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The art of clinical supervision program: Its impact on nurses attitudes towards nursing students

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The Art of Clinical Supervision Program: Its Impact on Nurses Attitudes Towards Nursing Students

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ABSTRACT

Background

Increasing health professional student numbers in Australia, in response to looming predicted workforce shortages, resulted in a Federal Government call for action to provide clinical supervision education to health professionals.

Objectives

This research aimed to develop, implement and evaluate the programme, ‘The Art of Clinical Supervision’ (ACS), designed to support nurses facilitate a positive learning environment for student nurses.

Method

The ACS programme was presented (n=199) across Western Australia as a doctoral study, with participants from both the public and private healthcare sector working in a variety of specialties. A triangulation approach of surveys, reflective entries and interviews was utilised to determine its impact.

Results

The data indicated that participants improved their understanding of supervision and attitude towards students and supervision after attending the ACS.

Conclusions

Health service managers are encouraged to evaluate their staffs’ knowledge and attitude towards students with findings used to facilitate a positive learning culture.
Impact Statement: The Art of Clinical Supervision

The purpose of the research was to develop, implement and review a new education programme that could support the development of clinical supervision knowledge and attitude to support student nurse learning. This occurred in an environment of increased student numbers as a strategy to correct a predicted looming workforce shortage.

The study findings determined that the program improved both participant knowledge about how to provide effective clinical supervision (teaching) in the clinical environment, and improved staff attitudes towards students and their place as a learner in the clinical areas.

The type of impact was therefore within the domain of quality by improving student learning through effective education strategy.

As a result of the doctoral research, involving 200 participants, a Federal Government grant of approx. $500,000 was received to facilitate the training of additional educators to provide the programme across the state of Western Australia. This grant was a partnership between the programme author (researcher) and the Western Australian Government Department of Health. This involved four educators presenting the program to over 3,000 health professionals in a 3-year period. Despite the cessation of funds with the closure of HWA the program continues to be delivered through The University of Notre Dame Australia School of Nursing and Midwifery, with only a cost recovery charge.
Introduction

The Australian Federal Government 2008 strategic plan for the Australian health workforce sought to address the predicted looming labour shortage. Thus, Health Workforce Australia (HWA) was formed and their first discussion paper (HWA, 2010) emphasized an urgent need to increase student enrolments across the health professions. However, this significant change would directly increase the number of clinical placements required from hospitals, and thus increase the burden on staff to provide clinical supervision of their practice.

In response to this government action, the Art of Clinical Supervision programme for registered nurses was developed as a strategy to train and support nurses in their clinical supervision of student practice. This paper describes the findings from a mixed method descriptive research study investigating the influence of the Art of Clinical Supervision on registered nurse’s clinical supervision practice in Western Australia.

Background

The Art of Clinical Supervision (ACS), a one-day programme, was implemented to prepare nurses for an increase in student placements and to facilitate student-learning outcomes. The programme provided nurses with a toolbox of strategies to engage students in a positive learning experience, and encouraged participants to self-reflect on their attitude towards students and supervision practice.

Clinical supervision, for the context of this study, uses the definition provided by the Australian Federal Government Department Health Workforce Australia (HWA),

the oversight either direct or indirect … of professional procedures and/or processes performed by a student … for the purpose of guiding, providing feedback on and assessing personal, professional and educational development in the context of each student’s experience of providing safe, appropriate and high-quality patient care (2011, p. 4).
Within the literature the terminology preceptor, mentor, coach and facilitator are used to describe this relationship. This relationship involves the allocation of a student nurse to a registered nurse for a set period of time, who together provide patient care, this provides the student with an opportunity to apply knowledge, skills and attributes of the profession in the real world setting (Dimitriadou et al., 2015; Manninen et al., 2015).

Clinical Placement

The student clinical placement provides students with the opportunity to learn and apply the skills of the profession and internalise the characteristics of the registered nurses around them to assist with their professional development (Felstead, 2013). Students incorporate and adopt the functions, values, responsibilities, attitudes and values of importance to the profession (Felstead, 2013; McKenna & Stockhausen, 2013).

Positive role modelling by registered nurses in the workplace assists with the internalisation of the nursing culture and the effective practices of the healthcare team (Baldwin, Mills, Birks, & Budden 2017; Felstead, 2013). In comparison, negative role modelling can lead to a departure from the course or the acceptance of poor behaviours in order to fit in (Levett-Jones & Lathlean, 2009a).

The Art of Clinical Supervision

The ACS consisted of a one-day programme; to promote group interaction and discussion, attendance was restricted to 20-25 participants. Teaching content included role and expectations of the clinical supervisor, student-learning journey, learning styles, critical thinking, clinical reasoning, reflection, communication, belongingness, assessment/competency and feedback. Participants were also provided with a comprehensive resource file. Programme content was verified through the establishment of an expert group of nurse educators from both the academic and clinical setting.
The ACS programme incorporated the Doctoral study by Levett-Jones, whose research concentrated on the concept of ‘Belongingness’. Belongingness relates to the relationship between a student and the ward/unit nurses who supervise their practice, and in general the wards’ level of support and attitude towards students (Levett-Jones & Lathlean, 2008). The greatest influence on students’ sense of belongingness was the treatment by registered nurses who were allocated to supervise them (Levett-Jones et al., 2009b). The ACS encouraged participants to acknowledge the learning limitations experienced by student’s due to poor clinical supervisor relationships (Levett-Jones et al., 2007); and the significance of positive clinical placements on students’ ability to learn and achieve clinical competence (Levett-Jones & Lathlean, 2009b).

The ACS facilitator provided time for participants to review and discuss the literature on belongingness, and to relate positive and negative examples of practice; in particular, negative examples were deconstructed to highlight their detrimental impact on student learning. Whilst the presenter did not know the attitude of the participants, activities were designed to improve attitude in those with a poor attitude, and for those with a positive attitude, to reinforce their attitude.

**Measurement of Attitude**

To determine the impact of the programme on participant attitude about clinical supervision, a review of the literature on attitude was completed; this assisted with the development of learning activities and the research tools. Research within the domain of attitude was particularly active during World War II. Initial theories were further refined in the 1970s and continue to be the base of contemporary theory. Theories include the Consistency Theory, Learning Theories, Social Judgment Theories and Functional Theories (O’Keefe, 2002).
For the purpose of this research, ‘attitude’ takes its definition from social psychology, “the degree of positive or negative affect associated with some psychological object” (Thurstone, 1946, p. 39). This object can be any representation of a phrase, saying, individual, organization, ideal, or idea for which people can vary between a positive or negative affect (Thurstone, 1946). This long-standing definition of attitude remains central to current theory and practice, and for the purpose of this study the object related to the concept of student clinical supervision.

The functional theory of attitude, developed during the 1950s (Katz, 1960) was considered the most appropriate for this research. Katz (1960), one of the founders of functional theory, states that individuals need to understand the purpose of their attitude—that is, the function that it serves. These purposes/functions are individualised and personal. Only when they are understood can the attitude be changed.

To encourage a change of attitude, the individual needs to experience a sense of conflict that the attitude no longer assists them (Katz, 1960). Katz highlighted that changing an individual’s attitude requires an understanding of the motivational reason for, or function of, the attitude. This allows motivators/educators to develop a persuasive message that will assist individuals to reason with and change their current attitude. This act of persuasion is defined as “a successful intentional effort at influencing another’s mental state through communication in a circumstance in which the persuadee has some measure of freedom” (O’Keefe, 2002, p. 5).

The effectiveness of maintaining the attitude change is influenced by how the individual was persuaded (O’Keefe, 2002). To facilitate a longer-lasting effect of attitude change, persuaders need to encourage participants to reflect upon the attitude’s meaning and implications and how these relate to future practice (Katz, 1960; O’Keefe, 2002). Katz (1960) states that by provoking individuals to analyse their attitude/s, this can lead to a change; however, the success of this approach is usually linked to the charisma and quality of the message to encourage individuals to reflect upon their current attitudes.
Given that attitude is the precursor to behaviour (O’Keefe, 2002), changing individuals’ attitudes should affect their supervision behaviour and clinical supervision relationship. To determine whether participants’ attitudes had changed after attending the ACS programme, the researcher referred to the literature regarding the measurement of attitude.

*Attitude Measurement Tools*

The purpose of attitude scales is to determine individuals’ attitudes towards psychological objects. Determining individuals’ attitudes allows only a general classification. It is based on the degree of affect that individuals have with the psychological objects. Therefore, these scales aim to determine whether individuals have a positive, negative or unknown attitude towards the object or a favourable, unfavourable or neutral attitude towards the object (O’Keefe, 2002).


**Table One: Stagg’s (1992) attitude survey, adapted for ACS**

<p>| 1. | I believe nursing students respect nurses as practitioners |
| 2. | Nurses consider nursing students as part of the nursing team |
| 3. | The nursing students are too friendly with their instructors |
| 4. | With nursing students who are new on the unit, nurses have time to do other things |
| 5. | Nursing students accept constructive criticism |
| 6. | With nursing students who are familiar with the unit, nurses have time to do other things |
| 7. | We were all students once, so we should be nice to nursing students |
| 8. | You cannot tell nursing students anything because they know everything |
| 9. | Nursing students willingly help nurses to get things done |
| 10. | Nurses should not have to do the teaching that clinical instructors are paid to do |
| 11. | Nursing students become overwhelmed if they have to care for more than 1 or 2 patients |
| 12. | There is too much to do to have to worry about students |
| 13. | Nursing students ask too many questions |
| 14. | Nursing students rely on their instructor more than the ward nurses |
| 15. | Nursing students are too dependent on the ward nurses |
| 16. | Nursing students are too chummy with the doctors |
| 17. | Nursing students help other students to get things done |
| 18. | Nursing students do not have enough confidence in themselves |
| 19. | When I was in nursing school, I had more clinical experience than the students do now |
| 20. | I enjoy working with nursing students |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21.</td>
<td>Nurses learn new information from nursing students</td>
</tr>
<tr>
<td>22.</td>
<td>I had it tough in nursing school, so nursing students of today should too</td>
</tr>
<tr>
<td>23.</td>
<td>Nursing student's questions stimulate new ways of doing things</td>
</tr>
<tr>
<td>24.</td>
<td>Today's nursing schools provide quality education</td>
</tr>
<tr>
<td>25.</td>
<td>Overall, nursing students provide good patient care</td>
</tr>
<tr>
<td>26.</td>
<td>Decisions are made too hastily by nursing students</td>
</tr>
<tr>
<td>27.</td>
<td>I would never have dreamed of calling my instructors by their first name</td>
</tr>
<tr>
<td>28.</td>
<td>Nursing students ask good questions</td>
</tr>
<tr>
<td>29.</td>
<td>Nursing students are more trouble than they are worth</td>
</tr>
<tr>
<td>30.</td>
<td>I would not have to spend extra time with students, if the instructor would supervise the students</td>
</tr>
<tr>
<td>31.</td>
<td>Nursing students look professional</td>
</tr>
<tr>
<td>32.</td>
<td>Nursing students have time to attend to patients needs</td>
</tr>
<tr>
<td>33.</td>
<td>Nursing students are eager to learn</td>
</tr>
<tr>
<td>34.</td>
<td>Nursing students do only what they are assigned</td>
</tr>
<tr>
<td>35.</td>
<td>Nursing students lack in common sense</td>
</tr>
<tr>
<td>36.</td>
<td>Nursing students admit when they do not know something</td>
</tr>
<tr>
<td>37.</td>
<td>It is about time instructors eased up on the nursing students</td>
</tr>
<tr>
<td>38.</td>
<td>Nursing students practice assertiveness</td>
</tr>
<tr>
<td>39.</td>
<td>Nursing students do not get enough clinical experience</td>
</tr>
</tbody>
</table>

**Research**

This mixed method descriptive study involved the use of pre and post surveys, online reflections and interviews to determine participant’s knowledge of and attitude towards students and student clinical supervision in the workplace. Ethics approval was gained from the University of Notre Dame, Australia Human Research Ethics Committee for this doctoral study. Participants were provided with an information sheet and written consent was obtained, participants were advised that they were free to leave the study at any time. This article will focus on the results of the study in relation to the attitude of participants sourced from Stagg’s (1992) attitude survey and the participant qualitative entries in both pre and post attendance surveys, online reflections and interviews. Findings related to participant’s knowledge about clinical supervision, obtained from a second survey, have been reported separately (Russell et al., 2017; Russell et al., 2016a; Russell et al., 2016b).

**Method**
Recruitment

Flyers for the ACS programme were sent to health services in Western Australia (WA) that accepted nursing students on clinical placement. Attendees were registered nurses from both the metropolitan and regional areas working in either a public or private healthcare service, including the community and inpatient sector. Participants were required to email their application form to the research student, on the form applicants indicated their role in clinical supervision, and were then invited to attend if their role involved the direct supervision of nursing students. Places were offered on receipt of date of the application until all days were full. This involved 12 study day presentations across metropolitan (9) and regional sites (3). A total of 199 participants met the criteria and attended the programme; the university biostatistician confirmed this sample size was sufficient for the purpose of this study.

Participants completed the Likert scale attitude survey by Stagg (1992) on the day of the programme, both immediately before and after, and eight weeks after the programme. A total of 199 (100%) pre-programme surveys, 198 (99.5%) immediate post programme surveys and 71 (35.5%) post eight-week surveys were returned. This provided quantitative data for analysis.

Qualitative data was collected through the participant entries in the survey tool open questions, online reflections and interviews. Qualitative questions allowed participants to write entries after attending the ACS about the impact of the programme on their perceptions of students and clinical placements. Additionally, participants were invited to provide their experiences of clinical supervision for a period of eight weeks after attending the study day. Participants provided their email at the end of the ACS day and were sent a weekly email for eight weeks inviting them to share their experiences and how the ACS had affected their practice. Ninety-Four participants agreed with 117 emails received. The final phase of the research involved face-to-face semi structured interviews. Participants were asked to indicate their willingness
for interview on the eight-week survey. Participants were invited based on their active involvement in clinical supervision. Sixteen participants agreed and 12 interviews were conducted at which time data saturation had occurred. Interviews ranged in length between 20 minutes to one hour.

Data Analysis

Stagg’s (1992) attitude survey, Table One included 39 questions associated with the student–nurse relationship during clinical placement. Questions related to student professionalism, role requirements, time constraints, workload implications, student knowledge and motivation. The Likert scale allocated a score of 1, 2 or 3 for the three possible responses categorised into: ‘Agree’, ‘Disagree’ and ‘Undecided’. Where a positive attitude response was entered, a score of ‘3’ was allocated, while a negative response was allocated a score of ‘1’ and a score of ‘2’ for ‘Undecided’. The totalled score range for the survey was 37–117. According to Stagg (1992), the higher the score, the more positive the attitude towards students.

Each participant’s results for the survey were initially entered into an Excel spreadsheet with the demographic details obtained in the pre-programme survey. This allowed for subgroups, including age, gender, area of employment, previous clinical supervision education, frequency of clinical supervision and years of nursing experience. Using the mean results from these survey’s these were then compared across the subgroups and with previous findings of Stagg’s tool for international comparison. The University Biostatistician supervised this process of quantitative data analysis in conjunction with the two University doctoral supervisors.

The qualitative data analysis involved a thematic analysis according to Clark and Braun (2013). Clark and Braun (2013) describe the analysis stages as - data familiarization through reading and rereading of the data, the allocation of initial codes followed by themes, which are then reviewed and refined. This method of analysis promotes the description of the participant’s
experiences per their interpretation of the phenomenon.

**ACS Demographics**

The ACS participant demographics obtained from the survey tool, where comparable data existed, was reflective of the Western Australian nursing population described by the Australian Health Practitioner Registration Authority (2013). Additionally of relevance to this study, 51% of attendees had no previous clinical supervision education, with only 32% having attended a short in-service or study day. The main age group was 51-60 (30.5%) years of age followed closely by 41-50 years (30%). 70% of the participants had more than 10 years of experience with a mean of 19 years. Comparable data is described in Table Two.

**Table Two: Comparable demographic data**

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>ACS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan Hospital</td>
<td>63%</td>
<td>75%</td>
</tr>
<tr>
<td>Public Health Service</td>
<td>65%</td>
<td>65%</td>
</tr>
<tr>
<td>Hospital Sector (vs community)</td>
<td>63%</td>
<td>72%</td>
</tr>
<tr>
<td>Female</td>
<td>91%</td>
<td>94%</td>
</tr>
</tbody>
</table>

**Quantitative Findings**

The scores of the participants were analysed with a Paired Sample T Test. The results, Table Three, showed that there was a statistically significant difference between both the pre-programme survey’s mean results and the immediate post-programme survey (p value <0.001) and eight-week survey (p value 0.004). The slight drop of the mean score with the eight-week survey compared to the immediate post-programme survey was not statistically significant (p value 0.699). This supported the conclusion that the ACS positively affected participants’ attitudes.

**Table Three: mean scores for Stagg’s (1992) attitude survey**
<table>
<thead>
<tr>
<th></th>
<th>Pre Programme</th>
<th>Immediate Post Programme</th>
<th>8-week post programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>83%</td>
<td>87%</td>
<td>86.5%</td>
</tr>
</tbody>
</table>

The ACS participants reported a ‘high’ (positive) level of attitude towards students. It was noted that nurses who supervised students ‘most days’ each week had a lower result in the attitude survey compared with those who supervised ‘some days’ each week. These two groups always supervised students each week; however, it would appear that the ‘some days’ group also had an opportunity each week to experience some time without students. Despite this, both of these groups were the highest-ranking response.

Nurses with 1–10 years of experience had the highest mean scores across all three phases of data collection; the group with 11–20 years of experience followed this. Age had little influence on the mean results, with the 20-30 years of age group having the highest mean by only 2%.

The ACS research concluded that participants who supervised students ‘some days’ each week and who had the least nursing experience provided the highest level of a positive attitude. This may have been a result of these participants feeling a greater connection with students, as they had recently been students themselves. Also the level of student engagement each week seemed to indicate that being with students more frequently promoted the role into a routine responsibility. However, the variance between the different subgroups was minimal and not statistically significant.

**Qualitative Findings**

Participants described witnessing negative examples of clinical supervision, poor attitudes towards students and a lack of general appreciation for how nurses can influence students’ learning. Many participants questioned why more education was not provided for nurses. Participants provided commentaries about their recharged enthusiasm, and how the ACS had
made them think about, and reflect upon, their attitudes. Participants described how this renewed enthusiasm prompted them to appreciate the responsibility of the clinical supervisor role and the impact that they could have on students and others, “I came away from the day with feeling how much of an impact the role of the supervisor can have on a student nurse both positive and negative” (P31).

Participants also described feelings of wanting to inspire workplace colleagues to feel this enthusiasm and have positive attitudes towards students. Participant (27) stated, “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 programme 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” (P185). Participants included reflections about witnessing poor examples of attitude and the need to intervene,

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 stepped in and spoke up for the student (P108).

**Discussion**

A comparison of findings from the international literature included Stagg (1992) and Aghamohammadi-Kalkhoran et al (2010) who surveyed registered nurses in acute care hospitals on one occasion only. No intervention occurred, and the results were used to establish a base line of data for determining the attitudes of nursing staff towards nursing students. The pre-programme survey completed by the participants attending the ACS was the only criterion that was comparable to both previous studies. Stagg’s (1992) study involved 53 registered nurses working in two acute care hospitals in the United States. Aghamohammadi-Kalkhoran et al. (2010) study involved 72 registered nurses from two acute care teaching hospitals in Iran.
Table Four compares the findings from Stagg (1992) and the ACS. Stagg divided participants into a ‘low’ and ‘high’ attitude towards nursing students. Stagg determined the median score of participants’ surveys and used this to divide the scores into two groups. Those below the median score were allocated as having a ‘low’ attitude and those above the score where allocated as having a ‘high’ attitude. For the ACS this same technique of determining the median result and dividing the scores above as ‘high’ and below as ‘low’ was used.

**Table Four: Overall comparison of mean findings of Stagg’s (1992) attitude survey with the ACS**

<table>
<thead>
<tr>
<th>Survey</th>
<th>% of participants</th>
<th>Low attitude</th>
<th>High attitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stagg (2002)</td>
<td>52%</td>
<td>48%</td>
<td></td>
</tr>
<tr>
<td>ACS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-programme</td>
<td>44.7%</td>
<td>55.3%</td>
<td></td>
</tr>
<tr>
<td>Immediate post-programme</td>
<td>23.7%</td>
<td>76.3%</td>
<td></td>
</tr>
<tr>
<td>Eight-week</td>
<td>25.3%</td>
<td>74.7%</td>
<td></td>
</tr>
</tbody>
</table>

Stagg’s (1992) findings showed that 52% of nurses had a low attitude towards nursing students. Compared to the ACS, the majority of participants had a high attitude in all three phases of data collection; however, the pre-programme survey results were similar to Stagg’s, with 44.7% having a low attitude. These results improved significantly from the pre-programme survey to the immediate and eight-week surveys.

Stagg (1992) reported that overall the attitude of nurses towards students was low. The results were not statistically different between the demographic participant details; however, Stagg suggested that students be placed with nurses less than 40 years of age, with less than 10 years’ experience and who did not regularly supervise students. Future recommendations 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 (2010) study allocated participants as ‘low’, ‘moderate’ or ‘high’ attitude, which was a variation on Stagg’s (1992) ‘low’ and ‘high’. Participant scores were divided into thirds, however due to the small numbers that met the criteria for a ‘low attitude’, the authors combined the ‘low’ and ‘moderate’ category, therefore leaving the categories ‘moderate’ and ‘high’. To compare the findings with this research, the ACS researchers replicated Aghamohammadi-Kalkhoran et al (2010) approach of dividing the scores into thirds. A comparison of these findings is presented in Table Five.

**Table Five: Overall comparison of mean score of Stagg’s (1992) attitude survey—comparison of finding between Aghamohammadi-Kalkhoran et al (2010) and the ACS**

<table>
<thead>
<tr>
<th>Study group</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aghamohammadi-Kalkhoran et al. (2010)</td>
<td>80%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>ACS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-programme</td>
<td>0%</td>
<td>12%</td>
<td>88%</td>
</tr>
<tr>
<td>Immediate post-programme</td>
<td>0%</td>
<td>4.5%</td>
<td>95.5%</td>
</tr>
<tr>
<td>Eight-week</td>
<td>0%</td>
<td>5.6%</td>
<td>94.4%</td>
</tr>
</tbody>
</table>

Aghamohammadi-Kalkhoran et al (2010) reported 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 younger nurses, however decreasing this to below the age of 30 (Stagg >40yrs); and for years of nursing experience this was reduced from less than 10 to less than three.

A comparison of the findings between Aghamohammadi-Kalkhoran et al. (2010) and the ACS highlighted that the ACS participants had significantly higher attitudes towards nursing students. Only 20% of Aghamohammadi-Kalkhoran et al. participants had a high result compared to 88% of participants from the ACS in the pre-programme survey.
Whilst all three studies using Stagg’s survey highlighted that nurses with the least amount of experience and of a younger age displayed the highest positive mean attitude score, the ACS in contrast determined that staff who supervised most often had an improved attitude. Within the Western Australian context, those who supervised every week, whether ‘most days’ or ‘some days’ had the most positive attitude, and overall more nurses achieved a positive attitude result.

**Recommendations**

Contemporary nursing literature continues to articulate the barriers preventing effective clinical supervision and a lack of support provided to nurses to fulfil the clinical training needs of student nurses. In particular, nurses lack of self-perception as teachers or assessors or an understanding of assessment requirements (Browning & Pront, 2015; Philipps, Duke & Weerasuriya, 2017), a lack of recognition for the clinical supervisor role (Barker et al., 2011), insufficient education available to support the development of good supervisor practice (Barker et al., 2011; Browning & Pront, 2015) and a lack of understanding of the clinical supervisor role (Barker et al., 2011; Browning & Pront, 2015).

With increasing student numbers, health services and education providers can ill afford to ignore the effect of poor clinical supervision practice. This study has highlighted that staff education can significantly influence the attitude of nurses towards students and student clinical supervision. Given that attitude is the precursor to behaviour, and the impact that the clinical supervisor can have on student learning and retention, both education providers and health services have a responsibility to ensure that staff are supported to establish and maintain such behaviours.

The ACS incorporated a number of strategies to promote a positive attitude in its participants; educators of clinical supervision programmes should consider these findings in any future
programme planning. Additionally, junior nurses must be promoted and supported to undertake the role of clinical supervision. The study highlighted this group possessed the most positive attitude towards students, and can provide a motivation for their peers. Supervising students each week also promoted a culture where supervision was a normal part of the workday, this is an important consideration when considering placement requests and student allocations.

Due to the success of the project the ACS was a recipient of a HWA grant, and education to date has been provided to over 3500 health professionals across Western Australia.

**Limitations**

One limitation of this study design was that participants were not observed in practice and therefore it is not possible to confirm that a change in clinical supervision practice occurred after attending the ACS. Therefore, participants were encouraged to provide reflections of their practice for a period of eight weeks after attending the programme to facilitate an understanding of the influence of the programme after attendance. These entries provided detailed stories of student – nurse interactions, and the impact of the ACS on participants awareness of students and their treatment by other members of the healthcare team.

**Conclusion**

With the increase in student numbers across the health professions continuing into the foreseeable future as a strategy to manage health workforce shortages, healthcare facilities need to be aware of their staffs’ attitudes towards students and the impact of this not only on student learning but also on recruitment. Education providers and healthcare facilities must collaborate and invest in staff education to promote a positive attitude, as evidenced by the ACS study, education can have a positive impact on staff attitude.
With the continuing increase in student placements across the health professions, health service executives are encouraged to evaluate staff attitude towards students to ensure an effective learning environment.
Reference Page


