The art of Clinical Supervision Program for registered nurses

Kylie P. Russell
The University of Notre Dame, Australia

Follow this and additional works at: http://researchonline.nd.edu.au/theses

Part of the Nursing Commons

COMMONWEALTH OF AUSTRALIA
Copyright Regulations 1969

WARNING
The material in this communication may be subject to copyright under the Act. Any further copying or communication of this material by you may be the subject of copyright protection under the Act.
Do not remove this notice.

Publication Details

This dissertation/thesis is brought to you by ResearchOnline@ND. It has been accepted for inclusion in Theses by an authorized administrator of ResearchOnline@ND. For more information, please contact researchonline@nd.edu.au.
Chapter 7: Implications and Recommendations of Findings

7.1 Introduction

The CSP for registered nurses was developed and implemented as a strategy to meet the national agenda requirements outlined by HWA for health professional education. This specifically related to the role of the clinical supervisor of health care professional students while on clinical placement (HWA, 2010). This program was specifically developed for registered nurses who supervise nursing students.

The findings of this research project have demonstrated that a positive effect on participants’ knowledge and attitudes can be achieved with a dedicated study day program. The participants endorsed the CSP as an education strategy that could provide nurses with the necessary knowledge, skills and attitudes to facilitate positive clinical supervision placements.

Findings from the research also suggested that the ongoing success of the program on participants’ effective implementation of the role could not be guaranteed without ongoing organisational support and commitment to the role. Participants felt that more support from the health care facilities and education providers was required, including greater recognition of the role, responsibilities, barriers and time requirements.

The implications of these findings are an important take-home message for hospital executive staff, educational institutions and clinical supervisors who want to improve their organisational culture and the role of the clinical supervisor. These findings suggest that the success of the clinical supervision relationship between nursing students and registered nurses is co-dependent on all of these factors. Health care facilities and education providers need to consider these findings and their implications for future policy and strategy development. The implications of the research project are summarised in Figure 7.1.
Figure 7.1: Implications of the findings of the CSP research project

Health care facilities are strongly recommended to develop strategies that are not only education specific. The literature advocates a number of strategies that can be implemented to support staff who supervise students. These include, but are not limited to, awards recognising staffs’ efforts, including the clinical supervisor role within organisations’ value statements and objectives, supporting student placements with dedicated staff to manage placements, providing orientation programs for students and supporting staff to support students with appropriate workloads.

Each implication will now be discussed in relation to the clinical, education and research recommendations from this research.

7.2 Clinical Implications

Providing nursing students with clinical placements that will allow them to apply their theory to practice and develop the essential attributes of the nursing profession requires commitment from both the health care facilities and education providers. Health care facilities need to ensure that their workplace cultures and organisational structures support students and staff during these clinical placements. Education providers need to ensure an ongoing commitment
to health care facilities to provide support to both nursing staff and students. The important role of the nursing clinical supervisor should not be underestimated by either organisation due to its fundamental ability to promote the success of students’ clinical placements.

The role of registered nurses is complex, and it cannot be taken for granted that staff intuitively understand their role in the supervision of nursing students. Being a student does not prepare them for the role of supervising a student. The clinical supervisor role is complex, and staff have articulated through this study that they require specific education and support to understand the importance of the role, its effect and its function in the clinical setting.

This study has described that a negative workplace culture and a lack of support provided to participants has affected their ability to function in this role. The study has also described the effect of the program on participants’ knowledge and attitude scores, as well as their changes in supervisor practice. Participants described that they would like more staff to attend clinical supervision education in order to provide a greater understanding of the role in the workplace and to improve the workplace culture.

7.3 Education Implications

The implementation of the CSP has demonstrated that it can meet the educational needs of registered nurses who supervise nursing students. The implementation of the program must be carefully considered by any health care facility choosing to implement it.

7.3.1 Considerations

1. To effect organisational culture change, education must be strongly encouraged and supported by management for all staff to attend.
2. The teaching delivery method for the program was identified in the findings as a significant contribution to its success. The role of the facilitator and her skills was a significant implication for this research. While the teaching plan incorporated the theories of learning and principles of adult learning, without a skilled facilitator to introduce these teaching plans, the positive result of the program cannot be guaranteed. The future implementation of the CSP must therefore carefully consider
who the facilitators of the program should be, and the education and support they require to present the program to its full benefit.

3. Health care facilities implementing the program cannot afford to do this as a stand-alone strategy. Consideration must be given to staff support and culture change from a whole-organisation perspective.

4. Dedicated policies and support mechanisms must be implemented to support the management of student placements. This ensures appropriate student orientation and welcoming to the health care facility, ongoing communication between education providers and health care facilities, and a support role for clinical supervisors.

7.4 Research Implications

The CSP, now called ‘The Art of Clinical Supervision’, has been recommended to HWA by the Western Australian DoH as a program that can meet the educational requirements of the nursing workforce in Western Australia to support nursing students. Both HWA and the Western Australian DoH (personal communications with researcher, 2012, 2013) have requested the researcher to facilitate the program not only for registered nurses, but for all health care professionals.

This change in the program’s intended audience is currently being reviewed, with consideration for future research requirements to determine the program’s ability to provide effective education for a multidisciplinary audience.

Further research in regards to the effect of belongingness is also recommended. This concept was strongly supported by nursing staff as a simple strategy to improve workplace culture and students’ learning experiences. Further research from the perspective of nursing clinical staff, nurse managers, nurse educators and clinical facilitators could provide further clarification of its full potential and effects.
7.5 Recommendations

Recommendations from the CSP research project stem from these clinical, education and research implications. As the program was presented in Western Australia, these recommendations relate to the Western Australia health care sector; however, the researcher believes these recommendations may be applicable to all states and territories in Australia. The researcher makes the following recommendations:

- A state-wide implementation strategy for clinical supervision education to be made available to all nurses engaged in the role, and to support clinical supervisors.
- The development and implementation of a state-wide policy articulating the minimum education requirements for clinical supervision. The purpose of this is to promote a culture of staff training and education in the area of clinical supervision.
- The incorporation of the clinical supervisor role as a formalised component of registered nurses’ job descriptions as both an accreditation requirement with the NMBA and in local job descriptions.
- The inclusion of clinical supervision in the mission statement of health care facilities. This may be promoted in terms of fostering and developing the next generation of nurses.
- Further research regarding the benefits of this program for those in the fields of midwifery, medicine, allied health and health science professions, and across all state and territory jurisdictions in Australia.
- Further research regarding the implications of belongingness as a concept to promote a positive workplace culture for students, new staff and all employees.
- Greater corroboration between education providers and health care facilities to determine and confirm the role and expectations of the clinical supervisor and clinical facilitator in order to facilitate course accreditation requirements for clinical placement learning and assessment.

7.6 Conclusion

This descriptive research study has articulated the development, implementation and evaluation of the CSP for registered nurses in Western Australia. Its findings have provided
positive confirmation of the importance of clinical supervision education and its effects on participants.

The research participants have endorsed the CSP as a valuable resource to support their professional development as clinical supervisors. The improved survey scores in the post program knowledge and attitude surveys support these views.

However, the CSP is one part of the equation. Ongoing support by health care organisations and education providers is essential to achieve cultural change in organisations and consolidation of the clinical supervisor role. Without this, the knowledge and attitude changes achieved by participants cannot be guaranteed to result in long-term role change by participants.
Epilogue

Twenty years later, I remain a registered nurse who is proud of my profession and achievements. My experiences as a student, as articulated through my story in this thesis, guided me towards nursing education, and today I help prepare and guide students through their clinical placements and teach nurses ‘The Art of Clinical Supervision’. I also remain an employee of the same hospital; those first impressions have led me to stay attached to this wonderful organisation, even though my professional journey has taken me into a more academic role.

Throughout this 20-year learning journey, I have learnt many things. My take-home points as an educator are to:

- keep it simple, practical, meaningful, achievable and beneficial
- inspire confidence, professionalism and passion
- practice what you teach.

Thus, my facilitation today—of teaching registered nurses how to supervise students on their clinical placements—is very different to when I started as a junior educator. Today, the theory is there, but in the background. My sessions flow throughout the day, building upon each other and providing strategies for staff. Does it matter if a clinician cannot define andragogy? No, I do not think so. Does it matter if the nurse does not follow the principles of andragogy? Absolutely. Thus, in teaching the theory, I make it practical and give it meaning and understanding to the context of the clinical world. Our clinicians are clinically competent professionals and experts. Supervising and educating the next generation is an expected part of the role that they undertake, but they are not trained to be educators. Thus, as an educator, I must guide them, let them be experts in their clinical practice and give them the strategies to share their knowledge, skills and attitudes in order to assist with the development of the next generation of clinicians.