



Enhancing student learning in the workplace through developing the leadership capabilities of clinical supervisors in the nursing discipline

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Clinical experience is a core element of undergraduate nursing education and students consistently report that clinical placement plays a large part in their decisions to pursue careers in nursing beyond graduation (Shih & Chuang, 2008). Despite this, real-world experiences do not automatically translate to positive learning experiences, or to the development of well-rounded neophyte professionals. This paper describes the planning, implementation and evaluation of an Australian Learning and Teaching Council funded project that was designed to strengthen the leadership capacity of staff involved in the clinical supervision of undergraduate nursing students in the workplace. The university worked in partnership with three major metropolitan hospitals in Queensland to develop a framework and professional development program incorporating leadership and clinical supervision. The program consists of two structured workshops complemented by individual personal development projects undertaken by participants. Participants are supported in these activities with a purpose-built website that provides access to a wide variety of information and other learning resources. Initial evaluations indicate that the approach is highly valued by participants, promotes useful peer dialogue and sharing of experiences and personal development in relation to assisting student learning in the workplace.

Keywords: clinical leadership; nursing; supervision; leadership capabilities; workplace

Background context

Clinical placement is core to the undergraduate nursing experience. Students consistently report that clinical placement plays a large part in their decisions to pursue careers in nursing beyond graduation. Despite the importance of learning in clinical settings, experience in the real world does not automatically translate to a positive student learning experience or that development as neophyte

professionals will occur. To facilitate optimal learning for the student nurse, the student must be presented with a range of “real-life” work experiences that are presented in a supportive environment (Sloan, 1999). Most nurse preceptors are faced with the dilemma of trying to provide optimal care to their patients while mentoring and providing a challenging and supportive learning environment for nursing students in addition to their already busy work schedules (Leyshon, 2005, Nelson, 2004, Ryan-Nicholls, 2004). There is little research available that has investigated the role of a clinical supervisor or clinical facilitator in providing leadership or support to the preceptors or student nurses. It is clear from current research preceptors and clinical facilitators consider their role in the clinical placement experience one of mentorship, role modelling, and leadership. However, it is also clear there is a gap in the training and preparation processes for these nurses. When nurses are provided with leadership development, the impact on both the health care setting and the educational institution results in assisting in creating a supportive and positive learning environment for student nurses.

Aims

This project aimed to build the leadership capacity of clinical supervisors in the nursing discipline. This has been achieved by working in partnership with three major metropolitan hospitals in Queensland to develop, implement and systematically embed a leadership model in the structure and practice of student supervision. The model and accompanying resources developed through the educational partnership have been informed by critical iterative feedback from a national network of clinical course coordinators and key stakeholders to ensure that project outcomes have the potential for mainstreaming across the sector.

Method

A transferable leadership model of clinical workplace supervision of students was developed which led to the empowerment of clinical supervisors through a distributed approach which addresses two levels of the structure of clinicians that both directly influence the quality of the clinical experiences and learning of nursing students. It also has resulted in enhanced leadership capacity of clinical supervisors operating at the university-workplace interface to facilitate quality learning and teaching in the nursing discipline.

Focus groups

Following several meetings between the project team members, a series of focus group discussions was held with nursing staff at all partner facilities that facilitate off-campus clinical practice for nursing students. A total of 30 clinical facilitators attended these discussions. In order to elicit as much information as possible from participants, the questions used to frame these discussions were purposively kept few in number and semi-structured in nature. The key points and suggestions identified from these discussions were used to inform the model and framework which was subsequently developed.

Development of the model and framework

A prototype leadership model of clinical facilitation was developed and entitled ‘Leadership and Clinical Education’ or ‘LaCE’. The model draws upon a range of international publications regarding clinical supervision, particularly contemporary notions and expectations of the role (Allan, Smith & Lorentzon 2008; Foord-May & May 2007; Knight & Bligh 2006; Molodysky, Sekelja & Lee, 2006; Nursing & Midwifery Council, 2008; London Deanery, 2009; Robinson, 2009) and underpins these with writings on leadership which include Ramsden’s (1998) three academic leadership functions. The four key elements of the model are: Envisioning direction (by sharing vision and values, setting clear goals and promoting a culture of learning); Enhancing commitment (by interacting effectively in a range of contexts, working collaboratively and empowering others to achieve); Executing the role (through clinical teaching and facilitating learning, monitoring progress, providing constructive feedback); and Enacting self development (through obtaining feedback on performance, critical reflection on practice and continuing professional development as a clinical supervisor).

A framework was also developed as a practical means of operationalising the LaCE model and there were three interconnected components to the capacity building framework. The first component consisted of two LaCE Workshops, to provide the opportunity for information sharing, discussion on key topics, reflection on the outcomes of personal development projects and peer networking. The

second component consisted of personal development projects, to provide each participant with the opportunity to put principles into action through undertaking a small personal improvement project on a topic/area of their choice. The third component was the provision of an online LaCE Toolkit, to provide participants with resources designed to support their clinical education leadership journeys.

Pilot study

Two pilot workshops were held eight weeks apart in late 2009. The first workshop was attended by 12 clinical supervisors and the follow-up workshop was attended by three of the participants. Of the 12 participants, seven completed feedback forms and questionnaires that assessed their leadership values, attitudes and career strengths, and pre- and post (first) workshop confidence. The combined feedback helped inform the main study.

Main study

Two further iterations of the program were conducted in 2010, each iteration consisting of two workshops, personal development projects and use of the LaCE website. The results of the first of these iterations are reported here.

Participants

There were 47 nurse clinicians, who attended one or both of the two LaCE workshops in the LaCE 2 and 3 iterations (21 at LaCE 2 and 26 at LaCE 3) held in 2010. LaCE 2 and LaCE 3 each consisted of two workshops approximately six weeks apart. All 47 completed the Inventory of Clinical Leadership, with 25 completing the questionnaire at both workshops. Most of the participants were over 30 years of age, with only 5 in the 20-29 year age group; 17 in the 30-39 year age group; 13 in the 40-49 year age group; 11 in the 50 years and over group; and one who did not specify. Participants came from several different clinical facilities throughout Queensland, with the largest number (N=18) coming from Ramsay Healthcare. They had been registered for between three and 47 years, with the mean number of years registered being 16.42 (SD= 9.99 years). They had been working as clinical supervisors for between zero and 20 years, with the mean being 3.69 years (SD = 4.26 years). There were a couple of participants who were just starting out as clinical supervisors. Out of this beginning group, 25 participants attended both workshops, with seven of these completing the follow-up questionnaire.

Measures

Participants completed the Inventory of Clinical Leadership (ICL). They also completed items which addressed demographic information and open ended items inviting them to list what they liked most, and least, about being a CF. The ICL was developed for the purpose of this project and consists of 56 items, including 14 items on each of four sub-scales. Response choices are scored on a 6 point likert scale, ranging from 1 (completely disagree) to 6 (completely agree). The sub-scales assess skills and abilities in the following areas: providing direction and promoting clinical learning; facilitating effective working relationships; clinical teaching; and role development. Each subscale was tested for internal consistency and each was found to be highly reliable with Cronbach's Alphas ranging from .895 to .957 (see Table 1). Participants were also asked to give qualitative feedback about their experiences with the LaCE program.

Results

Participants tended to rate themselves fairly highly on most of the items. Pre- and post-LaCE program means of subscale scores were quite similar and all in the range between 'somewhat agree' and 'completely agree' (see Table 1). However, it is worth pointing out the lower minimum mean in the second subscale which would seem to indicate that at least some participants were tending to rate themselves lower on that set of items pre-LaCE. Two-tailed t-test analyses were conducted to compare pre-LaCE mean scores with Post-LaCE mean scores on each of the four ICL sub-scales. Although there was a trend for improvement in confidence across all sub-scales, only the increase on the first subscale, 'providing direction and promoting clinical learning', was statistically significant (see Table 1).

Table 1: Pre- and post mean subscale scores on the ICL (N=25)

Subscale	Cronbach's Alpha (Pre-Post)	Pre-LaCE Mean	Pre-LaCE SD	Post-LaCE Mean	Post-LaCE SD	t	Sig. (2-tailed)
Providing direction and promoting clinical learning	.908 - .913	5.05	.55	5.48	.39	-5.42	.000*
Facilitating effective working relationships	.931- .957	5.10	.52	5.45	.52	-3.29	.003*
Clinical teaching	.943- .949	5.19	.53	5.59	.42	-3.82	.001*
Role development	.895- .905	5.32	.48	5.64	.34	-3.20	.004*

*Significance: $p < .005$

Qualitative feedback was also collected from participants who reflected on how their clinical facilitation had improved as a result of participating in the LaCE program. Examples of participant feedback included such comments as:

- ‘The program gave me a general feeling that we all share similar goals and problems.’
- ‘My facilitation has improved as I have gained confidence in the skills I possess and learnt a lot from my colleagues that I can use on a daily basis.’
- ‘I got a better understanding of leadership qualities and the clinical education process.’
- ‘Networking and discussion of common speed bumps was thought provoking.’

Discussion

The subscales relating to providing direction and promoting clinical learning and facilitating effective working relationships seemed to be the ones where participants were least confident at the outset, especially in relation to working relationships with clinical staff. At baseline, participants were reasonably strong on the skills relating to clinical teaching and confident in their role development, especially the way in which they regarded their role and perceived students to regard the role. They tended to enjoy their roles as clinical supervisors and saw them as leadership roles as well as important, respected and influential positions. However, they were relatively uncertain about their ability to engender teaching confidence in other clinical staff. While they were quite confident in their abilities to teach students, they were relatively disinclined to seek feedback about their own performance. This was certainly an area of potential for professional development in these individuals. Follow-up scores on the ICL indicated that participants were feeling much more confident across most items in the scale after having completed the LaCE program, with highly significant increases on all sub-scales. It should be noted that there was a slight ceiling effect in the data which probably resulted from the fact that these participants were fairly confident and experienced clinical supervisors to start with. It can be difficult to detect a significant change in such a group, especially with a relatively small sample size. However, the scale was sensitive enough to detect the improvement that most participants experienced in their confidence across the four sub-scales. Further research with a larger group would help to confirm the effects of undergoing a program such as LaCE.

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