The art of Clinical Supervision Program for registered nurses

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Chapter 2: Literature Review

She was almost skipping as she walked onto the ward with her group of six students. They were all so excited. They were finally going to nurse; no more manikins or practicing on each other. Instead, real patients, real experiences and a real chance to make a difference to someone’s day. The clinical facilitator guided them towards the nursing station where they would listen to their first shift handover.

2.1 Introduction

The provision of clinical supervision education for registered nurses in Australia evolved to a state where there was no national industry standards or requirements (HWA, 2010). Health care facilities were left to develop and introduce their own education and resource programs. HWA’s (2010) discussion paper on clinical supervision called for a national review and approach to the current education and training provided to all health care professionals.

This research project responds to this call for action by developing and implementing an education program for nursing clinical supervisors to effectively supervise nursing students. The previous chapter presented an introduction to the current context of clinical supervision, as well as the role of HWA in current national policy and strategic development. This chapter will continue to describe the literature relevant to this project from three key areas: the principles of clinical supervision, the theories of learning, and the theories of persuasion and measurement of attitude.

The first section of this review will outline the literature describing the current documented deficits and requirements of the role of clinical supervisors, and it will review previous clinical supervision programs that have been implemented nationally and internationally for university-based nursing students. This chapter will also continue to review the publications by HWA released in 2010–2013 related to clinical supervision requirements in Australia.
In addition, this chapter will describe the principles and theories that supported the development of the CSP, which are essential to the development of adult learning programs. It will also discuss the theories of attitude, attitude change and measurement of attitude as they are related to this research project, including the theories of persuasion (Katz, 1960), which can be applied to the attitudes of nurses towards clinical supervision. This will assist the researcher to develop strategies to assist with changing participants’ poor or negative attitudes towards students and the clinical supervisor role.

The literature sources and their principle relationship to the CSP are outlined in Figure 2.1.

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**Figure 2.1: Conceptual framework for the development of the CSP**

The application of this literature to the program will be described in further detail in Chapter 3. The first area to be explored in this literature review will be the ‘Identified Deficits and Requirements of Clinical Supervision’.
2.2 Principles of Clinical Supervision

The literature review in relation to clinical supervision involved searching for articles on the electronic databases of the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed and Science Direct using the key words of ‘nursing clinical supervision’, ‘nursing clinical placement’, ‘preceptorship’ and ‘undergraduate nursing mentorship’, as well as the government directories for national publications from the DEST, HWA and the Australian Health Practitioner Regulation Agency (AHPRA) for the Australian nursing registration requirements. This search was used to identify current education programs and program requirements and deficits in relation to clinical supervision nationally and internationally.

2.2.1 Deficits and Requirements

The role of clinical supervisors is to provide students with the opportunity to develop the knowledge, skills and attitudes of nursing so they can meet the needs of the profession (Gleeson, 2008; Smedley et al., 2010). This helps them to learn from their practice and to function in the fast-paced changing environment of nursing in modern healthcare (Aston & Molassiotis, 2003; Gidman et al., 2011).

Students are at risk of becoming skill-orientated practitioners if the clinical placement lacks the demonstration of problem-solving and reflection (Allan et al., 2008). A recent study by Gidman et al. (2011) determined that student nurses remain skills-focused during clinical placement and risk achieving a narrow perspective of the role and functions of registered nurses. This leaves them unable to think critically about their nursing care and their role in the health care team. As reported by a nursing student (Kleiman, 2009, p. 35):

I think that my nursing care function is being stretched to a level where you cannot see the patient, only the computer screen, and all the red and green lights around him. The sound that beckons is not the scared voice of old Mr John Doe, but the alarm on the machine that quickens my step while I remind myself to check the want ads for nurses wanted.

This has implications for clinical supervisors, who must ensure that students are provided with learning opportunities that promote a holistic approach to nursing care in order to
assist them to develop the complexities and importance of the role (Gidman et al., 2011). Clinical supervisors need to be provided with the necessary abilities to achieve this, not only in their teaching, but also in their assessment of competence (Gidman et al., 2011; NMC, 2008).

The nursing literature outlines a number of barriers to providing effective clinical supervision. One major barrier is the lack of consistency of staff education; this has been documented by health care facilities and education providers and has been highlighted in research from Europe, the UK and Australia. In each of these countries, feelings of unpreparedness for the role of clinical supervision by nurses have been documented (Andrews, Brodie, Andrews, Wong & Thomas, 2005; Barker et al., 2011; Brammer, 2008; Gidman et al., 2011; Gleeson, 2008; Hyrkas & Shoemaker, 2007; Landmark et al., 2003; Pellatt, 2006; Webb & Shakespeare, 2008). A review of these findings was essential to the project in order to understand the current staff deficits in clinical supervision to ensure the development of an appropriate clinical supervision program.

Andrews et al. (2006) determined that many UK nurses did not view themselves as teachers, role models or facilitators of practice when supervising students; rather, they viewed their role in student supervision as assessors of students’ practice. They also noted that there was significant confusion over the terms used to describe the supervision relationship and the role, and they felt a lack of recognition and believed they were given insufficient education and training in the role. From the students’ perspective, the study determined that the effect of the clinical placement could determine their choice of future employment, and, of more concern, if they would like to remain in nursing.

Concerns regarding the assessment role of clinical supervisors were also documented by Webb and Shakespeare (2008). Their study in relation to how nurses make decisions about students’ performance in the UK outlined that students’ competence as assessed by clinical supervisors was often based on the success of the student–nurse relationship rather than the students’ performance. The study suggested that supervisors should attend compulsory education to facilitate their development in the role to ensure the reliable and valid assessment of students’ performance, that a stronger and more positive partnership between supervisors and education providers was essential, and that nurse managers must take a more active role in ensuring a culture of fair and valid assessments in their unit.
Brammer’s (2008) study in Australia determined that there was a lack of understanding of the supervisor role, as well as the implications of poor clinical supervision. Brammer’s findings supported that clinical supervisors have a major role in the development of nursing students, which affected their ability to function when registered. Implications for future practice included the acknowledgement of the formal role of supervisors, an increase in awareness of the influence of the role on student outcomes and formal education for supervisors to ensure a positive influence on the relationship.

Gleeson’s (2008) study focused on the use of different terminology and confusion over the role and requirements of clinical supervisors. This was in response to the changes in nursing education introduced in Ireland and the confusion related to the terminology to support university-based students. Gleeson determined that the success of student clinical placements was dependent upon a positive and supportive relationship between the health care facility and the education provider. Educating staff alone did not guarantee successful clinical placements. Therefore, while nursing staff required initial education to gain the essential knowledge, skills and attitudes, the success of the placement was reliant upon ongoing discussion between stakeholders and them regularly responding to students’ and nursing staffs’ feedback.

These findings were supported by Hyrkas and Shoemaker’s (2007) study in the UK, which determined that while initial education and training for supervisors was vital, an ongoing commitment to them through support strategies was essential. This included not only ongoing education, but also strategies to ensure that nurses felt supported by their organisations. The authors suggested that this could be generated through award systems and support positions within hospitals for staff and students.

Landmark et al.’s (2003) study in Norway determined that the quality of the clinical supervision relationship was influenced by nurses’ self-confidence in their own professional capacity and awareness of the role of clinical supervisors. Participants in the study requested further education in regards to the roles, responsibilities and expectations of education providers and their employers. The study also highlighted that nurses perceived that their motivation towards the role was a major contributor to the success of the student–nurse relationship.
Pellatt’s (2006) study in the UK determined that mentors needed more support in undertaking their role of student supervision and assessment, and that improved education for staff was required in conjunction with increased levels of support by education providers and health care facilities to guarantee the best possible outcomes for staff and students. This was supported by Barker et al. (2011), who noted that despite the introduction of formal student mentorship programs in the UK, nursing staff felt unprepared and required further support than the initial education programs provided. They determined that ongoing communication between health care facilities and education providers was essential for supervisors to feel supported in their role. Nursing staff required ongoing support and guidance, recognition of their role, ongoing education and allocated time for reflection/feedback sessions with their students. In Australia, the former DEST reported that:

The importance of practice settings to the quality of clinical education is often underestimated in the way resources are allocated and expertise developed…the tight supply of clinical places and the competition for these places act as limitations on the development of nursing education. Furthermore, additional resources will have little overall effect if the quality of the experience and the education process during clinical placement does not meet the needs of the students (2002, p. 12).

HWA’s (2010) CSSP Discussion Paper stated that a lack of consistency from education providers of all health professions in outlining definitions of the supervisor role and expectations has compounded these issues. It stated that health care services are confused regarding education providers’ expectations of staff working with students, as well as the learning requirements of students and students’ abilities. It recognised that good clinicians are not always naturally good supervisors and that education to supervise students was essential. The paper concluded that a nationally consistent approach was required regarding the education of supervisors within all health professions.

In conjunction to this state of confusion, due to a lack of consistency of terminology and staffs’ knowledge in relation to the role of clinical supervisors, research has continued to identify the poor attitude of staff towards students and the clinical supervision relationship. The effect of staffs’ attitude on students’ clinical placement has been demonstrated in the literature as another barrier to providing effective clinical placements.
2.2.2 Supervisor Attitude

It is well documented that students on clinical placement internalise the characteristics of the registered nurses around them to assist with their professional development (Felstead, 2013; Freiburger, 2002). This concept of role modelling assists students to incorporate and adopt the functions, values, responsibilities, attitudes and values of importance to the profession (Felstead, 2013; Freiburger, 2002; McKenna & Stockhausen, 2013). Positive role modelling and socialising assists with the internalisation of the nursing culture and the effective practices of the health care team (Allan et al., 2008; Atack, Comacu, Kenny, LaBelle & Miller, 2000; Felstead, 2013; Freiburger, 2002).

In comparison, negative role modelling can lead to a departure from the course or the acceptance of poor behaviours in order to fit in (Levett-Jones & Lathlean, 2008). For many years, the nursing literature has discussed the concept of nurses’ poor attitudes towards nursing students; the phrase ‘nurses eating their young’ has been well documented (Longo, 2007; Meissner, 1986; Sauer, 2012). Meissner (1986) wrote:

If nurses really want to see nursing achieve profession status, each of us…must re-examine our interactions with novice nurses. We’ve got to stop eating our young. These newly prepared nurses are the profession’s future. If they are not nurtured as they develop, professional extinction beckons (p. 53).

More recent studies have continued to show that despite the discussions of the 1980s, there remains an element of the poor/bullying behaviour within the profession. Sauer (2012) described that student nurses and new junior nurses were most at risk of bullying behaviour, which affects the individual, the workplace and the delivery of patient care.

Longo’s (2007) study, although involving a small cohort of 47 nursing students, highlighted that student nurses continued to experience bullying and violence in the workplace by nurses, with 72% of students agreeing that nurses continue to ‘eat their young’.

Research led by Levett-Jones (2007, 2008, 2009) continued to explore these supervision relationships in the clinical area, as well as their effect on student learning. This research was based on the concept of ‘belongingness’ and includes students’ stories and feelings around the concept of belongingness and its effect on their clinical placement (Levett-
This concept of belongingness relates to the relationship between students and the ward/unit nurses who supervise their practice, and in general the wards’ level of support and attitude towards students (Levett-Jones & Lathlean, 2008). The study highlighted that limitations to student learning in the clinical setting may be due to poor relationships with clinical supervisors (Levett-Jones et al., 2007). The research described the significance of positive clinical placements on students’ ability to learn and achieve competence in the clinical area (Levett-Jones & Lathlean, 2009b). The study described that a negative sense of belongingness at times resulted in students conforming to poor practice to reduce the risk of exclusion from the nursing team. This was noted to leave students with a sense of regret but was seen as ‘the lesser of two evils’ (Levett-Jones & Lathlean, 2009a, p. 348). Levett-Jones and Lathlean (2009b) outlined that for successful student learning, students needed to experience safety and security, followed by belongingness, as the foundations to develop self-concept, learning and eventual competence. The greatest influence on students’ sense of belongingness was the treatment by registered nurses that they were allocated to work with while on clinical placement (Levett-Jones et al., 2009).

These findings are congruent with Vallant and Neville (2006), whose research on student and staff supervision relationships concluded that a positive relationship was essential for student learning. The study highlighted that students often reported feelings of ‘invisibility’ and needing to avoid ‘stepping on toes’, which affected their learning experience (pp. 26–27). Webb and Shakespeare’s study (2008) corroborated these findings, noting that supervisors’ attitudes, allowing nurses to practice while safely supervised, having a positive attitude towards students and the ability to provide effective feedback were all essential. It was also noted that the length of nurses’ experience was not a factor; graduate nurses had the ability to be effective supervisors because of their recent experience and understanding of the students’ journey and assessment requirements.

The literature (Andrews et al., 2005; Brammer, 2008; Landmark et al., 2003; Saarikoski & Leino-Kilpi, 2002) articulates that the self-awareness of clinical supervisors of their role and attitudes towards nursing students and clinical placements is therefore vital to assist with providing quality clinical placements, given that students’ perceptions of clinical placements relate to the attitudes of those around them.
The literature also discusses the effect of unit/area nurse managers on students’ clinical placement experiences. Andrews et al. (2005), Brammer (2008) and Saarikoski and Leino-Kilpi (2002) discussed the influence of unit nurse managers, who play a vital role in welcoming and developing positive staff attitudes towards students by heavily influencing nurses in their areas. A positive attitude towards students and clinical supervision can affect the attitudes of staff. This positive workplace culture is often associated with higher standards of overall ward nursing practice (Saarikoski & Leino-Kilpi, 2002). These findings were also supported by Levett-Jones et al. (2007) in their study on the concept of belongingness. They determined that nurse managers have a positive influence on the unit when role modelling the inclusion of students into the nursing team; this in turn affected students’ sense of belonging in the workplace.

Registered nurses were seen as the most influential factor on the student nurse experience in all of these studies. Given the complex relationship of the supervisor role, all of these studies stated that nurses needed greater support to fulfil the role’s requirements. Brammer (2008) concluded that more emphasis needed to be placed on the role of nurses as supervisors of student practice, as well as the education they required to meet this function. Levett-Jones et al. (2007) suggested that universities should consider how positive experiences could be transcended across health care sites to promote a placement of student belongingness, and that nurses required more education and support in fulfilling this role. Recommendations for clinical supervision practice addressed five elements for student competence (Levett-Jones & Lathlean, 2009b). These strategies related to the allocation of trained mentors, acknowledgement of the role and the effect of clinical leaders in promoting a positive work place culture and attitude towards students.

To further explore the implications of these findings, a review of education programs for nursing staff in the role of clinical supervisor was undertaken from both an Australian and international perspective.

2.2.3 International and Australian Clinical Supervision Education Programs

A review of the literature identified a number of journals that discussed the use of mentorship, preceptorship and supervision to support nursing students in their clinical practice. This literature describes a lack of staff support and appropriate education for
nurses. The majority of the literature related to Mentorship Program requirements outlined in the UK and the introduction of two supervisor programs in Australia.

2.2.3.1 UK

In the UK, the NMC and the RCN have attempted to reduce nursing students’ poor clinical placement experiences and reduce the ability of supervisors to fail underperforming students through the provision of mentorship (NMC, 2010; RCN, 2007). Each student is allocated to one staff member for the duration of his or her clinical placement; this staff member is responsible for the placement assessment. However, the student may be allocated to work with other nursing staff during his or her placement (NMC, 2010). Since 2007, the NMC has required that a ‘sign-off mentor’ (SOM) must supervise the student for at least 40% of his or her final placement in the nursing program. These SOMs have participated in an endorsed mentorship education program by the RCN. These staff are then registered with local universities and health care services (NMC, 2010; RCN, 2007).

While on clinical placement, the expectation of the NMC and RCN is that students will spend the majority of their clinical placement with SOMs. Other nursing staff are able to supervise students and provide input into their assessments; however, the final comments and sign-off can only be completed by the endorsed, allocated SOMs (NMC, 2008; RCN, 2007).

To attend SOM training, the NMC requires that registered nurses have completed one year of clinical experience and are deemed clinically competent in the area of practice. Endorsed programs are of at least 10 days’ duration and involve both academic and practice learning with practical application. SOMs thereafter attend an annual refresher program that addresses the following eight domains (NMC standards for mentors, practice teachers and teachers, 2008, p. 13):

1. establishing effective working relationships
2. facilitation of learning
3. assessment and accountability
4. evaluation of learning
5. creating an environment for learning
6. context of practice
7. evidence-based practice
8. leadership.

The domains of SOM programs reflect course content that is similar to many other programs discussed in the literature (Charleston & Happell, 2004; Smedley et al., 2010), and they relate closely to HWA (2010) requirements for clinical supervisor training—the difference being the rigour of the role and stipulated length and depth of detail of the program (NMC, 2008).

This introduction of SOMs in the UK has led to specific education for a core group of nurses (Barker et al., 2011). There does not appear to be any formal program for nurses outside of this cohort.

While the literature in the UK supports a mentorship approach, concerns have been raised about a continued lack of education and understanding of the role of nurses outside of this specialised cohort. Even for those who have attended the program, there is a perceived lack of ongoing support (Barker et al., 2011). It must also be noted that final clinical placements for students in the UK are longer than those in Australia, with most students on placement for 12 weeks, while they may be on placement in Australia for 4–6 weeks, and they may be rotated between sites during this time. The difference in placement length may affect the success of such a program in Australia (Barker et al., 2011; Kilcullen, 2007; Pellatt, 2006; Williams & Irvine, 2009).

While the UK Mentorship Program has demonstrated the importance of mentorship education, it highlights a key concern—that education must be available for all registered nurses who supervise students. This is a key difference in this research study. Education should not be limited to small numbers; instead, it should be made available to all nurses in the workplace. This is particularly evident with the growing number of student placements and the requirement for all clinical staff to supervise students (HWA, 2010). The requirement of nursing staff to supervise students is included in the National Competency Standards of the Registered Nurse, (section) 4.3 ‘Contributes to the professional development of others’, and as indicated in HWA’s reports (N MBA, 2006; HWA, 2010).
A further review of the literature did not identify any other country that provided a national approach to clinical supervision standards and education.

2.2.3.2 Australian Supervision Programs and Requirements

Clinical supervision programs in Australia use the terms ‘preceptorship’, ‘mentorship’ and ‘supervision’. The education of nursing staff to fulfil supervisor roles includes a mixture of university post-graduate programs, hospital-based short courses and study day programs (Barnett, Cross, Shahwan-Akl & Jacob, 2010; Russell et al., 2011; Siggins Miller Consultants, 2012). In Western Australia, a scoping study by the Western Australian Country Health Service (WACHS) (2013) determined that a number of health care facilities in Western Australia, both within the metropolitan and regional areas, currently provide no education and training for nursing or allied health staff on supervising students, while others have provided written resources, online information or one-day seminar programs where supervision is included but is not the focus of the day (WACHS, 2013).

A number of articles relating to support programs for nurses have been published under the headings of ‘preceptorship’, ‘clinical supervision’ and ‘mentorship’ (as outlined in Chapter 1) (Andrews et al., 2006; Gleeson, 2008). As a result of this mixed use of terminology, the researcher noted that many of the articles referred to supporting nurses as employees in their graduate programs or while transitioning to a new area of practice rather than in relation to student clinical placements.

Publications involving the supervision of students often discussed the support program available, but not the education provided to support those in the supervisor role. An example of this is Barnett, Cross, Shahwan-Akl and Jacob (2010), who discussed a collaborative model for increasing student placement numbers in a regional hospital in Victoria, including the introduction of an education program for staff; however, no details of the program or its evaluation were discussed.

Literature relating to the education of nursing staff supervising students was therefore limited, as with the international literature. The researcher identified the work of Smedley (2008), Smedley and Penney (2009) and Smedley et al. (2010), who outlined the development, implementation and evaluation of a preceptorship program in partnership
between Avondale College (a higher-education provider in New South Wales) and a local health care site between 2004 and 2007. A second study involving the implementation of a preceptorship program for mental health nurses in Victoria was also identified (Charleston & Happell, 2004).

The Avondale College preceptorship program was developed by designated site representatives based on feedback received by the education provider from its nursing students’ clinical placement evaluations and the literature (Smedley & Penney, 2009). The program was designed to assist registered nurses to develop the necessary knowledge, skills and attitudes for effective clinical supervision (Smedley, 2008). The program was delivered by the education provider over the course of one semester, and participants were accredited in the Master of Nursing program (Smedley et al., 2010). The publication stated that a mixture of face-to-face and self-directed learning was utilised, which incorporated adult learning principles. The program involved a number of written and practical assessments by the education provider and health care facility (Smedley & Penney, 2009).

One hundred and seventeen nurses participated in the course over the four-year study period and 53% completed the research survey. The findings from the surveys, which involved five questions with a scaled response, showed that the participants felt they had an improved knowledge of teaching and learning, supervision skills and a positive attitude towards nursing students, although no attitude survey was used to determine this (Smedley et al., 2010).

These findings were supported by the qualitative data, which asked participants to reflect on their experiences of being in the preceptor program and how it assisted them with gaining the essential knowledge, skills and attitudes of a preceptor. The findings of the research determined that participants perceived that preceptors needed to possess the following skill set: understanding of the principles of adult learning, understanding of learning styles, teaching skills, a positive attitude towards clinical supervision, patience and motivation (Smedley, 2008).

Recommendations from the study outlined that future education programs should focus on communication skills, learning styles, logical thinking, assessment, reflective practice and feedback. It highly recommended that all providers of preceptor education conduct
research to evaluate the effectiveness of the training, and that this research needs to be ongoing as a quality improvement process (Smedley, 2008; Smedley et al., 2010). Of significance to this research was the finding that, in the participants’ perception, an increase in confidence and improved positive attitudes towards the role of clinical supervisor created an improved clinical supervision relationship and placement experience for students (Smedley, 2008; Smedley et al., 2010).

Charleston and Happell (2004) developed and implemented a preceptorship program in Victoria to support registered nurses supervising students during their mental health clinical placement. The program was developed as a strategy to improve the clinical placement experiences of students in mental health as a workforce recruitment strategy during 2002–2003 (Charleston & Happell, 2004).

The program aimed to provide mental health nurses with the knowledge and skills to promote a positive clinical placement experience for students. The program included models of clinical supervision, theories of teaching and learning, the preceptor–preceptee relationship, mental health curriculum issues, competency, learning outcomes and assessment, and organisational change. It was designed to encourage a self-awareness of the preceptors’ role (Charleston & Happell, 2004).

The program delivery included a number of different teaching styles, including lectures, group work, role-play and audio-visual materials. It consisted of either a 12-week workshop, three hours per week or, for rural nurses, an intensive three-day workshop (Charleston & Happell, 2004).

The program evaluation involved two surveys comprising open and closed questions relating to participants’ perceptions of the program and principles of clinical supervision. The findings of the study indicated that participants found the program beneficial, with particular emphasis placed on students’ learning styles and needs, and the need to confirm their workplaces’ commitment to preceptorship (Charleston & Happell, 2004).
2.2.4 Clinical Supervision in Summary

Figure 2.2 outlines the findings of the literature review in relation to clinical supervision. These are divided between the positive and negative influences that affect the success of nursing clinical placements.

**Negative forces:**
- Poor attitude towards students
- Poor belonging—students ‘don't rock the boat’
- Poor role models—nurse managers and RNs
- Poor ward/unit nursing practice
- Observational—not encouraged/supported to practice
- Poor communication

**Positive forces:**
- Positive attitude towards students
- Welcoming, belongingness to ward/unit
- Positive role models—nurse managers & RNs
- Best practice nursing care
- Encouraged to practice, ask questions and think critically
- Feedback and reflection

**Figure 2.2: Negative and positive influences on students’ perceptions of clinical placements**

Acknowledging the challenges facing the clinical education of nursing and other health professional students and the future requirements of the health care workforce in Australia, HWA was created in 2008 by the COAG to review the current health workforce issues and provide a national approach to policy and strategy development (HWA, 2013a). HWA conducted a review of the current national situation in relation to the supervision of all health care professional students and published its initial findings in 2010 (HWA, 2010).
2.2.5 Health Workforce Australia—Education Requirements

To provide national continuity regarding clinical supervision education requirements, HWA (2010) acknowledged that supervisors required specific training and development, and that the core skills of the role could be defined in seven core areas (p. 15):

1. clinical skills and knowledge
2. adult teaching and learning skills
3. ability to give and receive feedback
4. communication
5. appraisal and assessment
6. remediaiton of poorly performing students
7. interpersonal skills.

In April 2011, HWA released the CSSP Directions Paper (HWA, 2011a), which provided five strategy statements that addressed the need for a national approach to the management of student clinical placements and the support of students in clinical placements. This resulted in the National Clinical Supervision Support Framework (NCSSF) (HWA, 2011b) released in the July. It outlined three key focus areas: clarity, quality and culture. Of most relevance to this research was its outline of requirements for education programs for clinical supervisors. It stated that programs should (2011b, p. 6):

- be based on contemporary teaching methods, including role modelling and adult learning principles
- reflect a diversity of experience, including opportunities for interprofessional learning and exposure to non-traditional settings, where appropriate
- provide adequate exposure to the relevant scope of practice for the profession
- incorporate and support valid, reliable student feedback, assessment and reporting tools and processes aligned to the stated learning objectives.

HWA (2012) released, the Draft National Clinical Supervision Competency Framework (DNCSCF) that outlined the competency statements of clinical supervision. Consultations were sought by HWA, including forums around Australia with invitations extended to those within the health care sector and education facilities. The draft outlined competency statements related to four key areas: development of competency, summative assessment
of competence, administration and management of clinical supervision, and facilitation of safety in clinical supervision.

In May 2013, HWA released its final version of this document, renamed the ‘National Supervision Competency Resource’. This document provides a framework for clinical supervisors, education providers and health care facilities for the role and functions of clinical supervisors. This is defined in three broad domains: role of clinical supervision, safety and quality, and organisation. The first area of clinical supervision outlines the clinical supervisors’ role in facilitating learning opportunities for students in clinical practice, while safety and quality ensures that this clinical supervision occurs within a legal and ethical framework to ensure patients’ and students’ safety, and the final domain relates to organisations normalising the role and support for the role into the organisations’ key functions.

Other relevant HWA publications include the ‘National Guidelines for Clinical Placement Agreements’ (HWA, 2013) and literature review ‘Promoting Quality in Clinical Placements’ (Siggins Miller Consultants, 2013). The national guidelines provide standards for the placement agreement between health care facilities and education providers, including the role and responsibilities of each party. This assists with the logistics of student placements and the contract agreements between stakeholders. The literature review outlines the current literature from a national and international perspective regarding the current models of clinical placements and clinical supervision across the health disciplines, and the requirements and current deficits of clinical supervision.

These HWA publications relating to clinical supervision currently provide the groundwork for future policy reform and development in Australia, with an aim to achieve consistency across states and territories.

The literature review in this thesis has outlined the role of clinical supervisors, clinical supervisor programs, documented deficits in current programs and HWA’s publications in relation to the requirements of clinical supervision in Australia. Each of these areas assisted with the development of the CSP. The next section explores the theories and principles of learning in relation to the development of education programs for adult learners.
2.3 The Theories of Learning

The theories of learning were relevant to this research project for the development of the teaching plans and CSP program. These theories guided the researcher in developing the teaching plans for use in the PowerPoint slides, group activities and discussions, as well as a resource file for participants to promote their learning opportunities during the program.

2.3.1 Theories of Adult Learning

The development of learning theory has occurred over the past 200 years. Some have stood the test of time and continue to guide educators today, while others created the foundations that may have changed over time. However, to understand their current meaning, learning their history provides greater depth of understanding and application (Knowles, Holton & Swanson, 2011).

In learning theory, humans are defined as social animals; therefore, the relationships that exist between educators and learners influence the learning experience. The theories of learning guide educators to understand these relationships in order to improve the learning process (Knowles et al., 2011; Wang, 2010).

Different theories view these educator–learner relationships from different perspectives. Educators must take the time to understand the history of learning theory and how they work in practice if they intend to ensure that educational practice is supported by theory (Knowles et al., 2011). By understanding the theory and its perspectives, as well as the relationships that the theory promotes, educators can apply the appropriate theories to their teaching and learning activities to promote positive learning experiences (Knowles et al., 2011; Wang, 2010).

In this section of the thesis, three philosophical approaches to the theory of learning will be explored. These are included under the headings of ‘behaviourism’, ‘cognitivist’ and ‘constructivism’. These learning theories were chosen after the researcher reviewed the literature in relation to theories of learning and determined that these provided the necessary conceptual frameworks to support the researcher in meeting the learning
objectives of the education program and the research questions. The application of these theories will be explored in further detail in the next section and in Chapter 3.

2.3.1.1 Behaviourist Theory

Behaviourist theory states that learning has occurred when a change in behaviour is present. It is not concerned with how the individual learns or the cognitive processes involved; its attention is focused on encouraging a desired outcome through the reinforcement of behaviours by arranging the surrounding environment (Garrison & Archer, 2000; Knowles et al., 2011).

The development of behaviourist theory began with the work of Watson (1913) and Thorndike (1913), who were based in the field of psychology and were concerned with behaviour rather than what occurred in the mind (Knowles et al., 2011). Today, the work of Thorndike (1913), while changed and refined with time, is viewed as the foundation of behaviourist theory. A number of other significant contributions to the theory of behaviourism were also made, including Pavlov’s work with ‘classical conditioning theory’, Guthrie’s ‘continuity of cues with responses’, Skinner’s model of ‘reinforcement’ and Bandura’s theory of ‘social modelling’ (Knowles et al., 2011).

While a number of these theorists’ findings are significant within this field, only the work of Thorndike (1913), Pavlov (1927) and Bandura (1913) will be explored further. These theorists have been included because of their ability to assist the researcher with meeting the learning outcomes of the program. Thorndike is considered to be the first to conduct a systemic investigation into the study of behaviourism, and his findings are the foundation of behaviourism theory (Knowles et al., 2011). Pavlov extended the work of Thorndike (1913) in the area of stimulus and response, which the researcher wanted to use as a teaching strategy within the study day to promote attitude change in conjunction with the strategy of role modelling. Role modelling was the focus of Bandura’s (1913) social modelling theory and therefore was reviewed for further strategy development.
2.3.1.1 Thorndike, Pavlov and Bandura

Thorndike (1913) studied the learning behaviour of animals. His theory of learning was based on stimulus and response (S–R). He believed that learning occurred when a specific response was linked to a specific stimulus. Thorndike’s theory was not specific to adult learners, as his studies were mainly based on animals; however, he established the first known evidence of learning (Knowles et al., 2011; Thorndike, 1913). Since Thorndike, a number of theorists have explored this concept of learning, in particular S–R, and they are referred to as the ‘Stimulus Response Theories’ (Knowles et al., 2011).

Pavlov’s (1927) work in the early 1900s added to behaviourism with his concept of ‘classical conditioning’. Pavlov outlined that learners required reinforcement of the stimulus to encourage the learnt behaviour, that the behaviour would become extinct if the reinforcement was removed and that more than one stimulus could be used to evoke the desired response (Knowles et al., 2011).

Bandura’s (1913) work on behaviourism specialised in the field of ‘social modelling’, which involved the learner observing behaviour with attached consequences. If the consequence was deemed desirable, the learner would endeavour to copy this behaviour; if it was deemed undesirable, the learner would attempt to avoid the behaviour (Knowles, 1984). This concept of social modelling is also referred to as ‘role modelling’, which Knowles (1984) stated that ‘every teacher employs…whether consciously or unconsciously’ (p. 94). This concept has a particularly positive influence on educational outcomes when the education is focused on the development of ‘attitudes, beliefs and performance skills’ (Knowles et al., 2011, p. 103). This is of particular importance to the clinical supervision study day, as the program aims to promote positive behaviour and attitudes towards students and student supervision.

Other theorists have continued to study behaviourism and the literature today summarises the behaviourist approach to learning as an observable change in behaviour (Knowles et al., 2011). Behaviourists believe that the environment shapes the learner’s behaviour; therefore, the environment rather than the learner will determine what is learnt. This relates to the S–R concept, in which the teacher provides the environment that prompts the desired behaviour (Knowles et al., 2011). The final shared principle outlines that the learner should
be exposed to the behaviour on more than one occasion with reinforcement, which increases the likelihood that the behaviour will be repeated (Knowles et al., 1998; McKenna, 1995).

The implementation of a behaviourist learning approach requires teachers with the knowledge and ability to provide a learning environment that will shape the desired behaviour and attitude. As stated by Knowles et al. (1998, p. 76), ‘The teacher (is concerned) with structuring the situation so that rewards will operate to strengthen desired responses, (their) role is to cause appropriate S–R bonds to be built up in the learner’s behaviour repertoire’.

A criticism of the behaviourist theory is its simplistic approach, as the external environment moulds the learner and what the learner will learn (Jackson, 2009). The following theories move away from this belief and concentrate on the learner as a person who is central to the learning process.

2.3.1.2 Cognitive Theory

Cognitive theory was developed in the 1960s, when there was a move by psychologists away from behaviourism as they believed that it did not incorporate how humans think (Regehr & Norman, 1996). Cognitive theorists moved the emphasis from the external environment to the internal thoughts and processes of the individual. They believed that learning becomes meaningful when the learner can relate new concepts to those that already exist in the brain (Jackson, 2009).

Cognitive theories of learning are based on the assumption that learning ‘is an internal purposive process concerned with thinking, perception, organisation and insight’ (McKenna, 1995, p. 2). Learning occurs when the individual has insight into the learning and draws from previous experience and/or knowledge to develop new knowledge (Jackson, 2009). Cognitivists believe that ‘in the mind, knowledge resides within sets of organised and interlinked mental schemata which can be activated by experience’ (Yates & Chandler, 1991, p. 136). A schema is ‘a mental construct permitting problem solvers to categorise problems according to solution modes’ (Sweller, 1990, p. 4). The development of schematic networks provides for broad outlines of topics. Keywords are linked to these
so that when the learner is faced with a situation in which there is a relationship, the information is linked to the particular network. In order for this process to occur, the teaching environment must provide for a link to pre-existing knowledge (Regehr & Norman, 1996). Kidd (1973, p. 180) outlined that ‘an effective memory results from improved organisation; and organisation, in turn, is likely to be most productive when there is interest in the content and what is learned is related to what the learner already knows’.

Regehr and Norman (1996) explained that this can be achieved by encouraging students to work through case studies. This requires students to draw on previous knowledge and add to it, therefore applying relevance and meaning to the new knowledge and ensuring it is linked to the appropriate schemata.

Application of the cognitivist theory of learning encourages facilitators to determine the current knowledge and understanding of the participants and the relevance of the learning to the participants so that new information can be presented at the appropriate level of complexity and context (Knowles et al., 2011). Facilitators can achieve this by asking participants at the start of the program to provide a brief background of their understanding, previous education and level of involvement with the topic.

2.3.1.3 Constructivism Theory

Constructivism advocates that learning is context-bound (Jackson, 2009; Knowles et al., 2011). The focus is on the learner making personal meaning of a concrete experience, and new information must relate to existing knowledge (Jackson, 2009; Knowles et al., 2011). An example of this approach is Kolb’s Learning Model, where experience is the fundamental anchor to learning (Jackson, 2009; Knowles et al., 2011; Kolb, 1984).

Kolb (1984) outlined that experiential learning involves learning from experience. Kolb described learning as a continuous cycle where the learner adapts ideas as the result of his or her experiences. As learners, we are engaged in an event that gives us a concrete experience; this provides a point for learning and gives meaning. We can use this experience to form observations and reflect on these to develop a general concept, which is then tested with further experience. This learning results in a change in the individual’s
thought and/or response (see Figure 2.3). The individual has an experience, takes time to reflect on it, forms an opinion about it and then experiments with this in future scenarios (Kolb, 1984).

Figure 2.3: Kolb’s Experiential Learning Model, adapted with suggested learning strategies (Knowles et al., 2011, p. 197)

Kolb (1984) believed that no one comes into learning without background knowledge; therefore, there may be a bias towards new information. The greatest challenge for educators can be encouraging participants to question this bias and knowledge base and to move beyond this (Kolb, 1984). Therefore, it is important to teach individuals how to seek new information, reflect upon it and relate it to their experiences rather than to hold onto a constant body of information.

Kolb (1984) noted that learning from experience is not limited to the time of the experience. It may be a previous experience, someone else’s experience or a teacher-provided scenario. Applied to the classroom, learning is best achieved through the use of storytelling, sharing experiences and working through role-plays and case studies. These provide an example for participants to apply the knowledge, reflect on the case and gain new knowledge or understanding that can be applied in the future.
Each of these theories of learning can be applied to modern education practice. Together, they provide a framework of how adults learn (Knowles et al., 2011). The ability to incorporate these learning theories into a program requires not only detailed teaching plans for the sessions, but also the skills of facilitators who understand these theories and their importance and relevance, and who can incorporate these into their teaching style in order to promote the course aims (McKenna & Stockhausen, 2013).

In summary, it must be noted that these theories of learning were developed by individuals who themselves were not educators (Knowles et al., 2011). As discussed, these theories were mostly based in the fields of the behavioural sciences. They provided theories of how learning occurs, with some explanation of how to achieve this. In the early twentieth century, educators developed their own theories and principles related to learning, which explored teaching styles and how they affected the learner’s ability to learn.

2.4 The Principles of Adult Learning

Towards the middle of the twentieth century, adult educators developed their own field of theory related to adult learning. The most prominent of these was Knowles’ (1978) principles of adult learning. Unlike the learning theories, Knowles outlined the principles that assist with learning rather than how the learning occurs (Knowles et al., 2011).

Knowles’ (1978) theory of adult learning assisted educators to develop and implement effective teaching and learning. Knowles referred to education as an activity that is designed to facilitate a change in individuals’ or groups’ knowledge, skills or attitudes. Educators are responsible for initiating change by implementing appropriate activities. Learning is described as an activity in which individuals experience change in their knowledge, skills or attitudes (Knowles, 1978).

Knowles’ (1984) revised theory outlined the underlying belief that adults must understand why they need to learn so that a personal value can be placed on the experience in order to maximise the internalisation of the material studied. The learning must relate to one’s own experiences and provide relevance and application so learners can engage with the content (Knowles, 1984).
To understand Knowles’ principles of adult learning, one must first understand the principles of how children learn—the theory of pedagogy (Knowles et al., 2011).

2.4.1 Pedagogy—‘The Art and Science of Teaching Children’

The term ‘pedagogy’ is derived from the Greek word for children and leader. This style of education for children was developed during the seventeenth century, when schooling for children was designed to prepare young boys for priesthood. The purpose of the education was to indoctrinate students’ beliefs and faith in the Catholic Church. This style of learning placed teachers in a position of authority. Teachers determine what, how and when it will be learnt, and if it has been learnt (Knowles et al., 2011).

Knowles (1978) outlined that this style of learning may not meet the inquisitive nature of the human mind as students mature. Learners should then be encouraged to develop self-direction; thus, the style of teaching is adapted to facilitate this personal growth. This style of learning is referred to as andragogy (Knowles, 1978; Knowles et al., 2011).

2.4.2 Andragogy—‘The Art and Science of Teaching Adults’

Andragogy is a style of learning in which the learner is the focus of the experience rather than the teacher. The learner is encouraged to seek out learning, relate learning to life experiences and understand why learning is required and important to them (Knowles, 1984).

Examples of the implementation of the principles of adult learning have been recorded throughout history; however, no formalisation or theory was developed until the twentieth century. History reveals the use of adult learning theory in the accounts of Confucius, Aristotle, Socrates and the Hebrew prophets, to name just a few. These teachers used the principles of storytelling, questioning, the discussion of dilemmas and the defending of statements to evoke enquiry (Knowles et al., 2011). Knowles’ principles state that educators need to determine when to use each of these styles of learning.
2.4.3 Pedagogy Applied with Adult Learners

There are times when adults enter the learning environment with limited knowledge or experience to guide them, or they may have no active interest in the material. The students are therefore dependent on teachers to provide them with the necessary knowledge and skills or external motivation to participate in the learning. At these times, facilitators adopt a pedagogy style of teaching (Knowles et al., 2011).

It is vital in this situation that facilitators monitor learners and assist them to adopt an andragogy style of learning once they have established a core body of knowledge, skills and/or attitudes (Knowles et al., 2011). Therefore, educators who approach adult learning using these principles are able to determine and adapt their teaching styles from the pedagogy approach to andragogy, while pedagogical teachers would remain within the principles of pedagogy (Knowles et al., 2011).

The principles of adult learning developed and refined by Knowles (1978 & 1984) and Knowles et al., (1998 & 2011) provided the researcher with a framework for the development of the CSP, which is described in further detail in Chapter 3. In addition to understanding the theories and principles of learning, the researcher explored the literature in relation to how attitudes are developed, and if and how they can be changed given that the barriers to positive clinical supervision include the poor attitudes of nurses towards nursing students.

2.5 Theory of Persuasion and Measurement of Attitude

For the purpose of this research, ‘attitude’ takes its definition from social psychology. It has been defined as ‘the degree of positive or negative affect associated with some psychological object’ (Thurstone, 1946, p. 39). A psychological object can be ‘any symbol, phrase, slogan, person, institution, ideal, or idea toward which people can differ with respect to positive or negative affect’ (Edwards, 1994, p. 2).
2.5.1 Theories of Persuasion

A number of theories related to attitude change are outlined in the literature. Research within this area was particularly active during World War II due to a large amount of army sponsorship in the US. These initial theories were refined in the 1970s and continue to be the base of current theory. Theories include the Consistency Theory, Learning Theories, Social Judgment Theories and Functional Theories (Katz, 1960; O’Keefe, 2002).

The functional theories of attitude were developed during the 1950s and remain relevant in today’s environment (Katz, 1960; O’Keefe, 2002). Katz (1960), one of the founders of functional theory, stated that individuals need to understand the purpose of their attitude—that is, the function that it serves. These purposes/functions are individualised and personal. Only when they are understood can the attitude be changed (Katz, 1960).

To change an attitude, individuals need to experience a difference between their needs being met by the attitude and the reason for having the attitude (Katz, 1960). Changes in attitude are accomplished when individuals recognise that the purpose of the attitude no longer works or assists them (Katz, 1960).

Katz (1960) highlighted that changing individuals’ attitudes using external forces requires an understanding of the motivational reason for, or function of, the attitude. This allows motivators/educators to develop a persuasive message that will assist individuals to reason with and change their current attitude.

Persuasion is defined as ‘a successful intentional effort at influencing another’s mental state through communication in a circumstance in which the persuadee has some measure of freedom’ (O’Keefe, 2002, p.5).

Maintaining the attitude change is influenced by how individuals are persuaded to adopt the new attitude (O’Keefe, 2002). To facilitate a longer-lasting effect of attitude change, persuaders—in this case, program facilitators—need to encourage participants to actively listen to the message, reflect upon its meaning and implications and how these relate to future practice (Katz, 1960; O’Keefe, 2002). This reflective process promotes the central processing of the information, as described in this chapter in relation to the Theory of
Cognitivism, where information is stored and retrieved for future use and application (Gass & Siter, 2011).

Katz (1960) stated that by provoking individuals to analyse their attitudes, this can change the attitude; however, the success of this approach is usually linked to the charisma and quality of the message to encourage individuals to reflect upon their current attitudes.

One of the objectives of this research is to determine whether a change in nursing participants’ attitudes was achieved after attending the CSP. Given that attitude is the precursor to behaviour (O’Keefe, 2002), changing individuals’ attitudes should affect their supervision behaviour and improve the clinical supervision relationship. To determine whether participants’ attitudes were changed after attending the program, the researcher referred to the literature regarding the measurement of attitude.

2.5.2 Attitude Measurement Tools

The purpose of attitude scales is to determine individuals’ attitudes towards psychological objects. Determining individuals’ attitudes allows only a general classification (Edwards, 1994). It is always based on the ‘degree’ of affect that individuals have with the psychological objects. Therefore, these scales aim to determine whether individuals have a positive, negative or unknown attitude towards the object or a favourable, unfavourable or neutral attitude towards the object (Edwards, 1994, p. 8).

Cutcliffe and Jyrkas (2006) drew attention to the issues of measuring attitude. In particular, the article discussed that participants often give different responses at different times depending on their mood, emotion or moral obligations. However, despite this, Cutcliffe and Jyrkas believed that interesting data and findings could be found that have the ability to extend our understanding and therefore should not be ignored.

A review of the literature sourced an attitude survey developed and implemented by Stagg in 1992 for a nursing master’s thesis that was also used by Aghamohammadi-Kalkhoran Karimollahi and Abdi (2011). The survey used a five-point Likert scale; Likert attitudinal scales measure participants’ attitudes by asking them to agree or disagree with attitudinal
statements. Statements are designed to provoke a response; therefore, any neutral or ambiguous statements are not included (O’Keefe, 2002).

Stagg (1992) designed and validated the survey prior to using it in two hospitals for the research thesis. The results of Stagg’s (1992) study highlighted that nurses’ attitudes towards nursing students was low. There was no significant difference in attitudes in relation to the age, experience or professional preparation of the sample group. Recommendations from Stagg’s study included the use of a larger sample size and a combined quantitative and qualitative approach to facilitate the clarification of questions used in the survey.

Stagg’s attitude survey was utilised again in the study of Iranian nurses’ attitudes towards nursing students by Aghamohammadi-Kalkhoran et al. (2011). Eighty-two nurses were included in the survey from acute medical and surgical wards, with 70 completed forms received. The results showed that most nurses had low to moderate attitudes towards students. Recommendations from the study included education to improve nursing staffs’ attitudes towards, and understanding of, students, and motivating policy-makers to develop solutions to help nurses appreciate the importance of students and to develop a friendly practice environment. No recommendations were made regarding the Stagg’s survey tool (Aghamohammadi-Kalkhoran et al., 2011).

It must be noted that Stagg’s (1992) attitude survey related to staff members’ attitudes towards students, and not specifically student supervision, although this was encompassed within the tool. To provide clarification that a positive attitude towards students translated to a positive attitude towards student clinical supervision, the researcher referred to the literature.

A search of the literature located two published articles relating to changes in clinical supervisors’ attitudes after attending clinical supervision education; however, these findings were self-reported by attendees, as no scale was used. Hancox et al. (2004) outlined the introduction of a clinical supervision education program for mental health nurses in Australia. The article noted that participants self-reported that the program had positively influenced their attitudes towards students, and that the awareness of the
importance of the role of clinical supervisors was accompanied by a positive view towards providing clinical supervision.

The article by Smedley et al. (2010) evaluated the effectiveness of a Masters of Nursing unit on preceptorship at Avondale College in New South Wales, Australia. The program was conducted over one semester and consisted of weekly face-to-face lectures that promoted group interaction and problem-solving. Participants were asked to complete a survey at the end of the course. Smedley et al.’s (2010) review of the unit concluded that there was a logical link between an increase in the understanding of the supervisors’ role and the attitude towards students, resulting in a more positive experience for students. The data indicated that influencing nurses’ attitudes towards students also resulted in improved communication with students and supervisors’ confidence in their role.

Upon reviewing the literature, it was determined that the use of the attitude survey by Stagg (1992), although designed to determine the attitude of nursing staff towards nursing students, could be used as a measure of attitudes towards nursing clinical supervision. The theories of persuasion, which outline that attitudes and behaviours are closely linked, describe that when the goal is to change individuals’ behaviour, this process is achieved through initial attitude change (O’Keefe, 2002).

2.6 Chapter Summary

The aim of this literature review was to provide a theoretical framework for the development of the CSP. This included describing the literature in relation to the documented deficits and requirements of effective clinical supervision and clinical supervision education, the theories and principles of learning, and the theories of attitude, attitude change and measurement.

The literature review described the important role that clinical supervisors play in developing student nurses into competent registered nurses that are able to meet the role attributes outlined by the NMBA. Registered nurses require specific education to fulfil clinical supervisor role requirements. Programs need to focus on the important role of clinical supervisors in developing and assessing the clinical knowledge and skills of
students, and they need to highlight the effect that supervisors’ and workplaces’ attitudes towards students and student clinical placements can have on student learning outcomes.

The researcher utilised these literature findings in conjunction with the theories and principles of learning and attitude change in the development of the teaching plans and the resource work file. The application of this literature review to the CSP will be discussed in further detail in Chapter 3.

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A nurse walked towards them. She asked what days the group would be working. Someone replied, ‘Each Monday and Tuesday for four weeks’. The nurse turned around, stating aloud, ‘I’m off to see the manager to request not to work Mondays and Tuesdays. I’m not working with any of you’.