous help-giving refers to the intention of the preceptor to provide the preceptee with the tools needed to solve the problems on their own, whereas dependent help-giving involves the preceptor directly solving the preceptees' problem or work-related task (Nadler, 2002). To put these different orientations of help into a more specific context, a preceptor helping to talk a preceptee through a problem to instill the ability of the preceptee to solve it on their own is defined as autonomous help. In contrast, a preceptor noticing that a preceptee is

overwhelmed with a large number of patients and electing to take a few of them off his/her hands would be considered a form of dependent help.

Previous studies on help-giving orientations have focused on the power structures mediating the relationship between helper and helpee (Nadler & Chernyak-Hai, 2014; Halabi, Dovidio, & Nadler, 2008), and in context of in-group versus out-group help (Koopman, 2016). More specific to help in the workplace, studies have explored help-giving orientations regarding who is giving the help (coworker versus supervisor), with Alvarez and van Leeuwen (2015) finding that autonomous help-giving as opposed to dependent help-giving led to recipients feeling more empowered with a stronger desire to continue working (Maki, Vitriol, Dwyer, Kim, & Snyder, 2017). Currently, there stands a lack of research into help-giving orientation as related to the preceptor-preceptee relationship where defined superiority (i.e., teacher over student) gradually fades as new hires become an independent functional aspect of the work-team. Insight into the preceptor-preceptee relationship with regard to help-giving will bolster current literature by examining the effect of both styles of help over a consistent preceptee training period while the resultant changes to a new hires adjustment can be examined as the formal preceptor-preceptee relationship graduates to coworker-coworker.

How Do Help-giving Orientations Relate to New Hire Adjustment?

The stark differences between the two styles of helping has implications in the preceptees perceived level of support from their preceptor. My model considers the effect of a preceptor's autonomous or dependent help-giving on a preceptees perceived level of support. In the context of my model, the perception of support can be split into two different types of support, instrumental and emotional. Support, and its perception are

what I believe to important factors in newcomer adjustment. Helping a preceptee learn how to operate a new piece of healthcare equipment (i.e., instrumental support) and listening to a preceptee vent about their questions and concerns regarding a patient (i.e., emotional support) are respective examples of the many ways a good preceptor can support their preceptee. I suggest that new nurse hires' that are best supported within their work environment will have more cognitive resources to spend adapting to the work environment without excessive job-strains affecting wellbeing. Furthermore, I propose that these perceptions of support facilitate newcomer adjustment, which I operationalize as which self-efficacy in job demands (task mastery), organizational socialization (social adjustment), and appraisal information regarding performance (task performance), consistent with Bauer, Bodner, Erdogan, Truxillo, and Tucker (2007). Figure 1 displays the hypothesized model to explain preceptor help-giving behaviors and resulting relationships through support that lead to the adjustment of new nurse hires.

Helping behaviors like those listed above represent valuable resources to preceptees when emotional and cognitive demands exceed the capacity of inexperienced nurses. These excessive demands manifest in both direct and indirect effects on employee-wellbeing and job demands respectively (Viswesvaran, Sanchez, & Fisher 1999). Several theories exist that help define support within the work environment. I selected the conservation of resources (COR) theory (Hobfoll, 1989, 2002) because of the theory's differentiation between various types of resources. Under COR theory, workers strive to collect and hold onto resources. These resources represent the functional unit involved in the completion of goals, reducing strain and job demands, or fostering growth at a personal level related to learning and increasing competence. The support preceptors

provide represents a social resource, representing one of the many types of resources applicable to the work environment. These resources have an additive effect as new nurse hires' can use their current resource pool as leverage to gain additional resources. Newcomer adjustment is an effective source for new nurse hires to gain further resources as the defined factors like task mastery and task performance elevate one's perceived value to the work environment, whereas social adjustment opens doors to other coworkers as potential resources.

Preceptor Help-Giving Orientations Influence Type of Support Offered

Within the preceptor-preceptee relationship, there exists a dichotomy between the changing role of the preceptee as a trainee preparing to enter the work team and the functional unit of the preceptor-preceptee that together is still expected to deliver high standards of care. Conflict at the hands of the preceptor between balancing the acclimation process of the preceptee with the normal workload of a nurse likely stands as the primary factor influencing the type of help a preceptor is willing to provide. Autonomous help-giving aligns with the desired goals of a preceptor program due to the emphasis on fostering skills in recipients so that similar problems in the future will be more easily solved. Underlying autonomous help-giving is the learning process present at the hands of the preceptee where cognitive resources must be expended for the learned problem-solving process to function as a tool in future job-tasks. The learning process itself is taxing on resources from both sides of the preceptor-preceptee relationship, which has the potential to be amplified in a high-stress work environment common in the healthcare industry. Preceptees, already subject to the stress of patient care and a new work environment, are then faced with additional resource drain due to the learning

process resulting from autonomous help-giving. The resource drain associated with the combination of job demands and learning would suggest a perceived lack of support at the hands of the preceptee given the categorization of support as a resource. With more resources needing to be expended there is a perceived scarcity and lack of support. In sum, I expect that the culmination of these resource strains will lead to a decrease in the perceived level of support among preceptees.

Hypothesis 1: Preceptors' autonomous help-giving orientation is negatively related to new nurses' perceptions of (a) instrumental support and (b) emotional support from the preceptor.

Past studies analyzing the different help-giving orientations have noted the deficiency of dependent help-giving in facilitating recipients to be self-sufficient in the future when similar problems arise (Nadler and Chernyak-Hai 2014; Geller & Bamberger, 2012). However, the high short-term utility of dependent help-giving has usefulness to the preceptee, as their problems at hand are solved immediately. Hospitals as workplaces are unpredictable in regards to levels of urgency and the workload present at any given time. Opportunities for high-stress scenarios are numerous and taxing on the workforce resources. The effective delivery of patient care within the healthcare work environment takes priority when other goals of the preceptor program are considered, so the short-term benefit of a preceptor offering dependent help is likely impactful. Previous studies have found that dependent helping has been shown as beneficial for fostering states of trust and respect among colleagues while also being understood as an expression of caring (Alvarez & van Leeuwen, 2011). Prosocial and empathetic actions by the preceptor during high-stress job-tasks have potential to greatly mitigate resource drain

among preceptees, as preceptors can act as pillars of support. Contrasting the increased resource demands stemming from autonomous help-giving and learning, dependent help-giving ties back directly into the conservation of resources theory as preceptors can reduce preceptee job demands by assisting with job tasks. Preceptors directly provide resources to preceptees' in this manner leading the preceptees to feel supported within the work environment. Thus, I expect that dependent help-giving will increase a preceptees' perceived level of support.

> *Hypothesis 2:* Preceptors' dependent help-giving orientation is positively related to new nurses' perceptions of (a) instrumental support and (b) emotional support from the preceptor.

Support Promotes New Hire Adjustment

The preceptor program exists as a means for hospital-systems to better facilitate the stressful transition from new nurse hires to functioning nurse practitioners. With the end goal of patient care in mind, hospitals benefit from an effective preceptor program that can dampen the stressors related to the new hire transition period. The stressors associated with the transition period go beyond the individual nurse and affect the efficiency of the organization. From the standpoint of a healthcare organization, resources should be directed towards patient care at as high a level as possible. Presently, additional resources must be allocated to properly handle the large throughput and turnover of nurse hires along with mitigating the consequences related to the lower task mastery and performance associated with a larger presence of more inexperienced workers. An effectively functioning preceptor program would reduce the amount of resources a healthcare organization would have to allocate to the aforementioned

consequences that stem from excess new nurse hire stress. A well-developed preceptor program fosters a perception of support in new nurse hires going through the program as preceptees.

Under conservation of resources theory, the perception of support within the work environment is a functional resource in achievement of goals in the work environment (task performance), ability to socialize and work with coworkers (social adjustment) and fostering learning and growth at a personal level (task mastery). Within the context of the preceptor-preceptee relationship, instrumental support through the hands of the preceptor is a valuable resource for preceptees as they are training to become a functional part of the organization. Already faced with the demands of adjusting to a new high-stress work environment, the cognitive-resource drain associated with learning and performing job-related tasks for the first time likely exacerbates the stress experienced by new nurse hires. Preceptors function as experts for these various job-related tasks and by providing preceptees with instrumental support, the effects of cognitive-resource drain are mitigated. Preceptees can then focus more on learning and task performance. Within the hospital environment the practice of this relationship would look like a preceptor handling more mundane tasks related to patient care, so the nurse is better able to focus on more unique and specific procedures. Thus, I expect that an increase in perceived instrumental support by the preceptee will lead to an increase in task performance and task mastery.

> *Hypothesis 3:* New nurses' perceptions of instrumental support from the preceptor are positively related to newcomer adjustment: task mastery and task performance.

The high stress environment associated with healthcare work takes a toll on all involved, but the effect is more pronounced on new hires who struggle to adjust within a new work environment. Stressors exist among new nurses beyond the difficulties associated with performing novel job-related tasks. Preceptees' are faced with discovering the ins-and-outs of their new job and work-setting and more specifically their role within the organization. Preceptees', given their inexperience, often have doubts of their own abilities when becoming acquainted with the demands of an organization (Fischer, 1985). The preceptor in these instances can go beyond the tangible, instrumental support related to job tasks and provide the preceptee with emotional support as a means of facilitating social adjustment to the job and work setting. Plenty of research analyzing the role of supervisor support and its positive relationship with social adjustment has been conducted (Fenlason & Beehr 1994; Liaw, Chi, & Chuang 2010). The preceptor-preceptee relationship is unique, and research analyzing the effect of emotional support from a preceptor on a preceptee is limited. Preceptors, like supervisors, function similarly within this relationship, as both are experienced and knowledgeable within the organization and their provision of emotional support is valuable to new nurse hires. Emotional support has been identified as more important in various high-stress careers where emotions are frequently part of the job in fields like healthcare, providing feelings of connectedness and belonging to those involved (Mathieu, Eschleman, & Cheng, 2018). Thus, I expect that an increase in the perceived level of emotional support is positively related to newcomer social adjustment.

Hypothesis 4: New nurses' perceptions of emotional support from the preceptor is positively related to newcomer social adjustment.

Research within help-giving orientations has noted that there is a large presence of potentially negative side effects that result from dependent help-giving. Nadler (1998) observed that the use of dependent help-giving is profound in helping to solidify social hierarchies, as those who give help are more capable and of higher status than those who receive the help (Nadler, 2009). Dependent help-giving within the workplace can make the employees who receive it less motivated to do their job (Nadler & Halabi, 2006). Issues of empowerment also arise, as those who receive various amounts of dependent help can see themselves as less capable of handling the tasks associated with work, potentially affecting job satisfaction (Nadler, 2009). Previous research approaches dependent help-giving from a broad context in established groups focusing on the help given from other coworkers or supervisors to established group members. Benefits can still stem from preceptor dependent help-giving, as preceptors are tasked with facilitating the upbringing of new nurses into the work-group through means of growing preceptee competence and assisting preceptees in managing the stress of the new work environment. The stressful nature of the healthcare environment warrants that dependent help-giving is a valuable tool for preceptors in instances where patient care could potentially be affected based on preceptee inexperience. Beyond the focus on patient care, the preceptee benefits from dependent help in high resource-demanding times as a means of preventing total cognitive resource drain. Assistance in these high stress times allows a new nurse hire to gradually become adjusted to the work-environment with fewer negative consequences that arise from consistent resource drain. The dependent help-giving a preceptee receives can be perceived as a form of support that a preceptee utilizes as a resource to better adjust and perform in the work environment. Thus, I

propose that instrumental and emotional support serve as a resource that mediates the positive relationship between preceptor dependent help-giving and preceptee newcomer adjustment.

> *Hypothesis 5:* The positive relationship between preceptors' dependent help-giving orientation and new nurses' newcomer adjustment is fully mediated by instrumental and emotional support.

The preceptor within the preceptor-preceptee relationship is seen having two distinct tasks when interpreted through the conservation of resources theory. Preceptors prevent cognitive-resource drain in the new nurse hires through the provision of support, particularly in times of urgency or severity where additional strains may be present on preceptee cognitive resources. Preceptors also seek to foster learning within new nurse hires' as a means of becoming better equipped to handle the aforementioned times of urgency or severity. As new nurse hires progress through a preceptor program, they develop skills specific to the job-tasks present in the work environment that will enable them to be more efficient expending cognitive-resources. Preceptees who are more efficient in the expense of these resources are less-likely to experience the effects of resource-drain when faced with situations that may have been overwhelming in the past. The preceptor can assist in developing these skills through autonomous help-giving. Autonomous help-giving better facilitates the development of skills because a key component of this help-giving orientation is providing the recipient with the necessary skills to independently address similar problems in situations going forward (Alvarez & van Leeuwen, 2011; Bamberger & Levi, 2009; Geller & Bamberger, 2012). Autonomous help-giving can be thought of as more aligned with the long-term goals of the preceptor

program by aiding in the development learning to benefit new nurse hires' as they gradually become integrated into the work environment (Bamberger & Levi, 2009; Nadler, 1997). Previously, I discussed research on autonomous help-giving and the negative relationship that is likely present with new nurse hire perception of support, and this is likely related to the cognitive-resource expenditure that is required for learning to take place. Expenditure of cognitive-resources when available to learn functions as an investment in the new nurses' ability to better handle difficult job-tasks in the future. Nurses benefit from preceptor autonomous help-giving by being able to efficiently use cognitive-resources on stressful job-tasks present within the healthcare work environment. I propose that task mastery and task performance all develop as new nurse hires' learn from preceptor autonomous help-giving.

> *Hypothesis 6:* Preceptors' autonomous help-giving orientation is positively related to new nurses' newcomer adjustment: task mastery and task performance.

Methods

Participants and Procedures

The study used data collected from nurses working at Texas Children's Hospital (TCH) in Houston Texas. 803 new nurse hires' working with TCH for less than two years were contacted about participation in the survey, of which 231 responded and completed the survey. New hires were asked on the survey about demographic information, perceived help-giving orientation of their primary preceptor, perceived support from their primary preceptor, task mastery, and social adjustment. They were also asked to indicate the name of their primary preceptor. Based on information obtained from the new nurse hires, 207 preceptors were contacted and asked to fill out a separate survey of which 100

responded and completed the survey. Preceptors were asked to provide demographic information and to evaluate their preceptees' task performance.

Demographic data consisting of age, race, and gender was collected from both preceptors and preceptees. Between new nurse hires and preceptors, the sample was overwhelmingly female, with females representing 95% and 93% of each sample respectively. The age range for preceptors ranged from 24 to 63 with an average age of 39, and the age range for preceptees was from 22 to 62 with an average age of 32.5. The average tenure for a new nurse hire participating in the study is 518 days. Of all preceptees sampled, 54% identified as White, 12% identified as Black, 13% identified as Latino or Hispanic, <1% identified as American Indian or Native American, 17% identified as Asian, and 4% identified as other. Of all preceptors sampled 53% identified as White, 8% identified as Black, 12% identified as Latino or Hispanic, 25% identified as Asian, and 2% identified as other.

Measures

Help-Giving Orientation. Autonomous help-giving orientation and dependent help-giving orientation were measured using two scales from Bamberger, Geller, and Doveh (2017) and Koopman (2016). These scales assessed new nurses' perceptions of their primary preceptor's help-giving orientation by prompting them to think about how their preceptor typically copes with and confronts work challenges. They rated their level of agreement with ten statements on a scale of 1 (*strongly disagree*) to 7 (*strongly agree*). An example item for autonomous help-giving orientation is "My preceptor tends to give others the kind of help that will allow them to manage the problem better on their own in the future," and an example item for dependent help-giving is "My preceptor helps others

with work task-related difficulties by directly solving the problem for them." The internal consistency of the scale has a measured Cronbach's alpha of 0.84.

Perceived Support. New hires' perceptions of their preceptors' emotional and instrumental support were measured using the scales from Shakespeare-Finch and Obst (2011). Perceived emotional support and perceived instrumental support were each assessed with five items. Preceptees were asked to indicate their agreement with the statements on a scale of 1 (*strongly disagree*) to 7 (*strongly agree*). An example item for perceived instrumental support is "My preceptor helped me when I was too busy to get everything done," and an example item for perceived emotional support is "My preceptor was there to listen to my problems." The internal consistency reliability estimate for instrumental support and expressive support is .86 and .92, respectively.

Task Mastery. Mastery of various job tasks was self-reported by the preceptee using a combined scale from Chao, O'Leary, Wolf, Klein, and Gardner (1994). Preceptees were asked to reflect on their own competence related to job tasks by indicating their level of agreement ranging from 1 (*strongly disagree*) to 5 (*strongly agree*) on four items. New nurses were instructed to reflect on the time immediately following their preceptorship. An example item is "I had not yet learned 'the ropes' of my job." The internal consistency reliability estimate of the scale is .92.

Social Adjustment. How preceptees adjust socially to the workplace was measured using the self-reported scale provided by Chao et al. (1994). Preceptees were presented with five statements. New nurses were instructed to reflect on the time immediately following their preceptorship. An example item is "I did not consider any of my coworkers to be my friends". Answers were recorded based on preceptees level of

agreement from 1 (*strongly disagree*) to 5 (*strongly agree*). The internal consistency

reliability estimate of the scale is .78.

In-role (task) Performance. Task performance of preceptees was measured by

preceptors using the scale from Williams and Anderson (1991). Preceptors were

presented with five statements related to various job behaviors and expectancies and

asked to rate their preceptee on a scale of 1 (*never*) to 5 (*always*). An example item is,

"Fulfills responsibilities specified in the job description". The internal consistency

reliability estimate of the scale is .91.

Data Analysis

Analysis of survey data was conducted using Mplus (Version 8.2; Muthen &

Muthen 2018). To test the relationships between help-giving orientation, perceived

support, and newcomer adjustment within the model path analysis was used. For the

testing of model fitness comparative fit index (CFI) and Tucker-Lewis index (TLI) values

will be analyzed with values above .90 indicating good model fitness. The root mean

square error of approximation (RMSEA) and standardized root mean residual (SRMR) of

the model will also be analyzed to check for discrepancies between the sample

covariance and the model covariance, with a value below .08 indicating an acceptable

model (Hu & Bentler 1999).

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Results

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I began by testing my hypothesized model (see Figure 1). The fit statistics for that

model were as follows: $X^2 = 1.25$, $df = 4$, $p > .05$, CFI = 1.0, TLI = 1.02, RMSEA = .00,

and SRMR = .02. Thus, the hypothesized model fit the data well. I also examined two

alternative models: Alternative model 1 removed the paths from Autonomous help-giving

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to task mastery and task performance to investigate whether autonomous help-giving was fully mediated by perceptions of support. This model fit worse than the hypothesized model: $X^2 = 18.0$, $df = 6$, $p < .01$, CFI = .98, TLI = .93, RMSEA = .09, and SRMR = .03. Alternative model 2 included paths from dependent help-giving orientation to the outcome variables of social adjustment, task mastery, and task performance. I tested this model to investigate the possibility that the effects of dependent help-giving orientation were only partially mediated by perceptions of support. Although this model fit the data slightly better than the hypothesized model ($X^2 = 0.19$, $df = 1$, $p > .05$, CFI = 1.0, TLI = 1.02, RMSEA = .00, and SRMR = .00), the incremental improvement in fit was not demonstrated to be meaningful by the chi-square difference test ($X^2 = 1.06$, $df = 3$, $p > .05$). Thus, I decided to maintain the hypothesized model for hypothesis testing because it was the most parsimonious.

Table 1 reports the means, standard deviations, and zero-order correlations of study variables. Initial findings of the correlation between perceptions of autonomous help and instrumental/emotional support showed very strong positive correlations, ($r = 0.77$, $p < .01$) and ($r = 0.79$, $p < .01$) respectively. Perceptions of autonomous help-giving also positively correlated with task mastery and task performance with strong ($r = .41$, $p < .01$) and moderate ($r = .21$, $p < .01$) associations, respectively. Perceptions of dependent help-giving illustrated trends much less pronounced and weaker in comparison to autonomous help-giving. Correlations for dependent help-giving with perceptions of instrumental/emotional support had either no relationship in the case of instrumental support ($r = .05$, $p > .05$), or a weak positive relationship in the case of emotional support ($r = .13$, $p < .05$).

Perceptions of instrumental and emotional support correlated with measurements of newcomer adjustment at varying intensities. Instrumental support was correlated with both task mastery and task performance with similar moderately strong positive relationships of ($r = .30, p < .01$) and ($r = .35, p < .01$) respectively. Emotional support showed no significant relationship with social adjustment. Perceptions of instrumental and emotional support correlated very strongly with one another ($r = .78, p < .01$). Table 1 provides a correlation matrix of all model variables.

Standardized Model Results

Relationships identified through the analysis of variable correlations were then further analyzed in the context of the hypothesized model. The results from the model analysis regarding relationships between perceived autonomous help-giving and other variables were mostly consistent with the initial correlational findings.

Hypothesis 1 predicted a negative relationship between autonomous help-giving and both types of support. Autonomous help-giving showed a very strong positive relationship with perceptions of both instrumental and emotional support with respective values of ($\beta=.80, B=.74, SE = .03, p < .01$) and ($\beta=.78, B=.99\ SE = .03, p < .01$). Thus, the data does not provide support for Hypothesis 1 with the data showing the opposite relationship.

Hypothesis 2 predicted a positive relationship between dependent help-giving and both types of support. Dependent help-giving showed a moderately weak positive relationship to perceptions of instrumental support, ($\beta = .15, B = .08, SE = .04, p < .01$). Compared to the relatively weak relationship with instrumental support, dependent help-giving had a very weak positive correlation with perceptions of emotional support, which

was potentially statistically significant ($\beta = .07$, $B = .05$, $SE = .04$, $p < .1$). Thus, the data provides support for Hypothesis 2.

Hypothesis 3 predicted a positive relationship between instrumental support with task mastery and task performance. The only statistically significant finding was the moderately strong positive relationship with task performance ($\beta = .34$, $B = .1$, $SE = 0.17$, $p < .05$). Instrumental support had a moderately weak negative relationship with task mastery, ($\beta = -.14$, $B = -.1$, $SE = .11$, $p = .20$) and no relationship with social adjustment, ($\beta = -.02$, $B = 0$, $SE = .11$, $p = .83$). Thus, the data provides partial support for Hypothesis 3.

Hypothesis 4 predicted a positive relationship between emotional support and social adjustment. Emotional support had a nonsignificant weak positive relationship with social adjustment, ($\beta = .10$, $B = .03$, $SE = .11$, $p = .36$). Perceptions of emotional support had the strongest relationship with task performance ($\beta = .37$, $B = .08$, $SE = .17$, $p < .05$) out of all three newcomer adjustment variables. Perceptions of emotional support also had a moderately weak positive relationship to task mastery, ($\beta = .18$, $B = .09$, $SE = .11$, $p < .01$). Taken together, the results do not offer support for this hypothesis.

Hypothesis 5 predicted that the positive relationship between dependent help-giving and newcomer adjustment variables is fully mediated by support. The data provided support for one of the six predicted pathways. Dependent help-giving had a weak indirect effect on task performance through instrumental support ($\beta = .05$, $B = .01$, $SE = .03$, $p < .1$) but no significant relationship was found on the same pathway through emotional support ($\beta = .03$, $B = 0$, $SE = .02$ $p = .18$). Dependent help-giving had no

statistically significant indirect effects on task mastery through both instrumental (β = -.02, B = -.01, SE = .02, p = .22) or emotional support (β = .01, B = 0, SE = 0.01, p = .22). Dependent help-giving had no statistically significant indirect effects on social adjustment through either instrumental (β = .00, B = 0, SE = .02, p = .83) or emotional support (β = .01, B = 0, SE = .01 p = .42). Thus, I did not find support for this hypothesis.

Hypothesis 6 predicted a positive relationship between autonomous help-giving with task mastery and task performance. Autonomous help-giving had a moderately strong positive relationship with task mastery, (β = .38, B = .23, SE = .11, p < .01). Model results differed significantly in the context of autonomous help-giving and its relationship to task performance. Autonomous help-giving had a moderately strong negative relationship with task performance (β = -.33, B = -.1, SE = .17, p < .05). Thus, the data provided partial support for this hypothesis.

In addition, I found that autonomous help-giving had moderate positive indirect effects on task performance through both instrumental (β = .27, B = .08, SE = .13, p < .05) and emotional support (β = .29, B = .08, SE = .13, p < .05). Perceived instrumental support had a moderately strong positive relationship with perceived emotional support (β = .41, B = .23, SE = .06, p < .01). Lastly, autonomous help-giving had a moderately weak positive indirect effect on task mastery through emotional support (β = .14, B = .09, SE = .08 p < .1). Figure 2 provides a visual representation of the model with all relationships.

Discussion

This thesis sought to provide insight into the interpersonal aspects of preceptor programs through the creation of a model describing the relationships between preceptor help-giving orientation, support, and newcomer adjustment. Previous studies have identified the positive outcomes of preceptor programs and implementation of these programs is quickly coming standard, but variability between these programs is a problem for researchers. Looking beyond the nuances of varying preceptor programs the dynamic of the preceptor-preceptee was examined with findings applicable to all preceptor programs. The findings add to current research related to how help is perceived by recipients and how that perception is related to newcomer adjustment in the workplace. Predictions assumed a duality between autonomous and dependent help-giving regarding their influence on newcomer adjustment, but the findings implicate autonomous help-giving as being more constructive.

Summarizing the results, this research study found that the hypothesized model serves as an effective means of looking at the relationships between help-giving orientations and perceived support with newcomer adjustment of new nurse hires. My model describes the relationship between dependent help-giving and perceptions of support with the data supporting positive relationships with both forms of support. Predictions of the direct relationship between autonomous help-giving and task-specific measures of newcomer adjustment were supported through task mastery but were not supported through task performance with a negative relationship identified. Looking at the indirect pathways predicting the relationship between dependent help-giving and newcomer adjustment through perceptions of support, only the pathway for perceptions

of instrumental support mediating task performance was supported by the data. Partial support was found for the hypothesized relationship between perceptions of instrumental support and task-specific measures of newcomer adjustment; task performance's relationship was supported while task mastery's was not. Throughout the model no significant relationship between social adjustment and any of the hypothesized variables could be identified. The hypothesized negative relationship between autonomous help-giving and perceptions of both kinds of support was not supported by the data, with a strong positive relationship being identified. Contrasting the relationship between autonomous help-giving and task mastery a negative relationship was identified between autonomous help-giving and task performance. Beyond the scope of the original hypotheses and in the context of the model significant moderately positive relationships were found between perceptions of emotional support and task-specific measures of newcomer adjustment. Lastly, perceptions of instrumental support and emotional support had a strong positive correlation with one another.

While the hypothesized model provides an initial understanding of how preceptor help-giving orientation influences newcomer adjustment, many of the unexpected relationships and null relationships in the model need to be explained. Perhaps most surprising is the positive relationship between autonomous help-giving and perceptions of support. I theorized that the learning associated with autonomous help-giving combined with the cognitive demands of job tasks would lead to short term resource drain in new hires that would deflate perceptions of support. Perhaps new hires do not interpret the learning as an extra resource demand. The long-term benefit of learning mentioned in much of the literature (Alvarez & van Leeuwen, 2011; Bamberger & Levi, 2009; Geller

& Bamberger, 2012) could also happen quickly after the onset of any resource drain mitigating any perceptions of lack of support. In addition, autonomous help-giving was found to have much stronger and statistically significant relationships with newcomer adjustment and support variables when compared to dependent help-giving. Self-determination theory presents another potential explanation for the autonomous help-giving findings as autonomy is one of the three innate psychological needs (Ryan and Deci, 2000). Perhaps the need for autonomy is strong enough in new nurse hires' that any potential resource drain resulting from learning is negligible to the perceptions of support autonomy provides. The strong relationships implicate the learning and honing of skills relevant to job demands as a potentially powerful influencer in the proliferation of newcomer adjustment beyond any potential short-term resource drain.

Unique among all relationships with autonomous help-giving was the negative relationship with task performance, which seems to conflict with the idea that autonomous help-giving provides the long-term benefit of learning to the new nurse hires. The surprising results could potentially be attributed to how the variable was measured with preceptors evaluating their preceptees' job performance. Literature on help providers indicates that the provision of help can be a resource drain on preceptors as they must procure attention and time to their preceptees (Bamberger & Levi 2009). Understanding preceptor resource drain, it is plausible that preceptors rated those preceptees' who required the most help as less competent and less able to perform the tasks required of them. The job of preceptor is two-fold in the upbringing of new hires' and the normal job-demands associated with nursing, so there is reason to suggest that their perception of performance might be tied negatively to how much help they provide.

In comparison to autonomous help-giving, dependent help-giving was shown to have much weaker relationships with perceptions of support and the newcomer adjustment variables. Similar in concept to how resource drain from autonomous help-giving is potentially exaggerated and is largely outweighed by the benefits of learning, the short-term benefit of dependent help-giving could be described as having too small of an effect to create meaningful differences in newcomer adjustment. Of all six indirect pathways tested by the model, only one, dependent help-giving's effect on task performance through instrumental support, was significant with a very weak positive relationship. New nurse hires were surveyed sometime after their time as a preceptee was over, and consistent with help-giving literature (Nadler & Halabi, 2006; Nadler, 2002) dependent help-giving is primarily focused on the short-term benefit, so there is less potential for these benefits to be perceived due to time delay. Preceptor-preceptee relationships are also limited in time, and the ineffectiveness of dependent help-giving at providing recipients the ability to solve similar problems in the future (Nadler 1997,1998) could dampen any positive benefit from short-term problem resolution

While the model is effective at describing relationships between help-giving orientations and task-related measures of newcomer adjustment, the social adjustment variable was largely unrelated to any measure used in this study. The possibility exists that social adjustment among new nurse hires' is entirely not tied to preceptor help-giving. Our data surveys nurses from one hospital system and findings from Bauer et al. (2007) indicate that much of the social adjustment of newcomers is dependent on organizational culture, so it is possible that there are other factors outside of the scope of our study affecting social adjustment. The transitionary period for new nurse hires' is also

a difficult rite of passage process (Hodges et al. 2008), and the culture of nurses "eating their young" has the potential to affect how effective preceptors are at facilitating social adjustment.

Research is still inconclusive on if instrumental and emotional support are two separate constructs. The data from this study provides support to the meta-analysis of Mathieu (2018) finding that instrumental and emotional support are strongly correlated with one another. COR theory and the ability for resources to be used to further gain resources explains this when considered with the emotionality associated with nursing jobs. When a larger percentage of job tasks consist of providing care, displaying kindness, and other uses of emotions, it is logical to assume that workers are less able to distinguish between the two types of support. The data provides some evidence to support this conceptualization of support, given the presence of significant positive relationships between emotional support and task-specific newcomer adjustment measures.

Implications

Practical implications of this thesis are prominent in the context of designing preceptor programs. Healthcare administrators play an important role in facilitating the intake of new nurses through the implementation of preceptor programs. Understanding how preceptors help preceptees and the pathways that lead to task-specific newcomer adjustment helps administrators develop more effective programs for the future. Furthermore, integrating models of newcomer adjustment from Bauer et al. (2007) with this study's findings is indicative that aspects of newcomer adjustment relating to social adjustment may be influenced by factors outside of preceptor help-giving. Healthcare administrators utilizing these findings can implement new preceptor programs focusing

on task-specific newcomer adjustment while seeking other avenues to facilitate social adjustment, although additional research is needed to examine additional factors to verify this suggestion.

Limitations and Future Research

This thesis surveyed a diverse sample of nurses from varying departments of a large hospital system, however there are some limitations with the research. The design of the survey could be a potential source of bias due to data collection from a single source and common method variance (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). All data within this study was collected at one time period assessing preceptors and preceptees'. Measures of task mastery and task performance were collected by new nurse hires' and preceptors, respectively. An individual's perception of performance is not objective and therefore subject to some inaccuracies without the incorporation of other sources like supervisors. New nurse hires were also assessed with varying tenures in the organization and perceptions of support and social adjustment have potential to change with time. Given the varying tenure lengths and single time period there is also the potential that nurses who left the organization were selected out of the study, leading to potential inflation of program effectiveness.

Future research could address these limitations by performing a longitudinal study of nurses throughout the course of their preceptor programs and new hire period while integrating data on newcomer adjustment from sources beyond preceptors and preceptees. Further studies should be conducted in the future looking at interpersonal aspects beyond preceptor help-giving in search of more applicable findings and identifying other variables relating to social adjustment.

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Figure 1. The Hypothesized Model for Preceptor Help-Giving and Newcomer Adjustment
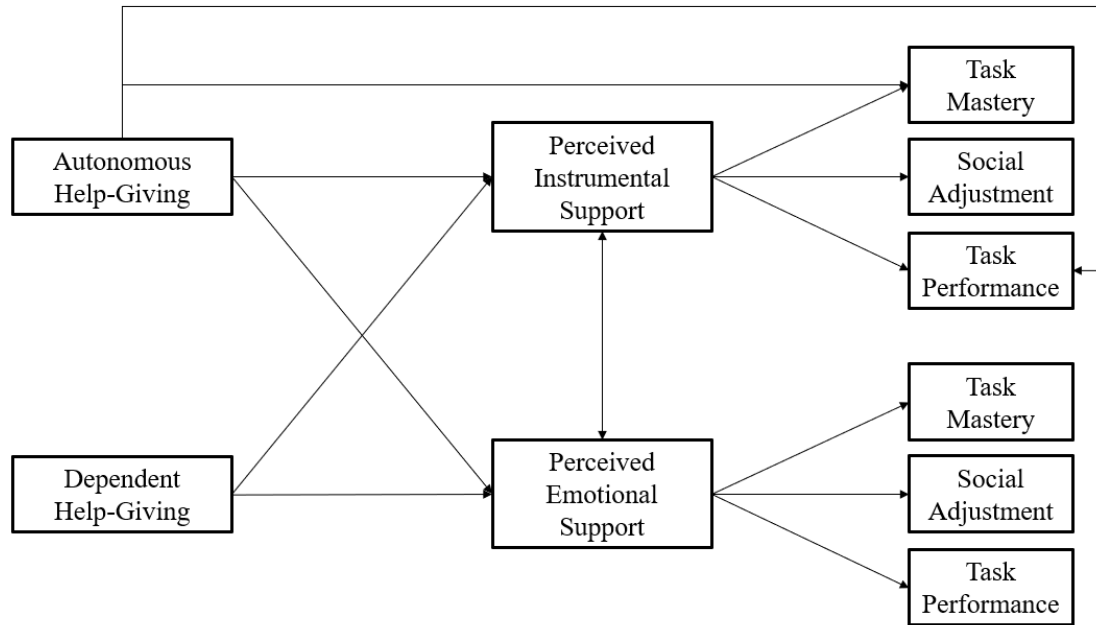
Figure 2. Hypothesized Model with Standardized Results

Autonomous Help-Giving → **Perceived Instrumental Support**: 0.80** (0.03)

Autonomous Help-Giving → **Perceived Emotional Support**: 0.78** (0.03)

Dependent Help-Giving → **Perceived Instrumental Support**: 0.15** (0.04)

Dependent Help-Giving → **Perceived Emotional Support**: 0.07† (0.04)

Perceived Instrumental Support ↔ **Perceived Emotional Support**: 0.41** (0.06)

Perceived Instrumental Support → **Task Mastery**: -0.14 (0.11)

Perceived Instrumental Support → **Task Performance**: 0.37* (0.17)

Perceived Emotional Support → **Task Mastery**: 0.37* (0.17)

Perceived Emotional Support → **Task Performance**: 0.18† (0.11)

Autonomous Help-Giving → **Task Mastery**: -0.33* (0.17)

Autonomous Help-Giving → **Task Performance**: 0.38** (0.11)

**. Coefficient is significant at p<0.01
*. Coefficient is significant at p<0.05
†. Coefficient is significant at p<0.1
Standard error values in parenthesis.

Table 1. Correlation Matrix of Model Variables

	1	2	3	4	5	6	7
1. PES	--						
2. PIS	(.78)**	--					
3. TM	.37**	(.30)**	--				
4. SA	(.08)	.05	.04	--			
5. IRP	.37**	(.35)**	.24†	-.04	--		
6. PAH	(.77)**	(.80)**	(.41)**	.05	(.21)*	--	
7. PDH	(.05)	(.13)*	-.05	(-.05)	.03	-.03	--

PES = Perceived emotional support; PIS = Perceived instrumental support; TM = Task mastery; SA = Social adjustment; IRP = In-role (task) performance; PAH = Perceived autonomous help-giving; PDH = Perceived dependent help-giving.

Note: Values in parenthesis denote correlations relevant to the hypothesized model.

**. Coefficient is significant at p<.01

*. Coefficient is significant at p<.05

†. Coefficient is significant at p<.1