The art of Clinical Supervision Program for registered nurses

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Chapter 5: Qualitative Data Analysis and Findings

The placement was finished, the assessment was passed, and she no longer had to return. She talked to her nursing friends and many had experienced the same as her—they all wondered whether nursing was for them. But they heard some positive stories and saw students glowing with excitement and discussing how wonderful the nurses were and how they couldn’t wait to go back. Perhaps they should stay and hope for the same.

5.1 Introduction

In the previous chapter, the quantitative data were analysed and described. This chapter will analyse the qualitative data collected from the CSP participants, including the open-ended questions in the knowledge surveys, the online reflections and the individual interviews. Each data source was separately analysed, and an overall comparison of both the quantitative and qualitative findings will be discussed in chapter six.

Upon completing the comparison of the qualitative findings, this chapter will also present an evaluation of the program. The researcher felt that it was important to provide a program evaluation to gain comprehensive feedback about the program. The immediate and post eight week knowledge surveys included program evaluation questions. It is important to ensure that the educator receives feedback about the program content, delivery method, presentation style and recommendations for the future delivery of the program. This information may be of importance to future educational departments that want to implement this program.

5.2 Qualitative Data Collection

Data collection methods for the qualitative data included open-ended questions from the knowledge surveys, as well as the online reflections and interviews. A total of 198 participants completed the immediate post-program survey and 67 completed the eight-week survey, providing the researcher with a number of completed forms with participants’ open-ended survey comments.
At the conclusion of each CSP presentation, participants were invited to participate in the online reflections. Consent to participate was received from 94 participants, and 117 emailed reflections were received over the eight-week period.

On the immediate post-program survey, participants were asked to indicate their willingness to be interviewed. Participants who agreed to be interviewed needed to have completed the eight-week survey and circled that they had supervised students since attending the CSP. Sixteen participants met all three criteria to be interviewed, as displayed in Table 5.1.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>No. of participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Agreed to be interviewed</td>
<td>80</td>
<td>40%</td>
</tr>
<tr>
<td>2. Agreed and completed the 8-week survey</td>
<td>40</td>
<td>20%</td>
</tr>
<tr>
<td>3. Agreed, completed the 8-week survey and supervised students since the CSP</td>
<td>16</td>
<td>8%</td>
</tr>
</tbody>
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5.3 Qualitative Data Analysis

The qualitative data analysis process consisted of three sources of data: knowledge survey open-ended questions, online reflections and interviews. Each data source was analysed in relation to the principles of thematic data analysis according to Braun and Clarke (2006).

For this research, thematic analysis is defined by Braun and Clarke (2006, p. 79) as “a method for identifying, analysing and reporting patterns (themes) within data”. The method of analysis utilised was a ‘realist’ method, which “reports experiences, meanings and the reality of the participants” (Braun & Clarke, 2006, p. 79).

Braun and Clarke (2006, p. 87) recommended the following stages for thematic analysis:

- becoming familiarised with the data
- generating initial codes
- searching for themes
- reviewing themes
- defining and naming themes
- producing the report.
The first stage of analysis—familiarisation with the data—involved the researcher reading the survey responses, online reflections and interview transcripts multiple times. This strategy was designed to immerse the researcher within the data in order to become familiar with the content and depth of information (Braun & Clarke, 2006).

Analysis of the data then involved generating initial codes. The researcher first highlighted significant statements that explained an understanding of the participants’ experiences of the phenomenon (Braun & Clarke, 2006). This gave the researcher examples to summarise into keywords/codes.

An example of several significant statements within one quotation by a participant (CSP68) in the eight-week (8wk) survey is shown below, with the initial codes of ‘belongingness’, ‘student learning’ and ‘reflection’ identified within the text by the researcher:

Make a much bigger effort to make students comfortable, introduce them, write down their name on the board, provide more time for observation if required as not all students ready to jump in straight away, use more supportive and reflective sessions to ensure coping with the routine, break skills down more and give them parts to do they are confident with (CSP68 8wk).

Allocation of codes to text:

- **Belongingness**: “Make a much bigger effort to make students comfortable, introduce them, write down their name on the board”.

- **Student learning**: “Provide more time for observation if required as not all students ready to jump in straight away, use more supportive and reflective sessions to ensure coping with the routine, break skills down more and give them parts to do they are confident with”.

- **Reflection**: “Use more supportive and reflective sessions to ensure coping with the routine”.

Upon further reading of the open-ended answers of the surveys, the online reflections and the interviews, the initial codes were continually refined until the researcher felt confident that no new codes were necessary. The researcher then used these codes to form themes. According to Braun and Clarke (2006, p. 82), a theme “Captures something important about the data in relation to the research question, and represents some level of patterned response or meaning with the data set”.

The initial development of themes for the open-ended survey questions included the ‘principles of student learning’, ‘providing feedback and reflection’ and ‘belongingness’. These themes were then continually reviewed and refined while re-reading the data. The final review resulted in the creation of two overarching themes of ‘effect on participant’ and ‘strategies for improving clinical supervision’. These then included the subthemes of ‘improved self-confidence’, ‘renewed enthusiasm and attitude’, ‘consolidation of knowledge and skills’, ‘understanding of current context of nursing education’ and, within the second theme, ‘embracing the power of belongingness’, ‘empathy for the student experience’, ‘improving the student learning journey’, ‘improving communication’ and ‘promoting staff knowledge and culture change’ (see Figure 5.1).

Due to the phases of the research process, the data analysis occurred at different times for each data source, and each set had its own thematic analysis. As the data from the surveys and online reflections were collected and read, this also guided the researcher in ensuring that the interviews were then used to confirm the findings and explore areas of interest.

As suggested by Braun and Clarke (2006), during the process of reading, coding and theming the three qualitative data sources, the researcher continually referred back to the research questions to ensure that the findings had been clearly articulated to answer the questions. The researcher was confident that this had been achieved and commenced the final stage of analysis—producing the report. The report was formulated in accordance with the phases of the research process discussed in Chapter 3; that is, each data collection was analysed separately, with confirmation of the findings across the sources upon completion of the analysis stage.

Each of the qualitative data collection methods will now be described in relation to the findings. The comparison of the study’s findings with the literature will be discussed in Chapter 6, and the implications of the findings will be discussed in Chapter 7.

The following codes were allocated to identify each data source:

- IP: immediate post-program survey completed at the end of the study day
- 8wk: eight-week survey sent to participants eight weeks after the program
• OR: online reflections, which were received for eight weeks via email
• I: interviews.

The first qualitative data to be analysed will be the knowledge survey open-ended comments made by the participants in the IP and 8wk surveys, followed by the ORs and the Is.

5.3.1 Knowledge Surveys

The general findings of the knowledge survey open-ended questions can be summarised by the following quotation: “I think I feel more confident having done this course to be more assertive and a better advocate for them…I feel I have a greater understanding of the importance of my role” (CSP90 IP). Figure 5.1 outlines the concept map of the themes and subthemes identified in the findings of the open-ended survey questions.

Figure 5.1: Concept map of the open-ended survey themes and subthemes
In developing these themes, the researcher used the knowledge surveys from the immediate post-program and eight-week surveys. The survey contained four questions that were not included in the quantitative survey score. For these four questions, participants were asked to comment directly about the program and its effect on their knowledge and practice.

On receipt of the surveys, the researcher read and re-read each entry. In doing so, the researcher was mindful of the research questions and the need to identify data that assisted with answering these. Using a notebook, the researcher then wrote notes and ideas that could be used for the establishment of initial codes in relation to the research questions, and statements of interest were also highlighted. The researcher then re-read all of the open-ended answers and began applying codes. An example of a highlighted statement is shown below, with codes written next to the text:

I can be a more effective clinical supervisor than I have been by: welcoming, belongingness, role modelling, and teaching them in different ways, that can help them to understand in a better way, as different people have different learning ways (CSP45 IP).

Allocation of codes to text:
- **Increase confidence**: ‘I can be a more effective clinical supervisor than I have been by welcoming, belongingness, role modelling, and teaching them in different ways’.
- **Belongingness**: ‘I can be a more effective clinical supervisor than I have been by: welcoming, belongingness, role modelling, and teaching them in different ways’.
- **Student learning**: ‘that can help them to understand in a better way, as different people have different learning ways’.

The researcher read the surveys on several occasions to ensure that all of the significant statements had been highlighted and that the necessary codes had been applied appropriately.

When it was felt that no further codes or themes were required, the researcher re-read all of the surveys to confirm the findings on two more occasions. Slight adjustments to the codes and themes were made, which involved merging some themes into a more concise list. For example, the initial themes used by the researcher—‘improved self-confidence’, ‘improved attitude’ and ‘refreshed passion and enthusiasm’—were combined under the theme of ‘impact on participants’, with the creation of the subthemes of ‘improved self-confidence’, ‘renewed enthusiasm and attitude’ and the inclusion of ‘consolidation of knowledge and skills’ and
‘understanding of current context of nursing education’. A second theme was also consolidated under the heading of ‘strategies for improving clinical supervision’, with the subthemes of ‘embracing the power of belongingness’, ‘empathy for the student experience’, ‘improving the student learning journey’, ‘improving communication’ and ‘promoting staff knowledge and culture change’. The themes identified from the post-program surveys were:

- effect on participants
- strategies for improving clinical supervision.

Each theme will be explored in relation to the immediate post-program and eight-week surveys. The themes consist of a number of subthemes due to the depth of the findings within each theme. To support the researcher’s findings, direct statements have been included from the participants’ surveys. Due to the space constraints of the survey and the time limit during the study day, these written quotations were succinct and short, but were beneficial to the researcher in providing insight into the thoughts, perceptions and concerns of the participants. The first theme that will be reviewed is ‘effect on participants’.

5.3.1.1 Effect on Participants

An example of the general feelings of the CSP participants in relation to the effect of the program can be seen in this quotation: “I feel a lot more informed now and have realised the complexity and importance of the supervision of students, a real learning curve” (CSP25 IP).

The first theme—‘effect on participants’—consisted of a number of subthemes in relation to the effect of the CSP study day. These subthemes all related to the effect of the program on participants as identified in the immediate post-program and eight-week surveys. Effects included an improvement in self-confidence, improved attitude and renewed enthusiasm for the clinical supervision role. For some, it provided an opportunity to consolidate their knowledge and skills, and for others, it related to understanding the current Australian nursing education requirements. Each subtheme within ‘impact on participants’ will now be explored.
5.3.1.1.1 Improved Self-confidence

The majority of participants wrote general statements about how the study day program had improved their self-confidence as clinical supervisors due to a better understanding of the role and requirements. While these comments were generally one-line statements, the number of comments provided confirmed that they were important thoughts shared by the participants. An example of these comments is provided below.

In the IP survey, participant CSP119 stated that the program “Gave me more confidence and expertise to be an effective mentor for my students”, while CSP177 IP wrote that the program “Gave me the confidence and education to work with students to improve needs, on role modelling, and working with them”. CSP184 IP confirmed this view: “It increased my confidence in my ability to supervise students and taught me things that I had not thought about before”. Participant CSP17 IP stated that “I was expecting to leave the program with a better understanding of teaching undergraduates. I have that and feel empowered to take action”. In closing, CSP90 IP stated that “I think I feel more confident having done this course to be more assertive and a better advocate for them (students)”.

Participants also related this increase in self-confidence to particular aspects of the clinical supervision role. This affected participant CSP26 IP’s willingness to accept the allocation of a student: “Makes you feel more comfortable to accept having a student as well as being able to provide a better situation for the student”. CSP116 IP was inspired by this increase in self-confidence to provide a better clinical placement for students: “More confidence, more genuine interest in encouraging best outcome for the prac experience”. This was also expressed by CSP182 IP: “Will feel more confident when supervising students, be more constructive”.

Participants also discussed how the program had been the catalyst for renewing their enthusiasm for the role and reflecting upon their attitudes. This is discussed in the next section.
5.3.1.1.2 Renewed Enthusiasm and Attitude

Statements about renewed enthusiasm and attitudes related specifically to participants’ attitudes towards students and student clinical supervision, as well as revitalised enthusiasm for the role of clinical supervisors. Participants used the terms ‘enthusiasm’ and ‘attitude’; therefore, both are used to highlight the significance of this theme.

An improved attitude was demonstrated through participants’ statements that highlighted a self-awareness of their own attitude, the effects it could have and how it needed to change. Statements by participants in relation to self-reflection of their own attitudes towards nursing students and clinical supervision included CSP173 IP, who stated that the program “Gave me an insight into my opinions”. This was also commented on by CSP103 IP, who stated that the program “Has changed some pre-conceptions”. Participant CSP60 IP highlighted how the program had been of assistance: “Made me reflect, and the desire to support students to the best of my ability”. Participant CSP184 IP stated that “I will be more aware and sensitive to students’ needs, thoughts and feelings in the future”. The program gave participant CSP74 IP an opportunity for self-examination from a perspective that was broader than just the clinical supervisor role: “Gave me better understanding about myself as a RN”.

Linked closely to one’s attitude, participants commented about how the program had renewed their passion and enthusiasm for the role of clinical supervisors. These comments were generally related to an overarching feeling that they expressed after attending the study day program and included the use of terms such as ‘motivated’, ‘encouraged’ and ‘more willing’. Participant CSP30 8wk felt “More motivated, structured, organised approach, and open attitude”, and this enthusiasm inspired CSP173 IP to engage in further learning: “You have generated an interest and I am looking forward to reading some of the articles to improve my clinical supervision”. CSP89 IP stated that the program had, “Motivated me to demonstrate via role modelling and an understanding where students may be coming from, i.e. identify fears/anxieties”. Participant CSP91 IP discussed how the program had provided encouragement to continue in the role: “Continued to give me encouragement to give students a positive experience, ensure they’re welcomed, introduced to staff, goals set and learning opportunities provided”. CSP183 IP also articulated these thoughts: “More willing to take in a student and teach...gained more knowledge regarding how to be a better preceptor to a student”.

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Participants also made reference to how the program had made them reflect on their workplaces’ practices. This included comments about negative attitudes held by some staff, a lack of general interest in student placements and the students themselves: “Very interesting and has made me realise that we could be doing a lot better” (CSP25 IP).

These perceptions of the work environment were documented on numerous occasions and are discussed in more detail in Section 5.3.1.2. The next section will review the findings related to participants’ consolidation of their knowledge and skills.

5.3.1.1.3 Consolidation of Knowledge and Skills

For some participants, the CSP provided an opportunity to confirm what they thought they were required to do and if what they were doing was best practice. In addition, they were able to clarify difficult or poorly understood concepts, and the importance and effects of the clinical supervision relationship.

Participant CSP121 8wk stated that the program ‘Supported what my preferred practice would be and renewed my skills/understanding of the process’. CSP36 IP stated that “It reinforced what I am doing correctly and helped me to identify areas I could improve in”. CSP71 IP stated that the program provided “Consolidation of my thoughts on the need for a positive attitude and the benefits to students in their outcomes”. Participant CSP169 IP wrote that “I have a further understanding on how I can assist students in enabling them to have a positive placement”. CSP89 IP commented that the program was “Comprehensive, informative and insightful. Good analogies to assist with understanding situations…enabled better understanding of the role as a clinical supervisor”.

For some participants, clarifying concepts or taking their understanding of a topic or concept to a more meaningful or practical level was an important outcome of the day. Participant CSP64 IP wrote that the program provided a ‘Simple explanation of sometimes difficult concepts’ and participant CSP44 IP was “able to consolidate own knowledge and feel supported by this day by the theories I have learned”. CSP57 IP wrote that the program “Reinforced concepts I already held as important by outlining why it’s important, e.g. belongingness relationships with motivation, learning, reduced anxiety”.
These thoughts were confirmed by a number of participants. CSP64 IP stated that the program “Reinforced things I knew, could build on things I didn’t know, or different ways of dealing with situations”. CSP73 IP wrote that ‘I found the whole day informative even though parts was refreshing already known knowledge…it was a wealth of information”. Participant CSP32 8wk said that ‘I gained so much extra information to assist with students and it also felt good that we were doing so many thing[s] well”.

The next subtheme related to a better understanding of the current nursing education context.

5.3.1.1.4 Current Context of Nursing Education

Participants identified that the CSP had given them a better understanding of Australian nursing education requirements. A number of participants wrote that they were new to practicing nursing in Australia and had been unfamiliar with the Australian education system and the requirements of these programs. For other participants, it provided an opportunity to gain an understanding of the current system, as they had trained under a different nursing education system in Australia.

In particular, a number of participants identified themselves as overseas-trained nurses. These participants commented how the program had assisted them to understand the Australian nursing education system: “It gave me a better understanding into the Australian nurse training and student expectations” (CSP156 IP) and “It gave me an insight into the Australian nurse training system” (CSP82 8wk).

Some of the internationally trained nurses commented that they had attended the Royal College Mentorship training program in the UK, and they explained how the CSP had consolidated their previous learning to relate to the Australian system: “Refresher mentorship skills, as from UK, has given me insight into Australian student nursing, what is expected of supervisors” (CSP163 IP), and “Update previous learning on mentorship course/assessors course from UK. Good to have Australian perspective/differences” (CSP179 IP).

Participants also outlined how the program had provided them with a better understanding of the current system, even though they were Australian-trained themselves. This was discussed during the study day as the ‘students’ journey’. Participant CSP99 8wk stated that the
program “Gave ideas that stimulated new ways of connecting with students...beneficial to understand nurse training today” and CSP42 IP wrote that the program “Increased my understanding of the student journey”. CPS77 IP said that “The program thoroughly addressed the roles and terms...to better understand the supervision of nursing students”, while CSP89 IP stated that the program was “Comprehensive, informative and insightful, good analogies to assist with understanding situations, enabling a better understanding of the current role”.

The second theme identified from the open-ended survey findings was the strategies that participants gained from attending the program that they could use in their role as clinical supervisors to assist them with their students.

5.3.1.2 Strategies for Improving Clinical Supervision

Participants’ comments in the surveys related to strategies for improving clinical supervision. Participants identified this as an important outcome of the program, as articulated in a statement by CSP21 8wk: “It is important to be up to date with educational trends and learning principles of the current generation of students”.

The strategies that participants outlined in the surveys to assist them to provide a more positive learning experience for students on clinical placement related to a number of discussions and topics that were presented during the CSP. These strategies were refined into the subthemes of ‘embracing the power of belongingness’, ‘empathy for the student experience’, ‘improving the student learning journey’, ‘improving communication’ and ‘promoting staff knowledge and culture change’. These themes are discussed in more detail below.

5.3.1.2.1 Embracing the Power of Belongingness

On the study day, participants explored the literature in relation to belongingness and discussed strategies for incorporating it into their workplaces. A number of entries referred to the concept of belongingness, from learning about the definition of belongingness to the interest that the session raised regarding its effect on the clinical supervision relationship. CSP130 IP stated that “The section on belongingness, most interesting, I used the topic with
the students”, while CSP66 IP commented on the program session as an important take-home point of the day: “Group work activities with the ability to critically reflect on the various articles relating to belongingness”.

Participants discussed that the session had provided them with an insight into the importance of belongingness: “I was not bothered by belongingness before the seminar and the seminar gave me an insight of the importance of being belonged” (CSP45 IP). CSP25 IP stated the importance of “Realising the impact on students if they feel they don’t belong in a department”, and CSP114 IP “Will now be more informed as to student feelings and importance of belongingness and the power of this...heightens importance of the need to guide, support, recognise student RNs on prac”. CSP68 IP stated that “The need to ensure a sense of belongingness for the students—had not realised how imperative it is to the student’s progress”.

Participants discussed some simple strategies to create an environment of belongingness to support the student. Examples of ideas included, “Ensure their names are on the rosters...have allocated staff for continuity” (CSP120 IP) and “Ensure there is an orientation package for the work area for students, as not in place” (CSP181 IP). Other ideas included to be “Better at welcoming them and guiding them, asking what they want to achieve and involving other staff to attain their goals” (CSP191 8wk), as well as “To encourage confidence, belonging to a team, welcoming of new knowledge and experiences students can share with us. Trust students with tasks where possible, be more active in reflections with students” (CSP31 IP), and “I think I will be more conscious in welcoming students with a more comprehensive orientation” (CSP39 IP).

Participants also wrote comments linking the importance of belonging to the ability of students to learn effectively. CSP54 8wk “Also realise(d) more that how the students are welcomed and included affects their learning capability”. Further, “The importance of belonging and how we support them and how this effects their learning in this clinical placement’ (CSP58 IP). CSP190 IP was ‘more aware that students need to have a positive culture to learn in”.

As discussed within the subthemes related to participants’ knowledge and attitudes, participants expressed concerns about the attitudes of staff in their workplaces. They linked
the concept of belongingness to staff attitudes as a strategy to improve attitudes towards students: “The idea of belongingness would probably be beneficial to some of my colleagues who are generally not keen on having students” (CSP88 IP). CSP155 IP stated that “All staff should be aware of students needs and the importance of promoting a culture of support towards students”. Participant CSP78 IP wrote about his or her role in creating a ward environment that was conducive to creating a sense of belonging: “I understand better how students feel when in my ward and I understand I have to break the barrier of some staffs’ negative mindset”.

Participants’ comments relating to belongingness were echoed in many of the other themes of the qualitative findings and will continue to be discussed in the following sections. The next section refers to the students’ experiences.

5.3.1.2.2 Empathy for Students’ Experiences

Participants stated that they had acquired a better understanding of students’ journeys and the challenges they faced during their nursing education programs: “Students’ perspectives and nurses’ perspectives, useful information that I can apply to my work…greater understanding of the wider picture and the students’ needs” (CSP128 IP).

During the study day, participants discussed what they believed the effects of these challenges must be on the students. Discussions included the workload of students who were studying and working, the cost of studying at university and the many challenges that the youth of today were faced with (e.g. social media). For many participants, these group discussions highlighted that the student clinical experience was just one part of the student’s life, with many other elements competing for their time and energy.

For some participants, the study day reminded them of what it felt like to be a student and brought back memories of their own student journey: “I have been reminded of what it means to be a student or new staff member” (CSP42 8wk). This was also commented on by CSP191 8wk: “More attune to their needs and remembering how hard it was and be a student in a new area”. While CSP64 8wk stated that it “Made me think of what it was like to be a student and how to improve things for future students”. These feelings and thoughts continued to be expressed throughout the day’s discussions and surveys.
Participants also commented on how the program had assisted them to see the placement from the students’ point of view: “Gave insight into the students aspects of clinical placement, long time since I was a student…helps with understanding students needs” (CSP149 IP). This was supported by CSP72 8wk: “It has made me more aware of the importance of inclusion into the team and some of struggles students of today face”.

Participants wrote about how their improved understanding of the students’ journeys helped them to understand how they could best support students as clinical supervisors: “It has changed the way I would supervise students. I know the right way to do things…gives us more insight on the students perspective to clinical” (CSP152 IP). Another participant stated that “(We) discussed how students feel and how to see things from their perspective in order to support them appropriately and sensitively…increased awareness of own practice” (CSP184 IP). Further, participant CSP164 8wk said that:

To highlight the importance of student nurses coming through and the value of putting effort into enriching their clinical experience…to be reminded of what it is like to be a student and prompt simple actions an experienced nurse can do to improve the clinical experience of a student.

For some participants, their reason for attending the program was to support staff in their workplaces who supervise students. These managers, educators and staff development nurses commented on how this understanding was important to take back to the team to help them to support students:

It has helped me understand from a student nurse’s point of view. I rarely supervise students but am in charge of a ward that does so it will help me help my nurses be better educators and make the students feel more welcome and part of the team (CSP84 IP).

Participant CSP49 8wk “Feel[s] I can better instruct staff on how to work with students”.

Participants also suggested that greater staff attendance to the program would assist with the development of a positive culture and an understanding of students’ journeys so that a team approach could be used to support students. Of recommending the program, CSP166 IP wrote: “To help ensure continuity and uniformity for all students experience on prac. Improve team approach to clinical supervision”, while CSP89 IP said “Feel it (program) is important in
maintaining continuity of clinical supervision for student nurses and implementing ideas to ease integration of student with the nursing team”.

The subtheme of ‘improving the student learning journey’ was closely linked to ‘empathy for the student experience’; however, it was created separately, as participants commented specifically about how understanding students’ experiences assisted them with providing an effective learning placement.

5.3.1.2.3 Improving the Student Learning Journey

During the study day program, participants were asked to complete a self-assessment of their own learning style and how they liked to learn. Participants soon realised the differences in the room and discussed the implications of these in the fast-paced clinical setting, where many barriers can exist to prevent or diminish learning. Statements in the surveys related back to these conversations: “I will have more awareness of the students’ needs, and will be more active in their education, I will also encourage my colleagues to embrace the role” (CSP109 8wk).

Participants commented about the different learning styles and how this information had made them reflect on their teaching practices: “I liked exploring different learning styles and applying research to practice” (CSP55 IP). CSP74 IP stated that “It gave me more guidance about different ways of teaching and providing education”, while CSP120 IP wrote that the session was “Very useful in supervising future students and understanding about their learning needs”.

Participants documented how they had enjoyed learning more about this topic and how they believed it would be of benefit to them: “I learnt how to be effective as a mentor and the factors which can enhance or fail the students learning experience” (CSP87 IP), and “I have skills to guide learning and also to describe the processes involved in how to support/supervise/facilitate students” (CSP29 IP).

Comments also related to the concept of clinical competency, what this meant and how it related to students’ clinical placement. CSP131 IP would “be more understanding of students’
level of competency”, while CSP72 IP wrote that “I have a better understanding of their tool competencies that require to be completed”.

Participants wrote comments about the session on belongingness and its relationship to achieving competency. Participant CSP155 IP would be “More aware of the need for security/belonging etc. to learning and eventual competence”, and participant CSP49 IP said that “I have to provide students with safety, a sense of belonging, so the student gains a positive self-concept and gains positive learning and competence”. Participant CSP161 IP wrote that “I will be more mindful of making them feel they are part of the team and orientating them to the ward so that they can feel comfortable and confident to start learning”.

Participants also linked the previous subtheme of ‘empathy for students’ experiences’ to the students’ learning journeys and creating positive placements. CSP139 IP “Will have more empathy for students, more understanding of how students learn”, and CSP93 IP said that “It was very informative and enlightened attendees to the concerns of students and how their placements can be made more of a positive learning experience”.

Participants also provided examples of how a greater understanding of the students’ learning process had assisted them to think about how they would teach, or how they had taught, in the clinical area since attending the program: “I will try to explore and understand what the student wants/needs to get out of their practical placement and make sure their needs are met in a timely manner” (CSP133 IP).

In both the immediate post-program and eight-week surveys, CSP33 8wk made the following comments on student learning:

Ask them what they would like to learn, and how they learn. Empower them and work together [IP]…and It helped me to better assess and learn individual learning styles for the students I have encountered over this time [8wk].

Other strategies outlined by participants included:

Gave me an insight into different learning ways, having some idea of student levels and expectations…[I] will talk at the beginning of a shift with my student and find out how they learn and pick out 1–2 things to teach that shift (CSP35 IP).
Further, CSP23 IP stated that the program “Gave me an easy and effective way of teaching students, and how to approach their learning expectations while providing my nursing care”. In the eight-week survey, CSP21 shared the strategies that he or she had put into practice: “I take more time to seek the student’s history and describe their goals, achievements and expectations of the clinical placement”.

Some participants discussed taking this information back to their workplaces and discussing it with their colleagues: ‘To feedback to ward staff to change our practice/understanding of what students need, set up a conducive learning environment” (CSP27 IP).

In the eight-week survey, CSP34 wrote of changes that he or she had introduced not just for themselves, but also for the team, since attending the program: “It changed the way we mentored students in our work area and the feedback from other staff and students was extremely positive”. For participant CSP77 IP, this sense of taking information back to the team was from a multidisciplinary view: “To highlight to all health professionals the importance of guiding/supporting students in the clinical setting and recognising different learning styles”.

Learning about the effects of different learning styles was also related to the concepts of critical thinking and clinical reasoning. For some participants, understanding these terms was new, and it was a highlight of the program: “The explanations/clarification of terminology used such as critical thinking vs clinical reasoning” (CSP71 8wk), while CSP41 IP “Enjoyed learning about giving feedback to students and working through critical thinking/reasoning with students”. CSP187 IP wrote that “This has given me knowledge on how to give students better support in critical thinking and awareness”. CSP10 8wk wrote that:

I particularly enjoyed the styles of learning and also to have an understanding of how to promote clinical reasoning, critical thinking and reflection in practice…it will certainly aid me in trying to ascertain how my students learn best and adapt my supervision to optimise their learning and development while on prac.

Participants also discussed their new awareness of the nursing education context in Australia, the number of hours that students complete in the clinical area and the amount of time spent in the different areas of nursing. This included the effect of short placements and the need to start learning straight away. This was discussed along with working with different staff every day, and sometimes in different areas:
We have changed our workplace practice from switching a student to a new areas/staff each day to now only one staff member mentors one student for the whole two weeks. I set goals on the first day, I have a range of options for what we can accomplish and ask the student to identify what she believes will be the most beneficial for her learning. We then focus on the identified areas of learning for the two weeks until the student nurse demonstrates and reflects to me that she is and feels competent with that skill set (CSP32 8wk).

Other comments included: “Yes I now understand how critical it is that students make every minute count in their practicum” (CSP130 IP), and “I am also more mindful of making each day count in terms of them gaining as much experience as possible” (CSP47 IP).

Participants also discussed the session on ‘barriers to learning’. In listing the most helpful sessions of the day, CSP61 IP mentioned the “Detailed explanation of learning processes, barriers to learning and what facilitates better outcomes”, as did participant CSP47 IP: “Learning about the barriers to clinical supervision, gives me the ability to improve my supervision of undergrads”.

The next subtheme of ‘improving communication’ was very closely aligned with this subtheme of student learning, as participants appreciated that for effective learning to occur, students require the ability to reflect on their practice and receive constructive feedback.

5.3.1.2.4 Improving Communication

Participants commented about the sessions related to communication—these being the provision of feedback and reflection. Participants stated that they often struggled with these areas; however, after attending the program, they felt that they had acquired the necessary skill set and appreciated the importance of feedback and reflection: “I particularly liked the practical examples that you gave about providing students with feedback” (CSP135 IP), and “I will work on giving more feedback to all” (CSP150 IP). Further, participant CSP35 IP wrote about gaining ‘a better understanding of how to supervise nursing students and giving feedback both positive and negative”. CSP12 8wk stated that:

I have learnt a lot about how to help students…about how to provide feedback, especially when I have a certain issue or problem area to discuss. I used to find giving negative feedback extremely hard, but I now find by using the [strength, weaknesses, opportunities, opportunities] SWOT tactic and with practice it has become a little easier.
This newfound confidence was again related to the strategies presented during the day, as well as the group discussions, including challenges faced by participants and how these could be better managed: “I believe I now feel much more confident that we have the necessary tools for more effective intervention and guidance should this (struggling student) arise again” (CSP32 8wk).

CSP48 IP “Feel[s] more equipped in how I supervise students and provide feedback” and CSP129 IP said that “I feel more confident in being able to give feedback both negative and positive”. Participants again discussed in their comments how this information could benefit others in the workplace: “All ward staff would benefit from this course. Learning about appropriate ways to give feedback to students, ways to positively guide them, ask them what they want to again from this ward experience” (CSP62 IP).

The next subtheme relates to staff reflecting upon their own workplace practices and attitudes towards students and clinical supervision.

5.3.1.3 Promoting Staff Knowledge and Culture Change

In addition to the self-reflection of participants in relation to their own attitudes towards students and clinical supervision, participants documented that they had thought about the knowledge and attitudes held by others in their workplaces: “Students are sometimes considered unimportant and a hindrance in busy clinical areas” (CSP164 IP). CSP108 IP stated that “All practicing staff need this info, especially dare I say those who don’t have the enthusiasm to attend”.

Comments by participants related to the concerns of attitudes held by members of staff and the general lack of seriousness, understanding and effects of the clinical supervisor role on future career choices. The following comments relate to concerns by participants about this general lack of understanding of the effect of the clinical supervisor role on students: “Many other nurses at my workplace are clinical supervisors of students, I am sure they really have little or no awareness of just how important the role is” (CSP196 IP). CSP109 8wk stated that “Others need to be more aware of their responsibilities to nursing students and the role they play in their development”, and CSP55 IP said that “RNs are role models, they need to have
an understanding of how their practice impacts on student nurses, it is important for the profession”. CSP177 8wk highlighted the need for supervisors to understand their role to ensure that they provided a positive experience: “There needs to be more awareness and understanding among the experienced/practising nurses about student nurses’ needs and the benefits of giving them a good experience”. This was also discussed by CSP15 IP: “Nursing staff need increased awareness of students and clinical placements. Some of us need to change our attitudes and approaches”.

Participants related these concerns to the general knowledge of staff in relation to the clinical supervisor role: “I feel the majority of staff don’t understand how to supervise students to enhance their experience” (CSP127 8wk), and “It should be compulsory to all staff who work with students. I can think of a number of people who should have been here…we must be aware not to eat our young” (CSP105 IP).

Participants commented that the CSP could be one strategy to address these knowledge and attitude concerns: “It should be mandatory, annually or every 2–3 years to update changes” (CSP163 IP). In addition, CSP105 IP stated that “It should be compulsory to all staff who work with students”. Others believed that “It is an essential program for any staff member supervising or facilitating students” (CSP29 IP), while participant CSP17 8wk said that “I hope every hospital takes this program on board”.

Participants commented about the general importance of the program in assisting nursing staff to understand their role, as well as how the program could be of benefit to all nursing staff to achieve this: “A real requirement for preceptors, educators to understand students’ perception of nursing and the tools needed to support them” (CSP92 IP). CSP47 IP wrote that “As all staff are expected to be clinical supervisors it would give them tools to be effective teachers…it covered extra information not given in preceptorship course”, and CSP72 IP commented that “I have gained further knowledge in being able to support undergraduate students…I feel this session would be valuable to all student preceptors”.

Many participants highlighted how the program could assist in changing the attitudes of staff in clinical areas. CSP174 8wk stated that “It would change some people’s attitudes towards having students on the wards”, while CSP121 8wk wrote that “We should all undertake mentoring and preceptorship but not everyone has the desire or skills naturally, this supports
development of skills, even for those that find it more challenging”. This belief was supported by a number of participants—for example, CSP93 8wk wrote that “It created an awareness and identified issues both for the student and other supervisors…it encourages clinical staff to consider the role they have in supporting students” (CSP93 8wk). CSP179 IP stated that it was necessary to change the culture of the ward area and that the program was “Very positive with assisting changing attitudes towards student nurses”. CSP153 IP added that it would be “Better if all staff came and learnt for effective change”, and CSP190 IP agreed that “The more people that get to attend the easier it will be to establish a culture suited to students”. CSP97 IP also agreed with this belief: “Training for all nursing staff to educate about clinical supervision, (and) reduce stigma, negative thoughts about having a student”. Lastly, “I think it is a valuable tool (program) in accurately assisting/ensuring we as clinical supervisors warmly embrace students and ensure they have a positive experience and that we promote this to our nursing peers” (CSP32 8wk).

Participants also stated that the program was important for nursing educators and managers to assist them in understanding the role of clinical staff in supervision so they could better support them. CSP124 IP stated that “I feel all nurse educators could benefit from this course”, while CSP122 IP commented that the program provided “Very useful information for SDNs and nursing staff who work with students in the clinical area”.

This concludes the review of the data from the knowledge surveys both immediately on the day of the program and after eight weeks. These findings will be discussed in further detail in Chapter 6. The next section will review the findings of the online reflections from participants who attended the CSP.

5.3.2 Online Reflections

The participants’ online reflections echoed many of the same themes identified in the surveys, including general comments about the program and particular topics that they found to be the most interesting and useful. The following statement is a reflection of the general comments made by the participants: “Incorporating the materials from your Undergraduate Clinical Supervision seminar/training on ‘Belongingness’ as well as ‘Competency and Assessment’ sections proved quite useful” (CSP75 OR).
The online reflections offered a richer story of participants’ experiences of clinical supervision and their feedback about any concerns, ideas and thoughts that they had considered since attending the program. Figure 4.3 outlines the main themes and subthemes identified.

**Figure 5.2: Concept map of the online reflection themes and subthemes**

In order to obtain these online reflections, participants who had consented on the study day were invited by email to forward their online reflections for a period of eight weeks after attending the CSP. Participants were given guidelines for the structure of the reflections (Appendix 25) to assist them with their writing. The researcher received a number of reflections whereby participants discussed their interactions with students and/or staff or statements about their thoughts, queries and concerns in relation to clinical supervision.

As the reflections were received, they were saved onto the computer and printed in hard copy. Each reflection was read upon receipt and an email reply was immediately sent to thank the participant for his or her time and reflection. As the reflections were received, they were read by the researcher so that an understanding of the data and the emerging codes and themes
could commence. The aim of reviewing the data was to find data that related to the research questions.

Upon conclusion of the eight-week reflection period, all of the collated reflections were re-read several times. At this time, the researcher highlighted significant statements relating to the research questions, which assisted with coding and identifying emerging themes. An example of a significant statement is shown below, coded to ‘student learning’:

- **Student learning**: “From the study day we know how to give the students a more productive role in the working unit” (CSP185 OR).

The researcher then re-read the online reflections several more times to confirm the themes of the data. As identified in Figure 5.2, the themes for the online reflections were:

- effect on participants
- strategies for improving clinical supervision
- perceived lack of staff support.

The first of the themes to be explored will be the effect of the program on participants in their clinical supervision practice, followed by the strategies learnt from the day and the work file resource, and then the concerns highlighted by a number of participants in relation to staff support.

5.3.2.1 Effect on Participants

The general feeling of participants in relation to the effect of the study day program is highlighted by CSP42 OR, who documented that the take-home point of the study day was the role of clinical supervisors: “Characteristics of a clinical supervisor: creates a positive non-threatening environment, role modelling, developing safe and competent practice, identifying learning opportunities, provide regular and constructive feedback and assist the student to relate theory to practice”.

The effect of the CSP in the online reflections highlighted previous opinions and changes in participants’ thoughts towards students and the clinical supervision relationship. The
subthemes identified were ‘improved self-confidence’, ‘renewed enthusiasm and attitude’ and ‘personal reward’.

Although not included as a theme, participants also commented on how the eight-week reflective process had assisted them: “Doing the reflective feedback had made me look at my practice, how I interact with students…thank you for the opportunity” (CSP198 OR).

For CSP42 OR, the opportunity to write weekly reflections provided encouragement to refer to the resource file provided on the study day to assist with reflecting and confirming his or her actions: “It has been interesting to apply the workbook to my reflections so far. I have found it very appropriate in a variety of settings and situations…very beneficial for my personal and professional development”.

5.3.2.1.1 Improved Self-confidence

Participants provided statements relating to how they felt greater self-confidence in undertaking the role of clinical supervisors, as well as examples of how their increase in self-confidence affected their thoughts and actions. Statements outlining participants’ general feelings of improved self-confidence are provided below: “(The) clinical supervision seminar and resource file has allowed me to gain knowledge, terminology, confidence and leadership skills to apply the theory to practice” (CSP42 OR). Participant CSP170 OR stated that “After the study day I realised that I have the capabilities of assisting students achieve their clinical placement objectives, and aid in their career development as well as my professional development”. CSP59 OR also “really enjoyed the study day…I am now able to make the most of new skills when working with students”. These feelings were also expressed by CSP34 OR: “I personally have felt more relaxed and in control of how I should be mentoring the student”. Participant CSP27 OR applied this reflection to a recent experience of supervising a student: “I found that after your study day I had a very different approach to supervising the student, which I feel was beneficial for both of us. I was confident I was directing him towards what he needs to accomplish”.

This increase in self-confidence was often linked by participants to an increase in enthusiasm and improved attitudes, as explored in the next subtheme.
5.3.2.1.2 Renewed Enthusiasm and Attitude

Participants provided comments about their recharged enthusiasm for students and how the program had made them think about, and reflect upon, their attitudes. Participants stated that this renewed enthusiasm and attitude provided them with the opportunity to realise the responsibility of their role as clinical supervisors and the effect they could have on students and others: “I came away from the day with feeling how much of an impact the role of the mentor can have on a student nurse both positive and negative” (CSP31 OR). Participant CSP42 OR stated that:

   All nurses are busy, but I do remember that when I was a student and a brand new practitioner that having a kind and caring mentor made such a difference to my confidence. So I remember that...People remember how you made them feel, they don’t necessarily remember the words that you may have said.

Participants provided examples of how their renewed enthusiasm and positive attitudes towards students had resulted in them responding differently to situations that they normally would have responded to quite differently. This change in response is highlighted in the following examples of reflective entries:

   There was a mix-up initially because I wasn’t aware that there would be students on and it took me a bit to organise who they would work with. Initially I felt that it was a lot of bother for me, but I thought about it and realised that it wasn’t their fault the communication was poor (CSP191 OR).

Participant CSP34 OR’s reflection provided an insightful story of how a clinical supervision experience with a student in the community setting did not go well in the first week of the placement, leaving the participant questioning whether he or she wanted to continue with the supervision into the second week; however, after reflecting on the program, the participant was able to renew his or her enthusiasm and determination to make it work:

   I had such a horror first week...over the weekend I thought about all the information I had gained...I am surprised at how easy it was to turn my negative thoughts into positive ones once I found the right pathway for this student nurse to express herself. She really is a very sincere and passionate nurse but I think she may have felt slightly disillusioned in the beginning…she developed a much more positive attitude also.

For participant CSP132 OR, the program had changed her opinion towards students in general. The participant wrote of the time she took teaching the student on the ward, giving
the student the opportunity to practice rather than just watching and following her. This had been a significant change in how she supervised students and she was surprised at how this benefited the relationship and made her day easier:

I have a student who is finishing second year in a few weeks…I found her some jobs that she could do by herself without me standing by all the time. I found after your study day that I now see the student as a help not a hindrance…it was a nice experience.

For participant CSP116 OR, this improved attitude and enthusiasm encouraged him or her to be more willing to accept students: “I must say the session at (the university) certainly encouraged me to put my hand up to take students. A learning experience for all”. Participant CSP170 OR said that “I have also found that I enjoy a teaching role, be it as a preceptor, mentor or just colleague, and have found that I can help bring theory into practice”.

Participants also included statements about wanting to inspire others in the workplace to feel more enthused and have positive attitudes towards students. This feeling was expressed by CSP27 OR: “I want to stimulate discussion to change our ward approach to how we can meet the student’s needs while they are with us”. Others provided comments on the need for the program to be more widespread to assist with improving staff attitudes: “I have encouraged all staff to attend the study day because it gives a positive approach to good practice” (CSP185 OR).

Participants included reflections about witnessing poor examples of attitudes towards students, and how this had been concerning to them. One participant—a registered nurse in an emergency department—described her concerns when transferring a patient to a medical ward. The nurse on the ward had a student with her and had been openly ‘disgruntled with the [patient care assistant] PCA and myself’, as they had to change the patient to a different bed:

The…student with her helped us more than the RN did…I thanked the student for her help. The attitude the ward RN displayed in front of the student was not very appropriate…this unprofessionalism reflects badly on [hospital named]. I just wondered what the student must have thought? (CSP198 OR).

Another participant shared her experience of witnessing a poor display of attitude and how this made her feel and think about how the student would be feeling following this interaction:
I witnessed a senior RN supervising a student RN semester 6…I was handing over after night shift. She came in and said ‘Good I have a student, I can drink my coffee and you do all the work’. I don’t know if it was in jest but if I was the student I wouldn’t have felt very appreciated? I think she could have been a little more professional (CSP198 OR).

Participant CSP28 OR shared how, by simply asking a student how her time was going on the ward, she uncovered a disturbing situation that she felt empowered to respond to:

On asking one of the students how she was settling in on the ward, she responded by explaining that she wasn't having a good experience at all. She further stated that her mentor had been less than supportive or friendly…I spoke to the student at some length and we discussed various different options to deal with the situation…I also felt a need to take it a little further myself because I wanted ‘bat’/’smooth things’ for the student with the hope that things would end well.

She was even more shocked when she approached the clinical supervisor to try and discuss her concerns:

very little eye contact and most of her responses were grunts, but I think she did nod once or twice…I don't think some people understand/appreciate how much of an impact/damage they can cause!! How much easier it would be for everyone, if a bit of common courtesy was applied (CSP28 OR).

For one participant, her reflection centred on an experience she witnessed while a patient in a hospital. Despite being in the position of a patient, she still felt the need to intervene, and she discussed how she followed through with these concerns of the poor attitude towards the student with another staff member at the facility:

While a patient I did observe some extraordinary nurse/student interaction…the nurse addressed this student in a rude and offensive manner to which he only replied politely. I was horrified, I’ve never seen anything like this behaviour towards students before, I stepped in and spoke up for the student (CSP108 OR).

The final subtheme related to staff effect is ‘personal reward’.

5.3.2.1.3 Personal Reward

Participants shared their stories and examples of positive student experiences that had left them with a sense of personal reward. These experiences were based on either interactions with students who were struggling with their placements and, due to their actions, a more
positive learning placement had been achieved, or simply in their normal interactions with students, which had left them with a sense of self-satisfaction:

One of the students had had a particularly difficult practicum...she had reflected well on all that she had learnt and how much personal growth had taken place. It was rewarding for me to hear how I had supported her in this and how I had also helped to facilitate her learning by negotiating good support strategies (CSP29 OR).

Participant CSP170 OR stated that:

She thanked me for my patience and said she felt more at ease and was looking forward to the rest of the placement. This made me feel pleased that I had provided a welcoming and calming orientation and first day for her.

Participants also related this sense of personal reward to the teaching and learning experience:

“I enjoyed sharing my knowledge and skills with someone who was appreciative of the time that I had given to him” (CSP42 OR). Participant CSP34 OR said that:

As I reflect on this students two week clinical time I feel we both enjoyed each other’s company so it seemed quite easy...[I] will be back at work on Monday with a new student beginning her two week placement, I am quite looking forward to meeting the next student.

These subthemes of ‘improved self-confidence’, ‘improved attitude and renewed enthusiasm’ and ‘personal reward’ continue to appear throughout the next section of this chapter in the strategies adopted by participants. From the statements provided by the participants in these themes, the effect of the program on the participants provided the foundations for them to implement the strategies that they believed were of the most importance to them.

5.3.2.2 Strategies for Improving Clinical Supervision

The second theme of the online reflections relates to the strategies that the participants discussed when engaging with students on clinical practice or the ideas and thoughts they had considered since attending the study day program. These strategies have been subdivided into the themes of ‘understanding the student learning journey’, ‘improving communication’ and ‘embracing the power of belongingness’.
5.3.2.2.1 Improving the Student Learning Journey

Participants discussed how the knowledge learnt in various sessions at the study day program, which were related to learning styles, critical thinking and clinical reasoning, had assisted them to apply new strategies in their roles as clinical supervisors to assist students with their learning in clinical areas. The participants’ improved communication skills were also linked to this concept of student learning.

In the online reflections, participants provided a mixture of general comments about their thoughts regarding student learning, and examples of situations in which they had changed and/or applied this new knowledge. The following online reflections are examples of the general statements provided by participants:

I felt that the most positive aspect of the course for me was learning to be able to listen and ask for clarification from the student as that was the easiest way to learn what their expectations and desired outcomes were (CSP36 OR).

For participant CSP191 OR, ‘I have learned to ask students for their input and enabled them to set goals for their time with us’.

The following statements from the online reflections outlined how participants reflected on providing better learning opportunities for their students:

After the study day I realised that I have the capabilities of assisting students achieve their clinical placement objectives…I have recently had students on shift with me, and have found that when I have asked how the student likes to learn, it takes a weight off their shoulders and is a way to open up communication with the individual (CSP170 OR).

CSP31 OR also outlined his or her strategy for promoting learning:

On introduction to the student I enquired on what previous placements they had been on, what units they had covered so far in their course. To gain an idea at what level of knowledge base and competency skills the student should have. I also enquired in what areas they enjoyed.

CSP36 OR discussed an interaction with a student on an afternoon shift and how an embarrassing incident in front of a patient resulted in the participant rethinking his or her communication strategies to determine students’ learning styles in order to assist them to develop the necessary skills and confidence:
The student...was asked to empty a catheter leg bag and attach a night drainage bag. She reacted with a very shocked expression...The patient was quite shocked by her response...Through better listening and communication skills, I was able to identify with the student that she had not seen a night drain bag before, she was unsure as to what was expected of her in relation to emptying the catheter leg bag as she had not done it before and she was in fact scared. Between us, I was able to show the student through the procedure with spoken step by step instructions on the first patient, which I then prompted and encouraged her through the same procedure with the second patient.

Some participants also related sharing this better understanding of student learning with their colleagues in the workplace:

We’ve had some interesting discussion here since I attended your study day...one good thing is that we’ve been able to clarify a little of what we could expect students to be capable of doing during prac time here...we want to turn students out to be good nurses (CSP188 OR).

Participant CSP29 OR also used this as an opportunity to confirm with his or her manager what was expected of the participant’s role as the students’ supervisor so they could facilitate a better learning outcome together:

I relied heavily on the role of the clinical supervisor lecture notes...I used this in my meetings with management to clarify what each of our roles were in working together to facilitate the learning and development of the students...I felt I was able to manage this situation effectively, having the skills acquired from the study day.

Participants also discussed experiences where learning had occurred for them with a student present, how this had been a positive experience and how he or she had not felt threatened by this in front of the student:

Doing meds I found to be a good wake-up call re-checking the 6 rights and also the whys and wherefores of particular meds for particular patients. This enhanced my own learning and was enjoyable to do it together (CSP116 OR).

For participant CSP40 OR:

One very pleasing moment I had, was when we both went to an agency new to us both. I found myself feeling like a student again and on a 'level playing field' with the student. I think moments like this demonstrate to students that we are never too experienced to learn and essentially we are always learning.
Participants also discussed the effect of students’ outside lives on their ability to learn, as well as how, through better communication and understanding the requirements and barriers to learning and competence, these situations were handled positively:

At the beginning of the meeting we reassured her that we were there to help her if she had any issues that were interfering with her performance and were very keen to first hear her own assessment of how she was performing on this placement…It became clear that the stress of her sleeplessness, fatigue and worry about her father’s situation was interfering with her performance. She finally accepted that she had to care for herself first, otherwise she would fail her prac…she finally stated that she realised that the options we had offered for solving her problem were worth taking seriously (CSP75 OR).

Participants’ better understanding of students’ learning was also assisted by their improved communication skills. Participants used these skills to discuss their preferred learning styles with students to ensure a positive learning environment. However, improved communication also assisted with reflection, feedback and other strategies; therefore, it will be explored separately to student learning.

5.3.2.2.2 Improving Communication

Communication skills encompassed a number of sessions at the CSP, including using appropriate communication skills to promote critical thinking and clinical reasoning, providing feedback, reflection, promoting learning, managing difficult situations and promoting a welcoming environment.

Participants discussed their interactions with students and staff, and how they had changed their communication and feedback style and practice:

Well I know giving feedback is an essential skill. It improves situations and the relationship…it improves communication…[the] course we did actually helped me change myself for the better. I can now take time to understand…listening is really really helping me understand, I mean active listening not just hearing what someone has said but the depth of the message and its meaning. I have now developed self-awareness (CSP153 OR).

One participant discussed how she adopted the communication and reflection strategies discussed on the day when asking a group of students about their clinical placement. Her changed approach to engaging with students resulted in her uncovering a number of communication issues and poor clinical practices witnessed by the students the day before,
which the students had initially not disclosed. This enabled her to take action and empower the students for their ability to be patient advocates:

I offered them the opportunity to discuss any concerns with me any time that they needed, and also reminded them of the availability of the student counselling services at Uni. After I reflected on the importance of asking the right questions. Had I stopped at ‘how is prac going for you’ and the response ‘good’ I would not have received the true and honest response of how they were really going (CSP29 OR).

Another staff member related a similar experience: “I now try to make a point of talking to each student to allow them the opportunity to share and talk through any concerns or difficulties individually rather than in a group setting” (CSP21 OR). Another participant shared her experience of implementing reflections with her student:

Recently, a student and I had an unwell patient who over the course of the shift had deteriorated and sadly passed away. This was the student’s first time of being a part of that sort of experience. The student had never seen anyone pass away…I went through verbally with the student what happened, we debriefed together and I did encourage the student to write a reflective piece in order to get thoughts out on paper and distress (CSP170 OR).

Other participants discussed the effect of a better understanding of providing feedback, as well as its importance. Some realised they still had work to do in order to do this better or in a more timely manner. For others, it was confirmation that they were on the right track:

I do recall most of what was discussed in the workshop regarding feedback and that, most of the information I hoped I followed. Even though I felt that my interactions with the student were properly managed it did prompt me to have another look at the notes to see if I handled the situation as best I could (CSP1 OR).

Another staff member discussed a busy shift in the perioperative theatre, where the student had been very proactive and helpful in managing a stressful event:

Given the time restraints I wasn’t able to give her feedback on her performance, something I will do today. Better late than never? This is one of those areas I recognise I need to pay a bit more attention to, i.e. give feedback in a more timely manner (CSP47 OR).

Participants also discussed how providing feedback where problems are discussed and improvements are necessary remains difficult, with the aim to provide encouragement and support without destroying students’ self-confidence:
One (student) is awkward in her interpersonal skills and seems to compensate by being over confident in the clinical area. She is giving her opinion when it has not necessarily been asked for...It is interesting to note that one of her objectives in her CPAT is to focus on her interpersonal skills in relating to both patients and staff. I have so far used this goal as a way of clearly addressing some of the issues with her. I am aware that the issues are multifaceted for her and I do not want to contribute to what I already feel is a confidence issue (CSP114 OR).

Another participant wrote about a student nurse who complained about the way an elderly confused patient spoke to her. The student had been very upset and refused to continue caring for the patient. The participant discussed this issue over a number of email reflections about how it had affected her and the strategies she had used to communicate her concerns about this scenario with the student:

When we sit down to talk this over I will ask the nurse what her reflection on this incident has been, and if she has thought of any resolutions to the problem. I then hope to discuss with her the professional role of the RN using the code of ethics and code of conduct as a guide. Sharing my experience as an RN of similar situations, encouraging the nurse to always maintain that professional approach to all without reacting to patients’ behaviour or taking it personally (CSP21 OR).

Other participants discussed how remaining in communication with their students can become difficult when students move around the work area to gain further experiences and how, despite this, they have a responsibility to know where the students are and how they are progressing. This highlighted another area of thought regarding how communication between students and clinical supervisors could or should occur:

This week has been a struggle in the supervising role as my designated student has been on visits to other agencies within the specialty. I have not seen the student for the last 2 days so other than direct feedback from their supervisors on the day I have not been able to supervise their practice. I have not heard from their supervisors on the day…it feels a bit awkward not having direct contact (CSP40 OR).

The same participant in another online reflection continued to go back to this point of students being allocated offsite and the implications of this. The participant’s student was identified as ‘missing’ during one shift, when no one at the base site knew where the student was:

I have also learnt that when students are visiting other agencies within our specialty they should indicate exact start times and finish times so we are not worrying about their attendance and safety to and from placement. This is something I can do better in future supervisory roles (CSP40 OR).
The final subtheme of strategies relates to the concept of belongingness, which was mentioned by many participants throughout the research project and continued in the online reflections.

5.3.2.2.3 Embracing the Power of Belongingness

Participants provided many reflections and statements about how belongingness was an important concept to them since attending the study day program, or how they had used this to structure their interactions with, and placements of, students in their work areas. Below is a statement that encompasses this general theme from participants:

First impressions given to the student such as a friendly welcome and a sense that they are a valuable inclusion of the team and not a burden really influences students. This can either encourage learning with increasing independence or promote anxiety with apprehension impeding learning…Belonging can have an impact (CSP32 OR).

Other comments by participants about how they had incorporated this concept of belongingness included:

I’ve been reminded of how scary coming onto a new ward is and endeavour to make the students feel welcome…we had a lot of our general discussions around the dining table, which helps us get to know each other. The student was very helpful on a busy week and we thanked her for her help. She had lost her nervousness and seemed to enjoy her time (CSP191 OR).

Participant CSP63 OR stated that:

I have had two undergraduate students for the last 2 weeks. I provided them with a comprehensive ward orientation after the hospital orientation and discussed their rosters and allocations. I have always been aware of making sure they understand how the placement will work. Your course has reinforced how important this is to make the students feel welcome.

CSP29 OR provided detailed reflections of taking the time to ensure that new students to the area had received an appropriate welcome and felt supported on their placement:

I am now asking the students more about their orientation and what their welcome to the area was like. I did ask them more detailed questions about their orientation process based on the study day, as I felt it may be an indication of how well supported they were on the floor…I do try to build a rapport and be approachable and understanding…I was certainly conscious of what I had learnt.
Another participant discussed how encouraging the student to be an active member of the team had helped to encourage the student’s sense of belonging to the team:

There was a couple of situations where the student was challenged to get out of their comfort zone…it was good to check the student could identify what was relevant and important and to encourage them to be part of the team (CSP116 OR).

This sense of team was also discussed by another participant, who remembered how important it was to assist students by initiating relationships in the workplace, as students can often feel uncomfortable to do so themselves as a new person to the area and team:

One particular request made by the students was to have a greater understanding of the roles of the Occupational therapist and Physiotherapist…I encourage students to liaise with the therapists during their placements; however, I have noticed that the majority of students do not feel confident enough to approach other members of the interdisciplinary team…I decided to invite both the physiotherapist and the occupational therapist to introduce themselves…and to explain their roles and both openly encouraged the students to join activities…The students felt able to freely ask questions and gained understanding of how the clients can benefit from a team approach…In the past I have encouraged students to communicate with therapy staff but now realise that I need to initiate the relationship (CSP21 OR).

Participants also provided examples and comments of practice that provided a poor sense of belongingness for students in their workplaces. For some, it was a shock to realise that such incidents occurred; for others, it provided the opportunity to think about making changes:

The message that resonated the most for me this last week…related to Belongingness. It hit me during the course of a student orientation day…students were issued with new rosters…I couldn’t help but wonder what sort of impact it had on students…I did feel a little impotent and frustrated. I decided to let the dust settle, reflect and if appropriate perhaps very carefully reopen discussion at a later date to see if something could be put in place that is a workable solution for everyone involved (CSP28 OR).

Another participant was shocked by the opinions expressed on the study day by staff during a break in regards to the concept of belongingness and providing an effective and welcoming orientation to students: “I was disturbed by the conversation that was being discussed. I did not challenge the statement because it would be unprofessional to intervene at that moment. I did interact later, privately” (CSP185 OR).

Another participant commented on her reflections during the course of the study day as they related to belongingness, and she asked how they can prepare students better:
I was able to reflect on interactions with particular students during the course of the study day…the experience for these students reflected lack of belonging and it made me think about how we could brief and prepare students…I am now wondering if there might be intervention with the students themselves that might assist (CSP189 OR).

Participants also provided examples in which students had responded positively to the sense of belongingness in the clinical area. Participant CSP21 OR described providing a comprehensive orientation to a student who had commenced in the ward area and how the student was grateful for the time:

I feel this is important to familiarise the students with all this…they have a smooth beginning to their clinical experience. The student thanked me for this as they stated it was nice to be welcomed and made feel part of the team.

Participant CSP170 OR provided a similar experience:

It was her first day in our area and the SDN left me all the orientation paperwork to go through with the student. We had a patient who was unwell and required a fair bit of nursing care, I could tell that my student was nervous so I decided to let the student know that it was alright to be nervous perfectly normal in fact, this seemed to help her settle…Towards the end of her first day she thanked me for my patience and said she felt more at ease and was looking forward to the rest of the placement. This made me feel pleased that I had provided a welcoming and calming orientation and first day for her.

The final theme to be explored within the online reflections related to participants’ perceived lack of staff support when undertaking the clinical supervisor role.

5.3.2.3 Perceived Lack of Staff Support

Participants wrote comments in which they felt they were unsupported in their roles as clinical supervisors. This related to the hospital support provided and the support from the students’ education providers. This was a new theme identified within the online reflections compared to the previous post-program survey entries.

The below comment by participant CSP115 OR was reflective of many statements made by participants regarding why they had struggled to develop a positive attitude towards students—that is, the perceived increase in workload in an already demanding environment:
I know for myself it is very difficult to get enthusiastic about having a student allocation when one can’t get through the workload in paid time, one ends up staying back even later! Seriously I feel that a good part of student learning and retention problems would be overcome if learning environments were adequately staffed. Do we need to look from ‘the top down’ rather than ‘the bottom up’?

Another example of these concerns was raised by CSP42 OR: ‘Barriers to clinical supervision and mentoring are busy workloads and the absence of prioritisation due to lack of leadership vision by manager’.

Other concerns raised by participants related to the role of the university in providing support through clinical facilitators:

I had two patients who required [Medical Emergency Team] ‘MET’ calls…thankfully both patients were stabilised and I was able to explain the process to the students, reflect on the experience and go through the learning that was involved…I would have appreciated a visit from a clinical coordinator or the person overseeing the students while on placement as it is important to communicate to them experiences like these (CSP82 OR).

Others commented on the different student tools, the amount of paperwork and not knowing the university’s expectations:

I really think that we need a very simple, clear written overall guideline as to what student nurses can do when they come to us. I feel this would help us…even though we tell staff that students can do assessments and even take a patient load with supervision, staff, particularly in a speciality such as ED, have a great fear of letting the student go and do anything (CSP188 OR).

Participant CSP82 OR compared her experiences with mentoring students in the UK as a clinical coordinator and mentor with nursing students in Australia, and the difference in documentation requirements:

Although I’ve only been here a few weeks and only had exposure to students on clinical placement I see that they have too much documentation to complete which takes away from their learning in the clinical environment.

Other participants also commented on students’ documentation requirements, the time involved and how confusing it could become:

After carefully going through signing off the student’s workbooks last week, I had a call from the manager she had been approached by the student regarding the fact that I had signed them off as being dependent and not independent. I was mortified; I reflected that I had signed them off as dependent in their first week in order to show
progression and development by their last week of clinical placement. I had signed in the wrong column! However, I felt that the terminology was confusing, as they were in their first placement and needed direct supervision. I felt awful for signing incorrectly and upset that I had caused distress for the student (CSP21 OR).

Another frustration expressed by participants on a number of occasions outlined examples of students arriving on placement, with no staff awareness of this. This had placed staff in a difficult situation as they managed their immediate workload and tried to organise students’ placements while not wanting to affect students’ placements in a negative way:

New student this week—very nervous and excited. A little hiccup because we weren’t aware of her pending arrival and is often the case, it took a bit to get someone to orientate her and then allocate…I know that this has been commented on before by me so it is a situation that occurs too often (CSP191 OR).

CSP34 OR said that:

I have had a student with me this week, stage six. I first found out about her placement last Friday at 3.30pm, I finish work at 4pm…anyway we had a brief chat on the phone, she was not notified of her placement with our area until earlier that day and felt very unsure of what she was meant to do, so it was all very confusing for both of us…I did my best to reassure her.

This concludes the findings from the online surveys from the participants who attended the CSP. The next section will review the participants’ interviews, which occurred at the conclusion of the eight-week reflections.

5.3.3 Interviews

The general themes identified by participants in the interviews related to the effect of the program on their own knowledge, attitudes and understanding of students’ journeys, as well as a number of skills to assist with clinical supervision. In particular, participants discussed the program’s presentation style and the resources given to them. The below statement is an example of the feelings of the interview group:

The opportunity to network with other people that do it was fantastic, to discover the same issues, what other people have done, was it what you would have done, and perhaps brainstorm out some solutions, but very much the networking and just feeling that you’re all working in the same way or dealing with the same issues and all getting the same benefit by actually getting some education on helping us all stay on that same track (CSP76 I).
The themes identified from the findings of the interviews highlighted two main themes with a number of subthemes. These are presented in Figure 5.3.

![Figure 5.3: Concept map of the interview themes and subthemes](image)

To obtain these data, the researcher contacted participants via email who met the criteria to be interviewed. The aim of the interview process was to interview until data saturation had been achieved. Therefore, participants were contacted in groups of 3–4 until this was achieved. A total of 16 participants met the criteria. All participants were contacted during this cycle. Two did not respond to the request for an interview and two initially responded but did not confirm a meeting time through a follow-up email. A total of 12 interviews were conducted.

With each interview, the location and timing were as per the interviewees’ request. Interviews were conducted at either the university or the participants’ workplaces. All of the interviewees appeared relaxed during the process and consented to be recorded. All participants requested a copy of the findings at a later date.

The aim of the interviews was to confirm the emerging themes from the surveys and online reflections and to seek any clarification of themes that the researcher felt required further exploration.
The interviews were 20–60 minutes in length, which was appropriate for the clarification of themes. Some participants had more information to share; therefore, this accounted for the time differences. All interviewees were asked an open question at the end of the interview so they could add any further information about the day if they wanted to; thus, no information was left unsaid. It must be noted that the shortest interviews were also the first to be conducted; this may reflect the researcher’s beginning skills at interviewing.

Upon completion of the interviews, the audio was converted into text. Each interview was printed to be read and re-read by the researcher. The researcher then read the interviews again, highlighting significant statements and making notes of possible codes. An example of a quotation is presented below, followed by the allocation of codes:

> I do like that mixture of the sort of formal side, if you like, of PowerPoint type presentations, followed by opportunities to engage with material, such as the great discussion, and having a workbook to take [a]way does mean that there is something to refer back to (CSP76, I).

- **Group work:** ‘I do like that mixture of the sort of formal side, if you like, of PowerPoint type presentations, followed by opportunities to engage with material, such as the great discussion’.
- **Work file:** ‘Having a workbook to take [a]way does mean that there is something to refer back to’.

Notes were made regarding the data trends and emerging themes. Throughout this process of analysis, the researcher referred to the research questions to ensure that the theming process assisted with answering the questions. With each interview, the researcher was able to refine the questions to ensure that themes could be confirmed and consolidated. The themes that emerged from the interviews were:

- effect on participants
- strategies for improving clinical supervision.

The first theme to be explored from the interview participants of the CSP is the ‘effect on participants’.
5.3.3.1 Effect on Participants

All of the participants commented in the interviews about the benefits of the CSP. An example of these thoughts is presented in the below statement:

It had the opportunity to put people on the right program and process to probably deliver the best standard of practice of the clinical teaching. It had all the elements in there…the opportunity to engage with other people…Opportunity to express your thoughts or feelings or questions or deliver an idea that you have so you could do some brainstorming…it certainly familiarised the terminology…you consolidate your practice ‘I’m ok, I’m on the right track’ (CSP28 I).

For the interviews, the ‘effect on participants’ theme included a number of subthemes related to staff reflecting and developing an awareness of others’ knowledge and attitudes, as well as the current education and training provided to staff in relation to nursing clinical supervision. Participants also explained that the program had consolidated their knowledge and extended their understanding in unfamiliar areas. The subthemes for ‘effect on participants’ included:

- perceptions of staff knowledge and attitudes
- current staff education
- consolidation of own knowledge and attitude
- current context of nursing education.

5.3.3.1.1 Perceptions of Staff Knowledge and Attitudes

Participants made comments related to their peers’ knowledge and attitudes at the study day program and in clinical settings. One interviewee with extensive experience as a clinical facilitator believed that the program provided her with a better insight into the attitudes and perceptions of clinical staff. While she stated her shock at some of the poor attitudes displayed during the study day, this was confirmed by feedback and discussions with students. Participants felt that the program was beneficial for these staff in assisting them to develop appropriate clinical supervision skills:

Some seemed really interested to being here and some that didn’t…that was so overtly displayed that they were kind of told by management that they were meant to be here, and I guess that helps with your understanding…of what the students are facing when they go out (CSP114, I).
Another participant who shared these concerns stated that:

It’s almost as if they’re out to destroy the students and this I find really distressing…(students) don’t feel comfortable with their supervisors…some of them get really nervous, but when they realise you’re actually there to try and support them, they actually change the way they interact with you (CSP68 I).

Participant CSP101 I discussed that working in the community setting allowed her more one-on-one teaching time compared to when she had worked as a nurse in the perioperative area. In the community, she was able to spend the entire 2–3 week clinical placement with the student. While she did not understand the negative attitudes towards students, she could appreciate the differences between settings and the effects this could have on supervisors’ attitudes:

There’s all that traditional attitude that’s been with the nursing profession…which I’ve never understood…I guess there’s a level of frustration…I guess from an environment where they don’t have as much time to spend with the students.

Participants also commented about current staff knowledge and the understanding of the role of clinical supervisors and students’ placements. CSP68 I stated that:

I think there’s a huge gap out there in nursing…I think a lot of education needs to come in…most of them (nurses) don’t have a clue what the code of conduct is, or the code of ethics, let alone professional boundaries.

Participant CSP76 I related this current concern about a lack of staff knowledge to the ability of staff to manage students who are struggling in their placements:

It’s an easy option to pass a student if you’re a staff member and not ‘rock the boat’. It’s a lot of work if you start to say there’s a problem because you’ve got to start doing lots of documentation, so yeah…I think staff are still a little bit uncertain, I guess about how to manage if there’s a problem.

This was confirmed by participant CSP28 I:

There is still a number of staff that need to say it is okay to acknowledge there’s a problem, because you’re ‘protecting the student’ this bit of mentality worries me…people are reluctant to say ‘you know what they’re not functioning as well’…it’s just about teaching people about that and thanking them for that and why it’s important, basically, for the patient but for that person as well.
The second subtheme to be explored related to the current education and training that staff receive in relation to clinical supervision. This was closely aligned to the subtheme of ‘perceptions of staff knowledge and attitude’.

5.3.3.1.2 Current Staff Education

CSP92 I discussed her concerns regarding current staff knowledge of clinical supervision, and she questioned why the standards between university educators and clinical supervisors were different:

Educational in clinical supervision is really poor, very poor…the education from the university is expected to be given by people with Masters and above, not only in their clinical skills but also in their education ability…so why when you’re on the front line can we expect people to suddenly become expert teachers? We can’t. We have to teach them how.

Participants commented on the current education provided to staff in their workplaces, as well as discussions that had taken place with their colleagues in regards to clinical supervision. There was a feeling that the current education was not inspiring staff or assisting them to acquire the necessary knowledge, or that it was simply not available: “There is in-house preceptorship and clinical teaching. I know in our unit nobody wanted to go because they’d been before and they said it was not interesting, quite boring, and that needs to change” (CSP82 I). In relation to in-house education, participant CSP40 I stated that it was “Not in our service…I guess it’s probably available, but it hasn’t probably been promoted the way it should be”. This lack of apparent staff education was also of concern to CSP92 I:

You often hear, ‘it’s a part of your [Job Description Form] JDF’. Well if I’ve never been taught how to do something in my JDF, how am I going to know how to do it? So sticking it on a JDF does not make it happen, you’ve got to put it in support.

Participants discussed the CSP being made more available to staff as an option to improve the current clinical supervision provided to students:

I think it was an excellent initiative to have a proper study day, and it would be nice if it would be, the best word I can think of is compulsory, to get facility staff to take seriously the role of working with students and developing students, that we can’t just pretend I’m a nurse, I’ve got a student, I know about nursing. We can do with it being quite a formal part of staff members development that they come to study days such as that, that they’ve got a decent insight into what the role of the supervisor and the mentor is and how to deal with having a student (CSP76 I).
This was also discussed by CSP92 I:

Clinical supervision education should be taken more seriously...each nurse [should] get the opportunity to get that education...I hope to goodness it [study day] does continue along to get bigger and bigger.

Participant CSP82 I stated that “I think it [program] should be made more available to registered nurses throughout Western Australia and through the metro hospitals”. Participant CSP29 I: “I thought it was a very valuable in-service and I really think that every person, every registered nurse across the state that’s mentoring students should be required to attend, imperative learning”. Participant CSP28 I was full of optimism for the future and the current strategies put in place by health care facilities and education providers; however, the participant still believed that issues existed and that there was a lot more work to be done:

I’m quite optimistic about the future of nursing and people’s knowledge and I think people are on the right career pathways and I think there is problems in the system...But I see a lot of organisations and facilities doing their absolute best to coordinate things…I have noticed that there’s more strategies, and that’s got to be a good thing…and it’s coming from the hospital. It’s coming from the universities, things are formulating. I think it can get a little bit more sophisticated, but I’m impressed that is being examined.

Participants also reflected on their own level of knowledge and understanding of the clinical supervision relationship, which will be discussed in the next subtheme.

5.3.3.1.3 Consolidation of Own Knowledge and Attitude

Participants discussed how attending the program had consolidated the knowledge and skills they had developed in relation to the principles of clinical supervision:

I just found it was a very positive experience for me…it just raised my awareness of where the students are coming from and picked up the little fine points that perhaps we weren’t doing as well as we could have done with them, and being very conscious of their need to achieve their competencies and to make the most of every moment that they were there, and also trying to give them the best experience that was the most appropriate for them (CSP21 I).

This was also commented on by CSP29 I: “Prior to attending that study day I thought that I was reasonably well skilled…but since attending, it may sound a little corny, but I have had some revelations”. For participant CSP92 I:
I thought I’ve been doing this for years, I know what I’m doing, and it was really nice that there was something that…I didn’t know before…I found it useful…I found that it was interesting because you brought a lot of the points together that are often bandied about in education, that you actually looked extensively at different factors.

For participant CSP68 I:

It was really good…to talk about issues that we’ve had, to actually get that information, what does it all mean, what is it all about…I’ve never done anything like that and I know it’s helped about…not being afraid to say, well this is what’s meant to happen, how do you think we can, so probably my style of discussing problems has changed a bit.

For participant CSP76 I, the study day program provided:

Quite a considerable amount of structure, basically hand[y] hints if you like for dealing with situations and as I say putting a structure in place…the opportunity to network…to discover the same issues, what other people have done, was it what you would have done, and perhaps brainstorm out some solutions.

Participant CSP40 I related this consolidation to refreshing his or her attitude:

I really enjoyed it. It was just a motivator, I think, more so than anything else. I think it probably should go into orientation and staff updates…I think we have a responsibility, and there’s a lot of people that are still dodging that…it wasn’t that long ago where I was saying…‘I’m too busy, I don’t want to have students today’, and right in front of the student’s face…I’m sure that still happens now with a lot of people who just don’t have that respect.

A number of participants related this consolidation of practice to gaining a better understanding of the current nursing education requirements for registered nurses. This related to both nurses trained in Australia and those trained overseas.

5.3.3.1.4 Current Context of Nursing Education

In particular, two of the interviewees discussed the effect of the program as nurses who were trained outside of Australia. Participants in the post-program surveys also described this finding. It has been included as a finding in this interview section due to its collaboration of the survey findings and because both interviewees who discussed this had recently moved to Australia. Both interviewees were trained in the UK and had completed the Royal College endorsed Mentorship Program. This comprehensive program is discussed in the literature
review, and it is not the intent of this program to replace such an intensive program. Both participants expressed that they felt they had not learnt anything new in relation to the principles of clinical supervision; however, both discussed with the researcher that their intent was to gain an understanding of the Australian context. Both participants were very positive about the CSP; they enjoyed the opportunity for group discussion with their Australian peers and gained a better understanding of the Australian nursing students’ journey and assessment processes:

I attended the program for two reasons…a personal interest…[and] because I was new to Australia and just wanted to get a bit of a background and information about undergraduate nurse training…I really enjoyed it because it was a good chance to discuss with other people from other areas their experiences…and the information that we got to bring home was very helpful (CSP82 I).

Other participants discussed how the program highlighted the current requirements of nursing education in Australia, which differed to their own or those of the staff they worked with, and the effect this could have:

We take for granted that everybody has come through the system, which of course they haven’t, and so then they don’t understand the curriculum…they do need to understand about the clinical tools, the curriculum…staff need to understand some of the difficulties that perhaps some of them go through as well. I remember that section you talked about what students go through and I think that shouldn’t be underestimated (CSP92 I).

Other participants struggled with the different requirements of the universities, trying to assist students to achieve their competencies in a short timeframe in specialised areas without compromising their assessment requirements or the assessment documentation. Some participants also outlined how the study day had assisted them with understanding this better:

The issue I’ve always had is some universities or TAFEs have a high expectation of their students, whereas when I know that they’re only coming for one week or two weeks and it’s their only mental health placement, it’s trying to find that balance…what the universities expect and what we go through here (CSP81 I).

For CSP82 I:

I was always used to a cohort of students from one university, whereas here (Australia) there’s three or four and everyone does things differently and every student does things differently, they’ve got different booklets and that…attending the day was really helpful for when I came back to my clinical area I remembered what unis they were from and what year they were in and what they could and couldn’t do.
Participant CSP101 I stated that:

I think the main difficulty is that there’s so many differences between the expectations from each university with their writing reports…that’s really confusing…We really try to work at those [Clinical Placement Assessment Tool] CPATs, crazy things. They seem a lot of work. I can’t quite see the benefit of them, mainly for the students. It seems an awful lot of creative writing to a certain extent, testing their creative writing skills.

For participant CSP42 I, the study day program provided a guide to supervising students in the community setting:

I think for us in community health, no one’s really actually shown us or told us what’s expected, really, of our role with students…so I think it’s really good that we’ve actually now got some, like a model, if you’d like, that we can actually work through with the students, I can actually have a greater understanding of how to deal with them when they are here.

The second theme of the interviews related to the strategies that the participants gained from attending the CSP.

5.3.3.2 Strategies for Improving Clinical Supervision

The strategies adopted by participants that were discussed in the interviews included the concepts of belongingness and student learning. While each theme has been given its own heading below, due to the unique nature of each theme, there is also an overlap between the two.

5.3.3.2.1 Embracing the Power of Belongingness

A number of participants in the interviews discussed the effect of the concept of belongingness and how they viewed it as an important strategy to improve the clinical supervision of students in their workplaces. For some participants, the ideas were not new; they were about giving names to the actions involved. For others, the ideas led them to explore their effects further, particularly in relation to student learning and the placement experience:

I’ve never actually connected the need for belongingness on a ward and feeling part of a team to allowing the student to then actually go to the next level…that was the most outstanding thing for me…I’ve been able to use a lot. I really make the student feel comfortable…I had never thought that people wouldn’t feel comfortable…they
actually seem much happier...they probably run things past me a bit more now because you’ve got more of a relationship with them (CSP68 I).

This was also commented on by CSP92 I:

The one thing (that) did strike me as well was something that I suppose I hadn’t put a name to and that was the belongingness. It is an understanding that students need to feel integrated and part of a team and not to be outside, and afraid to speak.

For participant CSP42 I:

Belongingness, I really didn’t appreciate that so much before. And I think even though you go through the motions, just having the words attached to it actually give it more meaning, which you then act that out more so—so that’s what I found, actually, was really important. Just really trying to reflect back what it’s like to be a student and how nice it would be if someone was really considerate of my needs and involved me as one of the team.

For participant CSP40 I, belongingness and the importance of orientation was a key take-home point from the program:

I really took away the importance of a good solid orientation to students when they first arrive, that welcoming, how important that was. I guess I didn’t really realise the impact of that until I sort of reflected on my own experiences of some of the poor welcomes that I got as a student. We tend to forget about that, I think, and that was a nice reminder. So if I got anything, that was my number one thing, I think, that I got out of the day...[also] greater preparation, and I guess looking at students more importantly than I possibly did in the past, but really plan for their arrival, obviously offer them a greater commitment than what I have done in the past.

Participant CSP81 I, discussed an example of his or her approach to promoting belongingness—that is, planning to implement a diary for students to offer continuity on the placement, to assist them with working with different staff, to make it feel like a team approach and to ensure that students’ learning opportunities were maximised, feedback was provided and their learning objectives were reviewed:

What I’m aiming to do, if I get the time, I want to do some kind of passport kind of thing, really, just like a diary, days of the week or whatever, and the buddy nurse can put in whatever, a little bit quiet today, not very assertive today, worked on this, did this really well. And it’s not to go in their CPAT, it’s purely a very honest thing so that someone the next day knows, okay, I need to work on this to support the student.
Participants also spoke of the importance of belonging and ensuring that students felt comfortable and part of the team, as well as giving them strategies to encourage belongingness. Participant CSP29 I stated that:

The sense of belongingness for a student, I think, is huge because they’re coming from a foreign environment and into an environment that’s comfortable and familiar to us…A big thing in my mentoring…I’m very much making them feel part of the team, I’m also giving students ideas of how they can promote that belongingness, sort of initiating it if it’s not being offered to them.

Participant CSP21 I said that:

Making sure that they are introduced to everybody and understand what everybody’s role is and feel free to approach them; and just take that extra time to introduce the cleaner or the OT or the doctor…sometimes there can be that oh we’ll just introduce you to the nurses on the floor and the coordinator and maybe the manager and everybody else is a mysterious person wandering around…they’re all important so it’s important to know who they are, where they fit and to be made part of that team.

For participant CSP42 I:

I like to ask them for their input so that they feel part of the consultation that we happen to be doing at the time…even things that don’t involve the client…like inviting them to lunch…[or] if a question comes up we don’t actually know the answer to, going through…it together.

Participants also discussed how belongingness affected students’ ability to achieve competence in clinical environments. During the study day, participants discussed belongingness and its link to learning and acquiring competence: ‘To be conducive to learning, you’ve got to feel you belong. You’ve got to feel you’re in a nourishing, nurturing environment, so we take great lengths to incorporating the new person to the ward’ (CSP21 I).

Participant CSP101 I, stated that:

I think that feeling a part of the community enables you to—I don’t know if trust is the right [word], but develop relationships and positive relationships within that environment, whereas if you’re feeling alienated, then you’re less likely to be able to learn effectively.

Participant CSP29 I, stated that:

Having a perspective from the students that actually…they feel that once they’ve been accepted into the environment their ability to learn and to have a bit of confidence to seek out learning opportunities is much greater than when they’re sort of shoved into an office and given a manual to read.
This concept of student learning is the next subheading under the strategies theme. Under the theme of belongingness, student learning has been discussed in regards to its relationship to belonging. The next section will review student learning from a broader perspective related to the CSP.

5.3.3.3 Improving the Students’ Learning Journey

Participants discussed how they had changed their practice when supervising students due to a greater understanding of learning styles. This also linked into a better understanding of the nursing competencies, how to identify and write goals and objectives with students, more thought about what was achievable in the timeframe of the students’ placement, and how they could improve the learning process for students by adapting their teaching and communication styles while also being aware of the limited time that students have in the clinical setting to consolidate the transfer of theory to practice. This was also improved by a better understanding of critical thinking and clinical reasoning, and again the concept of improving the students’ sense of belongingness:

There’s so many different ways that we all learn. And I have really taken that back into the clinical environment in trying to not extract from my students but just trying to gauge from them how it is that they learn best and how they retain information the best…[I] try to use tools that are going to aid them to retain information and to learn to their optimum potential (CSP29 I).

Participant CSP101 I stated:

That there’s different learning styles, and that probably is the best way to teach someone nursing, to identify that. I guess that helps in this environment when I’ve got students, so that I can be aware that there are different types of learners.

Participant CSP29 I highlighted the importance of critical thinking and clinical reasoning:

I also really liked the critical thinking and clinical reasoning, how you really went into that in great detail. And I knew a little bit about it, and I think we all use it in our practice, but to have it actually really spelled out in detail consolidated that for me.

Other participants discussed the importance of good communication skills and applying these principles to improving students’ learning:
There was a flowchart you had in your file that you gave to us, and I love using that in just assisting students…it’s easy to kind of go through and reflective practice is just essential for all of us clinical practitioners, students (CSP29 I).

For CSP21 I, the number of clinical hours that students had for clinical practice had a significant effect on their view of the placement:

The importance of the clinical time in the wards because I think up until then I hadn’t really realised how limited their clinical experiences were, and so it made me much more aware to be more conscious of making sure that each hour was actually used properly and to advantage…they need every moment they can on the ward in their clinical experience.

For participant CSP42 I, the students’ learning experience was improved by asking students about how they liked to learn by reflecting on previous experiences. It also reminded the participant of his or her own time as a student:

I thought of what it must be like to be the student again…understanding where they’re at and what do they want to get out of the day. What has been their past experiences…what’s been a good thing, a good way that they’ve been mentored…so I can try and make it as comfortable for them.

Participant CSP42 I, also discussed how he or she’s supervising style had changed since attending the study day program:

I think it is really helpful that even though you might have more experience than the person you’re mentoring, it doesn’t mean you actually know everything, and that is nice for them to know hey, here’s this person that I look up to, but she doesn’t know either, and I think that makes the student feel like we’re only human at the end of the day…previously they [students] would have done a lot of observing me in practice, whereas now I actually let them observe what I’m doing and then with clients’ permission I ask, would it be okay if she could actually do what I’ve done, so she can learn from the experience. So I think maybe involving them, involving them more that way, I think I’ve definitely changed that practice…I suppose having attended your day, just being more aware of what their needs are.

For participant CSP68 I, the concept of belongingness was an important strategy for assisting a student who was struggling with his learning on the placement:

He was really struggling…and he actually became much more confident…I think when we were able to show him that we were actually there to support him, not just to mark him down or fail him or knock him off, I think that might have made a difference because of that whole belongingness aspect. So it was very interesting.
This completes the analysis of the data from the surveys, online reflections and interviews. These methods of data collection and analysis provided the researcher with a rich description of the effect of the CSP on the participants. A comparison of the findings using the qualitative method will now be discussed in further detail.

5.4 Qualitative Findings

The qualitative data collection and analysis methods involved collecting participants’ words about the effect of the CSP through short statements in the post-program knowledge surveys, online reflections and interviews. These words were then analysed using a thematic approach. Upon reviewing the findings from each of these methods, the researcher determined that similar themes were evident in all of the data collection methods. The overarching theme of the qualitative data has been entitled ‘extending oneself and others’. The overall finding of the qualitative component of the research project is articulated in the concept map in Figure 5.4.
5.4.1 Extending Oneself and Others

Extending oneself and others relates to the overall theme of the qualitative data. Throughout the different qualitative data collection methods, participants commented on the effect of the program on themselves and how they could use this information and renewed enthusiasm and attitude to benefit students and other staff. Each of these will now be described in further detail in terms of comparing the findings between each of the data sources.

5.4.1.1 Effect on Staff

The effect of the CSP on participants included a number of perspectives, which were divided into:
• improved self-confidence, knowledge and attitudes
• improved understanding of the current context of nursing education
• concerns regarding current staff knowledge, attitudes and education.

Participants discussed these three subcategories and their importance in all of the qualitative data collection methods.

5.4.1.1.1 Improved Self-confidence, Knowledge and Attitudes

A number of participants stated in the surveys that the CSP had improved their knowledge of the role, which had increased their confidence in providing a more effective clinical placement. Comments related this increase in knowledge to a better understanding of the role of clinical supervisors and students’ learning requirements, including learning styles, critical thinking, clinical reasoning, reflection and feedback. Further, the group discussions and viewing the placement from the students’ perspective had improved their attitudes towards students and the clinical supervisor role.

These statements were also confirmed with examples of practice in the online reflections and interviews. Participants provided examples of their increased confidence, improved attitudes and increased knowledge when engaging with students in the clinical area.

5.4.1.1.2 Improved Understanding of the Current Context of Nursing Education

A number of participants commented that they had learnt more about the current context of nursing education in Australia. A number of participants discussed that they were from overseas and the day had provided them with a local context of the training and expectations of their role with students. Other learnt about the university education system, and even for those who had been trained in the current system, the degree courses have changed since territory education was first introduced.

Participants articulated that understanding the students’ journey through these programs and realising the hours of clinical practice and the universities’ expectations of the students had helped them gain a better insight into students’ needs and how they could better support them.
5.4.1.3 Concerns Regarding Current Staff Knowledge, Attitudes and Education

A number of participants described their concerns regarding the current lack of education of staff in clinical supervision. In the knowledge survey, a number of staff documented that they had not attended any previous education in relation to clinical supervision and that their reason for attending was to update their understanding of the role.

Participants discussed witnessing poor examples of clinical supervision, poor attitudes towards students and a lack of general understanding of how the role can affect students’ learning and career choices. Many participants documented that more education was required for nursing staff, that a greater emphasis on the role was required, and that action needed to be taken to improve staff knowledge and attitudes towards student supervision. Participants articulated strategies for improving staff knowledge and attitudes through the use of the CSP.

5.4.1.2 Strategies for Improving Clinical Supervision

Strategies that participants felt they had gained by attending the CSP related to:

- embracing the power of belongingness
- improving communication
- improving the student’s learning journey.

5.4.1.2.1 Embracing the Power of Belongingness

Throughout all of the data collection methods, a strong focus was placed on the concept of belongingness. Participants found this knowledge to be powerful in its effect on students’ placements. Participants articulated that this concept was so simple, and yet it was not thought about or seen as important, and its implications for students’ placements, both positive and negative, were inspiring to participants to ensure that belongingness was provided. This was a key take-home point of the day, and it was strongly related to creating a positive attitude towards students and student placements. Participants’ comments in the eight-week surveys, online reflections and interviews all included comments on, or examples of, demonstrating belongingness.
The finding in relation to the effect of belongingness on participants is articulated in Figure 5.5, which outlines how the participants described that they were first made aware of the concept of belongingness in the study day by reading and discussing the journal articles included in the participants’ work files. Reading and discussing these articles resulted in the participants reflecting on their own practice and their workplaces’ practices, as well as the possible strategies they could implement, or had implemented, to promote belongingness.

This concept of belongingness was also related by the participants to staff in their workplaces—in particular, the graduate population (first-year nurses)—and it was also seen as a strategy for improving workplace culture and recruiting students as future staff.

During the study day program, participants were asked to provide strategies of how they could or would promote belongingness in their workplaces. These comments were then included in many of the participants’ surveys, online reflections and interviews. The participants provided a number of strategies, which are shown in Figure 5.6.
Figure 5.6: Strategies for belongingness by CSP participants

The participants shared how important it was to create an initial atmosphere of belongingness, and this started with an appropriate orientation to the health care service and the local work area. Participants also discussed forwarding information relating to the specific details of their area or making it available to students on the hospital or university websites. This information was broad and related to information such as parking, bus/train timetables, nursing care and common patient conditions within the work area.

Participants also felt that the adoption of the principles related to communication strategies would then assist students to become actively involved in the placement and feel comfortable to practice and ask questions. By taking the time to plan the day with the student and set learning objectives each day, this would allow students to be at ease and know what to expect.

The final theme to emerge from the group discussions related to organisations providing a positive workplace for students. This related to nurse managers taking the time to meet and talk to students, and for workplaces to support staff so they were better able to support
students. Participants articulated their concerns about a current lack of support for themselves and students, as well as the poor culture towards students and how this needed to change.

5.4.1.2.2 Improving Communication

The second component for the theme ‘strategies to improve clinical supervision’ related to communication. This included the topics and concepts of learning styles, barriers to learning, critical thinking, clinical reasoning, reflection and feedback. Participants discussed that the strategies from these concepts assisted them to ensure that students were the centre of clinical placement learning experiences. Participants enjoyed the practical application of these sessions, with the provision of realistic examples and problem-solving strategies, while being provided with the underlying theory to support this practice.

In the surveys, participants provided comments about the importance of communication-focused sessions, how they had helped participants to realise that communicating with students was a vital tool, and that this tool was perhaps not used to its best advantage. Participants recounted the themes of the study day program in linking these sessions together. A number of participants articulated in the surveys how these often-difficult concepts—in particular, critical thinking and clinical reasoning—now made sense in a practical way. Statements highlighted the concepts’ importance and how participants now felt confident to use these strategies. As with previous themes, the online reflections and interviews then provided examples of participants using these strategies in practice.

Participants’ online reflections provided rich examples of their use of these communication strategies—in particular, the strategy of asking students how they liked to learn—and how this had made supervision easier for both the students and the supervisors. These examples also related to participants changing their behaviour as clinical supervisors, allowing students to practice and ensuring that the goals for the day were appropriate to the students’ overall learning journeys.

These findings are articulated in the concept map in Figure 5.7. Included with these findings are the course content strategies that were provided to participants during the day, and which the participants themselves highlighted in their responses.
5.4.1.2.3 Improving the Student Learning Journey

Participants in the study discussed that they now had a better understanding of students’ learning journeys. This included a number of aspects, from the different learning styles of students to the current context of nursing education, including the limited time on clinical placements, and from frequently short and changing clinical placements to the effect of external stressors on students’ time.

Participants shared their better understanding of these issues in their survey comments and provided examples in the online reflections and interviews. This understanding was linked by participants to the importance of ensuring that students felt a sense of belongingness to help reduce stress and anxiety, and by promoting good communication skills to determine students’ previous clinical placements, level of clinical practice and learning styles. This finding is articulated in Figure 5.8.
5.4.1.3 Perceived Lack of Support

In the online reflections in particular, participants described a lack of support in relation to the amount of support offered by the educational facilities responsible for the students, as well as a lack of health care facilities’ support for their staff who supervised students. Participants shared these concerns through the online reflections by sharing comments, thoughts and stories—in particular, related to episodes of patient care when the shift had been stressful or when there had been a lack of preparation and organisation with students’ placements.

Participants related the feelings and concerns of their perceived lack of support to a lack of acknowledgment for their time invested in the role, the support that they needed to facilitate a positive placement, and just knowing that there was someone to reassure them and their students of the placement requirements and learning outcomes.

While this was a strong theme in the online reflections, these concerns were also documented in the knowledge surveys and by participants in the interviews. In particular, the surveys and interviews focused on a lack of current education for staff undertaking the role. All three data sources discussed the future of the program and its availability to assist staff to undertake this role. The CSP was seen as a strategy to improve staff knowledge and promote a cultural Improved communication: learning styles, previous clinical experiences Sense of belongingness Improved student learning journey

Figure 5.8: Influencing factors on improving students’ learning journeys
change in staff attitudes towards students, by providing the speciality education requirements to achieve this.

5.5 Qualitative Findings in Summary

The comparison of findings from the qualitative data indicated that all three sources of data collection supported the findings of each individual source. Different depths of information and stories were obtained by using these different data collection methods within the qualitative phase.

The qualitative findings of the research indicated that participants found the CSP to be a positive learning experience that should also be shared with others. This positive experience was achieved by improving participants’ understanding of the role of clinical supervisors, describing the bigger picture and the students’ learning journey, discussing the skills of effective clinical supervision, highlighting the implications of both poor and positive clinical supervision, promoting the importance of belongingness and positive attitudes, and developing a sense of teamwork and collaboration towards the role of clinical supervision. A further discussion of these findings will be presented in Chapter 6.

This final section of the comparison of the findings will review findings that are not specifically related to the research questions, but that are important for the evaluation of the program.

5.6 Program Evaluation

Although not a component of the research objectives, it was decided to provide an evaluation of the program from the perspective of the nurses who undertook the study day program because of the possibility that it may be used for determining the future implementation of the program. The following statement is an example of the overarching positive commentary received about the program: “Thorough presentation of a ‘whole of picture’ approach to student learning, particularly in relation to student learning outcomes and how much these are influenced by the placement” (CSP108 IP).
Participants were asked to identify whether the CSP had met their learning requirements, whether they would recommend the program and whether they would recommend any changes. While these data entries were also used to answer the research questions, due to the nature of the entries provided, their main focus was program evaluation.

The majority of participants stated that the CSP had met their learning needs and that they would recommend the program to other nursing staff. However, two participants stated ‘no’ on the form. These participants were both nursing educators, and they provided further feedback for these responses, which related to a misunderstanding of the program’s contents. One participant stated that she was asked to attend the program by her department executive, and she was under the impression that it was about a new national financial incentive to promote clinical supervision; however, she felt that the program was very good and would recommend it for clinical staff. The second participant, who was from a different hospital, was a facilitator of the preceptorship program and was also asked to attend by an executive. She felt that as a senior educator, she gained no new knowledge and she did not feel that staff from her organisation needed to attend, as appropriate content was included in her organisation’s own study day.

The researcher read all entries by participants in the post-program surveys in relation to program satisfaction, as well as any comments included in the online reflections and interviews. Together, these sources of data were utilised to undertake a program evaluation. The following five themes were identified and will now be discussed, with supporting comments by the participants. These related to the following areas:

- program content and presentation
- potential availability of program
- consequence for recruitment and retention
- application for graduates and new staff
- taking back to the team.

The first of these themes to be described is ‘program content and presentation’.

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5.6.1 Program Content and Presentation

Comments in relation to the program’s content and presentation outlined a number of key points. These related to the specific sessions included in the day, the style of the presentations and the skills of the facilitator in presenting the program.

A general comment is included below by participant CSP71 IP, about the program and its effect:

I had no idea at the start what to expect but this has been the most comprehensive and informative session I have been to on preceptor role and what it entails…It has given me a great resource in the way of the folder. Much more confident in what I am supposed to be doing and what my role entails.

Examples of comments made by participants in relation to the presentation of the program by the facilitator outlined the professional presentation and the facilitation skills of the presenter. Many participants commented on the relaxed flow of the day and the ability of the facilitator to manage the group discussions and highlight significant points.

The following statements related to participants’ general thoughts about the facilitator’s presentation: “You have a very positive and professional approach; encouraging nurses to provide a great opportunity for our future nurses, thank you” (CSP91 IP). Participant CSP191 OR stated that “I found the workshop informative and interesting and your teaching was well received. Your knowledge and enthusiasm for the subject shone through”.

A number of participants highlighted the extensive knowledge and ability of the facilitator to provide appropriate solutions: “The presenter was very knowledgeable and was aware of the students’ needs but also the realistic situations within the placements. Gave good practical advice with great research articles to back up presentation” (CSP93 IP). This was also commented on by CSP1 IP: “The presenter was very well prepared and demonstrated knowledge of relevant clinical experience with student nurses”. Further, CSP108 IP stated that “The sessions were well explained and the problems faced, rather than glossed over”.

Many of the participants’ comments related to the inclusion of the different teaching and learning styles used in the presentation. In particular, participants discussed their enjoyment of the group discussions. Participants enjoyed the opportunity to meet with staff from other
health care sites and to share their experiences. For some, it was about hearing other clinicians’ views of clinical supervision and/or their experiences. CSP84 IP stated that it is “Always interesting to hear other people’s experiences/point of view”. CSP156 IP had “Enjoyed group discussion, made me aware of my peers views”, while CSP188 IP enjoyed “The varied content and group discussion, which enabled us to hear about other people’s ideas/concerns when supervising students”.

Some enjoyed discussing the case studies and thinking about possible solutions as a group: “Participating in a group environment, being able to discuss real cases and apply what and how things should have been handled” (CSP39 IP). For others, it was about confirming that the issues were the same across many sites: “We pretty much had the same concerns, so that was kind of nice to know that it wasn’t just your own opinions and stuff, it was happening right across that group” (CSP40 I).

Participant CSP73 IP enjoyed the group sessions but also liked having the work file to refer to: “I liked how we got to discuss things in groups. It was very informative and I liked having the information in front of me [work file] to, I could jot points down” (CSP73, IP). For others, it was about having different sources to learn from—both the facilitator and the group: “The variety of the day...[and the] group discussions and the way we could learn off each other as well as the lecturer” (CSP90 IP).

Participants also stated that the program’s content was useful and applicable to the workplace: “This was an enjoyable and informative day, the topics were relevant and I will utilise the skills/knowledge discussed when supervising students in the future” (CSP38 IP). Participant CSP75 OR stated that “I found the one-day training both useful and enjoyable and have incorporated much of the material”.

Participants stated that the program had clarified their role as clinical supervisors, which is a point of concern included in HWA’s publications: “Enhanced my knowledge about student expectations from the clinical supervisor, and the roles and responsibilities of clinical supervisor towards student nurse” (CSP45 IP). For CSP31 IP, it “Gave me a greater understanding of the role and responsibility of the clinical supervisor”. Further, participant CSP87 IP said that “I was hoping that the program would outline what is expected of a
clinical supervisor and it did, I find that this has been a grey area in some areas I have worked previously”.

Participants also enjoyed learning about the ‘big picture’ in terms of HWA, the future of clinical placements, and student numbers and current nursing education program requirements. This seemed to give them a sense of their role in this bigger picture, which is an important prerequisite for adult learners to assist them to understand their relevance and importance. CSP122 IP wrote that the program “Outlined the many important aspects of being a clinical supervisor...[and] learning about current and upcoming initiatives for undergraduates”. For participant CSP115 IP and a number of other overseas attendees, it was about learning about the Australian context “To gain a better understanding of the student training program in Australia”.

Participants also provided comments in relation to specific topics included in the program, as well as their effects on the participants. A strong underlying theme throughout the findings was that of the session on belongingness; this topic received a number of positive comments in relation to the program’s content. CSP17 IP stated that “I believe it is something all health professionals need to hear...the importance of belonging”, while for participant CSP25 IP, it was “Realising the impact on students if they feel they don’t belong in a department”. Participant CSP76 IP wrote that the highlight was the session on belongingness: “Particularly in relation to the importance and benefits of belongingness for both students and staff”.

Other general comments about the topics included in the program are presented below. These related to all sessions that were included in the study day program: “‘Insight into students’ learning in the practical settings, expectations and exposure to different pracs...emphasis on learning methods, critical thinking, reflection, discussion of application in work setting” (CSP141 IP). Further, participant CSP40 wk8 made the following statement:

Relaxed presentation, really interesting information that was research based, current and relevant. I particularly enjoyed the styles of learning and also to have an understanding of how to promote clinical reasoning, critical thinking and reflection in practice.

Participant CSP48 IP had “Enjoyed learning about giving feedback to students and working through critical thinking/reasoning with students”, while CSP29 IP explained that “I enjoyed
the explanation of clinical reasoning, the importance of belongingness and competency and assessment”.

Participants also made a number of comments about the work files that were given to them on the study day: “Excellent presentation and the folders provided valuable resources, good practical advice about helping students to maximise their potential” (CSP87 IP). Participant CSP42 I agreed, stating that “I loved the fact that we got our resource folders…I have actually re-read that again and again”.

Participants also seemed appreciative that the day was not focused on the use of PowerPoint. Participant CSP76 IP stated that the “PowerPoint was well presented, simple and to the point”, and CSP39 IP wrote that the “PowerPoint was very good, not over done”. Participant CSP40 I commented on “The various ways of learning throughout the day, as well; some of the group work and then some PowerPoint work and some activities, things like that, I kind of liked the way everything was mixed up a bit there”.

Some participants suggested changes to the program. One participant asked for the inclusion of role-play; however, this was in the initial pilot presentation and removed due to negative feedback. Other participants suggested including students in the program: “Perhaps some input from actual students, their own experiences, and some comments about what they find most beneficial on a placement” (CSP177 8wk). The inclusion of students was not considered at the time of developing the program, and this would require further consideration due to the logistics of ensuring students’ attendance, which students would attend, and ensuring their sense of safety. One possibility may be the use of recorded video statements relating to each area of the study day, asking students to relay positive and negative experiences.

5.6.2 Potential Availability of Program

A number of participants discussed how helpful they had found the CSP and how it could be of benefit to other nurses. This concept was also explored under the themes of staff attitudes: “To highlight to all health professionals the importance of guiding/supporting students in the clinical setting with recognising different learning styles” (CSP77 IP). Participant CSP87 IP stated that it was “Essential learning for all RNs who mentor students, it will enhance the students experience if all RNs know how they can contribute”.
Participants also discussed how they believed that more staff should attend the program, or mentioned that they had recommended the program to others: “[I] want remainder of my clinical team to do this course also” (CSP42 IP). In the online reflection, participant CSP185 stated that “I have been very impressed with your study day and promoting staff to attend the worthwhile session”. In the eight-week survey, participant CSP43 had “Already recommended the program to many colleagues as I found the day very informative and the take-home folder a very useful resource”. CSP8 IP said that “I would like all nurses in my area to have completed this”, and CSP42 IP agreed, stating that “My colleagues have not had any formal training and this would be invaluable for staff”.

Some participants asked whether the program could be delivered over two days to provide more time to explore each topic, or whether it could be converted into weekly sessions to allow time for reflection between the sessions:

Would prefer delivery over a few sessions spaced over a semester to allow for reflection and time to try out new strategies in the workplace and discuss these with peers, perhaps sharing reflective journal entries (CSP 8wk).

Participant CSP40 I discussed that the program could have benefited from taking place over two days:

I think it probably could have been done over two days…I think people were probably disclosing to people…because by the end of the day we were all chatterboxes and we all had really connected with each other, but I think maybe two days, or one and a half days, or something like that, just to create more discussion.

The overall review of participants’ satisfaction with the CSP was extremely positive. The majority of participants believed that the program required no changes, and they requested the program to be made more available for nursing staff to attend. The program evaluation also determined that participants had applied the contents of the study day and their learning to situations involving not only students, but also graduates and new staff. This is the next theme of this chapter.

5.6.3 Consequences for Recruitment and Retention

This theme relates to how participants had thought about or applied the principles of the study day to the recruitment and retention of students. Participants provided statements and
examples where they felt that the outcome of providing effective clinical placements not only affected the learning experiences of students, but also the students’ future career choices.

One participant discussed her surprise after a nursing student had shared her thoughts about her previous experience on an oncology ward. Her comments were very positive, which surprised the nurse, but she reflected and linked this to belongingness and realised the potential opportunity to use this for future recruitment in her work area with the student nurses:

This surprised me, as I know this is an extremely challenging area of nursing, and I personally would find it very difficult to work in there. This reminded me, during the workshop it mentioned the benefits and barriers of learning. The sense of belonging, being welcomed and inclusion of team can enhance learning and overall satisfaction of an experience. I felt that the oncology units must have embraced the students…[area named] also has trouble attracting staff and I feel that embracing students and being proactive in making their experience a positive one will only benefit both students and the future employment of new graduates in this field (CSP31 OR).

Many comments included general statements about applying the program to recruit and retain nurses and promote the profession as role models: “I will be much more conscious of being a role model and also how I can affect the student career decision and the benefit they gain from their experience” (CSP87 IP). For participant CSP57 IP, it “Reinforces the importance of nurturing students for the future, investing in the future”. Further, participant CSP29 OR said that “I do feel more and more that if you invest good quality mentorship in the early stages of a nursing career, that the reward pays off”.

CSP110 8wk related this to both students and nurses who were already employed “To help nurses…be more supportive of students, to help develop our future nurses stay in the job and enjoy their chosen career paths and put back into nursing”. CSP39 IP also touched on the future of these student nurses: “As a profession which is known to be aging it is important to know how to guide students in a caring and sufficient manner, as we need more nurses and one day they too will become facilitators to students”. CSP57 IP highlighted the negative effect of belongingness: “Put into realisation how nursing students need to be treated, and how easily they may no longer like the profession should they be treated wrongly”.
The next theme relates to the application of the principles of the clinical supervision study day to other staff members in the clinical area.

5.6.4 Application for Graduates and Staff

The aim of the CSP was to provide nursing staff with the knowledge and attitudes to provide effective clinical placements for students; however, participants also provided examples of where they applied these principles to graduates and staff.

Participants outlined how they had used the information from the program to assist them in their roles when supporting members of staff. In particular, this related to staff in clinical development programs who were first-year graduates or specialising in a new area. One participant discussed her concerns regarding a new graduate nurse and her difficulties transitioning from student to graduate. During the study day, the relationship between belongingness and learning was discussed, and this participant outlined how she linked these concepts to practice:

I have reflected back on the model…‘Belongingness’ as this graduate is finding it hard to become a part of the team. Having reflected on some of the articles from the study day…I think that if her sense of belongingness improves, her confidence to put theory to practice will follow (CSP92 OR).

Other examples of applying the principles of the study day program included a community health nurse supporting a new practitioner in the clinic: “I was able to constructively compliment and support her, as we explored the situation. I feel this gave her more confidence” (CSP61 OR). Other participants made similar comments: “I was pleased to participate in your seminar and have applied the principles to working with my peers—especially new practitioners, to encourage their learning pathway and so they feel supported” (CSP61 OR). Participant CSP42 I also discussed the possibilities for those benefiting outside of the nursing profession:

It’s just been really an eye opener to really reflect on how I can do better with students, and really you designed it for student nurses, but I’ve used it with…registered nurses at different levels of competency wanting different things and it works just as well. So I think that it’s a model that just can be rolled out not only the nursing profession, but I don’t know, who knows, it could be something that goes in other industries as well.
Another participant commented how she had incorporated Gibbs’ Reflective Cycle into her six-weekly team meetings with staff to use as a tool for staff learning:

We might look at any challenging cases that we might have had recently, or if we’ve had even some fantastic things that have gone really well. And by using the Gibbs’ Reflective Cycle, I think you can really unpack it to get a greater understanding of the issue that you’re talking about (CSP42 I).

The final theme related to this section on program evaluation was ‘taking back to the team’.

5.6.5 Taking Back to the Team

Participants discussed taking the information from the CSP and sharing it with their colleagues in order to generate wider change in their work areas. Some staff presented short education sessions, while others changed the way they allocated students in their work areas. Participants included comments, both positive and negative, of ‘taking back to the team’ and how this made them feel.

A number of participants shared how they had discussed the program’s effect with their line manager and other staff within their organisation:

I had a meeting with my manager and gave an overview of what had been covered in the course. My manager was very interested and supportive…I then commenced informing my other colleagues over the next three days to explain why I wanted to mentor our next few students. I had responses ranging from ‘thank goodness I just don’t have the time’ to ‘have you gone mental!!’ Interestingly enough though when I proceeded to discuss the seminar course and the enlightened way of structuring student placements, all my colleagues are in agreeance that we can improve the way we mentor students. I have now placed one of the journal articles from the seminar for discussion at our next regional journal club meeting so that other local colleagues can begin to comprehend why we need to make some changes (CSP34 OR).

Participant CSP123 IP stated that it “gave me lots of insight into clinical supervision, will take ideas back to my workplace”, and CSP33 8wk documented that “I found this beneficial for myself but also so I could provide feedback to my other colleagues who did not attend”. A number of participants echoed these thoughts: “So beneficial to my needs. I feel I can bring all this information back to my areas and benefit myself and area” (CSP67 IP). CSP176 IP would “Go back and educate/discuss prospective student support with rest of the team, to be better prepared for the student placements in order to give them a better experience”. CSP27
OR discussed it with her manager: “I fed back about your program and how we can supervise the students better, she [manager] was very enthusiastic”, as did CSP65 OR: “I have feedback informally to the staff whom I have seen on my shifts. I am preparing a summary to present to the manager and ward staff”.

Some participants discussed how they had provided short in-service sessions with the staff: “I have also presented an education session on mentoring and given RNs articles relating to the ‘experience’ of student nurses on placements” (CSP93 8wk).

Participant CSP93 OR outlined how she had shared her knowledge from the day with the staff in her area; however, the outcome had not been what she had hoped for:

We regularly receive students at the facility and I feel that staff often have a negative attitude towards students seeing them as a burden. Prior to receiving our current placement of students I presented education to staff reminding them of how they felt when they were first employed at the facility. The aim of the education session was for staff to be more understanding and considerate towards new staff members, work placement students and student nurses providing them with a positive experience which in turn will also benefit patients. Generally staff have been more accommodating with the current students we have at the facility; however, on one evening this week when the student nurse approached her assigned RN the RN explained that she was far too busy to supervise or talk to her. The carers also in that work area appeared to avoid interaction with the student nurse, leaving her feeling insecure and unsure of what to do. I felt annoyed and disappointed in the staff and sorry that she had been poorly supervised, despite attempts to educate staff (CSP93 OR).

Some participants related topics not just back to their work colleagues, but also when interacting with patients/clients. For CSP101 I, this related to her work area as a school nurse:

I’ve been making more attempts at communicating effectively…we have an indigenous population and it’s very important for them to feel a sense of belongingness if they’re going to be successful here in this school…so I’ve been using this as a tool of being able to communicate with that part of our community as well.

CSP141 IP felt “More confident to deal with students, but also on how to teach other colleagues how to teach students also”.

This concludes the CSP evaluation. These data have provided further clarification of the positive effect of the program and its ability to assist registered nurses in their role of support
and supervision to students and staff. An important implication of these findings is the effect of the role of the program’s facilitator. This implication will be discussed in further detail in Chapters 6 and 7.

5.7 Chapter Summary

Each year, thousands of student nurses attend clinical placements in a variety of health care facilities in Western Australia. The effectiveness of these clinical placements in part relies on the ability of the nurses supervising the students. Students who are welcomed, who have a clear understanding of their place in the workplace and their learning objectives, and who are supported to practice and ask questions, have an opportunity to apply theory to practice and develop the essential knowledge, skills and attitudes of the profession. However, these qualitative research findings have described that nursing staff often feel that the role of clinical supervision is one that has been taken for granted for a long time, with little staff education and support provided to create this positive atmosphere of student learning.

The findings of this chapter have confirmed that the CSP is one strategy that can assist nurses to develop the essential knowledge and attitudes to feel empowered to practice in this role. However, the findings have also indicated that the participants felt that more staff need to attend this training in order to change the current culture towards clinical supervision. Further, health care facilities and education providers must be actively engaged in the development and implementation of strategies to assist with this teaching and learning relationship.

Chapter 6 will continue to explore these findings in relation to the literature, and Chapter 7 will discuss the implications of these findings for the nursing profession.

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Thereafter, each placement was the same—a lucky dip each day. But she always found someone there who seemed to offer a shining light. It was just enough to get her through.