The art of Clinical Supervision Program for registered nurses

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Chapter 6: Comparison of Findings

On the first day of her Graduate Nurse Program, at a hospital she had never been to before, she put on her uniform with pride and pinned her granddad’s birthday gift to her chest. The word among the students was that this was a great place to be. She almost skipped as she walked into the hospital; she was now a nurse. There would be no lucky dip of whom she would be allocated to. Now she felt empowered. Now she wore the uniform.

6.1 Introduction

Further discussions in relation to the overall findings of this research and their relationship to current theory and past research findings will be discussed in this chapter. The implications and recommendations of these findings will be discussed in Chapter 7.

This section will commence with a review of the current nursing workforce in Australia and Western Australia compared to the CSP participants. This will be followed by a comparison of the qualitative and quantitative research findings. The overall research findings will then be compared with the relevant literature. Following a review of the program’s findings, a discussion outlining the new knowledge gained from this research project will be presented, followed by the research limitations.

6.2 Nursing in Australia

The CSP was presented on 12 occasions in Western Australia. Chapter 4 outlined the demographic details of the participants who attended the program. The researcher compared these demographics with the Australian and Western Australian population of registered nurses to determine the generalisability of the research findings.

Statistics regarding the demographic details of the Australian registered nursing population were obtained from the Australian Bureau of Statistics (ABS) (2005), AHPRA (2013) and HWA (2013b). The ABS’ most recent workforce report on nursing in Australia pertained to
the period between 1986 and 2001 (ABS, 2005). The AHPRA’s statistics were sourced from the nursing accreditation details of nurses in Australia in December 2012. HWA’s (2013b) ‘Australia’s Health Workforce Series (HWS), Nurses in Focus’, report is based on data obtained from 2009 to 2011. Each of these data sources has provided general information in relation to registered nursing; however, not all data were provided on a state level or to the same level of detail. Therefore, a combination of these sources was necessary.

According to the ABS, the Australian statistics for gender in the nursing workforce between 1986 and 2001 were 91% female and 9% male. The AHPRA (2013) report for Western Australia in December 2012 indicated that 90.3% were female and 9.7% male, showing little change between the state and national figures between 1986–2001 and 2012. In comparison, the CSP consisted of 95% female and 5% male participants, which was slightly different compared to the average in both of these reports.

The average age of registered nurses in Australia and Western Australia was obtained from the ABS and AHPRA. Each report utilised different age categories, which also differ to this research project’s categories. The results are displayed in Table 6.1. While an exact comparison could not be made due to the different use of age categories, the trend of the demographic data suggests that a similar age distribution was seen in the participants.

Table 6.1: Age of registered nurses in Australia according to the ABS (2001), the AHPRA (2013) and the CSP (2012)

<table>
<thead>
<tr>
<th>Age (2001)</th>
<th>ABS (%)</th>
<th>Age (2013)</th>
<th>AHPRA (%)</th>
<th>Age (2012)</th>
<th>CSP (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15–24</td>
<td>7.9</td>
<td>&lt;36</td>
<td>27.8</td>
<td>20–30</td>
<td>12</td>
</tr>
<tr>
<td>25–34</td>
<td>26.5</td>
<td>36–45</td>
<td>25.8</td>
<td>31–40</td>
<td>21.5</td>
</tr>
<tr>
<td>35–44</td>
<td>35.8</td>
<td>46–65</td>
<td>43.1</td>
<td>41–50</td>
<td>30</td>
</tr>
<tr>
<td>45+</td>
<td>29.8</td>
<td>&gt;65</td>
<td>3.3</td>
<td>51–60</td>
<td>30.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>61+</td>
<td></td>
<td>4.5</td>
</tr>
</tbody>
</table>

In relation to area of employment, the participants attending the program consisted of 74.5% from the metropolitan areas and 25.5% from the regional areas of Western Australia. Compared to the national statistics of the ABS (2005), 65% of nurses in Australia worked in major cities and 22% worked in inner regional locations. The regional sites that the CSP was presented at included those classified within the inner regional area. No specific data in
relation to Western Australia were available from any of the data sources. While this research project had a higher percentage of participants from the metropolitan area compared to the national average, the national average does not reflect the effect of the geographical limitations that influence the demographics of Western Australia compared to the rest of Australia. The Western Australia population statistics from the ABS for 2011–2012 showed that 78% of the state’s population live in the metropolitan area, with the remaining 22% in regional Western Australia (ABS, 2013). These statistics show a similar distribution to the study day program, with 74.5% of participants from the metropolitan area of Perth and 25.5% from regional areas.

The HWA (2013b) report outlined that 65% of nurses in Australia were employed in the public health care sector compared to 65.3% of the nurses who participated in the CSP, which is almost identical. In the areas of practice, the HWA (2013b) report outlined that 63% of nurses were employed in hospital-based positions, including both clinical and non-clinical roles, and 15% were employed in community/private practice settings. Attendees at the CSP included 51.5% in hospital-based positions, 18% in the community, 22% in education and 8% in the mental health sector. These education roles included both the hospital and education sectors, and for mental health, it included both the hospital/inpatient sector and community services. Taking into consideration these different category allocations, the percentages between the hospital and community are very similar to the national statistics.

The years of nursing practice statistics were only available in HWA’s (2013b) report, which provided the average length of years that nurses had nursed in Australia in 2009. It did not break these statistics down into years of practice ranges as utilised in this research. Fortunately, the researcher had collected the participants’ actual years of nursing and grouped these into categories when the data were analysed. Therefore, the average length of nursing for this group could be determined. The average length of nursing experience in Australia was 17.6 years (HWA, 2013b) compared to 17.3 years for the CSP participants—again, almost identical.

No statistics in the literature outlined the current level of participation in clinical supervision education or the frequency of clinical supervision by nurses across Australia. However, the HWA (2013b) report outlined an increase of 90% in student numbers between 2002 and 2011. These data also included an approximate student attrition rate, which unfortunately had
increased from approximately one-quarter of students not completing their qualification to one-third in this same period. The report did not include a discussion of this finding.

The participation of CSP attendees in previous clinical supervision education ranged from no previous education (51.3%) to an in-service or study day (32.7%), short course (7.5%) and formal post-graduate qualification (2%). Of the study day participants, 42.5% were involved with the clinical supervision of students each week, 33% were involved on occasions each month and 19.5% were rarely involved. Of those who were rarely involved, 50% commented that they were not based in clinical roles; they identified themselves as being in management or staff development support positions.

This section compared the nursing population in Australia with the attendees at the CSP. It described that the population of nurses that attended the program was representative of nurses in the Australian context. Similar percentages were achieved in relation to the number of male versus female participants, age of participants, regional versus metropolitan employment areas, areas of practice and number of years nursing. This finding provides support to the study day participants being representative of the nursing population in Australia.

6.3 Comparison of Qualitative and Quantitative Findings

For this research, the qualitative and quantitative data collection and analysis techniques were reviewed separately, as per the research method articulated in Chapter 3 of this thesis. The findings from this mixed method research project about the effect of the CSP for registered nurses suggested that the program had a positive influence on the knowledge and attitudes of the participants. These findings are supported by both the improved mean scores for the attitude and knowledge surveys, and by the words of the participants. Participants described the program as a positive learning experience that should be made available for more nursing staff as a strategy to improve workplace cultures towards supervision and to promote the important role of clinical supervisors. These qualitative and quantitative findings are articulated in Figure 6.1.
The next section will compare this comparison of findings with the literature.

6.4 Comparison of Findings to the Literature

Due to the limited published research in relation to the implementation of clinical supervision education programs, the researcher explored each theme in terms of its relationship to the principles of the clinical supervision relationship, theories and principles of learning, theories of persuasion and role theory in order to determine its implications. These theories and principles were chosen because of their ability to provide a framework to compare the findings to the research project, as will be discussed in each finding.

6.4.1 Improved Self-confidence, Knowledge, Attitudes and Enthusiasm

The mixed method findings of the study highlighted improved self-confidence, knowledge, attitudes and enthusiasm towards students and student clinical supervision. The qualitative
statements and stories of the participants evidenced these findings. The results of the quantitative knowledge survey and Stagg’s attitude survey, which were completed by the participants pre-program, immediately post-program and after eight weeks, also supported this finding.

As discussed in Chapter 2, Smedley et al. (2010) and Charleston and Happell (2004) introduced clinical supervision education programs in Australia in the tertiary education setting. Both providers determined that clinical supervision education had a positive influence on the knowledge and attitudes of the participants who attended the programs. These research findings were based on the completion of evaluation tools by participants after attending the education programs. These projects did not include an eight-week effect of the education on nursing staff, or pre- and post-program knowledge or attitude surveys. Conclusions were based on participants’ satisfaction with the program and the completion of evaluation tools after completing the programs.

In comparison to the research projects of Smedley et al. (2010) and Charleston and Happell (2004), the CSP research project involved the completion of pre- and post-program knowledge surveys, an attitude survey, online reflections, and written and verbal statements. Due to the researcher being unable to locate another program based on clinical supervision that undertook a similar evaluation method, a comparison of these findings could not be undertaken for each data collection method. However, the researcher believed that it was important to review the literature in regards to two components of this research:

- eight-week survey results, as the knowledge survey showed an increase in the mean survey, while the attitude survey showed a slight drop in the mean result
- comparison of the findings of the attitude survey with previous studies using Stagg’s (1992) attitude survey.

6.4.1.1 Eight-Week Survey Results

The behaviourist learning theories, as described in Chapter 2 of this thesis, describe that learning has occurred when a change in behaviour is present. This learning is achieved by individuals responding to a stimulus with a desired response. This can be achieved through the facilitator role modelling the desired behaviour. Once the learner no longer receives this stimulus, he or she is at risk of losing the behaviour (Knowles et al., 2011).
The concern of losing the behaviour also relates to the theories of attitude change and persuasion, as outlined by O'Keefe (2002) in Chapter 2. A participant’s ongoing attitude change and acceptance of a new attitude is dependent upon the individual continuing to perceive that the attitude is important and relevant. If this is not reinforced or supported in the environment, then the individual may lose the newly acquired attitude (O'Keefe, 2002).

To assist participants in applying their learning to the workplace, the principles of adult learning and theories of cognitivism and constructivism were also utilised as a strategy to achieve deep learning and reduce the risk of participants losing the acquired knowledge and behaviour through the behaviourism theory of learning alone (Knowles et al., 2011). As discussed by Moon (2004), the effect of education is to see a change in participants’ practice. Those with an interest in the topic will aim to achieve a sense of ‘deep’ learning versus ‘surface learning’. According to Moon, with deep learning, the learner is able to understand, apply and evaluate the learnt material, while surface learning involves only remembering information for a short period—that is, it relies on the recall of facts, and there is little ability to break the information down into its components and relate or use with other knowledge.

In applying these theories and principles to the results of the eight-week knowledge survey results, it appears that the participants were able to integrate the knowledge component of the study day into their long-term learning and, returning to their clinical areas, they may have applied this to support learners to achieve deep learning, as supported by Kolb’s learning model (1984). However, in accordance with O'Keefe’s (2002) descriptions of the requirements of attitude change, the slight decrease in the group’s mean results for the attitude survey after eight weeks may have resulted from negative attitudes in the workplace or the loss of the persuasive message provided on the study day.

The researcher also referred to publications involving similar data collection methods in determining the effect of education on course participants in the immediate phase and after a period of time. A number of articles discussed the implementation of a short course and an evaluation both before, immediately after and again after a period of 1–4 months, where knowledge and attitude changes were monitored (Desy, Prohaska & Plaines, 2008; MacDonald, Stodel & Chambers, 2008; Steginga et al., 2005).
Steginga et al. (2005) studied the effect of a short course on nursing staffs’ knowledge and attitudes towards caring for patients with cancer. Thirty-one nursing participants completed pre-program, immediate post-program and six-week post-program attitude scales and knowledge tests. The educational principles of small-group learning, group discussions and the application of the principles to the workplace (as utilised in the CSP) were described. The findings of the study determined that an improvement in knowledge was achieved across all phases of the research. The attitude results showed an initial improvement in the post-program test, and while improvement was maintained after a period of six weeks, there was a slight drop compared to the immediate post-program test, although this was not statistically significant. The researchers stated that the program had successfully achieved its goal and recommended the program as a strategy for improving nurses’ understanding within this speciality.

MacDonald, Stodel and Chambers’ (2008) study introduced an online education program for 59 nurses and members of the allied health care team related to the topic of interprofessional learning. Participants completed pre-program, immediate post-program and four-months post-program surveys. The findings again indicated an increase in knowledge; however, no statistically significant changes in attitudes were identified. Possible reasons cited included the significant change that interprofessional practice brings and the time required for workplace changes to be accepted. It stated that more time may have been required for an effective attitude change to occur once the team members had an opportunity to integrate the new procedures into the workplace.

Gesin et al. (2012) outlined the implementation of a delirium screening tool with 20 nurses. Education involved face-to-face delivery and additional online learning resources. The research findings indicated that the nurses’ knowledge continued to improve from the pre-program, immediate post-program and three-month post-program test, while there was no significant change in attitudes. Recommendations to address the lack of attitude change related to follow-up bedside education to reinforce the attitude change and to facilitate a cultural change in the work area.

A study by Desy, Prohaska and Plaines (2008) studied the effect of ‘emergency nurses in geriatric emergency nursing education’. The research involved a pre-program, immediate post-program and three-month post-program survey of 102 participants. The survey aimed to
determine whether a change in knowledge, attitudes and assessment skills had occurred in the course participants. The findings from this project determined that an improvement occurred across all three phases of the research project. Different to the previous studies and this CSP project, attitude was measured by the ability of the nurses to apply the knowledge gained from the program in a self-reported survey. This interpretation of attitude may explain why a positive attitude was recorded by the authors in this case. Participants in the CSP also reported their implementation of the CSP strategies in their qualitative statements, and they applied this learning in the short-answer questions in the knowledge survey; however, this was not interpreted as an attitude change in this research.

The literature in relation to the evaluation of participants’ knowledge and attitudes before and after an education-based intervention typically outlined improvements in the participants’ knowledge; however, an attitude change was often not present or maintained after an extended period of time. These publications appear to indicate that the findings of the CSP knowledge and attitude scores are similar to other studies that introduced education programs for registered nurses that related to changes in nursing practice.

The concept of sustaining a change in attitude will be discussed in further detail later in this chapter in relation to the concerns of participants regarding current staff knowledge, attitudes and education.

The second point of further enquiry related to this first finding of the CSP research project relates to the use of Stagg’s (1992) attitude survey, which will be explored in the next section.

6.4.1.2 Stagg’s (1992) Attitude Survey Findings Across Research Projects

A description of the results of Stagg’s (1992) research and Aghamohammadi-Kalkhoran et al.’s (2010) study was provided in Chapter 4. These findings and the findings of the CSP research project will now be compared.

Stagg’s (1992) overall findings of the research determined that participants’ attitudes showed no significant difference between their demographic details. These included the number of years nursing, age and educational background. However, there was a significant difference in the responses between the staff at the two hospital sites used in the study in relation to three
questions in the survey. The first question referred to the different education programs in the UK for entry into registered nursing, and the staffs’ attitudes towards these programs. Given that in Australia, all registered nurse education programs have been at a Baccalaureate level since the early 1990s, this statement was not included in this research project. Questions two and three related to ‘there is too much to do to worry about students’ and ‘students become overwhelmed when taking care of more than 1 or 2 patients’. The difference in the outcomes for these two questions was speculated as the result of the different numbers of students attending each hospital. The hospital whose staff agreed with these statements had significantly higher student numbers from four different nursing schools, while the hospital that did not agree had fewer students from one nursing school. It was concluded that the higher number of students in the hospital and increased exposure to student clinical supervision may have been a negative influence on these results (Stagg, 1992).

Aghamohammadi-Kalkhoran et al.’s (2010) study also found no significant differences between the demographic groups within the study.

The overall findings by Stagg (1992) highlighted low attitudes towards nursing students. The results were not statistically different between the demographic details of the participants; however, Stagg suggested that student nurses be placed with nurses who were less than 40 years of age, who had been nursing for less than 10 years and who do not regularly supervise students. Recommendations for the future included a more detailed study that involved the inclusion of both quantitative and qualitative data so that a greater understanding of these results could be determined.

Aghamohammadi-Kalkhoran et al.’s (2010) study also determined that nursing staff held low to moderate attitudes towards nursing students. Nurses preferred to work independently rather than be allocated a student. Similar to Stagg’s (1992) findings, the study suggested that students were best placed with nurses below the age of 30; however, in contrast to Stagg, the years of nursing experience was reduced from less than 10 to less than three years. Recommendations of the study related to the effect of the findings on hospital and university policy-makers rather than the methodology of the study.
Both of these comparisons highlighted that the findings from the CSP participants for the mean score for attitude are higher than those of Stagg (1992) and Aghamohammadi-Kalkhoran et al. (2010). The CSP participants also continued to improve the attitude score after attending the CSP and maintained an improvement after a period of eight weeks.

The comparison of findings between Stagg (1992), Aghamohammadi-Kalkhoran et al. (2010) and the CSP highlighted that participants in the CSP had a higher attitude mean score towards nursing students than the other studies. However, similarly, all of the studies showed that there was no significant difference between the results according to the demographic details of the participants. Of interest to the researcher was Stagg’s conclusion that frequent clinical supervision had a negative effect on participants’ attitudes towards students. In comparing these findings, this research also determined that the group of participants that supervised students on most days had a lower mean attitude score than those that supervised some days each week. However, it must be noted that despite this difference, the ‘most days’ group had the second highest mean overall.

A final comparison of these studies involved reviewing the effect of the geographical location of the studies and the time period in which they occurred. Stagg’s study was conducted in the US in 1992. A review of the literature found no historical information that would have affected the attitudes of nurses towards students at this particular time. The role of nurses and their articulation to professional status in the UK had a similar philosophical and professional approach to that in Australia; however, it has struggled with achieving university Baccalaureate qualifications as the entry level (Lusk, Russell, Rodgers & Wilson-Barnett, 2001).

In more recent years, this lack of a standardised Baccalaureate education requirement in the US, as well as the external pressures of the economy and the increasing complexity of health care, has placed increased scrutiny on the nursing profession. Nursing and nursing education has been described as being in a current state of crisis (Rich & Nugent, 2010). To meet the requirements of registration, students complete a national-based written assessment; however, the training programs that are eligible to sit the exam range from a three-year hospital-based diploma to a two-year associate degree or a four-year degree (National Center for Health Workforce Analysis, 2013). With the increasing complexity of health care, these differences in nursing qualifications, which is only unique in the US to the health profession of nursing,
has resulted in a reduced professional standing within the health care team, and nursing is seen as being at risk of losing its voice in the political and social agenda items and reforms (Rich & Nugent, 2010). Currently, only 55% of the nursing population holds a Baccalaureate degree (National Center for Health Workforce Analysis, 2013).

As discussed, the results of Stagg’s (1992) survey were similar to this research, with only a 7% difference in the ‘high’ to ‘low’ allocation of the mean results. With no recent literature from the UK on the current attitudes of nursing staff towards students, it is unknown whether the current climate in nursing education and health care has affected Stagg’s findings since 1992.

For the study conducted by Aghamohammadi-Kalkhoran et al. (2010), the timeframe for this study provided a more recent set of results to compare with the findings to the CSP; however, the effect of the culture of the nursing profession in Iran may have influenced the results.

According to Farsi, Dehghan-Nayeri, Negarandeh and Broomand (2010), the health care system in Iran is close to that of developed countries. The introduction of the first nursing school in 1916 marked the start of the nursing profession, which predominately comprised females; however, the effect of the Islamic revolution in 1979 and the Iraq–Iran war (1980–1988) resulted in restricted health care budgets and the requirement for male patients to be cared for by male nurses. As a result, 50% of nursing students in 1986 were male, and difficulties emerged in maintaining the staffing requirements. By 2010, 20% of the nursing population were male; however, a negative stigma had become attached to the role, resulting in poor recruitment and retention. This is despite nursing in Iran converting from hospital-based training to a university degree in the early 1980s with the creation of post-graduate qualifications at the PhD level (Farsi et al., 2010). Nursing in Iran continues to experience difficulties in gaining its professional status in the health care system and wider community (Farsi et al., 2010; Rahimaghee, Nayeri & Mohammadi, 2010).

This negative perception of the role has added to the significant staff shortages experienced by the profession, resulting in excessive staff overtime (Farsi et al., 2010). This lack of ongoing recognition and burnout from excessive work hours has resulted in a dissatisfaction with the role, resulting in a lack of motivation and the delivery of low-level care, resulting in patient dissatisfaction (Farsi et al., 2010; Rahimaghee, Nayeri & Mohammadi, 2010).
Farsi et al. (2010, p. 16) stated that despite the introduction of the degree and post-graduate qualifications, the role of nurses and their status in the Iranian health care system and community will only improve with changes in the ‘social, cultural and economic issues of Iran’. With these current conditions and perceptions of the nursing role in the Iranian health care system, the results of Aghamohammadi-Kalkhoran et al.’s (2010) study do not seem surprising.

The second theme to be reviewed in this chapter relates to participants’ understanding of the current context of nursing education in Australia.

6.4.2 Improved Understanding of Current Context of Nursing Education

During the CSP, participants were provided with a ‘bigger picture’ session at the start of the day. This provided background information relating to HWA and the current context of nursing education in Australia.

The findings of this study highlighted that many participants were not aware of the nursing education requirements, including the hours of clinical practice, types of clinical placements and universities’ expectations of the clinical supervisor role. The information provided to participants on the study day was considered important both to locally trained nurses and to nurses from overseas.

A search of the literature was unable to identify publications that discussed this theme and its relevance or importance for nursing staff in order to support them in supervising nursing students. Both the DEST (2002) and HWA (2010) outlined the concerns of health professionals in relation to their role and the confusion surrounding it, but they also did not articulate any concerns or discussions about a lack of understanding of the education programs or their requirements of students.

6.4.3 Concerns Regarding Current Staff Knowledge, Attitudes and Education

The findings of the qualitative data indicated a concern that many participants had for the current provision of education for nursing staff in relation to clinical supervision. As discussed in Chapter 2, HWA (2010, 2011, 2012, 2013), the DEST (2002) and a number of
publications (Andrews et al., 2005; Barker et al., 2011; Brammer, 2008; Gidman et al., 2011; Gleeson, 2008; Hyrkas & Shoemaker, 2007; Landmark et al., 2003; Pellatt, 2006) described the inconsistency of clinical supervision education and the understanding of the role.

Participants were particularly concerned that nurses did not perceive the clinical supervisor role as part of their responsibility, despite it being included in the National Competency Standards for Registered Nurses (NMBA, 2006), a requirement of HWA (2011a) and part of many individual employment contracts.

As described in Chapter 2, the nursing literature discussed a number of concerns related to the clinical supervisor role and the education of nursing staff to competently fulfil this role. These included the use of inconsistent terminology (Andrews et al., 2006; Gleeson, 2008), nurses not viewing themselves as teachers or assessors or understanding assessment implications (Andrews et al., 2006; Brammer, 2008; Webb & Shakespeare, 2008), a lack of recognition for the role (Andrews et al., 2006; Barker et al., 2011; Brammer, 2008; Hyrkas & Shoemaker, 2007; Walker et al., 2007), insufficient education available for staff (Andrews et al., 2006; Barker et al., 2011; Brammer, 2008; Gleeson, 2008; Hyrkas & Shoemaker, 2007; Landmark et al., 2003; Pellatt, 2006; Walker et al., 2007; Webb & Shakespeare, 2008) and a lack of understanding of the role requirements (Barker et al., 2011; Brammer, 2008; Gidman et al., 2011; Landmark et al., 2003; Pellatt, 2006; Walker et al., 2007).

The concept of the clinical supervisor role of the registered nurse not being fully understood or accepted resulted in the researcher referring to role theory for further guidance, understanding and implications of these research findings. According to Shivers-Blackwell (2004), role theory provides a framework to view the interactions and relationships of individuals in the home, work and social environments. It provides a model from which researchers, educators, organisations and academics can determine how individuals are likely to act or respond to fulfilling a role—in this case, the clinical supervisor role—that is expected of them (Shivers-Blackwell, 2004).

6.4.3.1 Role Theory

Roles are defined by society’s norms, values and characteristics (Brookes et al., 2007). They provide a set of expectations that allows behaviour and attitudes to be seen as consistent or
inconsistent with what is expected of a given role (Brookes et al., 2007; Turner, 2001). Role expectations are society’s views of how a role is to be fulfilled (Birenbaum, 1984), and role fulfilment is the measurement of the individual fulfilling the role’s expectations (Faia, 1980).

Role theory incorporates both individual and collective roles. Individual roles refer to those in which the individual adheres to society’s norms and expectations at an individual level (e.g. parent, daughter, sibling), while organisation roles refer to groups of people joined by a common interest (e.g. community groups, workplaces, sporting groups) (Turner, 2001). The behaviours and attitudes of participants in the role are influenced by both internal and external expectations—that is, what individuals believe that society expects of them in the role and what society expects of individuals in the role (Brookes et al., 2007; Turner, 2001).

Role theory assists society to understand human relationships. It provides a framework for exploring the attitudes and behaviours of those within a role (Brookes et al., 2007; Turner, 2001). Role theory also explains that the way an individual behaves or thinks in one role may change in another. This is of particular relevance to group roles. It outlines that although individuals may come from different individual roles where behaviours, attitudes and beliefs can vary significantly, when these individuals join a group, a different common overarching role becomes the provider of the expected attitudes and behaviours (Turner, 2001).

An example of a group role is an organisational role. In an organisation, all roles exist for its benefit and to contribute towards achieving the organisation’s goals (Shivers-Blackwell, 2004; Turner, 2001). These roles tend to be predictable and are managed by the organisation. When the role no longer meets the organisation’s needs, it ceases to exist (Turner, 2001).

At times, people can experience role conflict, role strain (Brookes et al., 2007; Faia, 1980; Goode, 1960), role discrepancy (Birenbaum, 1984) role overload or role ambiguity (Brookes et al., 2007). Role conflict or strain occurs when different roles occupied by an individual are not supportive of each other; the individual is overwhelmed by the obligations of each role and is unable to meet their demands (Goode, 1960). Role discrepancy occurs when the individual believes that the role does not support his or her own behaviour and beliefs, and therefore struggles to incorporate the role (Birenbaum, 1984). Role overload occurs when an individual is not able to meet the demands of the role. This may be due to time constraints, an unmanageable workload or a lack of the required skill or knowledge set (Brookes et al.,
Role ambiguity may be the result of a lack of sufficient information provided to those undertaking the role; the role is not fully understood and its purpose may be unclear (Brookes et al., 2007).

Applied to the profession of nursing, the community has an expectation of the role of the nurse, as does the NMBA (2006), health care facilities (employers), nurses and the consumers of the health care system (patients). Nurses also form part of health care facilities’ group role expectations. These are shared by all employees within the health care facility and can include medical, allied health, administration and hospitality. At times, this can lead to role dispute—that is, the expectations of these roles are in opposition; therefore, the role of the nurse may be in dispute (Birenbaum, 1984) with the expected role of the health care facility, community or other members of the health care team. As stated by Brookes, Davidson, Daly and Halcomb (2007), ‘Nurses’ perceptions of their role are influenced by societal attitudes, government policies and trends in professional issues. Dynamic factors in contemporary health environments challenge traditional nursing roles’ (p. 146). Role theory provides a framework for health care facilities to ensure that roles are clearly defined and that role risks are identified with supportive strategies introduced to reduce the risk of the role failing (Brookes et al., 2007).

To support the success of the introduction or change of a role, role theory outlines that people will apply different levels of meaning to the roles that they enact and embrace new roles according to the mode of discovery of the role (Birenbaum, 1984). When introducing a new role, or in this case promoting the role of the clinical supervisor, participants are more likely to embrace the role if the rules of the role are communicated and understood, and their relationship to the current roles and expectations are explained. This approach reduces role ambiguity, conflict and strain (Birenbaum, 1984; Brookes et al., 2007). This can be enforced by creating supportive networks and working with others in the role, which assists with confirming the role’s routine and performance requirements (Birenbaum, 1984). This promotes role embracement and integration opposed to the downgrading and avoidance of the role (Birenbaum, 1984).

Applying role theory to the CSP provided individuals with knowledge of their expected behaviours and attitudes in their roles as clinical supervisors and their overarching roles as registered nurses and members of health care facilities. The acceptance of the clinical
supervisor role by members of the nursing profession can only succeed if the organisation places value on the role, as do those within the profession. This can be achieved through education and forming networks and support services (Birenbaum, 1984).

The future success of the clinical supervisor role can only be assured if the role is viewed as important and if those who undertake the role view it as an essential component of the overall role of being a nurse (Birenbaum, 1984; Brookes et al., 2007). As roles are defined by attitudes, behaviours and expectations, the perception of the role can only change by changing the perception of members in the community (Birenbaum, 1984; Brookes et al., 2007).

The CSP’s aim was to improve the knowledge of nursing staff about the role of the clinical supervisor and to reflect upon their attitudes and behaviours towards students and student supervision. The program aimed to provoke participants to review and reflect upon their roles as nurses and the expectations of the clinical supervisor role to encourage an appreciation of the role, its importance and their individual and group responsibility to the role. However, according to role theory, the positive attitude created at the study day program is at risk of failing to progress to a change in behaviour and long-term acceptance of the role without their organisations’ value and support (Birenbaum, 1984; Brookes et al., 2007). This theory may play a part in the slight decline of the mean results in the eight-week attitude survey.

The important role of the health care facility in ensuring ongoing support and role embracement for the clinical supervisor role relates to the theme of the perceived lack of support, which will be discussed in the next section.

6.4.4 Perceived Lack of Support

Participants’ perceived lack of support in this research was identified in the qualitative findings of the study. The online reflections and interviews shared participants’ stories and statements, which demonstrated negative experiences in which organisations had not met the requirements to assist nurses to implement their clinical supervisor roles. Participants shared their frustration of not knowing of students’ arrival until they had arrived or at the end of the shift the day before, rosters being changed at the last minute, a lack of support from clinical facilitators when students were involved in critical incidents and a general feeling that they were not appreciated for the time and effort that they put into the role.
This lack of support may have been an influencing factor on the results of Stagg’s (1992) attitude survey. Despite an increase between the pre-program and immediate post-program surveys, by the time participants completed the survey again, a minimum of eight weeks later, the attitude mean scores showed a slight decline. While the eight-week attitude survey results were still positive compared to the pre-program findings, without organisational support to maintain the positive momentum of the role and its value, it begs the question: for how long?

As discussed in the previous section, without support, a role will struggle to survive and it will cease to have importance allocated to it. The role is eventually downgraded and avoided (Birenbaum, 1984; Gass & Siter, 2011). Therefore, it is important that participants continue to have positive attitudes and that the clinical supervisor role is enforced in order to continue the desired behaviours and attitudes.

The finding of a perceived lack of support is also supported by the literature in previous studies involving a review of the clinical supervision relationship. Waldock, (2010) outlined that:

The culture of the health provider plays a vital role in staff attitudes and actions towards students…Investments in supervision are wasted if nurses are not provided with adequate support…Nurses exert a great deal of time and effort into the complex activity of student supervision, yet they frequently report a lack of recognition…this results in nurses feeling undervalued and unappreciated for their efforts…as a result many nurses are resentful…which impacts on their attitude and behaviour towards students (p. 130).

The findings and concerns regarding this lack of support for nurses and the effect on the clinical supervision relationship was also explored by Zilembio and Monterosso (2008), who outlined that nurses required the ongoing support of health care facilities and education providers in their role preparation, and they recommended compulsory training for all nursing staff. Vallant and Neville (2006), who researched the learning relationship between nurses and students, also determined that health care facilities and education providers needed to recognise the requirements of the clinical supervisor role, that they needed to accept the time taken by nurses to provide positive learning experiences, and that it was a team approach between health care facilities, education providers and clinical supervisors. Henerson, Fox and Malko-Nyhan (2012) researched the effect of their two-day workshop for nurse preceptors, which involved 36 nurses, and noted that many preceptors felt that education
alone was not sufficient to provide positive learning experiences for students. They noted that staff needed allocated time to provide learning and feedback to students.

These research findings have confirmed the current literature relating to clinical supervisors’ perceived lack of support and acknowledgement of the role. The implications of this finding will be discussed in Chapter 7.

The next finding to be discussed relates to one of the strategies discussed in the CSP to promote the students’ role in the health care team and to develop a generally positive workplace culture.

6.4.5 Embracing the Power of Belongingness

The literature relating to the concept of belongingness utilised in this research project was sourced from Levett-Jones (2007, 2008, 2009). This research was discussed in Chapter 2 and provided evidence of the importance of students’ sense of belonging in the workplace. Levett-Jones conducted the research with nursing students living in Australia and the UK, commencing in 2005. The research articles defined belongingness, its relevance and its effect on the quality of students’ clinical placements and learning experiences. The literature to date has not appeared to explore the concept of belongingness from the perspective of the registered nurses who supervise nursing students.

Levett-Jones and Lathlean (2009) included strategies for implementing belongingness in clinical areas in a section called ‘recommendations for practice’. These were conceptualised under the heading of the ‘accent to competence’ conceptual framework, which the authors adapted from Maslow’s Hierarchy of Needs (1943) to outline the relationship between belongingness and student learning. Levett-Jones and Lathlean’s (2009) study suggested that for students to achieve competency, they needed to transition between the stages of safety and security, belongingness, self-concept and learning. Recommendations for practice were provided in each stage, including strategies for health care facilities, education providers and clinical staff. These strategies related to:

- provision of student orientation to each clinical environment
- consideration of student placement models/length of placement
• provision of trained clinical supervisors
• development of students’ assertiveness skills to reduce bullying and anxiety and to prevent conformity while promoting critical thinking and clinical reasoning
• clinical leadership to promote a learning environment that advocates for students to practice and acknowledges their contribution
• promotion of self-directed learning, lifelong learning and the development of a sense of self-concept.

The article called for all stakeholders involved with student placements to consider these strategies and their application (Levett-Jones & Lathlean, 2009). With the implementation of the CSP, this research has provided a new perspective of this concept. The participants confirmed through the surveys, online reflections and interviews that belongingness was relevant and has an important part to play in the management of student placements.

Further research regarding this valuable concept from the perspective of clinical supervisors and health care facilities would be worthwhile, as well as further development of strategies to assist students to promote belongingness in the workplace, as suggested by the CSP participants. A review of the nursing literature did not identify any further strategies for the promotion of belonging. Therefore, the researcher reviewed the wider literature in the health sciences and identified literature pertaining to belonging particularly in the fields of sociology and psychology.

The field of sociology seeks to understand the relationships between individuals and society; it views the world according to the many different groups that belong in it (Christensen, 2009; Gasparini, 2010; May, 2011). Each group influences the individual, and with social change, the individual changes. The individual is often unaware of these changes because they occur over a gradual period (May, 2011). However, belongingness is felt at an individual level; according to the field of sociology, an individual’s emotional attachment gives him or her a sense of safety (Christensen, 2009; Gasparini, 2010). It is an active feeling that implies a bond to something outside of oneself that provides stability (Gasparini, 2010). It results in the integration of the individual into a group where others are identical, thereby producing a group of like-minded individuals (Gasparini, 2010). Belonging can also create a sense of loyalty whereby members can be persuaded to follow the group as it changes and adapts
(Gasparini, 2010). This concept of belongingness allows the field of sociology to connect at the individual level and explore the effect of group and social changes: who influences these changes, why they are allowed to do so, and what is the effect on those excluded from change discussions (May, 2011)? Sociology views that individuals who do not belong can at times be a positive outcome for society. These individuals may be able to question change and seek alternative choices (May, 2011). Different from the perspective of nursing and psychology, those who do not belong are also viewed from a group perspective rather than an individual perspective, and those who do not belong in this theory become their own group (Christensen, 2009). Sociology does not aim to apply the concept of belongingness, but instead to understand its effect on groups and the individuals in these groups (Christensen, 2009; May, 2011).

These concepts support the definitions and understanding of the concept of belongingness in the field of nursing and clinical supervision, but they do not provide guidance in its application. They also offer a new perspective of viewing those who are alienated from belonging, and the potential they have to bring about change (May, 2011). This concept was discussed by Levett-Jones and Lathlean (2009a) as ‘don’t rock the boat’. While sociology viewed these individuals as providing possible alternatives (May, 2011), in clinical supervision, other contextual factors appear to have inhibited the ability of students to fulfil this theory, and students have often complied with poor practice instead (Levett-Jones & Lathlean, 2009a). These factors may relate to the short length of time in these group situations or the hierarchy nature of the nursing profession. These factors were not explored in this CSP study.

A review of the literature in the field of psychology identified articles related to the concept of belonging and the effect of belonging in the workplace. Baumeister and Leary’s (1995) study reviewed the need for humans to fundamentally belong. They determined that belonging has a broad effect on motivation, behaviour, cognition, health and wellbeing (Baumeister & Leary, 1995). Indeed, in the Hierarchy of Human Needs, Maslow (1943) outlined that a person will strive for a place within a group, and that this desire can be so strong that the first two needs—physiological and safety—can be put to one side. As outlined by Baumeister and Leary (1995), a failure to achieve belonging can result in anxiety, depression, a sense of grief and loneliness. The desperation to regain or prevent the loss of belonging can drive individuals to conform their behaviour to meet group norms, even to the extent of destructive
acts (Baumeister & Leary, 1995). Baumeister and Leary (1995) described that individuals are most likely to form a sense of belonging with those in close proximity and to spend greater amounts of time with them, even if they are unlikely to share other familiar or social traits.

Also in the field of psychology, Cockshaw and Shochet (2010) researched the effect of belongingness in the workplace. Their study was based in Queensland, Australia, in a disability services department. It determined that the degree to which employees felt a sense of belongingness in their workplace was influenced by their perception of acceptance and respect by those around them through inclusion and support in the work environment. A negative sense of belongingness was noted to have a significant effect on a person’s wellbeing and risk of depression. Given the number of hours spent in the workplace, Cockshaw and Shochet (2010) suggested that clinicians must respect the effect of the workplace on patients’ treatment plans and that organisations that can facilitate a sense of belonging are intrinsically less likely to have a workforce suffering depressive symptoms.

Thau, Poortvliet and Aquino (2007) also researched the effect of belonging in the workplace. Similar to Cockshaw and Shochet (2010), they determined that a lack of belonging could result in individuals altering their natural behaviour patterns to the extent of displaying negative behaviour that could have detrimental effects on their ability to achieve their long-term career goals. This immediate necessity to improve the current situation drove individuals to sacrifice future plans and normal behaviour traits. Thau, Poortvliet and Aquino (2007) recommended that managers create a more socially inclusive workplace and a culture of justice and fairness in order to reduce exclusion and promote belonging.

Levett-Jones’ publications (2007, 2008, 2009) with regards to nursing students have confirmed these research findings in psychology regarding the psychological and physical effects on individuals of a lack of belongingness. The clinical supervision research project confirmed that participants believe in this important concept and that workplaces and employees need to respect the effect of belonging and develop strategies to promote it, as suggested by Cockshaw and Shochet (2010) and Thau, Poortvliet and Aquino (2007).

Despite this review of the literature confirming the importance and effect of a lack of belonging in the workplace, specific workplace strategies were still not identified. Given the
positive responses of the participants at the CSP towards belonging, further research in this area is warranted.

The next finding to be reviewed relates to the theme of ‘improved communication’.

6.4.6 Improved Communication

The findings relating to communication skills included the principles of reflection and feedback, and providing optimum learning experiences by communicating critical thinking and clinical reasoning.

Participants linked all teaching and learning strategies to good communication. Good communicators are able to provide students with opportunities to participate in critical thinking, clinical reasoning, reflection and feedback. However, many participants outlined that communicating was a skill that they often lacked confidence in, or they lacked the awareness of how to use it most appropriately. For example, many participants did not realise that simple strategies like ‘talking aloud’ assisted students to understand the clinical reasoning cycle (Banning, 2008; Reilly, 2007), as does the use of appropriate questioning (McKenna & Stockhausen, 2013).

The nursing literature has described the difficulties that nurses have in providing effective communication. Clynes and Raftery (2008) discussed that nursing students often received inconsistent feedback, as it could not be taken for granted that trained professionals had the required skill set to provide effective feedback. They suggested that the importance of staff education in this topic could not be underestimated; however, they provided no specific strategies.

Ramani, Gruppen and Kachur (2006) described 12 tips for effective mentorship. Within these, they discussed the importance of communication skills and outlined that mentors must have the ability to listen to their students and give positive and negative feedback. Ramani, Gruppen and Kachur (2006) believed that health professional staff are not born with these skills and they therefore require support from staff development programs. Mentors then use these effective skills to challenge mentees within a supportive environment.
These findings regarding staffs’ lack of confidence and skill sets are also discussed in HWA’s papers, which outline the importance of communication, as well as the teaching and learning strategies attached to this, as vital to clinical supervision education (HWA, 2010; HWA, 2011a; HWA, 2011b). No specific recommendations have been provided by HWA on the style of communication and communication strategies that should be adopted.

For the CSP, the researcher utilised models that provided clear and practical strategies to promote effective communication. For example, Gibbs’ Reflective Cycle (1988) was utilised as a strategy to promote reflection with students, and the Clinical Reasoning Cycle by Levett-Jones et al. (2010) was used to assist supervisors to demonstrate critical thinking and clinical reasoning relating to patient care with students.

The findings of the CSP are therefore consistent with the literature in relation to the importance of communication skills for clinical supervisors. Many participants felt that prior to attending the CSP, they did not have a thorough understanding of, or confidence to apply, effective communication, thereby affecting students’ learning outcomes.

The final theme for this clinical supervision research project is the ‘students’ learning journey’.

6.4.7 Students’ Learning Journey

The final theme in this project relates to the students’ learning journey. Participants shared that understanding the students’ learning journey gave them an insight into the factors that could promote or negatively affect students’ learning. These factors ranged from degree requirements, effect of university education, short placements and frequency of placements, previous clinical placement experiences, length of placements, teacher–learner learning styles, social/home life and work commitments.

A review of the literature was unable to locate any research that discussed the students’ learning journey from all of the factors discussed at the CSP or the use of this topic in clinical supervision education. However, the researcher was able to locate some information referring to these aspects of the students’ learning journey.
Gidman et al.’s (2011) study in the UK determined that students on clinical placement experienced a number of stressors from outside influences that affected their clinical learning experiences. These included managing a life–work balance, personal/social demands and effectively managing their time to achieve these and their university course requirements. They recommended that clinical supervisors and education providers use strategies to ensure that students are supported in managing this load and that supervisors are appropriately educated and prepared to undertake the role; however, no specific strategies were noted.

Brown and Edelmann’s (2000) research involved student nurses and first-year nurses in the UK after the introduction of university-based nursing education. Students were asked to identify what they believed to be the major stressors in their course; these were then confirmed six months into the program. Students perceived that achieving their clinical competencies would be their greatest stressor; however, after six months, students reported that their major stressors related to balancing their home, work and education commitments along with the financial implications of studying. Students also identified that they had initially thought that the university or hospital mentors would be their greatest support, when in fact it was family, friends and the development of self-reliance. The study recommended that students be supported with financial management information and that further investigation into these findings be conducted.

A study based in Thailand by Ross et al. (2005), which involved 331 Baccalaureate nursing students and used a validated stress determinate questionnaire, identified that over half of the course students met the criteria for being depressed. The leading contributors were low self-esteem, high levels of stress and a lack of emotional support. The research recommended that universities promote programs for students that assisted them with reducing their stress levels and improving their self-esteem. This could include peer-support programs, recreational programs and ensuring that staff specialists in counselling were available to support students (Ross et al., 2005).

In addition to this literature, Knowles et al.’s (1998) adapted principles of adult learning outlined that facilitators need to be aware of external motivators and influences on learners. Knowles et al. (1998) referred to these as ‘situational differences’, which include cultural influences, previous learning experiences and any social factors that may change how the learning process occurs. As a facilitator of learning, the learning experience must therefore be
shaped to meet the learning styles of the learners and the situational differences that are unique to them (Knowles et al., 1998).

Applying Knowles et al.’s principles of adult learning (1998) to the students’ learning journey provides a theoretical framework for the importance of viewing the clinical supervisor–student relationship from a learner-centred focus in which the learners’ ability to learn is influenced by many factors, including those outside of the clinical environment. Reminding clinical supervisors of the principles of adult learning, learning styles and other influences (e.g. family/social/cultural/previous experiences/different nursing programs) encourages them to establish relationships with students in which these influences are acknowledged and the students’ learning style and influences are incorporated into the teaching and learning environment (Knowles et al., 1998).

Each literature source highlighted that the learners’ ability to learn is influenced by many factors outside of the supervisors’ control. Therefore, it is surprising that the literature does not outline the importance of providing supervisors with strategies to support students in the learning environment. Providing strategies such as communication skills can assist with this; however, supervisors first need to be made aware of these influences, hence their inclusion in the CSP.

This concludes the review of the themes for this research project in relation to the current literature and theory. In addition to these themes, the researcher reviewed the program’s evaluation findings, as it was believed that this could provide important information for educators or health care facilities wanting to implement the CSP.

6.5 Program Evaluation Findings and Implications

The program evaluation highlighted the effect of not only the topics that were included in the study day program, but also the teaching strategies incorporated and the significant role of the facilitator. In Chapter 2, the researcher described the use of the theories of learning, the principles of adult learning and theories of persuasion in order to guide the development of the CSP and teaching plans. The findings from this program evaluation will now be compared to these theories and principles.
6.5.1 Principles of Adult Learning

The aim of the CSP was to provide an opportunity for registered nurses to improve their knowledge and attitudes towards students and student supervision. To achieve this, the researcher utilised the theories of learning, the principles of adult learning and the theories of persuasion to assist with the development of teaching plans and strategies to promote an environment that was conducive to achieving these goals.

The literature review in Chapter 2 provided a snapshot of the literature in relation to these theories and principles, as well as their application to the CSP. In outlining the data analysis and findings of the study day program, Chapters 4 and 5 highlighted a number of statements in the surveys, online reflections and interviews in relation to the teaching strategies utilised in the program. These statements, both written and verbal, provided a positive view of the participants’ thoughts in relation to the program presentation. This also extended to the provision of the clinical supervision work file that participants referred to during the study day program and were able to take with them as a future resource.

As discussed in Chapter 2, the strategies adopted in the program were not based on one theory of adult learning; rather, the program used key features from a number of theories and principles. This relates to Knowles (1978, 1984) and Knowles et al. (1998, 2011) principles of adult learning in that facilitators must be aware of the different learning styles of participants and cater for these differences in their facilitation.

Key findings in relation to the program evaluation included the use of different teaching formats (e.g. group work, case studies, brainstorming), the skills of the facilitator and the provision of a take-home resource. The improved results in the knowledge survey and Stagg’s (1992) attitude survey also supported that participants achieved the learning outcomes of the study day program, which supports the teaching plan’s strategies.

In addition, the participants articulated the important role of the facilitator. This role is vital to the success of any education program, particularly when the program is seeking participants to change their normal behaviours and/or attitudes (Knowles et al., 2011). As described in Chapter 2, the theories of persuasion discussed that the success of a message being accepted by a recipient is dependent on the ability of the messenger to provide a persuasive argument.
Linked to this is the credibility of the messenger. Gass and Seiter (2011) discussed that credibility is determined by those engaged in the interaction. Therefore, facilitators cannot always assume credibility with an audience. They need to ensure that they engage with their audience and provide evidence of their credibility (Gass & Seiter, 2011).

This was achieved in the CSP by the facilitator introducing herself and her background and experience in relation to clinical supervision at the start of the day. Further, the ability of the facilitator to answer questions and provide realistic strategies and approaches to clinical supervision enhanced her credibility. A number of comments by participants articulated the ability of the facilitator to not only facilitate the teaching sessions, but also to achieve these strategies.

The findings of the program evaluation confirm that the theories and principles related to learning and attitude were positively implemented in the CSP.

### 6.6 Salient Outcomes of This Research

The findings from this research project have highlighted that the attitudes of nursing staff towards students and clinical supervision prior to attending the CSP was 55% high and 45% low compared to Stagg’s (1992) finding of 48% high and Aghamohammadi-Kalkhoran et al.’s (2010) finding of 20% high. As discussed in Chapter 2, a number of publications have discussed the poor attitudes of nurses towards students (Andrews et al., 2005; Aghamohammadi-Kalkhoran et al., 2010; Brammer, 2008; Longo, 2007; Landmark et al., 2003; Mesissner, 1986; Saarikoski & Leino-Kilpi, 2002; Sauer, 2012; Stagg, 2002; Vallant & Neville, 2006; Webb & Shakespeare, 2008). The findings of this research project showed that a significant change in nurses’ attitudes towards students and clinical supervision could be achieved by attending the CSP, with an increase in the high category from 55% to 74% after the eight-week survey.

The implementation of the CSP has demonstrated that it is an effective strategy for improving nursing staffs’ attitudes towards students and clinical supervision, as well as the knowledge of the principles of clinical supervision. The findings have also demonstrated that it is not only the theory of clinical supervision that participants wanted to learn about; a better
understanding of the current context of nursing education in Australia and the students’ journey were also important to participants to help them understand their students and develop a clinical supervisor relationship with them.

Belongingness was also an important finding from the research. Participants provided both written and verbal accounts of how this concept had affected them and given them a simple strategy to promote the success of student placements. This was seen as a strategy to promote a positive workplace culture, which was important for graduate nurses, new nurses and all employees in the workplace. Many participants felt that the current workplace culture was not supportive of students or student–supervisor relationships.

This research confirmed the lack of support that many nurses feel in the clinical supervisor role, as well as the failure of many health care facilities to acknowledge the importance and effect of the role. Education providers and health care facilities were seen to take the nurses’ role for granted, without providing the necessary support to promote the success of students’ placements.

In acknowledging this new information, the researcher felt that it was important to refer back to the research questions.

6.6.1 Research Questions

The research questions for this project where provided in Chapter 1 of this thesis. A review of these questions and a summary of the findings will now be outlined.

1. What is the pre-program knowledge of nursing participants in relation to the principles of clinical supervision?

The clinical supervision research project in Chapter 4 described the participants’ knowledge prior to attending the study day program by using descriptive statistics taken from the completed pre-program knowledge survey. These results were described according to a number of demographic details of the group, including age, area of employment, previous education in clinical supervision, frequency of providing clinical supervision and years of
nursing experience. The findings determined that there was no significance difference in survey results between the different subgroups.

The findings from the knowledge survey provided quantitative data for comparison with the participants’ results after attending the CSP. This provided the researcher with the opportunity to determine the effect of the program on the participants’ knowledge.

2. Is there a change in nursing participants’ knowledge related to the principles of supervision after attending the program?

The pre-program knowledge survey was compared to the immediate post-program and eight-week surveys to examine whether a change in participants’ knowledge had occurred regarding the principles of clinical supervision. These findings were described from a whole group perspective and according to the subgroups defined in question one. As articulated in Chapter 4 and the findings of this thesis, a statistically significant change occurred between the pre-program and post-program survey results. This indicated that participants had improved their knowledge in relation to the principles of clinical supervision. Participants’ statements in the post-program surveys, online reflections and interviews then corroborated these quantitative findings.

Participants’ comments discussed that they felt they had improved their knowledge and understanding of the clinical supervisor role. These statements were supported with examples of practice, as outlined in Chapter 5.

3. Upon completion of the program, do nursing participants perceive that their knowledge and attitudes towards providing effective student supervision has changed?

The descriptive statistics included in Chapter 4 articulated an improved knowledge base and attitudes of the participants. This finding was supported by the words of the participants in the post-program surveys, online reflections and interviews. These statements described how the participants had perceived that their clinical supervision practice had positively changed. These words confirmed the changes in the participants’ knowledge and attitude survey results towards students, student–supervisor relationships and how the program had assisted them in making these changes.
Participants provided examples of changes in practice using their improved knowledge base and attitudes. This related to their approach towards the supervision relationship and even a willingness to accept students. Supervisors shared stories of viewing issues from the students’ perspective, taking students’ learning styles into consideration, allowing students to practice, and taking time to reflect on practice and confirm that the learning had been understood. Participants also noted the poor behaviour of others in the workplace and their concerns about their colleagues’ knowledge, attitudes and practices.

4. Do nursing participants perceive a different effect from this program compared to other clinical supervision education? If so, why? If not, why not?

This project sought to determine the effect of this program compared to other clinical supervision programs. Unfortunately, the majority of the participants had not attended previous clinical supervision education. The survey results identified that there was no significant difference in both the knowledge and attitude survey results according to previous attendance to clinical supervision education.

The qualitative findings clearly articulated that participants believed that this program assisted them to undertake the clinical supervisor role more effectively and to appreciate the importance and effect of the role on students. Participants commented that this education program had explained concepts that, although known to them in the past, never really made sense, or they had not been aware of how they could apply them with students (e.g. critical thinking, clinical reasoning and reflection).

Participants strongly advocated for the continued presentation of the program throughout Western Australia.

5. Do nursing participants believe that the program assisted them to undertake their role more effectively? If so, why? If not, why not?

As described in Chapter 5, participants provided rich statements in the post-program knowledge surveys, online reflections and interviews related to the effect of the program on their self-confidence, knowledge and ability to undertake the clinical supervisor role. Participants provided statements outlining these changes and examples of practice in their
workplaces. Participants articulated that the practical examples, group discussions and concepts such as belongingness had provided them with new information and strategies that they had not been aware of before. Further, a greater understanding of how to apply previously known concepts such as critical thinking, clinical reasoning and reflection with students improved participants’ self-confidence in their ability to fulfil the clinical supervisor role requirements.

6. Do nursing participants perceive that they have changed their attitudes towards nursing students after attending the program? If so, why? If not, why not?

As described in Chapter 5, participants’ results for the attitude surveys demonstrated improved attitudes towards students and student supervision after attending the CSP. This finding was corroborated by the rich statements of the participants’ self-reflection of their attitudes towards students and supervision, and of their workplace culture and attitudes towards students and student supervision. In the post-program knowledge surveys, online reflections and interviews, participants articulated how they had changed their practice, reviewed their workplace practices and encouraged others to review their supervision and change their practice.

7. Is there a change in participants’ attitudes towards nursing students after attending the program?

The results of Stagg’s (1992) attitude survey, which were outlined in Chapter 4, described the significantly improved mean results of the group across all demographics. This improvement in the attitude mean score was supported in practice by the participants’ qualitative statements, in which they shared comments, stories, concerns and ideas about their own attitudes and those of their workplace colleagues.

In seeking to answer these research questions, the researcher will acknowledge the limitations of this research project.
6.7 Limitations

The main limitation for this study related to the evaluation of the effect of the program in the workplace. Feedback regarding the effectiveness of the program related to the participants who attended. While results from the data indicated a change in knowledge and attitudes, a change of practice was not measured other than through reflections. The researcher considered including fieldwork to observe the nurses in practice. This would have involved pre- and post-program observations to measure a change in practice. This was not included for the following reasons:

- various sites where participants work (within the metropolitan and regional areas of Western Australia)
- short notice provided for the researcher to attend these sites (staff often find out on the day whether they are supervising a student)
- ethical considerations regarding the effect on students, patients and other staff.

As a result of these concerns, the use of online reflections by participants was included to give the researcher access to participants’ thoughts and examples of supervision experiences using the eight-week survey and interviews.

The researcher also acknowledges that in the recruitment process, the participants chose to attend the program; therefore, they may have had a stronger interest in this role than the general nursing population. This may have resulted in bias in the data results. However, the findings from the data indicated that participants had numerous reasons for attending the program, which were outlined in Chapter 4. These related to personal interest, identified self-deficit in knowledge of the role, recommendation by a colleague (later study days) and the request of management or executives. In addition, the results of the pre-program survey showed that only 55% of participants had a positive attitude towards nursing students and clinical supervision before the CSP.

6.8 Chapter Summary

Chapter 6 provided a comparison of findings from the CSP from both the quantitative and qualitative data with the current literature and theory that underpin these. Finally, a review of
the research findings and research questions provided further support for the use of this mixed method research process to answer the research questions.

In summary, the CSP research project findings are a valuable addition to the current knowledge regarding the effect of clinical supervision education on registered nurses. These findings may assist hospital executives and education departments that seek to promote the clinical supervisor role and the effectiveness of clinical supervision within their health care facilities. The implications of these findings and recommendations for future practice will be discussed in Chapter 7.

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The hospital was wonderful and the staff were so welcoming and kind. This was the place to be. She knew she belonged and she knew that she wanted to help students one day—to ensure that she would be there to encourage them when something went wrong, to highlight their achievements and share her nursing stories with them, to tell them about the possibilities, to feel proud and wanted, and to belong to the nursing profession.