Preceptorship and interpersonal conflict: a multidisciplinary study

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Submitted for publication 21 November 2002
Accepted for publication 7 April 2003

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**Background.** The impetus for the study was the concern of teachers about the potentially deleterious effects of conflict in the preceptee–preceptor relationship. Preceptorship, in which students work alongside designated professionals in clinical settings, can provide opportunities to integrate theoretical and practice knowledge, and can play a part in professional development. However, students may experience communications and interpersonal problems with their preceptors and, if the conflict thereby generated is not challenged and resolved, negative outcomes can occur for students, preceptors and teachers.

**Aim.** The purpose of the study was to explore the nature of conflict in preceptorship experiences.

**Methods.** A modified, simultaneous quantitative/qualitative triangulated method was used, with the quantitative results reported in this paper. A total of 548 questionnaires were mailed to students and preceptors in the final clinical experience of undergraduate programmes in four disciplines. The return rate was 42.7% (234 questionnaires).

**Findings.** Data revealed the prevalence of conflict, the degree to which this affected preceptorship relationships, factors occurring in the practicum that may contribute to conflict, the degree to which the conflict was resolved, and the outcomes of conflict.

**Conclusions.** It is only through an understanding of the dynamics involved in conflict, and its negative effects on students, that teachers, preceptors and students alike can respond proactively to conflicts and become adept at seeking and implementing effective solutions.

**Keywords:** conflict, clinical education, teachers, multidisciplinary, nursing, preceptor, preceptorship, research, student, undergraduate

**Introduction**
Preceptorship, a teaching/learning approach in which students are assigned to work alongside a professional employed in the practice setting, is the model of choice for clinical teaching in undergraduate education in the United Kingdom (UK) and North America (USA) (Marchette 1985, Myrick &
Barrett 1992, Bowles 1995, Nehls et al. 1997). By providing students with the opportunity to integrate their theoretical knowledge with the practice setting, preceptorship has become a significant component of their socialization and professional development in the Faculties of Education, Family Medicine, Nursing and Social Work at the University of Calgary in Canada (Rogers & Langevin 1998).

The learning environment has been described as ‘an interactive network of forces within the clinical setting that influence the students’ clinical learning outcomes’ (Dunn & Burnett 1995). It is within this environment that students develop their attitudes, competence, interpersonal communication skills, critical thinking and clinical problem-solving abilities (Dunn & Hansford 1997). Clinical experience, however, is fraught with struggles that can challenge the academic success of the student (Hegge et al. 1999). Students often experience communication and interpersonal problems with their preceptors that can lead to conflict if left unchecked (Lewis 1986, Myrick & Barrett 1994). While conflict has the potential for positive personal growth for both student and preceptor, achieved by acknowledging and resolving conflict to the satisfaction of both parties, conflict that is left unchallenged and unresolved can result in disaster for students, preceptors and teachers.

The impetus for this study was concern about the potentially harmful effects of conflict on the collaborative working relationship between education and the practice setting in which the preceptorship experience is based. Conflict can jeopardize this significant and often fragile liaison (Sawa 1995).

Because of its nature, the preceptor relationship is ripe for conflict. Consider the pairing of an expert and a neophyte who may or may not have had formal preparation for this relationship, or the opportunity to work together prior to this experience. It is within a work environment, challenging at best and daunting at worst, that these individuals must strive to accommodate one another in a professional and personal capacity as they work together for extended periods of time. If the relationship is successful, it benefits both parties. However, if it is less than successful, it can be frustrating and particularly disheartening for both student and preceptor (Myrick 1998). A poor clinical experience can result in student disillusionment about nursing and an inability to integrate and learn (Peirce 1991). Preceptors who experience conflict and have a poor experience often refuse to accept further students.

This research project emerged from a collaborative endeavour by members of the faculties of Education, Family Medicine, Nursing and Social Work in a large urban university in Canada. Extensive dialogue among members of the research team revealed the following factors, which provide the underlying premises for this project:

- As it is the practitioners who assume a major responsibility for teaching, supervising and evaluating students in the preceptorship experience, university-based professional faculties are less likely to address teaching and learning processes within this context. Moreover, issues such as conflict are rarely attended to at a programmatic level (Johnston 1995).
- The process of dealing with conflict situations requires both time and resources on the part of students, preceptors and teachers.
- A more in-depth understanding of potential conflict situations, as well as individuals at risk of such situations, can provide the catalyst for early identification and appropriate intervention (Konnert 1995).

**Literature review**

In order to ensure a comprehensive review of the literature, a thorough search was conducted using the electronic databases appropriate to each of the four disciplines. A span of 20 years, between 1981 and 2001, was searched so that the most accurate representation of conflict relating to preceptorship occurring within these disciplines could be given. The search revealed, however, that little attention has been paid to this vital issue in any of the four disciplines.

To date, the preceptorship approach to clinical teaching has been researched from a variety of perspectives. The effect of preceptorship on the socialization and role transition of students is discussed throughout the available literature (Estey & Ferguson 1985, Itano et al. 1987, Dobbs 1988, Clayton et al. 1989, Goldenberg & Iwasiw 1993).

A number of studies focus on the impact of preceptorship on the performance of senior level nursing students and their adaptive competencies in the practice setting (Laschinger & McMaster 1992), the results of which reflect no change in postbaccalaureate performance and no significant change in the performance of baccalaureate-prepared students (Huber 1981, Marchette 1984, Myrick 1988, Jairath et al. 1991, Yonge & Trojan 1992, Brasler 1993). Currently, there is no consensus on the notion that pairing students with staff nurses in the preceptorship context makes any difference to the performance or competence of nursing students or beginning baccalaureate graduates (Yonge et al. 1997). One study reveals that the way in which undergraduate nursing students perceive their clinical learning environment is influenced by a variety of people, including the nursing staff, the nursing unit manager, students, and other staff (Dunn & Hansford 1997). Brasler (1993) found that the skills of the preceptors and the
emotional support they provide to preceptees, were significant indicators of initial postbaccalaureate performance. Another study found that preceptors view role modelling and the supervision of students' skills to be major components intrinsic to the role of the preceptor (Coates & Gormley 1997).

Despite the prevalence of preceptorship in undergraduate nursing education, no specific research has been carried out to examine experiences of conflict in preceptee–preceptorship relationships (Smith 1992, Perese 1996, Cavazos 1996, Weaver & Stanulis 1996). This is an interesting discovery in itself. Students’ experiences in preceptorship are frequently dismissed as ‘personal and idiosyncratic rather than commonplace and collective’ (Clare 1993, p. 283). Only anecdotal accounts about conflict in preceptorship experiences exist and, consequently, only assumptions can be made (Rogers & Langevin 1998).

The study

Research questions

We designed the study to explore the nature of conflict in preceptorship experiences, including the factors that may contribute to conflict situations, the dynamics involved in conflict resolution, and the effects of conflict on both preceptors and students. We posed the following specific questions:

- Do students'/preceptors’ experience conflict in their relationships?
- How often do students and preceptors feel they are in conflict?
- To what extent does conflict strain student/preceptor relationships?
- What are the various stimuli or factors that initiate conflict in preceptorship experiences?
- To what degree are conflicts resolved in preceptorship experiences?
- What are the outcomes of conflict in preceptorship experiences?

Definition

The complexity and nature of conflict necessitated inclusion of the following definition in the study questionnaire:

Conflict within a supervisory relationship can take many forms ranging from mild tension to very extreme forms. It can originate for different reasons such as differences in personality or style, different expectations, or differences in knowledge, experience or world-view. It can be present in different degrees, and can have different outcomes, sometimes positive and sometimes negative.

This broad definition was carefully worded to accommodate the wide variety of interpretations that are synonymous with conflict, including such euphemisms as challenges, problems, issues, tensions, and personality clashes.

Design

Because different perspectives arise from the application of different research methods, use of more than one method may lead to a more holistic view of the problem under study (Morse 1994). Because of lack of research into conflict in preceptorship experiences, we chose an exploratory research design (Grinnell & Unrau 1997). To best address the research questions, a modified, simultaneous quantitative/qualitative triangulated method was used (Morse 1991). The term ‘modified simultaneous’ refers to the process of data collection. We used a teacher-designed questionnaire and qualitative interviews with selected participants. The results from the questionnaire survey are reported in this paper.

Sample and setting

The sample comprised 110 undergraduate students and 124 preceptors in Education, Family Medicine, Nursing and Social Work. Of 548 questionnaires distributed to students and their preceptors, a total of 234 were returned, giving a response rate of 42.7%. A breakdown of response rates is presented in Table 1. Tables 2 and 3 provide a demographic description of the participants. The lack of representation of male students and male preceptors in nursing, and male students in Social Work is of particular note. It is also noteworthy that preceptors in nursing tended to be older than their counterparts in the other disciplines.

A sample size of 75 students and preceptors in the Faculty of Education (n = 500) was required to coincide with the sample sizes used in the other three faculties. To achieve this, student/preceptor dyads were stratified according to the elementary and secondary school streams in which they were studying.
(n = 45 and 30, respectively). Once this number of dyads was identified, a random numbers table was used to determine the final sample. While the number of hours involved in preceptorship varied between disciplines, all experiences occurred during the final term of each of the undergraduate programmes. Practice expectations revolved around final course and programme objectives specific to each discipline.

**Questionnaire**

The questionnaire was piloted for content and construct validity with five recently graduated students and five former preceptors from each discipline. As a result, minor adjustments were made to the wording of a few of the questions. Each set of questionnaires was modified for students, preceptors and disciplines. Both student and preceptor questionnaires sought demographic information and responses to descriptors about supervisory experiences (descriptors are itemized in Table 4). If respondents indicated that they had experienced conflict, they were directed to respond to a third set of questions designed to gather information about the nature of the conflict. This set of questions elicited the information to address each of the research questions and is discussed in detail below.

**Ethical considerations**

Prior to the study, letters of permission were obtained from the Deans of the four participating disciplines and ethical approval was received from the appropriate Ethics Review Committee. The questionnaire, a cover letter, instructions for consent, and a postage-paid return envelope were distributed. Participants were provided with an explanation of the study, apprised of their right to refuse to answer any questions without fear of reprisal, and advised that they were free to withdraw from the study at any time. To ensure confidentiality, each questionnaire was coded according to discipline and preceptor/student status. In order to generate maximum response, a follow-up letter was sent to all survey participants 3 weeks after initial contact.

**Data analysis**

Demographic information, responses to descriptors of supervisory experience and questions about the nature of conflict were all analysed using frequency tables. Contingency tables were then constructed, using the non-parametric chi-square test, to analyse the presence/absence of conflict in terms of demographic information and descriptors of the supervisory relationship.

**Findings**

**Research question 1: Do students/preceptors experience conflict in their relationships?**

Of the 234 respondents, 28.2% (n = 66) reported experiencing conflict. The incidence of student-perceived conflict was 24% (n = 8) in Nursing, 38% (n = 11) in Education, 44% (n = 8) in Family Medicine, and 29% (n = 8) in Social Work. Seventeen percentage (n = 6) of preceptors in nursing indicated that they had experienced conflict, while 24% (n = 12) in Education, 50% (n = 3) in Family Medicine, and 29% (n = 10) in Social Work reported conflict.


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**Table 2 Student and preceptor age ranges for each of the four disciplines**

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Education Student</th>
<th>Education Preceptor</th>
<th>Family medicine Student</th>
<th>Family medicine Preceptor</th>
<th>Nursing Student</th>
<th>Nursing Preceptor</th>
<th>Social work Student</th>
<th>Social work Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>20–29</td>
<td>22</td>
<td>2</td>
<td>10</td>
<td>0</td>
<td>30</td>
<td>2</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>30–39</td>
<td>17</td>
<td>2</td>
<td>8</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>40–49</td>
<td>29</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>15</td>
<td>1</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>49+</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Totals</td>
<td>29</td>
<td>48</td>
<td>18</td>
<td>6</td>
<td>33</td>
<td>35</td>
<td>29</td>
<td>34</td>
</tr>
</tbody>
</table>

**Table 3 Student and preceptor gender for each of the four disciplines**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Education Student</th>
<th>Education Preceptor</th>
<th>Family medicine Student</th>
<th>Family medicine Preceptor</th>
<th>Nursing Student</th>
<th>Nursing Preceptor</th>
<th>Social work Student</th>
<th>Social work Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>19</td>
<td>28</td>
<td>7</td>
<td>4</td>
<td>33</td>
<td>35</td>
<td>27</td>
<td>21</td>
</tr>
<tr>
<td>Male</td>
<td>10</td>
<td>21</td>
<td>11</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Totals</td>
<td>29</td>
<td>49</td>
<td>18</td>
<td>6</td>
<td>34</td>
<td>35</td>
<td>29</td>
<td>39</td>
</tr>
</tbody>
</table>
Findings for the following questions reflect responses from those students and preceptors who reported conflict with their preceptor/student. Not all of these students and preceptors represent matched dyads. Because of the small number of respondents reporting conflict, it was not practical to distinguish faculty-specific results. Therefore, the results are reported in their aggregate form.

Research question 2: How often do students and preceptors feel in conflict?
Fifty-one percentage \((n = 18)\) of students either ‘frequently’ or ‘almost always’ felt conflict with their preceptor. Conversely, only 16% \((n = 5)\) of preceptors reported that they either ‘frequently’ or ‘almost always’ felt conflict with their students, while 84% \((n = 26)\) reported that conflict occurred only ‘occasionally’.

Research question 3: To what degree does conflict strain the student/preceptor relationship?
We tried to ascertain the degree of tension between preceptor and student that may occur as a result of conflict. Thirty-five percentage \((n = 12)\) of students perceived that the relationship with their preceptor was strained for a ‘prolonged period of time,’ while 68% \((n = 21)\) of preceptors believed that the relationship with their students was either ‘not strained at all’ or only ‘momentarily strained’.

Research question 4: What are the various stimuli that are related to conflict in the preceptorship experience? More specifically, what factors occurring in the practicum contributed to such conflict?
Respondents were encouraged to choose as many of the listed stimuli as applicable; thus, categories are not mutually exclusive. Students most frequently selected ‘expectations of the preceptor’ \((60%; n = 21)\), ‘personal/personality issues with the preceptor’ \((49%; n = 17)\), and ‘issues associated with the institution where the practicum took place’ \((29%; n = 10)\). Preceptors most often cited ‘expectations of the preceptor’ \((65%; n = 20)\), ‘expectations of the student’ \((52%; n = 16)\), ‘knowledge level of the student’ \((45%; n = 14)\), and ‘skill level of the student’ \((39%; n = 12)\).

Research question 5: To what degree are conflicts resolved in the preceptorship experience?
Thirty-one percentage \((n = 11)\) of students and 61% \((n = 19)\) of preceptors reported that the conflict they experienced was ‘resolved to the satisfaction of both the student and the preceptor’. If the conflict was resolved to the satisfaction of the student, it was also always resolved to the satisfaction of the preceptor. Interestingly, the converse did not necessarily hold true. Seventeen percentage of students \((n = 6)\) and 3% \((n = 1)\) of preceptors

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>Student</th>
<th>Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared similar beliefs about the profession</td>
<td>Nursing (34%)</td>
<td>ED, FM, SW (76%)</td>
</tr>
<tr>
<td>Preceptor willingly assumed role</td>
<td>85</td>
<td>70</td>
</tr>
<tr>
<td>Preceptor perceived student’s university preparation to be valuable</td>
<td>94</td>
<td>83</td>
</tr>
<tr>
<td>Preceptor provided right amount of supervision</td>
<td>68</td>
<td>25</td>
</tr>
<tr>
<td>Preceptor provided right amount of feedback</td>
<td>91</td>
<td>79</td>
</tr>
<tr>
<td>Preceptor provided positive comments in feedback</td>
<td>64</td>
<td>75</td>
</tr>
<tr>
<td>Preceptor provided negative comments in feedback</td>
<td>91</td>
<td>80</td>
</tr>
<tr>
<td>Preceptor provided suggestions for improvement in feedback</td>
<td>73</td>
<td>82</td>
</tr>
<tr>
<td>Preceptor provided theoretical rationale as part of feedback</td>
<td>85</td>
<td>83</td>
</tr>
<tr>
<td>Student found feedback helpful</td>
<td>79</td>
<td>67</td>
</tr>
<tr>
<td>Preceptor considered student’s viewpoint when discussing progress</td>
<td>88</td>
<td>73</td>
</tr>
<tr>
<td>Preceptor permitted student to try different approaches or techniques</td>
<td>94</td>
<td>81</td>
</tr>
<tr>
<td>Preceptor encouraged student to try different approaches or techniques</td>
<td>58</td>
<td>72</td>
</tr>
<tr>
<td>Preceptor supported student in trying different approaches or techniques</td>
<td>72</td>
<td>76</td>
</tr>
<tr>
<td>Student wished to question advice but refrained from doing so</td>
<td>9</td>
<td>17</td>
</tr>
</tbody>
</table>

ED, education; FM, family medicine; SW, social work.

Table 4 Student/preceptor perceptions of the supervisory experience in preceptorship
reported that the conflict was ‘resolved to the satisfaction of the preceptor but not to the student’. Twenty percentage \((n = 7)\) of students and \(3\% \,(n = 1)\) of preceptors reported that conflict ‘was neither acknowledged nor resolved’.

Research question 6: What are the outcomes of conflict in the preceptorship experience?

The final question listed 11 possible outcomes of conflict. Participants were asked to select as many of these outcomes as applicable, thus categories are not mutually exclusive. The most frequently cited outcomes for students were ‘personal growth’ (46%; \(n = 16\)), ‘impaired student learning’ (46%; \(n = 16\)), ‘destructive to student self-image’ (43%; \(n = 15\)), ‘detrimental to student health’ (29%; \(n = 10\)) and ‘facilitated preceptor growth’ (20%; \(n = 7\)). Preceptors reported that conflict ‘facilitated student growth’ (71%; \(n = 22\)), ‘facilitated preceptor growth’ (61%; \(n = 19\)), ‘impaired student learning’ (26%; \(n = 8\)), was ‘destructive to student self-image’ (10%; \(n = 3\)), and was ‘detrimental to student health’ (6%; \(n = 2\)).

Although 46% \((n = 16)\) of students chose the category ‘facilitated student growth’, many of the same students also chose such categories as ‘impaired student learning’, ‘detrimental to student health’, ‘impaired supervisory ability’, ‘detrimental to preceptor health’, ‘mediation sought’ and ‘relationship dissolved’. In the 10 cases in which students reported that the conflict was detrimental to their health, only half were involved with mediation. Of seven students who reported that conflict led to seeking mediation, five felt that the conflict was detrimental to their health. Of these five cases, the supervisory relationship was dissolved in two instances and rescued in three. In the latter, however, none of the three students reported that the conflict contributed to their growth.

Additional statistical analyses were conducted using data from all participants \((n = 234)\). Table 4 lists student and preceptor perceptions about the supervisory relationship in nursing and the other three disciplines. The nursing researchers on the team decided to compare nursing with the other three disciplines combined. Because of the low response rate from medicine, it was not feasible to make a comparison with each of the other three disciplines separately.

We found that the students and preceptors in nursing generally perceived the student/preceptor relationship and the nature of supervision in a more positive light than their counterparts in the other three disciplines. Also of note are the divergent perceptions of students and their preceptors in all the disciplines. In general, preceptors had a more positive view of preceptorship experience and their role in relationships with preceptees than the students did.

Using contingency tables and the non-parametric chi-square test, data dealing with the nature of supervisory experiences and the presence of conflict were cross-tabulated to search for statistically significant correlations. As shown in Table 5, 13 of the 15 descriptors used by students to describe supervisory experiences in preceptorship were significantly correlated with the presence of conflict. In the preceptor data, only four of these same descriptors were significantly correlated with conflict. Although we initially anticipated that demographic characteristics (age and gender) of students and preceptors would be reflected in the occurrence of conflict, the results did not support this hypothesis. As the demographic data did not reveal any

<table>
<thead>
<tr>
<th>Table 5 Descriptors of the supervisory experience in preceptorship and their significance for the occurrence of conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Descriptor</strong></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
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<td>Preceptor supported student in trying different approaches or techniques</td>
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<tr>
<td>Student wished to question advice but refrained from doing so</td>
</tr>
</tbody>
</table>
Students' perceptions of the amount of supervision provided by preceptors were found to be significantly correlated with the presence of conflict, but this was not the case for preceptors. Students who reported that they did not receive the right amount of supervision, instead receiving either too much or too little, were more likely to report the existence of conflict. It is possible that students and preceptors might perceive ‘too much supervision’ differently. For example, to a preceptor it may mean that problems with the student's performance require more supervision than usual, whereas to the student, it may mean that the preceptor does not allow for an appropriate amount of independence.

There was a strong relationship between the occurrence of conflict and whether or not students received positive feedback from their preceptors. This is not to say, however, that students expected preceptors to provide only positive feedback. A similar relationship between the occurrence of conflict and the selection of ‘negative comments in feedback’ or ‘suggestions for improvement’ was not found.

**Discussion**

While we found that students and preceptors in nursing reported less conflict than in the other three faculties, the incidence of conflict was found to be greater than expected. Furthermore, preceptors and students perceived factors that precipitated conflict differently. While students tended to experience conflict related to preceptor expectations and/or personality, preceptors experienced conflict when they perceived a lack of competency on the part of the student relating to knowledge level, skill level and the disparities between preceptor and student expectations.

Twenty percent of students felt in conflict but did not acknowledge it, possibly because they are expected to fit in to the practice setting with minimal disruption (Clare 1993). Students may be reluctant to express their dissatisfaction with the preceptorship experience or to voice any problems they encounter (Clare 1993). Failing to acknowledge conflict may reflect a feeling of powerlessness on the part of the student, who is dependent on the preceptor's evaluation to complete the final clinical practicum successfully. Students who experience difficulty in their final practicum may have problems obtaining favourable references, which may impede employment potential.

We were concerned that the data revealed that conflict in preceptorship relationships could have personal and potentially long-lasting effects on students. Indeed, ‘preceptorship is among the most stressful of student experiences’ (Yonge et al. 2002, p. 84). For example, 43% \( (n = 15) \) of students in all four disciplines who experienced conflict with their preceptors reported that it was destructive to their self-image, and 29% \( (n = 10) \) reported that it was detrimental to their health.

**Limitations**

Several limitations came to light during the course of this study. First, because of the nature of the research design and methodology, responses did not necessarily reflect student/preceptor dyads. Fifty-eight student/preceptor dyads responded to the study; however, of these, there were only 12 dyads in which both the student and preceptor reported conflict. Second, while the Faculties of Education, Nursing and Social Work were well represented in the response rate, the same cannot be said of the Faculty of Family Medicine, from which the number of respondents was considerably lower. With only six preceptor responses from the Faculty of Family Medicine, these were combined with responses from the other three faculties, possibly skewing the data. Third, conflict may be under-represented or over-represented, depending on how the participants interpreted their situation and what meaning they assigned to conflict. Finally, the detailed analysis of conflict provides a multidisciplinary perspective that may or may not accurately reflect any one of the four disciplines.

**Recommendations and conclusion**

The findings of this study indicate the desirability of investing more time in the orientation of preceptors, with greater emphasis placed on the evaluation process and the provision of both positive and negative feedback. In other words, we need to precept the preceptor (Myrick 1988). Such an investment of time would not only strengthen the relationship between education and practice, but would also afford preceptors and teachers opportunities to share their expertise for the benefit of the teaching-learning process.

When conflict is experienced in a preceptorship relationship, it is not unusual for the student to be expected to ‘grin and bear it’. In light of the findings, teachers may wish to consider the following: (a) be sensitive to the occurrence of any sign of conflict in preceptorship experiences; (b) act immediately when there is any indication of conflict; and (c) assume a proactive role in the resolution process. In the event of a conflict situation that, despite all efforts, cannot be resolved to the satisfaction of those involved, student well-
What is already known about the topic

- The preceptorship approach to clinical teaching has been researched from a variety of perspectives.
- To date, however, no study has been conducted specifically to examine the experience of conflict in the preceptor–preceptee relationship.

What this paper adds

- Conflict may be more widespread than initially hypothesized, and was reported by 32% of all students and 25% of all preceptors surveyed.
- Students and preceptors view conflict differently, but it is an issue which students, preceptors and teachers alike must take seriously.
- Students may experience long-lasting and deleterious effects as a result of their involvement in a conflictual preceptor relationship.
- The study has generated new knowledge that can contribute to a better understanding of conflict in preceptorship experiences and help those involved to deal more effectively with conflict when it does occur.

References