ARTICLE

Benefits, Rewards, Support, and Commitment: A Survey of Midwifery Preceptors in Canadian Undergraduate Education

Avantages, récompenses, soutien et engagement : enquête auprès des sages-femmes préceptrices dans l'enseignement de premier cycle au Canada

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ABSTRACT

Objective: To investigate midwifery preceptors' perspectives on benefits/rewards, support, commitment, and satisfaction associated with the role.

Methods: Midwifery preceptors in undergraduate education in Canada were invited to complete an online survey, including forty-four fixed and one open-ended question. Fixed survey responses were examined through descriptive and bivariate analyses.

Results: Overall, the 160 participants were experienced midwives who worked with many students but received minimal preceptor training. Sixty percent (n = 96) stated that they were very or extremely satisfied with the preceptor role. The mean scores for survey items indicated that participants viewed benefits/rewards, support, and commitment to the preceptor role optimistically. Commitment to the role was moderately correlated with support ($r = 0.49$, $p < .01$), and strongly correlated with satisfaction ($r = 0.66$, $p < .01$) and benefits/rewards ($r = 0.56$, $p < .01$).

Conclusion: It behooves midwifery-education stakeholders in Canada to consider both intrinsic and extrinsic effects on preceptorship commitment, including, but not limited to, promoting professional pride and creating means for peer support and job promotion through the preceptor role.

KEYWORDS

mincy

This article has been peer reviewed.

RÉSUMÉ

Objectif : Enquêter au sujet des points de vue des sages-femmes préceptrices sur les avantages et récompenses, le soutien, l'engagement et la satisfaction qui sont associés à leur rôle.

Méthodes : Des sages-femmes préceptrices dans l'enseignement au premier cycle au Canada ont été invitées à répondre à un sondage en ligne qui comportait 44 questions fixes et une question à réponse libre. Les réponses aux questions fixes ont été examinées au moyen d'analyses descriptives et bivariées.

Résultats : Dans l'ensemble, les 160 participantes étaient des sages-femmes chevronnées qui travaillaient auprès de nombreuses étudiantes, mais avaient reçu une formation limitée en préceptorat. Soixante pour cent d'entre elles (n = 96) ont dit être très ou extrêmement satisfaites de leur rôle de préceptrice. Les scores moyens des questions d'enquête indiquent que les participantes percevaient avec optimisme les avantages et récompenses, le soutien et l'engagement en lien avec ce rôle. L'engagement envers celui-ci était modérément corrélé avec le soutien ($r = 0{,}49$, $p < 0{,}01$) et fortement corrélé avec la satisfaction ($r = 0{,}66$, $p < 0{,}01$) et les avantages et récompenses ($r = 0{,}56$, $p < 0{,}01$).

Discussion et conclusion : Il incombe aux intervenants de la formation en pratique sage-femme au Canada de tenir compte des effets intrinsèques et extrinsèques sur l'engagement envers le préceptorat, notamment la promotion de la fierté professionnelle et la création de possibilités de soutien par les paires et de promotion professionnelle par le rôle de préceptrice.

MOTS-CLÉS

Cet article a été évalué par un comité de lecture.

INTRODUCTION

Canada's midwifery care model acknowledges midwives as autonomous and collaborative practitioners of evidenced-based care working in partnership with clients by providing informed choice and continuity of care throughout the perinatal period in and outside of hospital settings.[1] In 1993, Canada's first cohort of undergraduate midwifery students commenced their education in Ontario.[2] Midwifery education emphasizes experiential learning;[3] thus, the role of preceptors is crucial to developing the future workforce. Teaching students in a clinical setting is one of many valuable contributions to the public, to the profession, to academia, and to the health care system. However, registered midwives, a small professional group in Canada,[4] are tasked with multiple roles and are facing increasing rates of burnout.[5,6] The caseload midwifery care model in Canada[5] has been shown to have high client satisfaction rates and lower costs for medical intervention with good outcomes, but it currently faces multiple threats to sustainability.[7] One such threat is the challenge of appointing available and willing preceptors from the limited pool of eligible midwives. Understanding the experience of preceptors contributes to midwifery care access. Given the significance of clinical practicums in midwifery education, the period of time since the first program commenced, and the unique midwifery care model in Canada, it is befitting that the perspectives of preceptors be explored.

This study adopts the commonly used term *preceptor* to define a practitioner who is paired with an undergraduate health professions student as the instructor in a clinical practicum. Preceptors have two main functions: (1) clinical practice (evidenced-informed decision making, care implementation, procedural skill, interprofessional collaboration, etc.) and (2) teaching (instructing, supporting, assessing, etc.). Moreover, midwifery preceptors must balance multiple systemic, client, and learner needs and viewpoints while imparting knowledge and skill and ensuring that the perinatal environment is safe and healthy.

An understanding of the experience of preceptors contributes to public access to the person-centred model of midwifery care in Canada.[1] However, there has been little exploration of midwifery preceptorship in the Canadian context. A recent scoping review on facilitators of and barriers to midwifery preceptors produced only two relevant Canadian publications.[8] The reported studies considered preceptor training as a means to improve and standardize clinical learning environments[9] and to encourage equity in clinical teaching.[10] As well as showing the benefit of training opportunities, literature from outside of Canada has shown that precepting supports the profession and is a useful approach to maintaining clinical currency.[11]

The effects of having to provide ideal care without adequate compensation has been shown to contribute to a decreasing number of registered midwives in Canada.[5,12] These issues are important for the profession's longevity and affect all the various responsibilities of practicing midwives, especially that of preceptorship. Our study aimed to ascertain midwifery preceptors' perspectives, focusing on key elements that affect the role. We selected a reliable survey instrument that had previously been used with preceptors in nursing education. Furthermore, a tool was selected to explore constructs relevant to midwifery preceptorship in Canada.

This study used a questionnaire developed by Dibert and Goldenberg.[13] Based on Kanter's model of structural determinants of behaviour in organizations (e.g., commitment to a professional role relates to perceived access to opportunity and power), it consisted of three scales: (1) preceptor's perception of benefits and rewards (PPBR), (2) preceptor's perception of support (PPS), and (3) commitment to the preceptor role (CPR).[13] These scales were originally developed to gather evidence regarding motivators for preceptors in nursing education in response to the increased financial and human resources required to recruit and retain these clinical teachers.[13] We posited that highly skilled nurse preceptors risk burnout if they repeatedly perform the role without proper acknowledgment or advantages.[13] The PPBR, PPS, and CPR scales have been used in several nursing education studies to explore facilitators and barriers for clinical preceptors.[13–18] Many studies reported reliability alpha coefficients above 0.70 for the scales or modified versions.[13–16] Our study adapted Dibert and Goldenberg's original instrument to explore

> The effects of having to provide ideal care without adequate compensation has been shown to contribute to a decreasing number of registered midwives in Canada.

midwifery preceptors' perspectives, focusing on benefits, rewards, support, satisfaction, and commitment to the role as guardians of midwifery in Canada.

Benefits and Rewards of Precepting

Functioning as a midwifery preceptor creates an opportunity for the preceptor to gain confidence, competence, and proficiency in skill and knowledge that can be passed on to learners.[19–21] Midwifery preceptors are driven by an internal sense of duty to the profession. They enjoy teaching and mentoring[22] but rank lack of time and inadequate preparation as prominent extrinsic barriers.[23–25] Compensation and professional recognition can improve preceptors' perceptions of benefits for the role. However, financial recompense (an external motivator) has been shown to be an incentive for continuing the role but not for motivating preceptors.[11,26]

Support for Preceptors

Support for the preceptor role can come from many sources (e.g., educational and health care institutions, professional associations, regulatory bodies, and colleagues) through various means (training, continuing education, workload release, etc.). University programs can mitigate some of the challenges for preceptors by providing initial and ongoing education and resources[9,24,27,28] and by streamlining student placement and assessment documents.[22,23,29] However, higher education is not the only source or solutions to the external impediments faced by midwifery preceptors . There are many demands in providing clinical midwifery services within health care systems lacking knowledge or ability to address the complexities that clinical teaching places on client care and vice versa.[23,24] Advocacy for all midwifery roles by the individuals and systems designed to assist them is paramount.

Satisfaction for Preceptors

One could argue that individuals are more likely to partake of and be committed to what satisfies them. Surveys have shown high satisfaction with the role of preceptor, especially when there is formal preceptor training and support from university affiliates.[26] However, satisfaction is lower when students lack motivation and when the workload is high.[30] It is pertinent to explore Canadian midwifery preceptors' satisfaction and whether financial recompense serves as a motivator.

Commitment of Preceptors

Dibert and Goldenberg suggested that benefits and rewards and support for the preceptor role results in commitment to it, whereas the lack of adequate recognition and resources poses a risk for role exhaustion.[13] Maintaining a supportive midwifery preceptor program requires financial and human resources. Midwives' choosing not to precept can have devastating effects on educational programs, especially in provinces like Alberta and Manitoba, where there are only 150 and 69 midwives, respectively.[4] A committed pool of midwifery preceptors invested in educating future practitioners benefits all stakeholders.

Study Objective and Research Questions

Our main objective was to investigate midwifery preceptors' perspectives on benefits and rewards, support, commitment, and satisfaction with their role. Specifically, we examined whether demographic characteristics (e.g., years of midwifery practice,

number of students as primary or adjunct preceptor, and hours of preceptor training) are related to these perspectives. The term *adjunct preceptor* in our survey was defined as a member of a shared practice team who is not the primary preceptor but provides clinical teaching for the student. Examining the enablers and challenges may help increase and maintain a community of clinical preceptors willing to contribute to future practitioners' education.

METHODS

Design

In alignment with our research aim and questions, we utilized a cross-sectional survey design. A 45-item online survey was sent out to midwives in Canada, targeting preceptors through a dual-recruitment approach, including announcements emailed from directors of midwifery education programs and postings on provincial and national midwifery association websites and newsletters.

Data Collection

Ethical Considerations

The University of Calgary Conjoint Health Research Ethics Board (REB20-1080) and the Mount Royal University Health Research Ethics Board (HREB 102286) approved this study. We obtained approval from Canadian universities with midwifery programs by completing formalized ethics applications as requested or by providing the University of Calgary ethics approval certificate and study documents. Consent forms explaining the study were available to participants at the start of the survey.

Sample and Procedure

From September 1 to October 31, 2020, a nonrandom, purposive sample of midwives who had served or were currently serving as clinical preceptors in a baccalaureate program in Canada was invited to complete an online survey. Our sampling method was chosen to represent this population in Canada, focusing on the characteristic of undergraduate midwifery preceptorship and addressing the research questions.[31] Demographic questions, including inquiries about preceptors' affiliated university programs or provinces, were not asked.

An a priori G*Power (Heinrich-Heine-Universität, Düsseldorf, Germany) and sample-size calculation determined that 138 survey participants would yield adequate power (95%) at an alpha level of .05 for a medium-size effect.[32] One hundred sixty midwifery preceptors in Canada completed the survey (an estimated response rate of 35%). A recent Canada-wide survey targeting all midwifery practitioners yielded a response rate of 12.8% (e.g., 218 of 1,690 practicing midwives in 2018),[33] thus indicating that by comparison, the sample size for our study was not low. The median length of time to complete our survey was 7½ minutes.

Instrument

Our final instrument contained five demographic questions, a single 5-point Likert scale question about preceptor satisfaction, and one general open-ended question. Findings from the open-ended responses will be reported in a subsequent publication. The PPBR, PPS, and CPR scales made up 38 of the 45 survey items. Minor changes were made to some scale items to be applicable to the population of midwifery preceptors (e.g., exchanging "nursing" for "midwifery," "nursing managers" for "experienced midwife mentors," and "department educators" for "midwifery faculty"). The 14-item PPBR scale measures the construct of opportunity (e.g., "possibility of advancement, chance to increase competence and skills, rewards and recognition of skills") as reported in the nursing literature.[13] The 17-item PPS scale measures power in the form of "access to support, information, resources, and ability to mobilize."[13] The 10-item CPR scale measures "dedication to the role."[13] All three scales employ a 6-point Likert scale ranging from "strongly disagree" (1 point) to "strongly agree" (6 points). The sum of the items within each scale was calculated; higher scores indicated higher endorsement of that scale's construct.

Data Analysis

Anonymized survey data from the Qualtrics platform were uploaded into Statistical Package for the Social Sciences version 26 (IBM SPSS v. 26 [IBM, Armonk, NY]). The survey's fixed responses were checked for data integrity and analyzed descriptively by frequency counts, percentages, means, standard deviations, medians, modes,

skewness, and kurtosis. Cronbach's alpha was computed to determine the reliability of the scores of the three scales.

For variables that were normally distributed (e.g., years of full-time midwifery practice and the PPBR, PPS and CPR scores), Pearson's product moment correlations were computed. A Spearman's rank-order correlation was done for demographic variables that were significantly skewed and/or peaked (e.g., hours of preceptor training, number of students as a primary preceptor, and number of students as an adjunct preceptor) and for the single Likert scale question on satisfaction, an ordinal-level variable.

RESULTS

Demographics and Descriptive Data

The demographic findings showed that most midwifery preceptors were well-experienced midwives (9.81 years of practice) and had worked with five students each but had received only about one full day (8 hours) of total preceptor training. The internal consistency according to Cronbach's alpha[34,35] was high for each scale: 0.87 for the PPBR scale, 0.86 for the PPS scale, and 0.79 for the CPR scale. The mean scores for all three scales were between 4 and 5 (e.g., "agree" and "moderately agree"), indicating positive perceptions about the role . A summary of the demographics and descriptive data are shown in Table 1.

Satisfaction

Of the participants, 60% (n = 96) were "very/extremely satisfied," compared to 39% (n = 62) who were "slightly/moderately satisfied" and only 1% (n = 2) who were "not satisfied" with the role. Eighty-eight percent (n = 140) of the respondents indicated they would continue to work in the role of preceptor.

Scale Items

The Appendix shows the frequency of the response and mean scores for all the PPBR, PPS, and CPR scale items. Of the 38 scale items, the most frequently reported responses were "agree" (28 items) and "strongly agree" (6 items). Furthermore, item mean scores were predominantly near or above a score of 4 or "agree." Scale items that received the highest endorsement of "strongly agree" were seen in the PPBR and CPR scales. In the PPBR scale, participants most frequently disagreed that

Table 1. Demographics and Descriptive Data

	n	Mean (SD)	Median	Mode	Range
FT years practiced as a registered midwife in Canada	159	9.81 (5.98)	9	4	1–35
Number of students as primary preceptor	157	5.93 (5.65)	5	2	0–45
Number of students as adjunct preceptor	152	5.92 (6.62)	4	3	0–45
Hours of preceptor training received	152	8.48 (10.38)	8	8	0–120
Satisfaction	160	3.6 (0.79)	4	4	1–5
PPBR	160	4.48 (0.65)	4.48	3.86	2.64–6.00
PPS	160	4.02 (0.66)	4.00	3.86	2.07–5.93
CPR	160	4.50 (0.63)	4.50	4.80	2.60–6.00

CPR, commitment to the preceptor role; FT, full time; PPBR, preceptor's perception of benefits and rewards; PPS, preceptor's perception of support

precepting was a means to improve organizational skills (39.4%, *n* = 63) and chances for promotion (47.5%, *n* = 76). Of note, despite participants most frequently agreeing that co-workers were supportive of the preceptor program (36.3%, *n* = 58), participants most frequently disagreed that adequate opportunities exist to share information with other preceptors (38.1.%, *n* = 61). Table 2 provides a summary of the highest endorsed scale items other than those answered "agree."

When we addressed the question about the association among the demographic characteristics (satisfaction, benefits and rewards, support, and commitment), we found many significant positive correlations (Table 3). Although years of practice was not significantly correlated with any of the scale scores, the other demographic characteristics were significantly correlated with at least one of the scale scores. The magnitude of these correlations is small, however. Strong size positive correlations were found between CPR mean scores and two variables (satisfaction and PPBR). Also, a moderate size positive correlation was found between CPR and PPS mean scores .

DISCUSSION

The mean scores for all the scales were high and their standard deviations small, indicating that most participants agreed or moderately agreed with positive statements about benefits and rewards, support, and commitment to the preceptor role. Favourable perceptions about the role were especially found in participants who precepted a high number of students and received more hours of training. Although Dibert and Goldenberg similarly reported a significant relationship between the numbers of students taught as preceptors and role commitment,[13] several other studies found no significant relationship between these variables.[14–18]

For a majority of scale items (74%), participants most frequently agreed with statements, which is an encouraging finding. Our results showed a strong association between commitment and both satisfaction and benefits and rewards. Also, a moderate strength of association was found among support and the three variables–commitment, satisfaction, and benefits and rewards. Our findings corroborate other studies in nursing education that reported a significant relationship between the CPR scale and both the PPBR and PPS scales.[13–15,17,18] The

Table 2. Highest Endorsed Scale Items Ranked Other Than "Agree"

Scale	Highest Endorsement Likert Rank	Items
PPBR	Strongly agree	• Teaching students • Contributing to the profession • Sharing knowledge with students • Assisting students integrate into the health profession • Gaining personal satisfaction
CPR	Strongly agree	• Precepting definitely not a mistake
CPR	Moderately agree	• Willing to invest effort beyond what is expected for student success
PPBR	Disagree	• Improves organizational skill • Improves chances for promotion
PPS	Disagree	• Opportunities to share information with other preceptors

CPR, commitment to the preceptor role; PPBR, preceptor's perception of benefits and rewards; PPS, preceptor's perception of support

main constructs of benefit and rewards, support, satisfaction, and commitment are subsequently discussed here; they provide further evidence as to whether role commitment stems from internal influences (values, perceptions, etc.) or external influences (e.g., affiliated educational program, clinical learners, and health care environment) on the preceptor.

Opportunity as Benefits and Rewards

Most notably, the responses in the benefits and rewards scale had the highest number of items that were most frequently rated "strongly agree" by participants. As such, we can conclude that midwifery preceptors in Canada see their role as a positive opportunity with both intrinsic and extrinsic gains. The most highly endorsed items for the benefits and rewards scale were intrinsic influences (e.g., personal satisfaction) and extrinsic influences (e.g., teaching students, contributing to the profession, sharing knowledge, and helping students integrate into the health care system) on the role.

Our study found that perceived benefits and rewards for precepting are related to satisfaction and support. Previous studies also found that an increased perception of benefits and rewards precipitates an increase in commitment.[13–15,18] The overall mean score for the benefits and rewards scale was high (e.g., between *agree* and *moderately agree*), showing that preceptors perceive there to be many opportunities for role recognition. However, participants most frequently disagreed that the preceptor role affords possibilities for job promotion or that it improves organizational skill. Although some Canadian midwifery educational

Table 3. Statistically Significant Correlations for All Measured Variables

Pearson's Product Moment Correlations				
	PPBR	**PPS**	**CPR**	**Years of Practice**
PPBR	-	.34**	.56**	NS
PPS	-	-	.49**	NS
CPR	-	-	-	NS

Spearman's Rank-Order Correlations							
	PPBR	**PPS**	**CPR**	**Years of Practice**	**Hours of Training**	**Number of Students as Adjunct Preceptor**	**Number of Students as Primary Preceptor**
Satisfaction	.44**	.47**	.66**	NS	.20*	NS	NS
Number of students as primary preceptor	.23**	NS	.26**	.80**	.24**	.50**	-
Number of students as adjunct preceptor	NS	NS	.17*	.58**	NS	-	-
Hours of training	NS	.27**	NS	.19*	-	-	-

CPR, commitment to the preceptor role; NS = nonsignificant; PPBR, preceptor's perception of benefits and rewards; PPS, preceptor's perception of support
* Correlation is significant at the 0.05 level (two-tailed), df = 158 .
** Correlation is significant at the 0.01 level (two-tailed), df = 158.
df = degrees of freedom

programs offer preceptors adjunct clinical faculty status,[36,37] our study results suggest that such an appointment may not necessarily be perceived to be career promoting among midwifery preceptors.

Power as Support

The support scale measured the construct of power as access to preceptor resources. The influence of precepting on workload was also measured in the support scale. On average, preceptors agreed that their workload was appropriate and that the role did not affect client care. This is somewhat contradictory given recent research on increasing rates of occupational burnout among midwives in Canada.[5,6]

With greater support, preceptors experience higher levels of commitment.[13–15] Indeed, preceptors in our study reported that they experienced more commitment to the role when they received more hours of training, more support, and greater benefits and rewards. Interestingly, in the support scale, 65% of participants agreed at some level that they had received adequate training despite averaging only 8 hours. Further exploration of midwifery preceptor training in the Canadian context is warranted.

Satisfaction

A mere 1% of the participants responded that they were not at all satisfied with the role of preceptor, confirming results from similar studies.[26] On average, in the commitment scale, preceptors agreed that they were willing to invest in effort beyond expectations for student success. In our study, satisfaction was strongly and positively associated with commitment. It is therefore essential that educational programs–to uphold preceptor satisfaction and commitment–consider ways to improve and maintain supportive procedures (e.g., feedback for preceptors) and students preparedness throughout the student's tenure in clinical learning.

Commitment

Only 12% of participants stated they would not continue to precept midwifery students. Our survey showed that commitment to the role was associated with satisfaction, benefits and rewards, support, and the number of students served as the primary or adjunct preceptor . The most highly endorsed commitment survey scale items were intrinsic indicators (e.g., inspires best performance and pride in precepting). On the CPR scale, participants most frequently strongly agreed that precepting was not a mistake, thus indicating a fervent dedication to the role. Our results clearly indicate that preceptors value the profession and the Canadian midwifery care model.

Our study sought to measure the constructs of benefits and rewards, support, satisfaction, and commitment to the midwifery preceptor role. Overall results showed positive perceptions, which may in fact be a limitation of survey research rather than the reality that midwifery preceptors face. Still, a minimally adapted reliable instrument was chosen as a starting point for quantitative research with midwifery preceptors in the Canadian context. Future research may use this study to develop an even more reliable tool to gain perspectives of midwifery preceptors working under the Canadian care model. For example, a scale item that specifically gauges how preceptors perceive financial compensation for the role or perceive the effects of teaching in multiple birth venues would be informative.

LIMITATIONS

Our survey response rate was less than half of the estimated midwifery preceptors in Canada, thus limiting the generalizability of our findings. One oversight was the exclusion of demographic questions about preceptors' own experiences in midwifery education, which would show the diverse educational backgrounds of Canadian midwives. It would be pertinent to explore the association between educational experience and commitment to the preceptor role. Also, it would be meaningful for follow-up studies to investigate the perspectives of preceptors who specifically serve Indigenous community-based and international bridging programs, which are unique and significant aspects of the Canadian midwifery educational landscape.

Finally, our study only explored preceptors' perspectives. Preceptor programs are influenced by learners, didactic educators, health care systems, and interprofessional health care teams, all essential voices that should be included in future research.

CONCLUSION

The responses to our survey's questions show

a variety of perspectives on the midwifery preceptor role. The participants view benefits and rewards, support, and commitment to the preceptor role optimistically and thus seem highly invested in this work. In our survey, dedication to the midwifery preceptor role is linked to perceived benefits, support, and satisfaction. It behooves midwifery education stakeholders in Canada to consider both intrinsic and extrinsic effects on preceptorship commitment, including the promotion of professional pride and the creation of means for peer support and job promotion through the preceptor role.

Our study adds to the international knowledge about midwifery education from a Canadian context. Emphasizing the perspectives of midwifery preceptors, a valuable resource for the profession's longevity, acknowledges for stakeholders the influences on the preceptor's role. We hope that this study pays homage to the indelible work of preceptors and may in fact contribute to their empowerment.

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APPENDIX 1A
Frequency of Likert Scale Responses and Means of Scale Items

Order and Item	Frequency of Likert Scale Responses *n* (%)						Mean (sd)
	SA	MA	A	D	MD	SD	
Preceptor Perception of Benefits and Rewards Scale							
1. Teach students (*n* = 159)	**95 (59.4)**	31 (19.4)	31 (19.4)	1 (0.6)	0 (0)	1 (0.6)	5.36 (0.89)
2. Contribute to profession (*n* = 160)	**88 (55)**	34 (21.3)	34 (21.3)	2 (1.3)	1 (0.6)	1 (0.6)	5.27 (0.95)
3. Share knowledge with students (*n* = 160)	**69 (43.1)**	55 (34.4)	34 (21.3)	2 (1.3)	0 (0)	0 (0)	5.19 (0.81)
4. Assist students to integrate into health care system (*n* = 159)	**65 (40.6)**	34 (21.3)	52 (32.5)	3 (1.9)	2 (1.3)	3 (1.9)	4.93 (1.11)
5. Learn from students (*n* = 159)	48 (30.0)	42 (26.3)	**64 (40.0)**	4 (2.5)	1 (0.6)	0 (0)	4.83 (0.92)
6. Gain personal satisfaction (*n* = 158)	**51 (31.9)**	46 (28.7)	44 (27.5)	13 (8.1)	3 (1.9)	1 (0.6)	4.80 (1.08)
7. Keep current and stimulated in profession (*n* = 159)	52 (32.5)	29 (18.1)	**60 (37.5)**	15 (9.4)	1 (0.6)	2 (1.3)	4.69 (1.12)
8. Improve teaching skills (*n* = 160)	37 (23.1)	41 (25.6)	**63 (39.4)**	14 (8.8)	3 (1.9)	2 (1.3)	4.56 (1.07)
9. Increase own knowledge (*n* = 158)	32 (20.0)	44 (27.5)	**63 (39.4)**	17 (10.6)	0 (0)	2 (1.3)	4.54 (1.01)
10. Influence change in workspace (*n* = 159)	33 (20.6)	34 (21.3)	**48 (30.0)**	37 (23.1)	6 (3.8)	1 (0.6)	4.30 (1.18)
11. Be recognized as a role model (*n* = 159)	23 (14.4)	34 (21.3)	**62 (38.8)**	30 (18.8)	7 (4.4)	3 (1.9)	4.17 (1.14)
12. Increase health care involvement (*n* = 159)	23 (14.4)	29 (18.1)	**60 (37.5)**	43 (26.9)	2 (1.3)	2 (1.3)	4.14 (1.09)
13. Improve organizational skills (*n* = 160)	8 (5.0)	16 (10.0)	44 (27.5)	**63 (39.4)**	18 (11.3)	11 (6.9)	3.38 (1.18)
14. Improve chances for promotion (*n* = 159)	4 (2.5)	7 (4.4)	15 (9.4)	**76 (47.5)**	15 (9.4)	42 (26.3)	2.64 (1.24)

SA, strongly agree (6); MA, moderately agree (5); A, agree (4); D, disagree (3); D, moderately disagree (2); SD, strongly disagree (1); sd, standard deviation

APPENDIX 1B
Frequency of Likert Scale Responses and Means of Scale Items

Order and Item	Frequency of Likert Scale Responses *n* (%)						Mean (sd)
	SA	MA	A	D	MD	SD	
Preceptor Perception of Support Scale							
1. Co-workers supportive of preceptor program (*n* = 159)	57 (35.6)	35 (21.9)	**58 (36.3)**	6 (3.8)	2 (1.3)	1 (0.6)	4.86 (1.04)
2. Mentors committed to success of preceptor program (*n* = 159)	33 (20.6)	37 (23.1)	**67 (41.9)**	17 (10.6)	4 (2.5)	1 (0.6)	4.47 (1.05)
3. Have sufficient client care time as preceptor (*n* = 160)	24 (15)	25 (15.6)	**84 (52.5)**	18 (11.3)	9 (5.6)	0 (0)	4.23 (1.02)
4. Appropriate workload when preceptor (*n* = 160)	24 (15)	39 (24.4)	**58 (36.3)**	26 (16.3)	10 (6.3)	3 (1.9)	4.20 (1.18)
5. Preceptor goals clearly defined (*n* = 160)	21 (13.1)	35 (21.9)	**68 (42.5)**	26 (16.3)	7 (4.4)	3 (1.9)	4.18 (1.11)
6. Not a preceptor too often (*n* = 160)	15 (9.4)	22 (13.8)	**94 (58.8)**	19 (11.9)	6 (3.8)	4 (2.5)	4.05 (1.00)
7. Colleagues understand program goals (*n* = 159)	17 (10.6)	19 (11.9)	**88 (55)**	20 (12.5)	10 (6.3)	5 (3.1)	3.98 (1.10)
8. Preceptor responsibilities clear in guidelines (*n* = 158)	12 (7.5)	22 (13.8)	**87 (54.4)**	24 (15)	5 (3.1)	8 (5)	3.92 (1.09)
9. Faculty spends sufficient time with student (*n* = 154)	6 (3.8)	14 (8.8)	**98 (61.3)**	29 (18.1)	5 (3.1)	2 (1.3)	3.87 (0.82)
10. Adequate preceptor preparation (*n* = 160)	13 (8.1)	43 (26.9)	**48 (30)**	32 (20)	13 (8.1)	11 (6.9)	3.86 (1.32)
11. Faculty helps me develop as a preceptor (*n* = 160)	12 (7.5)	25 (15.6)	**64 (40)**	37 (23.1)	13 (8.1)	9 (5.6)	3.74 (1.21)
12. Experienced mentors help me develop as preceptor (*n* = 160)	14 (8.8)	25 (15.6)	**53(33.1)**	43 (26.9)	17 (10.6)	8 (5)	3.70 (1.25)
13. Faculty help identify student problems (*n* = 157)	13 (8.1)	22 (13.8)	**61 (38.1)**	33 (20.6)	18 (11.3)	10 (6.3)	3.68 (1.27)
14. Opportunities to share information with other preceptors (*n* = 159)	9 (5.6)	22 (13.8)	38 (23.8)	**61 (38.1)**	21 (13.1)	8 (5)	3.45 (1.20)

APPENDIX 1C
Frequency of Likert Scale Responses and Means of Scale Items

Order and Item	Frequency of Likert Scale Responses *n* (%)						Mean (sd)
	SA	MA	A	D	MD	SD	
Commitment to the Preceptor Role							
1. Precepting definitely not a mistake (*n* = 160)	**89 (55)**	16 (10)	51 (31.9)	2 (1.3)	1 (0.6)	1 (0.6)	5.16 (1.02)
2. Precepting is inspirational for best performance (n = 160)	50 (31.3)	43 (26.9)	**55 (34.4)**	10 (6.3)	1 (0.6)	1 (0.6)	4.80 (1.01)
3. Proud to tell others I am/ was a preceptor (*n* = 159)	45 (28.1)	43 (26.9)	**60 (37.5)**	8 (5)	3 (1.9)	0 (0)	4.75 (0.99)
4. Really care about preceptor program fate (*n* = 160)	47 (29.4)	41 (25.6)	**57 (35.6)**	11 (6.9)	3 (1.9)	1 (0.6)	4.72 (1.06)
5. Willing to invest effort beyond what is expected for student success (*n* = 160)	42 (26.3)	**49 (30.6)**	44 (27.5)	21 (13.1)	1 (0.6)	3 (1.9)	4.63 (1.14)
6. Enthusiastic about preceptor program when speaking to other midwives (*n* = 158)	32 (20)	44 (27.5)	**56 (35)**	21 (13.1)	1 (0.6)	4 (2.5)	4.46 (1.13)
7. There is a lot of gain in precepting (*n* = 160)	40 (25)	26 (16.3)	**65 (40.6)**	22 (13.8)	5 (3.1)	2 (1.3)	4.43 (1.17)
8. Personal and preceptor program values the same (*n* = 160)	11 (6.9)	40 (25)	**81 (50.6)**	21 (13.1)	6 (3.8)	1 (0.6)	4.16 (0.92)
9. Have loyalty to preceptor program (*n* = 160)	15 (9.4)	26 (16.3)	**79 (49.4)**	29 (18.1)	5 (3.1)	6 (3.8)	3.99 (1.09)
10. Would not stop precepting easily (*n* = 160)	16 (10)	24 (15)	**70 (43.8)**	34 (21.3)	11 (6.9)	5 (3.1)	3.90 (1.15)

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