



Conditioning Factors in Nursing Students Clinical Supervision

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The aim of this study was to understand the representations of the clinical practice nurses, about the nursing students' supervision.

Although the clinical supervision in nursing has been widely studied in the last decade, the factors that nurses of the clinical practice, involved in the students' supervision, identify as influencing the supervision competences have been scarcely studied. This is the reason why we considered relevant the accomplishment of this study.

The study indicates that the nurses consider pertinent that nursing schools develop a course of clinical supervision, and that the practical component is fundamental for the learning of the supervisor role.

Keywords: supervision; education; clinical practice.

1. Introduction

In nursing, supervision is considered indispensable in the road for the quality of the teaching and of the practice. Supervision is important for the nurses involved in the teaching, in practice of care and in the administration of units and institutions.

The debate on clinical supervision in nursing began to win larger consistence among the nursing theoreticals in the beginning of the 20th Century, being given emphasis not only to the clinical practice, but also, to nurses education.

As years pass by, several authors have defined the clinical supervision in varied ways:

- Proctor [1], defines it as a work alliance, that implicates the reflection on the professional practice and the use of normative, formative and restorative means.
- Faugier and Butterworth [2], define it as a reflexive change among professionals for the development of the practice.
- Bishop [3], defines it as an interaction among two or more professionals with the aim of improvement of the care quality rendered to the customer, in a safe and supportive atmosphere.
- Van Ooijen [4], defines it as reflexive relationships that supports and improves the practice.

In the document "A Vision for the Future" [5], Clinical Supervision was defined as: "The formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations. It is central to the process of learning and to the scope of the expansion of practice and should be seen as a mean of encouraging self-assessment and analytical and reflective skills."

All these definitions have in common the reflection, the support and the improvement of the clinical practice. The definition of clinical supervision in nursing is important, not only as a starting point, but also to demystify the idea that the supervisor's function is the one of inspecting and scrutinizing the

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1 professional acting instead of supporting and sustaining the professional's development, helping him to
2 outline the difficulties, reflecting on the practices and developing competences to allow caring with qual-
3 ity.

4 Butterworth, Bishop and Carson [6], consider that clinical supervision in nursing is a politic that contrib-
5 utes, not only to support the nurses' professional development, but also the organization and in first in-
6 stance the users. As Pires [7] refers, the support that the clinical supervision provides to the nurses helps
7 them to acquire competences at the level of the reflection, for, in and about the action, helping them in
8 the decision-making process, face to dilemmas of the practice, assuring a better development, in other
9 words, more supported professionals get better reflection of their practices, what has, undoubtedly, reflex
10 in the improvement of the quality of care and in the professional development. Moores [8] goes farther,
11 saying that doesn't have any doubt on the value of the clinical supervision in nursing, considering it fun-
12 damental in the safeguard of quality patterns, in the development of professional expertise and delivery
13 to care.

14 The nursing teaching always had a strong connection with the work context, given the nature essentially
15 practical of the profession. In the curricula of the nursing courses the teaching in laboratory and the clini-
16 cal teaching in hospital and / or health centre context are fundamental components. The clinical teaching
17 is an irreplaceable space in the transformation of the knowledge, in the connection theory/practice and in
18 the acquisition of practical and procedural knowledge. It is, therefore, an excellence area for the devel-
19 opment of competences and attitudes. The learning in clinical context implicates changes at the level of
20 knowing to know, knowing to be yourself, knowing to be in place and knowing to transform yourself.

21 In this context, and based in the theory of Schön, we considered that the reflexive education must con-
22 template situations where student can practice under a competent professional's supervision that, simul-
23 taneously, can be guider, counsellor and companion, makes him the integration and helps the understand-
24 ing the reality, that for its unknown character presents to him, initially, under the chaos form. We think,
25 just as Severinsson [9], that the supervision model that is more adapted to the actual reality of the nursing
26 teaching is the model of learning support throughout the reflection.

27 The student's attendance by the teacher and/or the supervisor minimizes the possibility of occurrence of
28 mistakes and false feelings of safety that can have serious consequences, essentially in the course of the
29 education process in the initial stadiums.

30 So that the supervisor can help the student to develop he will have to dominate, not just, the nursing
31 knowledge, but also, the knowledge of himself and have a permanent attitude of common sense.

32 The lack of knowledge that nurses have on the foundations of the clinical supervision in nursing is
33 pointed as one of the reasons that limits the exercise of the them. Studies have shown that nurses with
34 postgraduate education in teaching and counselling describe themselves as more effective and competent
35 than those without (Andrews and Chilton [10]). Another of the barriers commonly pointed out to the
36 clinical supervision in nursing is the fear that the professionals have to reveal their deficient areas and to
37 be judged, and the difficulty of establishing between supervisor and supervised the trust relationship
38 requested in an effective interaction.

39 The transformations happened in the eighties of the 20th Century, in the teaching of Nursing in Portugal
40 turn imperious that it is included, in a more active way, the participation of another actor in the teaching-
41 learning process, the nurse of the clinical practice. According to this presupposed, and knowing that
42 didn't exist in this country formation courses of this nature and, still, due to the fact that each institution
43 is responsible for the teaching quality that supplies, the Escola Superior de Enfermagem de São João
44 decided to participate in an European project, in the extent of the Leonardo of Vinci Program - Commu-
45 nity Vocational Training Action Programme "Learning During Education and in the Clinical Field",
46 Project Number: N/O/B/PP-155.010.

47 This projector sought to develop a transnational model of education in clinical supervision, built upon
48 the defined needs by nurses as influencing the development of supervision competences and capacities.
49 For the identification of these needs took place the study "Conditioning Factors of the Clinical Supervi-
50 sion in Nursing".

2. Study framework

Purpose:

To contribute for the improvement of the quality of nursing care rendered to the customer, developing a transnational model of education in clinical supervision in nursing based on the competences and needs referred by the nurses of the clinical practice.

Objective:

To understand the representations of nurses of the clinical practice on the nursing students' supervision.

Study type:

Exploratory study of qualitative nature

Method of data collection:

Focus Group as technique of collection of data.

Data collection: From September to November 2003, we took place 5 semi-structured interviews with an approximate duration of 90 to 120 minutes. All the interviews were recorded in audio and video support (the moderator and the responsible for the filming were always the same ones), after all the participants' previous consent.

Subjects:

- Which positive and negative aspects of the previous existences of supervision?
- What characterizes a good supervisor?
- How can the supervisor teach the student to learn?
- Can it be learned to be a supervisor? How?
- How the school can contribute to the development of the supervisor competences in supervision?
- What themes should include a supervision course, to enable the guiding of the supervision student in the acquisition of professional competences?

Sample:

Of convenience. Was constituted by six nurses (3 male) from different units of a hospital, and with experience in students' supervision.

The nurses had ages between 27 and 46 years, and between 4 and 20 years of professional experience.

Data analysis:

The interviews were completely transcribed in into paper support being observed all the videocassettes to the record of the whole corporal language that could be relevant for data analysis.

Then took place the speech thematic content analysis.

3. Results

The data analysis allows affirming that these nurses think that:

- The supervision experiences have positive and negative aspects. Considering as positive aspects the professional development while supervisor, the personal satisfaction and the change. And as negative the increase of the intensity of the workload and the deficient preparation of the apprenticeships by the nursing schools.
- What characterizes a good supervisor is the competence; the education, the experience, the linkage, the empathy, the readiness, the assertiveness and the managing of stress.

- 1 - To teach the student to learn, the supervisor should be a facilitator of the learning, to stimulate the re-
2 flexive-critic thought, to provide education evaluation, to motivate, to define the papers and to know the
3 student's curriculum.
- 4 - It can be learned how to be a supervisor through the education, the reflection on the practice, the ex-
5 perience in supervision and the support supplied by the nursing schools to the supervisor.
- 6 - The school can contribute to the supervisor's development of competences in the area of the supervi-
7 sion, motivating and accompanying the supervisors, planning the clinical teaching with the supervisors,
8 and organizing education in supervision.
- 9 - A supervision course should include education in the following areas: pedagogic, behaviour and rela-
10 tionship, supervision, quality, ethics and a in the practical component.

14 4. Conclusions

16 This study allowed us to conclude that nurses consider that supervising students contributes to their per-
17 sonal and professional development. Van Ooijen [4] affirms that supervisors also learn during the ses-
18 sions that they supervise.

19 Nurses refer that to guide and to support the students in a more effective way, is important that schools
20 prepare the clinical teachings in partnership with the supervisors. The work distribution in the clinical
21 units should contemplate the experience of clinical supervision because, the supervising function, to be
22 profitable for the student's personal and professional development, demands readiness of time not com-
23 patible with the normal workload. According to Duarri and Kendrick (1999), Jones (1999) and Wallace
24 (1999), mentioned by Howatson-Jones [11], the lack of time represents a threat to the learning activities
25 throughout life, and it is a common reason for the non-implementation of the clinical supervision. The
26 planning of supervision activities should have in mind the identification of the resources and the neces-
27 sary time to take place this function.

28 In all the speech produced by the nurses, the education appears as a central subject in the supervision.
29 They consider it as an essential characteristic of the supervisor, as a way of learning to become a super-
30 visor, and as one of the contributions that the school can give to the supervisor in the development of the
31 supervision competences, and they think that the pedagogic education is an indispensable theme in a
32 supervision course. They also express the need of supplemental education in supervision in order to
33 improve their competences. As Duarri and Kendrick [11] refer, the supervisors need a careful education
34 to develop an effective supervision function, because, the lack of knowledge of the supervision founda-
35 tions imposes limits to their exercise and, Jones [12] goes beyond when says that, the education lack can
36 provoke damages in the learning of the other ones.

37 This study indicates too, that nurses consider pertinent that schools develop a course of clinical supervi-
38 sion, being the practical component considered fundamental for the learning of supervisor's role. Driscoll
39 [13] affirms that the supervision initially can be seen as something of easy, however, requests supervi-
40 sor's preparation and training.

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