

Clinical Supervision by Staff Nurses; A Controversial Issue in Nursing Education - Views of Students and Staff Nurses

Manikala Moktan

Summary

The Diploma nursing students are supervised by staff nurses when posted in National Referral hospital (JDWNRH). The teaching institute, Faculty of Nursing and Public Health (FNPH, 2021) has appointed In-charges (staff nurses) from each ward to supervise students. The staff nurses' primary job is to look after the patient; therefore, they are not able to supervise students wholly. This challenge is voiced by both staff nurses and students.

The staff nurses in India have been supervising the Diploma nursing students since its inception and, a similar trend exist in Bhutan since 1982, when the first batch of Diploma in Nursing and Midwifery training commenced. The primary focus of staff nurses is on clinical work, supervision is always secondary. The In-charge of the ward is given some teaching allowance by Faculty of Nursing & Public Health (FNPH) to supervise the students. The FNPH train Diploma nurses, para-medicals, health workers and the nurse educators are involved in teaching theory to them. Therefore, they cannot supervise nurse students regularly in clinical areas in best manner.

Objectives

The study was set out with three objectives.

1. To explore how the clinical supervision is perceived by the staff nurses.
2. To find out the challenges faced by staff nurses.
3. To examine the views of students about the clinical supervision.

Need of the study: The views of both staff nurses and students had to be explored as complaints regarding supervision do occasionally arise during coordination meetings between clinical nurses and educators. The satisfaction of both parties is important for the continuation of this practice. The study by Mbakaya et al (2020) articulates the students' dissatisfaction as 'lack of resources', 'poor relationship with staff' and 'disliking the clinical posting'. The staff nurses did comment on the work overload as a complicating aspect of supervision.

Lack of 'continuous medical education' to update skill for supervising students, 'nurse-client

ratio' are few challenges, staff nurses' face while supervising nurse students (Habimana et al, 2016).

Review of Literature

The clinical supervisors are mainly staff nurses in most of the world, especially for the clinical training of Diploma nurse students (Bowen et al, 2018). A similar trait is practiced in nursing school viz. Faculty of Nursing and Public Health in (Thimpu, Bhutan). The mode of teaching skills has been sending students to clinical areas and supervised by the staff nurses who are working there. The staff nurses supervise the students while both are on duty. The supervisory relationship and premises of nursing on the ward, are two positive enhancing conducive clinical environments for students (Papastavrou, 2016).

The lack of time to supervise is always the issue mentioned in a study (Kamphinda, 2019). However, nursing is hands-on practice profession that one cannot always teach in nursing laboratories. The students may have the opportunity to learn skills in the clinical areas, one cannot guarantee their satisfaction in learning (Papastavrou et al, 2016). Habimana, et al (2016) mentioned that the lack of supervising training to staff nurses may hinder the clinical supervision and heavy patient load gives them little time to supervise.

Views of Students on Clinical Supervision by Staff Nurses: Students said that the clinical nurses cannot supervise as they are busy with ward activities and not sufficient in number (Donough & Vander, 2018). Students express that the supervision depends on ward environments and staff nurses' teams (Vizcaya-Moreno et al, 2018). On the contrary, students in a study (Ekstedt, 2019) expressed positive experiences regarding supervision.

Supervision and student's clinical posting occur in all nursing education. Nonetheless, student's opinions will differ according to each situation and it is same in Bhutan also.

The author is Asst. Professor in Faculty of Nursing & Public Health, Thimpu (Bhutan).

Co-Guide: Dr (Brig) V K Mehta, Formerly Dean, Sikkim Manipal University (Sikkim).

Methodology

A qualitative design utilising in-depth interviews to explore the perception of staff nurses of their supervisory role was conducted. A convenient sampling of staff nurses and students was taken as per their busy schedule of duties and classes. The samples were eight third year and eight second year students from FNPH and 20 staff nurses working in District hospitals. The staff nurses were ex-graduates of FNPH who had more than five years of experience and worked in District hospitals where the FNPH students are sent for clinical experience. The second- and third-year students had already experience of more than one year working in the clinicals.

The principal investigator visited all five hospitals to conduct in-depth interview with the staff nurses. Each participant was contacted through phone and discussion was held about the interview; those who consented were taken for the in-depth interview. For students, in-depth interviews were conducted after fixing a time with them. Before the in-depth interview, each participant's willingness to participate in the interview was discussed and those who consented, made to filled up the form and signed the consent form. The interview was conducted in a small room and the investigator used notes and recorded with prior permission from the participants and the topic was explained to them before interview. The recruiting of participants continued till data saturation was achieved.

Result

The framework analysis (Srivastava & Thomson, 2009) was utilised to analyse the in-depth interview. The same questions were posed to all individuals and groups of participants. This discusses the same topic in detail and the interviewer further explain to gather detailed materials. This framework analysis involves a five-step process which was applied in this in-depth interview.

- Familiarisation
- Identifying a thematic framework
- Indexing
- Charting
- Mapping and interpretation

Stage 1 - Familiarisation: The in-depth interview tapes were listened repeatedly and the information obtained was noted under each leading question. After completion of the interview, audio-tapes were heard repeatedly, key ideas and themes that emerged from the audio-tapes were compared with written notes. This was done part by part and one leading question was addressed at one time. The pause and hesitancy were also noted.

Stage 2 - Identifying a thematic framework: In this stage, the notes and audio-tape information were read to recognise the themes. This was done with each participant's notes. The leading question was repeatedly referred to, to understand what exactly it was asking from the participants.

Few of the themes are easily recognised, however, there is information that stands alone. This type of sole information from a few participants was kept separate to look into afterward. This information was verified afterward with the leading questions, whether it was answering what was being asked. Similar information was put under the leading question and formed themes.

Stage 3 - Indexing: Writing the information under the leading questions aided in indexing similar information. The information was underlined and numbered to evaluate whether the information was observed similarly in others. The long sentences were put under one theme that resulted after reading it several times.

Stage 4 - Charting: The leading questions were written in a chart and the information/themes were put under or around it for each leading question. This process was done with all the question.

Stage 5 - Mapping and Interpretation: Once the charting was done and the main information was put around it, then, mapping was done with themes that define or belongs to similar ideas. To do this, lots of rereading and understanding of the information was done.

The checking of themes with the leading question was done to analyse whether the information rejoined what was meant in leading questions or not. This stage finally aided to sum up the information and turn into themes. As a result of the coding, themes emerged from the interviews.

Four themes that emerged after interviewing staff nurses are:

- "Cannot supervise frequently as busy with their work"
- "Clinical supervision is feasible while students are in ward doing procedure"
- "Students learn by helping each other"
- "Cannot teach advanced nursing skill as physicians do not perform the medical intervention in patient frequently".

At present all advanced procedures (lumbar puncture, bone marrow aspiration, etc.) for patients is performed in operation theater with consent hence nursing students do not learn the skill to assist the physician.

Three themes that emerged after interviewing student nurses are:

- “Senior nurses are more skillful and confident”
- “Most new junior nurses do not teach”
- “We learn the practical skills by imitating and helping seniors”.

Discussion

The staff nurses supervise the students despite their dual work although they are busy and have limited time to supervise. The supervision is performed while both are on duty and doing procedures. The supervising nurses have mixed feelings as they have to supervise as well as perform their work (Bos et al, 2015; Ducat et al, 2016). The focus is to do supervision while doing a procedure.

Experience gives confidence and senior nurses guide students while on duty, as mentioned in a study by Benner (1984) who asserts four levels of nursing expertise, dependent on experience and education. Junior nurses are not experienced or have no training to supervise as Donough & Van der Heever (2018). The authors recommend to enhance clinical supervision and the learning experiences of student nurses and further reiterate that clinical supervision plays a major role in the undergraduate nursing programme. However, there remains a lack of knowledge and understanding how to improve quality supervision of undergraduate nursing students.

Students learn a skill through peer learning (Adel et al, 2021) which improves learning experience and self-efficacy in clinical areas (Palsson & Engstrom, 2017). Further the advanced procedures are performed in operation theatre and therefore student nurses do not get an opportunity to observe assisting the physicians.

Recommendations

- The concerns expressed by staff nurses will be discussed with nurse educators and Deputy Dean (Nursing) of the FNPH.
- Students’ views on practicing nursing skills and hindrance or delay faced in clinical areas were noted and should be discussed with the relevant authority of hospital to bring improvement.
- The finding of Staff nurses and students may have discussion with the Nursing superintendent and other nurses In-charge and FNPH.

Nursing Implication: The study will improve the clinical supervision after discussion between the Nursing Superintendent and Dean of the teaching institute.

Conclusion

This study was on staff nurses’ and students’ views on supervision was vital to bring changes, find out challenges and the present trend of supervision. The

findings revealed some insights about the supervision. The two stakeholders i.e. the hospital and the teaching Institute would know the present methods of supervision, their challenges, and the benefits.

References

1. Adel E, Lofmark A, Palsson A, et al. Health-promoting and impeding aspects of using peer-learning during clinical practice education: A qualitative study, 2021; <http://diva-portal.org>
2. Benner P. From Novice to Expert: Excellence and Power in Clinical Nursing Practice. Menlo Park, CA; 1984
3. Bos E, Charlotte S, Kaila P, et al. Clinical supervision in primary health care: Experiences of district nurses as a clinical supervisor - A qualitative study. *BMC Nursing* 2015; 14(39)
4. Bowen L, Kable A, Keatinge D. Contemporary Nurse Registered nurses’ experience of mentoring undergraduate nursing students in a rural context: a qualitative descriptive study, 2018, <https://doi.org/10.1080/10376178.2018.1513808>;
5. Donough G, Van der HM. Undergraduate nursing students’ experience of clinical supervision. *Curationis* 2018; 41(1). <https://doi.org/10.4102/curationis.v41i1.1833>
6. Ducat et al. Ocean apart yet connected: Finding from a qualitative study on professional supervision in rural and remote allied health services. *Australian Journal of Rural Health* 2016; 24 (1): 29-35
7. Ekstedt M. Nursing students’ perception of the clinical learning environment and supervision in relation to two different supervision models – a comparative cross-sectional study. *BMC* 2019; 18: 49
8. Habimana A, Tuyizere M, Uwajeneza P Clinical supervision of nursing students: Challenges and alternatives. *Rwanda Journal of Medicine and Health Science*. 2016; 3(1): 42-43
9. Mbakaya BC, Kalembo FW, Zgambo M, et al. Nursing and midwifery students’ experiences and perception of their clinical learning environment in Malawi: A mixed-method study. *BMC* 2020; 19: 87
10. Kamphinda S, Chilemba EB. Clinical supervision and support: Perspectives of undergraduate nursing students on their clinical learning environment in Malawi. *In Curationis* 2019; 42(1): e1–e10. <https://doi.org/10.4102/curationis.v42i1.1812>
11. Palsson Y, Engstrom M. A peer learning intervention for nursing students in clinical practice education. A quasi-experimental study. *Nursing Education Today* 2017; 51: 81-87
12. Papastavrou E, Dimityriadou M, Tasangri H, et al, Nursing students’ satisfaction of the clinical learning environment: A research study. *BMC Nursing* 2016; 5.1. <https://doi.org/10.1186/s12912-016-0164-4>; 2016
13. Srivastava A, Thompson SB. Framework analysis: A qualitative methodology for applied policy research. *Journal of Administration and Governance* 72. 2009
14. Vizcaya-Moreno MF, et al. Students nurses’ perceptions of supervision and clinical learning environment: A phenomenological research study. 2018; <http://dx.doi.org/10.6018/eglobal.17.3.276101>